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Post-Migration Experiences and Mental Health of Cambodian Refugees in Long Beach, CA.
A Generation of Silence – Case Study

Master Thesis

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"Sometimes it is the people no one can imagine anything of who do the things no one can imagine" – Alan Turing

Abstract

Background: Cambodian refugees experienced one of the most savage regimes within the twentieth century. Therefore, they were seeking shelter in the United States. Around 158,000 of Cambodian refugees gained entry and resettled. Many of them settled in the Long beach area of Southern California, which is known to have the largest Cambodian population outside of Cambodia. As survivors of the Khmer Rouge Regime, Cambodian refugees were exposed to traumatic experiences. The Cambodian community continued to deal with various stressors like post-traumatic stress disorder, anxiety, depression as well as other conditions. Research studies have shown that traumatic experiences during pre-migration is predicting the mental health adversely. However, during the post-migration in the new environment of the host country, the refugees are facing a lot of challenges that are causing distress and impacting their mental health. Within the Cambodian community in Long Beach, there is still a lack of research regarding their post-migration experiences related to mental health.

Purpose: The research study aims to explore the experiences of Cambodian Refugees in the post-migration time in Long Beach. The study provides information about experienced challenges, barriers, as well as resources and how those are associated with the mental health of the Cambodian community members.

Method: A qualitative case study design with face-to-face interviews and observations was conducted. The data was collected within two-time periods: In the first time phase, during October 2016 until March 2017, ten interviews were conducted. The participants were five experts of the subject matter and five subjects who were Cambodian Americans or former refugees from Long Beach. In the second phase, four follow-up interviews were conducted with subjects. Overall, three observations in the community of cultural events or field visits were conducted.

Results: Five main categories and 17 sub-categories associated with post-migration experiences related to the mental health of Cambodian community members were developed. Major challenges within the post-migration that caused distress included the adjustment to the environment of the United States, language barriers, low education levels, cultural differences, and employment searching. Additionally, living in a low-income area, facing crime, being impoverished, being stigmatized, as well as having to deal with post-traumatic stress disorder were apparent factors that contributed to deterioration of mental health. Resources for Cambodian refugees were primarily the family and the Cambodian community. Gardening and the Buddhist religion played crucial roles particularly for the elder generations of Cambodians. Those were aspects in coping with mental distress or PTSD. Another resource that Cambodian refugees relied on heavily was governmental assistance, which helped them in surviving in the United States. However, it had its limitations. The participants experienced a lack of resources,

in terms of accessing language programs and transitional resources to overcome adjustment barriers. Furthermore, resources and approaches for mental health are still inadequate. Many participants reported barriers such as cultural differences, stigma and missing knowledge by reaching out for health service. However, successful strategies in providing health services in the community could be revealed. The acceptance of services included educating Cambodians about available resources, providing interventions related to their culture, eliminating stigma, identifying needs and demands in a participatory approach, networking among service providers and health professionals, and hiring staff from the community in order to overcome mistrust and cultural differences. The 2. generation of Cambodian Americans experienced challenges in finding cultural connection through family. Due to language barriers within the family and the continued silence from the 1. generation about their history, difficulties were created for the 2. generation. However, they find connection to the Khmer culture through the Cambodian Student Society, which is a club on campus at California State University, Long Beach. The Cambodian Student Society holds regular meetings in which they learn about culture and history as well as provide opportunities in connecting with peers. Furthermore, the club is engaged in the Cambodian community, constantly networking, volunteering, and connecting.

Conclusion: The research study explored the complexity of post-migration. Several challenges, barriers, and resources that are associated with mental health could be revealed. The results provide approaches for further research and adapted service in the Cambodian community.

Keywords: Cambodian refugees, post-migration, mental health, challenges, resources

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Abbreviations

CAA .....Cambodian Association of America
CAC .....*Cambodian Advocacy Collaborative*
CSULB..... California State University Long Beach
DHS ..... *Department of Homeland Security*
DOS.....*Department of State*
ORR ..... *Office of Refugee Resettlement*
PTSD.....Posttraumatic Stress Disorder
RCA.....*Refugee Cash Assistance*
RHTAC .....*The Refugee Health Technical Assistance*
SCHIP.....*Children's Health Insurance Program*
SNAP..... *Supplemental Nutrition Assistance Program*
SSI.....*Supplemental Security Income*
TANF .....*Temporary Assistance for Needy Families*
UCC..... United Cambodian Community
WHO..... *World Health Organization*

1 Introduction & Relevance

Trauma rooted in genocide – Around 158,000 Cambodian refugees gained entry and resettled to the United States between 1975 and 1994 (Chan 2015: 2). They were seeking shelter because of one of the most violent regimes in the twentieth century (Takemoto et al. 2017: 164). The Cambodian Communists, named Khmer Rouge, were taking over the country in 1975 after they won the civil war. During this time, the country experienced extraordinary brutality. The population at this time was about 7.9 million people, and approximately 1.7 million people out of that population died because of executions, disease, hunger, coerced labor, and injuries (Chan 2015: 1). Most Cambodians have been tortured and witnessed death, violence, starvation, as well as trauma within family and friends (Reedy 2007: 10; Chan 2015: 2; Blair 2000: 23 f.; Kinzie et al. 1984: 645 f.).

Research studies have shown that traumatic experiences during pre-migration predict the mental health adversely. Especially, there is a notable association of greater exposure to trauma resulting in higher severity of psychiatric disorders or symptoms (Steel et al. 2009: 537; Carlson, Rosser-Hogan 1991: 1548; Mollica et al. 1998 a: 543 ff.; Mollica et al. 1999: 433 f.)

Today, many former refugees from Cambodia have to deal with the “legacy of war trauma” (Takemoto et al. 2017: 165). As survivors of the Khmer Rouge Regime, the 1. And 1.5 generation of Cambodian refugees were exposed to traumatic experiences. Therefore, they have suffered from and continued to deal with various stressors like post-traumatic stress disorder (PTSD), anxiety, depression, as well as other conditions concerning mental health (Chan 2015: 2; Marshall et al. 2005: 571; Blair 2000: 23 f; Kinzie et al. 1984: 645 f. ; Marshall et al. 2005: 576; Mollica et al. 1990: 83 ff.).

Although they expected to live in better conditions, Cambodian refugees’ lives did not get easier upon arriving to the United States. During their post-immigration, the cascade of stressors, as well as other challenges and traumatic exposures continued, ultimately affecting their mental health (Reedy 2007:10; Marshall et al. 2005: 576). Cambodians faced challenges, such as the adaption to a new culture and way of life in the United States, as well as learning a new language and customs (Reedy 2007:10). Overall, literature shows evidence that refugees have limited language proficiency and knowledge of the host country (Khawaja et al. 2008: 489). They are facing daunting challenges of being separated from familiar environments, culture, and relationships. They end up being forced to rebuild their lives and identities in an unfamiliar country (Barnes, Aguilar 2007: 225; Simich et al. 2005: 259 ff.).

Recently, the attention of research has focused on understanding the post-migration experiences in the host country of refugees and how those are related to mental outcome, like traumatic stress symptoms and depression (Papadopoulos 2007: 301). Research that compared effects of pre-

and post- migration aspects on mental well-being identified that post-migration aspects are significantly correlated to negative psychological outcomes. The impact of post-migration was greater than trauma within pre-migration (Porter, Haslam 2005: 602; Gorst-Unsworth, Goldenberg 1998: 90; Schweitzer et al. 2011: 299; Chu 2013: 890; Nicholson 1997: 19)

Research in the Cambodian community in Long Beach, California has shown that after two decades of resettlement to the United States, mental illness still exists in the Cambodian population. Long Beach is known for its biggest Cambodian community outside of Cambodia (U.S. Census Bureau 2010; Takemoto et al. 2017: 166; 171).

The research study in the community by Marshall et al., showed that 51% of the Cambodians still suffered from depression and 62% from PTSD (2005: 576). According to Reedy (2007: 10), Cambodians were still poorly educated and impoverished, dealing with complex trauma and mental health issues.

Furthermore, not only are the 1. and 1.5 generation suffering from the traumatic experiences in pre- and post-migration. The 2. generation of Cambodian refugees are affected by their parent's trauma – studies have shown that parental trauma can transfer intergenerational in the Cambodian population. Therefore, depression, anxiety, guilt, and fear will remain an issue in the Community if it will be not addressed (Kim 2017: ii, 4f.,42 ff.; Rowland-Klein, Dunlop, 1997: 358 ff.; Choau 2013: 8f, 34 f.). Among immigrant families from Southeast Asia, Cambodians have the highest rates of parent-child conflicts (Choi et al. 1997: 85ff; Ying, Akutsu 1997: 125 ff.).

Yet, according to Taising, Cambodian Americans are still a remaining group that is least researched among refugees (2008: 153 f.).

The aim of this case study is to explore and understand the complexity of the post-migration experiences of Cambodian Americans and how it relates to their mental health. Within this community, the research has been little in order to discover the resources and stressors for Cambodians. Therefore, this case study will contribute to the research and can serve for future research or program adaption in the Cambodian community in Long Beach.

1.1 Research Question & Objectives

The general research question of this study is: What are the post-migration experiences of Cambodian refugees in Long Beach and how do they relate to their Mental health?

The specific aims in order to answer the core question are:

- to investigate challenges and risk factors, as well as resources and protective factors, that are related to their mental health.
- to explore provided services for Cambodian refugees in the community that aim to improve the well-being. Also, how this service is received by the Cambodians.
- to discover the 2. generation experiences, in terms of finding cultural identity and getting connected to the Khmer culture.
- to discover aspects and recommendations in order to improve the mental health, as well as the needs, of the Cambodian community members in Long Beach.

1.2 Structure of the Thesis

The structure of the thesis is divided into six chapters. First, the introduction will give an overview of the topic, research question, and outline of the thesis. This is followed by the second chapter, which is the theoretical background of the researched topic. The third chapter will present the detailed accounts of the methodology of the case study. The fourth chapter will portray the results. Subsequently, the fifth chapter will discuss the method and findings linked to literature and previous studies. Finally, the sixth chapter will draw the conclusion and give recommendations based on this study.

1.3 Source of Data & Literature Review

The research study is combined from two data sources: primary and secondary data. The primary data is based on empirical research that includes observations and interviews with two different participant groups (see Chapter 3.5).

Secondary data was gathered through an extensive literature review. The literature review was mostly conducted through data bases like PubMed, Google Scholar, PsycNET, Science Direct and Springer Link. Also, databases of the Libraries of California State University, Long Beach and the University of Applied Science Hamburg were used to find relevant scientific literature.

Abstracts of articles were scanned and examined for the relevance related to the study. The included studies were focused mainly on adult refugees and post-migration experiences. Keywords used for the research in data bases involved “post-migration”, “risk factors”, “protective factors”, “health service”, and “social services”. There was also focus on Southeast Asian

refugees or refugees in the context of the United States. Furthermore, by using the reference list of relevant articles, more literature was retrieved. Essential was the level of scientific standards and the applicability to the research question. Other important aspects like the time actuality of literature were considered. However, since the topic is historically bounded, older literature was included if latest literature could not be found. Articles, books, and literature in English and German were included.

2 Theoretical Background

Based on a comprehensive literature review, this chapter gives an understanding of the topic including the historical background, theoretical aspects and the current state of research.

2.1 Historical Background

The context about the Cambodian immigration history to the United States is important to understand. Cambodian refugees experienced one of the most savage regimes within the twentieth century (Takemoto et al. 2017: 164). Khmer Rouge, known as the radical communist group, won the civil war that endured from March 1970 until April 1975. In April 1975, the Khmer Rouge, led by the French-educated Pol Pot, took over Cambodia's government. They were in power from April 1975 to January 1979 and ruled the country with extraordinary brutality (Chan 2015: 1). They changed the name of Cambodia into Democratic Kampuchea and aimed to transform every aspect of Cambodian society with vicious methods (Chan 2015: 6).

At the day when the Khmer Rouge captured Phnom Penh (Capital of Cambodia) "they ordered its population (…) to evacuate the city and go to their ancestral villages. Even patients in hospitals were forced to move, some being pushed along while lying on gurneys." (Chan 2015: 6). They targeted former government officials, military commanders, ethnic minorities, educated people, teachers, artists, professionals of every kind, and all individuals that resisted the Khmer Rouges tyrannical rules. The communists identified those people by threatening them at gunpoint to tell their life stories. Deeming them as enemies, the Khmer Rouge executed killings, bludgeoned them to death, and tortured in masses (Chan 2015: 6; Takemoto et al. 2017: 164). During that time, the infrastructure of the country was dismantled, people were forcibly moved out to the country side to isolated work camps, and all western communications were cut off (Chandler 1991: 238 ff.).

The most revered persons in the traditional Cambodian society, such as Buddhist Moncks, were defrocked, forced to work in the fields, and killed. They used the Buddhist temples to store their munitions and weapons. Ethnic minorities were persecuted by the Khmer Rouge. The Cham ethnic minority, who belonged to the Islam religion, were forced to eat pork; their mosques were also used as pigsties. In order to control the population, they divided families and took children who were over seven years old. The children were trained to spy on their parents and were interviewed on what they talked about (Chan 2015: 6 f.).

The whole country of Cambodia was turned "into a giant slave labor camp" (Chan 2015: 6). People were forced to harvest crops and build dams and levees with their hands, while surviving on a bowl of rice. Individuals who were starving and dared to catch anything to eat, like fish, mice, lizards or wild plants, were rigorously penalized or even killed (Chan 2015: 6 f.).

Additionally, private property, banks, money, markets, hospitals, and Western medicine were abolished. All major institutions, Buddhist temples, schools, and libraries in the country were destroyed (Chan 2015: 1; 6f.; Takemoto et al. 2017: 164).

The Khmer rouge concentrated their purge on educated, wealthy, and urban people (Bunte, Joseph 1992: 1; Schunert et al. 2012: 3). Over the course of four years, an estimated 1.7 million people out of a total population of 7.9 million people died because of executions, disease, hunger, coerced labor and injuries; the total of the deceased remains uncertain but may be up to three million (Chan 2015: 1; Chaou 2013: 2).

Many Cambodians escaped from the terror to refugee camps on the Thai border. They resettled to France, Canada, Australia, and the United States, but some of them also languished in the camps for years (Takemoto et al. 2017: 164f.; Becker 1998: 440f., 508 ff.)

2.2 Resettlement to the United States

The Cambodian refugees were resettling in three waves. The first wave of about 4,500 people escaped the country before the Khmer rouge was taking over. The second wave was fleeing during the time of the regime. The last wave fled after the regime was defeated by the Vietnamese military in 1979 (Chan 2015: 1; Takemoto et al. 2017: 164).

Between 1975 and 1994, around 158,518 Cambodian refugees gained entry and resettled to the United States. Out of the total number, 148,665 were admitted as refugees, about 6,335 as immigrants who were sponsored by family members, and 2,518 who did not qualify as refugees were still admitted as humanitarian and public interest parolees (Chan 2004: 79f.). Since the U.S. Cambodian refugee program ended in 1994, Cambodians who came after that time had an immigrant status. However, the number of those who were resettled at that time was small (Chan 2015: 13).

The Cambodians who were seeking shelter in the U.S. were found in every 50 states. The location of their resettlement was mostly chosen by the U.S. Office of Refugee Resettlement (ORR). The ORR was a newly established organization after the U.S. Congress in 1980 and took responsibility for overseeing the resettlement of refugees. This Congress passed the Refugee Act and adopted the definition of a refugee from the United Nations (Chan 2015: 2; 13); a refugee is defined as a person “who is outside any country (…) and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of, that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion (…).” (Refugee Act 1980: 1).

The ORR intended to resettle the refugees from Cambodia, as well as from the other Southeast Asian countries at that time, in different places in the United States in order to prevent or reduce burdens of social-services, educational and financial, on just a single area (Chan 2015: 13).

Several factors determined where refugees were resettled. First, ORR could contract existing voluntary service agencies in the locality to find families, individuals, churches or other organizations that were willing and able to provide them essentials. These included temporary accommodation, health care money, food, employment, assistance with state welfare programs and community service agencies. Additionally, enrollment for children in schools and adults in English language programs or vocational training courses were other services that were made available. Furthermore, because many refugees were from rural areas and had backgrounds as non- industrial workers, farmers or fishermen, the ORR tried to resettle refugees to familiar areas. This would possibly help them to adapt to the modern and industrial environment. Also, cities with plenty of cheap housing were preferred to resettle the refugees in. Lastly, areas where entry-level employment did not require speaking English were searched for by the ORR (Chan 2003: 31; Chan 2015: 13).

However, the Cambodian refugees wanted to resettle in areas where they can rejoin their ethnic community, family, and friends; they also looked for Buddhist temples and warm climates similar to tropic Cambodia. Moreover, living in a locality where they thought to find viable employment and obtain public assistance were other priorities (Chan 2003: 31).

2.3 Cambodia Town – Long Beach

Although the aim of the federal resettlement policy was to disperse the refugees from Cambodia around the United States to minimize ethnic enclaves, Long Beach became the Cambodian capital and diaspora of America. The largest number of the refugees which gravitated to Southern California came during the 1980s (Needham, Qunitiliani 2007: 34 ff.; Chan 2004: 85 ff.; Chan 2015: 13).

Why Long Beach? – Cambodian refugees gravitated to Long Beach because of its climate, moderate year-round weather, accessibility of jobs, and the Asian goods that came through the ports of Long Beach and Los Angeles (Chan 2004: 97; Needham, Quintiliani 2007: 31; Takemoto et al. 2017: 166).

Another major reason for the migration was that before 1975, a small number of Cambodians were already in the Long Beach area. Due to an exchange program between Cambodia and the United States during the late 1950s and 1960s, several educated Students attended California State University, Long Beach (CSULB) and also schools in Los Angeles. About 140 Cambodian students were attending the Universities during those decades primarily for engineering,

agricultural, and technical courses (Chan 2015: 14; Needham, Quintiliani 2007: 34 f.; Chan 2004: 85 ff.). Some of them remained there for jobs, became married, or came back later to the United States. The exchange program and all relations to the United States were ended once Prince Norodom Sihanouk took over the country in 1965 (Chan 2015: 13f.; Needham, Quiniliani 2007: 35).

When the first refugees from Cambodia arrived at U.S. Marine Corps Base in Camp Pendleton, Southern California, they were assisted with translations and orientations. Many of the refugees were sponsored. Local and national responses to resettlement of refugees were created by the former students. They were on the forefront in setting up self-help organizations, social service agencies and cultural institutions to help the new arrivals (Needham, Quntiliani 2007: 34ff.; Chan 2004: 85 ff.; Bunte, Joseph 1992: 2; Takemoto et al. 2017: 166).

The Cambodian Students Association, which was founded earlier during the exchange, eventually transformed into the Cambodian Association of America (CAA). This organization was set up in December 1975 in Long Beach and was the first Cambodian-led mutual assistance association in the U.S. (Chan 2004: 85 ff.).

Additionally, the United Cambodian Community (UCC), a second mutual assistance association in Long Beach, was formed (Needham, Quintiliani 2007: 36). The UCC was founded in 1977 and is the most successful and powerful association (Bunte, Joseph 1992: 2). Both organizations provided a significant amount of work for Cambodians in several social service programs (Needham, Quintiliani 2007: 36). Up until now, the organizations offer programs to improve the quality of life, as well as advocate for the well-being in the Cambodian community. The programs contain linguistically, culturally competent outreach; health, education, and employment services (CAA, UCC).

The refugees, who were initially scattered in the United States, were attracted for secondary migration to Long Beach. They rejoined to their family, friends, and Khmer speaking community. For instance, the community provided associated service, Cambodian food, and a Buddhist temple that could be established through the UCC. This organization sponsored a Buddhist monk and raised funds to open a Cambodian Buddhist temple in 1979, which was the first one in Long Beach (Needham, Quintiliani 2007: 37; Bunte, Joseph 1992: 2). At that time, Long Beach had employment available at the port and aerospace industry where the refugees needed no English proficiency. Central Long Beach was an attractive space for the refugees since this area was economically depressed and property was more likely to be inexpensive. Bungalows and smaller homes were available, and some of the evacuees were able to buy property, organize cultural institutions, and open businesses (Needham, Quintiliani 2007: 36).

Long beach is known to have the largest Cambodian population outside of Cambodia (Chan 2015: 14; Adebiyi et al. 2013: 8). The U.S. Census Bureau (2010) reported that about 18,000

Cambodians are residing in Long Beach. However, according to Needham & Qunitiliani, this number is an underestimation since the census did not include the Cambodians who live in neighboring towns. Those people are participating in the cultural events and contributing to the economy and can be considered as a part of the community in Long Beach (2007: 48f.). Takemoto et al. estimates that the Cambodian population is about 25,000 – 29,000 in Long Beach (2015: 171).

In 2007, Cambodian Americans gained political clout to designate the section in central Long Beach as Cambodia Town, which was the first cultural designation in the US (Qunitiliani, Needham 2013: 276 f.).

2.4 Post-Migration Experiences

Based on previous literature, the relocation trajectory of refugees is distinguished by three stages: pre-migration, in transit, and post migration (cf. Kirmayer et al. 2011: 959, Slobodin & Jong, 2015:17). This research study focusses on the post-migration experiences and how it is related to mental health.

Post-migration is the final process of migration. It is the stage when refugees apply for asylum and live in a host country, as well as deal with the cultural and social structures of the new environment and society (Bhugra, Jones: 2001: 216, Slobodin & Jong, 2015:17). The initial refugees or migrants that resettled to another country are considered as the 1. generation and could be followed by others. The 1.5 generation is defined by those who were infants, small children or early teenagers and came from refugee camps or the country that has been fled; they have largely grown up in the host country. The 2. generation are the children of the primary refugees or migrants and were born in the host country. This generation is not considered as immigrants or refugees but will have similar experiences in relation to cultural identity and stress (Bhugra, Jones: 2001: 216; Takemoto et al. 20115: 165).

Within the post-migration, refugees are facing a lot of challenges that are causing distress. The major causes are poverty, lack of social support, social isolation, discrimination, concept of self, changes in identity, and resource accumulation. The forced resettlement brings challenges in regards to language barriers, valued societal roles, loss of culture, family and community, and the adaption in a new environment and society (Slobodin, Jong, 2015: 18; Bhugra, Jones: 2001: 218; Li et al 2016: 4; The Refugee Health Technical Assistance Center (RHTAC) 2011; Keyes, Kane, 2004; 824).

Adverse post-migration stressors that refugees faced in the relocated environment are not only causing distress; it also affects mental outcomes (Wessels 2014:13; Papadopoulos 2007: 301 ff.). In direct comparison of post- and pre-migration, post-migration factors are more impactful than pre-migration experiences, such as trauma that affects the mental well-being among

refugees (cf. Schweitzer et al. 2011: 304 f.; 2013 Chu et al. 2013: 895 f.,) In addition to unemployment, isolation from social support and adjustment are identified as predictors for higher rates of anxiety, depression, and somatiform disorders (Schweitzer et al. 2006: 184 f.)

Nevertheless, pre-migration experiences and trauma affect the mental health significantly (Summerfield 1999: 1449 f.). Therefore, it is important to consider the pre-migration aspects. Pre- and post-migration is a complex interaction in terms of successfully adapting to the host country after resettlement (Birman and Tran 2008: 155 ff.; Lindencrona et al. 2008: 127 f.).

For instance, a research study identified the contrast of experiences in pre-migration which influenced the perceptions of refugees in their post-migration experiences. This study was about Bosnian refugees that migrated to Chicago. It found that the association of pre-migration experiences functioned as comfort and a reference point in terms of how refugees evaluated their experience in their post-migration time in Chicago (Miller et al. 2002: 349 ff.).

Cambodian refugees had different circumstances and unique needs when they arrived in the United States. They distinguished in some factors from previous immigrants that resettled to the United States. Those factors included high rates of trauma and diseases, as well as lack of appropriate work, educational and linguistic skills. This resulted in not being able to enter the work force immediately (Needham, Quintiliani 2007: 31 f.; Quintiliani 2014: 2). Existing linear models of immigrant acculturation were challenged by their particular difficulties and needs in adjusting to the society of the United States (Alba, Nee 1999 cited from Needham, Quintiliani 2007: 31 f.).

The majority of Cambodia refugees had a background of being farmers and coming from rural areas. Many of them came to the United States with an education level of four years or even less (Bunte, Joseph 1992. 2). About 5% of Cambodian refugees who came with the first wave in 1975 were mainly educated and able to get “white-collar jobs”. Approximately 40-50% of Cambodian refugees who came with the second and third wave to the U.S. managed to get “blue-collar occupations”. The rest of the refugees relied on public assistance and welfare (Chan 2015: 2).

The last group of the refugee wave had a significant amount of composed households led by women who lost their husbands, sons, or fathers due to the Khmer rouge (Chan 2015: 2). Those women came with little or even no education to the US. (Needham, Quintiliani 2007: 37 f.). The women had to become the main earners in the household in order to survive with their children. However, most of them had never worked in wage labor in Cambodia (Chan 2015: 2).

The highest poverty rate and welfare usage overtime of refugees that came to the United States in 1980s and 1990s were found in Cambodians, Laotians, and Hmongs (Takei, Sakamoto 2011: 252).

2.5 Refugee Trauma & Mental Health

According to the World Health Organization (WHO), mental health is “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." (WHO 2014)

Various factors, such as social aspects, individual attributes, and the environment in which a person live, are all determinants which dynamically interact with each other. Those factors can have a positive and negative effect on the individuals’ mental health. Individuals who are exposed to poverty and chronic health conditions are prone to experiencing mental health problems. In addition, others susceptible include minority groups or refugees who experienced a war and are forcibly displaced (WHO 2012: 2).

Refugees who have witnessed a genocide and persecution have high rates of violence exposure, including numerous traumas and significant psychological issues (Allden et al.1996: 1561; Eisenman et al. 2003: 627; Mollica et al. 1998b: 482; Marshall et al. 2005: 571). A notable cause for psychiatric disability worldwide is the exposure to mass trauma (Marshall et al 2005: 571) Research shows that the most common psychiatric disorders among refugees are depression, anxiety, and PTSD (Ustun, Kessler 2002: 181f.; Steel et al. 2009: 537; Bogic et al. 2015: 1).

According to the American Psychiatric Association, PTSD is the consequence of “Exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one’s physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death, injury experienced by a family member or other close associate” (American Psychiatric Association 1994: 424). Refugees are burdened with a higher prevalence of mental disorders than the general population (Porter et al. 2005: 602; Fazel et al. 2005: 1309). According to one particular meta-analysis, the prevalence of PTSD is estimated at 30.6% and depression at 30.8% in conflict-afflicted populations of refugees and displaced individuals (Steel et al. 2009: 537)

A systematic review showed that higher risk of mental health problems persists among adult refugees even after numerous years of resettlement (Bogic et al. 2015: 1). Not only during resettlement or in their home countries are refugees exposed to multiple kinds of traumatic experiences; those experiences are prolonged and repeated (Karunakara et al. 2004: 83; Nickerson et al. 2015: 185). Refugees who are suffering from PTSD experience traumatic situations repeatedly. The incidences are memorized so vividly that the victims feel the event just actually happened (Bundespsychotherapeutenkammer 2015: 6ff.).

Most Cambodian refugees have been tortured and witnessed death and trauma of their family and friends. Some also experienced the loss of their children through concentration camps during the Khmer Rouge regime (Reedy 2007: 10; Chan 2015: 2, Chan 2004: 230). The victims of the genocide bear the mental health and physical consequences of the experiences. Many refugees from Cambodia are dealing with various stressors like PTSD, anxiety, depression, and other conditions and symptoms concerning mental health (Chan 2015: 2; Marshall et al. 2005: 571; Blair 2000: 23 f; Kinzie et al. 1984: 645 f.; Marshall et al. 2005: 576; Mollica et al. 1990: 83 ff.) The life of Cambodian refugees did not get easier upon arriving to the United States. During their post-immigration in the United States, they dealt with other challenges, traumatic exposure, and stressors that affected their mental health adversely. This included the adaption to a new culture and way of life in the United States, as well as the learning of a new language and custom (Reedy 2007:10). A study conducted by the Research and Development Corporation – RAND in 2005 showed that of all participants (n=490) of Cambodian refugees in Long Beach were exposed to trauma in pre-migration time, 99% witnessed near-death because of starvation and 90% experienced the loss of a family member or friend. Furthermore, 70% indicated that they were exposed to violence in post-migration time in the US. After two decades of resettlement in the United States, mental illness still exists within this population. 51% of Cambodians in Long Beach suffered from depression and 62% with PTSD. Both PTSD and depression were strongly related to measures of traumatic exposure (Marshall et al. 2005: 571; 576).

2.6 Resources & Protective Factors for Refugees Mental Health

Along with the mentioned risk factors in the chapters above, there are also protective factors for refugee's mental health. For instance, social support, language support, acceptance by the host country, and accessibility of employment and housing are protective factors (Bhugra, Jones 2001: 216 f.). Furthermore, aspects like individual attributes, behaviors such as the ability to deal with thoughts and feelings, and the capacity to deal with the social world and manage daily life are also protective factors for mental health (WHO- 2012: 3). A study identified that resilience associated with traumatic experiences and PTSD is multidimensional. Coping, personality, affect regulation, ego defense as well as the utilization and mobility of resources have an influence in the ability to deal with PTSD (Agaibi and Wilson 2005: 211). In a review with 26 studies, six main sources of resilience emerged which had counterproductive aspects in young refugees, who had resettled in western countries. Those included social support, acculturation strategies, education, religion, avoidance, and hope (Sleijpen et al. 2015: 158).

Furthermore, a successful coping strategy was religion for refugees (Schweitzer at al. 2007: 282). In coping with past trauma, a firm belief system, either faith-based or political-based based, were helpful. Those aspects were also an important predictor for a better therapy outcome (Brune et

al. 2002: 451). According to Schweitzer et al. (2007: 285 ff.), religion can support emotional stability. Believing in a higher power allows refugees to find meaning and to regain control of life. In particular, social support from the ethnic community of the refugees plays an important role in predicting mental health outcomes (Schweitzer et al. 2006: 179). Social support can buffer adverse effects of trauma and stress as well as enhance well-being and positive experiences (Cohen, Wills 1985: 310; House et al. 1988: 293).

Further research findings indicate that social support and community acceptance may also promote successful reintegration and positive psychosocial adjustment (Betancourt, et.al. 2013: 17). The mental health and well-being of an individual is also directly or indirectly influenced by social and economic conditions. Resources like education, income, and opportunities to engage positively in society are relevant factors (WHO, 2012: 4).

2.7 Health & Social Services for Refugees

This chapter aims to give an overview about the health and social services refugees receive during their resettlement and in the initial post-migration.

In 1980, the Refugee Act was passed in the United States (Kennedy, 1981: 141). Due to this Refugee Act, the government of the United States offers immigrants legal, financial, and medical assistance (Office of Refugee Settlement 2012).

Before a refugee is resettled to the United States, the Department of Homeland Security (DHS) decides if the applicant can be admitted. The decision will be made from an interview and other evidence (Government of the United States of America 2014: 3). When the refugee gets admitted, the case will be directed to a non-governmental resettlement agency to resettle the refugee in a local community. This agency is funded by the Department of State (DOS) and the Office of Refugee Resettlement (ORR) to support refugees' reception. The refugee is provided by the resettlement agency with housing, food, clothing, support language training, and employment guidance for the initial 30 days after they arrive. The emphasis within the resettlement program is to establish employment for the refugees as fast as possible. Refugees must find a job and register with the social benefit systems once this initial period is passed. During the first five years of the relocation time in the US, the local resettlement agencies provide the refugees with language, ORR- funded employment, and other services (DOS 2011; Capps 2015: 348). The ORR provides a Refugee Social Services Program, which aims to address barriers to employability. The service includes interpretation and translation, social adjustment, day care for children (ORR without a year). However, the service is mainly focused on assisting refugees within their first few months of the resettlement (Capps 2015: 348).

Other services for which refugees might be eligible include Refugee Medical Assistance (RMA), Refugee Cash Assistance (RCA), Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), Children's Health Insurance Program (SCHIP), Supplemental Nutrition Assistance Program (SNAP) (GAO 2010: 13 ff.).

Health insurance and medical assistance is accessible through the RMA, which is provided up to eight months after they enter the United States (Office of Refugee Resettlement 2015; GAO

2010). After that time, they either get health care insurance through employment, buy insurance, or enroll in Medicaid or SCHIP. Medicaid and SCHIP is provided for individuals with disabilities or low-income. The eligibility criteria are dependent on the state and is accessible for up to 7 years (GAO 2010: 13 ff.; Refugee Center Online without a year).

Furthermore, refugees can obtain the RCA program, which provides them with cash during the initial eight months in the United States. However, refugees have to register for employment service. The first employment positions that are offered to them must generally be accepted unless they have a good reason to not accept the job. The amount of cash that refugees can receive vary on the size of the family. For instance, for a family of two, the amount received is currently $420 (Washington State Department of Social and Health Services, without a year; GAO 2010: 14 f.).

Also, TANF is provided for people with low-income and are pregnant or have to take care of a child. The eligibility has a maximum of 5 years and the amount of cash varies also on the family size. TANF for a family of three individuals with no income would receive a cash amount of $521(Washington State Department of Social and Health Services, without a year; GAO 2010: 13ff). Another program for cash assistance is SSI and is provided up to seven years for disabled, aged, or blind people (GAO 2010: 14).

Other benefits for food assistance includes food stamps. Eligible for food stamps are individuals with low-income (GAO 2010: 14).

The programs SSI, SNAP, TANF, Medicaid are intended to serve low-income individuals. However, the thresholds for income limits and financial eligibility vary within these benefits. TANF is one of the programs in which income limits differ by the state. The income limits for Medicate are varying as well with the eligibility differing for each recipient (GAO 2010: 13).

The Government of the United States has been criticized for not raising the funds and support of reception and integration in order to adequately address the emergent size and needs of resettled refugees. The funding of services for refugees has not been increased for almost 25 years (Caps et al. 2015: 349).

Refugees have diverse health and social needs, as well as conditions. Yet, it is challenging to ensure well-being and health of refugees (Pace et al. 2015: 64). Additionally, it is essential to

provide services, especially culturally appropriate, to ensure the well-being of refugees (Stewart et al., 2015: 1146). Studies show that refugees are experiencing barriers in accessing health care because of availability and knowledge about services (Edward, Hines-Martin 2015: 1185).

For instance, service providers complained that funding has not increased, which restricts them in prioritizing skills development or training programs for refugees. Those programs can be supportive to find higher-skilled and better paying work in the long-term perspective. Also, services for employment that are funded by the ORR have been criticized in concentrating too much on direct employment. As a result, highly educated refugees are getting under-skilled employment (Caps et al. 2015: 349).

3 Methodology

This chapter outlines the applied methods during the research project and analytic process. To begin, the rationale for a qualitative inquiry and a case study design will be discussed. Followed by the philosophical assumption within the approach and how it relates to the process of research. Furthermore, a detailed study design—which includes a description of the participants, the study location, the sampling and recruitment process as well as the sample size will be provided. Subsequently, the data collection and its different data sources, the data analysis strategies as well as ethical considerations that were necessary within the research process will be explained. Finally, the role of the researcher's own experiences in the field of study and the generalization of the research outcome will be discussed.

3.1 Rationale for a Qualitative Inquiry

A qualitative research approach was chosen to explore and to gain an understanding of what experiences Cambodian refugees had in their post-migration in the United States, particularly Long Beach, California. Moreover, to inquire how their experiences affected their mental health well-being among the generations and what protective factors and risk factors the target group had. Also, the participants' opinions on what needs to be improved to enhance their mental health. In this case, a quantitative approach is less suitable, because it is more beneficial to proof theories or hypothesis. Since the population group of Cambodian refugees in Long Beach, California is still under-researched in regard to their post-migration experiences related to mental health, this project has an explorative character. A qualitative inquiry approach is necessary, so that new aspects can be discovered and theories as well as recommendations for the target group can be formulated in the end. The following table lists some of the differences between a qualitative and a quantitative research approach (see Table 1).

Table 1 Differences between Qualitative and Quantitative Research

Dimension	Qualitative	Quantitative
Relationship between researcher and subject	Close	Distant
Researchers stance in relation to subject	Insider	Outsider
Reality	Subjective and multiple	Objective and singular
Image of social reality	Processual and socially constructed by actor	Static and external to actor
Relationship between theory/concepts and research	Emergent	Confirmation of hypotheses

(Source: Own representation according to: Shareia 2016: 3849; Neuman 2014: 17; Flick et al.2013: 14, 17, 25; Creswell 2013: 43 f., Denzin, Lincoln 2008: 14)

Quantitative research is a strategy that quantifies the problem, works with standardized and normative methods and is more objective (Flick et al. 2013: 17). Within this inquiry method the researcher is perceived as an outsider because the relationship of the subject and the researcher is non-existent or brief (Neuman 2014: 17).

According to Stake (1995), quantitative research is a method for explanation and control, whereas the qualitative inquiry method is concerned to understand the complexity of interrelationships of the issue (p. 37). One of the central features of a qualitative inquiry approach is the openness to capture the real-life complexity of a studied object without isolating the cause and effect (Flick 2016: 26 ff.). The focus is on the meanings, wholeness and essences of an experience. As shown in the table, qualitative research in comparison to quantitative research, is a strategy that allows a closer relationship between the subject and the researcher (Flick et al. 2013: 14; Denzin, Lincoln 2008: 4f, 10ff, 14ff, 17; Creswell 2013: 43 f, Shareia 2016: 3849). A great emphasis of qualitative inquiry is the importance of individual perspectives and their multifaceted complexity (Flick 2016: 28). Hence, it is a method that helps to understand the knowledge and the behavior of individuals because it describes the world from the inner perspective e.g. of the individuals who experiences the issue or phenomenon (Flick 2016: 28; Flick et al. 2013: 14; Creswell 2013: 44 f). In regard to reality dimensions, qualitative research involves multiple constructions of realities. It is based on the idea that social reality is built by the researcher and is permutable. The subjectivity of the researcher as well as the subjectivity of the participants are involved in the research project (Flick 2016: 29; Creswell 2013: 47). Compared to quantitative research, which has only one social

reality and is more likely to have a static perspective that is independently of the researcher (e.g. postpositivist) (Creswell 2003: 8, 18; Berger, Luckmann 1966: 13ff.; Sale et al. 2002: 44 f.; Flick et al. 2013: 25). Furthermore, theories and concepts are developed or refined in the qualitative paradigm, but they are the starting point in quantitative research for investigations (Flick et al. 2013: 17, 25; Denzin, Lincoln 2008: 14). Ultimately, these aspects are the key major differences in qualitative research and quantitative research.

Creswell (2013) describes the following defining steps of qualitative research: it "…begins with assumptions and the use of interpretive frameworks that inform the study of research problems addressing the meaning individuals or groups ascribe to a social or human problem." (Creswell 2013: 44). To inquire the issue, the researcher uses an emerging qualitative approach, collects data in a natural setting that is "…sensitive to the people and places under study…" (Creswell 2013: 44). Tools for data collection involves e.g. interviews, field notes, conversations, photographs, recordings and memos. Analyzation of gathered data will include deductive and inductive methods to create themes or patterns (Creswell 2013: 44). The representation of the data involves the voices of participants, the researcher's reflexivity, describing and interpreting the problem in-depth as well as relating to the literature or "…a call for change." (Creswell 2013: 44). In this research study the mentioned steps were thoroughly considered in the procedure. The most important aspect of this research study is to give the participants a voice and a chance to tell their stories, considering there is still a gap in research about the mental health of Cambodian refugees.

There are different approaches within qualitative inquiry, but each has its own defining strategies and qualities. In the following chapter the rationale for the selected approach will be presented.

3.2 Intrinsic Case Study Approach

In order to gain an in-depth understanding of the particular case, Cambodian refugees in Long Beach, California, an intrinsic case study design, based on the methodology described by Stake (1995; 2005), is applied. In intrinsic case studies, investigations are driven by the intent to know more about the uniqueness. When studying about a case, it is of primary and not of secondary interest to understand the case better. The researcher has a genuine interest about the commonality and particularity of the case itself and not because it represents other cases or illustrates a specific problem or attribute. It is not of high interest to explain a generic phenomenon or an abstract construct and generalize the outcomes to a larger population. The purpose is not necessarily to create a theory but is an option (Stake 2005: 445; Stake 1995: 3, 36 f.). According to Robert Stake "A case study is expected to catch the complexity of a single case. A single leaf, even a single toothpick, has unique complexities – but rarely will we care enough to submit it to case study." (Stake 1995: xi). The case study is an intensive analysis and provides an in-depth

understanding of a contemporary phenomenon within a bounded system (e.g. within a context, a setting) (Hancock, Algozzine 2006: 9, 11; Creswell 2013: 97; Yin 2014: 16). Creswell (2013: 97) describes the case study as a "…methodology, a type of design in qualitative research, or an object of study, as well as a product of the inquiry." As an empirical research method, it is commonly used in social science disciplines, such as psychology, anthropology, political science and sociology (Creswell 2013: 97; Yin 2003: 4 f.). Stake points out four defining features of case studies – holistic, empirical, interpretive and empathic. The meaning of holistic is that the interrelationship among the context and the phenomenon needs to be considered by the researcher. By empirical is understood that the investigators base the inquiry on the observations made in the field. Interpretive means that the study has an interaction between researcher and subject. In addition, the researchers rely upon intuitions which is in line with constructivism approach. Finally, the meaning of empathic is, to reflect on participants realities or experiences in an emic viewpoint (Stake 1995: xi f., 40 f. 43 ff.; Yazan 2015: 139). Examined topics for case study research vary widely. Often it includes groups, individuals, events, processes, programs, institutions and other related phenomena (Hancock, Algozzine 2006: 11, 15). The case study facilitates the exploration and understanding of complex social phenomena that arises out of these situations and topics. Through case studies, the important and holistic characteristics of real-life events for example like small group behavior, organizational, individual life cycles, international relations, neighborhood and school events, etc. can be explored (Yin 2003: 4). Insights that are provided through case studies can also have a direct impact on future research, procedures and policies (English 2005: 93). As a qualitative research approach includes using an array of data sources and ensures that the case or cases is explored through different lenses. Therefore, the phenomenon can be understood and revealed through multiple facets (Baxter, Jack 2008: 544). Sources of information for a comprehensive data collection are for instance interviews, observations, reports, documents and audiovisual material (Creswell 2013: 97; Yin 2003: 8).

For the methodology of case study are multiple guiding approaches existent, e.g. Stake (1995; 2005); Yin (2014) and Merriam (1998). This research study applied the approach from Stake (1995; 2005). Stake (1995; 2005) argues for a flexible strategy which focuses on the case, what is to be studied, instead of the methodology, or how it is studied. His approach allows for major changes in the design even if the research has already begun (Stake 1995: 49 ff. 2005: 448; Yazan 2015: 141 f.). Stake suggests issue questions for an initial design, which will help formulate the research questions. The researcher "use[s] issues as conceptual structure in order to force attention to complexity and contextuality... [because] issues draw us toward observing, even teasing out, the problems of the case, the conflictual outpourings, the complex backgrounds of human concern" (Stake 1995; 16-17). Stake does not recommend a certain time point for starting the data gathering and analysis during the investigation procedure. He advises two to three

evolved issue questions in order to structure the interviews, observations, as well as document reviews (Stake 1995: 20). The flexibility within Stakes case study approach is based on the concept of progressive focusing from Parlett and Hamilton (1976). The concept assumes that "the course of the study cannot be charted in advance." (Parlett & Hamilton 1976: 148). According to Parlett and Hamilton, "The transition from stage to stage, as the investigation unfolds, occurs as the problem areas become progressively clarified and redefined" (Parlett & Hamilton 1976: 148; cited in Stake 1995: 22).

A less strict research approach was beneficial in this case, since the research was strongly connected with spending time in the field, getting a sense of the Cambodian culture and to understand salient issues in the community. Therefore, the research was a step-by-step process.

The decision to follow Stake's methodology is based on the allowance of flexibility within the data collection, consideration of the intent of the inquiry (intrinsic case study), as well as the philosophical assumptions, which will be elaborated in the following chapter.

3.3 Philosophical Underpinnings

Stake's (1995; 2005) case study approach is based on the paradigm of constructivism. In constructivism, the truth is dependent on an individual's perspective and is relative. The understanding of the world is formed by one´s experience of their work and life (Miller, Crabtree 1999: 10; Creswell 2013: 24). The approach "recognizes the importance of the subjective human creation of meaning but doesn't reject outright some notion of objectivity." (Crabtree, Miller 1999: 10). Constructivism is based upon the principle of reality of social construction (Searle 1995: 6ff.). In other words, subjective meanings are historically and socially influenced; they are shaped through interactions with other individuals as well as through cultural norms in a person's life. The meanings of objects or things are diverse and various. Therefore, the inquirer has to seek the complexity of perspectives instead of narrowing these in few themes or categories (Creswell 2013: 24f.). Researcher and participant are collaborating closely within this approach; It enables the participants to tell their views of the situation (Crabtree, Miller 1999: 20 f.; Creswell 2013: 25; Bowling 2014: 423). Also, through the stories of the participants, the researcher is able to get a better understanding of their actions (Baxter, Jack 2008: 545). In the research process, the researcher reflects also his or her own background in terms of cultural, personal or historical experiences because it also shapes the interpretation flow of the findings. Following, the researcher aims to interpret the meanings of the world from other individuals. In contrast to postpositivism, an approach that starts with a theory, constructivism is an approach that inductively generates a theory or develops patterns of meaning (Creswell 2013: 25).

In the following (see Table 2) the philosophical assumption within Stakes (1995) approach are presented. Qualitative research is based on four important philosophical assumptions—which are

"…ontology (the nature of reality), epistemology (what counts as knowledge and how knowledge claims are justified), axiology (the role of values in research), and methodology (the process of research)." (Creswell 2013: 20).

Table 2 Philosophical Assumptions of Stakes Constructivist Approach

Philosophical Assumptions	**Constructivist Assumptions (Stake 1995, 2005)**
Ontology: What is the nature of reality?	"Reality is subjective; subjectivity is an essential aspect of understanding. The emphasis is on holistic treatment of phenomena, with elements intricately linked. Understanding phenomena requires looking at a variety of contexts, such as temporal, spatial, economic, historical, political, social, and personal."
Epistemology: What is the relationship between the researcher and the researched?	"The researcher interacts with the phenomenon, usually during a prolonged period of time. The intent is to lessen the distance between the researcher and who or what is being researched. The researcher might have an insider view, seeking to understand the human experience."
Axiology: What is the role of values?	"The value- and bias-laden nature of the work is acknowledged and embraced."
Methodology: What is the process of research?	"Research methods are inductive and flexible. Discovery and interpretation occur concurrently. No a priori conceptual framework is required; a flexible beginning conceptual framework might be used. A naturalistic paradigm is used. The search is for "happenings," not causes. The goal is understanding, with interpretation being the primary method of understanding."

(Source: Own representation according to Boblin et al. 2013: 1269; Creswell 2013: 21)

3.4 The Participants – Cambodian Refugees

The aim of the case study research was to reach two kind of participant groups: First, Cambodian refugees from the 1. Generation; 1.5 Generation and the 2. Generation should be included (subject group). A criterion was that participants were between the age of 21 – 75 years to ensure that the three generations of Cambodian refugees are included. Another criterion was that the participants were able to speak English because of limited project resources.

Table 3, defines the different Generations of Cambodian refugees and the related age range.

Table 3 Generations of Cambodian Refugees

Generation	**Definition of the Generation**	**Approximate Age Range**
1. Generation	Who experienced the Genocide in Cambodia and resettled to the US	45-80 years and above
1.5 Generation	Who were infants, small children or early teenagers who came from refugee camps or Cambodia but has largely grown up in the US.	30-60 years
2. Generation	Who were born in the US.	35 years and below

(Source: Own representation according to gatekeeper; Takemoto et. Al. 2017: 165; CAC 2017: 1)

Second, to include experts in the sample. An expert is defined as having special knowledge and experiences about social aspects (Gläser, Laudel 2009: 12), which he or she obtained from obligations, responsibilities and actions of the functional status within institutions or organizations (Broda et al. 2017: 2; Littig 2013: 13). The role of an expert is defined by the researcher, in consideration with the relevant knowledge of the expert that wants to be generated along with the leading research question (Ehrnsperger 2016: 79; Walter 1994: 271; Littig, 2013: 11). According to this research study, the expert is defined as: a person who used to work with Cambodian refugees of the different generations, provided services, interventions or did research about them.

The purpose of including experts and subjects from different generations is to capture different perspectives on the experiences in the post-migration as well as on risk factors and supportive factors for the mental health. The accessibility to the target group, especially to the 1. Generation had a few barriers like language and sensitivity to the mental health topic. Hence, the inclusion of

experts was beneficial because they have the valuable knowledge about Cambodian refugees and the accessibility was much easier.

3.4.1 Study Location, Sampling & Recruitment

The research was conducted in cooperation with Dr. Erlyana, faculty member from the Department of Health Care Administration at CSULB. The study took place in Long Beach, which is a city in the in the southern part of the county of Los Angeles, California. As described in Chapter 2 Theoretical Background; the designated area Cambodia Town, a district in Long Beach, has the highest concertation of Cambodians outside of Cambodia (Adebiyi et al. 2013: 8). In order to recruit possible participants from the study area, from the CSULB and service providers from the community, a purposeful sampling strategy was applied. In qualitative research the participants have to be chosen deliberately, as it is essential that they are knowledgeable with the central phenomenon and can intentionally inform an understanding of the research matter (Creswell 2013: 156).

Thus, a combination or mixed purposeful sampling has been used to answer the core question of the research. This sampling strategy combines two or more sampling methods in order to meet diverse needs and interest (Miles, Hubermann 1994: 28; Patton 2001: 242). The sampling method for the research study combined the snowball sampling and criterion sampling. Snowball sampling "…is an approach for locating information-rich key informants or critical cases." (Patton 2001: 237). As it ascertains relevant cases, from persons who know individuals who would be a good fit for an interview participant because of their rich knowledge (Creswell 2013: 158; Patton 2001: 237). The process begins by asking well-situated people: "Who knows a lot about ___? Whom should I talk to?" (Patton 2001: 237). The snowball grows by being referred from individuals to other information-rich cases and some key names will be mentioned recurrently (Patton 2001: 237).

The criterion sampling is a well recommended strategy in qualitative research. This approach selects cases that have a preselected particular criterion. It is useful to have a diversity in the outcome and for quality assurance (Creswell 2013: 156f; Miles, Hubermann 1994: 28; Merkens 2013: 291). The specific requirements that participants had to meet are described in the chapter above (see Chapter 3.4 The Participants – Cambodian Refugees)

The access to the participants was given through the gatekeeper – "who is a member of or has insider status with a cultural group" and is usually the first contact. In the recruitment phase, the gatekeeper connected the researcher with possible interview participants for the subject group (Creswell 2013: 154). The gatekeeper belongs to the 2. Generation of Cambodian refugees and also works in an organization that provides service in the community.

Potential study participants were contacted by email, phone call or in person by the gatekeeper. The gatekeeper provided the potential participants with the primary investigator´s phone number, email address, and an information sheet with the description of the study (see 8.1 Appendix A – Recruitment Script), asking them to contact the researcher if they are interested in participating in the study. The experts were recruited through contacts from faculty member contacts and through the gatekeeper by email, phone call, or in-person meeting. Following, the experts referred other knowledgeable individuals for interviews.

The investigator also reached out to recruit participants at e.g. event visits in the community like blessing ceremony or at club meetings from a Cambodian student society on campus.

3.4.2 Sample description

Qualitative research in contrast to quantitative inquiry, does not necessarily have the aim to be representative. Creswell (2013: 157) suggests a sample size of four to five people for a case study research. However, to ensure a suitable sample size for a study, a common method is theoretical saturation, which means that data-like interviews and observations will be collected until no new information is found (Merkens 2013: 294).

For the purpose of covering a potentially wide range and gathering maximum variation of the lived experiences in the post-migration, the aim was to create a heterogeneous sample of Cambodian refugees (Merkens 2013: 291f.). Hence, the inclusion of the different generations and the experts were necessary. The total sample size of this study involves ten interview partners, which reflects the notion of a small sample that is as diverse as possible (Flick 2016: 165).

Out of the ten participants there are five experts and five subjects. The subject group consisted mainly out of participants from the 2. generation, besides one from the 1. generation. Three of the participants were male and two of them female (see Table 4).

Table 4 Study Sample – Subject Group

Number	**Gender**	**Generation**
1	Male	2. Generation
2	Male	2. Generation
3	Male	2. Generation
4	Female	2. Generation
5	Female	1. Generation

(Source: own representation according to collected interviews)

The expert group included individuals with ten years of expertise and above. The experts are working or used to work in the community or did research about Cambodian refugees. Two of the expert participants are Cambodians and were selected in the expert group because of their expertise knowledge and experiences in providing resources or service in the community (see Table 5).

Table 5 Study Sample – Expert Group

Nr.	Years of Expertise	Involvement
1	12 years	Cambodian decent of 1.5 generation who works with an organization that provides service in the community
2	25-30 years	Cambodian decent of 1.5 generation who has a resource center in the community
3	10-12 years	Did significant research projects
4	10-12 years	Works in an organization that provides services and intervention in the community
5	28-30 years	Did several research projects, worked in the community and with service providers

(Source: own representation according to collected interviews)

3.5 Data Collection Process

Qualitative data was collected in form of face-to-face interviews, observation and event visits. The data collection phase took part in two periods of time. The first phase of data gathering was during October 2016 until March 2017 and the second phase was in November 2017 until December 2017.

Ten interviews with subjects and experts and one observation were conducted. Also, the researcher attained event visits in the community, which were necessary in order to understand cultural values, recent discussed topics in the community as well as to gain an understanding of Cambodian refugees.

The second period was a follow-up study with the subject participants in order to refine the results of the first research outcomes. Four out of the five participants from the subject group could be recruited for a follow-up interview. Furthermore, two additional observations were conducted.

3.5.1 Interview Guideline

The principal of conducting case studies is to gain interpretations and explanations from other individuals. Experiences and perspectives of others will be different and vary within one case. The pride of qualitative research is to discover and represent the multiple views of a phenomenon. As Stake describes, interviews in case studies are the "…main road to multiple realities." (1995: 64).

In order to capture those multiple realities, in-depth face-to-face interviews were conducted. Interviews are described as directed conversations and are commonly one of the most essential sources of evidence in case studies (Baškarada 2013: 11; Yin 2009: 11, 43).

Within this research study, interview guidelines were used to conduct the face-to-face interviews. The categories for the first interview questions were formed based on a previous literature research as well as through consultation with experts and community members.

The following seven categories could be identified:

- Major challenges & Risk factors
- Protective factors & resources
- Interventions and services
- Successful interventions
- Strategies of Integration
- Improvements

The literature research showed that only few studies were done concerning the mental health of Cambodian refugees. Especially a gap was found in identifying risk factors and resources for the mental health and well-being of Cambodians that were related to their post-migration experiences.

Based on the seven key categories, an interview guideline was developed considering certain standards. The guideline included eleven semi-structured and open-ended questions. Overall, the questions were phrased in an understandable way for each participant group (see 8.2 Appendix B – Interview Guideline Experts Baseline; 8.3 Appendix C – Interview Guideline Subjects Baseline). The questions allowed the interviewees to open up and talk freely about the experiences (Creswell 2013: 164; Flick 2016: 221f). Furthermore, the sequence of the interview questions was taken into consideration. General questions, which were less sensitive, were put at the beginning of the interview and helped for acclimatization. Subsequently, more sensitive questions about the interviewee's challenging experiences were put after the general question (Flick 2016: 222 f.).

Since the topic involves sensitive matters, expecting a digression or even shyness from participants, probing questions were included in the interview. The probe question had the purpose to fully understand the response or issue, in which the interviewer decided during the interview how and when to probe (Flick 2014: 209; Hopf 2013: 351; Reinders 2012: 79ff).

After the first data collection, all interviews were transcribed, and the transcripts were read through to get an overview of the primarily outcomes (cf. Creswell 2013: 183). While analyzing the transcripts, keywords and ideas were noted and statements highlighted. Main themes had emerged out of the data collection and were sorted into a document (cf. Flick 2006: 315f). Some of the themes needed further investigation in order to get a complete understanding of the case and to examine the phenomena thoroughly.

Therefore, a follow-up research study was conducted, and the interview guideline was developed based on the first interview outcomes. Since the first interviews explored the general post-migration experiences, the aim of the follow up interviews were to focus on the recent post migration (last 6 months beginning from November 2017) in regard to challenges and protective factors that were significant in the first data collection phase. The inclusion of the expert group was not necessary because concern of the follow-up was to understand the opinion of subjects itself in how they perceive provided health service in the community. Also, the second phase explored the 2. Generation and their connection to the Khmer culture.

The following six categories could be identified:

- Service from the community
- Use of Service
- Impact from community service on Mental Health
- Impact from Religion on Mental Health
- Connection to the culture from Second Generation
- Improvement for mental health

The guideline was created according to the same standards as the first guideline and included eight open-ended questions that were understandable for each participant (see 8.4 Appendix D – Interview Guideline Subjects Follow-Up).

3.5.2 Interview Procedure

Interviews with Subjects and Expert were conducted during October 2016 until March 2017. Almost one year later, in November 2017 until December 2017 follow-up interviews with four out of five subjects were carried out. Altogether 14 interviews were conducted with 5 subjects and

5 Experts. For both data collection parts (baseline & follow up), the interview procedure was the same.

In the first contact with the participant via E-mail, Phone or In-Person they received information about the study, including purpose, benefits and risks and were asked about their willingness to be part of the study. Once the participant agreed to take part, a date for the interview and the location was appointed. The interviews with experts were held at their office in the organization. The location of the organization was mainly in the Long Beach area, besides one, which was located in West Los Angeles. As the subject group mainly includes participants from the 2. Generation who were currently students, the interviews were conducted at CSULB in the office of Dr. Erlyana, or outside on campus in a quiet area without disruption. All interviews were conducted in the absence of a third person. Prior to the interview, the researcher started with a warm-up conversation to provide a comfortable atmosphere before the interview would begin. All participants were given the consent form about the purpose of the study, procedure of interview, anonymity and ethical concerns and asked them to sign and return the form. A copy of the consent was given to the study participants (see 8.5 Appendix E –Consent to Participate In Research) (Creswell 2013: 166).

The interviewer maintained a passive and stimulating communication style during the interview and was actively listening. The participants were not interrupted while they were talking, some of the participants answered in a more narrative style while others were more focused on the questions from the interviewer. However, the interview guideline was used to make sure all themes were covered.

After the interview was done, the participants were thanked for their willingness to take part in the study and received a $20 cash incentive to recognize the time that they spent for the interview. The interviews varied and lasted from 15 minutes up to 60 minutes and were audio-recorded with a recording device or mobile phone. The duration was mainly attributed on how comprehensive the participants answered to the questions and willingness to share experiences (Lamnek 2010: 323).

The behavior of the participants was mainly open and outspoken within a comfortable atmosphere. The reaction and feedback to the research itself was positive from all interviewees. Few individuals seemed to be tense at the beginning of the interview (in both groups) but after using some ice-breaker questions, the conversations and interview flow usually evolved quickly.

Since the topic of the data collection is seen as a sensitive topic, face-to-face interviews were to be expected as an appropriate data collection method, rather than focus group discussions. The interview situation is normally enabling the participants to speak freely about their experiences and feel comfortable and were held in English language cf. (Moustakas 1994: 114).

3.5.3 Observations

For data collection in qualitative research, observations are a key tool and it helps the inquirer to get a greater understanding of the phenomenon (Creswell 2013: 166; Stake 1995: 60). The observations took place in October 2016 until March 2017 as well as November 2017 until December 2017. Observations were conducted while attending several events in Cambodia Town and at the CSULB campus. In attending observations and events enabled the researcher to get a deeper understanding of the community and a sense of the culture lived by the Cambodians in Long Beach. Overall, three observations were conducted in different settings such as:

- Buddhist Blessing Ceremony in a Temple in Long Beach, California
- The Community - Cambodia Town
- Cambodian Student Society Club Meeting on Campus at CSULB

Primarily people and their activities, interactions and conversations were observed. During the observation in Cambodia Town, the focus was more to observe the physical setting like: What is in Cambodia Town? What is provided there? (Creswell 2013: 166). In the temple and the club meeting on campus, different observation types were used. During the Blessing ceremony the researcher took the role as “participant as observer”, in which I was an outsider of the group and watched the activity from the side. (Creswell 2013: 166 f.) At the club meeting on campus the role was a complete participant, where I was fully engaged in the activity with the other people. Which is helpful to get a greater rapport with the observed participants (Creswell 166 f.). All observations were intended to get an overall overview of the situation and continued with a concentration on the research question.

3.6 Data Analysis

The research study applied the method by Creswell (2013) in combination with data analysis procedures described by Stake (1995): categorical aggregation, establishing patterns and naturalistic generalization. According to Creswell (2013: 179 f.) in qualitative research the typical steps of data analysis are organizing the data, reading through database, condensing the amount of data into codes and themes and represent the data (e.g. in form of a discussion, table, charts etc.) and forming interpretation.

The first step, was to organize and prepare the data for the analysis. The interviews were audio recorded with a recording device. The recording files and transcriptions were saved on the researcher’s password protected computer. Henceforth, all 14 audio taped interviews were put into a word-by-word transcription. The “simple transcription" rules by Dresing and Pehl (2013, 19-24) were used to guide the transcription. The purpose of the interviews focused on the factual information and therefore non-verbal gestures, para-linguistic fill words (e.g. Yeah, You know,

hm, ah etc.) were not included in the transcript. Also, corrections in syntax and grammar were made, pauses were left out, dialects converted to standard English, discontinued sentences and repetitions were edited as well as simple punctuation were used. The purpose was to put the transcription into a readable form but yet to keep the original content, meanings and details of the interview. To ensure the anonymity of the participants, the names were replaced with Subject or Expert and which number of participant e.g.: Expert 1 or Subject 1.

Also, the field and observation notes, as well as the photos that were taken, were put in to a protocol. The protocols were set up according to Creswell (2013: 168), including a header giving information about the event of activity, length and general aim or interest of the observation. Furthermore, it includes descriptive notes, which describes the activity, and then reflective notes, which reflects on the activities and conclusions about the process of the observation. All activities are chronologically presented in the protocol.

Second, the entire database was scanned. All protocols were reread, and the interview audios were listened to while reading over the transcripts. Not only for the purpose of minimizing errors, but it was important to get a sense of the database and to find major structure ideas. According to Creswell (2013) this stage of data analysis is called “Reading and Memoing” (2013: 183).

The third step is forming the data into categories, what “represents the heart of qualitative data analysis.” (Creswell (2013: 184). Creswell suggests, to start the process of coding with a list of few categories and then to expand the categories by re-reviewing the data (2013: 184). Therefore, a category system was developed with codes and sub-codes, which shapes an important framework for the analysis. The development of the category system included two steps: First main categories were identified building the general frame. Second by the formulation of sub-categories (Schreier 2012: 58 ff.). The main categories were developed according to the interview guidelines and also reflected on the broader thoughts shown in the data (Creswell 2013: 184). For building the main-categories, the guiding interview questions were assigned certain initial categories, for instance:

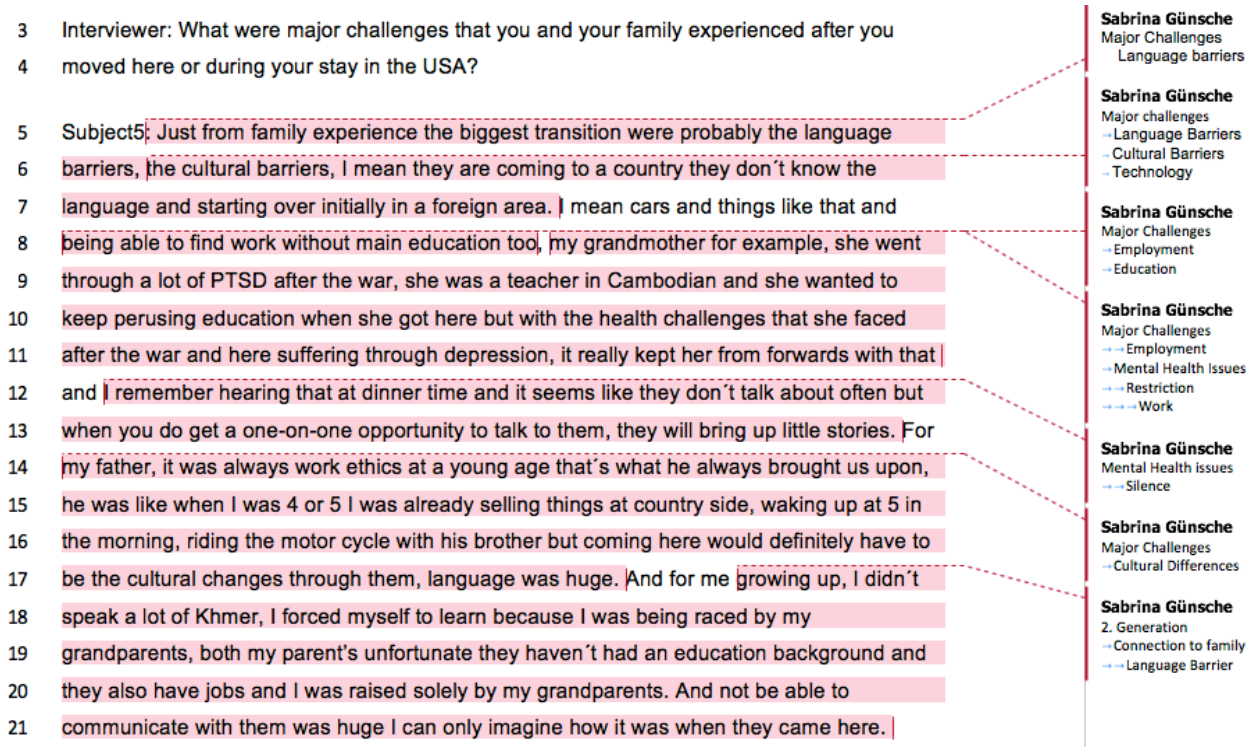
Interview Question: What were major challenges that you and your family experienced after you moved here or during your stay in the USA?
Main-Category: Major Challenges

Assigning main-categories to the interview questions aided to organize and structure initial codes, which helped in leading the process of creating sub-categories and themes. The sub-categories were named according to participants own words in order to give them a voice (Saldana 2009: 70 ff.). Information was captured by scanning the data several times and until issue-relevant meanings emerged from the data (Stake 1995: 74ff.). In the meantime, paragraphs and themes were recognized and formed into sub-categories. Then, the sub-categories and themes were

assigned to the main-categories (categorical aggregation) (Gläser, Laudel 2004: 192 ff.; Stake 1995: 78 ff.). Emerged themes and events from the data were sorted in chronology. The process of forming categories, assigning them and themes to the (main-) categories was a repetitive process; the categories were refined and modified a few times while reviewing the data over and over again. In the following figure (see

Figure *1*) is an excerpt that shows how significant statements out of the data were formed into categories.

Figure 1 Emerging categories from the data



(Source: Own representation)

For the process of forming categories out of the text, Microsoft Word was used. The categories were written at the margin of the page and sorted to the main- and sub-categories in another document. Through this method of data analysis, key categories and concepts could emerge from the database itself, and predetermined opinions or questions could be disregarded (Creswell 2013: 184). This strategy was applied for both interview sets (the first ten interviews with experts and subjects and with the four follow-up interviews). Ultimately, the codes from both analysis were put together and sorted in to main categories. The category frame was used as a structure to represent the findings of the data (Schreier 2012: 219).

As a final step, the researcher will formulate naturalistic generalization. The researcher shares his or her experiences made within the case study and makes generalizations from those experiences. People can learn from the case or for themselves out of the generalizations (Stake 1995: 85).

3.7 Ethical Considerations

Before the research project could be started, I had to attend a web-based training called Human Subjects Protection Certification - CITI Program. The International Review Board (IRB) requires investigators who conduct research that involves human participants to complete a training program on the protection of humans. The training includes materials to enhance the integrity and professionalism of the researcher. The program comprises learning modules like defining research with human subjects, informed consent, privacy and confidentiality, vulnerable subjects, etc. After the completion of 15 models I received a certificate and was able to conduct the research (see 8.6 Appendix F – CITI Program Certificate).

For the permission of the research study, an IRB ethical approval was required. In order to obtain the approval, an application form with detailed description including the purpose, participants, recruiting source, potential risks and protection, confidentiality, benefits, incentives, interview guidelines, informed consent, recruitment script and so forth, was prepared (see 8.7 Appendix G – Application for CSULB IRB Review).

For instance, potential risks within the study were: First, participants may feel uncomfortable about sharing their experiences which can trigger emotional reactions. Second, there will be a potential breach of confidentiality. To protect against or to minimize each risk, first the subjects will have the right to refuse to answer any question that makes them uncomfortable. They also have the right to stop their participation at any time without any consequences. Second, participants will be informed that their private stories could be identified or recognized by third parties; Therefore, they do not need to share the stories if they are not feeling comfortable about it. To mitigate the potential breach of confidentiality, the consent form will not be connected to the data. A pseudonym will be given to study participants to reduce the chance of identifying information in the interviews. Data will be recorded and stored in a secure and password protected computer.

Once the approval was received, the process of contacting potential interviewees could begin. The participants obtained a written informed consent prior to the interview which comprises the rights of the participants and all important aspects of the study as well as the permission to digitally record the interviews (see 8.5 Appendix E –Consent to Participate In Research). The standard of an informed consent is to protect the personal rights of the participants (Hopf 2012: 592). All participants were informed that there will be no direct benefits from the study, however the information gained could benefit to inform policy and health programs.

3.8 Validation

Quality criteria and validation are essential in qualitative research. During the research process of a case study we are asking ourselves “Do we have it right?” (Stake 1995: 107). Could the comprehensiveness of the case be captured, and the right interpretations developed? (ibid.).

Various attempts and perspectives are existing by examining this question within the field of qualitative inquiry. Creswell suggests (2013: 251 f.) eight strategies that are frequently used to provide validity in the research.

- Prolonged engagement and persistent observation
- Triangulation
- Peer review or debriefing
- Negative case analysis
- Clarifying researcher bias
- Member checking
- Rich, thick description

Creswell recommends including at least two of the validation strategies in a study (ibid.).

In this case study, three out of the eight strategies are applied: Firstly, prolonged engagement and persistent observation. The researcher spent about eight months in the community, by living in Cambodia Town, observing and visiting different events as well as by talking to different people with expertise of the Cambodian community. Additionally, a follow-up research was conducted after one year and took about two months, which aided in a to more comprehensive understanding of the case. Therefore, the researcher built up trust to the participants, learned about cultural values and could make a decision to what is salient to study (Creswell 2013: 250 f.).

Secondly, triangulation as a procedure to reduce the probability of misinterpretation and to identify diverse realities. Triangulation is generally considered as a strategy that uses different and multiple methods and sources of information of corroborating evidence (Stake 2005: 453 f.; Creswell 2013: 251). This study made use of two different interview sources, such as from experts as well as from the affected individuals. Additionally, observations as a method of data collection were included. Hereby, the context and the interacting participants were observed.

Thirdly, a rich and thick description is given in this study by describing the characteristics of the participants and the context of the case in detail (Creswell 2013: 252). According to Stake (2010: 49) “[a] description is rich if it provides abundant, interconnected details, and possibly cultural complexity, but it becomes thick description if it offers direct connection to cultural theory and scientific knowledge.” Hence, it allows the readers to decide if it is transferable to other settings (Creswell 2013: 252).

3.9 Self-Reflexivity Process of the Researcher

According to Creswell (2013), the positioning of the researcher is important to understand how influential the researcher is in gathering the study (Creswell, 2013, p.20). The researcher requires information about conceptions of self and those who are being researched (Creswell, 2013, p. 15-17).

My interest in studying about Cambodian refugees sparked from several reasons. During my internship with Dr. Erlyana at CSULB in the Health Care Administration Department, I was living in the area of Cambodia Town in Long Beach, California. Prior to coming to Long Beach to do my six-month research internship, the Cambodian community was unfamiliar to me. While I was living there, I learned about the genocide and resettlement to the United States. This caught my personal interest in learning more about this case. I especially wanted to explore the experiences in post-migration time related to the mental health of Cambodians because I figured mental health conditions are still a prevalent issue within the community (post-traumatic stress disorder, untreated trauma, depression, etc.).

I was involved in conducting a qualitative research study about risks and resources of refugee's mental health in Germany before I came to Long Beach. This enhanced my awareness and interest in doing further research about refugee's mental health, especially since the Cambodian refugees had been settled for 2-4 decades in the United States (cf. Chapter 0). My initial thought was to learn from their experiences on successful strategies for resettlement and coping with mental health over the time.

The refugee research project in Germany was conducted in a team of three people with different cultural backgrounds within the Master's Program Health Science at HAW Hamburg. During this research, we were in close contact to refugees. Conducting this research and studying in a multi-cultural and diverse team throughout the master's program taught me to be culturalyl sensitive and open to different perspectives and belief systems.

Furthermore, due to my stay in the United States, I lived within an environment that I had not known before. I was living in a neighborhood that is known as a low-income area, notorious for its high rates of crime. The house I resided in had safety standards that were totally different from what I have known before. Because I was a German who never lived in a different country,

interacting with different cultures, residing in a different country, assuming the role of an immigrant and foreigner, while also not being a native English speaker definitely had its challenges and learning lessons.

However, adapting to these factors not only contributed to my personal growth, but also allowed me to have a better understanding of immigration and what challenges are present when resettling to another country.

During the research process itself, I tried to stay critically self-aware in order to set aside biases and assumptions towards the topic and the participants. Analyzing the collected data with the contrast of the experiences that I gathered over the course of one year (baseline and follow up research time) enabled me to recognize and substantiate new meanings and connect the puzzle "with known things" (Stake 1995: 97).

One major challenge during the research project was that the researcher was sometimes questioned about the interest in studying this topic, since the researcher had no connection to the culture and background itself. The research was mostly conducted out of personal interest towards the topic and in contribution to the research in the Cambodian community. By overcoming the cultural and recruitment challenge, the gatekeeper played a crucial role. He was an essential asset through the whole study in understanding beliefs and cultural values, structures and services in the community. He also helped in getting connected to people. Additionally, I was able to check up with him if I felt unsure about my understanding of the phenomenon.

4 Results

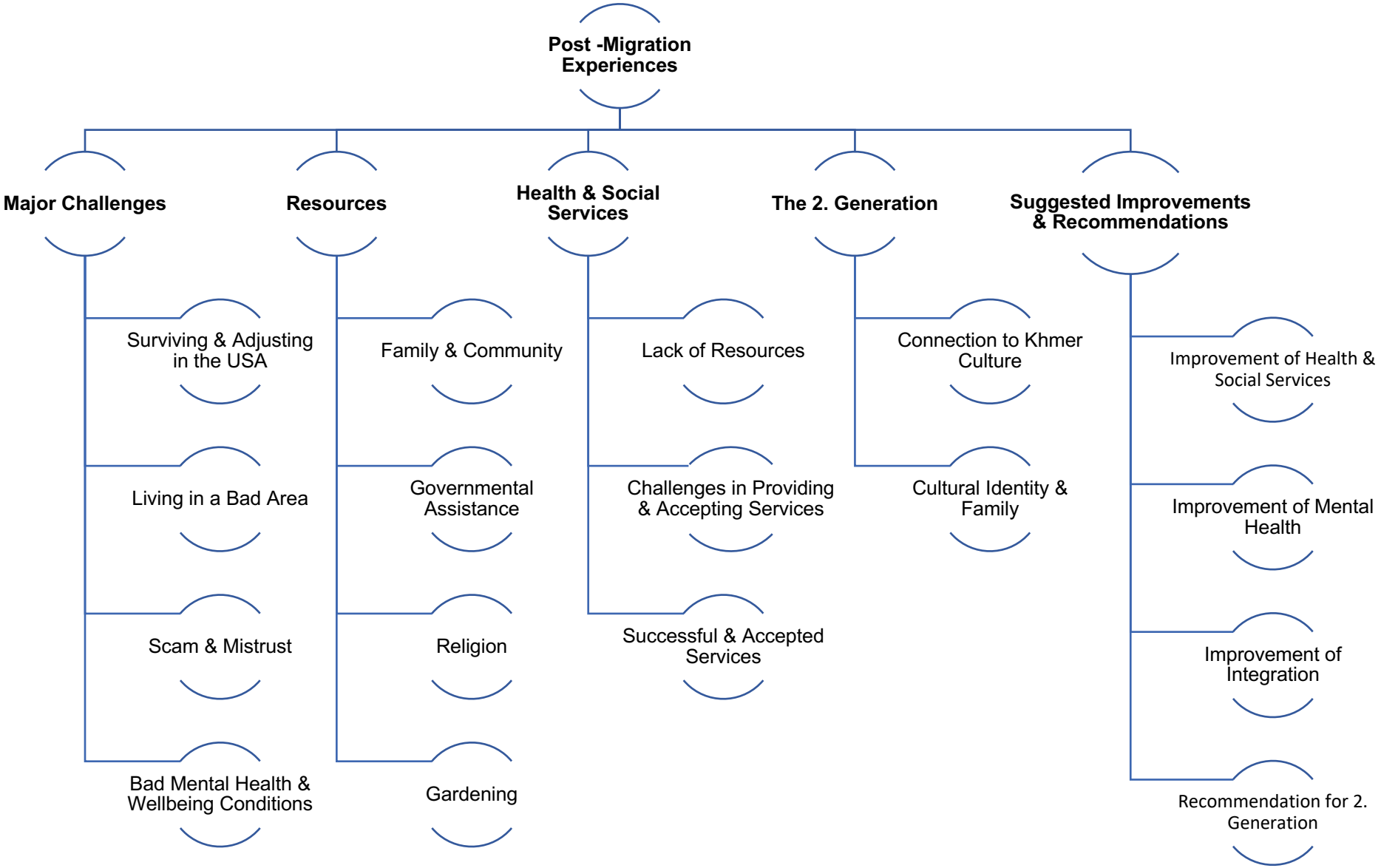
Altogether, this chapter represents the results of 14 interviews and three observations. Baseline and follow up data were compiled in order to get a holistic understanding of the case. Overall five main-categories were mostly deduced from the interview guideline. The data analysis revealed 17 inductive sub-categories and 73 themes. The category-tree (see Figure 2) gives an overview about the main categories and the associated sub-themes. For a detailed overview of main-categories, sub-categories and the related themes see the table in appendix (see 8.8 Appendix H – Detailed Overview of Categories and Themes)

Each category and the according themes will be described consistent with the participants' experiences and opinions about the post-migration time and its resources, challenges, and risks for the well-being of Cambodian former refugees and the 2. generation of Cambodian descents.

The description will include the statements of the participants to give them a voice, underlined with the observations and the perception of the case from the researcher. Additionally, in each main-category a table with the relevant categories and themes will be presented.

Finally, a summary of the results, which illustrates the overall experience towards the post-migration experience in Long Beach, will be presented.

Figure 2 Category Tree



4.1 Major Challenges

For all participants or for their families, resettling after a genocide to the United States brought a lot of challenges with it. The first main category, major challenges, serves as an essential part for a deeper understanding of experienced hardships and risk factors during the post-migration. Four sub-categories could be identified and assigned to major challenges, which are describing those challenges and risk factors that adversely affected the mental health of Cambodians in Long Beach. The following table (see Table 6) demonstrates the developed sub-categories and the emerged themes within the category major challenges.

Table 6 Major Challenges

Main Category	**Sub-Category**	**Themes**
Major Challenges	Trying to Survive & Adjust to Live in the USA	- Resettlement - Assimilating to the Environment - Language Barrier - Cultural Differences - Education - Finding Employment - Poverty & Finances
	Living in a Bad area	- Poor Neighbor Hood - Gangs - Racism - Discrimination - Crime, Violence & Robbery
	Scam & Mistrust	- Scam among Cambodians - Scam in the Community - Mistrust Government
	Bad Mental Health & Wellbeing Conditions	- Mental Health Issues because of Genocide - Mental Health Issues because of Post-Migration Experiences - Implications & Restrictions because of Mental Health - Stigma

(Source: Own representation)

4.1.1 Trying to Survive & Adjust to Life in the USA

After the resettlement, Cambodian refugees faced a lot of obstacles in adjusting to the United States. Due to the genocide in Cambodia and the anticipated flee, Cambodians came with almost nothing to US because "…everything they owned was taken by the Khmer Rouge." (Subject 1: 8-9).

> "I recall various stories of my mother and father out of when they came here. They really just came here with the clothes that they had on their body and then whatever they could fit into a little grocery bag." (Subject 2: 11-13).

Not all the Cambodian refugees were resettled to Long Beach initially. During the "mid 80´s, there was a whole lay that came" and therefore they were "scattered all around the United States initially" (Expert 5: 143-145). It was also depending on which state, organization or family they were sponsored through. Therefore, dealing with the weather if they have been replaced, for instance in the North of the US, wasn´t easy:

> "They moved to Ohio first and they didn´t like the weather. So, this was one of the big circles because it is very cold in Ohio, and in Cambodia it is very tropical, very hot. So, they got worried and Long Beach was very much like Cambodia. This is why so many Cambodians are here in Long Beach" (Subject 1: 9-13).

Assimilating to the environment in the United States was confronting since it was very different than Cambodia at that time. For instance:

> "I was brought on a plane straight into LAX (Airport Los Angeles), where fast cars are moving. I have never seen that before, coming out from the jungles, running, charging bullets, having to hide underground for my life and then BOOM you are in LA, Hollywood and there is cars and roads." (Expert 2: 51-54).

> "Because my family personally was part of the farming, they weren´t used to technology. Technology was very new to them. So, coming to America everything was very new." (Subject 1: 5-7).

All participants said that language and cultural barriers were major transitions and challenges in adjusting to the new environment. Most Cambodians only spoke Khmer and were illiterate in English when they first resettled. The acculturation was struggling because "coming into a country, you were traumatized, illiterate, you don´t speak the language yet there are so many other groups here that you have to interact with" and "getting into the culture of the United states, which is in itself already diverse" (Expert 2: 17-19). Cultural values are "drastically different" in terms of a western culture that is more individualistic oriented versus a "collectivistic Southeast Asian culture". It is challenging because it reflects two different ways and perspectives of living (Subject 2: 21-24).

> "For so many 1. Generation like myself, the challenge for us when we first came here was, we were already teenagers, the language and culture was so much different, and took us to integrate." (Subject 4: 4-7)

> "My parents they came from a really simple framework, their background was in agriculture. My mother had her own market and my father would used to cultivate the produces that my mother would sell, so it was very self-sustained. Here, when they relocated to the US, the pay for doing such work was very minimal." (Subject 2: 15-19).

Furthermore, the participants said that they or their family members have not had a higher or main education because of their background. The refugees tended to have a farmer's background and live in rural areas (Expert 3: 39). In an interview with an expert who did a research project with Cambodian refugees, it was discovered that the average education level in the sample was very low:

> "...we focused only on adults who immigrated to the US at least when they were 8 years old and people who had some living memory of what had happened to them (…). And of course, most of these people went to refugee camps before they came to the US. They came to the US with very little ability or very few resources in terms of the education, that don't allow them to step right in to Los Angeles and start working at the desk job (…). Some of them had a second-grade education. (Expert 3: 40-51)

Additionally, during the genocide, most of "researcher[s], scientist[s]" (Subject 4: 32-33), [and] "high ranking professionals and doctors" were killed (Expert 4: 36-37).

> "…everything was taken away from us and all our intelligent people, researcher, scientists got killed in the genocide." (Subject 4: 32-33).

Due to the background of low education and the language barrier, finding employment with a decent income in the US was almost impossible (Subject 3: 6-8; Subject 5: 8). Also, when coming to the States, most of them did not have the aim to pursue education. At that time "the only thing they knew was just working during hard labor" and supporting the family (Expert 1: 39: 41). As a result, many refugees were vulnerable to financial instability or even poverty:

> "I remember my parents were working seven days a week, making less than minimum wage; it was a struggle. So, education for the first generation of folks wasn´t on their mind actually." (Expert 1: 31-44)

> "My parents were at that time roughly around mid 30´s, 40´s and they were more focused on us, on our education. So, getting a job was like whatever is really available. A lot of Cambodians were working in the fabric; that´s the only thing they got. They wasn´t really thinking about high paying jobs like an engineer. They were just trying to make sure we have food on the table (…). (Subject 3: 50-52)

> "(..) they were left with the jobs that not most people want to do (…). My parents worked something at the airport. I think they were cleaners or something like that, but that was the first job they could get because they didn´t speak the language very well and it was very easy, just cleaning everything." (Subject 3: 33-38)

Living in poor conditions was and is still present; as one participant explains: My parents and I we don't really spend too much on money, it is just more like making sure we have food on the table. We didn't have the opportunities like other people, spend some stuff, go out eat, restaurants. Most of the foods we have was at home. (Subject 3: 156-159)

4.1.2 Living in a bad area

Because of the economic deprivations among Cambodian refugees, they tend to live in low income communities (Expert 3: 60-61) and poor neighborhoods (Expert 5: 147-148). Since there was space in the 1980´s, a lot of the refugees were resettled to Long Beach. At this time, Long Beach was in "a bad condition" and had "a lot of gangs" (Subject 3: 25-27). It was a condensed area where "racism was always around" (Subject 3: 75-76). The United States has a "long history of racial hierarchies especially within working class and poor neighborhoods." (Expert 5: 148-149). When Cambodians first arrived at Long Beach, other ethnic groups were living in the area. By putting a new set of people into an area where other people have been living for a while, "they were having arguments" often, making things worse. (Subject 3: 75-78). Cambodians became targets of bullying and violence, especially the younger and elderly Generation. As a result, discrimination, racial tensions, and gang wars developed among the groups (Expert 5: 114-118).

> "…my family came to Long Beach in 1994 (…). It was a very turbulent time, there was a lot of gang violence, specifically in the area where my family was located. It is referred to Cambodia town now, but there was a particular time when there was color wars and that is unfortunate because just kind of looking back and thinking of the whole picture, my parents essentially left and uprooted and moved away from this violence and unfortunately again we are kind of caught up in this cycle of violence." (Subject 2: 69-75)

> "The Mexicans felt like when the Cambodian refugees came to the country, we were taking over the boundaries and they wanted to mess with us and really just scare us

> but that led to a lot of Cambodians joining gangs to defend themselves." (Subject 3: 20-22).
>
> "And what happened? The Cambodians were traumatized and in a bad mental-health condition. They haven´t really had resilience, and since there was a lot of gangs and crime in Long Beach… BOOM… the Cambodians, especially the young generation formed up into gangs and groups. They experienced a lot of crime and the community got also bullied from other people." (Subject 4: 27-31).
>
> "Then my dad got beat up a couple of times, so that was another issue." (Subject 1: 19-20).

Many of the young people joined the gangs because they did not have a "support system, they don´t feel like they belong." (Subject 3: 329-330). "The idea behind is they are helping each other out, but they also damage the community. Drugs are also involved." (Subject 3: 333-334). The gangs also gave them an identity that they needed in the poor working-class neighborhood in order to "get them where they are to adulthood." (Expert 5: 155-156). During the time, many home invasion robberies happened and there was lot of fear in the community (Expert 3: 63-65). Young Cambodian kids were robbing homes of other Cambodian families:

> "Those young kids in the gangs were doing that to a lot of other family members. Like they were pretending we are friends. We are helping out and then there was a lot of gun point and this was very common. I was very surprised. I found it really weird that they are Cambodian as well and they are robbing their own people and doesn't even have money, as it is." (Subject 3: 97-101).
>
> "I remember when I was in kindergarten, so these young Cambodian kids there were probably in gangs, they actually robbed my family, (…). What happened was I came home one day from the kindergarten and there was cops in front of our house. I didn´t understood why and then my parents was like, 'Oh we got robbed.' At the time I didn't understand, and I thought it wasn´t a big deal." (Subject 3: 80-84).
>
> "This was like my reality in second grade. I know that my neighborhood was bad when there was a high school kid, he was shot and killed and that was my brother's friend. It´s calmed down a lot because a lot of the Cambodian gang members are in jail, a lot of the Mexicans, some of them were undocumented, so some of them got deported. So, it´s calmed down a little bit but there is still a lot of violence in our communities. (Subject 3: 105-109).

Due to these circumstances many of the Cambodian youth were killed in the 1990´s. The parents experienced the "killing field" in Cambodia in 1975-1979. Within that time, they witnessed a lot of killing and family members dying, which led them to leave the country. By coming to the United

States with the expectation of safety but eventually experiencing death and crime again, parents were traumatized and felt even more threatened (Subject 3: 16-29).

4.1.3 Scam & Mistrust

In addition to crime and discrimination with other ethnic groups happening in the community, there were instances in which Cambodian kids were robbing other Cambodian families:

In addition, scams occurred frequently in the community, and people who were less educated and in complicated situations were taken advantage of. One of the participants discussed how his parents were scammed by other community members:

> "… my parents would listen to them, it was just like trying to make money but certain people who were more educated would take advantage of the others, (…) they told me there is going to be this person that wants to help us with money, we just have to pay this certain amount, especially for citizenship, I mean my parents were scared that their social benefits will be cut off, so they trying to get citizenships and they were told about some specific individual. That was like pay them $500 and they help them through the process, and in my family, my dad was one that got taken advantage of because my dad was been challenged. He really didn't know what was going on and he is just like my mum: they want to make sure we still have money. So, he thought having citizenship will help but in reality what happened was they took his money and never called back, and this story was not uncommon. As I start working in this community, scam is very common and those with less education, such as my parents were easily taken advantage of. (Subject 3: 54-68)

Another instance of scamming for money was that of an organization that provides services for the Cambodians in the community:

> "I remember UCC. Even though they are a really good organization, they have some scandals in the past. A group of people were given a certain amount of money to really help out the community. What they end up doing was playing a scam on the people, taking a lot of their money and some of them moved to Cambodia to hide. For me it´s like being aware that some people are there, they are actually supposed to help the people but instead they hurt the community by robbing us and that hurt the community really bad because that's why a lot of certain individuals are like in business now. They didn't want to invest money into the community. They are like, 'How do I know it's going to be used right?' Because they seen them in the past. A lot of older people make a lot of money, but they don't want to invest. (Subject 3: 312-321)

Because they experienced a genocide that was carried out by their own government, the Cambodians were already suspicious amongst each other. The scam in the community promotes the feeling of mistrust even more:

> "Don´t get involved with politics. It´s a trust issue even within the community today. It is just kind of like that angst like I don´t trust you, you don´t have to know that person. It is automatically that feeling of 'oh I don´t trust you' and that is hard." (Subject 5: 49-52)

> "…they are very skittish about government because the refugees, a lot of them, in the early years less so now, but (…) they were afraid that if they applied for anything that was from the government, food stamps or something, that might prevent them from getting their citizenship or something, so they were very afraid of the government." (Expert 4: 63-66)

4.1.4 Bad Mental Health & Wellbeing Conditions

A lot of Cambodian refugees were traumatized and came to the USA with bad mental health conditions based on what they witnessed during the genocide and the refugee camps. High levels of PTSD and depression, as well as stress and angst were common among Cambodians (Expert 3: 54-56).

> "I know for a fact growing up and being part of this work, and study more what happened in the genocide, I know my parents, especially my Dad has PTSD." (Subject3:164-165).

> "What is happening right now is PTSD, and that is what elder parents are dealing with right now. Because what happened in the killing field (…)." (Expert 1: 28-30).

The resettlement to the United States was not easier. Adjusting to the new country and living in a bad area affected the mental wellbeing of them as well. One of the participants was talking about a traumatic experience in Cambodia town: His family got robbed and his brother and dad were tied up and "held in gunpoint". Years after the incident, he realized his brother "actually had a trauma because of that." He later told him: "he had a nightmare being robbed constantly, and then we related it back." (Subject 3: 84-90).

The trauma and mental health conditions affects the daily life. Participants were saying that, their parents, grandparents, or they had restrictions because of mental health issues. PTSD and depression "disabled" them to find work or pursue education:

> "My grandmother for example, she went through a lot of PTSD after the war. She was a teacher in Cambodia and she wanted to keep perusing education when she got here but with the health challenges that she faced after the war and here suffering through depression, it really kept her from forwards with that." (Subject 5: 8-11)

> "My parents really didn't work because they were both under disabilities. (…) I realized my dad has severe PTSD, so he couldn't really work. And living in the Cambodian household, the man is supposed to be in charge, but my dad wasn't able to do that (…)." (Subject 3: 10-14).

According to the experts and subjects, the mental health did not significantly improve during the time in Long Beach. "There is still struggle in the Cambodian community" for the elder Cambodians in "dealing with PTSD" (Expert 1: 28-29; 114-115). "They have been here all these years" but still have issues with their mental well-being. They were "worst before, but they are still bad now" and "still meet the criteria for PTSD and major depression" (Expert 3: 55-59).

"Mental Health aspects" are still "locked up and stagnant" in Cambodian people. Subsequently, there is an impact on other health aspects: A lot "of us are unaware of the connection" between "mental health and physical health." (Expert 2: 27-29). One of the participants explained how mental health affects her body:

> "We probably allow the mental health to impact our body. Like for myself sometimes I let it go until I stress. So, when I read a lot about the genocide it reacts something and then I get depressed. I have to cry, and when I cry my heartbeat rises and I get anxiety attacks, and then the anxiety attacks gets so much, that I had to go into the emergency room." (Subject 4: 104-108).

The data is showing, that Cambodians are having a shorter life span than even other refugees from Southeast Asia. Also, higher rates of chronic diseases like diabetes, obesity, high blood pressure exist amongst the Cambodian community than other people in the US. And "it goes way back to the genocide", the untreated trauma and the "lack of interventions". It "results in Cambodian people dying younger "(Expert 2: 29-33; Expert 4: 112-115). Also "substance abuse addiction", which includes gambling, is a big problem in the Cambodian community (Expert 4: 206-208). A participant stated that friends of hers had "trauma that they didn´t deal with," but as a result they "overindulge on everything; like over materialize" and "over substance abuse". (Subject 4: 151-154).

> (…) I watch them being depressed and suicidal and that is part of that issue that they don´t deal with trauma (…)." (Subject 4: 156-157).

One of the participants stated, as his brother talked about the instance of robbery and being held in gunpoint, he was able to overcome the trauma. However, addressing mental health in the community is not common. Based on Khmer culture values, it is unusual to talk about mental health and it brings the fear of being stigmatized by others. (Subject 3: 90-92) People who have

trauma and mental health issues are approached in a way that is “separating them from the society” because, as he explains:

> “(…) they are seen as the people that we can’t help. They are called “chhkuot” which is crazy, and a word that is more used now is “khuorokbal” which is your brain is not correct or right. So, for me it´s like changing the words because calling a person crazy it´s very dehumanizing.” (Subject 3: 170-173).

4.2 Resources

This category describes the most important resources and protective factors perceived by the Cambodians during the post-migration time in Long Beach. The focus is especially on resources that helped them in supporting their mental health and their well-being.

The following table (see Table 7) gives an overview about the four sub-categories and the associated themes that could be identified during the analysis.

Table 7 Resources

Main Category	**Sub-Category**	**Themes**
Resources	Family & Community	- Cambodian Exchange Students - Organizations & Community Service - Environment - Familiarity - Helping Each Other
	Governmental Assistance	- Social Security - Welfare - Food Stamps - Money Support - Health insurance, Medicare & Medicate
	Religion	- Buddhism & Temples - Connection to Khmer Culture - Impact on Well-Being - Social Connections
	Gardening	- Related to Background & Culture - Positive Effect for Mental Health

(Source: Own representation)

4.2.1 Family & Community

The family and community were experienced as necessary resources during the resettlement and post-migration. As the subjects and experts mentioned, there is a strong family connection, which was a very supportive factor during this challenging time and continues to be a key resource.

Some of the refugees already had relatives in the Long Beach area because prior to the Cambodian genocide, the government “allowed a certain number" of Cambodian exchange students “to go to foreign countries” like the United States and France. At the time when “the Khmer Rouge took over”, they were in Long Beach already and “wrote protests”, “formed committees”, established the organizations like UCC and ACC to support their people. This group of students who were picked to go out of the country were sort of an “elite” group which was more educated and had some influence (Expert 4: 92-102). This first group of students sponsored their own family as well as other refugees to resettle to Long Beach (Expert 4: 85-86).

One of the experts, who was a former refugee, was telling about her story in finding her family members and being sponsored to the community in Long Beach:

> “I was one of those people. We sent enough photos to these small newspapers (newspaper in the Long Beach community) put together by the Cambodian people circulating around Long Beach, saying these are lost family members. My uncle actually saw me in that newspaper and started to contact us in the refugee camp and then did the sponsoring and that´s how I got here” (Expert 2: 45-49).

The community, called Cambodia Town, provided essential resources and as a participant said, Long Beach was similar to Cambodia for them (Subject 1: 11-13). Hence, it was an attractive place to resettle for the refugees and also for secondary migration (Expert 3: 83-84), by the ones who were “scattered” over other parts in the USA (Expert 5: 144-145).

> Long Beach was very much like Cambodia. This is why so many Cambodians are here in Long Beach” (Subject 1: 9-13).

A participant of the 2. Generation was explaining why his parents, who were sponsored to Phoenix Arizona, decided to move to Long Beach:

> “…we decided to move away from Phoenix because even if it was the place where we got sponsored by a specific group, (…), we decided to move because there was not a big Cambodian community and my parents really didn’t feel like the resources were reserved for them. So we packed our bags with some neighbors we had at the time to

> California, especially Long Beach, because we was told LB had a bigger population…" (Subject 3: 40-46).

There was a feeling of "familiarity within the community." "To see other persons that went through similar experiences" and to consult each other and to share those experiences "was very helpful" (Subject 2: 85-89).

> "The support was the community itself came together. It was so beautiful. Where one group is so traumatized and hurt and have gone through so much. They have developed the sympathy and empathy and came together to help each other. So, when they came to Long Beach they stayed close to each other (…)" (Expert 2: 40-42)

They found resources and protective factors in the community, as one participant said: "I get to eat Cambodian food. I get to speak Cambodian because I did not speak English, not a single word. I was 10 years old (Expert 2: 49-51). Finding a "social network", obtaining "relations" and seeing their other family members as well as country manners were experienced as great protective factors (Subject 1: 38-42; Expert 5: 142-146). People helped to grow a strong community, and "working with the community kind of also helps heal in different ways" (Subject 5: 55-59).

Being in "an environment" where there are other Cambodians gives a feeling of safety and being at home (Subject 1: 77-81). The Cambodian community had a strong ability to connect, with neighbors watching out for each other and sharing important information:

> "Back when we were younger all that families that would live by our apartments they were just all Cambodians, so we were watching out for each other. So, when one of us moved, we want to move with them because the more we are not with our specific group, we were kind of on our own. Especially when I was younger, my parents had to listen to their neighbors. So that was our way: if the neighbor knew something they´ll let us know." (Subject 3: 132-136)

> "If you provide something, pretty soon 20 other people know about it in a very short amount of time. So, they are always in communication." (Expert 4: 139-141).

Additionally, agencies in the community were important in settling refugees to the US. The largest agencies, UCC and CAA, were in the forefront to support the community and their needs in the initial post-migration (Expert 1: 52-55; Expert 2: 118-123). They provided support "in terms of helping to fill our paper work for" e.g. attaining school (Expert2: 54-58), "to receiv[ing] medical,

welfare, showing them where all the doctors are" (Expert 2: 118-123), organizing appointments in offices (Expert 3: 178), "offering free citizenship application" (Subject 3: 71-73).

Still today, the Cambodia Town community provides crucial resources for Cambodians. The UCC Center, which is in Cambodia town, is still active in providing resources. Just to name a few: pharmacy supplies, dentistry, income and tax counseling and other services. The UCC center itself is also a place to go to remember Cambodia; in the building itself are pictures of the nature, animals, Cambodian people, art work and so forth exhibited. Also, inside is a Khmer arts cultural center. In the community are numerous restaurants that serve Khmer cuisine, shops for traditional clothing, cosmetics salons and hairdressers etc. (see 8.10.1 Appendix Observation Protocol 1).

4.2.2 Governmental Assistance

Assistance for refugees provided by the government was mentioned as a resource that Cambodian refugees heavily relied on (Subject 2: 27-28).

Low income families were able to receive "food stamps", "cash assistance" and money support from the government which helped them a lot (Expert 5: 286-289; Subject 1: 23-24):

> "…social security benefits, I mean that was the main thing, making sure they got their money. And also, we had low income, so we got a welfare (…). Most of our money, I mean we were under $5,000 that we were getting from the government. So, we were easily in the label of low income." (Subject 3: 143-156).
>
> "Growing up in my primary years probably until I was 10 years old, my parents relayed heavily on federal resources (…). I remember my mother and father being given an allowance of sorts to make sure that the family was taken care of. That they were fed. Things like that but it was mainly government assistance that really helped." (Subject 2: 27-31).

"Once they knew about well-fare" or SSI and were able to get it, it "really helped them out" (Subject 1: 23-24). For some families that were in the SSI program, they were able to get a social worker:

> "Social workers were helping them as well. My parents were assigned with a Cambodian social worker, so they were our other resource." (Subject 3: 129-131)

In Long Beach "sectioning housing" was available for lowering the cost of rent but with a waiting list (Expert 1: 63-68). Other basic resources from the government were health services and medical support like "prenatal" service, childcare support and health care for pregnant women. Other health services included "just being able to get a checkup" and "doctor visit[s]." (Expert 1: 57-59).

> "We had to go to clinics for medical stuff. When I was growing up I remember we went to the doctors a lot. Not even though when I was sick. Just to get shots, whatever. Health insurance wasn´t a big deal. That was the main resources we had. The basics: going to the doctors, making sure we have money. (Subject 3: 146-149)"

One participant stated that his mother just recently received SSI: "(…) recently she got social security. So she went to somebody to explain that 'My problems won´t allow me to work or function normally so I need your help' and they help you, I guess through a lawyer. They helped her get social security from that. (Subject 1: 121-125)

4.2.3 Religion

Religion was mentioned as a resource for social connection and protective factor for mental health. The official religion of Cambodians is mainly Theravada Buddhism and is very much rooted in their culture:

> "Buddhism it is almost like a cultural thing, (…) I feel like it is already a part of the culture where it is kind of like a lifestyle. So even if you don´t associate yourself with Buddhism, it is a part of the culture." (Subject 5: 77-80).

Especially for the elderly generation, religion plays an essential role. The religious practice allows them to have an emotional space and release of their feelings (see 8.10.2 Appendix Observation protocol 2; Expert 4: 243-255; Subject 4: 129-134). Visiting blessing ceremonies is a harmonious way to come together and helps the older generation to be connected to the community (see 8.10.2 Appendix Observation protocol 2; Subject 2: 39-41).

> "(..) my mother, I know that she goes to the temples at least twice a week, in Long Beach. She brings food and she gives Ohms (donation of food) to the monks and she is very much connected to that particular community at the temple. That's where she feels comfortable. "(Subject 2: 196-198).

The temple became a "place of a following and guidance and worship. It became a sanctuary for a lot of elders" in the community. They "managed a way to stay together, share ideas, relate their experiences" and develop a "support structure" that initially wasn´t in existence and worked for them as a protective factor (Subject 2: 113-119).

Participants mentioned, based on experiences in the family, that religion can have a positive influence for the elderly generation and their mental health. The religion helps to "understand things" and to go through personal obstacles (Subject 2: 201-202). It helps to calm down, think, and open up. As one participant says: it is the "only time that I know that they will talk about their parents" (Subject 3: 409-411). According to a participant of the 1. generation, she saw that ~~the~~ religion was one of the biggest growths in the Cambodian community after the genocide. "They

focused all the energy in terms of religion spiritual support and it helped in many of them" (Subject 4: 121-132).

Another participant from the 2. generation said that for her grandparents, religion has a positive effect on "their mental state of mind". When they go to the temple in Long Beach, it gives them a feeling that "good Karma is coming their way" (Subject 5: 62-63).

An expert, who is working in an agency that organizes blessing ceremonies, explained why the religious ceremonies are important to the elder generation:

> "…the blessing ceremony is very important for our Cambodian clients because there is a sense of karma and dharma and many of them felt that they have not closed the circle. So, if they lost a lot of family and they weren´t able to properly cremate and bury them, there is a sense they can still be wandering around as a ghost or they come back in your dreams. So, taking part in the blessing ceremony is one way to mitigate some of that. It also makes them feel like "I have done a good deed, I have helped the temple, I have helped the monks". When they feed the monks, you see that´s a meaningful gesture because in Cambodian culture, Laotian culture, all of them, they feed the monks, (…) it brings a lot of harmony back to the clients. It also empowers them, because then they are doing something active" (Expert 4: 243-255)

4.2.4 Gardening

"Cambodian people love to garden" (Expert 2: 235-236) - Many of the Cambodians who are in Long Beach now had a farmer's background. Three of the participants said that gardening worked as a protective factor for their family members or for their clients and had a positive effect on their wellbeing.

> "The way my father copes with that (PTSD) is through gardening and that was something he had always done in his past time with his grandfather in the country side and he still continues in today." (Subject 5: 31-33)

> "…a lot of older generations I noticed they love gardening. When my dad is gardening he is really into it and it's like his other kid where he cares a lot about it. When they garden it was also a way to make income aside, I know my parents when they grow banana trees (…) It was a way to heal but also a way to make income." (Subject 3: 210-215).

The Cambodian culture values are very holistic (Expert 4: 45), especially if the survivors are farmers who lived in the jungle area. There used to be what we call "Kru Khmer" who are holistic healers; in our culture these people are herbalists. (Expert 2: 133-134). And in their gardens, they

like to grow herbs. In South East Asia their gardens are “yards [that] [have] chickens, coconut trees,” “and their garden is a “place for sustenance” (Expert 4: 262-274).

Through community gardening that is available at Cambodia town, (see 8.10.1 Appendix Observation Protocol 1), they learn about nutrition, how to prepare vegetables, and exercise yoga (Expert 4: 43-44). At the community garden they can grow native Cambodian plants (see 8.10.1 Appendix Observation Protocol 1). “These connections” [help] them to get “re-involved into the community (Expert 4: 158-159).

4.3 Health & Social Services

The third category is an essential part to understand the experiences and opinions from subjects and experts about available health and social services in post-migration. The services were or are provided from the community, government or local providers. The topics: experienced lack of services, challenges in providing services and successful experienced services provided from organizations for the community could be identified in the data analysis (see Table 8).

Table 8 Health & Social Services

Main Category	**Sub-Category**	**Themes**
Health & Social Services	Lack of Resources	- Lack of Transitional Program - Accessing Language Resources - Health Care Resources - Cut off Resources - Resources for Mental Health & PTSD
	Challenges in Providing & Accepting Health & Social Services	- Misdiagnosing & Mistreatment - Cultural Barriers - Stigmatization - Knowing about Resources - Language Barrier - Good Reputation from other Community Members
	Successful & Accepted Services	- Education about Service & Resources - Hiring Staff from the Community - Networking - Interventions that are Related to Khmer culture - Participatory Approach in Identifying Demands & Needs - Eliminate Stigma

(Source: Own representation)

4.3.1 Lack of Resources

The sub-category “lack of resources” represents the experiences and opinions of subjects and experts about missing health and social services from the government, in the community or in the local area.

Participants indicated that Cambodian refugees experienced a lack of transitional programs that helped to adequately assimilate to the United States. One respondent of the 2. generation mentioned in the time when his parents migrated, aside from governmental assistance, there were not any “helpful transnational programs available” “to help” getting “adjusted” to live in the United States: “We kind of have to figure out things on our own (…).” (Subject 2: 75-77).

One of the experts explained that “when the large immigration was happening, there was definitely language access barrier” because there were not resources provided to learn the English language (Expert 1: 36-38). “Many Cambodians wanted to study English” but “most of programs were filled very quickly”. “So, we have to ask why wasn´t there enough funding for some of that? There wasn´t enough will to create that kind of infrastructure because the idea was that would make more people come. Well, they came anyway. Long Beach even though people wanted to learn English, there was inadequate resources for a lot of that. They even funded organizations just to prevent people from coming here or discouraging it (…).” (Expert 5: 162-176).

When refugees come to the United States nowadays “they are not provided with much”. They are getting “high intensity training with English and acclimation to the US and that lasts for a very short period of about 6 weeks”. Once they are in the US, they are “supposed to have an initial screening by a health professional for health problems and then they hooked in to someone who could provide services for that”. Expert 5 explains “it is supposed to be there as a resource, but it is not a seamless kind of thing” because some “people might not go back for further tests to determine whether you have something.” (Expert 5: 93-101)

Moreover, accessing health care was limited because “it was basically all out”. The needs of this population couldn´t be addressed and additionally the government cut off resources for e.g. hospitals, schools and welfare in the mid 90th (Expert 5: 162-176). It was a welfare reform that limited the eligibility for immigrants to access government assistance programs. “Originally the 36 months of assistance went from there to 18 months” and then “went all the way down to 8 months”. “So, all of that contributes to this sort of uncertainty. What to expect? How to get on your feed quickly? How to access services? Unimaginable.” (Expert 5: 177-193).

Expert 2 explained that sectioning housing, which helps to lower rent costs, was provided. A lot of people were applying, because rents in Long Beach and the Los Angeles area are high. It took a long waiting process in order to obtain a place; he mentioned that his family waited “eight years to finally get housing [and] to get support and help for rent” (Expert 1: 62-68).

A participant from the first generation explained that it was also depending on the area where they were placed at. The access to services or even getting informed about them was not easy when they lived outside of the community (Subject 4: 41-43). She also recounts her experience of access inequity to local non-profit health services: “I was already 18” and the services was provided for mothers and smaller children (Subject 4: 53-56).

Furthermore, in the initial post-migration, there were not “much resources about mental health”. “So, when we came, we just tried to survive. Even our helpers didn´t know about mental health.” (Expert 2: 58-63).

Still nowadays, the participants mentioned, they are experiencing inadequate or a lack of resources in terms of mental health. As participants stated: PTSD help” needs to be pushed more (Subject 1: 45; Expert 1: 115). One respondent explained, at the moment, there is no appropriate approach where providers reach out to the Cambodians and offer them mental health programs (Subject 4: 109-120). Another response from the 2. generation articulated that there are resources available, but there is not an organized understanding about it (Subject 5: 107).

By asking participants of the subject group, if the older generation or their parents are familiar with the resources that are provided for them in the community, they stated that the 1. generation is not familiar with the offerings (Subject 4: 116; Subject 3: 359; Subject 1: 128).

4.3.2 Challenges in Providing & Accepting Health & Social Services

The purpose of the sub-category, Challenges in Providing & Accepting Heath & Social Services, is to get an understanding of what challenges former Cambodian refugees experienced in getting treatment, using health service, and providing services.

Overall, these are the challenges in provided services:

- Misdiagnosing and Mistreatment
- Cultural Barriers
- Stigmatization
- Knowing about Resources
- Language Barrier
- Good reputation from other Community members

Experts and subjects described incidences of misdiagnosis or mistreatment when Cambodian refugees obtain treatment for PTSD or mental conditions. It happened mostly because health professionals or physicians did not have knowledge about the background of Cambodian refugees.

> “So, if you see a patient and they say I have abdominal pain, you really need to take it deeper because they might have been tortured, where their abdomen was damaged, or

> they have a lot of head trauma because they were beaten. So, when they talk about headaches, you have to know enough; was it through the head trauma or is it just a headache because they won´t be able to express it. So, there is a lot of physical effects of trauma in the refugee population that they see that we don´t see." (Expert 4: 339-349)

A participant from the subject group describes the experiences his parents had in receiving mental health service:

> "(…) my parents were going through a behavioral, something with their mental health, they´ve told they have some supplemental health issues, but even the professionals are unable to describe it. They are misdiagnosed because I know for a fact, growing up and being part of this work and study more what happened in the genocide, I know my parents, especially my Dad has PTSD but a lot of the pills that he was prescribed with, was like he has schizophrenia, bipolar. So, he is getting all these pills that was misdiagnosed and I feel like that is a problem with our community. I feel like a lot in our community are misdiagnosed, a lot of those who went through the genocide." (Subject 3: 161-168).

One of the Experts, who is a behavioral scientist stated, that during the research he has done, he expected to find out that most of the Cambodians were not in contact with a mental health provider "and that´s why they weren´t doing any better." But in fact, "a shockingly high number of people were in contact with mental health providers" and "some cases were getting frequent care." "They have seen, if not a medical doctor, a social worker or someone similar. So, we wondered what they were getting (…) (Expert 3: 116-131). As it seemed, most Cambodians were getting "psycho medications and had been on medications sometimes for years and years and years and sometimes even the same medication for years (…). They are not getting "optimal treatment" because as he explained for "PTSD and Depression a cognitive behavioral therapy with some kind of medication is considered the best treatment." However, "nobody is there to provide talk-therapy" because of inadequate resources or missing "mental health professionals who could be prepared to speak Khmer" (Expert 3: 133-138; 142-158).

He explained that the research he was involved with, showed that "most of the time what they get is" medication management through an interpreter and more often than not it is still a family member who is doing the interpretation or a professional interpreter who is not really a medical interpreter. They just be somebody from the community that they have hired who comes in a couple hours a week, who speaks Khmer, but isn´t necessarily getting that best top level type of situation if they got somebody who went to school and was trained to explain what schizophrenia meant, and I think what's happening it´s that they get adjust across; but they may miss some important stuff" (Expert 3: 148 – 155).

Furthermore, cultural barriers were one of the most experienced challenges in accepting services for Cambodian refugees. The Khmer culture is different to the western notions of mental health and mental illness (Expert 3: 118-119). In their culture, e.g. interventions for mental health are blessing ceremonies at the temples, whereas the monks "chant for you and they shower you with blessing water" (Expert 2: 135-137). "If you have a mental illness, they might refer you to a witch-doctor (…) to throw water on you and say – Hey you get better" (Subject1: 48-50).

A participant talked about a friend's mother who "passed away because she didn´t seek mental health". "She just ran off, looking for a house by the beach because she believed that it was there somewhere, so she kept wandering for three days straight and she eventually just died. She had a mental illness, but nobody addressed it as a mental illness. They just addressed it as like her wanting to do something. But it was obviously schizophrenia but the only people she went to was you know witch-doctors and monks but monks can´t solve everything (…) (Subject 1: 100-109).

In America the way of approaching mental illness is different; in a more scientific way, "if you take this medicine or if you go to this doctor it will help you, even if you tell the Cambodians (…) they still might not believe you, because they come from a place where it´s religion, and science wasn´t anything to them. (Subject 1: 50-53).

In the opinion of Subject 1 and 4, spiritual support might help, but at the same time, it is only short term (…) because when they come home they are in the same mood. They might feel happier because monks "chant for you" "but the actual address of the past, the actual issue that we have was never dealt with it". There are also other problems where it is truly mental, and you cannot fix it to any means beside medicine, traditional medicine. (Subject 1: 100-109; Subject 4: 129-134).

To accept the "traditional western psycho therapeutic interventions [was] a challenge for Cambodians", "because interventions like counseling" do not exist in Khmer culture. "The thought of going to a room and telling your personal story to an expert, yet a stranger, is not existent", "because we learn not to share our personal life with an outsider." There is no concept of the relationship between a therapist and a client, because "we don´t know there is a confidentiality that actually protects us" (Expert 4: 197-204; Expert 2:125-139). "When it comes to mental health" it is difficult, "because culture-wise we are very silent; we don´t often talk about these things" (Subject 5: 107-110).

Also, taking medication was challenging since it is culturally non-existent. In Cambodia, they will not go to "the local pharmacist and take a pill." "Especially if the survivors are farmers who lived in the jungle area," they pay their respect to the Krou Khmer (Holistic healers) who have worked with natural remedy and herbal treatment (Expert 2: 131-134; Subject 5: 64-68).

Another factor in using services is mistrust since Cambodian refugees experienced a genocide and political persecution. Additionally, after the resettlement there was “scam” in the community among Cambodians and also one instance with an Organization. The mistrust is especially more relevant for the elder generation, since they have the background of the genocide. “The trust issue is a lot of angst” and when using services, Cambodians were skeptical of who is organizing the service or event. (Subject 5: 71-75)

> “Don´t get involved with politics. It´s a trust issue even within the community today. It is just kind of like that angst like I don´t trust you. You don´t have to know that person. It is automatically that feeling of ‘oh I don´t trust you’ and that is hard.” (Subject 5: 49-52)

> “As a result of the migration and the experience leaving your country to a different land, my parents were really hesitant to form and establish trust with the government at the time and this is simple that the government was empowered before things changed they had trust and faith in them (…).” (Subject 2: 49-51)

Stigmatization about mental health (described in Chapter) influenced the Cambodians in using treatment or service. As a participant stated, they tried to have focus groups in the community for elders but based on the negative stigma: “if you need to go to focus groups then you have something wrong with you” which was common in the community. As one participant noted: “Oh we chose not to participate because we feel like people will say something about us.” (Subject 5: 80-85)

Participants from primarily the subject group indicated that their parents or the elder generation are not understanding or knowing about resources and services that are provided for them in the community, as well as from the government (governmental assistance). As Expert 2 stated, “some of them don´t know about Medicare and health insurance” (Expert 2: 84-86). One barrier is not being “taught in full details” what the service offerings are.

“They just told you have to go through this and this but when it comes to understanding they don´t know (…)” (Subject 3: 360-361)

Furthermore, the language barrier is another indicator of not being aware of resources. Even though there are resources available, they did not take advantage of it because: they really didn’t know what the resources offer. They always need someone to translate it (Subject 3: 113-115)

> “…older Cambodians hadn’t had medical treatment in several years, probably because they didn’t know how to access care because of language barriers.” (Expert 4: 215-216)

Reputation about services in the community is another aspect in using resources. As participants explained, their parents use resources when they know other community members do so and if they give “good reputation” to it:

> "(…) she learns things and understand things anecdotally, by that I mean by different friends and family. Unless they have taken advantage of those particular services, she won´t do so, unless hear[ing] of someone else is doing it. Information for her still travels in word of mouth (…) (Subject 2: 188-191)
>
> "I have noticed, my parents, as long as they know other community members especially that are Cambodians and are going to the specific service and they have a good reputation then they will go. (…). So generally, when they hear from the community members something is really good, they will take it." (Subject 3: 368-374).

However, as one participant explains, using services based on the reputation might not be appropriate sometimes:

> "(…) I want to make sure they know what they are getting themselves into because sometimes the services that sounds good may not be appropriate for them. (…) Often times there is usually not an understanding, especially since they are not from this country they will not know this service." (Subject 3: 368-381).

4.3.3 Successful & Accepted Intervention

This sub-category serves as an essential part in understanding provided successful health services from the community. The represented indicators for successful services are based on the interviews with experts and their opinions in providing mental health and other service programs (see Table 9).

Table 9 Indicators for Successful Experienced Services from Experts View

Indicator of Successful Service	**Example**
Education about Service & Resources	- "Why is it good" to use mental health service and how does it improve the health. "Why is it so important to let it out of our bodies, what happens to our bodies when we talk about this trauma and what´s in our bodies that is healing vs hurting us" (Expert 2: 150-152). - "[When] you offer them something (e.g. medication for diabetes) if you don´t educate them and train them it won't matter, you have terrible results" (Expert 4: 220-221).

Hiring Staff from the Community	- A way to “overcome the challenge” of mistrust “was to hire staff from the community, who were bilingual and culturally sensitive” (Expert 4: 67-68) and “can interpret what the needs of their clients are.” (Expert 4: 272-273).
Networking	- “We put out a healing field symposium where we brought in the patients, family doctors, mental health experts, psychiatrists, psychologists, therapists, clinicians and the doctors for the adults as well as the pediatricians. We all brought them at the same room with the 2. generation and the 1. generation. So, you have everyone in the room sharing what their suffering is. That itself brings awareness for everyone. It has to be a whole network. When you´re looking at the Cambodian Community, you are rebuilding a culture that was intentionally almost destroyed by the Khmer rouge and everyone has to rebuild from the scratch.” (Expert 2: 102-115). - The Cambodian culture is holistically oriented, so “the organizations have to work together”. “Mental health organizations” do their counseling portion and then “the physical health and the doctors [have] to be aware of the mental health interventions”. Building up a connecting with mental health services agencies and connecting with the primer care doctors and the community organizations (Expert 2: 72-77).
Interventions that are Related to Khmer culture	- “Effective intervention is tapping into what they love most in their culture and their spirituality, the things they like to do with their families and focus on their future goals for themselves” (Expert 2: 168-170). - “They felt comfortable to do some beautiful art work of life in Cambodia before the Khmer Rouge” e.g. in form of knitting or origami. It was a way for them to express what they’ve lost without having to verbalize (Expert 4: 176-178). - Cambodians responded to programs’ practices “that had real cultural understanding and respect for their culture at the same time” (Expert 5: 334-336) - Creating interventions that are valuable in their culture e.g. the blessing ceremony is very important for our Cambodian clients (Expert 4: 240-245).

Participatory Approach in Identifying Demands & Needs	- "I learned that there is a real connection between identifying what the community wants and not just sort of what the institutional policy is and that we need them to do" (Expert 5: 51-54). - Group settings of the Cambodian residence and to have meaningful dialogues to identify what are some barriers and issues in the community (Expert 1: 81-85). - "Listen to the clients or the populations needs and demands". A lot of Cambodians, "they walk in for help for e.g. their green card is about to expire, but they walk in to the center what provides meditation, agriculture, yoga and education". But at this moment "what they really need help with is the paper work". "We show them "all the tools that we have at the center". So not only we help them with the paperwork, but we also give them all the resources with other organizations that does the paperwork" (Expert 2: 179-186)
Eliminate Stigma	- "The mentality that they often share with me is in our culture only poor people farm and we´re not progressing because people using Apple phones, computers and why we´re gardening but when I bring someone like who is Caucasian who is a research professor, who believes in gardening, one of the founders of 14 organic farms in Long Beach, saying: "I love gardening and turn my home into a garden". So, I brought them up to Belmont heights which is a rich area and to see his home garden and for the first time they think our culture is not that behind. We are not the savage people who likes to garden. There are all these educated people who likes to garden." (Expert 2: 241-249)

(Source: Own representation)

4.4 The 2. Generation

The fourth category is The 2. Generation. In this chapter general experiences in connection to the Khmer culture, finding cultural identity and family and related aspects are outlined. Two sub-categories could be identified during the analysis (see Table 10).

Table 10 The 2. Generation

Main Category	Sub-Category	Themes
The 2. Generation	Connection to Khmer Culture	- CSULB & Cambodian Student Society - Volunteering & Networking - Khmer Arts & History
	Cultural Identity & Family	- Cultural Identity & Status - Silence about History - Language Barrier

(Source: Own representation)

4.4.1 Connection to Khmer Culture

Within this sub-category, the connection of the 2. generation of Cambodian former refugees and the Khmer culture will be explained. By asking the participants of the 2. generation in what ways they find connection to their culture the answer was mostly: The involvement through Khmer arts, the Cambodian Student Society at CSULB and their cultural events.

The Cambodian student society holds club meetings every Thursday evening during the semester. During the meeting, there are different topics discussed, such as: volunteering in organization (out and inside the community), provided resources in the community, Khmer arts, dance and cooking etc. (see 8.10.3 Appendix Observation Protocol 3). The student society is a lot involved in organizing and participating in events in Cambodia Town. Participants from the second generation stated due to the club they get in contact with peers, are culturally more involved and more connected to the community.

For instance, participant 1 of the subject group got involved in the community when he started going to college (CSULB) and volunteered at events in the community.

> "Volunteering eventually got me a big network and got me some jobs here (in the community). And I wasn't expecting that, because I was just volunteering for free." (Subject 1: 173-174)

By getting involved in the community and organizing events, he is able to apply his skills that he is learning in his major:

> "The cool thing about being a film major, I'm involved using cameras and stuff. There is always a need for somebody taking pictures or record. They [are] always asking can you help out with this or that and I get the insight, so I get to see how these organizations work and I get to network with these people." (Subject 1: 174-178)

Participants also stated that they can connect to Khmer culture through arts, music and history. Arts like dancing and martial arts were always embedded in the Cambodian culture (Subject 3: 438-441).

> "With the Khmer art academy, I find the connection through dance. They put on dance performances and they have the music playing in the background. It's beautiful and it connects me through the art. There is also a new movement with music, there is starting to be music that I enjoy, listening to and that's from my country Cambodia." (Subject 1: 189-192)

Another respondent from 2. generation said that he finds his connection through "remembering what passed down to our history before it was burned to the genocide", and music (Subject 3: 425- 428).

4.4.2 Cultural identity & Connection to Family

While the 2. Generation can find connections through college and attaining cultural events, they experienced challenges in finding cultural identity through the family. One of the barriers that participants experienced was that their parents were hesitant in talking about Cambodian history and the genocide. As one of the experts explains, "parents usually don´t talk about those issues with their kids and so when the kids are raised up they really don´t know their history or their background" and their family background" because "it is just tough for them to be able to talk about what happen[ed] in the killing field" (Expert 1: 31-36).

A participant from the second generation explained that she is very involved in the Cambodian community, but for her parents, it is "hard for them to understand" why she chooses to be "actively involved." "Why are you so involved in this? That has nothing to do with your major. (…) They are more concerned about the future well-being of myself versus what passions and what drives I have (…)." (Subject 5: 136-143). As she explains, it helps her to be integrated in her own culture: "I grew up with the American culture, I want to assimilate back to my Cambodian roots" (Subject 5: 139-140).

Another barrier is the language; participants explained that they were not taught Khmer and therefore experienced limitations in communicating with their parents.

> "…our stress is the language because for some people and for me, growing up with my grandparents, I wasn't able to talk to them and that really hurt me growing up, because to be raised by my grandparents and not be able to communicate and even say 'thank you' is difficult." (Subject5: 99-102)

Another participant stated that he was only able to communicate the basics with his parents "like I'm hungry," but he is not able to have a "dialogue" with his parents about their history and culture.

> "I´ll ask a question but it will be like a little mixture of English, but they are like 'I don´t understand what you are trying to ask me.' (…) Most people around my age are not able to speak it. (Subject 3: 207-210).

Finding a cultural identity is challenging for the younger generation due to the communication barrier and lack of learning of their background from their parents. "A lot of people also went and go through depression because it is connecting with self-identity". As participant 3 explains, "a lot of them venture out to other cultures." While he was growing up, he remembers "all the girls would not date a Cambodian guy because they have this idea that they are dating their brother. As I gotten older it's stayed the same. They would not date a Cambodian guy. They are always like 'I'm going to date a white guy (…).' They always thought they are better than Cambodians, but it doesn't matter what race you are." (Subject 3: 301-310).

4.5 Suggested Improvements & Recommendations

The last main-category comprises the description of the subjects and experts in terms of suggested improvements and recommendations for health and social services, mental health, integration and the 2. generation (see Table 11).

Table 11 Suggested Improvements and Recommendations

Main Category	Sub-Category	Themes
Suggested Improvements & Recommendations	Improvement of Health & Social Services	- Intervention Technique - Cultural Appropriate - Networking
	Improvement of Mental Health	- Education about Mental Health - More Research on Mental Health - Perspectives in the Community - Creating an Supportive Approach - Openness for 2. Generations Ideas
	Improvement of Integration	- Resettlement in a Better Area - Transitional Program & Learning Center - Teaching Basic Skills
	Recommendations for 2. Generation	- Education about Background - Providing Resources for 2. Generation - Empowering

(Source: Own representation)

4.5.1 Improvement of Health & Social Services

Participants recommended when providing mental health service, the actual intervention technique needs to be figured out, in terms of: “is it good to let them talk” about the trauma and their “stories” to eventually cure the PTSD versus “not to open up” because it could trigger more “damage”. Still today, service providers “talk about” the intervention approach and try to explore what would be an appropriate strategy to provide mental health service (Expert 2: 140-146).

As an example, Expert 3 explained an intervention technique for curing or treating:

> “So, there is some German psychiatrist and psychologist for example who does special formal therapy called narrative exposure therapy (NET), similar to cognitive behavioral therapy. The idea is that PTSD is a fear-based disorder, and you expose people to the fear over and over again in situations where they object the reason to be fearful to learn

> to disconnect their current thoughts from the fear. So, they have people sort of go through their story, tell their story in groups of other people; (…) it would be like having a group of Cambodian trauma survivors tell their stories with other Cambodian trauma survivors". (Expert 3: 230-237).

Furthermore, the consideration of the Cambodian "cultural history which [was] under the Khmer rouge" is important in providing e.g. group therapy sessions. The meaning of a group might be very different to them: "I´m going to group the people into somebody will be tortured, somebody might be killed, you may have to say that somebody did something or you have to spy like kids used to spy on their parents." Therefore, the meaning specifically for the elderlies has a different understanding "than what we think of as of a supportive group." (Expert 4: 168-174)

Creating a network for health services is beneficial in order to provide cultural-sensitive and "holistic" services. Educating "doctors when they do a physical exam of a person who has been a refugee to not assume that some of their symptoms are somaticized or minor" is crucial. Furthermore, doctors, mental health professionals, service providers and community organizations have "to be aware of their culture and how to help them." If the doctors do not believe in holistic health and the Cambodian individual comes to the center that focuses on holistic health, they would take the doctor's opinion over the community organization's. "So, they are not working together, and it requires more effort. So, you really got to create a system that works together." (Expert 4: 342-344; Expert 2: 188-195).

4.5.2 Improvement of Mental Health

Participants stated there is still an issue with PTSD in the in the Cambodian community. (Expert 1: 114-116) To achieve an improvement of PTSD and mental health issues, the participants recommended certain aspects.

First, education is a suggested intervention to improve the mental health in the community. "There is going to be a lot of confusion [regarding] what mental health is, especially if the culture does not have that in their language or is really stigmatizing it to something bad." (Subject 3 291-292). As expert 2 explains, funding and supporting education to bring awareness about "what is mental health [and] what are the symptoms" is crucial. For instance, "outbursts, terrifying each other down are symptoms out of the anger from the refugees from the genocide itself, what they experienced". Therefore it´s important to educate people "to make them understand that those are symptoms and not something personal. Personal means the Cambodian culture will internalize it just because another person tears you down; they start to think that that is true". (Expert 2: 267-272)

Also, educating them to take care of themselves is important because Cambodians “don´t take care of themselves so when they do get sick they don´t go to a doctor”. By the time they go to a doctor they find out what they have, and it is kind of too late in our sense it is wow you should have taken care of that long time ago.” (Expert 1: 122-127)

Second, further research on how to cope with mental health issues in a specific environment would be supportive. This would including performing evidence-based research on and how music, cooking and gardening is improving or influencing mental health. (Subject 3: 448-463).

Third, participants recommended “to expand the thought” of being “proactive” and “planning ahead” instead of “waiting until something happens.” Since the Cambodian culture in the 1. generation is more hesitant in reaching out for mental health services, the providers need to reach out to create a supportive approach. The thought of “you are depressed and suicidal” and you come in to get help is “not an intervention or prevention method”. The thought should be to create an early intervention “for people to come together and say how can we support each other if we have something in common.” “The Cambodian community is very good at getting people to the table and hav[ing] that shared space and supporting each other.” Creating a healing system approach that is inviting to be “in connection”, provides an “educational format” and gives an “opportunity to discuss [and] to talk about mental health”. This engages the 1. generation and connects them with their 2. generation to finally activate the healing process” (Subject 4: 87-99; 122-127; 142).

Fourth, as a participant from the 2. generation explains, in her opinion the community should “work together versus having one set opinion.” “Being a representative for 2. generation on campuses, I see some kind of hesitation when it comes to ideas being shared from 2. generation to 1. generation (…) because even the 2. generation wants to get involved in mak[ing] changes and incorporate and respect 1. generation decisions but sometimes it is (…) so traditional, to the matter that they are not open minded in seeing other perspectives” (Subject 5: 119-125).

4.5.3 Improvement of Integration

Participants recommended when resettling refugees, especially with a genocide background, to consider an area that is not “territory” and “poverty driven”. Since most Cambodians did not have mental resilience because of experienced trauma during the genocide, it was more likely that they were vulnerable to get involved with crime and violence:

> “(…) we met with the local violence of gang and discrimination and bully just because we are the new kid on the block and that was the sad path about being from a country where we saw violence, torture, execution and being forbidden of freedom in so many ways. Then come here and face discrimination, bully and all the violence. It was not an ideal

> situation and so many of us that are mentally weaker being pulled into the gang lifestyle and create more violence instead of how you restore justice and reconciliation and find closure after you lost so much." (Subject 4: 63-69)

Furthermore, participants recommended, based on their experiences, that in the initial post-migration time a "transitional program" would be helpful. This facilitates the refugees in the social and cultural system of the "host country." For instance, learning about the importance of education, financial actions like budgeting your money and credits, [and] about the importance of jobs and careers (Subject 2: 142-145; Expert1: 110-113; Subject 4: 59-61; 80-84)

Teaching about hygiene such as cleaning dishes or brushing teeth, as well as how to properly use sanitary facilities would be helpful:

> "When we were shower[ing] we would have a bucket water. Even though we had a shower head we would still have a bucket of water or a pail. I thought that was normal until I told my friends later on in 10th grade (…)" (Subject 1: 85-88)

Teaching those "basic skills" is crucial in order to help them get started since most of the Cambodians were used to different standards and did not have knowledge about these topics. Most important [is] being prepared to offer adequate resources like language courses and housing as well as educate them about available resources at the government site or locally (Subject 4: 80-84: Subject 5: 156-165; Expert 1:116-120)

4.5.4 Recommendation for 2. Generation

The participant's recommendation to improve their situation is to educate the "younger folks" already in "middle school or high school" to be "able to understand what their parents went through".

> "…in a lot of the history books we only learn like a chapter about the Vietnam war and even when they mention about Cambodians it is really small, so a lot of the younger generation don´t know what our parents went through. I think that is a good approach." (Subject 3: 196-199).

As a participant recommended, "in areas where a lot of Cambodians live," schools can provide Khmer arts education by providing language classes to teach Khmer for "the younger generation" to connect better to their families. Teaching the arts like music, dancing, and martial arts would be beneficial since it is embedded in the culture. In addition, "before the genocide happened, arts was a very big influence in Cambodia" (Subject 3: 200-202; 438-439)

Providing the classical customs and history in a modernized way will make it easier to connect for the younger generation. For instance, poetries and theater would be an approach to tell stories about the parents and history and can be shared with the bigger community. “Having our young generation create this place, I believe it empowers them.” (Subject 3: 438-448)

Furthermore, provide more resources to help the youth to peruse higher education (Expert 1: 122) and empower them to apply their skills that they learn in the community. “Then a lot of the younger generation has the opportunity to be motivated to go to school and eventually to come back and contribute to the community.” (Subject 3 321-327)

> “They don´t understand what impact it could have in the community. They don’t know how to apply it in the community, but with their knowledge they could actually help out the community and get also connected.” (Subject 3: 464-467).

4.6 Summary

The study aimed to get a deeper understanding of the experiences and the mental health of former Cambodian refugees in post-migration time in Long Beach, California. Also, it intended to further understand the connection of the 2. Generation with Khmer culture. The outcomes imply five comprehensive categories: Major Challenges, Resources, Health & Social Services, The 2. Generation, Suggested Improvements & Recommendations. This chapter summarizes the essence of the participants experiences and main issues within each category.

Major Challenges

Cambodian refugees were seeking shelter in the United States after the genocide in Cambodia. However, resettling to a country with a different environment, structures, language, and culture brought a lot of obstacles. Most Cambodians were farmers and the circumstances of living under the Khmer rouge or in refugee camps influenced their educational level. All of these barriers kept them back in finding employment with a decent income.

Cambodians experience economic deprivations because they came from a genocide with everything taken by the Khmer rouge; in addition, they were unable to find employment. The Cambodians lived or were replaced in the Long Beach community around 1975-1994 because it was low-income area with affordable housing but driven by poverty, crime and race tensions. This resulted in Cambodian refugees getting involved in criminal gangs and becoming victims of home invasions, discriminations, and killings. In addition, Cambodians were robbed or scammed of their money.

Another challenge experienced to this day is the trauma and PTSD that resulted from living under Khmer Rouge regime. Living with such circumstances in the post-migration did not improve their well-being. The experiences they made while living in Long Beach and seeing their children or themselves become involved in crime and lose more family members, adversely affected the mental health of Cambodians.

The bad mental conditions affected their daily life. They were disabled in perusing education or work and experienced other health implications like chronic diseases or substance abuse.

Currently, there still are high rates of PTSD and depression among the elder generation of former Cambodian refugees. However, due to cultural values, addressing mental health issues in the community is uncommon. Another factor is stigmatization of people who have mental health problems, as they are labeled as “crazy” and seen as people who cannot be helped.

Resources

Important resources after the resettlement were family and community. The Cambodian community grew to a supportive network. They formed committees and established organizations

in the designated area Cambodia Town. They also provided services for refugees in order to get citizenship, help fill out paperwork, get children enrolled to school, and so forth.

Governmental assistance was another resource which refugees heavily relied on, such as Social Security, cash assistance, food stamps, and welfare. Furthermore, health care access, like Medicare and Medicaid, was provided.

Religion was mentioned as a protective factor and a resource to enhance their wellbeing, specifically for the elderly generation. Buddhism is mainly the religion of the Cambodians and embedded in the Khmer culture. The blessing ceremonies are an important practice for Cambodians; it gives them an emotional space, a feeling of harmony and good Karma.

Gardening is experienced as another essential protective factor which had a positive effect on their mental well-being. Gardening is related to their background of being farmers but also because the Khmer culture is very holistic-oriented. In addition, their gardens are a place of sustenance.

Health & Social Services

During the post-migration and especially in the initial time, Cambodians experienced a lack of resources in order to get assimilated to the United States. There was no transitional program available that helped them adjust to cultural and social structure. Language access was limited because there were not enough resources provided. The English programs that were available were filled quickly. Accessing health care during the peak of refugee immigration was limited and because of the welfare reform in 1996, resources were cut down for immigrants. In terms of mental health interventions, there was none available in the initial resettlement time. However, to this day, they are experiencing a lack of appropriate resources or an effective approach to provide mental health.

In providing and accepting existing health and social services, Cambodians and providers experienced barriers such as:

- Cultural barriers because of different beliefs and perceptions about treatment, medicine and (mental) health
- Misdiagnoses and mistreatments because of lacking background knowledge from health professionals about genocide survivors
- Stigmatizations among Cambodians about mental problems or when using mental health interventions
- Unawareness of resources because of language barrier or inadequate access of information

However, according to experts, there were also successful indicators in providing services, such as:

- Educating clients about services and resources
- Hiring staff from the community in order to overcome cultural barriers, language barriers, and mistrust
- Networking among health professionals and the community to ensure background and cultural knowledge, and to identify needs of treatments
- Providing interventions that are related to Khmer culture such as artwork
- Having a participatory approach to identify needs and demands in the community
- Eliminating stigma about interventions

The 2. Generation

The 2. generation of Cambodian descents find mostly cultural connection through Khmer arts and the Cambodian student Society on CSULB campus. In their club meetings, they learn about the cultural background, arts, dance, cooking, etc. The student society is also involved in the community, which gives opportunities for volunteering and networking, allowing them to use their skills learned in the university.

Finding cultural identity through the family was experienced as challenging because of the language barrier and the hesitation from the parents in sharing their history and genocide background.

Improvements

Participants suggested improving health and social services by figuring out which mental health intervention technique is appropriate, based upon cultural values and the demands of the community. Also, another suggestion includes networking among the community and health professionals to ensure physicians have the background knowledge as well as a holistic treatment approach.

To improve mental health in general, the participants suggested educating the 1. generation about the importance of mental health and the understanding of its symptoms. Doing more research on how to cope with mental illness in a specific environment would also be beneficial. It would also help to change the perspective in the community about services in order to create a proactive approach that reaches out to the Cambodians. Furthermore, it was suggested to involve the ideas of the 2. Generation in the community.

Suggestions for a better integration were resettling refugees in an area that is not driven by violence, discrimination, and poverty. Since they had no mental resilience, they were more vulnerable in getting involved into crime and gangs. Also, another suggestion was to provide a transitional program that facilitates refugees in learning basic skills and adjusting to the country.

Recommendations for the 2. generation are to provide education about their cultural background during middle school or high school, especially in areas where Cambodians are heavily populated. Providing more free resources of arts like classical dance, martial arts, and music for the 2. Generation in the school environment or community would be beneficial. Also, another recommendation to empower the 2. Generation would be to apply their skills in the community.

5 Discussion

This chapter comprises of the meaning and relevance of the main findings, as well the identified patterns in the results. The discussion serves a basis for future research and recommends approaches to develop adapted services for Cambodians and their needs. The chapter is divided into the discussion of results and the discussion of methodology.

5.1 Discussion of the Results

This research study explored the post-migration experiences of former Cambodian refugees in Long Beach, California. The participants were able to identify critical themes associated with major challenges, resources, provided or lacking health and social services, as well as suggested improvements. The focus was on how these aspects relate to the mental health and wellbeing of the 1. and 2. generation. In the first data collection point (baseline), the focus was more on the 1. generation. However, after evaluating preliminary results, unanticipated themes occurred such as challenges in finding cultural identity and family connection for the 2. generation. The consideration of the 2. generation is of major importance to get a holistic understanding of the case. The follow-up data collection was an essential process for the research itself in order to acquire a deeper understanding of the case and to refine already explored themes in the baseline study. The results are reported in the context of real-life experiences through three different points of views; these include the participants from the subject group, which involved four persons from the 2. Generation and one from the 1. Generation. The experts were people who worked, provided services, or did research in the community; two out of the five experts were Cambodians from the 1.5 generation. The third perspective is from the researcher as an observer of events. Therefore, multiple perspectives and opinions of the case could be portrayed (Sargeant 2012: 1).

The respondents of both groups had nearly identical experiences and opinions on each portrayed issue in the post-migration time. The only notable difference in the answers were in regards to successful and accepted health services, which will be elaborated in Chapter 5.1.3.

5.1.1 Major Challenges in Post-Migration

Cambodian refugees were victims during the genocide in 1975 - 1979 of political and religious persecution, torture, killing, forced labor, as well as the loss of family members (Chan 2015: 4). The great exposure of those several types of traumatic experiences in their home countries were significant factors associated with mental health issues psychiatric symptoms such as PTSD. The results are in line with previous studies of Cambodian refugees in the United States (cf. Carlson, Rosser-Hogan 1991) as well as other refugee groups, which have found the connection of pre-

migration experiences and the mental health outcomes (cf. Steel. Et al. 2009; Mollica et al. 1998 a & 1999).

Due to genocide, Cambodians have been uprooted from their homes to find shelter in the United States. However, the post-migration time in the country brought challenges as well. All participants of the present research study specified that major challenges experienced include language barriers, cultural differences, discrimination, poverty, finding employment, education and assimilation to a different physical environment of the host country (cf. Chapter 4.1.1). While the pre-migration experiences are significant predictors, the stressors witnessed in the post-migration contributed to complicating the mental health problems. The findings of this case study regarding the main stressors in the post-migration are consistent with literature and previously conducted studies with other refugee groups (cf. Li et al. 2016, Mikal, Woodfield 2015; Schweitzer et al., 2005; Simich et al., 2005; Chen 1999).

Cambodians experienced adverse circumstances and multiple barriers to employment in the United States. Inability to speak English, a lower education, and restriction due to mental health issues were contributing "factor[s] in experiencing financially difficulties in the settlement environment" (cf. Chapter 4.1.1) (cf. Krahn et al. 2000, Hein 2006). The results are in line with a needs assessment that was conducted by the Cambodian Advocacy Collaborative (CAC) in 2017 of the Cambodian community within Long Beach. The assessment involved 220 participants for interviews and out of the 220, 50 participants shared their experiences in focus groups. The results showed that 50% worked less than a year and 1 out 5 participants stopped working because of mental and physical conditions. Furthermore, 1 out of 3 participants are in debt (cf. CAC 2017; see Appendix 8.11). According to the U.S. Census Bureau (2010), the poverty rate of Cambodians residing in Long Beach exceeds 30%, which is considerably higher than the national trend for this population. Other research studies also found that refugees with limited access to economic opportunities and financial stability, as a result of narrow employment prospects, have worse mental health well-being in comparison to refugees with more access to economic opportunities (Porter, Haslam 2005). This correlation was also shown in a 10-year longitudinal study of Southeast Asian refugees. Particularly among men, unemployment was a strong risk factor for depression (Beiser, Hou 2001). Alongside with pre-migration (Hocking et al. 2015), unemployment is a major risk factor for anxiety and depression among refugee groups (Kim 2015). Based on those results, the access to employment is a crucial factor affecting the mental health of uprooted refugees.

Financial difficulties and inadequate resources limited the access of stable housing in the settlement environment. There has been a correlation found between unstable housing and adverse mental well-being, as well as psychological distress of relocated refugees to the US (Song, et al., 2015, Porter, Haslam 2005). In the UK, a survey and qualitative research study

conducted shows that the adverse impact of insecure housing might relate to social and cultural impacts, like lack of safety and poor continuity of community relationships (Ager, Strang 2008).

The needs assessment by CAC (2017) identified that 75% of participants are renters, which is 15% above the Long Beach city rate. It also found that 1 out of 2 Youths feel unsafe in the area. The main reasons for the unsafe feeling includes gangs, fights, drugs, theft, and gun violence (see Appendix 8.11).

Cambodian refugees experienced living in poor neighborhoods in Long Beach, California, in which they faced discrimination and crime. Participants reported that the experiences they made by living in this area adversely affected their mental health (cf. Chapter 4.1.2 & 4.1.3). This correlation between those social factors and refugee's mental health has been shown in previous studies also. Perceived discrimination, social exclusion, and changes in social roles associated with resettlement negatively impacts quality of life (cf. Correa-Valez et al. 2010) and is significantly related with symptoms of depression among refugees (Ellis at al. 2008; Noh et al. 1999).

The presented case study also identified that Cambodians feel like their mental health did not significantly improve. They actually also experienced other health conditions. Those findings are consistent with the results of the needs assessment. Their results showed that 1 out of 3 participants had poor to moderate health. Also 28% of the participants indicated that they have two or more health condition including diabetes, arthritis, depression, hypertension and PTSD. Specifically, 1 out of 2 participants have depression symptoms and 25.4% of the participants have either attempted suicide or knew someone who attempted suicide. The main reasons were feelings of hopelessness, depression, family issues, loneliness, and financial problems (CAC 2017; see Appendix 8.11).

Recognizing stigma is of major importance; stigma of mental issues is pervasive among refugee communities where mental health problems are translated into being "crazy" (Thao 2009). It is also a common reason to not access mental health services for refugees (Shannon 2015). Within this case, the association could be revealed too. Furthermore, another factor that influenced the seeking behavior for treatment or service is their culture which condones discussion of mental health. "The repressive nature of keeping thoughts and feelings to oneself is believed to be linked with higher incidences of mental health problems, as well as higher rates of violence" (Stewart 2010: 29 cited from Schunert et al. 2012: 71). Additionally, aspects like a history of political repression and fear, lack of knowledge about mental health, and avoidance of symptoms restricted them from getting better or reaching out for help cf. Chapter 4.1.4 & 4.3.2; cf. Shannon 2015).

Over the course of replacement, other research studies with refugees reported a predominance of acute to more chronic diseases (Ackerman 1997; Palinkas, Pickwell 1995; Steel et al. 2002). However, the aspects behind it is not entirely understood. Studies assumed that the stressors

from forced migration increase vulnerability to chronic diseases, ranging from diabetes, cancer, hypertension, to psychological illness (Palinkas, Pickwell 1995; Carlsson et al. 2006). Moreover, in the course of migration to a different environment, changes in nutrition or activity, stress related to acculturation, and lack of access to or utilization of health services are hypothesized to have contributed to chronic disease (Uba 1992; Palinkas, Pickwell 1995, Lears, Abbott 2005; Popkin , Udry 1998).

5.1.2 Resources in Post-migration

Experienced resources and protective factors for mental health were, first and foremost, the family and the community, especially in the initial post-migration time. The community was an essential resource in providing services to acquire citizenship, as well as giving them a sense of familiarity and support. It was a place where they could speak their language, get Khmer food and see their customs (cf. Chapter 4.2.1). Furthermore, specifically for the elder generation, religion played an essential role in coping with mental health issues. The blessing ceremonies provided them an emotional space (cf. Chapter 4.2.3).

Past research studies noted that social support is related with increased mental well-being in refugees (Schweitzer et al. 2006; Ahern et al. 2004; Jasinskaja-Lahti 2006). Support from family, religious faith, and spirituality (Greef, Merwe 2004) are essential aspects in promoting resilience.

During the resettlement time, governmental assistance was an important resource for the Cambodian refugees in order to cover the basic needs (e.g. health care, cash assistance etc.). All participants indicated that they relied heavily on governmental assistance (cf. Chapter 4.2.2).

Gardening was a reported resource and protective factor which had positive effect on the well-being of Cambodian refugees. As participants reported, the elder generation uses gardening as a coping strategy for PTSD and also to get re-involved in the community (cf. Chapter 4.2.4) The gardening gives them a sense of identity and cultural connection with their former selves. The gardens and the activities might serve as an important health promotion intervention for Cambodians. This is also confirmed by other studies involving refugee groups, in which gardens and gardening could be identified as a healing space for depression and anxiety, as well as a coping strategy for past trauma (Hartwig, Mason 2016). A qualitative case study with refugees identified that gardening is an important approach in improving the perceived quality of life and health, supporting social connectedness, and assisting their settlement into the communities (Cummings et al. 2008, Harris et al. 2014).

5.1.3 Health & Social Services

Cambodian refugees experienced a lack of resources, in terms of transitional programs, that hindered adequate adjustment to the United States. Furthermore, access to learn the language was limited because English programs were filled quickly (cf. Chapter 4.3.1) A study conducted with Cambodian refugees in Long Beach identified that two decades after the resettlement, the majority of community members speak little or no English, are still at income levels below poverty, and continue to rely on public assistance (Marshall et al. 2005). Although federal refugee resettlement programs aided refugees during the initial months of resettlement, more support for economic and social assistance are essential to reduce acculturation barriers. Participants of the study suggested to increase the availability of English language classes, which will improve the adaptive advantage of employment and acculturation, as well as decrease communication health access barriers (cf. Morris et al. 2009, Schweitzer et al. 2011). In a study by Schweitzer et al. (2011), the adaption in post migration was more salient in forecasting mental health outcomes, as opposed to torture and trauma experiences. By addressing and combining replacement stressors in social services during the resettlement process, mental health rates among refugees will most likely decrease. Subsequently, the ability to successfully adapt and transition during the relocation process will potentially increase. The study findings of Marshall et al. suggested to evaluate asylum policies for future refugees “to remove vulnerable populations from life-threatening danger but also (…) to promote the long- term health and well-being of the refugees” (578: 2005). The acculturation is a two-way process in which the refugees and the organizations who provide help for refugees need to readjust their promotion aims, considering the linguistic and cultural needs of the refugee population in order to provide better care (Morris et al. 2009: 536; Palinkas et al. 2003: 22 ff.; Smith, 2008).

Also, the resources provided from the government were cut down during the welfare reform in the mid 1990´s, which led to an experienced lack of resources (cf. Chapter 4.3.1). A qualitative study from 1998 – 2007 evaluated the impact of Welfare Reform in 1. generation Cambodian families and the youth. The study found out that along with the welfare cut down of SSI and Medi-Cal, Cambodians faced physical and emotional hardships. “The loss of SSI and Medi-Cal caused them to have to work harder despite their illnesses and to, in some cases, go without health benefits.” (Quintiliani 2014: 14). Because they lost their benefits, parents relied upon their children to enter employment despite their preference for their youth to peruse education. The changes in the welfare program disadvantaged refugees and penalized them due to their pre-existing health conditions and limited skills set, which further hindered finding a viable employment. Subsequently, it contributed to the decision of settling for low-wage employment versus perusing educational opportunities. Of course, education would help increase social mobility but not address the direct needs of family members. The burden upon Cambodian youth exceeds their capability to balance work, school, and family responsibilities (Burnham 2001: 40).

Mental health and PTSD health services and resources for the Cambodian community is still lacking. There is not yet an appropriate approach to provide a mental health program, especially for the 1. generation. Lack of resources was the issue mainly reported by the subject group. Experts state that nowadays there are mental health resources available in the Cambodian community. However, there is still controversy over the understanding of mental and health services provided. This research identified several barriers, which could be helpful in providing services for the future.

The reported barriers are opinions of participants who experienced the challenges of accepting and providing services. The main barriers were knowledge deficit from health professionals, culture, beliefs about (mental) health, stigmatization, [and] knowledge of resources (cf. Chapter 4.3.2). Some of those barriers were also confirmed by the CAC assessment (2017). The results indicated that 1 out of 5 experienced challenges in receiving services; this involved barriers like language, transportation, lack of insurance, trust issues and unmet needs. Also, one-third did not know about translation services. The lack of knowledge and difficulties in understanding the health care system is a factor that leads to limited accessibility to services. Therefore, refugees still do not take full advantage of available resources even though they are eligible for health care. For instance, a study about Hmong refugees and immigrants identified that while they are suffering from mental health problems like PTSD or depression, they are unaware of mental health interventions since they are unfamiliar with the concept of mental health (Collier et al. 2012). This pattern could be also identified in this case study. Furthermore, most policies on refugee health are focused more on the early stage of resettlement and communicable disease screening. To ensure well-being and health, follow-up services for chronic conditions are essential because refugees suffer from health conditions that could have long-term health effects. (Pace et al. 2015)

Resettled refugees are still not receiving adequate care because of several barriers (Morris et al. 2009). Miscommunication and language between health care providers and the clients are the most limiting access barriers (Sheikh-Mohammed et al. 2006; Lipson, Omidian 1992; Uba 1992; Segal, Mayadas 2005; Morris et al. 2009). Language barrier can also lead to misunderstanding of medical instructions and prescriptions and therefore a potential misuse of medicine, leading to additional health problems. Furthermore, linguistic obstacles have also been found to reduce client's access to preventive interventions, such as cancer screening tests (Woloshin et al. 1997; Morris et al. 2009). A qualitative research study of immigrants from Southeast Asia discovered barriers of accessing care. The cultural attitudes toward suffering and cause of illness were barriers to Western health care service utilization (Uba 1992).

Another research study with a sample size of 490 participants analyzed the barriers to mental health care utilization for Cambodian refugees; it identified that the major barriers were especially structural barriers like high cost of services (80%), followed by language problems (66%). Other

barriers were difficulties with knowing where to obtain services (25%), transportation (24%), as well as discrimination (15%). However, in this study, fewer than 6% indicated barriers like concerns about stigma, larger confidence in indigenous treatments, lack of confidence in Western health care, and discouragement from family (Wong et al. 2006).

In the interview with experts, successful strategies for providing and accepting services were identified. These included educating about services and resources, hiring staff from the community, networking among health professionals and the community, eliminating stigma, and providing interventions related to the Khmer culture. Furthermore, a participatory approach is required in order to identify needs and demands in the Cambodian community. Those indicators were useful in overcoming the barriers that participants mentioned prevented them from accessing services. The findings are also confirmed in the literature (Priebe et al. 2011; Thao 2009). For instance, Pace et al (2015) suggested that comprehensive health education programs should be offered to refugees to enhance the knowledge of the healthcare interventions, including treatment and care options. That could lead to empowerment of refugees in their interactions with the health care system. Furthermore, educational programs about the cultural backgrounds and belief systems of a refugee group that train health care providers in cultural competency showed an improvement of patient–provider interactions (Griswold et al. 2007)

5.1.4 Experiences of the 2. Generation

All of the interviewed participants of 2. Generation-Cambodian former refugees indicated that the Cambodian club on campus provides opportunities to connect with Khmer culture by learning about Khmer history, culture, and language. The club further connects them to the larger community by getting them engaged in organized events. Through that they could apply their skills obtained within their studies in the community. The opportunity in providing their skills to the community, as well as learning more about their cultural history, shaped possible future aspirations in being agents at the organizational or communal level. The findings are in line with a previous research study on the experiences of 2. generation of American students (Kim 2017). The qualitative study could also identify the Cambodian club as a motivator to find social support and connection to their heritage and, which are important factors for their well-being. By learning about their cultural heritage and genocidal background in the club, it led to better identification with the family and an awareness of what the family experienced during the genocide (cf. Chapter 0; cf. Kim 2017).

Before entering college, participants mentioned they were not as involved in the community and their culture. Finding cultural identity through the family was experienced as more challenging because of language barriers towards their parents and grandparents. In addition, their parents sparingly talked about their background. Research showed that communication, in terms of

discussing emotions and personal aspects, can be culturally unacceptable (cf. Chapter 4.4.2; Choau 2010). Therefore, the genocide and Khmer Rouge are not commonly talked about in Cambodian American families. A study reported that only half of Cambodian adolescents are talking with their parents about the Khmer Rouge (cf. Kinzie et al 1986). As a result, parent-child dissonance in communications could arise. The primary and secondary effects rooted in the genocide are still prevalent in Cambodian communities. Interpersonal relations and communication in the family are affected. Another study identified that family dynamics and communications were affected by trauma and anxiety and also had an immediate effect on the child's GPA (cf. Choau 2010).

5.2 Discussion of the Methodology

Overall, choosing a qualitative case study was an appropriate method. The intrinsic case study using a qualitative inquiry method allowed obtaining an in-depth understanding of the experiences of Cambodian refugees in the post-migration time and how challenges and resources were associated with their mental health (Creswell 2013: 97).

Through this qualitative method, the uniqueness and multilayered complexity of the real-life phenomenon could be captured from the inner perspective (Flick 2016: 28; Flick et al. 2013: 14; Creswell 2013: 44 f). It allowed the researcher to gather data from different sources, such as interviews with the affected individuals and people with expertise, which portrayed diverse perspectives and opinions of the case (Baxter, Jack 2008: 544; Sargeant 2012: 1). The field visits and observation of events in the community were key tools in understanding the issues and the culture lived by Cambodians (Creswell 2013: 166; Stake 1995: 60).

Furthermore, the approach from Stake (1995; 2005) had a more flexible strategy with a focus on the case itself rather than a strict methodology. (Stake 1995: 49 ff. 2005: 448; Yazan 2015: 141 f.). This was beneficial because the research was a step-by-step process and strongly connected with spending time in the field.

However, there are also several limitations in the method that need to be noted.

The use of a qualitative case study approach is highly time consuming as it requires spending prolonged time in the field doing observations and interviews in order to get a deep understanding of the case (Creswell 2013: 96). In this research study, it was of major importance to consider the culture of Cambodian refugees, which requires that the researcher is open and understands the meaning of the unfamiliar social-cultural system and concept (Creswell: 96). Therefore, a potential issue is that a specific problem could go unnoticed or influenced by the personal experiences and knowledge of the researcher itself (Anderson 2010: 2 ff.). According to Creswell (2013: 96), there is a potentiality "that the researcher will go native and be unable to complete or be compromised in the study."

During the process of spending time in the community, interviewing and observing participants is a personal engagement of the researcher in the phenomenon. Thus, it can be problematic to be too involved and not have a critical distance to the observed issue. In contrast, staying distant from the phenomenon could lead to a lack in comprehensive understanding of the problem (Patton 2002: 2, 49 ff.). Another challenge is that the presence of the researcher during data collection can affect the subjects' responses (Anderson 2010: 2f.). When conducting research with vulnerable participants, the researcher should keep a high degree of adaptability and flexibility to the conditions, needs, and sensitivity of the involved individuals (Aldridge, 2015: 22; Creswell 2013: 96).

Another challenge was the recruitment of participants. Interview partners from the 1. generation were difficult to find because of language barriers and trust issues. Due to the limited financial and time resources, it was not possible to get a translator. Another aspect is that the 1. generation is still traumatized and very sensitive to their history and mental health concerns. Based on their culture, talking about mental health is a taboo topic. Therefore, it was easier to get interview partners from the 2. generation because there was no language barrier, and they were open share their stories and support research in their community. However, there was a loss of primary information because the 2. generation does not have all the knowledge and information that the 1. generation has. Also, a loss of information resulted from communication problems between the generations, as well as the continued silence from the 1. generation about mental health and post-migration.

The sample size was heterogeneous by including experts, different generations and genders. However, the sample size with 10 interview partners was small. Even though the intrinsic case study did not aim to produce generalizability, the inclusion of a more diverse and larger sample size would be beneficial. This study included mainly participants from the 2. generation who are pursuing their university degree. In the community itself are also individuals from the 1.5 and 2. Generation who do not attend college and are from different social environments. It is expected to find further emerging themes by including such participants. The perspectives and opinions of the experts who provide service for mental health improvement in the community could have a potential for bias because they are familiar with what is provided in the community, are personally engaged, advocate for their service, and are more likely to be educated about the importance of mental health.

Also, the use of a retrospective account as part of the qualitative methodology requires potential reconstruction of events and has potential recall deficiencies and retrospective interpretation. This procedure may in turn influence the reliability of the results.

6 Conclusion & Recommendations

The findings of this study revealed the complexity of Cambodian refugee's resettlement experiences in the United States, particularly Long Beach, California. The identified stressors and challenges are significant predictors of the mental health and well-being from the different generations of Cambodian refugees. Those factors must be considered along with pre-migration traumatic experiences, the genocide, and cultural background to understand the psychological impacts. The 1. generation is still struggling with mental health issues even after 2-4 decades of resettlement to the United States.

However, the study provided an insight on resources and supportive factors, such as community support and gardening, that can have a positive impact on their well-being.

Furthermore, barriers and missing resources in terms of acculturation as well as mental could be revealed. On the other hand, successful strategies in providing services and intervention for the Cambodian community could be identified.

Also, on a larger public policy level, these results raise questions about governmental policies in terms of resettling refugees. Of high importance is to emphasize that stressors were caused by immigration policies or inadequate resources within the resettlement program, which affects mental health in Cambodian refugees. Therefore, a closer examination of the underlying mechanisms that influence the relationship between post-migration stressors and governmental assistance associated with a poorer mental health should discern causality. This would be valuable to inform interventions and policies that promote better mental health, adequate resources, and living conditions to overcome barriers of acculturation.

Looking forward, future research and programs that are provided in the Cambodian community in Long Beach can take upon the lessons learned from this case study research.

The given recommendations below are formulated based on the opinions and experiences from participants of this study, combined with the literature, previous studies, and the researcher's perspective.

1. *Assessment of Needs and Demands* - to create a participatory approach in providing mental health service and appropriate intervention techniques that are accepted by Cambodians in Long Beach.

2. *Networking and Multidisciplinary Approach* – First of all, networking or linking community members of 1., 1.5, and 2. Generations to exchange ideas is required. Additionally, to face the challenges in providing and accepting service and treatments, joint multidisciplinary effort of local service providers and health professional is necessary. This will ensure

proper treatment and eliminate insufficient knowledge of cultural and genocidal background, mutual abilities, as well as resources.

3. *Destigmatizing and Improving of Mental Well-being by Education* – in response to stigma, discrimination, and misinterpretations of mental health and disorders, which all hinder the acceptance and accessibility of mental health service, advocacy and advance education on mental health is required (WHO 2004 a: 24 ff.; WHO 2004b: 10 ff.). To decrease the stigma and improve the seeking behavior for health services, the organizations in the Long Beach community or even the government could provide education outreach on PTSD and its symptoms, as well as the importance of mental well-being.

4. To further promote and provide - *transitional programs*. Transitional programs should be provided in the initial post-migration to help the refugee adequately assimilate to the settlement environment. Also, sustainable resources should be provided to ensure refugees can overcome the adjustment barrier. Such resources and programs can include language classes, basic skills, as well as social and cultural understanding of the host country.

5. More *resources for the 2. Generation* should be provided to allow them to get connected to their roots. Resources can include cultural, historical background education and Khmer language classes. Those resources should be provided for free in the community and Long Beach middle or high schools.

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8 Appendix

8.1 Appendix A – Recruitment Script

Project Information

Hello Sir or Madam,

My name is Sabrina Günsche; I am a Student from Germany and interning at the California State University, Long Beach. I would like to invite you to participate in an interview for a research study on Cambodian Refugees in the USA: Exploring their Post-Migration Assimilation Experiences and Mental Health Wellbeing.

The study aims to investigate the experiences of Cambodian refugees in Long Beach in the time of post-migration, regarding their mental health, intervention services, coping strategies and assimilation to society and its systems.
In a broader point of view, the aims are: 1) to evaluate which interventions and service models were useful in improving the mental health of the refugee group in general as well as best practices to integrate them into society and 2) to have better understanding of the specific needs and problems of this vulnerable group.

If you agree to participate, you will be invited to a face-to-face interview. The interview will have 11 open-ended and semi-structured questions and will take 30 minutes of your time. The interview will be recorded with an electronic device if you agree to do so.
A $20 cash incentive will be given to you.

You may feel uncomfortable in answering some of the questions. You have the right to refuse to answer any question that makes you uncomfortable. You also have the right to stop your participation in the study at any time without any consequences.

There may be a potential breach of confidentiality because private stories could be identified or recognized by third parties and allowed not to share if you are not feeling comfortable about it. In addition, the consent form will not be connected to the data. A pseudonym will be given to you to reduce the chance of identifying information in the

interviews. Data will be recorded and stored in a secure and password protected computer.

The research findings will provide insights on which interventions and service models were or could be useful in improving the mental health of the refugee group. The understanding of the

specific needs and problems can lead to proper delivery of services that support refugees to maintain their health and well-being.

Your participation is completely voluntary. You can choose to be in the study or not. Participation or non-participation will not affect any services, benefits or any other personal consideration or right you usually expect.

Do you have any questions for me at this time? Would you like to participate? If you would like to participate, please contact me at [redacted], or email me at [redacted].
Or if you need more time to think about or decide, you can let me know later with your decision.

Thank you very much.

8.2 Appendix B – Interview Guideline Experts Baseline

1. What was your involvement or project that was related to Cambodian refugee population?
2. How long was your involvement in the project/community?
3. What were the major challenges of the Cambodian refugees in their post migration period to the US?
4. What was the majority of risk factors during that time or what may cause the challenges?
5. What kind of protective factors and resources that the Cambodians may have during this time?
6. What kind of interventions and services were provided for them? Is it from government or community organization?
7. Were the interventions accepted by the refugees? Why so or why not?
8. Which was the most successful way to create interventions? What are the key factors determine the success of the interventions?
9. Which of the services seemed to be received the best by the refugees?
10. Which strategies were the best to integrate them in the society and system?
11. Which Improvements could have been done to serve the refugee group better?

8.3 Appendix C – Interview Guideline Subjects Baseline

1. Were you born here? How long have you been here?
2. What major challenges that you or other families/ friends experienced after you move here or during your stay in the USA?
3. What were the major causes of those challenges?
4. Were there any resources or supports (programs or services) to help you overcome the challenges?
5. If there were any, who provided the resources or supports?
6. If you received helps, what kind of programs or services you received?
7. How did you obtain them? Were they helpful to improve your well-being/ mental health? Why helpful or why not helpful?
8. How could the programs/ services be improved?
9. Do you feel fully integrated into the American system/society? Why or why not?
10. What strategies you consider to be the best to get fully integrated to the American system/society?
11. Which could have been done better to serve your needs?

8.4 Appendix D – Interview Guideline Subjects Follow-Up

Questions for first & second Generation of Cambodian Refugees:

1. In the last 6 months have you been introduced/contacted to any mental health resources or community service? If so, which ones?
2. In the last 6 months have you searched for any mental health support or community services?
3. Which Service from the community are you familiar with? Do you / Would you visit any events/ take service in to account? Why not?
4. Does the community service / intervention / events has any impact on your mental wellbeing?
5. Do you visit religious practices / ceremonies? Does it have an impact on your mental health?
6. Do you visit any cultural events at school or the community? If so, which ones? What impact has it on you?
7. In what ways do you find connections with Khmer culture as a second generation Cambodian American?
8. What do you consider being useful to improve your mental health wellbeing?

8.5 Appendix E –Consent to Participate In Research

Project Title: Cambodian Refugees in the USA: Exploring their Post-Migration Assimilation Experiences and Mental Health Wellbeing

You are asked to participate in a research study conducted by Sabrina Günsche & Erlyana Erlyana MD, Ph.D, from the Health Care Administration Department at California State University, Long Beach. You were selected as a possible participant in this study because you are a Cambodian descent who came to the US after the 1975 war (first generation immigrants) OR a Cambodian descent who were born in the US and the parents were born in Cambodia (second generation immigrants), speak and understand English.

PURPOSE OF THE STUDY

The study aims to investigate the experiences of Cambodian refugees in Long Beach in the time of post-migration, regarding their mental health, intervention services, coping strategies and assimilation to society and its systems.
In a broader point of view, the aims are: 1) to evaluate which interventions and service models were useful in improving the mental health of the refugee group in and 2) to have better understanding of the specific needs and problems of this vulnerable group that lead to proper delivery of services that support refugees to maintain their health and wellbeing.

PROCEDURES

The interview has about 8 open-ended, semi-structured questions. The interview will take about 30 mins of your time, depending on how comprehensive the questions will be answered. The interview will be recorded with an electronic device.

POTENTIAL RISKS AND DISCOMFORTS

You may feel uncomfortable in answering some of the questions. You have the right to refuse to answer any question that makes you uncomfortable. You also have the right to stop your participation in the study at any time without any consequences.

There may be a potential breach of confidentiality because private stories could be identified or recognized by third parties therefore, you are allowed not to share if you are not feeling comfortable about it. In addition, the consent form will not be connected to the data. Data will be recorded and stored in a secure and password protected computer.

There will be no direct benefit to subjects from participating in the study. However, research findings will provide insights on which interventions and service models were or could be useful in improving the mental health of the refugee group. The understanding of the specific needs and problems can lead to proper delivery of services that support refugees to maintain their health and well-being.

PAYMENT FOR PARTICIPATION

A $20 cash incentive will be given to participants if they are Cambodian refugees and complete the interview (until the last questions asked).

CONFIDENTIALITY

Your answers during the interview will be recorded with an electronic device. A pseudonym will be given to you to reduce the chance of identifying information in the interviews. The record and the transcript will be stored in the researchers' computers that will be password protected. All information will not be shared to others unless required by law.

PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. Participation or non-participation will not affect your benefit or any other personal consideration or right you usually expect. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which in the opinion of the researcher warrant doing so.

IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact Sabrina Günsche, at + or email me , or you can also contact 7, or via email at .

RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact the

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

I understand the procedures and conditions of my participation described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

_____
Name of Subject

_____
Name of Legal Representative (if applicable)

_____ _____
Signature of Subject or Legal Representative Date

I agree that the interview can be recorded using a recording device and then put into a written form. All my personal details will be erased or used anonymously for further scientific evaluation of the interview text. I will also be informed, if the interview is cited in scientific publications, to ensure that it is not recognizable to third parties by tracing the sequence of events.

Name of Subject

_____
Name of Legal Representative (if applicable)

_____ _____
Signature of Subject or Legal Representative Date

In my judgment, the subject is voluntarily and knowingly giving informed consent and possesses the legal capacity to give informed consent to participate in this research study.

_____ _____
Signature of Investigator Date

8.6 Appendix F – CITI Program Certificate

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COMPLETION REPORT - PART 1 OF 2
COURSEWORK REQUIREMENTS*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Sabrina Günsche (ID: [redacted])
- **Email:** [redacted]
- **Institution Affiliation:** California State University, Long Beach [redacted]
- **Institution Unit:** Life Science

- **Curriculum Group:** Social & Behavioral Research - Basic/Refresher
- **Course Learner Group:** Same as Curriculum Group
- **Stage:** Stage 1 - Basic Course
- **Description:** Choose this group to satisfy CITI training requirements for Investigators and staff involved primarily in Social/Behavioral Research with human subjects.

- **Report ID:** [redacted]
- **Completion Date:** 12-Oct-2016
- **Expiration Date:** 12-Oct-2019
- **Minimum Passing:** 80
- **Reported Score*:** 89

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
Belmont Report and CITI Course Introduction (ID: 1127)	25-Aug-2016	3/3 (100%)
History and Ethical Principles - SBE (ID: 490)	27-Aug-2016	4/5 (80%)
Defining Research with Human Subjects - SBE (ID: 491)	30-Aug-2016	5/5 (100%)
The Federal Regulations - SBE (ID: 502)	30-Aug-2016	5/5 (100%)
Assessing Risk - SBE (ID: 503)	30-Aug-2016	5/5 (100%)
Informed Consent - SBE (ID: 504)	01-Sep-2016	5/5 (100%)
Privacy and Confidentiality - SBE (ID: 505)	06-Sep-2016	4/5 (80%)
Research with Prisoners - SBE (ID: 506)	05-Oct-2016	5/5 (100%)
Research with Children - SBE (ID: 507)	11-Oct-2016	4/5 (80%)
Research in Public Elementary and Secondary Schools - SBE (ID: 508)	11-Oct-2016	5/5 (100%)
International Research - SBE (ID: 509)	11-Oct-2016	4/5 (80%)
Internet-Based Research - SBE (ID: 510)	11-Oct-2016	4/5 (80%)
Research and HIPAA Privacy Protections (ID: 14)	11-Oct-2016	4/5 (80%)
Conflicts of Interest in Research Involving Human Subjects (ID: 488)	11-Oct-2016	5/5 (100%)
Unanticipated Problems and Reporting Requirements in Social and Behavioral Research (ID: 14928)	12-Oct-2016	3/5 (60%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

[redacted]

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COMPLETION REPORT - PART 2 OF 2
COURSEWORK TRANSCRIPT**

** NOTE: Scores on this Transcript Report reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

- **Name:** Sabrina Günsche (ID [redacted])
- **Email:** [redacted]
- **Institution Affiliation:** California State University, Long Beach ([redacted])
- **Institution Unit:** Life Science

- **Curriculum Group:** Social & Behavioral Research - Basic/Refresher
- **Course Learner Group:** Same as Curriculum Group
- **Stage:** Stage 1 - Basic Course
- **Description:** Choose this group to satisfy CITI training requirements for Investigators and staff involved primarily in Social/Behavioral Research with human subjects.

- **Report ID:** [redacted]
- **Report Date:** 12-Oct-2016
- **Current Score**:** 89

REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES	MOST RECENT	SCORE
History and Ethical Principles - SBE (ID: 490)	27-Aug-2016	4/5 (80%)
Defining Research with Human Subjects - SBE (ID: 491)	30-Aug-2016	5/5 (100%)
Belmont Report and CITI Course Introduction (ID: 1127)	25-Aug-2016	3/3 (100%)
The Federal Regulations - SBE (ID: 502)	30-Aug-2016	5/5 (100%)
Assessing Risk - SBE (ID: 503)	30-Aug-2016	5/5 (100%)
Informed Consent - SBE (ID: 504)	01-Sep-2016	5/5 (100%)
Privacy and Confidentiality - SBE (ID: 505)	06-Sep-2016	4/5 (80%)
Research with Prisoners - SBE (ID: 506)	05-Oct-2016	5/5 (100%)
Research with Children - SBE (ID: 507)	11-Oct-2016	4/5 (80%)
Research in Public Elementary and Secondary Schools - SBE (ID: 508)	11-Oct-2016	5/5 (100%)
International Research - SBE (ID: 509)	11-Oct-2016	4/5 (80%)
Internet-Based Research - SBE (ID: 510)	11-Oct-2016	4/5 (80%)
Research and HIPAA Privacy Protections (ID: 14)	11-Oct-2016	4/5 (80%)
Unanticipated Problems and Reporting Requirements in Social and Behavioral Research (ID: 14928)	12-Oct-2016	3/5 (60%)
Conflicts of Interest in Research Involving Human Subjects (ID: 488)	11-Oct-2016	5/5 (100%)
The IRB Administrator's Responsibilities (ID: 13813)	01-Sep-2016	Quiz Not Taken

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: https://www.citiprogram.org/verify/?0824ccf2-1ac5-4dfc-87f8-cce1443e3c22

[redacted]

8.7 Appendix G – Application for CSULB IRB Review

Version 04/06/2016

Copies of this application form and other IRB resources can also be found at:

http://www.csulb.edu/divisions/aa/research/compliance/humans/

1. PRINCIPAL INVESTIGATOR

PI's Name	**Sabrina Günsche**
Co-PI's(s) Name	
Department	**Health Care Administration**
Affiliation	☒ **Student** ☐ **Faculty** ☐ **Staff** ☐ **Other, describe:**
Mailing address	
Telephone Number	[redacted]
E-mail	[redacted]

2. EDUCATIONAL REQUIREMENT

☒ I have completed the Social & Behavioral Research - Basic training module located at: https://www.citiprogram.org/ (CITI)

CITI Member ID number [redacted]

☐ I have not completed the above module.

Note: The CSULB Federal Wide Assurance issued by the US Office of Human Subject Research Protections and CSULB Executive Order 890 both require that researchers engaged in human subject research receive appropriate education regarding protection of human research subjects Beginning Fall Semester 2013 all individuals applying to the CSULB IRB will be required to complete the above training or its equivalent

3. ADVISOR/FACULTY SUPERVISOR OF STUDENT THESIS/PROJECT

☐ Not applicable; or complete below:

Name:	**Dr. Erlyana Erlyana**
University Phone No.	[redacted]
Faculty e-mail address:	[redacted]

☒ I have attached the Faculty advisor letter on to my IRB Net Package AND my faculty advisor reviewed my IRB application.

4. TITLE OF PROPOSED RESEARCH STUDY:

Cambodian Refugees in the USA: Exploring their Post-Migration Assimilation Experiences and Mental Health Wellbeing

5. REVIEW TYPE: ☐ Standard, ☒ Expedited, or ☐ Administrative

If the research plan involves review of existing data only, do not use this form. Please use the specific IRB form for review of existing data provided in the CSULB IRBNet Research Library on IRBNet.org or at the website above.

Note that the final determination of the type of review is made by the IRB staff.

6. JUSTIFICATION FOR ADMINISTRATIVE REVIEW IF REQUESTED

☒ Not applicable

OR, check the category below that qualifies this IRB protocol for administrative review:

☐ Research conducted n estab shed or common y accepted educat ona sett ngs, nvo v ng norma educat ona pract ces, such as (a) research on regu ar and spec a educat on nstruct ona strateg es, or (b) research on the effect veness of or the compar son among nstruct ona techn ques, curr cu a, or c assroom management methods.

☐ Research nvo v ng the use of educat ona tests (cogn t ve, d agnost c, apt tude, ach evement), survey procedures, nterv ew procedures or observat on of pub c behav or, un ess (a) the nformat on obta ned s recorded n such a manner that human subjects can be dent f ed, d rect y or through dent f ers nked to the subjects; and (b) any d sc osure of the human subjects' responses outs de the research cou d reasonab y p ace the subjects at r sk of cr m na or c v ab ty or be damag ng to the subjects' f nanc a stand ng, emp oyab ty, or reputat on.

☐ Research nvo v ng the use of educat ona tests (cogn t ve, d agnost c, apt tude, ach evement), survey procedures, nterv ew procedures, or observat on of pub c behav or that s not exempt under paragraph 2 of th s sect on, f (a) the human subjects are e ected or appo nted pub c off c a s or cand dates for pub c off ce; or (b) federa statute(s) requ re(s)

w thout except on that the conf dent a ty of the persona y dent f ab e nformat on w be ma nta ned throughout the research and thereafter.

☐ Research, nvo v ng the co ect on or study of ex st ng data, documents, records, patho og ca spec mens, or d agnost c spec mens, f these sources are pub c y ava ab e or f the nformat on s recorded by the nvest gator n such a manner that subjects cannot be dent f ed, d rect y or through dent f ers nked to the subjects.

☐ Research and demonstrat on projects wh ch are conducted by or subject to the approva of government agenc es, and wh ch are des gned to study, eva uate, or otherw se exam ne (a) pub c benef t or serv ce programs; (b) procedures for obta n ng benef ts or serv ces under those programs; (c) poss b e changes n or a ternat ves to those programs or procedures; or (d) poss b e changes n methods or eve s of payment for benef ts or serv ces under those programs.

☐ Taste and food qua ty eva uat on and consumer acceptance stud es, (a) f who esome foods w thout add t ves are consumed or (b) f a food s consumed that conta ns a food ngred ent at or be ow the eve and for a use found to be safe, or agr cu tura chem ca or env ronmenta contam nant at or be ow the eve found to be safe, by the Food and Drug Adm n strat on or approved by the Env ronmenta Protect on Agency or the Food Safety and Inspect on Serv ce of the U.S. Department of Agr cu ture. [45 CFR 46.101 (b) (1) through (6)]

7. HUMAN CONTACT

a. Will there be contact of any kind with living human beings, including: interviews, surveys, mailed surveys and questionnaires, etc., in the course of this research?

☒ **Yes**

☐ **No**

NOTE: Use special IRB form for research using Existing Data

8. USE OF OTHER INFORMATION

a. Other than the information and data created and produced by this research project, will the researcher(s) have access to records or to other forms of information (including previous research data) about the human subjects participating in this research?

☐ **Yes**

☒ **No**

1) If yes, please explain here:

2)

2) If yes, provide in an appendix signed permission letter(s) from the agency/researchers holding and providing access to such records and information.

9. HUMAN SUBJECT CHARACTERISTICS:

a. Describe specifically the number of subjects studied of each gender and their expected (estimate if necessary) age range. You may amend the table below to accommodate your study's population (e.g., add additional rows to separate adult from child subjects).

Gender	Number	Age Range
Female	10	21-75
Male	10	21-75

b. If children under 18 are involved, describe if you will have to obtain consent through a person or agency other than their parents or legal guardians?

c. Is any adult subject under any form of legal guardianship?

☐ **Yes**

☒ **No**

If yes, Standard Review *is* required.

Please make sure that Standard Review is selected in Item # 1 above and provide detailed description of the special characteristics of the subjects in section (e.) below.

d. If human subjects are not under legal guardianship, is there evidence that any human subjects have developmental disabilities, mental illness, or are there any other unusual circumstances whereby individuals' ability to grant fully informed consent for themselves might be compromised?

☐ **Yes**

☒ **No**

If yes, Standard Review *is* required.

Please make sure that Standard Review is selected in Item # 1

above and provide detailed description of the special characteristics of the subjects in section (e.) below. ***(Do not attach grant applications or thesis proposals, although you should excerpt from them as necessary.)***

e. Describe any other human subject characteristics common to participants that are relevant to being selected as a potential participant or relevant to the research question.

The participants will be Cambodian descents who came to the US after the 1975 war (first generation immigrants) OR Cambodian descents who were born in the US and the parents were born in Cambodia (second generation immigrants).

All study participants can speak and understand English.

10. PURPOSE(S)

a. Briefly describe the purpose(s) of the study, including research hypotheses, if any.

The research study aims to explore the experiences of Cambodian refugees in Long Beach in the time of post-migration, regarding their mental health, services provided for them, coping strategies and assimilation experiences to the society.

Specific Aims:

1. **Possible challenges, risk factors, and stressors that adversely affected the mental health of the Cambodian refugees during their post-migration in the USA.**
2. **The coping strategies, protective factors and resources that helped the Cambodian refugees improve their mental health.**
3. **Interventions that were provided in the community that helped the Cambodian refugees improve their mental health.**
4. **Improvements that could have been done to serve the refugee group better.**
5. **The best strategies to integrate them into the American society and system.**

In a broader point of view, the aims are: 1) to evaluate which interventions and service models were useful in improving the mental health of the refugee group in general as well as best practices to integrate them into society and 2) to have better understanding of the specific needs and problems of this vulnerable group that lead to proper delivery of services that support refugees to maintain their health and wellbeing.

11. SPONSORSHIP AND COLLABORATION

a. If the research is sponsored by a non-University source, indicate below the title of the grant, the funding source, total funding, and time period of the grant or contract.

☒ Not applicable; or complete below:

Grant/Funding information:

Title:	
Funding Agency:	
Total Funding	
Time Period:	

b. If the research is part of a collaboration or larger study, please describe the circumstances, including names of institutions and any prior approvals by the CSULB or other IRB.

☒ Not applicable; or describe below:

(Do not attach grant applications or thesis proposals, although you should excerpt from them as necessary). Attach other IRB approvals if applicable as an appendix.

c. Could there be the perception of a conflict of interest for either you, as the investigator, or for the subjects in this study? The definition of conflict of interest is a set of conditions in which an investigator's judgment concerning the subjects' welfare or integrity of research, could be biased by personal or financial gain.

☒ Not applicable;

or
describe below:

12. RECRUITING SOURCE(S)

A. Identify the source(s), e.g., hospitals, institutions, schools, classes, shopping malls, etc. from which subjects will be recruited into the research.

Study participants will be recruited from referral from experts or faculty advisor by email, phone call, or in-person meeting (see Appendix B – for recruitment script). Experts of the subject content, will be contacted from personnel contacts. Personnel Contacts will be provided by the faculty Health Care Administration sponsors of the study.

b. Appendix A: Original letters of approval from all participating organizations (must be on letterhead and indicate specific classes, units, etc. affected). You must append at the end of this application letters of approval from the faculty of any class section, or the appropriate official of any institution or building in which any part of the selection of subjects or the actual research will be carried out, typed on their official letterhead. **The permission statement must contain the full and exact title of your research, your name, and a statement of how the institution will assist you.**

13. RECRUITING PROCESS AND INFORMED CONSENT:

a. Describe in chronological and numerical order the detail the process you will use to invite people to participate in your research. Include the complete, step-by-step, sequence of specific events from initial approach to the point where you have obtained Informed Consent.

NOTE: If oral or written invitations/explanations are used, include the verbatim text (script) in an appendix. If a "flyer" is to be posted, attach to this application as an appendix.

1. All study participants will be contacted by email or phone call or in person by the gatekeeper of the potential participants. The gatekeeper will provide the potential participants with the primary investigator´s phone number, email address, and description of the study, asking them to contact her if they are interested in participating in the study.

2. In the first contact with the participant, the researcher will explain the study, including purpose, benefits and risks to each participant and will ask their willingness to be part of the study (see Appendix B – for recruitment script).

3. If the subjects are willing to participate, a date for the interview and the location (such as coffee shop, park, or other public space) will be determined.

4. During the meeting, the study participants will be given the consent; sign and return back the informed consent to the researcher prior to the interview. Copy of the consent would be given to the study participants (See Appendix C – for the informed consent).

b. Attach proposed Informed Consent form(s) as an appendix. Append copies of all consent forms in all languages used necessary for the subject pool. Include all required elements of informed consent (see example provided in the *CSULB IRBNet Research Library on IRBNet.org*).

14. HUMAN SUBJECT PARTICIPATION

a. Describe what you will do with the human subjects once informed consent has been obtained. Include complete and numbered step-by-step, sequential detail regarding what will happen to the subjects when the research procedures are carried out. Provide separate descriptions for each unique group of subjects if two or more groups are participating.

1. After obtaining the consent, the researcher will start the interview.

2. The interview will be guided using 8 open-ended questions (see Appendix A - interview questions for Cambodian Refugees)

3. The interview will end until the last question is asked and it takes about 30 minutes for each participant.

4. The interview will be recorded with an electronic device if the participants agree to be recorded (Participants will sign the agreement to be recorded on the informed consent).

5. A $20 cash incentive will be given to the participants once they completed the interview (until the last question is asked).

15. DEBRIEFING OF SUBJECTS AFTER PARTICIPATION

☐ Not applicable; or describe the nature of any debriefing of subjects *after they have completed the procedures:*

Participants will be thanked for their time at the end of the interview. Participants may contact the researchers to follow up about the research findings.

16. POTENTIAL RISKS

a. Describe the potential risks, harm, discomfort, or inconvenience, however minimal. It can be said that everything has a risk. Number each risk so that you can address how you are minimizing each risk in item 16 below.

Risk #1: Participants may feel uncomfortable about sharing their experiences and could trigger emotional reactions.

Risk #2: There will be a potential breach of confidentiality.

17. PROTECTING AGAINST OR MINIMIZING RISKS

a. Describe the measures you will take to protect against or to minimize each numbered risk noted above.

Mitigation for Risk #1: Subjects will have the right to refuse to answer any question that makes them uncomfortable. They also have the right to stop their participation at any time without any consequences.

Mitigation for Risk #2: Participants will be informed that their private stories could be identified or recognized by third parties; therefore, they do not need to share the stories if they are not feeling comfortable about it. To mitigate the potential breach of confidentiality, the consent form will not be connected to the data. A pseudonym will be given to study participants to reduce the chance of identifying information in the interviews. Data will be recorded and stored in a secure and password protected computer.

b. Describe: (1) security and storage, and (2) disposal of research materials by completing the items below.

*NOTE: Title 45, PART 46, PROTECTION OF HUMAN SUBJECTS, §46.115 stipulates that "…**records relating to research which is conducted shall be retained for at least 3 years after completion of the research.** All records shall be accessible for inspection and copying by authorized representatives of the Department or Agency at reasonable times and in a reasonable manner."*

(1) Security and storage

☒ I will store both consent forms and raw data in a secure location for three years after completion of the research.

Describe location and security:

All data will be stored in the researchers' computers that will be password protected.

Describe who will have access.

Only the researchers will have access to the files

(2) Disposal of research materials

What will happen to the consent forms and raw data after the three year period?

☒ I will destroy the consent forms & the raw data after three years;

OR explain alternative:

c. If your research project includes a medical, pharmacological, or behavioral intervention or therapy, which is intended to improve the physical or mental health of the subject, then provide a complete "data and safety plan," which includes a Data and Safety Monitoring Board, "stop rules," and explicit provisions for reporting adverse events to the IRB (email to ORSP-Compliance@csulb.edu).

☒ Not applicable;

OR describe data safety plan:

18. BENEFITS

a. Describe any benefits to the subject(s) which may reasonably be expected from the research.

There is no direct benefit to participate in the study.

b. Describe any compensation to the subject(s) and the conditions under which it is to be awarded (e.g., must the subject complete the study).

The interview will end until the last question is asked. A $10 cash incentive will be given to participants if they are Cambodian refugees.

c. Describe benefits, if any, to others, and the expected gain in generalizable knowledge including summary of research findings where appropriate for professionals and participating organizations.

Research findings will provide insight on which interventions and service models were useful in improving the mental health of the refugee group in general as well as integrating them into the society. In addition, the study may provide insights on the specific needs and problems of this vulnerable group that lead to appropriate delivery of services that support refugees to maintain their health and wellbeing.

19. RESEARCH DATES AND LOCATION

NOTE: Initial contact cannot occur until after IRB Approval. Initial approval is for one year only. A renewal application (provided in the CSULB IRBNet Research Library) must be completed for projects lasting more than a year.

Approximate Start Date:	**contingent upon IRB approval**
Approximate End Date:	**10/31/2018**
Location(s):	**Long Beach**

20. DATA COLLECTION INSTRUMENTS/MATERIALS APPENDIX

a. In a labeled Appendix attach a copy of all tests, questionnaires, surveys, or other instruments and materials to be used.

b. List here each test, questionnaire, survey, or other instruments and materials to be used, providing full publication/bibliographic information.

c. If you have adapted or made changes in any of these materials, indicate the changes.

d. Indicate which instruments, or portions of instruments, you have created.

1. Interview Guideline & Questions for Cambodian Refugee

21. RESEARCHER QUALIFICATIONS

a. Briefly describe the training and experience that qualifies you to carry out the proposed research.

Sabrina Günsche is a Student from Germany at the HAW in Hamburg and studies Health Science in the Master program and is currently at the CSULB for a research internship.
Dr. Erlyana Erlyana is a medical physician who has a PhD in Public Administration from USC School of Policy, Planning and Development.

Both researchers have had extensive training in research methods specifically in qualitative and quantitative methods. They also have conducted research within diverse populations specifically in relation to topics such as culture and health, health disparities, health care access and health equity which resulted in several publications from these research studies.

b. List the name and email address of all key personnel who will be assisting with the research. All key personnel must be CITI trained and certified. Include CITI member ID of all key personnel.

22. REFERENCES

☒ Not applicable; or provide a reference list of all sources *cited or otherwise identified in this application*, excluding those in Item 19.

23. LIST APPENDICES ATTACHED BY LABEL (e.g., A, B, …) AND TITLE

A. Interview Guideline & Questions for Cambodian Refugee
B. Recruitment Script for Interview
C. Informed Consent

24. SUBMISSION

This application must be submitted electronically through IRBNet (irbnet.org). Documents requiring letterhead and signatures, such as agency approval letters or faculty supervisor forms, must be scanned and attached via IRBNet along with your other application materials.

For information on how to register as an IRBNet user or how to submit applications, please contact:

8.8 Appendix H – Detailed Overview of Categories and Themes

Post-Migration Experiences			
1. Main Category	**2. Sub-Category**	**3. Themes**	**4. Sub-Themes**
Major challenges & Risk factors	Trying to survive & adjust to live in the USA	Resettlement	Scattered in the USA
		Assimilating to the Environment	Technology, Cars & Roads, Weather
		Language Barrier	
		Cultural Differences	Farmers Background
		Education	
		Finding Employment	Easy & Low Status Jobs
		Poverty & Finances	
	Being Replaced in a Bad area	Poor Neighbor Hood	
		Gangs	“Support System”
		Racism & Discrimination	
		Crime, Violence & Robbery	

	Scam & Mistrust	Scam among Cambodians	
		Scam in the Community	Service Provider in the community scammed Cambodians
		Mistrust Government	Afraid to use governmental assistance
	Bad Mental Health & Wellbeing Conditions	Mental Health Issues because of Genocide	PTSD, Trauma, Depression, Stress, No resilience because of Background Experiences
		Mental Health Issues because of Post-Migration Experiences	Crime, Scam and Mistrust in the Community affected Mental Health
		Implications and Restrictions because of Mental Health	Not able to work, Social Implications, Health Implications: High blood pressure, Diabetes, Obesity, Substance Abuse Recently: Mental Health didn´t improve significant
		Stigma	Cultural based, Suppressing, Perception of mental illness,
Resources	Family & Community	Cambodian Exchange Students	

		Organizations & Community Service	
		Environment	
		Familiarity	
		Helping Each Other	
	Governmental Assistance	Social Security	
		Welfare	
		Food Stamps	
		Money Support	
		Health insurance, Medicare & Medicate	
	Religion	Buddhism & Temples	
		Connection to Khmer Culture	
		Impact on Well-Being	
		Social Connections	

	Gardening	Related to Background & Culture	
		Positive Effect for Mental Health	
Health & social services	Lack of resources	Lack of transitional program	
		Accessing Language Resources	
		Health Care Resources	
		Cut off Resources	
		Resources for Mental Health & PTSD	
	Challenges in Providing & Accepting Health & Social Services	Misdiagnosing & Mistreatment	Different perceptions of treatment, Untreated Trauma, Wrong diagnosis, Missing knowledge about Cambodian Background, Same Medication for years
		Cultural Barriers	
		Stigmatization	
		Knowing about Resources	

		Language Barrier	
		Good Reputation from other Community Members	
	Successful & Accepted Services	Education about Service & Resources	
		Hiring Staff from the Community	
		Networking	
		Interventions that are Related to Khmer culture	
		Participatory Approach in Identifying Demands & Needs	
		Eliminate Stigma	
2. Generation	Cultural Identity & Family	Cultural Identity & Status	
		Silence about History	
		Language Barrier	
	Connection to Khmer Culture	CSULB & Cambodian Student Society	

		Volunteering & Networking	
		Khmer Arts & History	Music, Arts, History, Classical Dance
Suggested improvements & recommendations	Improvement of health & social services	Intervention technique	
		Cultural Appropriate	
		Networking	
	Improvement of Mental Health	Education about Mental Health	
		More Research on Mental Health	
		Perspectives in the Community	Treatment vs. Prevention
		Creating an Supportive Approach	
		Openness for 2. Generations Ideas	
	Improvement of Integration	Resettlement in a Better Area	
		Transitional Program & Learning Center	Learn about Language, Finances, Culture, Hygiene, Employment

		Teaching Basic Skills	
	Recommendations 2. Gen	Education about Background	Starting Middle School, High School
		Providing Resources for 2. Generation	
		Empowering	Applying Skills in Community

8.9 Appendix I – Interview Transcripts

8.9.1 Subject Group

Baseline-Interview

Interviewer: Were you born here?

Subject1: Yes, born in Long Beach.

Interviewer: What were major challenges that you family experienced after you move here or during your stay in the USA?

Subject1: Definitely assimilating. Because my family personally was part of the farming, they weren´t used to technology, technology was very new to them. So, coming to America everything was very new. And also, money, you know they came here with nothing on their bags. They were refugees and everything they owned was taken by the Khmer rouge, so this was another hard thing. Also, just learning the process, when they first were here. They moved to Ohio first and they didn´t like the weather. So, this was one of the big circles because it is very cold in Ohio and in Cambodia it is very tropical, very hot. So, they got worried and Long Beach was very much so like Cambodia, so this is why so many Cambodians are here in Long Beach.

Interviewer: What were the major causes for the challenges?

Subject1: Language, they had to learn English all over. Because they had no English knowledge prior to being in America, so that was a big issue. Getting a Job was hard too. Personally, my dad had a rough start because he started a VCR-company and you know what happened to VCR, no more VCR´s. In Long Beach it was very violent when they arrived, so they were a lot of race wars, race tension. Then my dad got beat up a couple of times, so that was another issue.

Interviewer: Were there any resources or supports, programs or services to help you overcome the challenges?

Subject1: Definitely well-fare. Once like they knew about welfare and they could help them out, they really helped out. Housing, sectioning housing helped a lot. Food Stamps, all that. As for language, my Dad, I´m pretty sure he went to Long Beach City College for free and that´s where he learned English, that´s where he learned you know how to assimilate in America.

Interviewer: And in the city college, was it especially provided for refugees, or just general?

Subject1: I´m not sure about that. But my dad went there, and he graduated.

Interviewer: Was there also other resources or supports that were provided by communities?

Subject1: I know that there are resources but I´m not sure if my parent´s used them. Like one of them would be the Cambodian family as a resource, I know they been around for quite a long time ever since Cambodians came to America. Just in Cambodia town in general there are organizations at do help people assimilate, 20-30 years ago.

Interviewer: Do you know how the Cambodian families and the community helped them to assimilate?

Subject1: It´s more like having a community to go to, so guess they was a community that was mostly Cambodian ´but at the same time they were exposed to the American lifestyle, so they slowly assimilated and it wasn´t just they were thrown into the water of America and you have to learn all this and that. There was a place Cambodia town where they could go, and you know see their other family members, see their other country manners on that.

Interviewer: Do you have any recommendations or ideas like how could be programs or services be improved for refugees?

Subject1: So, I think the thing that should be pushed is PTSD help. Because there were a lot of post-traumatic stress syndrome among Cambodians when they came here because they went through such a hard time. And is one thing to say that culture, in our culture it is very different how we approach things. Sometimes in Cambodia if you have a mental illness, they might refer you to a witch doctor or something that won't help, to throw water on you and say hey you get better but in America we have a totally different way of thinking, we know a scientific, if you take this medicine or if you go to this doctor it will help you, even if you tell the Cambodians or in any refugee that information, they still might not believe you, because they come from a place where it´s religion and you know science wasn´t anything to them. They killed off all the Scientists, they killed off all the educated people. So it is hard to tell them, but I think what would help is if you had a group of people who weren´t from the same country, tell them this is the way it should be done and here is proof that it helped these people and this is the way to cure your problem.

Interviewer: Do you think that programs or services were helpful to improve the well-being or mental health?

Subject1: I know there are programs that do, I know a person that works directly with people with disabilities in the community and it´s not so public because it is kind of like a stigma between, in the Cambodian community they don´t show their disabilities but there are many programs that help them out, financially and mentally.

Interviewer: Is there any government policy that being created to help improve your health / situation?

Subject1: I don´t know about that.

Interviewer: Do you feel that you or your family is fully integrated into the American system/society?

Subject1: We are, I would say like 75% assimilated, because we still eat all the food from Cambodia, I mean it is not mainly Cambodia, but you know the food that was in Cambodia you could find it here in Long Beach, People are making that kind of food. The culture, we are not too religious, but the majority of Cambodians are Buddhist. In terms of lifestyle, it´s totally American.

Interviewer: Do you think any challenges, especially for your parents that hold them back to get assimilated to the society, I mean in a difficult way that they don´t really get around or can't talk to people or something like this?

Subject1: Yea I do feel like that, personally my Dad, I can´t see him working in an environment where are not Cambodians, I feel like he feels at home when other Cambodians are around, same with my mum, she doesn´t really go out, she stays at home because she went through a hard time and she doesn´t like leaving the house anymore but just knowing she is around Cambodians makes her feel safer.

Interviewer: Which could have been done better to serve your needs or also your parent's needs?

Subject1: You know growing up, there were a lot of like weird things that pertain to my family and it only occurred to me like 10 years down the road that was weird, for example when we were shower we would have a bucket water, even though we had a shower head we would still have a bucket of water and a pail. I thought that was normal until I told my friends later on in 10th grade, "what do you do, you have a bucket of water in your shower, why don´t you use just the shower head?" So that was another weird thing, and hygiene, like, well in sectioning housing they do tours an all that, they look in your house but I feel like my parents could have really benefit from just to sit down less than saying this is proper hygiene, this it

what you should do for your children, brush their teeth, this way, this way, teach them ho to clean dishes - this way, this way. Shower this way, this way. Sexual health, they didn´t teach me anything. They should have, but I don´t think they know either. Yea school helped a lot for me, but I feel like I would have rather heard it from my parent´s but sometimes my parent´s didn´t say the right things because they didn´t know either. So maybe if they knew or somebody helped them like a starter pack - this is what you should do to become really healthy, was religion need to be really happy and all that.

Subject1: It is still now, I have a friend whose mother passed away because she didn´t seek mental health. She just ran off looking for a house by the beach because she believed that it was there somewhere so she kept wondering or 3 days straight and she eventually just died but she had a mental illness but nobody addressed it as a mental illness they just addressed it as like her wanted to do something, but it was obviously schizophrenia but the only people she went to was you know witch-doctors and monks but monks can´t solve everything, they can chant for you they can pray for you, sometimes it helps but because it is just a mental thing but, well I feel better now, I´m happier because the monk chanted for me but there are also other problems where it is truly mental and you can´t fix it to any means beside medicine, traditional medicine.

Follow-up Interview

Interviewer: In the last 6 months have you been introduced/contacted to any mental health resources or community service? If so, which ones?

Subject1: I don't think my parents, but I personally. It wasn't for me, but I personally did a video for an organization that provides that kind of resource, they called the Cambodian family in Santa Ana and I did a video for them and they provide health resources, exercise resources and immigration resources and mammograms for older women, they not just have Cambodians but that's how I know of it. I didn't personally get it but I know because I did a PSA for them.

Interviewer: Do you know when this organization established?

Subject1: It´s been around since 23 years.

Interviewer: In the last 6 months have you searched for any mental health support or community services?

Subject1: Mental Health support no. Actually, my mom she kept telling me about how she was still affected, when she was sleep she would see things or be woken up by loud noises

and I guess recently she got social security, so she went to somebody to explain that: “my problems won´t allow to work or function normally so I need your help” and they help you, I guess through a lawyer. They helped her get social security from that.

Interviewer: Which Service from the community are you familiar with? Do you / Would you visit any events/ take service in to account? Why not?

Subject1: Well, I personally do know but I don't think my parents know. Like job resources, we have from united Cambodian community. I referred my brother to get some nursing, they have a nursing program that they are funding. There are always scholarships that organization have, for example Khmer alumni association recently gave 500$ scholarship to a student, CHPAA (Cambodian Health Professional Abroad, just celebrated their 10th annual gala and they gave away three scholarships for a 1000$ each, so that’s a resource for students if they want scholarships. Other than that, there is always organizations that will provide translation services for people who don’t really know how to navigate the medical system or get Medicare, Medicaid for low income families.

Interviewer: Can you think about any reason why your parents are not so familiar with services in the community?

Subject1: My family, they don´t really go out to these event´s and socialize, but especially my mom, she stays at home a lot. My dad just works at a regular job. He is not really involved in the community, so I guess once they got established in Long Beach and they got their help, that was enough to stain them until now. So, they haven´t really needed to ask for help.

Interviewer: Do you or your parents visit religious practices / ceremonies? Does it have an impact on your or your parents mental health?

Subject1: They are not too religious, but they do practice Buddhism, they prey to the altar, in my house we have an altar for my grandma and sometimes we pray, we practice a Holliday called Badschunban and think of it kind of like a day of the dead for the Mexicans where they celebrate for all their relatives that passed, they offering such as food and hope that the spirits come back to eat and enjoy. Other than that, they have temples in Long Beach all over, but you are not required to go, I mean there is holidays where people go but it´s not like Christianity where every Sunday you have to go to church. So, they are religious but not hard-core religious.

Interviewer: Do you think it has an impact on their mental health?

Subject1: Yes, I think so, it's like when you take a picture and you see like a white ball, they like oh that my grandma. So, I guess they resort to that the religion first before you a going to the doctor if they have a problem. And even when it is like really windy or raining hard, what my mom does, she grads a fist full of rice and throws it at the wind. And she is like stop being windy or rainy.

Interviewer: Do you visit any cultural events at school or the community? If so, which ones? What impact has it on you?

Subject1: Every Thursday we have our student society meeting, recently we had the independence day on November 9th, upcoming we have Khmer student coalition conference, there is a news organization in Cambodia town, called Khmer TV, that I just hopped on board, so I'm part of that. There is an organization called the Cambodian American football education foundation and they build libraries in Cambodia and they are having a gala on January 22nd and I'm part of organizing that. So, there is a lot of events, the crazy thing is, there is always these gala, at least every month there is like 5, there is always organizations putting events out there for the Cambodian community.

Interviewer: Has it any impact on you?

Subject1: It does. Because before I got involved, I was a freshman in college, I think that's when I start getting involved but I just went to school and played video games but now it´s like; I didn't expect that at first but volunteering eventually got me a big network and got me some jobs here and I wasn't expecting that, because I was just volunteering for free. The cool thing about being a film major, so I'm involved using camera and stuff, there is always a need for somebody taking pictures or record. They always saying can you help out with this or that and I get the insight, so I get to see how these organizations work and I get to network with these people.

Interviewer: In what ways do you find connections with Khmer culture as a second generation Cambodian American?

Subject1: I guess the connection is, it really ties in with the first generation, because when you see the first generation respect what the second generation is doing for example, the second generation are actually taking part in culture and embracing the culture, the first generation really appreciates that when the second generation learns the language the first generation loves that, the praise it they praise it,
when the second generation says something wrong in the language, they fix it and they will say good job trying good job trying.

Interviewer: Do you also find connection through the events that you are visiting?

Subject1: Yes. With the Khmer art academy, I find the connection through dance, they put on dance performances and they have the music playing in the background, its beautiful and it connects me through the art. There is also a new movement with music, there is starting to be music that I enjoy, listening to and that's from my country Cambodia.

Interviewer: What do you consider being useful to improve your mental health wellbeing?

Subject1: Among the second generation, I don´t think it such a problem. I think we were born to go to the doctor. When I was born I always got my shots, I visited the doctor my PA, etc. I guess the 1.5 generation that were born in Cambodia, that were my age but came here later, maybe they are not so much the same but other than that I think the second generation is very American

Baseline-Interview

Interviewer: Were you born here? How long have you been here?

Subject2: I was born here, in central California.

Interviewer: Your parents came to California? Did they flee from Cambodia?

Subject2: Yes, they were Refugees and they were sponsored by a Family in Abilene Texas. So that´s where they came first to the united states. After they moved closer to Family, which was in California.

Interviewer: What major challenges that you or other families/ friends experienced after you moved here or during the post-migration in the USA?

Subject2: A big challenge for them was the Language Barrier, they didn´t anticipate being relocated to the US, so there is obviously the Language Barrier and then securing the finances. I recall for various stories for my mother and father out of when they came here, they really just came here with the clothes that they had on their body and then whatever they could fit into a little grocery bag. Financial stability was definitely another challenge.

Interviewer: What were the major causes of those challenges?

Subject2: Some of the major causes probably was the culture shock. My parents they came from a really simple framework, their background was in agriculture, my mother had her own market and my father would use to cultivate the produces that my mother would sell, so it was very self-sustained. Here when they relocated to the US the pay for doing such work was very minimal. So, although my mother and father could find employment in agriculture and farm work, it didn´t pay much and most of what they earned went directly to the farmer, themselves. I think it was that as well and just adjusting really to western culture. It is just very different drastically different, just individualistic western culture versus collectivistic Southeast Asian culture, definitely, I wouldn’t say a clash but just different ways and perspectives of living and that was the biggest challenge.

Interviewer: Were there any resources or supports (programs or services) to help you overcome the challenges?

Subject2: Yes. My growing up in my primary years probably until I was 10 years old my parent relayed heavily on federal resources, so they considered the EBT now but it was just government assistance. I remember my mother and father being given allowance of sorts to make sure that they family was taken care of that they were fed, things like that but it was mainly government assistance that really helped and going to that particular process when I was younger I saw how my parent´s really struggled again with the language barrier, securing finances and thing like that and that is why I´m back in school now and I´m studying

now to make sure to insure that persons like myself, 2. Generation students, descendants of refugee or refugees, have opportunities.

Interviewer: Was there also programs or services from the communities, like the associations/organizations there were build up, could you also get some support from the communities?

Subject2: Yes, and I´m a particular case. I´m Cambodian and Thai and Laos, so my cultural make up is Southeast Asian and in our culture, it is very rooted in religion, specifically Theravada Buddhism and that particular following kept the community together. So, a lot of the reasons why my parents moved from Abilene to central California and then eventually to Long Beach was the Buddhist community. I found that amazing, if we are thinking about the time that they got here which is 1979, they didn´t have Facebook etc., so establishing and maintaining communication was a very big deal and to bridge that communication gap they found it best to stay within this smaller communities to share experience. So, this is very helpful for my parents to stay involved.

Interviewer: Who provided the programs?

Subject2: As a result of the migration and the experience leaving your country to a different land, my parents were really hesitant to form and established trust with the government at the time and this is simple that the government was empowered before things changed they had trust and faith in them and I´m not absolutely sure how confident they were in reaching out to government assistance and things like that but I think they were reassured by others in our community that they impacted their decision to reach out to different resources that were available for us.

Interviewer: Can you think of what other kind of programs and services maybe your parents received from the communities?

Subject2: When we in stocked in California there wasn´t aside from government assistance there wasn´t many programs available for us unfortunately, there weren´t any transitional programs, I do recall my mother and father making honest attempts to complete their graduation, get a high school, diploma, my mother and father when they could attended adult school to enhance their proficiency in English language to finally acclimate to what was surrounding, I think once they accepted the fact that; okay we are in the US and this is most likely where we will stay for the forth coming years than they finally again made that lead forward to learn a language and do their best to assimilate. As far as other programs though, I can´t think of any, truthfully. Since that the community is a lot stronger, there is a very strong community here, I, mean Long Beach is the second largest population to Khmer people outside of Cambodia, so here we saw a lot of working professionals that were established in the country previously and are now finding their ground here in the US. So my

family came to Long Beach in 1994 so we´ve been here about 20 years now, but in the mid 90ths it was a very turbulent time, there was a lot of gang violence, specifically in the area where my family was located it is referred to Cambodia town now but there was a particular time when there was color wars and that is unfortunate because just kind of looking back and thinking whole picture, my parents essentially left and uprooted and moved away from this violence and unfortunately again we are kind of caught up in this cycle of violence. I just think there were not any helpful transitional programs available for my family, to help us get adjusted to live here in the US. We kind of have to figure out things on our own. But I think despite that my siblings doing very well for themselves so the resources that we are taking advantage of and needed to seek actively, if we wanted to construct change we had to do it ourselves.

Interviewer: Were they helpful to improve the mental health well-being?

Subject2: I think this is more culturally based and issues of mental health are not really discussed. I mean one can be considerate eccentric, maybe they have a peculiar personality but as far as they chose the mental health and I'll be specific here in PTSD those were not question that were asked of us those were not topics that were being addressed within the community itself. I think we thought a little bit of familiarity within the communities and I think that is why we would kind of centralized ourselves in a sense, of all places why long beach California - not sure. We could be in different parts of the US, but I think there was familiarity and I think to see other persons that went through that same experience it might not be the exact same but the most part I shared experience, it was very helpful, and I think we found kind of consulting amongst ourselves and things like that. But I can´t think of any family member of mines whether immediate or distant relatives that have gone to seek assistance regarding mental health.

Interviewer: How could the programs/ services be improved?

Subject2: I went through the elementary school system, all of my schooling primary junior high school, high school was through the public schools and now here I´m perusing an undergraduate degree and I think once like persons like myself when they establish ourselves as professionals and we see more representation of persons of Cambodian, Khmer like myself, I think that helps to reframe our perceptions what it means to be successful or to reach out for health or to take advantage to resources. I think it has to be experiential, it has to be somebody they kind of sets that example for others to follow along with that, so what I´m doing right now I'm seeking my undergraduate in communications but for the more I want to apply for graduate school for student development and higher education and really place myself in the position that helps not all students but also this

underrepresented populations of students that identify with me, so if I were to have seen a person like wow they did it, they went through emotions, they have earned their stripes essentially to become a working professional, I think that would have inspired a lot of change and more incentive for me to apply myself in an earlier stage of my life. I´m an adult learner so I just turned 31 this past year but I think if education had been more not as much of a shore and more of as a life learning I think that would have been very very helpful.

Interviewer: What do you think could have been improved for your parents?

Subject2: As far your programs would have been helpful for my parents, would maybe too had like group therapy sessions and again this kind of took place unofficially within these gatherings, my community especially, the religion is very very it is almost anatomies, a lot of the interactions that I have with other people like myself were at the temple, the temple really became a place of a following and guidance and worship, it became a sanctuary for a lot of elders in my community. I think that was because they found a way to make that happened in the absence of such resources, they still managed to find a way to stay together, share ideas, relate their experiences and develop that support structure because it wasn´t existent they had to create one for themselves.

Interviewer: Do you feel fully integrated into the American system/society? Why or why not?

Subject2: My father passed 5 years ago but to say for him, I can´t say for sure, positively or absolutely. For my mother however, she still has a little bit of issue with the language barrier, but she understands. I´m not sure if she is fully integrated but she is more accepting of the things that are happening right now. She is still very separated for that, she is one of the few persons who doesn´t has an email address so I think it is kind of a generational thing but even then, I can´t see her having needing an email address cause she keeps her connections very holistic. To speak about my mother, she is integrated to the basic things in daily life. She is very self-sufficient, she an drive herself to the market, she can navigate independently, separate from myself or my siblings, if she worked tough to sit in an office and maybe like have an interview or something like that, I think there might be an language barrier although she understands the language, she can´t speak the language, I think that is how her experience is. For me however, my English is a lot stronger, more proficient in English and that is simply because of just kind of the nature of things. Because English was the language that was spoken, inside and outside the classroom, or needed to do something, get somewhere etc. that's why I speak English much more fluently than I do my native language. For the lack of the representation in the professional workforce I would say here for example we do have a Cambodian speaking professor and they published. However,

there is still a very big gap and still very minimal representation of the Cambodian people even we have been here for beyond 40 years.

Interviewer: Which could have been done better to serve your needs?

Subject2: I personally and my parents as well would love if there was a program that help facilitate their social and cultural, academic and financial actions here in the US. Aside from the government assistant like food stamps and thinks like that there wasn´t anything in place, there wasn´t a transitional program.

Interviewer: Do you know if there were any English classes available when your parents came here and could learn English?

Subject2: Yes, so my parents had 6 children, but I remember when I as younger with my younger sister when she was in primary school, all of the kids were at school, so my parents took advantage of the time that they had to go and strengthen their proficiency in English. Language holds power and if you can´t speak the language you are powerless. So, I think they had a better understanding of how English language worked and how English place a really critical role and how things operate outside of education, I think that might have been very, very helpful for them. This is more of an opinion but here in America there is not a lot of welcoming towards other languages, it is like English is the language spoken here, that is the standard, so I´m not willing to teach you English if you are not willing to learn it. I think it might be just like cultural thing here in the United States, but I think if there is a bit more willingness and openness from the American people to understand that there are differences and maybe worked toward even it out, it would be very useful as well. So, I think it was just a cultural clash, that was something that they experienced quite often. And it might have detour them from perusing from maybe education beyond just English proficiency. My parents have explained to me have they had the time if they weren´t so involved with making sure that we were well taken care of they would have gone to college, but they don´t have that opportunity.

Follow-up Interview

Interviewer: In the last 6 months have you or your family been introduced/contacted to any mental health resources or community service? If so, which ones?

Subject2: My father passed away couple of years ago but, my Mother from my understanding, she has not been introduced to any mental health resources. She doesn't

work, she is retired but she is of good mental well-being, she is very aware still, she doesn't require a lot of many mental health resources at this moment.

Interviewer: Have you been contacted for resources from the community?

Subject2: I'm out here in Thailand right now. I reached out here.

Interviewer: In the last 6 months have you or your mother searched for any mental health support or community services?

Subject2: I personally have not and my mother I don't think either.

Interviewer: Which Service from the community are you and your mother familiar with? Do you / Would you visit any events/ take service in to account? Why not?

Subject2: The services that are we familiar with, is mainly public health services through the community. Specifically, like pharmacies. In generally in California we have, what is known as medical and Medicare, my mum uses these services and she get different prescription for things that she requires through this program. For myself I'm aware of the same programs. Actually, I know a lot more because I'm in a play of the universities, so I direct students to the different resources on campus. There are health services available for me as a student, so that's something that I have not used yet but I now it is available for me as a student.

Interviewer: Do you think your mother would visit any events in the community if she would be more familiar about the resources provided for her?

Subject2: I would say yes and no. Yes, if she is comfortable and more familiar with resources, and I would also say no because, as if now she learns things and understand things anecdotally, by that I mean by different friends and family. Unless they have taken advantage of those particular services, she won´t do so unless hear of it someone else is doing it. Information for her still travels, word of mouth, and it is kind of surprising for me that she does as much as she does without the use of the internet.

Interviewer: Do you visit religious practices / ceremonies? Does it have an impact on your mental health?

Subject2: Myself, since I been here in Thailand I have gone to different temples and such, to see them and as well as reconnect with the type of Buddhism that's out here in Thailand. For my mother, I know that she goes to the temples at least twice a week, in Long Beach. She

brings food and she gives Ohms to the monks and she is very much connected to that particular community at the temple, that's where she feels comfortable.

Interviewer: Do you think it has an impact on her mental health?

Subject2: Religion does play a role in her mental health. It helped her a lot, her meditation and understanding of things going on. She has a very forgiving attitude, I think it helped her to get through a lot of personals and obstacles in her life. She practices and followed her religion when she was younger and that carried on with her through her young adult and later adult life, it's become one of the only stable.

Interviewer: Does it have any impact on your mental health?

Subject2: I don't practice it as strongly. I have a little bit more relaxed approach to it. But it does help me understand a lot of different things. By that I mean not being so caught up with expectations with either myself or other people or just life in general. I think that stand for my mothers and father perspective on their religion itself and how it´s influenced them. I do remember growing up with them and they were very supportive about my particular views, they ask me to go to the temple with them and be part of their traditions, but they never really pushed me to follow the religion. I think that has a lot to do with my understanding now and I´m really thankful for that.

Interviewer: Do you visit any cultural events at school or the community? If so, which ones? What impact has it on you?

Subject2: Yes. Part of the Cambodian student society at CSULB. I do my best to stay connected with them just to find commonalities with other students at the university and then also being more connected to the community. I have met a lot of students through that particular social club and they do a lot for the community. The reason is they developed at the university and apply that outside of the university, so e.g. I know some students who are pre-med students, they are studying and doing active work providing eye classes for children that need them in Cambodia. Through the organization on campus I got more culturally involved.

Interviewer: Has it any impact on you?

Subject2: Yes, it does. I feel that through that many activities that they do, it helps me to get back. I'm very fortunate to have been born in the US and to be studying beyond high school. I´m learning a lot about the different educational systems at south east Asia. because I do want to be possible teaching abroad in south was Asia. So being a part of the cultural club

and doing a lot of different cultural things does impact me in a positive way, because it helps me to feel more connected to the community and it also feel like I have like a purpose for what I'm doing.

Interviewer: In what ways do you find connections with Khmer culture as a second generation Cambodian American?

Subject2: It is a connection where I had to established myself because I'm Thai, Laos and Khmer so I'm really just kind of south East Asian, in general, but doing the things that I do as far the club on campus and then studying abroad in Thailand and connecting more with my family it helps me to, in order to find out where I want to go I have to know where I come from, so where I'm at now is trying to discover where I come from. When I'm reflecting on a lot of the things that I have learned about the civil war in Cambodia, I´m curious to know whether or not I have artist or musicians or poets or doctor s or lawyers my family. I don´t know that and that is something that I ´ve kind of set off on the journey to discover.

Interviewer: What do you consider being useful to improve your mental health wellbeing?

Subject2: I think if that more younger adults, like myself and also younger then I, if they were more involved and really concerned about their parents own mental health and well-being, I think that would be very helpful. Unfortunately, in Long Beach, I feel that if they would more invested and more concerned about the mental health well-being, that would be very helpful. At this point I think persons like my mother and those around like her age group they are already settled in their type of lifestyle, they are adjusted, or they haven´t, and I think it would be helpful if the children were a little bit more concerned about their mental health.

Baseline-Interview

Interviewer: Were you born here?

Subject3: Yes.

Interviewer: What major challenges that you or other families/ friends experienced after you move here or during your stay in the USA?

Subject3: There was several hardships, when I was growing up and I still feel my parents are going through these financial hardships. I mean coming here into America, my parents weren't educated, so they didn't really have the opportunity to apply for jobs that would give them decent income. Growing up I remember a lot of times they would go to social securities to get some benefits, all that was where our incomes came from, i mean it was really big. My parents really didn't work because they were both under disabilities. I didn't know that until I was older that they have some mental health issues, that's why they were getting social security benefits. I realized my dad has severe PTSD so he couldn't really work and living in the Cambodian household, the man is supposed to be in charge but my dad wasn't able to do that so my mom end up working in the, I think it´s called the summi factory, she just did a lot of garments and cut and stuff; that helped to pay the incomes but it still wasn't a lot but finances was a lot of big issues. The areas where we lived, they weren´t nice areas, the areas had violence in the communities, during the 90´s were there was a lot of gang and gang tensions, especially with the Cambodians and Mexicans. I don´t know the full history but I know there is from a lot of stories I´ve heard from other expert that has been involved with the community; when the Cambodian refugees came to the country the Mexicans felt like we were taking over the boundaries and they wanted to mess with us and really just scare us but that led to a lot of Cambodians joining gangs to defend themselves. So that led to a lot of Cambodians youth that were actually dying, a lot of them were killed over the 90´s and a lot of parents were affected by that because from what I know is a lot of the refugees when they were in the killing field which was the genocide that happened, 1975-1979, they already saw a lot of killing so for them to leave their country that they see a lot of death and they come here to the country where they thought it is much safer they saw more killings here as well, so a lot of the parents are very traumatized, they really want to be involved with the community cause of that, because they felt they weren´t safe anymore.

Interviewer: What were the major causes of those challenges?

Subject3: Its going back with finances, my parents weren't educated, applying for jobs wasn't something easy, they always had to someone to go there with them, it wasn´t they were able to apply for and usually have not a good income and education, they were left with

the jobs that not most people want to do. I remember when the first jobs of my parents were offered, well when we first came to the US my parents were sponsored in Arizona, that´s where I was born. My parents worked something at the airport, I think they were cleaners or something like that but that was the first job they could get because they didn´t speak the language very well and it was very easy just cleaning everything. That was the situation that my mom told me my dad had PTSD, he got into argument with some of the people there and it was because he was mentally challenged and then later on we decided to move away from phoenix because even it was the place where we got sponsored by a specific group, I don´t remember because my parents really not talk too much about it, we decided to move because there was not a big Cambodian community and my parents really didn't feel like the resources were reserved for them, so we packed our bags with some neighbors we had at the time, to California, especially Long Beach , because we was told LB had a bigger population and even when they went there, their education was not much, my parents even though they tried to go to school and stuff like that, they currently learned, I mean my parents were at that time roughly around mid 30´s, 40´s and they were more focused on us, on our education, so getting a job was like whatever is really available. A lot of Cambodians were working in the fabric, that´s the only thing they got. They wasn´t really thinking about high paying jobs like an engineer. They were just trying to make sure we have food on the table, they had all the other opportunities to make money but it wasn´t like that. As my parent gotten older like a lot of older Cambodians would take advantage of other Cambodians but my parents would listen to them, it was just like trying to make money but certain people who were more educated would take advantage of the others, so I felt like my parents were few times taken advantage, because me being young and American and more educated, I guess just me being who I am, I´m very skeptical, a lot of things my parents told me about this at a young age, I didn't understand it but then as I got older like they told me there is going to be this person that wants to help us with money, we just have to pay this certain amount, especially for citizenship, I mean my parents were scared that their social benefits will be cut off, so they trying to get citizenships and they were told about some specific individual that was like pay them 500$ and they help them through the process, and in my family, my dad was one that got taken advantage of because my dad was been challenged, he really didn't know what was going on and he is just like my mum, want to make sure we still have money, so he thought having citizenship will help but in reality what happened was they took his money and never called back and this story was not uncommon, as I start working in this community scam is very common and those with less education, such as my parents were easily taken advantage of. The thing is even though I´m their son, they´re not going to listen to me because I don´t speak the language, they see other people benefiting from those activities, and no it's not how you do it, there is way where I can help you with citizenships.

UCC another non-profit organization here in LB was offering free citizenship application and stuff like that, I make that they took advantage of that rather than like oh you have to pay 500$, because there are resources in LB that will help you on and they don´t scam you. So that was one of the challenges, another was there was a lot of violence in the community. We were in areas where it wasn´t nice, a lot of violence, a lot of people lived in condensed areas, racism was always around, here in America already, so it made things worse as we were throwing in to an area were like people that´s been living there for a while, they were having arguments and then we just happened to be a new set of group of people that didn't know anything better and we were just raw, even our own people as I mentioned was scamming, I remember when I was in kindergarten, so these young Cambodian kids there was probably in gangs, they actually robbed my family, myself, I was in school, I don't know where my mum was but what happened was I came home one day at the kindergarten and there was cops in front of our house, I didn´t understood why and then my parents was like, oh we got robbed. At the time I didn't understand, and I thought it wasn´t a big deal. As I gotten older I saw a lot of things that I learned like my brother was actually one was held in gunpoint with my dad, they were tied up, the robbers didn't really take much because they didn't really know where to get money, they were in a rush but as I gotten older my brother actually had a trauma because of that, he was telling me later on. He told me he had a nightmare being robbed constantly and then we relate it back you know when you were little you were in this situation. As he talked more about it he overcame, he doesn't have nightmares anymore about that, but back then he barely talked about it, he never understood it. We don´t talk about stuff like that here in our community. It is just mental health and being called, you have a mental trauma problem, they call you chhkuot, which is like crazy, so it´s really not looked upon to talk about it. So for me I learned that we have to talk about it or we have to figure out what to build a way where people are comfortable, because if we don´t talk about we´re suppressing it and that´s going to hurt us. There were these young kids that robbed my parents and as I gotten older and started working, I realized a lot of other Cambodians, those young kids in the gangs were doing that to a lot of other family members like they were pretending we are friends we are helping out and then there was a lot of gun point and this was very common. I was very surprised, I found it really weird that they are Cambodian as well and they are robbing their own people and doesn't even have money as it is. A lot of them were into drugs as well, so there was so much issues. That was violence within our community and outside of that there was already a gang war going on with the Mexicans and they had a lot of problems with the African Americans already prior to us but then since we came in we were the target. This was like my reality in 2nd grade. I know that my neighborhood was bad when there was a high school kid, he was shot and killed and that was my brothers friend. It´s calmed down a lot because a lot of the Cambodian gang

members are in jail, a lot of the Mexicans, some of them were undocumented, so some of the got deported. So, it´s calmed down a little bit but there is still a lot of violence in our communities.

Interviewer: Were there any resources or supports (programs or services) to help you and family to overcome the challenges?

Subject3: I mean there was resources, but we don´t took advantage of it the way that most people did. Because me growing up, my parents weren´t educated, so they really didn't know what the resources offer, they didn't understand like they always had someone to translate it and for me like being who I was, and my parents shout to me a lot, I couldn't really be involved with at the school programs. I was really good in sports and running and I really wanted to try tracked in field, cross-country, wrestling because all my teachers in physical education said I was really good but my parents would not let me out that late. I really didn´t use all the resources until I got older like right now and a lot of the resources because I work in it and I know more of it where as my parents don't have that education and they really go out since they are a lot older now, so I say we didn't take advantage of these resources. I think it would have been great if we could have but being my parents they weren't involved in the community, we did our own thing, made sure I ate, went to school.

Interviewer: If there were any, who provided the resources or supports?

Subject3: One of the major organizations we ever heard of was the UCC. Everybody mentioned that, and go to them, they provided you with the resources. That was the main group of people and then I noticed my parents also, since they´re in social security they´re getting the benefits from the government, we had a social worker. Social workers were helping them as well. My parents were assigned with a Cambodian social worker, so they were our other resource. Another one was our neighbors, they looked out for each other. Back when we were younger all that houses that would live by our apartments they were just all Cambodians, so we´re watching out for each other. So, when one of us moved, we want to move with them because the more we are not with us specific group, we were kind of on our own. Especially when I was younger my parents had to listen to their neighbors, so that was our way, if the neighbor knew something they´ll let us know. All the resources were more like gardening, we had friends they were gardening all the time, I mean my parents had sugar canes and then sugar canes went to banana trees so that was all the resources I guess, because we couldn't really eat a lot of the American food when we first started out, so my parents had opportunities to grow plants at that time, so we just grow our own stuff, that helped little bit.

Interviewer: If you received helps, what kind of programs or services you received?

Subject3: For me personally I didn't receive any services, for my parents it was just more of the service that they received, I can´t recall to much but I know there was social security benefits, I mean that was the main thing, making sure my parents got, they got their money and also we had low income so we got a well fare, we had to go to clinics for medical stuff. When I was growing up I remember we went to the doctors a lot, not even tough when I was sick just to get shots, whatever. Health insurance wasn´t a big deal. That was the main resources we had, the basic, going to the doctors making sure we have money.

Interviewer: How did you obtain them, was it easy for health care?

Subject3: From my experience from my parents it seems like it was easy. I mean I was growing up even to the age of 21 like we went to social security benefits and they would just give us an extension. I remember when I was 18 my parent was like they will cut you off on our medical, so you have to go there and sign you still living with us, you are still depending. My parents were low income most of our money, I mean we were under 5.000$, what we were getting from the government. So, we were easily in the label of low income. My parents and i we don't really spend too much on money, it is just more like making sure we have food on the table, we didn't have the opportunities like other people, spend some stuff, go out eat, restaurants. Most of the foods we have was at home.

Interviewer: Were they helpful to improve your well-being/ mental health?

Subject3: I think even though they had the services e.g. my parents was going through a behavioral, something with their mental health, they´ve told they have some supplemental health issue but even the professionals are unable to describe them or their misdiagnosed because I know for a fact growing up and being part of this work and study more what happened in the genocide, I know my parents, especially my Dad has PTSD but a lot of the pills that he was prescribed with was like he has schizophrenia, bipolar, so he is getting all these pills that was misdiagnosed and I feel like that a problem with our community. I feel like a lot in our community we are misdiagnosing a lot of those who went through the genocide. I mean yes they do have a mental health issue and we have to change the way we approach it because the way they are approaching it is more separating them from society because they are seen as people that we can't help, they´re called "chhkuot" which is crazy, and a word that is more used now is "khuorokbal" which is your brain is not correct or right. So, for me it´s like changing the words because calling a person crazy it´s very dehumanizing. I feel like that how it is and it's very hard for me when I see the medication that they are getting it´s not right. It´s hard to approach my parents as well because they don't understand what I'm trying

to say to them because being n that fact that they are not well educated and the stigma mental health is really not positive, even though the resources are maybe there it´s going to be hard for them to really use it, because they don't think they have a problem, they think it's normal. That's the thing I think a lot of people think, even though we know that they are a kind of out of it because of the trauma they saw during the genocide they think it's normal and this is just, my mum would say, oh i picked the wrong guy but she didn't had a choice to pick him. My parents didn't fall in love, they were in the genocide and people were arranged marriage right there, so my um didn't had a choice to fall in love with somebody.

Interviewer: How could the programs/ services be improved?

Subject3: I know we focus a lot on the older generation which helped but I think a lot of the resources should focus on the youth. I mean if they kids were able to understand what they parent´s went through and be able to ask better questions to learn about their history, I think it can really help the family a lot more because as my own personal experiences like me working here, learn language, playing the music now and I will ask my mom she feels like oh wow you actually taking a step forward to understand our history without me forcing upon you, I feel like when we were younger they were trying to force us so much but I was able to not really understand it because growing up I wasn't taught, learn fluent Khmer, is the Cambodian Language, I didn't really know what they are talking about, you´ll see it but don´t know about it. The first approach is really educating the younger folks, it could be as young as middle school high school but I think the more able to understand what their parents went through because in a lot of the history books we only learn like a chapter about the Vietnam war and they even when they mention about Cambodians is really small, so a lot of the younger generation don´t know what our parents went through. I think that is a good approach. Then another thing is being involved, using the art, I know before the genocide happen, arts was a very big influence in Cambodia, i mean music was good, play were big, we had all this stuff that we still see here but it's just more of a show case. I think if a lot of this customs were more often in school for free especially in the areas were lot of Cambodians live, I think it would be good to teach the classical stuff and the language like Khmer. A lot of the younger generation, myself are able to learn language and communicate to the parents because I think language barrier is another big thing because even though I can communicate to my parents through the basics, like I´m hungry, I can't really have a dialog with my parents about their history, I´ll ask a question but it will be like a little mixture of English so they are like I don´t understand what are you trying to ask me. Even though I really want to learn the language and the history of my parents, what it is I have to really learn the language what most people around my age are not able to speak it. Also, to gardening, a lot of older generations I noticed they love gardening. When my dad is

gardening he is really into it and it's like his other kid where he cares a lot about it. When they garden it was also a way to make income aside, I know my parents when they grow banana trees they were selling the banana trees because somebody else will sell it. It was a way to heal but also a way to make income. The arts, being able to learn the language with one another, gardening those are the top 3 main things that were important to help.

Interviewer: Is there any government policy that being created to help improve your health / situation?

Subject3: I don't think so. The closet thing is low income game up, financial need, any directly and specific for Cambodians no. I think anybody as a refugee, they have very similar experience even though they are maybe in different areas but we all face the same similar situations where language barrier at the home, mum and dad working to make sure there is income and sometimes they don't really get to see their kids. They kids being more Americanized which in a sense, a lot of the older generation feel like they´re losing culture. the government hasn't stepped forward to do anything big to really make sure we keep our culture alive it is just more here is the basic stuff like you get money, medical but anything beyond that like mental support in a way that could benefit - no.

Interviewer: Do you feel fully integrated into the American system/society? Why or why not?

Subject3: Yea I feel like I´m very Americanized, growing up what I've learned in the Asian in general, they like to be together. I still respect it but for me as an American I always see myself like I´m part of the culture but I´m also not, I really feel individualistic like for me it is like I do things on my own. I´m really rebellious in a sense. I don't want to be against my parents, but I want to be different. I was very American, and really talked back, in our culture we are not allowed to talk to our parent. At a very young age, I was already talking back, not just my parents also to other adults who were against me because I didn't trust, the typical Cambodians they´re dressing like formal clothes, I didn't like that. For me doing that I was getting told I´m not Cambodian because I didn't fit what they considered as Cambodians and I didn't speak their language. I think I´m happy to became more Americanized because I could figure out more who I am, and what my Cambodian culture wants me to be, everybody has to be the same, for me I´m able to explore and able to understand and reach out to other cultures, I think me being Americanized is a good thing.

Interviewer: What strategies you consider to be the best to get fully integrated to the American system/society?

Subject3: Just in general get connected with whatever they end up being in or going to, dialog and the use of art. I think it is better to have these moments where we were sitting and dialog and being able to act at what we think what the American culture is. I think coming here to a America, a lot of refugees come in and thinking we don't really have that dialog and we don't really have that connection, or us it is just more like you do your own thing, that should be opportunities and events for us to really have that dialog to understand reality and what America really is. It is not you talk to this specific person and their going to hand you everything because growing up, my parents really thought white people were like the biggest help in the world but in reality it was our own Cambodian people that were even struggling, so it's that reality, America is like great opportunity place but the reality is what you think is there may not always be. My parents going here like they had to earn a lot of stuff, it was really hard for them eating Hamburger until me and my siblings started buying hamburgers. I´ve been to a lot of block parties, where neighbors host events to get to know their neighbors, I wish that would the same thing done in the areas where my family where in, even though we live around other Cambodians, I think we never had that block party to get to know your neighbors, to get to learn what's in the community, because we just focus on the Cambodian community, and then we had Mexican and African American neighbors, if they were not enemies, that would be opportunities to connect to each other, to get to know their culture food, because food is way to connect with people. I feel like it is dialog and that could be at those type of block parties or at school, just some like tat where we get to know each other. That's the best and simple way, nothing to complex where we had to like build a fund raise or like that, just who is living with you and just learn each other's struggle is. cause most refugees, are going to live in a space where they also live with other low-income people. I don't think a lot of refugees going to live in really wealthy areas.

Interviewer: Which could have been done better to serve your needs?

Subject3: I wish my parents allowed me to do sports. Sports could have prevent me to doing a lot of self-expression, even though I went through my own mental health issues, I mean I was very depressed when I was young as well, sports such as running kept me being focused and I really loved and want to do that, everything what I was doing throughout high school, academics I was okay with it, sports was something i was want to proofed to people, m being a shorter guy in every group I'm at, I always had to proof my worth to people and one thing I was really good at was running, no one could really chased me. And then it kept me motivated. And actually I wished the teachers would have pushed me to be doing up more because sports was something i got really into it and I think also sports at the school should be changed in a way where we get thought more of what we can be rather than what we should be because growing up every information what we´re taught is we use it just for

tests but we don't use it as life skill because for me it's like as I´m gotten older communication, I wish at a young age we had more opportunities to understand our self rather than just like lets be a doctor, let´s be this. For me it´s like I like the idea when I was younger but as I gotten older I don't want to be a doctor and making a lot of money and money was always an issue in our family, was ever the thing that make me happy, it was more like I want to be happy in spaces that I feel like accepted and I just didn't feel accepted as being a doctor because everybody wanted to be that and I like I don't care about it For me it is just like I wish my parents and other people push me to do sports because that's like for me the main thing during the times when I was having though times as a younger what helped kept me focused. As I older I'm still doing sports but for me like younger I felt like I wanted to do more.

Subject3: As a lot of refugees are going through mental health, it going to be a really big issue. There is going to be a lot of confusion what mental health is, especially if the culture does not have that in their language or it really stigmatizing it to something bad. I think early on it should be talked about of like the potential so when a person that has it, there are ways to really prevent; there is relatives oh like this person is crazy, this person can't be helped with a prescription. Talk to the person and family member, find out what they like and really talk it down that way, rather than let's put in pills, because I feel like if my parents knew first on that my dad loves gardening in a way to communicate, I think it is better than having pills, he has a community garden where he goes to and where he connects with other refugees that also use gardening as a healing and to connect, all the people wo are in community gardening they bond each other. So, I think mental health is a big issue first and then the younger generation, they going to face a lot of cultural identity because they going to be used to parents not really being able to tell them who they are, what is their background. There is going to be a lot of time where a lot of them venture out to other cultures because me growing up I remember, some of my peers got into the black culture, I mean especially I remember all the girls would not ate a Cambodian guy because they have this idea that they are dating their brother. As I gotten older its stayed the same, they would not date a Cambodian guy, they are always like I'm going to date a white guy or this and that. They always thought they are better than Cambodians, but it doesn't matter what race you are. A lot of people also went and go through depression because it is connecting with self-identity with also really parents finding a job. Depression is going to be really big, I think overall mental health has to be talked about big in the community, it is a big factor. Another issue is, whoever is supposed to help the people, for e.g. a lot people they want to help the Cambodians, I remember UCC even though they are a really good organization, they have some scandals in the past. A group of people were given a certain amount of money to really help out the community, what they end up doing was playing a scam on the people, taking a

lot of their money and some of them moved to Cambodia to hide. For me it´s like being aware that some people are there, they are actually supposed to help the people but instead they hurt the community by robbing us and that really hurt the community really bad because that's why a lot of certain individuals are like in business now, they didn't want to invest money into the community, they are like how do I know it's going to be used right, cause they seen them in the past, a lot of older people make a lot of money but they don't want to invest. Working with the younger generation , i know it should be invested here because its really hard for them to help us out whereas we could help them out because we have a lot of more opportunities and chances to make business for them, like you are going to the country sides where the kids it's easier to get them to school but for them to really getting a job by the end of it, I don't think it is at easy here, then a lot of the younger generation has the opportunity to be motivated to go to school and eventually to come back and contribute to the community, the more then less likely scamming going to happing, there is been a lot of us taking advantage when it shouldn't be, it should be helping each other out. Then the gang issue, a lot of younger people are joining them because is not they want to join them because they don't have that support system, they don't feel like they belong. A lot of the Cambodian gangs started out in Long Beach and the only reason why they spread out is other communities heard about and they started to form the same thing. The idea behind is they are helping each other out but they also damage the community. Drugs are also involved. Pointing out mental health is something really big, they it's going to be a major culture shock.

Follow-up-Interview

Interviewer: In the last 6 months have you or your parents been introduced/contacted to any mental health resources or community service? If so, which ones?

Subject3: My parents have been connected to, my parents are under their health insurance, I´m not too familiar with it but what I do notice, my parents do go to a monthly appointment with mental health specialist and my dad gets a prescription, I don't know specifically, but he gets prescriptions. For me I have not gone to any interventions but I´ve been to events around the city about self-care workshop. I mean the closest to intervention was, I was involved in August where I went on a component to learn about trauma informed care 01:41 and they taught the importance of self-care. Especially since one of my work, because I do a lot of work with youth, and some of them might me trauma victims, is really understanding the symptoms that they might go through and how to talk to them.

Interviewer: The mental health service that your dad is going to is it from the community or the government level?

Subject3: It is more the government side. What I do notice my parents and others follow the same process, I have noticed a lot of Cambodians going through the same procedures where they have a doctor they go to for they physical well-being and then they have another appointment that's for they mental health.

Interviewer: In the last 6 months have you or your parents searched for any mental health support or community services?

Subject3: No. My parents tend to just keep to themselves or they just go to the doctor if they need to and I haven´t really searched for any support in the community.

Interviewer: Which Service from the community are you and your parent's familiar with? Do you / Would you visit any events/ take service in to account? Why not?

Subject3: No, they are not too familiar. They offered a lot of services, but I think one barrier is they are not really taught in full details what it is. They just told you have to go through this and this but when it comes to understanding they don´t know and when they have these questions they ask it to me and I don´t know as well because we have that language barrier so I can´t properly tell like for example the services that's talking about you can get help getting a job, I can't describe it to them, also they think they can´t work because they think they are mentally disable, so there is a barrier where them understanding the resources even it would be given to them because they are not familiar with it.

Interviewer: Do you think if they would know what is provided for them they would visit?

Subject3: Yes, I think my parent´s would visit, I mean one thing that I have noticed, my parent´s as long as they know other community members especially that are Cambodians and are going to the specific service and they have a good reputation then they will go to. Especially Cambodian United Community (UCC), when they learn about them offering services about citizenship, they did it about 7 years ago, that was the first place they went for citizenship. So, they went there and got the application done. So generally, when they hear from the community members something is really good they will take it. But me being a person that works in the community, I kind of have ask them these questions because I want to make sure they know what they are getting themselves into because sometimes the services that sounds good may not be appropriate for them. So, I have to make sure they know what they are doing because often times there is usually not an understanding, especially since they are not from this country they will not know this services, so I have to jump in, hey that's is not appropriate for you, you don´t need that service. It's not needed don´t worry about it.

Interviewer: Does the community service / intervention / events has any impact on your or your parents mental wellbeing?

Subject3: From my parents, not so much because they haven´t gone to any community events they tended to keep to themselves. For me personally I work in the field some of the events that they have that relates to mental health is a big fact, it is an impact for myself, because I get to know what is working and what is not. Especially I noticed a lot of the community events it's just to talk about mental health and al lot of the professional that they bring, they bring in a lot of data information, but I feel like that doesn't connect the communities because most of the community members know that there is a big mental health problem, a lot of Cambodians have PTSD. The real question is, how do we really deal with that and I think that is the thing that I realize in the community is a lot to talk about. What are ways that we can work with mental health? It is talk in the dialog? So, I believe the community events does help build a dialog, it just a challenge to find the next step. Because usually the next step, no one really knows because they are so familiar with like having an expert coming and give us the answers. Usually community members have, for my experience, there is other ways community members have done to cope in a positive way such as gardening and stuff like that. But does are kind of overlocked because there is not a lot of evidenced based research done on that. There are just few people that have done it but it´s not an evidenced based model.

Interviewer: Do you visit religious practices / ceremonies? Does it have an impact on your mental health?

Subject3: I have gone to a lot of Buddhist temple recently. I have always ground Buddhist, but it wasn't until recent years that I have accept Buddhism just based on like it helped me really got back to school, so I have gone to temples I talked to monks; as for my parents only during a special holiday such as Cambodian new year or the water buffalo water festival. These are the only ones that they would go.

Interviewer: Does it have an impact on your mental health?

Subject3: For my parents, it does because it is the only time that I know that they will talk about their parents. It seems like it is a time for them to calm because these special events they are able to really relax and really think about and also being very thankful. For me it also an impact because I´m being able to connect to, and why are my parents did this when we were younger and it´s also need to be in the present, I´m thinking like sometimes there is so much going on in the world but being at a place where through religious practice I feel much more relaxed when I´m at a temple.

Interviewer: Do you visit any cultural events at school or the community? If so, which ones? What impact has it on you?

Subject3: I do. I attend a lot of different type of events. There is so many events that at Cal state Long Beach. They offer a lot of different event; every chance I get to I go to events. Just really understand other cultures around the world. Is there similarities to the Cambodian culture? Also, I like volunteering so every opportunity I get, it is something personally I like to do. I like to understand other cultures.

Interviewer: In what ways do you find connections with Khmer culture as a second generation Cambodian American?

Subject3: My connection is really remembering what was passed down to our history before it was burned to the genocide and kind of like modernizing it for this next generation, because I'm second generation and I'm still living in a culture where like a lot of listen to musicians. Our culture Stories such as how the Hanuman which is the monkey knuts from the Hindu religion, it´s really like looking at a modernizing for the younger generation and what they are into to continue on because it is part of their history and I do know that culture identity impacts myself and even the young generation that I work with because they are able to learn about their self's where they came from and kind of be really proud where they came from because mostly what I see in the media the Asian culture is kind of invisible and they are nerdy kids and there is nothing about us being warriors but learning about a culture, that we were warriors that we had an amazing empire, it gives me strength. We are a great culture, it is not just what we see on the media.

Interviewer: What do you consider being useful to improve your mental health wellbeing?

Subject3: I always advocate for the arts. Because arts was always embedded in our culture like through dancing, martial arts, there is this always like how would we tell our cultures back down was through the arts and I believe this generation how a lot of youth connect with a lot of poetries and stuff but it´s all art related. I believe that is the way we can connect to our culture is through the arts, through theatre, through skits what the younger generation likes, and put on stories about their parents and what been on in their household and share with the bigger community, and this is like what is African Americans, Hispanics, white, hey this is what we struggle as Cambodian Americans and it's not really portrayed in the media, just to show like we have the same challenges than every other individuals that had post problem. Having our young generation create this place, I believe it empowers them. Mental health is something that is going to be a big thing for the next ten to twenty years, because there is a lot of data being done on it, and a lot of the data is being

more focused on studying on a specific group but not really on how they are coping in a specific environment. Because Cambodians here in America a lot of them will gravitates to food, some of them to garden, towards music, these are different ways that they are dealing with their mental health but very rarely is mention how you deal with your mental health, that is where you relax, cooking and that´s in a way where we can teach others and can find them as a way to heal themselves and that is different from other countries, I mean I don´t know what other countries are doing, but I feel like these different categories like music, cooking, gardening, these are all things that we all know but rarely look into mental health, and mental health is something that I know is going to be a question, how do we fix it, the answer is there but it has do be specific evidenced based research on these specific things. It´s going to be a challenge because a lot of people are not used to it, because it is not traditional things and that's why I believe this whole next generation of young researchers are going to have to do things differently than those before and advocate I believe in this specific research.

The 2. Generation what they learn in school and their skills they have, they don´t understand what impact it could have in the community. They don't know how to apply it in the community, but with their knowledge they could actually help out the community and get also connected.

Baseline-Interview

Interviewer: How long are you in the US?

Subject4: I came here 1983. Over 30 years ago.

Interviewer: What were major challenges that you experienced when you came to the US?

Subject4: In term of personally, and I also used to work in the Cambodian community. For so many 1. Generation like myself, the challenging for us when we first came here was, we were already teenager, the language and culture was so much different and took us to integrate. And if you are a teenager, what worked for me was the school system, but back then in the 1980´s the school system is still new in term of welcoming refugee like us and most of the school staff really don´t know what kind of trauma that we with and for myself personally, losing a father and having to watch 3 brothers die, it´s there it is just it was never dealt with, but one of the greatest factor, for some of my friend and I, is that we love the fact that there was food freedom to eat and haven´t been forbidden or punished through the deprivation of food we were just so thrill and I remember being a teenager and first came and I love to eat so much and a lot of our family had donut store, that was the only businesses that didn't require a lot of skills that we don´t have, and learning how to speak English, so we will pitch in and work in the donut store like myself to 17, 16 start working and eat donut until I got really junky.
When Cambodians fled to the states after the genocide, there were also other refugees from south-east Asia. There were about 2 Billion refugees that America took from south-east Asia, and it is the biggest refugee group they took. So, there were the refugees from Laos, Vietnam, Muong, Cambodia and one thing they did is, they put them all together in one refugee camp. But the problem is they didn’t consider they background where they are coming from. For example, the Vietnamese had the communism in their country, but the Cambodians they came from a genocide, from a killing field. And they were really traumatized. And they put the Cambodians into long beach in the 80´s. Long beach at that time was in a bad condition, and they had space to put the Cambodians over there. But long beach was in a bad condition, they had a lot of gangs there. And what happened? The Cambodians were traumatized and in a bad mantel health condition, they haven´t really had resilience, and since there was a lot of gangs and crime in long beach, and boom, the Cambodians, especially the young generation formed up into gangs and groups. They experienced a lot of crime and the community got also bullied from other people. We came here with nothing, everything was taken away from us and all our intelligent people, researcher, scientist got killed in the genocide. We came here with no resilience and that passed on to our next generations. Also, the data is showing that the second generation of Cambodians don´t go to college, not a lot of them. And when I do my research, I try to reach

out to those who are not in college and they don't want to open up, they don´t want to share their experience, because it goes a lot deeper also in to the trauma of their parents. But the ones who are in the school and have education they are willing to participate in the interviews.

Interviewer: Where there any resources or support that you had?

Subject4: I´m sure there was resources and support, but one thing about us especially my family and I we didn't seek the assistance because of I guess accessing and depend were you are placed and because we have relatives that came before us, it was kind of help us navigate through, what school to and what kind of job we can make and get in and having small business exist was the only way that we feel that was the best support for us, very limited but it´s good enough for us to live life.

Interviewer: Was there any support provided from the community?

Subject4: Some from the community, some doesn't exist. Like when we first came we have very limited, and we shop a lot and the goodwill and salvation army (thrift stores), clothing for like 5 cent, 10 cent and now that we may achieve somewhat of the American dream, I donate 10 times of what I received from goodwill or Salvation Army at that time.

Interviewer: What kind of services was provided to improve mental health at that time?

Subject4: There was service provided, if you have smaller children, my mother and I, and I was already 18 age, so we didn't get to access that local non-profit, and we did not get to be informed of what type of mental health that might be, that was not existing in term of the terminology of mental health, and we were too busy restoring the kind of life we lost with the forbidden of our freedom basically.

Interviewer: Do you think the service needs to be improved?

Subject4: Yes, absolutely, I think of the first date in term of immigration the first order of admitting us in not only the immigration policy maker or familiarize us in the culture system but be prepared to offer mental health and offers were that human dignity is existence and lot of my friend that was unfortunate in term of, and actually to me to was placed in the area where poverty was driven and territory. So we met with the local violence of gang and discrimination and bully just because we are the new kid on the block and that was the sad path about being from a country that, that we saw violence and torture and execution and forbidden of freedom in so many way and then come here in face discrimination and bully and all the violence, it was not an ideal situation, and so many of us that are weaker mentally

being pulled into the gang lifestyle and create more violence instead of how do you restore justice and reconciliation and find closure after you lost so much.

Interviewer: What were strategies to integrate Cambodians to the system?

Subject4: The best integration into the system is to really offer that hope and that restoration of human dignity, so many that being treat, and you are talking about the dramatic in many different level, we lost our home, we lost our freedom, we being treated inhumane, to make it easier for the perpetrator to act and so, giving that hope play a huge role in what the fostering resilience, there is so many of us who is willing to work hard and achieve economic or other stuff by just having that discipline because of where we came from, how hard we used to work.

Interviewer: What could have been done better in the post migration to serve your needs better?

Subject4: Having established a learning center, an approach that only social integration but the path understanding and the involvement of the host country in term of integration, in term of showing way of humanity, not just saying ok we doing good for you already so we get you to this country and now go do it, it's we get you to this country and here not just a template but a support network that show a way to learn the language and a way to restart.

Follow-Up-Interview

Interviewer: In the last 6 months have you been introduced/contacted to any mental health resources or community service? If so, which ones?

Subject4: That is the most interesting path, in the last 6 months the answer in term of contact by the local, no, the thing also about culture and we hope that mental health provider reaching out, maybe reaching out not in a way of mental health but in a way of how do we create a support group that this people will show up and be in connection of having an opportunity to discuss to talk and perhaps that is the best healing system right now about mental health. It's about, okay something boring, you are depressed and suicidal then you come in, that really not an intervention or prevention method, it's like treatment already. So if I'm in the field of professional psychology, I want to have an early intervention where create space for people to come together and say how can we support each other if we have something in common in that and that´s why I work in the Cambodian community and were very good at getting people to the table and have that share space and supporting each

other and they talk about their loss in a casual manner and that heal , so when they go back feel great that they contribute something, somebody know about something.

Interviewer: Is there kind of hesitation from the first generation to reach out for mental health?

Subject4: Yes, in term of the culture, yes there is definitely no search, there is definitely a hesitation to speak about the trauma and also most of us for just from a cultural perspective, will not proactively search for mental health help before we actually go mental. We probably allow the mental health to impact our body, like for myself sometimes I let it go until I stress. So, when I read a lot about the genocide it reacts something and then I get depressed, I have to cry, and when I cry my heartbeat rises and I get anxiety attacks, and then the anxiety attacks gets so much, that I had to go into the emergency room. So technically it I would to seek mental health in advance in term of let's talk about it before it gotten to this, that would consider asking for intervention in advance and none of us do that and I don´t know why; but there is not an appropriate step where provider can say okay well you know we welcome you, there is none, right now there is no program exist like that, so many of us like my aunt who work herself until she completely passed out and then having to go in and then they diagnosed with many other symptom of depression anxiety and all these PTSD but that´s after already severe suicidal a lot. So that´s the situation mostly I see right now.

Interviewer: Do think the first generation is familiar with the service that is provided for them in the community?

Subject4: I don't think so. That´s not a lot of the service who says, "we provide mental health support, come over", and if a lot of mainstream service they do have it but they don´t reach out, they don´t make it comfortable to engage in that kind of discussion.

Interviewer: Does the community service has an impact on the wellbeing?

Subject4: Yes it definitely has a great impact on the wellbeing on the community they need to expand the thought more about not just treatment itself, a lot of community organizations in the community is waiting until something happen than to take action, if we would to have a better resource we would probably be proactive in term of planning ahead or organizing something that many first generation can engage and also connect with their second generation to engage actively that finally healing process.

Interviewer: Does the religious practice have an impact on the mental health or wellbeing?

Subject4:That's one of the biggest grow in the Cambodian community and after the genocide is that many of first generation, settling here especially elder, older, like the baby boom like my mum they focused all the energy in term of religion spiritual support and it helped in many of them but at the same time while spiritual support help, it is only short term the way I see it, because when they come home they are in the same mood, because the actual address of the past, the actual issue that we have was never dealt with it.

Interviewer: In what ways does the 2. Generation find connections with Khmer culture?

Subject4: I think second generation, a lot of them that I talked to and know of and from my own children perspective as well, the connection with their parent, the love that they have and also they love the culture in term of the family entertainment and food but they don´t connect so much of what of historical relevant of what can they do to help that family, or some just disengage.

Interviewer: What do you consider as useful to improve the mental health right now?

Subject4: I think what is useful is to have a lot more of the forum like the last Cambodian club or to network, like people that come together, and provide some educational format and provide a discussion, not just reporting out but having an interactive conversation would be great. 20:40, I end up working in the community because I feel such an obligation that I, I shouldn't be exist by just live my own life without doing something to educate people or to pass on, so I always feel that shame and then I learn that it´s my survival guilt, my survival guilt that I watch three of my own brother die and other kid die, and I was waiting for my turn to die but I wouldn't and there is always something guide me to here, so you shouldn't be ungrateful when there is actually purpose, so that should be, you have to define that purpose, and I watch some of my friend they are in their early 50 now and they married and they have businesses and they have money and they have kid, and they did have that trauma just like I do but with the trauma that they didn't deal with it , they now overindulge on everything, like over materialize, over substance abuse, over all that and have no connection with their own children and when asked they say that the kid is such an American, they don't speak Khmer and there is no connection and I watch them being depressed and suicidal and that is part of that issue that they don´t deal with trauma and I´m waiting for them to just come and help me let´s do something special, one of these day will make the community to become an educational place about genocide, lets educate our kid why we came here and what they should do to prevent future genocide, so I'm trying to get of them, the one that want to help me doesn't have any money but they have idea and the one they have a lot of money thinks that is should go out there and live my life and travel like them and why do I feel so much obligated and so it's really though, and its though for me too, because none of

them that have money invest in education, they don´t want a doctor degree and I quit my job just to go back to school and have time to be with my adolescent children, they are 13 and 16 and that's an important age, and they don´t see it and so our value is so different now, I contribute that to the mental health issue too, and I'm at the at the minority and look at the data among Asian Americans, Cambodians are not valuing education and when that happen how much can our second generation do, they are not building the infrastructure. You know, Vietnamese a lot of them that I met they came with not only a bachelor degree but a doctor, lawyer, speak French fluently, they brought money, they brought gold, jewelry and that community it´s like building the infrastructure, have skills, and that's why I do feel sad that, but I can't compare with the Vietnamese community, they didn't go through a genocide, and one thing that stick in my head, during the 32:57 they open the Nixon file before he resigned and ask that the congress did not approve the invasion of Cambodia, why was there over half a million tons of bomb drop in Cambodia. Kissinger say, well we were in the position to support our military and what happened to Cambodia we might miscalculate the demographic where they bombed, they assume Southeast Asia is the whole Vietnam, and what he said but the actual genocide, the actual killing it´s Cambodians that did that to the Cambodia, not us we only draped the bomb, but in some is true that the American drop the bomb might insight the political revolution at that time, the tip over witting the peasant voter support of the communist gorilla, and the true of what Kissinger say that the killing was done to themselves that statement is true, they did that because of the social, there are so many class, the social class, the rich get richer and the poor get poorer and that what happen, So the killing is like I hate you, you used to be rich, you have everything, you look pretty and I´m peasant, so know I believe in that we can make this country great again by eliminate all your politics and you got rich because of all your parent and parent or whatever, you know that is what I actually saw, I read through all my study and then I read what Kissinger statement, and I thought wow, it´s crazy, it´s the hate, it's nothing else but the hate.

Baseline-Interview

Interviewer: Were you born here?

Subject5: Yes, I was born here. My parents came as refugees through the war to California.

Interviewer: What were major challenges that you and your family experienced after you moved here or during your stay in the USA?

Subject5: Just from family experience the biggest transition were probably the language barriers, the cultural barriers, I mean they are coming to a country they don´t know the language and starting over initially in a foreign area. I mean cars and things like that and being able to find work without main education too. My grandmother for example, she went through a lot of PTSD after the war, she was a teacher in Cambodian and she wanted to keep perusing education when she got here but with the health challenges that she faced after the war and here suffering through depression, it really kept her from forwards with that. And I remember hearing that at dinner time and it seems like they don´t talk about often but when you do get a one-on-one opportunity to talk to them, they will bring up little stories. For my father, it was always work ethics at a young age that´s what he always brought us upon, he was like when I was 4 or 5 I was already selling things at country side, waking up at 5 in the morning, riding the motor cycle with his brother but coming here would definitely have to be the cultural changes through them, language was huge. And for me growing up, I didn´t speak a lot of Khmer, I forced myself to learn because I was being raced by my grandparents, both my parent's unfortunate they haven´t had an education background and they also have jobs and I was raised solely by my grandparents. And not be able to communicate with them was huge I can only imagine how it was when they came here.

Interviewer: What were the major causes of those challenges?

Subject5: I think it´s just almost a feeling of never wanting to go back to what they went through. My father he talks about the war, but he more so talked about the good things growing up instead of letting me and my brother know of what he went through. But the challenges were family, what do you identify is family but when were your birthdays were, were they accurate, it´s things like that we still kind of questions today how did you get the last name, or how did I get my last name from my parents vs. being able to have the knowledge because we are coming from a culture and society that was completely brain trained and that was the thing it was a lot of loss that they had gone through and it´s just losing so many family members and then coming here to start something new. The way my father copes with that is through gardening and that was something and he had always done in his past time ith his grandfather in the country side and he still continues in today. So

regardless of the stress, he definitely has it because I studied abroad 2 years ago in Cambodian for a month and a half and he was in angst, he didn´t want me to go and he had some many questions and reason being was he doesn´t want, I asked him why don´t you want me to go and he is like "oh there is nothing there you don´t want to go there" but he doesn´t see it from my point of view where I´m trying to find my identity as a Cambodian American but as the same time I can understand here he is coming from, where he left the country in the time of war. So being able to kind of go and see like hey I´m okay but he still, to this day doesn´t want to go back. I liked to study abroad there, it was very emotional because one of the thing I was able to reflect on was the stories that my parent´s told me. My mom primarily grew up here so she doesn´t have to fund of the memory growing up in Cambodia but my grandparent´s and my father do. But anytime that was ever talking about Cambodian with my father it was always like a good thing, his work ethic, he going to school, things he would do like playing soccer or selling bread. And then my grandmother, she is more on his side because my mom always told me your dad always ditched school, so it is different to the school here, so it is like his teacher would hit him, but yea he would always talk about things like that. As far as PTSD for him is more so don´t get involved with politics it´s a trust issue even with in the community today, it is just kind of like that angst like I don´t trust you, you don´t have to know that person it is automatically that feeling of oh I don´t trust you and that is hard.

Interviewer: Were there any resources or supports (programs or services) to help you overcome the challenges?

Subject5: When my father fist came here he also got involved with the UCC, so he worked there to help the community kind of grow from there as well and it´s like one of those things too, working with the community, kind of also helps heal in different ways because you helping and that was the main thing when he came here, he was constantly helping my grandparents either pay the rent or he be going to school. I remember when he got his first car he would shine crazy. For my grandparent´s it was going to the temples. I was really glad that they weren´t relying on like western medicine, like prescription drugs, they were more concerned about their mental stat o mind, so going to the temple in Long Beach would help them feel like good Karma is coming their way and just being able to do something they call bun which is almost like blessings and offerings so they would do that and pay their respects to their ancestors so it was a lot of natural remedy a lot of almost herbal, depending on teas and herb medicine vs. pills and IV where you also see in the country like, some people in Cambodia they are so dependent on IV´s and they have to have something happen to their body to feel like I can get better.

Interviewer: Was the temple also organized from the communities like specially to get people here to get their mental health better?

Subject5: Yea with my grandparents, at least my grandfather knew how to drive so they would go back and forth but it was a community effort because again with like the trust issues it is a lot of angst on who is organizing the temples, what is appropriate for temples and it´s a lot more relevant with the first generation, the elder generation because they knew a lot more of the background but there is also relapse of the second generation not really understanding the ceremonies that go on and why we continue to go with our parents and that's something really interesting to see because it´s almost a traditional thing like Buddhism it is almost like a cultural thing, it can be a religious thing but I feel like it is already a part of the culture where it is kind of like a lifestyle. So, it is even if you don´t associate yourself with Buddhism it is a part of the culture. They did try out having focus groups for the community for the elders to try but there is also the stigma of if you need to go to focus groups then you have something wrong with you and that was a negative stigma that a lot of the community had too and that is just being based of experience being able to talk to somebody's, individuals is like oh we chose not to participate because we feel like people will say something about us. That's how I feel like my family kind of transitioned, but they do it out of their enjoyment going to the temple and being blessed.

Interviewer: Was there also something provided for people like you, the 2nd generation also for the mental health?

Subject5: It is almost like we have the center for pacific Asian families' things like that, it was more so talking about not just like PTSD and then how that roles over in the 2nd generation, it is also almost understanding relationship in violence and things like that and what a healthy relationship is. Because one of those things what carry on to 2nd generation, how our parents communicate with each other may not be what we are used to or understanding cultural love language. It is a lot like, okay you have one student like a friend that is not Cambodian and their parent's like hey how is school they talk and give hugs and in Cambodian culture it is more like the way they say I love you is have you eaten yet, you know how are you today but it´s no really emphasize on how you are it´s like are you well, it is more like the physical wellbeing, if you get sick it is your fault. Bu for 2nd generation it is just trying to understand our parents more than anything. I think what our stress is, is language for some because for some people, for me growing up with my grandparents, i wasn't able to talk to them and that really hurt me growing up because to be raised by my grandparents and not be able to communicate and even say thank you it is difficult. But as far as resources I think it is community involvement, I didn´t really know what resources were

out there until I got into college and until I got into learning cultural classical dances. So, I think it just starts with involvement.

Interviewer: How could the programs/ services be improved?

Subject5: It´s just more organized understanding because we do have resources and a lot of times when it comes to mental health and reaching out to first generation, it´s little more difficult because culture wise we´re very silent we don´t often talk about these things and what you´ll find is the more you hear this stories is the older the elders get in the family. So, they don´t tell you any off these stories until they get a lot older they are kind of, they are sick and going through something and they won´t share it until then and they want you to know all that they have been trough. So, it is kind of hard. But as I far it´s changing it I think it is just having 2nd generation, have more been open mind as well because that hard thing is 1st Generation has a completely different experience coming here and assimilating versus us assimilating first to American culture and then Cambodian identity.

Interviewer: What do you think about the direct post-migration, do you have any idea what could have been improved?

Subject5: It´s more so having the community work together versus having one set opinion. Just being a part of a student group and being a representative for 2d generation on campuses, you do see some kind of hesitation when it comes to ideas being shared from 2nd generation to 1st generation and that´s kind of like a setback as well because even 2nd generation wants to get involved in make changes but also incorporate and respect 1st generation decisions but sometimes it is kind of like they are so traditional, to the matter that they are not open minded to seeing other perspectives and also we have a lot of different groups, I think one of the biggest challenges is that I hear is in the community, how we are supposed to grow every year, if it´s the same question but people aren´t working together and I think that trust is huge, that´s the biggest thing that´s holding this community back, is being able to move forwards with new ideas but also being able to et go of that passiveness to allow these things to happen because if not we are still in the same circle.

Interviewer: Do you feel your parents are integrated into the American system/society? Why or why not?

Subject5: They are in certain aspects but I´m glad that they are also cultural aspects like knowing what to do when a family passes away, we keep those ceremonies. This can't be a tradition, I guess American way, but we also do like the ceremonies a 100 day to 1000 day, also the Cambodian weddings, they have kept that but it is also hard to for them to

understand why myself I chose to be actively involved with the community and that was more so for me to be integrated to my own culture. I mean for them coming here was assimilating to American culture. I grew up with the American culture, I want to assimilate back to my Cambodian roots as well to understand. So, it´s almost a back and forth. For them it was more so: hy are you so involved in this, that has nothing to do with your major, I got to help you get a job there are more concerned about the future well-being of myself versus what passions and what drives I have for myself as an individual.

Interviewer: What strategies you consider to be the best to get fully integrated to the American system/society?

Subject5: Trying to find a way to communicate with them, in simple terms, almost like you wouldn't talk to a baby with like full sentences, you kind of like make noises make faces for them, same thing with languages especially with generation differences. It´s being able to teach them, it's almost like having them getting their citizenship, understanding the laws, how do you respond to things, being able to use cultural words or analogies that would help them grass. UCC does that, to help 1st generation kind of learn step by step. And also, just getting them involved in giving them the resources that we have as well, like the dream beyond foundation, teaches senior citizens cultural dances and they do agola and it gets them involved in cultural things but also within the community as well.

Interviewer: Which could have been done better to serve your needs?

Subject5: When they first came and just thinking how it would be to first came to America and not know where anything is and not being able to read the signs, almost like going anywhere that you are not familiar with. Probably it would be just to help them get started, but also teach them skills. It was one of those things where I feel like, the families that migrated here as refugees or came here as refugees, were kind of just let on their own versus kind of giving them some little basic skills where they can work of on and teach and then move forwards from. Because I feel like if something like that from the start, than it probably make the transitions or many peoples life a lot easier if, also temples and religion a huge part of the culture it should have been something from the start as well, just to have transportation and going over what the ceremonies are and blessings, things like that.

8.9.2 Expert Group

Baseline-Interview

Interviewer: What was your involvement or project that was related to Cambodian refugee populations?

Expert1: I been involved with the Cambodian community for the past 12 years since I was in high school. I go involved in the community with a group of friends who got me involved just being able to learn about myself, learn about cultures and just being able to learn about the community as well. So currently I work for a youth program here at Saint Marry Medical Center, EM3 - Educated Men with meaning full messages and we work with youth ages 14-19 years old just being able help them develop their self-esteem, leadership development and also about culture identities of just being able to find who they are as a person about their background about their history and also being able to work around like domestic valence, sexual assault, being able to identify what is a healthy relationship and also being able to prepare their selves of the real world, so being able to help them with their life skills, so like job skills and college preparation. Currently we´re in the mission of working around like data information, gather information about the Cambodian community, about the population, the community, statistic trauma informs and other stuff.

Interviewer: How long was your involvement in the Project?

Expert1: 12 years

Interviewer: What can you tell about what were the major challenges of the Cambodian refugees in the post-migration period in the USA?

Expert1: They flee in the early, mid, late 70th. There was a large immigration of Cambodians was fled in, from Cambodia, to Thailand to the US because of the Pol Pot Regime and the killing field that's been happening. So definitely there has been some help that was needed, so once they came to America there was support for them, so definitely there was different programs here in Long Beach that was helping them out. So definitely agencies like UCC, CAA was there for support and so the large needs for them was prenatal, so most of them was being pregnant so just not being able to take care of themselves and large need. What is happening right now is PTSD, that is what elder parents dealing with right now. Because what happened in the killing field and sometimes it is a struggle as well in the community because they don´t talk about it and it is fear scare, it is just tough for them to be able to talk about what happen in the killing field and so that's what I see currently what is happening right now, the only reason why I say that is because the parents usually don´t talk about

those issues with their kids and so when the kids are raised up they really don´t know their history or their background their family backgrounds because again it is tough to be able to talk about it. When the large immigration was happening there was definitely language access was a barrier just not being able to get the resources they need to get help and let´s be honest they didn´t speak English, their only language they spoke was Khmer. Education was tough because once they came to America the only thing they knew about was just working during hard labor and education was not on their mind because they really need to find a job, to be able to support their family. I remember my parents were working seven days a week, making less than minimum wage, it was a struggle. So, education for the first generation of folks wasn´t on their mind actually.

Interviewer: What was the majority of risk factors during the time and also what may cause these challenges?

Expert1: I think stress, PTSD, yea I think those two are major challenges that the community face. Education as well, not being able to get their education they needed, support.

Interviewer: What kind of protective factors and resources that the Cambodians may have during this time?

Expert1: Definitely one thing is their family, just having the support from their family and also with the Cambodian community we have a large family and I remember UCC and ACC was in the forefront being able to support the community any needs they need for themselves, their family and for the community-

Interviewer: What kind of interventions and services were provided for them?

Expert1: Some of the services, I just recall it if I remember, prenatal, be able of take care of your kids when you are being pregnant and some health care - so just being able to get a checkup, Doctor visit.

Interviewer: Were these interventions or maybe more treatments provided on community Level or more on the governmental Level?

Expert1: Governmental Level: Food Stamps, Well Fare, federal assistance was provided and also here in Long Beach a sectioning housing but there was a waiting list so there was a process, what housing is, is lowing the cost of rent for low income family I know there was a lot´s of applicants that was submitted with the Cambodian community so I know there was a long process as well cause I know my family, my parents actually apply for it and it took them about 8 years to finally get housing, to get support and help for rent.

Interviewer: Were the interventions or treatments accepted from the refugees?

Expert1: From my understanding, from asking folks in the community of just having conversations, it was a little tough cause it´s hard to open up, being able to express your thoughts and feelings but it took a while, I mean I feel it works just being able to get folks to coming in and just being able to talk about what issues their facing about themselves or the community. So, I would say in the beginning it took a while, it´s tough because their focus was to support their family, for them is like we don´t need help it just I have other things I need to take care of. But as time progress I think intervention has been big factor just being able to finally getting the support they need.

Interviewer: Which was the most successful way to create interventions or treatments?

Expert1: I think group setting, to get a group of the Cambodian residence to come together, to have meaningful dialogues to identify what are some barriers and issues in the community and also follow ups with the residence, just doing one-on-ones, build a strong relationship with them, I just feel those are great asset into being part of a intervention.

Interviewer: Which of the services seem to be received the best by the refugees?

Expert1: I think both services provider, intervention, prevention, I think is all great asset in the community, definitely in the Cambodian community which they all needed, so it is hard for me to say one but I say all three are very value asset.

Interviewer: Is there any government policy being acted or implemented?

Expert1: Deportation was a big issue in the early 2000 for folks who were community crimes before the policy or rules that happen, it is still ongoing with the deportation, so folks who committed crimes that before they been implemented with the deportation, losing families, going to country that they are not used to, so that what a struggle with certain families in the community. I know for the past 2-3 years California has been acknowledging the genocide that happened in the Cambodian killing field, so like senator, lawyer has been a big push for it, just been able to acknowledge what happened.

Interviewer: Which strategies where the best to integrate them in the society and system?

Expert1: I think what worked in the past was getting the community to come together, doing brain storming what issue they see about their families their needs and also their community as well, so I see community former as a great strategy to get the residence, family members to come together at one place and kind of like strategies what are their issues they facing in

the community around like housing issue, language access, education, jobs, environment. I think community form is one of the key strategies I see.

Interviewer: What do you think which improvements could have been done better to serve the refugee group?

Expert1: There is a lot of ways that we could support back in the days. Definitely education, just knowing about education and how important it is; financing, learn about budgeting your money, about leaning credits - buying a house, job as well, just being able to emphasize what job is important, what is out there, what careers.

Expert1: There is still struggle here in the Cambodian community, just a lot of older folks, parents are still dealing with PTSD, so definitely there has to be a large push. just being educated about it, also to figure out what support is needed in the community, so definitely helping those folks out and then also continuing the education with the community, the youth grow and also to give back as well. There is still housing issue, the cost of rent going up, access to language being provided but currently there is a policy that has been implemented - being able to get translation, interpretation provided for the folks, pushing our youth to graduating from high school and go on to higher education and also getting the care, I think what the Cambodian folks is that they don´t take care of themselves so when they do get sick they don´t go to a doctor, I know there has been education outreach on it, so I would like to do more of that as well, just being able to take care of yourself. By the time they go to a doctor they find out what they have, and it is kind of too late in our sense it is like "wow you should have taken care of that long time ago". That´s my finals thoughts.

Baseline-Interview

Interviewer: What was your involvement or project that was related to Cambodian refugee populations?

Expert2: The project itself would be the MAYE center, and MAYE stands for Meditation, Urban Agriculture, Yoga and Education. Basically, these are the 4 elements that I´ve used for myself, for my own self-healing as a former refugee and when I immigrate to Long Beach, I decided to open the center, to provide the same access to my fellow refugees. So now we´re serving a lot of the former refugees who have been here for many years, but their trauma is still locked up in their bodies. And so, their life is not being enjoyed, they are still in survivor mote. So, when they come to the center we provide them the space as well as the tools for them to improve their well-being and remote their own self-healing.

Interviewer: How long was your involvement in the Project?

Expert2: It has been for about 3 years the organization itself, but the project that I´ve started with it´s been going on since I was six years old, so between 30 years or 25 years.

Interviewer: What can you tell about what were the major challenges of the Cambodian refugees in the post-migration period in the USA?

Expert2: Definitely acculturation, getting into the culture itself of the united states, which is in itself already diverse. So, coming into a country, you were traumatized, illiterate, you don´t speak the language but yet there are so many other groups here that you have to interact with. That´s has been a big challenge for them and other bigger challenges, their culture is so isolated and yet so unique, a lot of these services providers don´t know how to help them. So, it´s impossible for many of the service providers to provide a culturally sensitive, effective intervention.

Interviewer: What was the majority of risk factors during the time and also what may caused these challenges?

Expert2: The last research that was done in LB by the RAND cooperation showed that 61% of the Cambodian populations are still experiencing with PTSD and more than the half are still depressed. The mental health aspects of the Cambodian people are still very much locked up and stagnant to the point where a lot of us unaware of the connection with mental health and physical heath. So, a lot of data have come out and they used the Cambodian data of diabetes, of physical elements, why is it so much higher than the standard in the US and the reasons beings because it goes back way to the genocide and then it goes back to

the lack of intervention. The risk factors of the mental health leading to the physical health itself, it also resulted in Cambodian people dying younger, so every time you are walking in this community, you´ll hear people say: "Oh I´ve gone to 4 funerals, why are my neighbors dying off so much faster and younger, one day I´ve seen them they are okay and the next day they die". No one really understand the science of their own bodies and how trauma are so locked up, that it is exhibiting itself in all these physical health risks.

Interviewer: What kind of protective factors and resources that the Cambodians may have during this time?

Expert2: The support was the community itself came together, it was so beautiful. Where one group is so traumatized and hurt and have gone through so much, they have developed the sympathy and empathy that they came together and help each other. So, when they came to Long Beach they stayed close to each other and those who could write would start to put on newspapers. It was great, they helped each other but they were able to help the people at the refugee camps. And I was one of those people, we sent enough photos to these small newspapers, put together by the Cambodian people circulating around Long Beach, saying these are lost family members. My uncle actually saw me in that newspaper and started to contact us of the refugee camp and then did the sponsoring and that´s how I got here and when I got here, all these other protective resources were available to me, I get to eat Cambodian food, I get to speak Cambodian because I did not speak English, not a single word. I was 10 years old, I was brought on a plane straight into LAX, where fast cars moving, I have never seen that before, coming out from the jungles, running, charging bullets, having to hide underground for my life and then BOOM you are in LA, Hollywood and there is cars and roads. So, all of the Cambodian people there were here though, to provide that kind of support for us in terms of jobs, in terms of helping to fill our paper work, I was able to go to school because there was other agencies around here that helped my mother put in paperwork into for my schooling, so there is great protective or resources for us when we came from Cambodia. The initial post migration, we didn´t have much resources about mental health, so those were one of the protective resources that we had. So, when we came, we just tried to survive, even our helpers didn´t know about mental health. Dr. Richard Mariko wrote a book about Cambodians, he went to the refugee camps and researched about them 40 years ago and Cambodian people were suffering from mental health at the refugee camps and he went to the refugee camp where I was at. So right now, there are much more information resources about mental health, especially about the Cambodian population as well, a lot of the agencies just recently have become aware that mental health is connected to physical health and their well-being is holistic. There is a lot of organizations that focused on doing paperwork and now they´re transitioning into health services such as

meditation or dance class, dance exercise, group gathering therapies like pacific Asian health and services, there are all working with the Cambodian community right now on mental health intervention. So list the resources in terms of mental health organizations, there is PACS - working and creating a program called INC - integrating network for Cambodians, and then the 5 organizations in it. Because the Cambodian culture is so heavily based on holistic, the organizations have to work together, so from mental health organizations, they do their counseling portion of it, then you go to the physical health and the doctors has to be aware of the mental health interventions as well, so you are connecting with mental health services agencies and then you connecting with the primer care doctors and then you connecting with the community organizations. So, if you could look at that you have 3 mains things that all the residence could touch based on. Every time they go to their family doctors once a month, the family doctors are well are: "Oh we have a high risk of mental health, here is a screening that we´re going to be taking and here is other services that are available to you and very low cost if not at zero cost". If they go to community center like the MAYE center or UCC, they will understand Cambodian people have high mental health percentage and so they will do refer them around they will say "Hey we have PACS, we have these Doctors. Do you have a doctor?" And some of them they don´t go to the doctor, some doesn't know about Medicare, health insurance but you have all these organizations to actually help fill the gaps in for all of them. There is a lot more protective resources in the community on a non-profit level, at physician level, therapist level. So you talking about the psychologist and we also now have a lot of the 1.5 generation, who have gone through the UC systems, schools graduated and come back and actually provide the resources. So, you have Doctor Pains clinic and Doctor Paon**,** she is a Cambodian 1.5 Generation but she is a psychotherapist. She is the only psychotherapist that we know of in Cambodian town. She knows how to interact with the Cambodian elders and ways of other psychotherapists wouldn't know how and her parent are still there so that whole connection different generations, taking care of her parents, taking care community it carries on, it helps each other. I think the biggest difference from the initial post migration and to the current post migration is that we have a lot of more information, a lot of more educated people coming to help each other, they do speak Cambodian, they are Cambodian, in addition to bringing awareness to organizations to change to change their mission and vision. So recently I´ve heard the UCC is changing their vision from what they used to do, which is helping refugees coming in, filling out paperwork, finding homes, translating or them to know working on community programs the focuses on the mind, body and spirit. For us at the MAYE center when we started 3 years ago, our goal was to get that word out to our community, so we put out a healing field symposium where we brought in the patients, family doctors, mental health experts, psychiatrists, psychologists, therapists, clinicians and the doctors for the adults as

well as the pediatricians. We all brought them at the same room and then we bring out the expert Dr. Richard Malika and we had 3-day symposium, we raced the money in which that allows us to pay for everything, it was 3 days, 8 h a day, breakfast, lunch, dinner provided. And then we bring in the youth the 2nd generation all in with the 1. generation. So, you have everyone in the room sharing what their suffering is. That itself brings awareness for everyone. We are saying if you really want to help the people, hear it from the people. If you need for information as a professional, we brought a professional Dr. Malika. He is also a directive at Harvard medical school and also the professor of psychiatry. He is psychiatrist and MD. It has to be a whole network, when you´re looking at the Cambodian Community, you are rebuilding a culture that was intentionally almost destroyed by the Khmer rouge and every has to rebuild from scratch.

Interviewer: What kind of interventions and services were provided for them from organizations in the initial post migration?

Expert2: The post migration, you have the UCC, they did a lot of work in helping refugees settle in either paperwork for children to go to school, paperwork to receive medical, welfare, showing them where all the doctors are and then there is another organization, it´s called CAA, these are 2 large organizations that start way in the beginning when the people start migrating here and they provide similar services. There other smaller organizations but they are the largest.

Interviewer: Were the interventions or treatments accepted from the refugees?

Expert2: I would say 30 or 40 years ago, it was not accepted, today it´s still very hard to accept the interventions from the western medicine. So, intervention like counseling doesn't exist in our culture. The thought of going to a room and telling your personal story to an expert, but a stranger from our community is not existence because we you learn not to share our personal life with an outsider, with especially a stranger. We have no concept of the relationship between a therapist and a client, we don´t know there is a confidentiality that actually protects us. Taking medication that was very hard because that´s non-existence because in Cambodian you don't go to the local pharmacist and take a pill 40 years ago. Especially if the survivors are farmers who lives in the jungle area, there used to what we call "Kru Khmer" which is holistic healers, in our culture these people are who are herbalist. Today we call them herbalist. Other means of interventions is you are going to the monks, go to temples, get blessings. They chant all these ceremonies for you and they shower you with blessing water but then you come to America they are like "what I have to go see a doctor, once a week and then I have to talk and have to pour my guts out?" Some people weren't ready to share, so there is a lot of controversy when the intervention was brought to them. At

the same time the intervention technique itself wasn´t sure is it good to let them talk about it or is it good to allow them to be and don´t open the Pandora's Box. And that´s still true today and some service providers still talk about this, do we force our patients to open up and if we do for them to open up how much damage are causing. and if we wait for them to open, how long will it take. You could spend years and they´re not ready to open up. So today we´re still trying to change our cultural perspective or lenses by adopting the culture to a modern-day advancement of science. So, in the MAYE center we have to educate people that there are all these resources available to us the focus is for our well-being, nothing more. But what we need to tell them or teach them is actually why is it good because you can't take someone from a culture that doesn´t use their counseling sessions and say this is good, go ahead and do it. But what they really want to know is why is it good and they will ask again, why is it even good for us, why is it so important to let it out of our bodies, what happens to our bodies when we talk about this trauma and what´s in our bodies that are healing vs hurting us, but those kinds of questions go back to education. So, the MAYE centers component educations were the most important ones because we are actually cultivating their perception and actually guiding them along so they can adapt with the new culture and get comfortable with that and not lose their culture, don´t feel like it´s a force but understands that´s why we really want to talk and I want to talk. Because in our culture if they feel they need to talk to someone they talk to their neighbors, friends but once their neighbors or friends getting to a fight with them their personal stories ae spread everywhere, so that´s leads to the next problem, our residence are victims of gossips and so that´s actually hurts their own healing processes. Because they don´t want to talk.

Interviewer: Which was the most successful way to create interventions?

Expert2: The most successful way is listening to them. From my own experience of healing myself, I follow my gut instincts of what feels good now. So, a lot of people have the question of do we ask our patients to open up and share when they say I don´t want to think about it, I don't want to talk about it, I don't even want to know that that happen to me but I was at that stage, that was my coping mechanism, I was protecting myself because I wasn´t ready. So, the effective intervention is you´re listening to them and the second thing is tapping into what they love most in their culture and their spirituality, the things they like to do with their families and focus on their future goals for themselves. So, most people walk in their future goals would be: I want to be educated, I want to speak English, I want to be able to live in America in ways they are fluent, I can walk into any stores I can talk to people, I go in any grocery store and I would know their vegetables instead of being fearful. They are chef´s, they love to cook that´s part of their culture. So, they are adventuring into new things but yet in a really fun way it´s not force able. Then you hold their hands. They have been here for 30-40 years

and they been like I have always hate that area, it looks so scary, I feel so dumb, I don´t even know what that is, and now they cook their own stuff with vegetables they have been afraid of. So, the best intervention summarized that, is basically do things that is culturally sensitive, listen to the clients or the populations needs and demands because you can´t e.g. for a lot of people, they walk in for help like their green card is about to expire but they walk in to the center that does meditation, agriculture, yoga and education, hat they really need help with, was the paper work. Our focus for all those 4 elements, for us we have to adapt, we realize trauma affects every fabric of that person's life and whatever they walk in the door with, we address that, and we show them all the tools that we have at the center. So not only we yes, we will our staff to help them with the paperwork, but we also give them all the resources with other organizations that does the paperwork. And you also need to bring that same education to every level of health that that person or group of people will interact with. The doctors have to be aware of their culture and how to help them, the mental health professionals, service providers have to be aware, the community organizations has to be aware. If you are only bringing the awareness to community organizations and you are missing out on the doctors, well for e.g. the Cambodian Community they listen to the doctors, if the doctors doesn´t believe in holistic health, if they come to the Center that focuses on holistic health they would take the doctors opinion over the community organization. So, they not working together, and it requires more effort. So, you really got to create a system that works together.

Interviewer: Is there any government policy on refugees being acted or implemented?

Expert2: Now that Trump took over, the current political landscape, refugees are coming in and they´re being detained. As a former refugee myself to go through with these refugees are going through, it´s so bad. You are running through all the violence and trying to survive and then you thought by the time you got out of the plain, you made it alive and then you´re going through all this political stuff. I mean whatever mental health that they´re received from the violence from their country from source itself, now it's being activated by what America, if I have to compare the current political situation, by what the American politics is like right now. So, for us Cambodians we have our trauma from the genocide from the civil war, but we also have the trauma from immigrating in this country, they might hear of the discrimination, the different groups fighting each other. So now our body is holding on to such so much amount of stress that is hard to deal with. I can´t imagine how damaging it is right now for the refugees that are coming in to America today and being detained, i is heartbreaking, especially for the little kids.

Interviewer: Which strategies were the best to integrate them in the society and system?

Expert2: For us we use a strategy where our center itself the target population is Cambodians because we realize that trauma is heavily routed in fear and they feel comfortable when they are together with they own people. So, when they come here they see their own people Cambodian plants and vegetables, they see Cambodian culture is being implemented, so they feel comfortable but at the same time they also see other people/groups who are volunteering. And they interact with those people, so for us we have to elaborate everything. They come in and say they want to learn English because without knowing how to speak, write and read English, I´m living right now a life that is in a dark world, that they are death and they are mute their death because they can´t understand people. They are mute because they can´t express themselves in English and everywhere they look they can´t read the writing. So, when in like that, we say okay let´s do our language class. Language is based on overcoming our fear of another person. So, we have volunteers who are Caucasians, Latinos, African Americans, they come in and say I want to learn your language too, so that is our strategy, you want to learn English and the English speaking person want's to learn Khmer. So now they have this common ground of which way to ick up new languages and we are struggling and it´s normal, so they don't have to go back home and feel like they were so broken that they can´t study. Their life is so torn apart that they can never be whole again because they get to see a normal person that in their minds eyes is normal because they are not a Cambodian refugee and they´re suffering through learning this language as they are suffering learning English. So, the integration involves interacting one group of people with another group and finding that common ground and once that barrier is broken, there is no longer fear. So that is our training wheel. So when they go outside and get on the bus and if one of the bus drivers is Caucasian, African American or Latino, they could smile and say hello, i know your group of people because they are my teachers. So, they have the kind of interaction. At the classroom setting as well as in the garden. Cambodian people love to garden but someone who´s directing a program has to be able to tune in the current community needs or wants like for the garden I have to tune into another aspect in my community that loves organic gardening, values organic and local produce, values holistic healing. So when they bring in garden with the Cambodian people thy realize they can be a strength together if I would take those group of people out and only bring in the Cambodians in the garden the mentality that they often share with me and I know this from myself as well is, in our culture, only poor people farm an we´re not progressing because people using apple phones, computers and why we´re gardening but when I bring someone like who is Caucasian who is a research professor, who believes in gardening, who is the father of Long Beach organics, one of the founders of 14 organic farms in LB saying I love gardening and turn y home into a garden, so I bring them up to Belmont heights which is rich area and to see his home garden and for the first time they said our culture is not that

behind we are not the savage people who likes to garden, there are all these educated people who likes to garden. So, then we do cultural culturation based on that connection. There is so many techniques that you could use but we have those 2 and man other ones that we have identify, has been very effective and they will change their diet just like that because of education because they are able to connect to the real world. I think, the key is simply moment and allow everything around you to be a part of you and that is a culturation and that´s how you integrate. So for them to be aware that their enjoyment in gardening is resonated with the larger community, supports them.

Interviewer: What do you think which improvements could have been done better to serve the refugee group?

Expert2: I´ve been in this community for more than 2 decades and the protective factors itself could become something really bad. So being close together is very healthy but then you could also imagine if all these people are having mental health issues and all gathered in one group for 30 and more, and that mental health aspect of their well-being is no being doubt with so you can imagine all the symptoms are going back and forth and they are actually retraumatizing each other, e.g. anger, outburst, terrifying each other down, these are symptoms out of the anger from the refugees from the genocide itself, what they experienced. Today people where angry each other thy tare each other down. As a community when you´re trying to help each other, but at the same time you are wounded and then you reabsorbed that trauma and going back and forth is not healthy. So, for us what would help is a lot more funding's and supporting education on bringing the awareness about what is mental health, what are the symptoms of mental health, so that when you yourself exhibit those symptoms or I observe my neighbor giving me those symptoms, I understand that those are symptoms and not something personal. Personal means the Cambodian culture will internalize it just because another person tears you down, they start to think that that is true, they don´t understand those are symptoms, so they don´t home and they are telling themselves there were all these negative words, they are no good vs oh that person was reacting, those are just symptoms. We have small amount of group that have some awareness, but they don´t look at any level from the residence who is experience the services, to the services providers, physicians, it needs to have all the information through every level, it couldn't just have one level and the other is just on itself. So, funding yes absolutely and then in Long Beach community itself, every city have their sets of problems. I mean f you are living in a low-income area like this one you going to experience murders, gun shots, gangs, seeing your grandkids being beat up by gangs. So how would you intervene in a low income community as a whole, so then you have to look at it if I really want to intervene in this particular community you have to address poverty, racial discrimination,

all that the diverse groups came and still has heir own trauma and how you break that down each group at the time and how do you bring the groups together, the way we´re starting to do it i educating the Cambodians of the trauma that African American people have one through. They did not know that African American people were brought here as slaves, they did not know for 200 years African American people were suffering, when they walked out of their doors they see why are African American people so angry all the time, why are they always getting in trouble with the police.. Oh, okay there is another system, there is racial things that happening that they unaware of. SO as a refugee like myself and I see stuff like that, it´s scary you can't digest it, somehow it is easier to think African American people don´t like me instead of saying oh they have actually gone through their own trauma. I say that would e the most efficient way to heal a community if you could bring all the groups together, bring education about trauma, learn about each other's trauma as people, there´s he Cambodians trauma, African American people's trauma, and there is the Latinos. So, in my community alone you have all these diverse groups but we don´t know each other history. But when you do an education class everything breaks down, all of their judgements, discriminations breaks down because now you´re broking down everything else of the humanistic common ground, oh this groups suffered too - Yes. A lot o my memories said that was the horrible thing that African American people have gone through. They didn't know that, they just came in and boom just emerged to that. So, for us that´s our focus to bring awareness about every group, so that when you look at someone you realize you just humans like they are. So you don´t feel so isolated. No group can isolate themselves and trying to solve that problem by them selves it has to be done with other group of people that are they neighbors, living next to them and interacting with it doesn´t matter, weather they are just residence, or they are representatives at city or government level, all of them needs to work together to be informed. So for us its all about focusing on self-healing at the individualistic level and once you get there you´ll realize that everyone else is suffering like you and healing like yourself, so you could relate, so when you could relate to someone you developed an awareness and that leads to community healing, once the community healing is activated, you´re going to a societal healing, you start changing the government level, the way that the society functions, you start to organize and change the law. Refugees and people who have suffered so much, they are so courage's, they are fearless, so once they are equipped with the knowledge and the education and the freedom and protection of the law, they are great people to move and change the law itself, they make great community organizers.

Baseline-Interview

Interviewer: What was your involvement or project that was related to Cambodian refugee populations?

Expert3: We had two different NAH Projects, one was looking at the mental health problems at Cambodian refugees had and I might have spoken with you a Little bit of over the phone but we looked at census tracks in Long Beach that have the highest concentration of Cambodian refugees. I think we found 4 or 5 that had greater than 20% of the People living, in census tract, that had greater than 20%, so we sort canned those neighborhoods, I can talk with you more about how we actually did it if you are interested. That study was looking at mental health and help seeking for mental health problems and barriers to health those sorts of things. And after that as a result of doing that study actually we realized, this community had a lots of physical health Problems and so we wanted to look more closely at some of the physical health Problems that they had and where did they had a med Need for care for any of this physical health Problems and what the relationship was between physical and mental Problems and so we went back to the same cohort that we had originally recruited and we interviewed as many of them as we could find and so we worked with that Population from about 2000 to 2012. And then subsequently we tried to get a couple of other Expert3 applications funded but weren´t able to, you know interest People I think, in a way it seem like it was a passé it seem like they weren´t, there were other newer refugee Groups. I´m sort of reading between the lines but felt to me like this maybe isn´t the most current Group to be study may been here for 30 years now and I think there was some interest in probably study newer refugee Groups. So we tried to make the case, this Group is been here so Long and there are a sort of a test case for other groups they might follow them and we could learn a lot but I wasn´t able to convince anybody of that. So I stopped trying after a while.

Interviewer: How long was your involvement in the Project?

Expert3: Well along with my colleagues I designed both of the Projects and each Project was 5 years. I think we got the first Project funded around the year 2000 and so that Project went from about 2000 to 2005 and then we had a short gap before we got the finding for the second study but it was also a 5-year study, so I have been the area in Connection with these 2 Project for 10 or 12 years or so. I haven´t been doing a lot of stuff for last 3 or 5 years already. We wrote a couple papers and if you are interested I could send you some of those papers by email. But it´s been about 10 years or so.

Interviewer: What can you tell about what were the major challenges of the Cambodian refugees in the post-migration period in the USA?

Expert3: Well they are facing a lot of challenges, the people who came were from a rural background. A lot of the challenges here, people who lived in cities or scholars, sort of high ranking, professionals, doctors and so forth, were killed. Above 1/3 of the population was killed, directly or as a result of the things they were going on there through the starvation and so forth. So, the people who came were tended to be people who lived in rural areas and worked farms and had relatively low education, so the average education level in our sample of adults, we focused only on adults who immigrated to the US at least when they were 8 years old and people who had some living memory of what had happen to them, so we excluded people who have might been born in Cambodia but were 3-month-old when their left, so wanted to have them some experience of it. And of course, most of these people went to refugee camps before they came to the US. They came to the US with very little ability or very few resources in terms of the education, that don't allow them to step right in to Los Angeles and start working at the desk job, the other thing is of course very few of them or I would essentially say none of them spoke English. So, they were really low educated, not literate often times in their own language, they can speak their own language but aren´t necessarily able to read and write their own language, some of them had a second-grade education. So one set of problems and the other is many of them went through really horrific life events of, I'm sure you know the sorts of kinds of things that they went through or their lost family members. So a lot of them came with high levels of depression and post-traumatic stress disorder and lot of them we discovered continue to have problems with post-traumatic stress disorder and depression, those were these two that we focused on, today, they have been here all these years and they still have problems, you could say well maybe they were even worst before but they still bad now, so it seem to us that it is more likely that they were bad then and they are bad now, they might be a little bit better after, they still meet criteria for PTSD and major depression. So that is pretty significant. So, the kinds of things that they experienced here were unemployment, difficulty finding jobs and they tend to live in low income communities where there was a little bit more dangerous communities than you wouldn´t live in if you didn´t have to. So there was times, I remember years where there was a lots of home invasion robberies, so there was a lot of fear in the community and the community wasn't very well understood by Americans and they had a lots of running's with the police over what were kind of cultural differences more than anything. So, and in the beginning most of the police departments weren´t set up to be sensitive to that, so but over the years they hired people from the community who can help them as advisors and can be called in certain situations when they need to have somebody to help with the crisis. In the beginning there was nothing like that. And they had all these new gizmos and things you

needed to know, social security cards and TVs, remote controls and driving and this was totally foreign to them, they didn´t have a car and you know they were from a different world. So, all those sorts of stressful things, those things will be stressful even if they haven't had some of these traumatic events happened to them.

Interviewer: What was the majority of risk factors during the time and also what may caused these challenges?

Expert3: The absence of social Support I think is a Problem. Actually what happened was that the government policy toward refugees is not to put them all in one place it's the liberty to sprinkle them all around different community places around the united states, maybe you noticed already but they I think it´s with the idea that that be able to become more acclimated and adjusted to the united states if they come in a sort of force to learn what they need to do to get them on their feed but by secondary migration they tend to go where other People are who they know. There was a Group of Cambodian students, Cambodian heritage students at Long beach state and so I think that was attractive to the refugees and by secondary Migration move from other places that they might have been resettle to Long Beach and couple of other communities in the US, one up in Portland and another in the Massachusetts area near Boston, anyway so at that sort of in a side but that's is all that I can think about for the risk factors right now.

Interviewer: What kind of protective factors and resources that the Cambodians may have during this time?

Expert3: I think we found that people perceived themselves to have social support from their families were doing a little bit better but I may be mistaken certain exams in two different puzzle. They are not provided with much by the united states when they come here, the policies to do some high intensity training with English and acclimation to the us and that last for very short period of time but about 6 weeks or so and then when they come here they are supposed to have an initial screening by health professional for health problems and then they hooked in to someone who could provide services for that, but it is not seamless so it is supposed to be there as a resource but it is not a seamless kind of thing and people don´t go always go back for the second, for the treatment visit after they received a, or they might say you need furthers test to determine whether you have such something but you don't have to necessarily go back, it´s a system that´s run by the states that part of the system but the actual resettlement groups tend to be non-governmental agencies like organizations like churches and a, it´s mostly churches, so some of the churches tried to have special, provide resources that conserve as a source of something to draw from as resilience but they vary from sponsor to sponsor. and then the government gives them sort of special services the

kinds of things i´m talking about for a few years, i forgot how long it actually is but then in the ends and it doesn´t seem to be a whole lot to helped them transition to the rest of their life's in the united states so this is probably harsh of me to say but i think that a lot more needs to be done to provide them with external sources of resilience and i think a lot of people are forced to rely on whatever internal sources of resilience, you know perceived self-master your problems, you know just push that helped them keep going, it is really hard to get jobs and they don´t just hand to do a job ???16:36. it is easier to point to the challenges, or risk factors rather than to the resilience factors.

Interviewer: What kind of interventions and services were provided for them?

Expert3: I´m most familiar with the mental health stuff. But we went in to this research and the law, you know from talking to other providers services to the community and other academics, the law was sort of a clinical perceive was that they were not getting help for their mental health problems and that´s why they weren´t doing any better and the reason they weren´t getting help was because they weren´t to tune to western notions of mental illness and didn´t appreciate or didn't resonate with the kinds of treatments, that would be provided for them here, you know they wanted to see their own indigenous healers and so forth. So we expected to find that was the case but in fact what we found was the shockingly high number of people said they were in contact, I mean given more we thought they weren´t going to be, you know a very high of percentage of people were in contact with mental health providers, it was on some part with the general us population which is still underserved but when you think about it, the miff is that they are not getting any care because hey don't want care because it is not culturally appropriate. So we found that that was the case that they are getting care for their mental health problems and some cases they getting frequent care, so they have seen if not a medical doctor they seen a social worker or someone like that, I don´t know regular bases so we wondered what they were getting and we tried to ask them what they were getting and we tried to do in different ways it is really hard for somebody who is not a specialist to say: well I´m getting cognitive behavioral therapy for, you know. So we tried to get that, but I don´t think we did a good job but it seem to us most people were getting medication, psycho medications and had been on medications sometimes for years and years and years and sometimes even the same medication for years and year and years. and they didn´t seeming to getting much talk-therapy, so and it stands reason because there aren´t any, there aren´t many Americans who speak Khmer and there aren´t many Khmer professionals who speak, mental health professionals who could be prepared to speak Khmer, I would have meant that they came here and maybe their daughter or son but of a refugee and went to school and then graduate school and get a degree and medical goes back to the community to provide services and that doesn´t happen very often we don´t know

of any cases like that, although I´m sure there are. So for PTSD and Depression they recommended Course of care is cognitive behavioral therapy or cognitive behavioral therapy supplemental with some Kind of medication and SSRI but because there is nobody there to provide talk-therapy, they don´t get talk-therapy, so what they get are medications and medication alone isn´t considered the best treatment for PTSD or Depression, they can work but it is not considered optimal. So they are not getting optimal Treatment and to the best of our ability to tell them getting pills. And so I think that is really a Problem and most of the time what they get is , seems to be from what our research showed, they get medication management through an interpreter and more often than not it is still a family member who is doing the interpretation or a professional interpreter who is not really a medical interpreter they just be maybe somebody from the community that they have hired who comes in a couple hours a week, who speaks Khmer, but isn´t necessarily getting, like that best top level type of situation if they got somebody who went to school and was trained to explain what schizophrenia meant, and I think what's happening it´s that they get adjust across; but they may miss some important stuff. So yea I remember talking myself to just Doctors, medical doctors who said yea I provide treatment for them, but I don´t feel particularly, I'm the best person for them to see them.

Interviewer: Were these interventions or maybe more treatments provided on community Level or more on the governmental Level?

Expert3: They have community agencies there are some agencies, but I can only speak to the Long Beach area, but I don´t know what it´s like in other communities. But imagine Long Beach is the largest Community, so imagine what they get here is the best on average what is available, and there is a few community centers I would say 2 or 3 or 4 that sort of specialized in treating minority clients not necessary Cambodian heritage people and there is a couple of community, so that is health care providers and then there is a couple of community agencies that provide I would say sort of more social support kinds of things than, don't provide medical care perceiver they might have a doctor, I have attended presentations who a doctor is coming in and talk to them about, talk to ever who showed up at the center about the diabetes and so forth. So there is a couple main ones at Long Beach, there is the united Cambodian community and then there is Cambodian association of America; I don´t know one was sort of out of business or looking like they are going out of business for a while; I mean it´s mostly the services that are provided at level of the, of what´s happening in the community, the money founded comes from SSI I think, you know the refugees if they are qualified for being seriously mentally ill, they got money through the government for that, extra money what they otherwise wouldn´t get and that will go to pay service, pay or the service providers to do what they do. My sense is most, might I could be wrong I guess, our

sense from working in the area is that they get help, it´s more like social focusing on problems daily living, helping them get some appointments scheduled or to point them in the right direction, more than mental health treatment.

Interviewer: Were the interventions or treatments accepted from the refugees?

Expert3: Well, that is a good question. We think that they are, the came in the mid-80th to the mid-90th that was when they were allowed to come as refugees, that´s the refugee period. So we didn´t talk to them until, they had been here at least 5 years and probably more and 15 and longer, so by that time maybe they had been sort of inculcated in the culture to the extent that they understood what post-traumatic stress disorder was and but I don´t know that was, I doubted that was how they came in the beginning but they seemed to accepted it. We asked them if they would be open to certain kinds of treatments and they said that they would be but the nagging thing for people is that the only way they can continue to get there, social security benefits is to have mental health problems that weren´t social security benefits, so they have to show up periodically to have somebody attest to the fact that they are still mentally ill and so there is kind of issues with that, you don´t want to support somebody, you don´t want the society to support somebody who isn´t mentally ill so you can see why we tied that to their benefits and on the other hand you could argue with sort of training them to be depended, you can´t get benefits from the government, you can´t get a job because you can´t find them and you can´t benefits unless you say that you are ill, so there is some, I´m not saying this is actually happening but I´m saying that there probably is some pressure to have it happen so that you can keep getting the money that you need to survive. So that isn´t it all to say that I think people are lying or anything like that I just think there is some pressure to maybe go in that direction. They had exposures way more severe than a typical person who has PTSD, certainly you can get PTSD from a car crash but it´s a worn of thing and maybe is more treatable than somebody who was repeatedly exposed to things for a sustained period of time. Even the refugee camps itself were a lot better than what was going on in Cambodia weren't exactly fun and safe places to be, it was very stressful. So, I was going to say or argue that they been exposed to trauma to a much greater degree than even other people who are exposed to trauma and so maybe they gone to the point where they can´t take, this is not reasonable to expect that they will have one day to be cured. So they went through a lot of stuff, they doing the best they can and they believe in the therapy they are getting and they want to be healthy, there is a limit to what can be done for them even a lack of ability to speak, they have unique circumstances, they differ from people who are coming from the middle east now, I don't know but I don´t think there was years of systematic persecution or they were trying to get rid of the intellectual leaders of the community and so forth. So maybe there is more hope for more recent refugees from

Iraq or other middle eastern countries. I mean I don´t know the areas well but I don´t think the average educational level of 2nd grade is basically what I mean, and I suspected there is Doctors and Lawyers who are coming as refugees themselves.

Interviewer: Which was the most successful way to create interventions or treatments?

Expert3: It just a horrible situation that have these people do stuff in other people countries to mess things up, so make them leave and then to have the ability to, we are not in a position to allow them to make them most of their new lives in the United States because of who we are I guess and their own situations when they came here. So we kind of believe that the best thing to do to provide mental health services maybe at this point to train people to as lay providers, sort of maybe supervised by a social worker or a nurse or even a doctor, a social worker but basically trained people to train, you know sort of a training the trainers model we would call (inaudible), its lay people who are providing the talk therapy but they are supervised by other people and the issues there, you have to find people who are conversion to enough unit English (inaudible), to speak with their supervisor and I don´t think that it´s a big problem. There is a coupe different models to follow for that, so your thinking has gone toward we wanted to train the community to help themselves and so the different models for doing that the different types of therapies that could be done and so our thinking was to try to do some of that to demonstrate that it works. So, there is some German psychiatrist and psychologist for example who do special formal therapy called narrative exposure therapy (NET), similar to cognitive behavioral therapy. The idea is that PTSD is a fear-based disorder, and you expose people to the fear over and over again in situation where they object the reason to be fearful to learn to disconnect their current thoughts from the fear. So, they have people sort of go through their story, tell their story in groups of other people, I forget what countries their working in, but it would be like having a groups of Cambodians trauma survivors tell their stories with other Cambodian trauma survivors who was trained in this technique and they are kind of go through your whole life, starting from before the trauma occurred and that by talking through it you can come to, there are different ideas why it works and maybe this is too much detail with your project right now, we just got the point we were saying we don’t think these work and they still have the problems after all these years so. The probably need some therapy that we know to be effective but for these conditions and if we can’t provide it yourself as English speakers the next best thing maybe to have them, teach them to provide to their own communities. We actually haven´t tried to do anything along those lines, I means somebody has to do it to demonstrate that it work and then how does, another thing another thing that makes me scratch my head is how would you pay pay for that, A pay these lay providers, I don´t see why not doing something helpful but there is no model for training untrained, unskilled, nonprofessional people to provide

therapy. So, there is some social issues that would have to be doubt with, even if this were shown to work. So I guess there are other things but, our feeling was that they just getting the same med than, maybe they need to wash out period where they stopped 38:53 taking the med and see if the been need it, I mean if you take the same med for 10, 15 years and aren´t well, maybe that would be more even worst without it but maybe they wouldn´t. So we can´t really wait to the next generation and the alternative is waiting for the next generation to come around to be able to speak Khmer and provide treatment but the truth is that most 2nd and 3rd generations Cambodian Americans don´t speak it all that well maybe well enough to say let´s go get some pasta or something but they don´t know well enough to go get trained as a medical doctor and go back, or psychologist or social worker and go back to provide services for their parents and grandparents, you know it´s just not happening. So maybe that is something we should do, try to help people retain part of heritage and stuff they have enough problems just becoming a American citizen and establishing their own life's. So it's kind of a in my bleaker moments its feels very pessimistic, It almost feels like the government on some level can´t care anymore that their just going to let these people age away and then to be done with the problem. We did some subsequent work with the children of the Cambodian refugees and there is always talk about intergenerational transmission of trauma and we expected to see that the second generation would be doing poorly. They don´t look any different from Americans, regular, I mean just native-born people. Obviously every born people need help too, for various problems. So, it is not like you can find anybody with depression but they don´t seem like they are doing worst of, based on we talked to them we talk to their parents and so but anyway. It´s kind of sad, I don´t know what the lessons are for what to do for the next group.

Interviewer: Which of the services seem to be received the best by the refugees?

Expert3: I don't have an a answer to that, we didn´t ask, we just had a structured face to face interview, we interviewed around 500 people than we talked to some to service providers mostly medical doctors around their issues. So I can´t say what services were accepted more than others, we didn´t really inquire about that question: we were only looking at mental health so we weren´t so much looking at help for other kinds of problems like their housing or things, criminal justices and things like that. So I feel like I have a good answer.

Interviewer: Is there any government policy on refugees being acted or implemented?

Expert3: Yea, but it is the stuff we been doing all along it´s been no recent changes. i mean we are bringing more refugees in, I think on average we accepted about 57.000 a year, 50.000 - 57.000. But they all get the same kind of thing they are sponsored by religious organization, that brought over here their eligible for medical benefits and testing and help for

a short period of time and it is cut off and then they are on their own unless they are disabled and then if they are disabled they continue to have support of, they are poor and maybe eligible for food stamps or some other kinds of social programs but it is not a very, in my way of thinking, a very robust way of providing integrated services that really help. If the goal was to get people to be functioning like full flashed Americans, it didn´t work and so I can´t tell you what the specific policies are, refugee polices or at one point. We need to be doing something different and I can even put my finger on what it is, so like if I would think about what´s happening now in Germany, I don´t know whether they can be provided with the care they need in the language they needed in and for so long as they are needed and those kinds of things. I feel like, this is just me, I doesn´t come directly from my research, I didn´t ask anybody any questions about this but I almost feel for the Cambodians that would have been better to not have them come to the united states to have them. I´m open to the idea, somebody needs to do research on the idea of putting them in refugee camps to keep them out of harm's way for as long as that needed and provide whatever educational services and everything you need to do in a refugee camp and then when it´s possible try to repatriate them to their home countries and maybe that , maybe I´m completely unrealistic in that negative would have been possible, maybe you can´t live in a refugee camp on the Thai border for 20 years and then go back and expected to go home to Cambodia and your children don´t know anything about Cambodia. I think untold to bring people to a fully developed country when they, so this was a unique thing were they was not prepared for but cant and somebodies get prepared for it. I mean it´s the next, the second generation comes along and then they are more able to deal with because they grew up here. So it is sort of throwing away if you are not careful you end up throwing away they actual refugees, adult refugees and throwing away is harsh but I just feel like we let them down and so I don´t have advice for other, I mean if I set down and try to come up something, I probably could but this needs to be more and this just the bear minimally adequate doze to allow us to say we try to help.

Interviewer: Which strategies where the best to integrate them in the society and system?

Expert3: I think we tried to bring them in, we don´t put them on are because we don´t want to create a ghetto. So, we sprinkle a few Somalia in Minnesota, there is nothing like there the climate that they are used to but gravitating to Minnesota because it didn´t turn out to be, that is where a lot of their sponsors where I guess originally, I don't know, I don´t know I'm strolling for time while I think of something. I´m just not sure to recommend. Maybe some of these refugees in other groups will have different needs, different mental health needs, maybe there are not so severe, maybe it is the children that are in most in need of help, if that is the case, maybe parent can be taught how to do things for the children or recognize

signs and symptoms, problems, that their children might be happy, to bring them to attention to people who can help. Maybe there are more people who speak Arabic in Germany now or some other countries then there were people who spoke Khmer in the United States, so maybe the problems wouldn´t be so difficult to overcome. So, I think Iraqis in the united states have the same mental health problems, but I don´t know if have it in the same degree, they may. But I do think if you come with more resources like more skill more education, they will be able to do better than basically a agrarian culture and farmers, in sort of subsistence farmers, your making your own food to eat it, you not making your own food to sell it to make money. So they just didn't have, maybe they just didn´t have enough resources and maybe there a things we could have done differently but maybe our best hook with the next refugee group. Maybe there are some lessons that can be learned but each refugee group is its own group with its own strength and resources and weaknesses and risk factors. Maybe we need to, I´m sure these studies are going on, just study who is come to Germany, so to see what their needs are and what their strengths and weaknesses are but I just feel like here in the united states they didn´t do a great job of it. Vietnamese they didn´t, not so many of them came as refugees, i don´t think and they came circle distant groups. so I think they are doing better not everyone but on average they doing better than the Cambodians and I´m only mentioning them because the Cambodians came because ultimately because of stuff that was happening during the Vietnam war, so the way we prosecuted the Vietnam war. So even their chose sort of somewhat close more closely related south East Asian groups, you can see differences and how one is doing compared to another.

Interviewer: What do you think which improvements could have been done better to serve the refugee group?

Expert3: They needed more intensive attention. But it runs gannet from, in English lessons to housing and all kinds of stuff, mental health, physical health. I can´t point to a specific program and say if only they have gotten this specific intervention, all would have been well. But we need to do more. I don´t personally know if any models for refugee, service provision models or sort on the best all in camp using models for refugee resettlement. I´m sure they are existing I just haven't put a lot of effort into thinking about it from that view. I feel like what we did for the Iraqi refugee is no different really what we did for the Cambodians. It is just if they do better they came with different sort of problems and strengths.

Baseline-Interview

Interviewer: What was your involvement or project that was related to Cambodian refugee population?

Expert4: Okay. So, my agency, is a mental health agency and so we provide mental health services. Particularly to the severely mentally ill but our mission, as an agency, is to serve refugee and immigrant Asian Pacific Islander populations. So, we have a large office in Long Beach and our largest Asian population there, are Cambodians. So that´s how we, you know, became involved. Repeat the question because I think I need to give you more information.

Interviewer: Involvement or Project, that was related Cambodian refugees.

Expert4: Right. Okay so I´m taking you back a little bit, in the sense of the history of Long Beach, because as you know Cambodians, the number of Cambodians in Long Beach is the largest population outside of Cambodia. And when I first arrived, about 12 years ago, I was aware that we had a lot of Cambodian clients. But I didn´t had much connections with the community, so which my staff, introduced me to some leaders. And this was mainly more business people or professionals. And through them I got very involved in the community, I´m on their boards and I got to their events and you know, fund raise with them in all the stuff. So, in contrast to the clients that we see, who are suffering from severe mental illness, mainly PTSDT, but you know, clinical depression and so forth. These people were quite resilient and the RAND study that have been done by Cambodian in Long Beach, seemed to indicate that 98% of our Cambodians are suffered from PTSDT and other mental illnesses. But when I met with these people, I realized that can´t be truth and in fact they gave me background history on the gentleman who put the study together. And I´m sure he used the techniques that RAND taught him and everything. But I think he was a little pre-selective in terms of who he chose to interview, and I think in a sense; he missed the healthiness of many of the people. So, from that beginning and the involvement in the community, I knew that we needed to bring more money into the community, to help them with mental health issues and so every opportunity I had I did some. So, the biggest thing was in here 2011. We were able to get a grand from the department mental health to provide, what we called the inner grated services. And that's the INC program, the inner grated network for Cambodians. And what we were able to do is, to do outreaching engagement that was culturally sensitive, used community organizations to do that. Have a medical facility which is, what we called a federally qualified health center, FQHC. The mission in it was very close to arts in terms of the Cambodian community and substance abuse. So, we had to do behavioral, substance abuse and medical. But the grand was pretty significant, so we hired staff and that's how we begun to evolve the program. So now we in our 5th year. And we were refunded and pretty much as long as their mental health service act money, and we had good outcomes, we

were probably be able to continue the fund and the program. And it is a very unique program, so integrated services. But the other point that is very, very special, is the funding allowed to us to do non-traditional practices that we could build for. So usually when you work with the department of mental health you can only provide medical services. So that´s mental health services for the severely mentally ill. But this allowed us to provide other services and that´s where we developed the blessing ceremony as a intercult part of treatment plan, we brought in the cooking classes, which is tight to cultural values. But we also do things like the acupuncture, we have a partner who provides community gardening, so they learned about nutrition and how to prepare vegetables and exercise, and all these things, yoga. So, we believe that the cultural values of the Cambodians, is very holistic. It is not separation, so you know, they believe in mind, body and spirit. But they also are from a culture, if you going to help them, you have to help them, so you can´t start with oh you know you have a mental illness, when they come to you and they say my rent is due and I´m going to be kicked out. So, this grand allowed us, in the early it doesn´t any more, to help them with the rent or to help them get connected to medical services or help them get something translated, all these things that before we couldn´t provide, we could. And what happens when you do that is they become more trusty. Because, by nature, given the history they don´t trust government. So, I think we have been very successful in building connections in the community. But it is still very, very difficult, I must say. So that is how that all evolved.

Interviewer: How long was your involvement, or you are actually still involved, right?

Expert4: I´m still involved, right. So, I been involved now for over 10 years.

Interviewer: Can you tell something about what were the major challenges of the Cambodian refugees in the post-migration period in the USA?

Expert4: Okay, I´m not an expert in this area, but from what I can see, the disparity of services for Cambodians in at least in the Long beach area is often times tight to two things; one is the linguistic barriers and the second is their own cultural values. Which sometimes prevents them from asking for services or even knowing about services. It´s been quite a challenge, there very, they are very skittish about government because the refugees, a lot of them, in the early years less so now, but in the early years they were afraid that if they applied for anything that was government like, food stamps or something, that might prevent them from getting their citizenship or something, so they were very afraid of the government. So the way we overcame that challenge was to hire staff from the community, who were bilingual and culturally sensitive and the staff, did the work, it wasn´t that we had such a great program, I mean we were lucky we had the funding, but if we didn’t have such fantastic

stuff we wouldn´t there were we are, they are very unique and they love their interactions, you know. You probably saw that.

Interviewer: What was the majority of risk factors during the time that maybe also caused these challenges when they first migrated?

Expert4: So, when they first migrated, as you know, the whole Khmer rouge genocide program was like overnight and many of them tried to escape to Thailand, to other countries and they were turned away, so there was a lot of drama. So, then they were finally allowed into different camps, Philippines, Thailand and then there is the whole displacement that occurs when you are in a camp. So, I know from some of my staff, they were their when they were children, so they grew up in the camps. So, there is a sort of strange, I think, dependence that is forced on them because they are not allowed to have a job, there are actually not allowed to do anything, including leave. So, they depended on the Thai government, the United Nations, to bring them food, clothing, everything. So, I think what happens, there is a little bit of institutionalized helplessness. Then when they are finally allowed that was under President Ronald Reagan to come to the United States or to leave the camps. Came to the united states had already suffered, so they either had sponsors or family members but you know, this is a very different culture. So, in the one hand they were, does who were brought to Long Beach were lucky, because they had good climate they were already people here, there was some shops, the food was familiar. Can you imagine if you had landed in Rhode Island or Massachusetts? You know it was just a bigger shock. So, in a way the ones we worked with here in Long Beach, had already had some built advantages, which I think really helped them in their resilience.
From my understanding, and what is interesting is a lot of the people I worked with the Students. So, the Cambodian Government had allowed a certain number, a very small number of students to go to foreign countries, France and the United States to study. So, when the Khmer Rouge took over, they were already in the United States and they formed committees and wrote protests and so forth. And I think they were affective as best they could be, but they were also disenfranchised but they didn´t suffer the Khmer rouge genocide in directly but a lot of them lost their entire families, so that also is an impact. And they were more educated. And I think we have to understand that to be a student who was picked go out of the country, you already had to be pretty smart. And you had probably some family, that had some influence somewhere. So, you are already talking about a pre-selected more elite group. I think that is one reason why they did pretty well and then they were done sponsoring, probably first get their families but there were a lot of the American churches too, who were very involved in providing sponsorship. And when I talked to some of my friends, they are still close to those families and very grateful what they did.

Interviewer: What do you think was during the post-migration in the USA the major risk factors?

Expert4: So, the major risk factors were, I think, untreated trauma, probably economic deprivations, I think for a lot of them not having English language skills really had kept them bad. A lot of untreated medical conditions and then the trauma and the mental health issues and they don´t have to be mental ill but just the trauma. I don´t think that they realized how it impacted their health, so high blood pressure, obesity, diabetes, you know all these health factors, chronic health factors 14:11 are stressors and eventually if you look at the statistics their lifespan is much shorter. It is actually much shorter than even other refugee groups that come from Southeast Asia. So, they had a lot of trauma and they are very, even though they are very outgoing and loving and whatever, they are very private about any pain or suffering which is very common you know when you talk to holocaust survivors, when you talk to anyone, even from Africa and al the genocides there. You know people don't feel comfortable talking about what happened to them here. There are ashamed sometimes and what happened to them, the thought it was their fault which wasn´t or what was done to them is culturally unacceptable, so, I don´t know about Cambodians but certainly a lot of Muslim cultures, being raped as women even though it wasn´t your fault you still stigmatized and I think it must be difficult for anyone who suffered that level of trauma to feel comfortable opening up, and what do you do with all these feelings. So, it's been a slow progress, but we found with our clients that once they trust you and they do open up and then they feel better and then there is all this other support, we have a very hard time getting them to graduate. Because they feel like they found another family and the get very, very attached and the staff gets attached to them, but I think the attachment to their clinician or their case manager is very difficult, very difficult to break.

Interviewer: What kind of protective factors and resources that the Cambodians may have during this time?

Expert4: So, I think they have very strong family connections which is very, very helpful. I think that their religion, their spirituality, especially the older Cambodians which were the ones that we treat the most. They have a very rich culture and it's a culture that loves to, in my opinion, laugh and be which each other and for example, one of the reasons why I love to go to their events, they love to dance. So, there is this joy and living. Of course, they all love eating, pretty much and the women of course take great pride in their cooking, some of the man do too. So, I doesn´t sound like much but really when you think about it, their ability to connect with one other is very strong. They have their grapevine, if you provide something pretty soon 20 other people know about it in a very short amount of time. So, they are always in communication. Unfortunately, it is the wrong information but, you know that´s just where it

goes. So, religion, I think they are also very canny, so if they hear about something they try to take advantage of it, except for mental health, because of the stigma. But I mean if they hear that, there is gone to be free food distributed through one of the programs, a lot of them will show up. It is kind of strange actually, but I think about it now in retrospect, it is a kind of strange dichotomy between their suspicions of government at one level and their willingness to take advantage of system. I also think a protective factor, they are extremely hard working and like many other Asian groups, very entrepreneurial, so it's not my accident that they run all these donut shops, because they do a collective and they have been able to succeed. So, a friend of mine, she owns a donut shop for 10 years, she brought it from nothing to the point where other people came and bought the business from her. So, they very extremely hard working and like as I said other Asian cultures. It's not just your mother and father, I mean the kids work, the uncles, the cousins, it is a very collective effort.

Interviewer: What kind of interventions and services were provided for them?

Expert4: Because we are a mental health agency and we had that grand as I mentioned earlier, we provided mental health services, including case management and referrals and linkages, which is very important. We provided them with referrals and free medical attention through our partners, substance abuse services. And then as I mentioned earlier, all these connections to get them re-involved into the community, so whether its community gardening other helping them go to the, we have a new year's parade in Cambodia town, getting them to take part in the parade, take part in the festival, all these interactions. The other thing that I think we been very successful is instead of having them just come in for individual therapy, the blessing ceremony and the cooking classes allow them to meet other clients and in doing so they started making connections and friendships. And so, their social isolation decreases significantly, and they look out for each other even outside the group or outside. I think that is been one of our biggest and successful methodologies, when I think about it is the fact that we have, without you know, meaning to perhaps, but you know I think the staff really thought this true is, how do you decrease social isolation and you can´t just throw up Cambodians in a group, if you do that you miss out on the cultural history which is under the Khmer rouge, I´m going to group man, somebody will be tortured, somebody might be killed, you may have to say that somebody did something or spy, you know, kids used to spy on their parents, very much like that communist model in China. So, a group to them meant something very different than what we think of as of a supportive group. But they're not gone to get up and talk about their feelings; that is very American. So, there were always activities, so they might do knitting, they might do art work and then through that they would build the connections. So eventually they felt comfortable to do some beautiful art work of life in Cambodia before the Khmer Rouge and then life under the Khmer rouge. So, it was a way for them to express

what their lost without having to verbalized. And that was safer for them. And then they very entrepreneurial so we´ll always try to find ways for them to make things that they can sell, get donations for or whatever. And quite often we do it so that we can replenish our supplies. So that there is a sense of, this isn´t free, I saw a board member to donate a huge yarn, so they could knit. Then I got another friend to come and teach the knitting but at some point, they took off, also their origami, I don't know if you see something of their origami art at the agency, but they do some beautiful swans and flowers and things like that. So, they started off doing very simple things and then they expanded, and you find everything on You Tube and I was able to get them to through one of my organizations they used their swans as centerpieces and then we asked the people at the table to buy the swans and the money was donated back to them. So, they could buy more supplies or do, I think they used some of their money to do a field trip. So everything we can do to empower them to be independent, is really one of the goals in our minds about recovery, so for us mental illness, if you are schizophrenic, okay you might need medication but if you have a good social system and you are out there and you are having fun and so forth, is a lot easier to be compliant then if you are sitting in your room and you are just thinking about whatever. So, we always want to create situations and because they are very collectively oriented because of family and the sense of extended family that is an easier transition for them.

Interviewer: Were the interventions accepted by the refugees?

Expert4: So, the traditional western psycho therapeutic interventions were a challenge for them, because first of all as I mentioned earlier they don´t like to talk about their problems. They are very good at deflecting and minimizing, so when we used to do pre-surveys, we would get these incredible results like "Oh I´m fine", or "Everything is good" and then 3 months later, you got closer to the truth. So suddenly they were depressed, or they were anxious and then you go wait a minute they have had treatment and they are getting worst (laugh), but what happened is that the beginning, they minimized their condition. So that was one learning curve for us. So, I think for the clients it was easier for them to accept medical interventions. So, if you think of our program the INC program. It´s the three rights, we almost never have anybody who admits to substance abuse. And under substance abuse addiction we include gambling and we know that gambling is a big problem in the Cambodian community. Not so much amongst the once we have been really working with, but it is a problem. So what we found was more effective is that if we could get them in trough our outreach people, the community base organizations and they got medical assistance than the transition from the medical to the mental health services was a lot for example if you are Chinese, if you are a doctor and you are treating Chinese patients everything is about the liver and so they don´t talk about their feelings or that their depressed, it´s their liver isn´t

right, something is wrong with their liver. So, the same is true with the Cambodians, a lot of them though I was surprised, this older Cambodians hadn't had medical treatment in several years, probably because they didn't know how to access care because of language barriers. Once they could get services the other challenge is compliance so we are very fortunate that we have a nurse practitioner at the children's clinic who is Cambodian and they got some funding and they were able to help the clients take their diabetic medication and the test but it was a six months process. So even though you offer them something if you don´t educate them and train them it won't matter, you have terrible results. But we were able to do that. So, in terms of mental health services, yes after they trust the clinician they actually do pretty well, that´s why we been able to graduate so many of them. They start feeling better. Now the non-traditional we tried, you know, you are more familiar with, that was an evolutionally process in other words when we first started the first year and a half, we didn't have that. But the staff knew that we have the funding and I kept saying, when are you going to start and they said we want to see what is best and I think they, what was wrong, I don't know if you met Wong Be but he is a minister, he is the one who organizes all of these blessing ceremonies. He was a monk for 20 years. And a very educated Monk, I think he had a career in the priesthood but his family called him back and so he found he had to take care of his family first. So of course, and he got married, but anyway. But he was very knowledgeable, and he knew a lot of the temples because even though he was no longer a monk he was consider as a minister and, in the Buddhist, at least the Cambodian Buddhist ceremony, the monks don´t deal with money, they don´t deal with the day to day in the same way, so the ministers take care of all of that. And even in the ceremony it´s the minister who really lead, the monks, will pick out particular peace but it is the minister who doing the chanting. So, they are very, very important and it is also the minister who do a lot of the counseling. So, because he was so knowledgeable, and we had another gentleman who was a clinician, his father was a minister, but he was interesting, he was younger in his 30´s and he actually converted to Christianity. So, it was a very interesting mixture but, in a way, his name was Bassey, we real weighted his sense of how valuable the Buddhism was for Cambodians. So, he was very knowledgeable also about the ceremonies because he grew up in a family. So, the two of them helped evolve this whole program, so they understood that the blessing ceremony is very important for our Cambodian clients because there is a sense of karma and dharma and that many of them felt that they have not closed the circle. So, if they lost a lot of family and they weren´t able to properly cremate and bury them, there is a sense of they can still be wandering around his ghost or they come back in your dreams. So, taking part in the blessing ceremony is one way to mitigate some of that. It also makes them feel like "I have done a good deed, I have helped the temple, I have helped the monks". When they feed the monks, you see that´s a meaningful gesture because in Cambodian culture, Laotian culture,

all of them, they feed the monks, in the morning the monks go around and they, in cloth bag, and people give them food and then they have to take it back, they eat it, they can´t eat after 12. So, all of this is tied into in a sense of your pain of your karma dead. So, it brings a lot of harmony back to the clients. It also empowers them, because then they are doing something active. So, they bring their grandchildren to the ceremonies and so forth. Again, I think it helps the older people feel like I´m contributing to the education of the young. Because before the roles were reversed, the older people because of the English barriers, couldn´t really teach the young. So, the young became in charge. But now at the Temple they can teach the young about the ceremony and also about the cooking. And so, they roles are being put back into place. So, I think that is why the thoughtfulness that went into the selection of the non-traditional, which was very helpful. And then we added other components like the community gardening because, if you ever been to Southeast Asia they don´t have gardens like we do in Germany and the United States with flowers, every yard has chickens, coconut trees, banana trees, their yard is their place for sustenance. Herbs, So I don´t know if you was able to observe this, but one of the Temples where we had a cooking class, I saw the women going around they were cutting some shrubs and everything because the temple had just strips, I mean it wasn´t even a formal garden but they were growing in important herbs there because to them that was valuable ground to grow what they needed. And when you first see it you wouldn´t necessarily understand that that was gone to be for your lunch. So, it´s a very doubtful process.

Interviewer: Which was the most successful way to create interventions?

Expert4: I think the most successful way is to have staff, who really understand the culture and the language and can interpret what the needs of their clients are. I think the staff also, were smart in that they talked to the clients and ask them what they needed and try to find a way to in cooperate that. So that there was beyond from the clients, not just, this is what we are going to do and we are forcing it on you, no it was a collective thing. And as you know and have observed their participation in both, the blessing ceremony and the cooking classes is very active. There are not just the recipients, sitting there and chanting there were actually helping set up, the food even when they do a blessing ceremony they are giving them the flowers. The Buddhist ropes, the waters, all that is being done as much as possible by the clients. So, they are again being empowered as a person who knows what you are doing right. You are not crazy because crazy people can´t do anything. No, you are a valuable part of this whole process and that is a message that must be given constantly I think to any mentally ill person. If they really want to recover and the treatment is not just sitting in room one hour a week. That is not how you get well, at least not in most Asian cultures.

Interviewer: Which of the services seem to be received the best by the refugees?

Expert4: Oh, that is actually not a question I can answer in an empirical way. So, funding that we have from the department of mental health, has an evaluation component and there are all these measures that we were collecting. Many of them had have a need with physical health improvement, right. Because that is kind of the underline motivation for the department they really want to have integrate care, that´s sort of, we are public, mental health is growing so we have had very good results in that area but what we have not been able to do, because it was not funded, was to measure pre and post the significance of the non-traditional. I just wrote a grant, I´m hoping that we get it and I´m in a work with another agency. We are going to do some in-depth narrative interviews to try and find out from some of the clients who recovered, what did they feel, not what we thought. What did they feel was the most helpful and why? That´s why I say, I don't know. From my observation, I can tell you a lot of things that I think happened, but I have no empirical proof. And so, the pre and post surveys, gave us some indication, it´s 10 points and its, do I feel better ... and as I told you they do minimize sometimes the difference, but how can you tell and then they went to the blessing ceremony, so we gave them pre-survey, before the blessing ceremony and then the next time we gave them a post, right. But the connection isn´t there, I mean I don´t feel like we really have good idea of why it worked for them, theoretically yes, we understand it, I mean we have all been doing the reading and so forth, but I don´t know about my own patient population, what they really feel helped them. So, this is something that I will continue to try and find funding for. Because I think this is a real issue, what did they feel helped them. They might come and say, well it was the acupuncture, or it was the gardening, or it was, which is what I think they gone to say, is the staff. Because all the research shows in mental health treatment, what produces the best results, actually the best results are when there is a strong connection between the clinician and the client. Regardless of whether you use an evidence-based practice, cognitive behavior, whatever you use as long as the client connects with the clinician and feels that they have a relationship, they get better. So that is why I'm very curios, I think there are going to say well, I love my clinician and my case manager and then, oh yea it was really nice to have the blessing ceremony. That's why I want to go and have a real in-depth discussion because they probably hadn´t connected it. I think the questions will have to help them see, was there a connection without leading them to that conclusion. So, I´m really hoping that we get that grant.

Expert4: I do know that there is a lot of fear now because of trump being elected. But secondly there was already in the last few years more and more young Cambodian men being deported. So, they had refugee status, so they were legally here but you know if you commit a crime, you can be deported. So, and a lot of them came as children, they couldn´t even speak Khmer and they got send back to Cambodia. So, there is a group called Khmer

Girls in Action and maybe it's some of a group that you might want to connect with because they do work with the young men who are being deported.

Interviewer: Which strategies where the best to integrate them in the society and system?

Expert4: So, as I talked about earlier the socialist isolation issue, finding pathways for them to meet people from the community and be accepted and not stigmatized and I think the support that they give each other was crucial.

Interviewer: What do you think which improvements could have been done better to serve the refugee group?

Expert4: So that is a difficult question for me because our goal wasn´t necessarily to help the refugee group, our goal was to help the mental health of the Cambodians in this community. So, we weren´t looking specifically for refugee type issues like employment, housing and so forth. We did some of it, but it wasn´t at the, it is not the same, I guess to me. Like in Massachusetts in near the Harvard, you know there is a Harvard center that works with the center for refugees. And they were very, very active when the Cambodians first came. Now they are working primarily with Africans. I´m sure the next step would be Syrians. So, they have much more knowledge about actual working with refugees when they come over and maybe you should get in touch with them. And let's see you know, what their issues are. I know we had one of the psychiatrist, we had a couple of people and come and visit us because we are doing a sister project with them through one of our partners and they psychiatrist was talking about how to educate doctors when they do a physical exam of a person who is been a refugee to not assume that some of their symptoms are somaticize or minor. So, if you see a patient and they say I have abdominal pain you really need to take deeper because they might have been tortured, where their abdomen was damaged, or they have a lot of head trauma because they were beaten. So, when they talk about headaches you have to know enough was it through the head trauma or is it just a headache because they won´t be able to express it. So, there is a lot of physical effects of trauma in the refugee population that they see that we don´t see.
I´m very invested and passionate about the work that we do with the Cambodians and we really have bonded with them. Because one of my believe is, even as an administrator, you have to find community. So I learn this in the first job I had is a clinical program director and director I working with people with cancer and their families and the men who founded the organization really believes strongly that community was important, I have always taken this lesson with me and I always go, whenever I go, whatever agency, I try to find my community, so prior to this I was in Beverly Hills which you know had its moments of glamour and fun but I had to find my community and it turned out to be Jewish. And when I came here I was for

the first year, so I didn´t have this sense of community but then when I discovered the Cambodians and there was such openness and inclusion, I felt very welcomed and then I said oh wow this is a community too. So, then I came really involved with them because I love that sense of community. I think he need leadership who understands a, is committed to community, otherwise it’s just a job you know, and I think you need more than that to sustain you to do all that things that you have to do.

Baseline-Interview

Interviewer: What was your involvement or project that was related to Cambodian refugee populations?

Expert5: I started working in the Cambodian community in 1988. I started off as a, almost as a pre-masters student they were starting in a applied anthropology program, master's program, here at Cal State Long Beach and I was interested and I took an applied anthropology class and for the class project we initially studied the health needs of elderly Cambodian refugees and I did a project in conjunction with Saint Marry Medical Center for that project and we did a team project while I got very into it and was able to network with a lot of the churches that were at that time working especially with the elderly and I was able to with my group to present research findings to the head of human resources and the director, what was called the Southeast Asian health project. They hired me as an intern, as a result to that research and then the master's program started, so I started my masters here and that project turned into those research findings helped to start an older Cambodian program within the Southeast Asian health project. And then I started to become a grant writer. for the program and program developer and I worked with the community to identify their needs, with their children in terms of health care and from there I started a number of collaborations, some of them was already established, I don't want to say I did that by myself, there was the program itself had a lot of collaboration, I don´t want to misrepresent that but we were expanding outwork because the program had a really good relationship with like for example the health Department, because Lillien Louis the executive director and she was really a mentor of mind very, very much and I started took on this parenting part of the program and so she was able to hire me after been an intern a short and then I helped developed educational videos on child care, child safety, child nutrition , you name it. And then ended up having a whole stuff that I was the program coordinator manager for and then I went on writing grants for getting prevention and cultural literacy within the school district, so we had a whole cultural program. So, some of that you can see at the archive, some of the old history of some of those grants. So, I was very fortunate, it was at a time when here in the united states, you know this was one of the biggest refugees flows of south east Asians to the United States and was in the wake of the refugee act in 1965. So, there was funding and interest in what was happening to refugee populations especially at that time. So, this program at Saint Mary medical Center was a Joint Project with the united Cambodian community and Saint Mary´s. So, I stayed there about 8 years. Developing These programs, youth programs I did, even started an HIV Aids education program. Yea that was part of my masters Research on male sexual behavior and I was able to start a peer, I don't know I did several things, it was peer education program that looked at the risk, it was really amazing it

was one of the first at that time that really addressed the actual cultural believes of Cambodians that really wasn't been addressed in any other kinds of programs. So, I was really fortunate made a lot of, helped to make a lot of educational videos, developed programs both with the School district on a number of issues. With the big project with the light of the Cambodian family which was a way to get parents to be more involved in Schools but not from the school's perspective but from the parent's perspective. So, in other words parents wanted their children to learn the Khmer language and to maintain their culture. So, we developed program with three different Schools here in Long Beach that had a lot of Cambodian students and what we did is, we had this whole cultural component after school program for the children and then had like these parenting workshops. So, got all the Khmer parents to come to the school. Why? Because their wanted to support their children so the cultural education and the value they felt the school was providing for that they were offering this. And I think one of the best things about that program was not that we had that for a certain number of years but many of the Cambodians that also trained in that program became school district employees. So, the training itself empowered Cambodians themselves to go and work in the different institutions. So that´s what I learned. I learned that there is a real connection between these cert of grass roots efforts where you really identify what the community wants and not just sort of what the institutional policy are and that we need them to do this, this and this right away. Rather we were listening to what the People wanted and then we developed programs and then those components. And some cases got sort of absorbed and from the border Institutions. Long beach here hired a lot of Cambodians, the City in Long beach, the City, the health Department, Hospitals, see what I´m saying, as health care education Folks. A lot of people came out of these Kind of programs. So, it was an exciting time and there was a lot of funding. So we worked Long, Long hours. And I think for me at that time as an anthropology Student, I´m a hands-on person, I enjoyed being in the homes of families. So, my research I was always constantly combining applied research with program development. So, the grants were always based on understanding issues from the point of view of Cambodians itself and then translating that into; so here is a proposal or request for proposal that is looking at some sort of health condition or looking at game prevention. Or child abused prevention. Those are kind of ugly terms for community members they don´t like to be look at as a problem to be solved but if we can look at what they see as the problem and then, rather than calling it that, we call it something that they feel that they can utilize to teach the kind of values they want it to. So it was successful. We had a very successful run of things. I´m pretty impressed a lot of things have continued on in different forms as, you know, the community has changed. I mean that gives you a little bit of the work. I was very interested in children and families, so I tended to focus on the children and family part. I have always been very interested in that sort of

generational experience. And this carried over into my work and then my dissertation was on well-fare reform. I forgot about that. So I spend like seven years. So I finished my Dissertation but I continued with the families that I worked with. So anyway, all through the 1998 to 2007 I followed the life's of about 10 families to that whole process even as they moved to different places and in composed, you can read it in my dissertation, but in those 10 families I studied over like a 110 people when you count it how many family members children to teenagers to then young adults and then their network. So in each family was that vast network of people so it´s a much bigger kind of thread, so i also did that and I looked at issues at poverty and its Impact on a children families, especially children or teenager coming of age when their families resources were been cut off. And that was, you know I had publication you saw those that are related to that work. But I shared all that those findings also with community organizations here in Long Beach to share that knowledge. I think that is all.

Interviewer: How long was your involvement, like in total with the community and projects?

Expert5: I haven´t stopped since 1988. It´s been, during graduate School I was here, I when I was in graduate School worked with united Cambodian community doing a whole study of teen pregnancy. That´s all in the archive too. I wrote a report about it. I interviewed, oh I forgot about that, I interviewed former gang members, males and their girlfriends everything. An I looked at some of the factors that were relating to early pregnancy among young women. And it really ended up being a relationship between some of the gang issues that were happening and some of the family conflicts that were occurring with some of the changes and expectations especially of teenage girl's behavior and the families. And I even did that, so I never stopped working in the community in all my time, so I was always working on something with the community, either independent at my dissertation research or within an organization that was doing some work. So, I would bring my babies, I had two babies at the time I would bring them to do my research with me. So actually, I didn't even stop when I gave birth I continued the work. There was no period or down time during that time. So, what is at 1988 to now. It is like 30 years. So, 28 years. It's a Long time. So now I have seen this community go from those of kinds of issues. So, I didn´t realize all of this that you are in the middle of big shifts in the communities, so I have seen all of this from vary points of view and then how this community has then transformed some of these very difficult transitions to then have Cambodia town. Then some of the institutional changes I have seen that Cambodians are constantly, dynamic and changing community and that across the generations you could start to see that some issues have endured, you know continuing to get education equity and access to education, those sorts of things and issues of maybe poverty some of that continues but also many stories of people that have really excelled

and continuing to build and contribute to this community and this society because of, you know actually a lot of appreciation for what they were provided as refugees. I mean this was for many People a second Chance of life after very dire situation. So, I´m humbled by that I think I have learned a great idea of humility and seen what we provide for people and how value that is and people didn´t take that for granted, the Cambodian people didn´t take that or granted. But you know what´s a struggle here, there is also faced many issues and discrimination and racism here some of that was the cause of some of the problems that they experienced, especially the young people and also the elderly in the earlier were the targets of crime. Very much so because firstly maybe English wasn´t their, you know there weren´t primarily English speakers, some did not speak English and then they were afraid to Report crimes to the Police. So, they have had the struggle whit so many layers of some internal issues even with co-ethnics, Cambodians themselves and then the broader society not really knowing who they are and the effort that they have done through they ethnic organizations, through being involved in every institution here in Long Beach to also educate people who Cambodians are.

Interviewer: What can you tell about what were the major challenges of the Cambodian refugees in the post-migration period in the USA?

Expert5: I think certainly at first being, there was a very diverse set of people that actually migrated. I don´t want to get into the literature because you have read it. There was people that were more educated but even after 1980 there was an almost even split, there was some people that weren´t just rural background, I think if you read Wombaut, he did a nice demographic analysis, it was about 45 - 55 %, there was a bit more of a split than people wanted to acknowledge about who migrated but I think some of the initial challenges, or many of the challenges had to do with really integrating, understanding the society of course, what it meant to work and what kind of jobs who are going to be available at a time where we were here in Long Beach, we were going through one of the worst recessions of all kind, well we later had an even bigger one but the point being you know in the 70th, you know was a little bit more prosperous and some of those folks also had more familiarity with western countries because their own education or the fact that they had a military background, diplomatic background or teachers, you know those sorts of things just give you a different exposure. It was very difficult to find work, it was very difficult to rise your children, start school without the language skills. Also, institution that were very, very different than home country and expectation about your role either as a parent or anything combined with all those issues combined with health considerations, many People especially after 1979 came here, after and during war, yes 79 was really, there was a whole lay that came, 79 80 and then all, you know through the mid 80th. and then people were scattered all around the

145 united states initially, so people were also scrambling and moving to places like Long Beach
146 where you can get a social Network you could find Relations. So those were something and
147 then of course in the 80th the conflict some of this played out, I talked about the crime with
148 the elderly being targets and then, you know the US has a long history of racial hierarchies
149 within especially working class in poor neighbor hoods. So Cambodian youth were definitely,
150 started off as the targets of what we might call bullying, violence, gang related kind of an
151 attacks and this produced then what we have seen in many immigrant communities, youth
152 gangs and the development of that maybe initially for safety not all youth joined. Some of my
153 early, early research when I was developing some gang prevention program found that some
154 youth did dance cruise initially to, you know when you are young here and you are in a poor
155 working class kind of neighborhood you have to have an identity, so you have to have
156 identities that get them from where they are to adult hood. And you had so many Things
157 being worked out and the violence was real. I mean this was not, your life was definitely on
158 the line, you know in this neighborhood and things were stolen and people were targets,
159 these young people. So, I think that was a big problem and that led to the very big gang war.
160 And then Cambodian gangs became violent themselves they had extortion rings targeting in
161 the Cambodian businesses, you know this was an ongoing.
162 I tell you one thing that isn´t discussed in, was that many Cambodians wanted to study
163 English, most of programs were filled very quickly, there wasn´t enough. So, we have to ask
164 for so, why wasn´t there enough funding for some of that? What was because the policy was
165 scattered Cambodians and other south east Asians around the united states. so there wasn´t
166 enough will to create that kind of infrastructure because the idea was that would make more
167 people come. Well they came anyway. Anyone that knows Cambodians, it is not going to
168 stop that, maybe other groups that would have worked, but it did not work. So Long Beach
169 even though people wanted to learn English, there was inadequate resources for a lot of that.
170 So, they even funded organizations just to prevent people from coming here or discouraging
171 it, not a good place to come. Wow. So, I think those many, many things like that and just all
172 of that accessing health care, I mean it was basically all out and all out every institutional
173 level to really address the needs of this population. schools, hospitals, medical centers,
174 mental health services that were being cut like crazy in the 80th, okay this is, that´s went
175 here not just for refugees that was across the board and this was the area of cut, cut
176 everything, well-fare, blood grants were instituted. So, I always have to argue, prior to you
177 know that people that came in the 70th different political policy climate. There wasn´t as
178 many people here but also the money was flowing a lot more during those political times than
179 after 1980 and that I think really presented an enormous problem in contradiction. So, people
180 were cut with their, that money to allow people to the transition when originally, the original
181 1970th was about 36 months went from there to 18 months to sometime in the 80th I got the

dates in some of my publications the exact timeline, went all the way down to 8 months. You see the difference? It´s almost invisible to us, right. It just looks like everyone is the same. So, all of that contributed, contributes to this sort of uncertainty. What to expect? How to get on your feed quickly? How to access services? Unimaginable. Right? At the same time, you are trying, you are negotiating, you know Young children, Teenagers all of that, and facilitating their transitions. Takes a level of policy and compassion I would say to sort of understand that it is a commitment of not just resources for nothing but, you know there is nothing I mean if we really believe human beings are that valuable and they will contribute but if you punish them, who are you really punishing? You know, right. We can do a now Long time here in the united states we should know better by now. We punished the poor and the working class, what happens? People have to survive, live ... What they are going to do? That is a commentary. Anyway. I wanted just to emphasize it was multifaceted but at the same time that was happening Cambodians themselves were organizing their organizations. Contributing to the cultural, social and economic condition of Long Beach. Opening businesses, contributing, creating new year's celebrations, putting a whole identity on, into the City that did not exist before. Sharing their culture their ideas, right? Yea there was problems but there was also this whole other thing of that did not exist before as well. So, there you go, I mean that is the trade off right. Or the contribution I should say, not the trade off, contribution. So we always have to ask what Kind of conditions were being established, so that people can prosper and I think that´s been my, that´s been my enduring as a scholar, you know what conditions are all we creating, I do it in my work here, I do it you know, it´s just was something that hit me I have been done this work. And without analyzing that we are not seeing the full picture, under what conditions. So, your generation vs your parents' generation. What conditions are the same for you that, those two generations what are different, when you start to look at that, you see a difference in opportunity, otherwise it is always pointing down the road that generation is lazy, those people. Same narrative! Every time. Every time we see it across time and space! Why? Because they forget all the conditions that allow for their prosperity that may not be the same. That´s to me the responsibility in my current work, is to show that make visible the invisible aspects of our own systems. That´s culture. Yea anyway, the anthropologist in me that can´t get out of me now.

Interviewer: What was the majority of risk factors during the time that maybe also caused these challenges?

Expert5: Yea, I would say because I think I named a lot of it. I would just say there was an interaction. Well, certainly people came here with different conditions because of having to endure war and I think in and out itself that was a challenge but what exacerbated that challenge was some of the violence in uncertainty they experienced here, economically,

socially. So, in other words ending up being Targets of crime, gangs, all of that exacerbated the past. But then became its own set of conditions that contributed to some Problems becoming probably larger than they would have been. You see what I mean, like the educational issues what haven´t been as bad. So, you step in to a system in which the needs of immigrants working class people were already being ignored. So, you enter the same systems that are largely underfunded, underrepresented and you get that sort of racialized view of who you are and being refugees that are traumatized, and it is not our fault you lived through war, right that narrative. Any acceptance of the responsibility of how, you know youth programs had been cut, the funding for all those things had been cut like in the 70th, like all of these things that were chipping away here in the united states. And some of those same neighborhoods that Cambodians were moving into, didn´t look at them as fully deserving. I think Cambodians really did very good in reaching out and that´s how they got Cambodian town too and in a lot of ways by ending up really being at the Forefront of protesting some of the injustices. so, so I think all of that contributes, so looking at that and how long which programs were funded to directing the resources in those places, you know how we were creating opportunities, you know we tended, it doesn´t mean we have endless amount of funds, let´s be very frank about that, very frank there isn´t an endless part of money but to turn around and not have some of those resources and not see the kinds of waiting less for example we had for ISL and that sort of thing that was documented not acknowledging that people were able and then just blaming them saying oh they don´t really want to learn or because they live, you know with so many other Cambodians the never want to learn English. No! That´s to narrow! Does it mean that somebody in the thousands of people they might feel that way but many people don´t! So, this very narrow view of who Cambodians were to in the broader society contributed to some of that misunderstanding. Like I said a lot of that was really changed over time by the efforts of Cambodians and I would also argue they are changing ethnic makeup of the City, City council all of that played a part. Yea eventually it really hoping, you know facilitate, some of meeting the needs of the community. So, I really saw a lot of changes in Long Beach too. It is leadership and I think that that should be acknowledged. Those things matter! It is so sad here in the united states now that we, you know we denigrated public service to such an extent we make it seem like it doesn´t matter and it is not true, to say teachers matter, public services matter, you know it´s kind of diminishing of that public good, that to me is tragic and in civil societies, I mean that´s, you should be very worried, very worried when that happens, when the very people that have to carry on institutions but I think that that´s what made a difference for Cambodians and then their participation in those institutions.

Interviewer: What kind of protective factors and resources that the Cambodians may have during this time?

Expert5: I think establishing at first the mutual. So protective factors, institutional Support, I would also argue Buddhist temples and churches played a role and providing services to populations sometimes their own members, sometimes more broadly, all of those provided an emotional space. Also, people heal, think about themselves, their identities their self's, their traumas through the lens of their world views. Some people shifted, some People blended Christianity and Buddhism. So those were protective, and I think despite very big challenges to family I still think that families were and continued to be key. Everything from the parent-child-relationship to the sibling relationships to the extended family grandparents. Those grandparents really helped that middle Generation start their families start providing that Support. Very big. Again, some of the political shifts created some of the conditions to invite more participation of Cambodians. So, a mix of really, people honoring their culture through these different activities and of course that was a challenge keeping all of that, not everyone did so but I would say all those Things gave people and have given subsequent generations a place in which they could see themselves as being Cambodian and not something to feel very proud of, you know that mix of things.

Interviewer: What kind of interventions and services were provided for them?

Expert5: I think the really very good, also some raise of this way. The very good model that I think, many of those early Folks Louien Lou, some other people using the community outreach worker model were you hired Cambodians themselves o to do some of the outreach educational model and there was a lot of Training that went on both within the community and together, we all trained together and then talked across our different cultural perspectives. of course you always have to be vary you didn´t always have the perfect people in those roles of course there is always the chance of exportation among co ethnics and that certainly happened but I would argue that those kind of interventions combining the community based organization providing services within the broader institutions was very affective because it allowed for interaction between those bigger institutions and the community and so the community based organizations could have little more focused on the community point of view and then providing this sort of educational framework for understanding the culture because institutions can´t do it all, schools can´t do it all, hospitals, medical centers right. You need the bridge because they are dealing with all populations, so having the targeted collaboration. I think that really helped and I think that is was made, it made a big difference. The government itself providing some of the basic resources like refugee assistance that was very real that was a material support funded through the institutions that provided cash assistance so again that is government institution providing the services. So, the government had everything to do with it, everything, so even it was community-based organizations doing it and the hired Cambodians or it was a

Cambodian organization their funding wasn´t just self-funded. It was through these grants and that is government money. We have this sort of refugee assistance that came with medical right. So, government provided that basics structure but within that the services were provided at that institutional level. And the moneys came from the government. And then those organizations often wrote grants that within furthering goals that were targeted. That were also government funded, so yea there is two tear system we are talking about: the absolute government funded programs that had to do with like cash assistance and medical support for refugees that were a different line item. The US government federal Level created the office of refugee resettlement that had list on budget that was new, that was 1980, that was with the refugee active 1980 that was specifically. I have to, I wrote it and I have forgot all the dates but anyway something like that cracked my memory on all this. So yes, this was a powerful statement on the part, so I hear your question now, it is like a big macro question. That created something very different than what we had. Also, the Southeast Asians are some of the most studied populations in all over America. Because it was embedded in the policy that everything from their work life's, everything was tracked though the Office of refugee resettlement. Data, Data. What it means? No only people, we were all on the ground doing it, we can really sort of filter that out, but yes everything is been tracked like that and all that was funded. So that is one tear, right, Government funding. The other tear was the System of grants. That then at non-Profits and other Schools which are considered government agencies but there are also non-Profit. They write grants, identifying specific issues in responds to federal state in county request for proposals or issues that are addressed between that in private foundations that´s how it was funded. So, it is like a multi teared system of funding money. It is only a partial picture because my argument when I worked in the grants writing and the program development. Most of those grants and those programs were only funded for 3 years. That wasn´t only enough time to do the kind of change. So, it was ruff, you were constantly, once you got one grant, you had to think about how you gone to keep the funding going. In everyone, all these grants making, government grant making bodies they wrote new and different all the time. Well sometimes people don´t knew and different all the time, right, they need that service to continue. So, it is a lot of work. But you know, you get my point, I mean that is how happened. So, the kind of money we are talking about and the systems and places, unbelievable and then that doesn´t even count all the private foundations. Government finger prints, we are the People, we did that in the big grants game. We made that possible and that´s why it is important to tell that full Story, the full Story of refugees, Long-term not short-term, oh yea there are struggles, oh yes, definitely, you are up rooted, you got to rebuild life's, your children, your family, your livelihood, the very core of your being, your institutions, Family, religious reflection, religious expression, what aspect that wasn´t changed in that process, not everything, everything. Up

root me, I used to say: up root me and put me in the middle of Cambodia. whatever right, it was nothing, with a dollar in my pocket.

Interviewer: Were the interventions well accepted from the refugees?

Expert5: Well, I think when they definitely correspond into what they felt their needs are and I think that's why it's a good feedback, you should always have a good integrative relationship with identifying needs from the ground up. So philosophically you are talking to someone that saw that, I think Cambodians responded just like most of us would to programs practices that had that mix of real cultural understanding and respect for their culture at the same time, you know also providing something that they saw that was worthwhile, so I would say that. I think People still find it difficult to get Cambodian parents to come to the schools for example, it is such an interesting issue schools have with parent participations. I would say that there is definitely can be struggles with how we welcome people in certain institutional settings and I also know that Cambodians resisted some of the medication, compliance issues - big time! you know and some of them had to do with beliefs about well, my symptoms are gone therefore I´m healed, you know. So, a lot of that translation of long term compliance with different kinds of medications, very bumpy because it required a lot of education, in the home education, that is what we specialized in in our project, we went to people's homes, we weren´t in our offices, so you know that is a big difference. I used to think about that one time, I don´t know if I should tell you the story; but this older man had, I don't even know if he had, I don´t remember if he had grand kids, he was in very bad shape, I remember helping him clean his house. I mean seriously I mean he did whatever it took, so we were cleaning that out, oh no you are so embarrassed, I said no I just want to came to talk to you and we were doing this and I looked back on that, I´m like, I´m not sure we got always do these this things but it was, I think there got to be initial form of that people feel that they are going to be accepted for who they are and that was such a broad effort, small scale in some respects but I thought it made a difference. So, some of those Things what people wanted, people to comply with certain things weren´t always successful because People wanted always comfortable going into those places, especially in the earlier. They weren´t really comfortable places when you were Khmer. People sense when they might feel threaten and it may not even be the stuff there, it is just maybe the whole scene at that time, so that bridging between that really critical first month bridging that over, so people start to feel comfortable engaging with these different systems is probably really key, so that would I would observe. I tended see a lot of what we did as successful but I´m sure some of it wasn´t, some of it was probably, you know they liked the little gifts we brought to the door, maybe that´s all their liked. I even have students that remember they ended up here at Cal State Long Beach, they go: We remember, I had some students that remember me going to

their house when they were little, isn´t that funny I have had like 3, 4,5 different experiences, here at Cal State Long Beach were some goes: Yea, well there wasn´t many people like me going to people's homes at that time. Or they had heard through a family member; yea one in a while only a handful of times but still that's like kind of funny, now to look back and yea that was me. So, and they were little so here with these people coming in to the home and not making any judgement and someone from the broader society right, of course I wasn´t social worker or someone that was maybe coming in making, out know report, that wasn´t my role, that makes the difference.

Interviewer: Which was the most successful way to create interventions?

Expert5: Yea I think anything that we are really bridging an understanding maybe at first personal, you know it is always good to, I would add sometimes I wouldn´t look to just people that you think are the self-describe leaders in the community sometimes there is very informal people and community settings or in a refugee population that, you know when you build those relationships are key respondents or something in a way it's sort of true in community outreach, you know people that end up being really good facilitators of bringing other people together, to build that trust. Sometimes you are lucky enough in identify some of those folks, we were lucky in some respects, sometimes we did it really well, sometimes we didn´t. So, there is networks, it's good to be, to find networks to people so they could spread a word about what could be helpful and sometimes hiring from within the refugee population becomes really good especially if it someone that others respect. That I thought was really good. And they went through a lot of Training so that mutual Training and understanding across culture boundaries. I think it is important not to make, even the stuff that are Cambodians feel, that they are less then or they are part of a hierarchy and you know more, it is somehow we are all at the table together, you know, and I think it is very important to create an Environment of different kinds of the expertise. So, I think that model was really good. And sometimes I would argue, sometimes people have very serious problems that require intervention and you have to be prepared to do that. There was situation that were beyond just our outreach, that were life threatening and you have to address this. So, there are times, so you have to be well trained yourself especially you can be to understand those differences and it is very hard to get it right, very hard to build that kind of trust we need to.

8.10 Appendix J – Observation Protocols

8.10.1 Observation Protocol 1

Cambodia Town in Long Beach

Observation protocol- Cambodia Town

25th November 2017

Length of Activity: 2 Hours

Descriptive Notes	**Reflective Notes**
General Aim: To explore Cambodia Town and what is provided in the community?	
The designated area Cambodia Town, also known as Phnom Penh, is located in the Eastside of Long Beach, California. The area is tagged by a blue sign that says Cambodia Town (see Picture 1).	In the first moment the area of Cambodia Town doesn't look different from the rest of Eastside Long Beach. It is noticeable that the area is a low income or working-class neighborhood. It is not solely populated by Cambodians but also by Latinos and other Asian ethnicities.
Cambodia Town is centered on Anaheim Street from Junipero Avenue to Atlantic Avenue which is about 1 to 1.5 miles long	As I walked into the area of Cambodia Town, along Anaheim street and paid attention to the buildings, I saw that on some of them where tags and signs written in Khmer.
In the area are numerous shops for jewelry, hairdressers, restaurants with Khmer cuisine and tax counseling. Also clothing stores, traditional Khmer dresses, cosmetics shops and churches as well as temples are available. Also, other businesses are in the area that seemed to be owned by Cambodians.	All the shops and business were closed because it was Saturday afternoon, seemed that they have business hours during the week only. The medical clinic and the pharmacies were closed too.
A long the street of Anaheim, there is a community garden center located, which had	

beds and a lot of different plants. (See picture 2 & picture 3)	
The United Cambodian Community is one of the organization that was established when Cambodians first resettle to Long Beach. There are two buildings of the UCC in Cambodia Town (see picture 4 & picture 5) and they are not of far distance from each other. The one UCC center that is located right next to Junipero avenue on Anaheim street was open to the public. No one was in the building. It is a big two-story building that is decorated with a lot of different pictures from Cambodia, Khmer art work, dancing, people, military, animals and so forth. In the building are a dentistry, pharmacy, Khmer arts cultural center also small office rooms where they provide tax counseling, insurance counseling and jewelry. (See picture	
Next to Cambodia Town is the Dignity Health - St. Mary medical center.	
The Cambodian American Association, that is another initially established organization during the resettlement time, was not located in Cambodia Town. The building is about 5-10 mins by drive away from Cambodia Town.	

Picture 1: Cambodia Town Sign

Source: Own taken picture, Günsche S. (Photographer) (2017): Cambodia Town Sign (Photograph). Long Beach, Ca

Picture 2: Garden Center

Source: Own taken picture, Günsche S. (Photographer) (2017): Garden Center 1 (Photograph). Long Beach, Ca

Picture 3: Garden Center

Source: Own taken picture, Günsche S. (Photographer) (2017): Garden Center 2 (Photograph). Long Beach, Ca

Picture 4: United Cambodian Community Building

Source: Own taken picture, Günsche S. (Photographer) (2017): United Cambodian Community Building (Photograph). Long Beach, Ca

Picture 5: United Cambodian Community Center

Source: Own taken picture, Günsche S. (Photographer) (2017): United Cambodian Community Center (Photograph). Long Beach, Ca

Picture 6: Availabilities in UCC Center / Plaza

Source: Own taken picture, Günsche S. (Photographer) (2017): Availabilities in UCC Center / Plaza (Photograph). Long Beach, Ca

Picture 7: Inside the UCC Center

Source: Own taken picture, Günsche S. (Photographer) (2017): Inside the UCC Center (Photograph). Long Beach, Ca

Picture 8: Pictures inside the UCC Center

Source: Own taken picture, Günsche S. (Photographer) (2017): Pictures inside the UCC Center 1 (Photograph). Long Beach, Ca

Picture 9: Pictures inside the UCC Center

Source: Own taken picture, Günsche S. (Photographer) (2017): Pictures inside the UCC Center 2 (Photograph). Long Beach, Ca

Picture 10: Pictures and Decorations inside the UCC Center

Source: Own taken picture, Günsche S. (Photographer) (2017): Pictures and Decorations inside the UCC Center (Photograph). Long Beach, Ca

8.10.2 Observation protocol 2

Blessing Ceremony, Buddhist Temple in Long Beach

17th November 2016

Length of Activity: 2,5 Hours

Descriptive Notes	**Reflective Notes**
General Aim: How does religion and religious events impact Cambodians?	
The observer got invited to the blessing ceremony by an organization, called PACS (Pacific Asian Counseling Service). The blessing ceremony took part at a temple in Long Beach.	The building is a former church (according to a member of the organization), they designed the building from the inside like a temple. (See picture 1 – picture 4)
A member of the Organization introduced me to the Cambodians in Khmer and explained them the research. People were sitting together on the carpet in front of the stage. On the stage the four monks where sitting.	People were welcoming each other very friendly. They also welcomed the observer. Around 30 people were joining the ceremony. The participants of the blessing ceremony were the elderly generation of Cambodian (50 years and older). The researcher wasn´t active and was sitting at the side. Participants seemed to know each other. Prior the ceremony, people had conversations and laughed together. It seemed to be a harmonic atmosphere.
The blessing ceremony was moderated by a member of the organization. The moderator started to chant/pray for the monks after a while the participants were chanting with him together. Following, the monks were chanting. In total, the chanting took about 1 hour.	While they were chanting the atmosphere felt emotional. Some of the participants started to cry. The chanting was intense but also seemed to be a relief for the people.

After the blessing ceremony, they were going all together to another room where food was provided for them. People were sitting and eating together.	People had dialogues in Khmer while eating together. People seemed to enjoy the company that they had during the event. The member from the organization was explaining, that the blessing ceremony is not only an event to chant for the monks. It is also important for the elder generation in order to have a social system and decrease the social isolation. The member explained that social isolation is a problem among the elder generation.

Picture 1: Cambodian Buddhist Temple of Long Beach

Source: Own taken picture, Günsche S. (Photographer) (2016): The Cambodian Buddhist Temple of Long Beach (Photograph). Long Beach, Ca

Picture 2: Cambodian Participants of the Blessing Ceremony

Source: Own taken picture, Günsche S. (Photographer) (2016): Cambodian Participants of the Blessing Ceremony (Photograph). Long Beach, Ca

Picture 3: The chanting

Source: Own taken picture, Günsche S. (Photographer) (2016): The chanting (Photograph). Long Beach, Ca

Picture 4: The monks

Source: Own taken picture, Günsche S. (Photographer) (2016): The Monks (Photograph). Long Beach, Ca

8.10.3 Observation Protocol 3

Cambodian Student Society, Club on Campus, California State University Long Beach (CSULB)

30th November 2017 6th General Meeting of the Semester

Length of Observation: 1,5Hour; 18:30 – 20:00

Descriptive Notes	**Reflective Notes**
General: How does the second generation of Cambodian refugees find connection with Khmer culture and community?	
The meeting took place at the CSULB campus. Students met in a room in the building of the Student Union. About 25 Cambodian Students took part. In the beginning, one of the members who moderated the meeting, introduced the researcher to the Cambodian students. The researcher took part as a complete participant. Four major topics were discussed at the meeting:	Prior the meeting started, students had conversation and it seemed like they know each other. Pretty well One of the students had professional photo equipment, he explained that, whenever there is a Khmer event, he is going to take professional pictures and films to provide it online on their Facebook page. The researcher talked to different students and introduced them to the research activity and asked some of them to participate in an interview.
The meeting started off with presenting opportunities for students as volunteers for a Cambodian culture show in March. Also, internships for different subjects in organizations and companies were introduced. Contacts and websites where students can refer to were provided.	Students were asking about the internships and also brought other ideas for opportunities in account.
Second, a young Cambodian man, presented about classical Khmer dancing. He introduced the students how the dance changed and developed in the 20th	Students seemed to be amused by the dance videos. Actively discussed the meaning and stories of the different dance

century. The dances have different names (According to the presenter: for example, Robam Khmer translated as coconut dance; Ramayana Khmer translates as monkey dance). He explained the names and showed videos of the different kinds of dancing. He provided contacts where they can take part in classes to learn Khmer dancing. He tried to recruit students to learn the dance and participate for the culture show in March. What they want to portray with the different dances	styles. Two of the students mentioned that they can dance Khmer folk dance.
The second part of the meeting was to learn Cambodian cuisine in an interactive way. To discuss the four famous Khmer curry dishes and which special ingredients it has, they played a game called Khmer Hungry Game. The group of 25 students was divided in to four teams. Each team had a different kind of curry dish (Green, Red, Yellow and Samla curry). The task was to assign the correct special ingredients to the curry dish and learn how it is cooked.	The researcher took part in the Yellow Curry group. The discussion in the group, about the ingredients was quickly. Three out of four ingredients were chosen right from the group.
After the third part, the moderator talked about upcoming events and closed the meeting.	

8.11 Appendix K - Cambodian Community Needs Assessment

Cambodian Advocacy Collaborative

CALIFORNIA STATE UNIVERSITY LONG BEACH 1949

EXECUTIVE SUMMARY

Cambodian Community Needs Assessment

CURRENT STATE OF CAMBODIAN AMERICAN FAMILIES

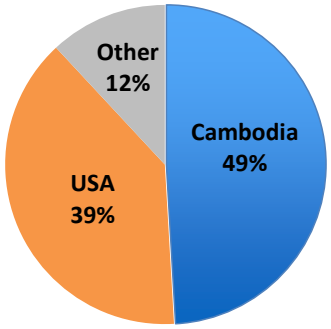
LONG BEACH, CA. 2017

The Cambodian Advocacy Collaborative (CAC) is represented by five social service organizations that provide culturally competent social services to the Cambodian community in central Long Beach, home of Cambodia Town, the largest population of Cambodians in the nation. In the early 1980s, over 300,000 Cambodian refugees immigrated to the United States as survivors of the Cambodian Genocide. From 1975-1979, the Khmer Rouge killed over 2 million Cambodians, while survivors endured slavery, torture, starvation, rape, and other major traumatic experiences. Due to trauma from genocide, the Cambodian community has high chronic health conditions, low education rates, and high rates of poverty.

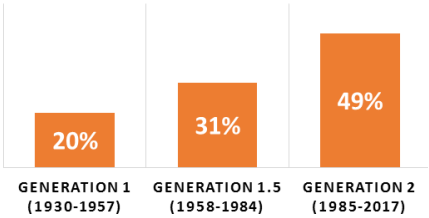
In order to provide a deeper and broader understanding of the education, economic and health needs that exists within the Cambodian community of Long Beach, CAC partnered with California State University of Long Beach in conducting a Community Needs Assessment. There was a total of 220 participants who were interviewed for quantitative data and out of the 220, 50 participants shared their experiences during focus groups for qualitative data. All participants met the following eligibility criteria: (1) Be 18 years old or older, (2) Reside in the city of Long Beach, and (3) Self-identify as Cambodian and/or Cambodian American.

The Executive Summary recognizes challenges and disparities faced by the Long Beach Cambodian Community in four key categories: **(1) Health, (2) Economic Stability, (3) Housing, and (4) Education.**

COUNTRY OF BIRTH



Age by Generation



Cambodian Association of America – Founded 1975

Khmer Parent Association – KPA

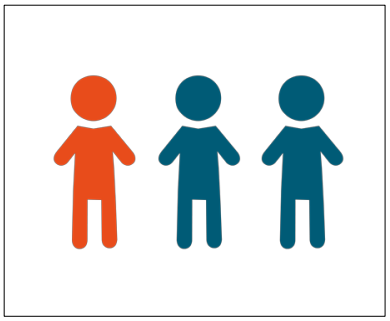
Khmer Girls in Action

United Cambodian Community

St. Mary Medical Center Foundation
A Dignity Health Member

The survey data and focus groups revealed distinct disparities and challenges among Cambodian families in Long Beach. Four major findings emerged:

HEALTH



1 OUT OF 3 PARTICIPANTS REPORTED HAVING "POOR TO MODERATE" HEALTH

According to our findings, 28% of participants reported having 2 or more health conditions. The top five health conditions reported include: **Diabetes, Arthritis, Depression, Hypertension, and PTSD**.

1 out of 2 have Depressive Symptoms

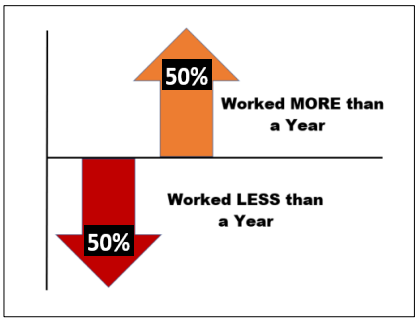
25.4% of the participants have either attempted suicide or knew someone who attempted suicide. The top five reasons for attempted suicide include: Feeling Hopeless, Depression, Family Issues, Loneliness, and Financial Problems.

1 out of 5 experienced challenges in receiving services

The top five challenges include: Language Barrier, Transportation, Lack of Insurance, Trust Issue, and Needs not met.

One-third of participants did not know about translation services.

ECONOMIC STABILITY



50% WORKED LESS THAN 1 YEAR

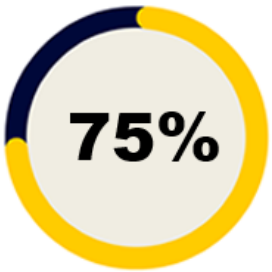
1 out of 5 participants stopped working because of physical or mental health conditions

1 out of 3 are in DEBT

"I cannot find work because of my mental illness." -Participant

"It's hard to find work. It's hard when I don't know the language."
-Translated from Khmer speaking participant

HOUSING



LARGE RENTAL POPULATION

75% of participants are renters, which is 15% above the Long Beach city rate.

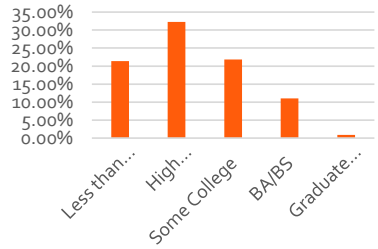
1 out of 2 Youth feel unsafe

The top five reasons for feeling unsafe include: Gangs, Fights, Drugs, Theft, and Gun Violence.

"My friend was shot twice in the chest walking home from work."
-Youth Participant

EDUCATION

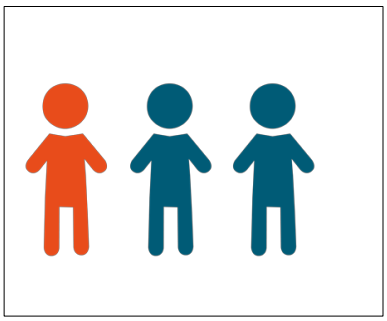
21% HAVE LESS THAN A HIGH SCHOOL DEGREE



Over 53% of participants did not attend college. Over 22% leave college due to financial reasons.
1 out of 10 parents do not know how to help their children in school.
1 out of 10 youth experience issues at home that prevent them from doing school work.
11% of youth participants experienced suspension or expulsion.

របាយការណ៍សង្ខេប៖ ទិន្នន័យស្ទាបស្ទង់មតិ និង ក្រុមមនុស្សផ្តោតការសិក្សា បង្ហាញអំពីភាពខុសគ្នានានា និង
បញ្ហានានានៅក្នុងគ្រួសារជនជាតិកម្ពុជាដែលរស់នៅក្នុងទីក្រុងឡង បិច។ ការសិក្សានេះបង្ហាញរបកគំហើញសំខាន់ៗចំនួនបួនដែលមានដូចជា៖

សុខភាព



មនុស្ស១នាក់ក្នុងចំណោម៣នាក់មានសុខភាព "ខ្សោយ ទៅ មធ្យម"

យោងតាមការស្រាវជ្រាវរបស់យើង
អ្នកចូលរួម២៨%
បង្ហាញថាមានបញ្ហាសុខភាព២យ៉ាងឬច្រើនជាងនេះ។
បញ្ហាសុខភាពចម្បងចំនួនប្រាំពួកគាត់មាន មានដូចជា៖
ជម្ងឺទឹកនោមផ្អែម ជម្ងឺរលាកសន្លាក់
ជម្ងឺបាក់ទឹកចិត្ត ជម្ងឺលើសឈាម និង
ជម្ងឺផ្លូវចិត្ត។

មនុស្ស១នាក់ក្នុងចំណោម២នាក់មានហេតុសញ្ញានៃភាពបាក់ទឹកចិត្ត

២៥,៤%នៃអ្នកចូលរួមធ្លាប់ប៉ុនប៉ងធ្វើអត្តឃាត ឬ
ស្គាល់មនុស្សដែលធ្លាប់ប៉ុនប៉ងធ្វើអត្តឃាត។
ហេតុផលចម្បងប្រាំយ៉ាងនៃការធ្វើអត្តឃាតមានដូចជា៖
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ការបាក់ទឹកចិត្ត បញ្ហាគ្រួសារ
ភាពឯកោ និងបញ្ហាហិរញ្ញវត្ថុ។

មនុស្ស១នាក់ក្នុងចំណោម៥នាក់មានការលំបាកក្នុងការទទួលបានសេវានានា

ការលំបាកចម្បងទាំងប្រាំយ៉ាងរួមមាន៖ ផលពិបាកនៃការមិនចេះភាសា
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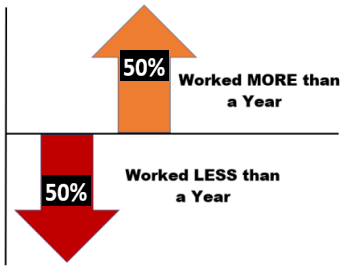
បញ្ហាទំនុកចិត្ត និង
ការមិនអាចបំពេញតម្រូវការនានាបាន។

ស្ថេរភាពសេដ្ឋកិច្ច



មនុស្ស៥0% ធ្វើការតិចជាងមួយឆ្នាំ

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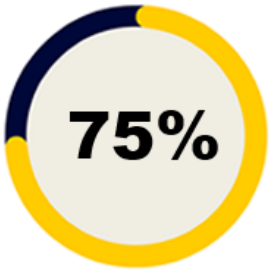
ឈប់ធ្វើការដោយសារតែបញ្ហាសុខភាពផ្លូវកាយ និង សុខភាពផ្លូវចិត្ត

មនុស្ស១នាក់ក្នុងចំណោម៣នាក់ជាប់បំណុល

អ្នកចូលរួមម្នាក់និយាយថា"***ខ្ញុំមិនអាចរកការងារបានធ្វើនោះទេ ដោយសារខ្ញុំមានជម្ងឺផ្លូវចិត្ត***"

"***ការងារពិបាករកខ្លាំង ឯណាស់។ ខ្ញុំពិបាករកការងារដោយសារតែខ្ញុំមិនចេះភាសា។***"
បកប្រែមកពីអ្នកចូលរួមដែលនិយាយភាសាខ្មែរ។

លំនៅដ្ឋាន



មនុស្សភាគច្រើនស្នាក់នៅផ្ទះជួល

៧៥% នៃអ្នកចូលរួមជាអ្នកជួលផ្ទះ
ដែលនេះមានចំនួន១៥%
លើសអត្រារបស់ទីក្រុងឡងបិច។
យុវវ័យ១ក្នុងចំណោម២នាក់មានអារម្មណ៍អសុវត្ថិភាព

ហេតុផលសំខាន់ទាំងប្រាំនៃអារម្មណ៍អសុវត្ថិភាពមានដូចជា៖ ក្មេងពាល
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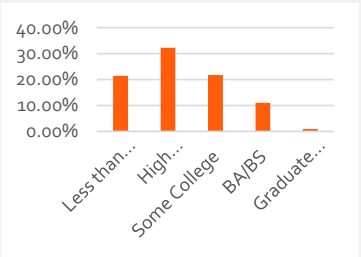
អំពើហិង្សាដោយអាវុធ។
អ្នកចូលរួមយុវវ័យបាននិយាយថា
"មិត្តរបស់ខ្ញុំត្រូវបានគេជាញ់ប្រហារពីរដងចំដើមទ្រូងនៅពេលដែលកាត់ដើរពីធ្វើការមកផ្ទះតែម្នាក់ឯង"

ការអប់រំ

២១% មានកម្រិតអប់រំក្រោមវិទ្យាល័យ



ច្រើនជាង៥៣%នៃអ្នកចូលរួមមិនបានចូលមហាវិទ្យាល័យ។
ច្រើនជាង២២%បោះបង់ការ សិក្សាដោយសារបញ្ហាហិរញ្ញវត្ថុ។
ឪពុកម្តាយ១ ក្នុងចំណោម១០នាក់មិនដឹងថាត្រូវជួយកូនរបស់គាត់នៅក្នុងការសិក្សាដោយរបៀបណា
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Statutory Declaration

I hereby confirm that I am the author of the thesis presented. I have written the thesis as applied for previously unassisted by others, using only the sources and references stated in the text.

Place, Date

Signature, Sabrina Günsche