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Effects of Parental Trauma Experience on Second Generation Cambodian Americans

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LOMA LINDA UNIVERSITY
School of Behavioral Health
in conjunction with the
Faculty of Graduate Studies

Effects of Parental Trauma Experience on Second Generation
Cambodian Americans

by

Sophorn Theam Choau

A Dissertation submitted in partial satisfaction of
the requirements for the degree
Doctor of Philosophy in Marriage and Family Therapy

September 2013

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Each person whose signature appears below certifies that this dissertation in his/her opinion is adequate, in scope and quality, as a dissertation for the degree Doctor of Philosophy.

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ABBREVIATIONS

SGCA	Second Generation Cambodian American
BSI-18	Brief Symptom Inventory-18
FACES IV	Family Adaptability and Cohesion Evaluation Scales IV
HTQ	Harvard Trauma Questionnaire
KSC	Khmer Student Coalition
CSA	Covariance Structure Analysis
SEM	Structural Equation Modeling
EQS	Structural Equation Modeling Software
SPSS	Statistical Package for Social Sciences

ABSTRACT OF THE DISSERTATION

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by

Sophorn Theam Choau

Doctor of Philosophy, Graduate Program in Marriage and Family Therapy
Loma Linda University, September 2013
Dr. Brian Distelberg, Chairperson

This study explores the parent-child relationship between second generation Cambodian Americans (SGCA) and their first generation parents, as reported by SGCA. Specifically this study examined the effects of parental trauma from the Khmer Rouge (Cambodian genocide), on SGCA in relation to SGCA's mental health status, parent-child communication, cohesion, flexibility, and academic achievements. This study was conceptualized through the effects of intergenerational trauma. A quantitative approach was used to analyze the data. Instruments used to measure the variables in the research included Harvard Trauma Questionnaire Revised Cambodian Version (HTQ), Brief Symptom Inventory-18 (BSI-18), Family Adaptability and Cohesion Evaluation Scales (FACES-IV), and Grade Point Average (GPA). One hundred seventy-two SGCA college students from the Khmer Student Coalition (KSC) in California were selected between the ages of 18 and 28 completed all the self-report questionnaires. Based on Path analysis, this study found that trauma and anxiety were related; they both affected family dynamics, which affected communication and communication affected GPA. The model demonstrated a good fit of $p\text{-value} > .05$, $CFI = 0.994$, $GFI = 0.984$, and $RMSEA = 0.051$. This model indicates that intergenerational trauma in Cambodian young adults

will negatively affect their GPA, but certain family dynamics can buffer against this effect such as family communication, flexibility, and cohesion. Specially, this study contributes new knowledge to the field of family science as outcomes of this study show the importance of family dynamics when working with Cambodian families on trauma and academic achievement as well as highlighting the significance of a relational approach to working with these families.

CHAPTER ONE

INTRODUCTION

Purpose

Cambodian Americans are one of the least researched groups amongst refugees (Taisng, 2008a), yet they have the highest levels of parent-child conflict amongst Southeast Asian immigrant families (Choi, He, & Harachi, 2008; Ying & Akutsu, 1997). It is likely that much of this conflict is due to the horrific experiences their parents experienced during the Khmer Rouge (Kaitz, Levy, Ebstein, Faraone, & Mankuta, 2009). Although there is a great deal of literature on parent-child relationships in general, only a minute portion of this literature explores the relation between second generation Cambodian Americans (SGCA) and their parents. Exploring the impact of trauma from the Khmer Rouge in the parent-child relationship is imperative because Cambodian American youth have a greater high school dropout rate, which are associated with behavioral problems, such as gang involvements, than any other Southeast Asians (Choi, 1998; Kim 2002; Portes and Rumbaut, 2001). Therefore, this study will focus on the effects of parental trauma (from the Khmer Rouge (Cambodian holocaust)) on SGCA. Specific outcomes of interest within this study include: SGCA mental health, parent-child communication, cohesion, flexibility, and academic achievements.

Background

In the years from 1975 to 1979, Cambodia was taken over by the Khmer Rouge regime (Becker, 1986; Hawk, 1982). Over the course of four years, more than one million (one quarter of the population) Cambodians died from executions, starvation, or

diseases were recorded, but the true estimate of death may be up to three million. As for those that survived the genocide, many still suffer from the trauma of torture, separation, and starvation. To avoid concentration camps and subsequent torture and starvation, many Cambodians fled to neighboring countries. It is estimated that more than 100,000 eventually immigrated to the United States (Kinzie, Sack, Angell, & Clarke, 1989). The children of these immigrants now experience trauma through relationship with their parents (Chaitin & Bar-on, 2002). In this regard, Figley (1995) argued that the consequences of trauma not only affect the individuals directly exposed, but also those who are indirectly exposed, such as their children, specifically the SGCA's.

Not only is the trauma experienced in the family horrific, the added loss of cultural values is thought to further stress the family when the children acculturate to the American culture and differentiate from their parent's Cambodian cultural values (Chung, 2001). During the Khmer Rouge Buddhist monks were murdered, temples were demolished, and those educated were executed. Families were taught to betray one another, and individuals were dehumanized (Becker, 1986; Hawk, 1982). The subsequent effect is that these refugees lost their solid grounding in their culture. Now these families struggle to maintain their culture within the U.S. and their children are pulled to assimilate into the western culture of the U.S. All of this stress exists in the forefront of families that are still struggling to cope with the ever-present trauma of the Khmer Rouge.

In general, SGCA's are raised in families that value obedience, familial obligations, and interdependence within the family (Zhou & Lee, 2004). Yet, the larger sociocultural context of the U.S. emphasizes individual independence, which is a culture

clash between parents and children. Additionally, these SGCA are also impacted by the trauma of their parent’s experience more directly as parents continue to struggle with the aftermath of the holocaust (Lev-Wiesel, 2007).

Objectives

This dissertation intends to explore the effects of parental trauma from the Khmer Rouge on SGCA. Using a quantitative survey methodology, grounded in contextual theory, this research addresses the following hypotheses. Figure one below demonstrates the hypotheses that this study will explore.

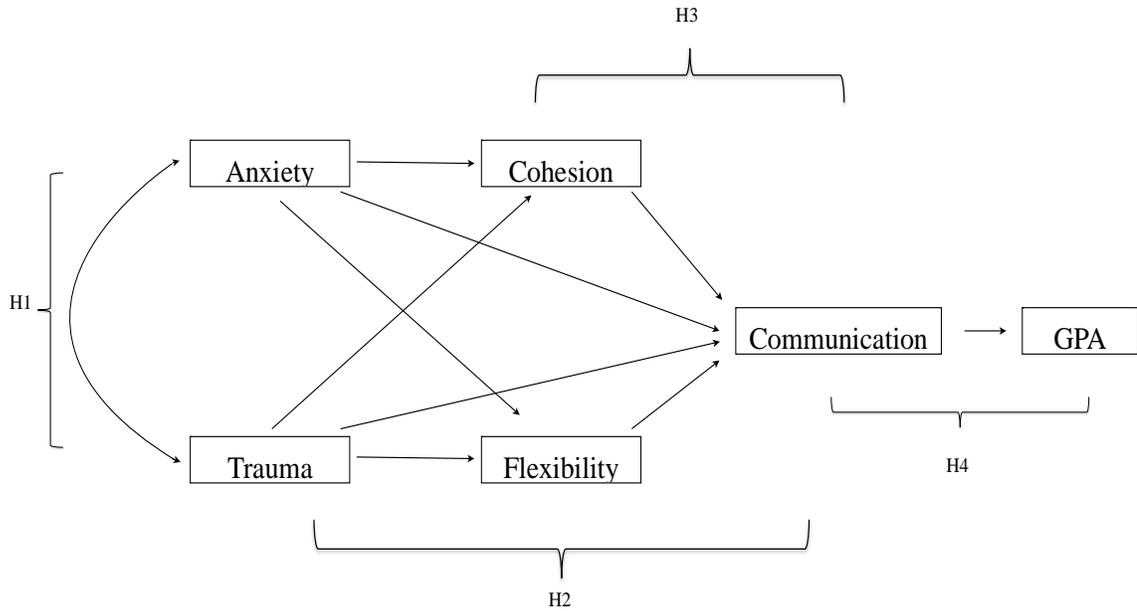


Figure 1. Initial Path Model

Based on the current literature on intergenerational trauma, this model assumes that there is a great likelihood that SGCA experience intergenerational trauma symptoms and anxiety due to their parent’s experience in the Khmer Rouge. Therefore, the first

hypothesis is that second generation youth anxiety and trauma symptoms co-vary with one another. The second hypothesis is that anxiety and trauma symptoms lower family cohesion, flexibility, which reduces communication (H3) and this lowered communication decreases the SGCA's current academic performance (GPA) (H4).

Rationale

Presently, there is only a handful of literature on SGCA (Tang, 2008a). Additionally, within this literature the focus is on the trauma experienced and not the impact of the trauma on the SGCA. Because of this, this literature typically centers on the pathology of the trauma rather than exploring the cultural and historical or familial strengths that might buffer the effects of the trauma (Gottschalk, 2003). This study intends to examine trauma and secondary trauma through the lens of the larger sociocultural, historical context, and the contextual approach.

Another current subject that has not been resolved in the literature is whether academic performance in SGCA is affected by their parent's trauma from the holocaust, even though literatures on trauma indicate the transmission of trauma is intergenerational (Eng, Mulsow, Cleveland, & Hart, 2009). Therefore, this research seeks to examine the relationship between SGCA academic achievements and the effects of parental trauma. Academic achievement is an essential outcome variable in the study of Asian families as academic performance is highly valued in these families. In this same light, Cambodian families expect their SGCAs to restore the injustice the family experienced in the Khmer Rouge through their SGCA's academic achievements (Chung, 2001; Gangi, Talamo, & Ferracuti, 2009).

CHAPTER TWO

CONCEPTUAL FRAMEWORK

According to the U.S. Census Bureau (2012), Asians are the fastest growing race group in the United States. From 2000 to 2010, the Asian population increased 43 percent, changing the total population of Asians from 12 million in 2000 to 17.5 million by 2010 (U.S. Census Bureau). As for Cambodian families, the population increased from 206,052 in 2000 to 276,667 in 2010 (U.S. Census Bureau). Kiernan (2004) indicated that over 90% of Cambodians worldwide are descendants of the Khmer Rouge.

Asian/Cambodian Immigrant Family

In the late 1960s, the first wave of Asians immigrated to America with high hopes of starting a new life filled with opportunities for their family (Takaki, 1989). During the immigration process, Asian American families dealt with great adversities through cultural adaptation (Chung, 2001), language barriers, and cultural differences (Thomas, 1995). Even though there were only a limited number of studies regarding Asian American families, the body of literature that existed suggests that the acculturation level within the family was the greatest predictor of mental health (Atkinson & Gim, 1989; Gim, Atkinson & Whitely, 1990; Solberg, Ritsma, Davis, Tata & Jolly, 1994).

Specific to Cambodians, the first wave of immigrants were mostly from higher socioeconomic backgrounds (Sakamoto & Woo, 2007), whereas the second wave came during the 1980s and had lower educational status. This group of immigrants left their country due to the treachery of war after surviving four years of trauma in the Khmer

Rouge. These traumatic experiences of being starved, tortured, and witnessing families murdered lived on through SGCA (Lev-Wiesel, 2007).

Effects of Intergenerational Trauma through Contextual Lens

Contextual therapy is one of the major models in family therapy. In 1979, contextual terminology started to progress and emerge in the literature (Boszormenyi-Nagy, 1979). This theory is applicable to describe SGCA's relationship with their parents because of its emphasis on family importance and intergenerational issues. Boszormenyi-Nagy's principles of contextual theory "are housed in the context of a person's history, whatever that may be, regardless of race, creed, educational level, or monetary status" (Wilhum-McCoy, 1993, p. 400).

Additionally, Contextual theory examines the reality of human existence from an integrative approach of individual and relational viewpoint (Boszormenyi-Nagy & Krasner, 1986). This theory combines psychoanalysis with systems theory perspectives and introduces a new model centered on intrafamilial ethics (Grunebaum, 1987). There are four main dimensions in this theory: Objectifiable Facts, Individual Psychology, Systems of Transactional Patterns, and The Ethic of Due Consideration/Merit Trust (Boszormenyi-Nagy & Krasner, 1986).

Objectifiable Facts

Objectifiable facts examine the preexisting factors, unavoidable conflicts, and consequences of the individual within the system (Boszormenyi-Nagy & Krasner, 1986).

Objectifiable facts are made up of experiences and things in life where one cannot change; these are the preexisting factors, unavoidable conflicts, and consequences.

Preexisting Factors

Preexisting factors includes genetic makeup, physical health and attributes, and social/environmental situations (Boszormenyi-Nagy & Krasner, 1986). For SGCAs, the preexisting factors are that they are born to first generation immigrants to the United States. Additionally, being Cambodian (Asian) American means that one has to straddle dual worldviews and expectations (Kanukollu & Mahalingam, 2011). For example, trying to maintain collectivist values along with having independence. Furthermore, being a collectivist culture, Cambodian family members are usually enmeshed with one another. Yet, expressing thoughts or feelings with one another is taboo in the Cambodian parent child relationship (Baranowskv, Young, Johnson-Douglas, Williams-Keeler, & McCarrey, 1998). Another preexisting factor includes the Khmer Rouge. These young adults have parents who survived four years in a holocaust (Savin, Sack, Clarke, Meas, & Richart, 1996). Furthermore, holocaust survivors are likely to experience Posttraumatic Stress Disorder (PTSD) symptoms and pass it down to their children (Abrams, 1999).

Unavoidable Conflicts

Unavoidable conflicts are “unavoidable existential conflicts among family members” (Boszormenyi-Nagy & Krasner, 1986, p. 48). Family members tend to be closely involved with one another, essentially leading to conflict within the system. For Cambodian (Asian) Americans, being raised in a collectivist household and living in an

individualistic society is an unavoidable conflict (Rick & Forward, 1992). Collectivist families are very involved in each other's lives and are supportive of one another (Zhou & Lee, 2004). Yet, first generation immigrants have greater difficulty acculturating than their second generation children (Chung, 2001). With second generation children acculturating into the Western culture, parents develop anxieties and fear of losing their children to the mainstream beliefs. This causes them to be even more rigid with their children in order to preserve the traditional values in their family. In addition to these unavoidable conflicts, because of the trauma first generation Cambodian parents went through, they are overprotective and instill thoughts of fear in their children (Chazan, 1992).

Consequences

Consequences are interactions in the family that negatively impact the familial relationship (Boszormenyi-Nagy & Krasner, 1986). For Cambodian American families, there are consequences that stem from the preexisting factors and unavoidable conflicts. Even though Cambodian (Asian) immigrants came to the United States in hope for a better life for their family, immigration comes at its own cost (Kibria, 1993). Family values and parent-child relationship are uncertain due to the challenges of acculturation. These first and second generation Cambodian (Asian) families live in the same home, yet they are separated by the two opposing worlds of ethnocentrism and egocentrism (Chung, 2001). This creates distance between the parent-child relationships and increases intergenerational conflicts straining the family cohesion.

Furthermore, the consequence of parental trauma is the transmission of intergenerational trauma onto their offspring. SGCA have to deal with trauma symptoms such as anxiety, fear, nightmares, depression, and guilt (Rowland-Klein & Dunlop, 1997). These are the consequences of intergenerational trauma with which young Cambodian Americans have to deal with.

Individual Psychology

Individual psychology explores one's experience and motivations in a way where the individual is a distinct entity (Boszormenyi-Nagy & Krasner, 1986). A person's "motivation, unconscious defensiveness, and character structure" can be examined through the individual psychology (Boszormenyi-Nagy & Krasner, 1986, p. 50).

SGCA have greater conflicts with their parents because they are more focused on their own hardship. They see their lives as a battle between adhering to traditional expectations and achieving independence (Chung, 2001). Yet, they may be unaware of the adversity their parents experienced in immigrating to a foreign country and learning to acculturate to the host culture while trying to maintain traditional values. Furthermore, being indirectly traumatized by the Khmer Rouge causes great distress on SGCA, however, little attention is focused on the trauma their parents experienced and still experiences.

Nonetheless, these immigrant parents may do the same to their children; they may see the family from their own individual psychology and not through their children's lens. With little empathy for one another, disengagement results in the family causing a less cohesive relationship between parent and child (Ho, 1987)

Systems of Transactional Patterns

Systems of transactional patterns consist of two components: General Systems Theory and Classical Family Therapy (Boszormenyi-Nagy & Krasner, 1986). General Systems Theory and Classical Family Therapy are discussed below.

General Systems Theory

General Systems Theory recognizes the system as one unit (Boszormenyi-Nagy & Krasner, 1986). Thus, it is not the second generation Cambodian (Asian) American egocentrism or the immigrant parent ethnocentrism that poses a dilemma in the parent-child relationship, but it is both combined that clashes with one another. It is the embedded system of two conflicting cultures in one family that drives them apart. The system makes it difficult for parent-child communication.

Classical Family Therapy

Classical Family Therapy suggests that relational problems come from power struggles in the family (Boszormenyi-Nagy & Krasner, 1986). Power includes: “competition for control, collusion, confrontation, conflict resolution, manipulative influence, hierarchy, and the geography of being present or absent” (Boszormenyi-Nagy & Krasner, 1986, p. 55). In immigrant Cambodian (Asian) families, the hierarchy of the system is blurred since second generation Cambodian (Asian) children are the Western culture experts and has to assist their parents with translation and acculturation (Chang & Leong, 1994). Furthermore, family roles and patterns are challenged with children assigned as the family representative of the Western world and parents only having

power inside the home. The family is required to be flexible in making the necessary adjustments in family roles and leadership to adapt to this new life.

The Ethic of Due Consideration or Merited Trust

This is the most important dimension of Contextual theory. Merited trust addresses the justification factor, the need for trustworthy relationships, due crediting, and earned entitlement (Boszormenyi-Nagy & Krasner, 1986). These components are fundamental in understanding the effects of intergenerational trauma on parent-child relationships, as well as the dynamics of family cohesion, flexibility, and communication.

The Justification Factor

The Justification Factor explores the ideas of ethics, merit, and justification in the relational system (Boszormenyi-Nagy & Krasner, 1986). Ethics is described as the process of achieving merit. Merit as defined by Boszormenyi-Nagy (1979) is the component that is earned through achieving relational responsibilities. Merit also conveys justification as part of it (Boszormenyi-Nagy & Krasner, 1986). Justification in the family means that there are trustworthy members in the system. In turn, trustworthiness in the system impacts the cohesiveness in the family. Fowers and Wenger (1997) add that merit is earned when an individual contributes to the well-being of the family and builds trustworthiness.

An example of merit is the love and nurturance parents give to their children. In immigrant Cambodian (Asian) families, the parents earned their merit for raising the children and giving them a brighter future by leaving their country of origin (Chung,

2001). The parents are flexible to move in order to provide a better life for their children. There is trust that the parents made this decision to immigrate to the United States for the better of the family. This act of sacrifice communicates to the children that even though there may be conflict between the two generations, they know that their parents have their best interests at heart. Furthermore, first generation Cambodian parents earn merit by risking their lives to escape Cambodia for their children's safety since the punishment was death for those who gets caught fleeing the country (Savin et al., 1996). Even though Asian parents are unlikely to verbally express emotions with their children (Zhou & Lee, 2004), this act nonverbally communicates the parent's good intentions towards their children.

Hargrave and William (1992) explore similar thoughts on ethics, merits, and justification in intergenerational family. However, their work involves relationship obligations and merits in aging parents and their adult children. Boszormenyi-Nagy's contextual approach is utilized to understand late-life intergenerational issues between parents and their grown children versus in this study exploring intergenerational concerns in Cambodian immigrant families with young adults.

The Need for Trustworthy Relationships

The need for trustworthy relationships assumes that if an individual does not anticipate anything from a relationship, then they can also easily leave the relationship (Boszormenyi-Nagy & Krasner, 1986). This also translates into family cohesion. If the family members do not find the need to be involved with each other, then they may easily disengage from one another. Thus, there is a need for trustworthy relationships, which

includes “due crediting, responsible responding, and care about a fair distribution of relational burdens and benefits” (Boszormenyi-Nagy & Krasner, 1986). In Cambodian (Asian) immigrant families, even though the parents earned merit for providing a better future for their children, the children also contribute to the family. First, their children’s successful future is a contribution to the family in-of-itself. Additionally, second generation children accommodate their parents with the American culture and by helping translate the English language for them. The parents trust that the children are properly representing them in the Western society (Chan & Leong, 1994). There is a sense of cohesion in the family where they are involved with one another, with the parents providing a better life than they had for their children and the children representing their parents in the Western society. Additionally, they are able to be flexible as a family, learning to adjust to the Western culture while coming from an Eastern upbringing.

Moreover, Cambodian American children also develop a trustworthy relationship with their parents because even though their parents may be extremely overprotective, they trust that it is with good intentions. The merit their parents earned for immigrating to a safer country instills a trusting and cohesive relationship in the family (Grunebaum, 1987).

Due Crediting

Due crediting is the capacity to acknowledge another person’s contribution to ones life (Boszormenyi-Nagy & Krasner, 1986). Stauffer (2011) also describes it as the “ability to hear, credit, and make room for the truth of the other” (p. 85). For SGCA, due crediting towards their parents would again include immigrating to the United States.

Additionally, these Cambodian Americans would also have to acknowledge that their parent's strictness on individuality and personal freedom is meant as an act of love. There is a due crediting for first generation immigrant parents to raise children in a foreign country and providing food, clothing, and shelter. Furthermore, due crediting also entails giving credit to their parents for raising them even though they suffer from great trauma (Connolly, 2011). It is not typical of Cambodian families to verbally communicate hardship, love, or gratitude with one another (Baranowskv, Young, Johnson-Douglas, Williams-Keeler, & McCarrey, 1998), but doing so may clear up some of the parent-child conflicts.

Earned Entitlement

Earned entitlement is the merit an individual gains through treating others with genuine concern and kindness (Boszormenyi-Nagy & Krasner, 1986). This is not to be confused with destructive entitlement, which is the abuse of power to only gain from others (Boszormenyi-Nagy & Krasner, 1986; Grunebaum, 1987). There is great emphasis on the entitlement for SGCA because their parents not only gave them life, but also gave them a better future by leaving their country of origin. In any parent-child relationship, there is an "existential entitlement that the child owes their life to the parents" (van Hekken, 1990, p. 530). Additionally, earned entitlement also includes going to extremes to protect their children. Cambodia is a country with the most mines in the world and these immigrant parents risked their lives for their children's future (Becker, 1986; Hawk, 1982). This merit of sacrificing themselves for their children shows how flexible the parents are for the greater good of their children.

Contextual Framework on SGCA

Boszormenyi-Nagy's four dimensions of relational reality are utilized to explore the effects of parental trauma on SGCA. From this framework, SGCA were also greatly impacted by their parents' immigration process, especially by the trauma from the Khmer Rouge. While conflicts in the family are also due to the trauma, such as overprotectiveness and transmission of intergenerational trauma, SGCA were able to give due crediting to their parent's thoughts and efforts in taking care of them and keeping them safe. Additionally, while the parents were rigid with their children at home, they were flexible in making life changes to ensure a brighter future for their children. This theoretical framework based on relational ethics of objectifiable facts, individual psychology, systems of transactional patterns, and the ethics of due consideration provides one with greater understanding of the effects of intergenerational trauma on SGCA. For example, the emphasis on respect and acts of gratitude towards older generations, as well as the emotional and psychological effects intergenerational trauma has on SGCA. Respect and acts of gratitude contributes to the understanding of cohesion in Cambodian families. The objectifiable facts that communication about the Khmer Rouge is difficult for parents and that due to the separation and lost of families from the holocaust, parents are overprotective of their children. The interaction of these concepts within the SGCA family system ties the experiences of trauma and parent-child relationship together.

CHAPTER THREE

LITERATURE REVIEW

Countless studies have found that trauma is transmitted through intergenerational processes, yet there are very few studies that examine the effects of parental trauma from the Khmer Rouge on SGCA. This chapter will review the research available on parental trauma and anxiety, as well as intergenerational trauma and anxiety, parent-child relationship, and academic achievements. Even though there are only a handful of studies on Cambodian families, these studies help provide greater understanding of the effects of trauma on this population.

Parental Trauma & Anxiety

Studies have found that Southeast Asian adults disproportionately struggle with mental health issues, specifically posttraumatic stress disorder (PTSD), depression, and anxiety (U.S. Department of Health and Human Services, 2001). Many scholars have suggested that for Cambodians in the U.S., the increase in mental health limitations is due to the “loss of homeland, loved ones, property, savings, cultural underpinnings, and former status” due to the Khmer Rouge (Sack, Clarke, & Seeley, 1996). Jong, Komprere, Van Ommeren, El Masri, Aray, Khaled, et al. (2001) found that 28% of adult Cambodians have PTSD due to the holocaust. Additionally, individuals diagnosed with PTSD were commonly found to also have major depression and generalized anxiety (Hubbard, Realmuto, Northwood, & Masten, 1995).

Agamben (as cited in Rechtman, 2006) reveals that one of the most devastating consequences of the concentration camps on prisoners was being stripped of one's humanity. This sense of deprivation of being human does not end with the holocaust, but endures many years after and for some, throughout their lives. This pervasive trauma is cited in other studies as well (Baranowskv, Young, Johnson-Douglas, Williams-Keeler, & McCarrey, 1998). As a result of this trauma, many holocaust survivors respond with intense anger, sadness, and fear when they experience any situations of cruelty or violence (Almqvist & Broberg, 2003; Lieberman & Knorr, 2007; Schechter, 2003; Schechter, Coots, Zeanah, Davies, Coates, Trabka et al., 2005). Additionally, Gunnar and Quevedo (2007) found that traumatic experiences have long-term negative effects not the least of which are developmental problems, chronic stress, and terror. Therefore, it is reasonable to assume that many of the first generation Cambodian immigrants, inflicted by the trauma of the Khmer Rouge, struggle with the pervasive effects of PTSD (Rowland-Klein & Dunlop, 1997). In turn, the effects of their trauma may indirectly affect their children through family communication and dynamics.

SGCA Trauma & Anxiety

Intergenerational transmission of trauma as defined by Kaitz et al. (2009) is “the impact of trauma experienced by one family member on another family member of a younger generation, regardless of whether the younger family member was directly exposed to the traumatic event” (p. 160). The transmission of trauma from one generation to the next was widely accepted by the mid-1970s (Epstein, 1979). Danieli (1998) suggests that whether the trauma was direct or transmitted, individuals experience

severe distress and disturbance in their lives. Chazan (1992) further notes that transmission of trauma happens when parents expose their emotional instability to their children, even though trauma is transmitted unintentionally (Abrams, 1999). A study by Sack, Clake, Kinney, and Belestos (1995) found that 41.2% of children of holocaust survivors also had PTSD when both parents have PTSD.

Furthermore, Bergmann and Jucovy (1982) suggest that the symptoms of intergenerational trauma include “ hyper alertness, cognitive impairment, and guilt feelings ... highly reminiscent of the nightmares and flashbacks...” (p. 249). Other studies indicate that intergenerational transmission of trauma causes developmental issues for children (Schore, 2001). Phillip’s (1978) research shows that the extreme violence of the holocaust caused survivors to lack trustworthiness of others, and as a consequence, their children demonstrated problems with social adjustment.

Parent-Child Relationship

Intergenerational Cambodian and Vietnamese families living in the United States experience high parent-child conflict over cultural dissonance (Choi et al., 2008). Lee, Su, and Yoshida (2005) suggested that Asian American families have the most conflict in comparison to other immigrant families. Uba (1994) argued that this conflict is due to the Asian culture and the assimilation process. More specifically, it is not culturally accepted for Cambodians (Asians) to discuss their personal and emotional positions in the family or anywhere. Thus, communication about the Khmer Rouge does not always exist in Cambodian families. Only half of Cambodian adolescents in Kinzie, Sack, Angell, Manson, and Ben (1986) study reported that their parents talked about the Khmer Rouge.

Furthermore, when the Khmer Rouge is discussed, it is usually in the context of scolding the children for not using the opportunity the parents provided for them by immigrating to the United States (Lin et al., 2009). This type of communication leads the parent and child to further disengage from one another. Some scholars have suggested Asian American parent-child relationships lack communication due to the tendency in the first generation to avoid negative or stressful situation. In this case these children learn to avoid negative emotions and conflict within the family (Lin et al., 2009). On the other hand, Baranowsky et al. (1998) found that parental communication about the holocaust is not always lacking. Some families obsessively tell and re-tell their stories, which, at times, cause their children to feel guilty. Furthermore, the literature reveals that it is difficult for parents dealing with trauma to connect with their children since they are overwhelmed with negative emotions (Shuder & Lyons-Ruth, 2004). On the whole, these factors teach SGCA children to sense negative emotions from their parents and then adopt negative emotions themselves (Lang, 1994).

Besides the struggle to join with their children, parental trauma leads to overprotective parenting style (Rowland-Klein & Dunlop, 1997). The control parents place on their children drives the children further as they fight for individual freedom. Therefore, unhealthy communication leads to guilt, negative emotions, disengagement, and conflict in these parent-child relationships. Therefore, it is hypothesized that the higher the level of intergenerational trauma and anxiety, the lower family communication and dynamics will be.

Academic Achievement

This study seeks to investigate Cambodian Americans' academic achievement in relation to parental trauma. Although there are a few studies showing poor academic performance among Cambodian Americans (Choi, 2008; Kim, 2002; Portes & Rumbaut, 2001), none has examined the role of parental trauma. When compared to other second generation Asian American youth, Cambodian youth struggle with school (Sack et al., 1995) and unhealthy social involvement (Goldberg, 1999; Ima, 1995; Kim, 2002). Among 16 countries in the Asia-Pacific region, Cambodian children are the least optimistic towards their future (United Nations of Children's Fund, 2001). Therefore, with the few literature on SGCA, more research is needed to explore whether there is a deficient in academic achievement in these youth and if it relates to relationship with parents. Furthermore, not only is academic achievement examined in terms of parent-child relationships, but how intergenerational transmission of trauma impact parent-child relationship in terms of cohesion, flexibility, and communication.

CHAPTER FOUR

METHODS

An advanced quantitative method was used to explore the effects of parental trauma experience from the Khmer Rouge on SGCA. Path analysis was utilized to examine the relationships among six variables (child trauma, child anxiety, family communication, family cohesion, family flexibility, and SGCA Grade Point Average). Path analysis allows for the analysis of direct and indirect effect simultaneously in a single model (Babbie, 2007). The objective of this study was to understand the impact that parental trauma from the Khmer Rouge has on SGCA.

Participants

The participants in this study were selected through a convenience sample, in which the researcher selected participants based on availability and usefulness to the study (Babbie, 2007). SGCA college students that are members of the “Khmer Student Coalition (KSC) at universities in California)” were recruited for participation in the study. KSC is selected because it contains members who are SGCA and have motivation to understand and benefit their cultural heritage. The inclusion criteria was that these participants have a living parent that survived the Khmer Rouge, and either was born in the United States or came here at the age of six or younger. The SGCA participants need to be at least 18 years of age and be enrolled in college. The target sample size (based on a power calculation for SEM path analysis) for this research was 250 participants. However, the number of participants attained was 178. After excluding surveys with missing data, the final sample size used for the analysis was 172.

Table 1

Demographics M(SD)

Demographics	N	%	GPA	Trauma	Anxiety	Comm	Cohes	Flex
Gender								
Males	72	41.9	3.4(0.9)	1.7(0.5)	6.8(4.2)	32.6(5.7)	24.8(4.8)	22.6(4.7)
Females	100	58.1	3.0(0.9)	1.7(0.4)	8.3(4.6)	30.3(8.6)	22.7(5.8)	21.6(6.5)
Age								
M = 20.1(1.6)								
18	23	13.4						
19	51	29.7						
20	41	23.8						
21	24	14.0						
22 & Older	33	19.2						
Years in College								
M = 2.5(1.1)								
Freshman	34	19.8						
Sophomore	61	35.5						
Junior	41	23.8						
Senior	33	19.2						
Other	3	1.7						

N = 172

GPA = Grade Point Average

Comm = Communication

Cohes = Cohesion

Flex = Flexibility

Procedures

The researcher contacted the president of each of the KSC locations to schedule a meeting and informed him/her of the purpose and procedures of the study. Following this interaction, the researcher attended the KSC club meetings and informed the members about the purpose and procedures of the study and that this was completely voluntary for them to participate in the research. The researcher informed the members about the surveys used for the study and passed out the consent form and surveys to the club members. During this meeting, members were informed not to put their names on the surveys and advised to skip questions they felt were uncomfortable to answer.

Members that chose to participate had two options to return the surveys back to the researcher, first, they were able to choose to complete the surveys in the club meeting and pile it on a desk when they finished for the researcher to collect at the end of the meeting. The second option was that the participants were given a self-addressed prepaid envelope to be mailed back to Loma Linda University to the researcher. The researcher assured the participants that the information attained from the surveys would be used for professional training and future scholarly publications purposes only. Additionally, that no written analysis, results, or study findings will contain identifying information of the participants.

Measurements

The variables measured in this study were: child trauma (HTQ), child anxiety (BSI), family communication (FACES IV), family cohesion (FACES IV), family flexibility (FACES IV), and academic achievement (GPA). In this study: SGCA trauma is the indirect trauma experienced from their parents. Instruments used to measure the variables in the study were the Harvard Trauma Questionnaire Revised Cambodian Version (HTQ) (Mollica, Caspi-Yavin, Bollini, & Truong, 1992), the Brief Symptom Inventory-18 (BSI-18) (Derogatis, 2001), the Family Adaptability and Cohesion Evaluation Scales (FACES) IV (Olson, 2011), and the student's Grade Point Average (GPA).

The HTQ was an instrument used to assess “trauma, torture events, and trauma-related symptoms in Indochinese (Cambodians, Laotians, and Vietnamese) patients and combines refugee and culture-specific symptoms” in regards to their experience in their country of origin (Mollica et al., 1992). The questionnaire consisted of four main parts:

Trauma events (e.g., “Lack of shelter,” “Beating to the body,” “Witness killing/murder,” etc.); Personal description (e.g., “most hurtful or terrifying events you have experienced”); Head injury (e.g., “Beatings to the head,” “Suffocation or Strangulation,” “Near drowning,” etc.); Trauma symptoms (e.g., “Recurrent nightmares,” “unable to feel emotions,” etc.). These questions were rated on a 4-point scale from 1 = “Not at all” to 4 = “Extremely”. As for the reliability of this questionnaire, the test-retest reliability for trauma events and trauma symptoms was reported as $r = .89, p < .0001$ and $r = .92, p < .0001$ (Mollica et al., 1992). Only the last part of the questionnaire, Trauma symptoms, was administered to the SGCA. The reason for this was due to sections 1-3 of the HTQ only examined the direct trauma experienced by survivors, whereas section four assessed for trauma symptoms. Furthermore, HTQ have been used with Cambodian families in the United States (Mollica et al., 1992).

The next instrument was the BSI-18; this assessment was used to measure psychological distress including anxiety (Derogatis, 2001). The BSI-18 is a self-administered questionnaire that ranks feelings (e.g., “Spells of terror or panic,” “Nervousness of shakiness inside,” “Feeling tense or keyed up,” etc.) based on a 5-point scale ranging from 0 = “not at all” to 4 = “extremely”. The reliability, validity, and utility of the BSI have been tested in more than 400 research studies (Derogatis, 1993). There was good internal consistency reliability ranging from .71 to .85 on the nine dimensions measured (Derogatis, 1975). For the purpose of this study, the researcher used this assessment to measure the anxiety of SGCA.

Another instrument used was the FACES IV (Olson, 2011). This questionnaire was used to measure perceptions of the family processes. There are six scales in the

survey (enmeshed, disengaged, balanced cohesion, chaotic, balanced flexibility, rigid) that measures family communication and functioning (e.g., “Family members are very good listeners,” “Family members are able to ask each other for what they want,” “Family members try to understand each other’s feelings,” etc.) on a 5-point scale from 1 = “Strongly Disagree” to 5 = “Strongly Agree”. The reliability of FACES IV six scales ranges from Enmesh = .77 to Balanced Cohesion = .89. However, the validity of two of the scales was weak with low correlations ranging from -.11 to -.31 for the Rigid and Enmeshed scales. The other four scales (Balanced Cohesion, Flexibility, Unbalanced Disengaged, and Chaotic) had high validity (Olson, 2011). However, even though there are strong validities for 4 out of the 6 scales, this survey was not normed for Asian Americans or Cambodian Americans.

Lastly, academic achievement was measured using the SGCA current GPA. The scores were obtained from the participants and the grading is on a 4-point scale (1 = “less than 1.0”, 2 = “1.0 to 1.9”, 3 “2.0 to 2.9”, and 4 = “3.0 to 4.0” with 0 as the lowest and 4 the highest academic achievement.

Data Analysis

In this study, there were four hypotheses that were tested. The first hypothesis was that second generation youth anxiety and trauma symptoms co-varied with one another. The second hypothesis was anxiety and trauma predicted family cohesion, flexibility, and communication. When anxiety and trauma was higher, cohesion, flexibility, and communication was lower. The third hypothesis was that family cohesion and flexibility predicted family communication. Whereas, the higher cohesion and

flexibility, the higher communication. The fourth hypothesis was that the level of parent-child communication perceived by SGCA predicted SGCA academic achievement (see Figure 1). If parent-child communication increased, then academic achievement increased.

The Statistical Package for the Social Sciences (SPSS) version 21 was used to analyze the data at a univariate level and a structural equation modeling software (EQS 6.1) was used to test the proposed model represented by the four hypotheses above. The preliminary steps started with cleaning the data and inspecting for “miscodings, skewed distributions, missing data, and unusual data points that might influence the parameter estimates” (Sprenkle & Piercy, 2005, p. 436). Furthermore, missing data cases were removed before transferring the data into EQS. A bivariate analysis and an examination of scatterplots were tested to determine if the variables were linearly related. After data was entered and preliminary steps were finished, descriptive statistics of the data were run to examine the demographics and outcome of the surveys. Furthermore, a correlation and regression analysis was used to measure the association between the six variables. The researcher also ran the reliability statistics for the surveys used to ensure the internal consistency. An acceptable internal consistency has a Cronbach’s alpha (α) of $0.70 \leq \alpha < 0.80$, good is $0.80 \leq \alpha < 0.90$, and excellent $\alpha \geq 0.90$.

The next step in data analysis was to use a covariance structure analysis (CSA) in structural equation modeling (SEM) to fit the hypothesized model to the measured covariance matrix. This process yielded a diversity of fit statistics, each with distinct connotations (Kline, 2011). The indices used to evaluate the model Goodness-of-fit includes the chi-square/degrees of freedom (χ^2/df) ratio, model probability value for the

chi-square statistics (p-value), comparative fit index (CFI), Joreskog-Sorbom's fit index (GFI), and the root mean square error of approximation (RMSEA) (Raykov & Marcoulides, 2006). The model is considered to be a good fit if the χ^2/df less than 3, p-value is greater than .05, CFI is greater than .95 (>.90 is acceptable), GFI is greater than .95, and RMSEA is less than .05 (<.05-.10 is acceptable) (Raykov & Marcoulides, 2006). These fit statistics was evaluated and noted model misspecifications were addressed until an acceptable base or null model fit was achieved.

CHAPTER FIVE

RESULTS

The total sample size used for the analysis was 172 individuals. The participants' age ranged from between 18-28 years old with a mean age of 20.07 (Table 1). About 42% of the participants were male and 58% were female. The average GPA score for all participants was 3.30 with a standard deviation of 1.09 (Male: $M = 3.6$, $SD = 1.09$, Female: $M = 3.05$, $SD = 1.02$). Twenty percent of the participants were freshman in college, 35% were sophomore, 24% were Junior, 19% were senior, and 2% were other. Ethnicity of the participants were comprised of 19% Cambodian, 63% Cambodian/Chinese, 9% Cambodian/Vietnamese, 4% Cambodian/Laotian, and 5% other mixed with Cambodian.

The internal consistency for the BSI-18 anxiety ($\alpha = 0.81$, HTQ trauma symptoms ($\alpha = .93$), FACES IV communication ($\alpha = .87$), FACES IV cohesion ($\alpha = 0.76$), and FACES IV flexibility ($\alpha = 0.82$) all resulted in having an acceptable to excellent internal consistency based on the data collected. Good internal consistency has a score equal to or above 0.75; this means that the items in the questionnaires measuring the same general concept are generating comparable scores (Babbie, 2007). The mean for academic achievement using GPA was $M = 3.30$ with $SD = 1.09$. The BSI-18 questionnaire has a mean of 7.65 ($SD = 4.50$). The possible raw score on the BSI-18 ranges from 0-28 with the higher score indicating greater anxiety (Derogatis, 2001). The HTQ trauma symptom has a mean of 1.67 ($SD = 0.43$) with a total score greater than 2.5 considered symptomatic for PTSD" (Mollica et al., 1992). Perceptions of family communication (FACES IV) have a mean of 31.25 ($SD = 7.56$). Total raw scores from 29-32 indicate

low family communication where “family members have several concerns about the quality of their family communication” (Olson, 2011). Perception of family cohesion (FACES IV) has a mean of 23.54 (SD = 5.48). The raw score total between 19-28 are considered as the family being connected versus lower than 19 are somewhat connected and above 28 are very connected (Olson, 2011). Lastly, perception of family flexibility (FACES IV) yields a mean of 21.99 (SD = 5.82). Raw scores between 19-28 indicate the family as flexible, whereas scores below 19 are somewhat flexible and above 28 are very flexible. See table 2 for means and standard deviations of the six variables.

Table 2

Means (M) and Standard Deviations (SD) of all studied variables (N=172)

Variables	M	SD	Min	Max
Academic Achievement	3.15	0.90	1.00	4.00
Anxiety	7.65	4.50	2.00	22.00
Trauma Symptoms	1.67	0.43	1.00	3.03
Family Communication	31.25	7.56	10.00	50.00
Family Cohesion	23.54	5.48	10.00	35.00
Family Flexibility	21.99	5.82	10.00	33.00

Hypothesis 1

The first hypothesis stated that second-generation youth anxiety and trauma symptoms co-vary with one another. As shown in Table 3 below, these two variables

were significantly correlated ($r = .63, p < .01$). A regression analysis was also used to further determine the association between anxiety and trauma. Both anxiety and trauma were predictors of one another where anxiety yielded as a significant predictor of trauma ($\beta = .63, p < .01$) and trauma as a predictor of anxiety ($\beta = .63, p < .01$).

Table 3

Correlations among all studied variables

Variables	1	2	3	4	5	6
1. Academic Achievement	1					
2. Anxiety	.16*	1				
3. Trauma Symptoms	.03	.63**	1			
4. Family Communication	.34**	.13	-.17*	1		
5. Family Cohesion	.11	-.15	-.22**	.59**	1	
6. Family Flexibility	.29**	-.06	-.34**	.77**	.66**	1

** $p < .01$

* $p < .05$

N = 172

Hypothesis 2

The second hypothesis specified anxiety and trauma as predictors of family cohesion, flexibility, and communication. Correlation analysis showed that anxiety was not significantly correlated with family cohesion ($r = -.15, p > .05$), flexibility ($r = -.06, p > .05$), and communication ($r = .13, p > .05$). Yet, trauma was correlated with all three variables, family cohesion ($r = -.22, p < .01$), flexibility ($r = -.34, p < .01$), and communication ($r = -.17, p < .05$) (Table 2). However, a linear regression showed that anxiety was a significant predictor of family communication ($\beta = .39, p < .01$) and

flexibility ($\beta = .25, p < .01$). Trauma symptom was a significant predictor of all three variables, family cohesion ($\beta = -.22, p < .01$), flexibility ($\beta = -.50, p < .01$), and communication ($\beta = -.41, < .01$).

Furthermore, results showed that the initial path model did not have a good fit to the data, χ^2/df ratio = 20.97, p-value < .05, CFI = 0.76, GFI = 0.87, and RMSEA = 0.34 (Figure 1 and Table 3). The initial model from trauma symptoms to communication and anxiety to cohesion did not yield a significant pathway. New pathways were then added between anxiety to GPA and trauma to GPA since the literature indicates that these variables have a relationship with one another (Figure 2 and Table 3). Yet, the model did not yield a good fit, additionally, with the new pathways being non-significant. The two new paths were taken out and a covariance was added to cohesion and flexibility because these two scales are from the same assessment, therefore the error should be co-varied to account for the common measurement error. However, the model was still indicated a number of misspecifications. Therefore, a covariance was added between cohesion and flexibility to account for the shared measurement error between the two scales. Additionally, two pathways that were not significant in the initial model were still not significant with the new covariance added. Therefore, they were deleted and the model was run again through EQS, which then demonstrated a good fit, χ^2/df ratio = 1.44, p-value > .05, CFI = 0.99, GFI = 0.98, and RMSEA = 0.05 (Figure 3 and Table 4).

Table 4

Goodness-of-Fit Indexes for Path Models (N=172)

Model	χ^2/df	p-value	CFI	GFI	RMSEA
1. Initial Model	20.97	0.00	0.76	0.87	0.34
2. Second Model	34.04	0.00	0.76	0.87	0.44
3. Final Model	1.44	0.20	0.99	0.98	0.05

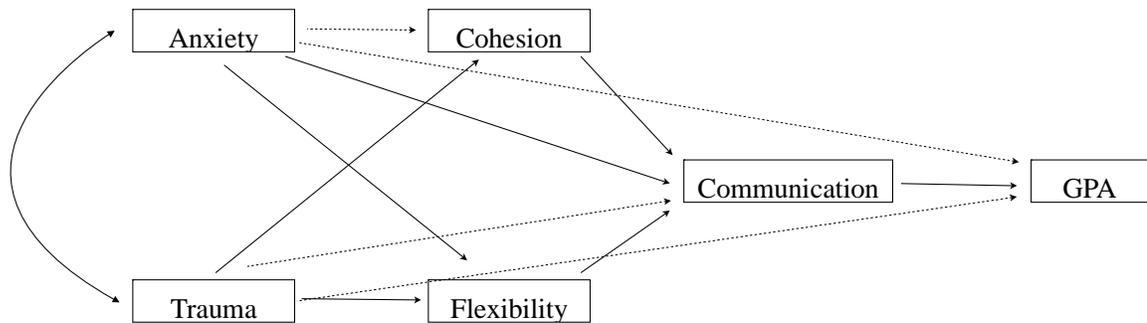


Figure 2. Second Path Model

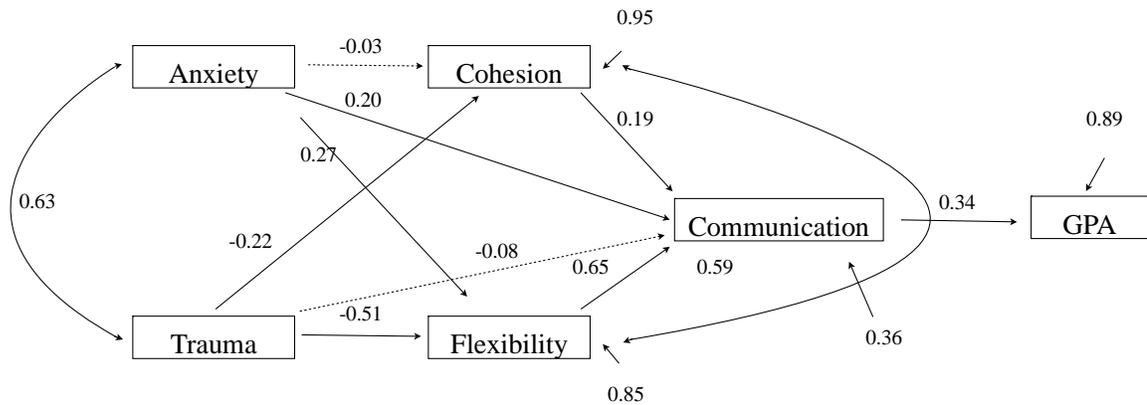


Figure 3. Final Path Model

Hypothesis 3

Hypothesis three indicated that family cohesion and flexibility predicted family communication. The correlations table above (Table 2) indicated that family cohesion ($r = .59, p < .01$) and flexibility ($r = .77, p < .01$) were significantly correlated with family communication. Furthermore, path analyses indicated that family cohesion ($\beta = 0.19, p < .05$) and flexibility ($\beta = 0.66, p < .05$) had a significant direct effect on family communication. Additionally, even though the initial model did not have a good fit, both the initial and final model pathways from cohesion to communication and flexibility to communication were significant. Therefore, families with high cohesion and flexibility were likely to also have higher levels of communication.

Hypothesis 4

The fourth hypothesis stated that the level of parent-child communication perceived by SGCA predicts SGCA academic achievement. The two variables were significantly correlated ($r = .34, p < .01$) (Table 2). Additionally, communication ($\beta = .34, p < .01$) was a significant predictor of GPA. Similar to Hypothesis 3, even though the initial model did not have a good fit, both the initial and final model pathways from communication to GPA were significant. Therefore, the final path model indicated that anxiety and trauma affects cohesion, flexibility, and communication. Cohesion and flexibility directly affected communication and ultimately, communication had a direct effect on GPA. This model showed that family processes mediate the relationship between anxiety/trauma and GPA.

CHAPTER SIX

DISCUSSION

Overall, this study showed that trauma and anxiety were related; they both affected family dynamics, which affected communication and communication affected GPA. Yet, trauma did not directly predict communication and anxiety did not directly predict cohesion. Trauma may not have a direct effect on communication. Lin et. al., (2009) indicated that Asian American parent-child relationships lacks communication because first generation parents tend to avoid negative or stressful situation. In turn, their children also learn to avoid negative emotions and conflict in the family. Additionally, anxiety may not directly predict cohesion because one of the traumas of the Khmer Rouge was that families were separated and taught not to trust one another (Savin et al., 1996). Therefore, anxiety may not have a direct effect on cohesion, but an indirect effect through trauma. This finding is perhaps useful for clinicians (working with Cambodian American families with respect to the different effects between trauma and anxiety on cohesion) to be aware of how trauma and anxiety interchange with one another in Cambodian families. Additionally, even though anxiety does not directly affect cohesion, trauma does. Therefore it is important to work on both trauma and anxiety.

Furthermore, anxiety has a direct effect on flexibility and communication, while trauma directly affects perceptions of family flexibility and cohesion. Both trauma and anxiety predict flexibility, which means that family flexibility is contingent to levels of trauma and anxiety. Research has shown that parental trauma is associated with overprotective parenting style, which creates disengagement as children struggle for independence (Rowland-Klein & Dunlop, 1997). Trauma likely predicts cohesion

because of how families were separated by the Khmer Rouge (Savin et al., 1996). The separation may increase the importance of family even more than before.

Results from this study also showed that cohesion and flexibility are significant predictors of communication. Additionally, in the final path model, it was also found that cohesion and flexibility errors are significant covariance of one another. However, in this study, flexibility appears to be a stronger predictor of communication. This may be the case because overprotective parents have been reported to be one of the greatest conflicts between first generation Asian American parents and their children (Chung, 2001). Additionally, parents who survived traumas such as a holocaust may have symptoms of being overprotective with their children in order to shield them of the trauma and harm they experienced (Rowland-Klein & Dunlop, 1997). Even though both cohesion and flexibility predict communication, when working with Cambodian families with communication issues, it is valuable for clinicians to know that flexibility is a stronger predictor of communication. Clinicians can choose to focus more on family flexibility since it is a greater indicator to communication than cohesion.

Finally, the path model showed that communication was the only variable in this study that had a direct effect on academic achievement, whereas, anxiety, trauma, cohesion, and flexibility did not have a significant direct path to GPA, but they have an indirect effect on academic achievement. What this means here is that trauma can still affect GPA, but it will depend on family dynamics – it could be a buffer or a problem depending on the levels of their functioning. This is especially true since cohesion and flexibility leads to improved communication.

These findings bring to the forefront the importance of mental health and family relationships on academic achievement. Even though this study did not examine parental trauma, yet the literature supports intergenerational transmission of trauma. Therefore, this present study indicates parental trauma may cause anxiety and trauma in their children, in turn, this affect the children's perceptions of family cohesion, flexibility, and communication. With the participants' perception of family communication directly affecting academic achievement, these findings may serve to expand the knowledge of SGCA academic achievement through their relationship with their parents who survived the Khmer Rouge. It is important that clinicians are aware of how these variables affect one another by understanding how trauma and anxiety affects the family dynamics and in turn affects the child's academic achievement.

Strengths & Limitations

Strengths

Strengths of this study include the topic of the research. There are few literatures on SGCA and therefore this study on SGCA is a contribution to the field. Additionally, this study examines the relational effects between two generations and how this effect impacts SGCA. This is important for the field of marriage and family therapy since the literature is scarce on the impact of intergenerational trauma on SGCA.

Another strength in the study is the methodology. The researcher personally met with all the participants and was available to address any inquiries regarding the study and survey questions. In turn, being there in person may be the reason that helped yield less than 3% of missing data. Additional to the data collection process, the analysis of

the data using path analysis allowed the researcher to test for model fitting and examine direct and indirect relationships between the variables (Rakov, 2006). Additionally, from the path model, the results of the study displayed a valuable contribution to the field with finding on family dynamics being a buffering effect between trauma/anxiety and academic achievements.

Limitations

Limitations in this study include that participants were selected through a convenience sampling of only college students who are members or attendees of KSC in the state of California. This rules out other SGCA who are not in KSC, or did not attend college for one reason or another. This also excludes SGCA from other states besides California, which could affect the findings such as California being a more liberal and diverse state than most other states in the United States. Therefore this sample will not represent the full spectrum of SGCAs and limits the findings on how other SGCAs are affected by intergenerational trauma. However, this sample provides data for SGCAs in a four-year college, which will allow future researchers to do a comparison if they study other SGCAs.

Additional to the convenience sampling, the analytic strategy has a minor setback. Even though path analysis can confirm theoretical models and their assumed relationships among the variables, the causal order of the variables cannot be proven given the cross sectional design of this study (Babbie, 2007). Yet there is still value in the study because path analysis distinguishes between the indirect and direct relationships between variables (Rakov, 2006).

The third limitation is that some of the instruments used to measure the variables have not been normed for Cambodian Americans, or even Asian Americans. The HTQ is the only survey adapted for usage with Indochinese populations (Mollica, Caspi-Yavin, Bollini, & Truong, 1992). The other BSI-18 and FACES IV were normed on the majority of the population being Caucasians (Derogatis, 1993; Olson, 2011). However, the researcher ran the reliability statistics for the surveys in the study from the collected data and results showed that the BSI-18 anxiety, HTQ trauma symptoms, FACES IV communication, cohesion, and flexibility were all either above $\alpha = 0.75$. However, it is important to keep in mind that family cohesion may have a different meaning among parents and children.

Another limitation is that the data only included SGCA perception of family dynamics and not their parents. The researcher attempted to include the parents in the study by having the students ask their parents to participate, but this approach was not able to get the parents to participate. Yet, there were valuable data collected to inform researchers the effect of SGCA's mental health and perception of family experience on their academic achievement.

Future Research Implications

Future studies may consider reaching out to all SGCA in college, as well as those that are not in college. This will strengthen the research in terms of assessing for all SGCA, rather than just the ones in college, which is a subset of the population. Furthermore, future studies may look to include both SGCA and their parents. This study used support from the literature to infer intergenerational transference of trauma from

Cambodian parents to children. Attaining data for parents in future studies will provide more information on the process of intergenerational trauma, as well as the parents' perceptions on family dynamics. Suggestions to increase the likelihood of parents' participation include, rather than attempting to have parents participate through the encouragement of their children, researchers should personally call or speak to the parents about the study.

Additionally, future studies may also examine the cultural meaning between parents and children on family dynamics and communication. It is beneficial for researchers to collect data from parents and children in order to thoroughly investigate the effects of intergenerational trauma on family dynamics and academic achievement. Another research implication includes exploring other kinds of impact trauma and anxiety have on Cambodian families, such as physical effects.

Supplementary to this, it may be valuable to explore the impact of trauma and anxiety on Cambodian families over a longitudinal period to examine if there are developmental trends and changes in these families. Future researchers may also consider examining these families using a qualitative method to further address Nagy's theory around contextual issues.

Clinical Practice

Even though the present literature supports that intergenerational trauma have negative consequences for SGCA, there are ways where families can learn to better cope with the trauma they experienced (Kaitz et al., 2009). Understanding how families' cope, or what resources are used to cope will better inform programs and clinical work focused

on these families. Study results suggest that trauma does not just affect bits and pieces of one's life, but trauma is a relationship with the whole family in an assortment of interconnecting paths.

Understanding the factors that affect these families will further assist clinicians to help Cambodian American families in the future. Based on these findings from the current study, there is a little more knowledge on SGCA mental health affecting family relationship, and family relationship affecting academic achievement. Clinicians can derive from this study how transference of trauma from parent to child reveals itself through family dynamics and communication. Clinicians can then work with anxiety and trauma through relational dynamics since anxiety and trauma predicts family relationship. Additionally, from the results, communication directly affects academic achievement and therefore clinicians will have a greater basis when dealing with academic issues in Cambodian families. Clinicians will also be aware that flexibility is a greater predictor of communication than cohesion, and therefore emphasizing flexibility more may produce better results in communication and academia than just equally focusing on flexibility and cohesion. Conclusively, this study contributes to the field of marriage and family therapy by displaying how trauma, anxiety, family cohesion, flexibility, and communication all play a significant roles in academic achievement and that these variables all interrelate with one another.

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APPENDIX A

DEMOGRAPHIC QUESTIONNAIRE

1. Gender
 - Male
 - Female
2. Age _____ /Year born _____
3. How old were you when you left Cambodia? _____
4. How old were you when you arrived to the United States? _____
5. Religion _____
6. Marital Status
 - Now Married
 - Widowed
 - Divorced
 - Separated
 - Never married
7. Number of children _____
8. Number of siblings _____
9. Language spoken at home _____
10. Khmer language skills
 - Fluent in speaking and writing
 - Fluent in speaking
 - Somewhat speaks
 - Understands, but cannot speak/write (or speaks very little)

- None

11. English language skills

- Fluent in speaking and writing
- Fluent in speaking
- Somewhat speaks
- Understands, but cannot speak/write (or speaks very little)
- None

12. Education: What is the highest degree or level of school you have completed? If currently enrolled, mark the previous grade or highest degree received.

- No schooling completed
- Nursery school to 8th grade
- 9th, 10th, or 11th grade
- 12th grade, no diploma
- High school graduate – high school diploma or the equivalent (for example: GED)
- Some college credit, but less than 1 year
- 1 or more years of college, no degree
- Associate degree (example: AA, AS)
- Bachelor's degree (example: BA, AB, BS)
- Master's degree (example: MA, MS, MEng, Med, MSW, MBA)
- Professional degree (example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (example: PhD, EdD)

13. Employment Status: Are you currently ...?

- Employed for wages
- Self-employed
- Out of work and looking for work
- Out of work but not currently looking for work
- A homemaker
- A college student
- Retired
- Unable to work

14. If you are currently a college student, are you a ...

- Freshman
- Sophomore
- Junior
- Senior
- Other _____

15. If you are currently a college student, what is your present overall grade point average (GPA)? _____

16. Household Income: What is your total household income?

- Less than \$10,000
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999

- \$60,000 to \$69,999
- \$70,000 to \$79,999
- \$80,000 to \$89,999
- \$90,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 or more

17. Housing Status

- Rent
- Own

18. Race: Please specify your race

- Cambodian
- Cambodian/Chinese
- Cambodian mixed with _____
- Other _____

19. Number of times you have visited Cambodia? _____

20. Memberships in any Cambodian associations or clubs?

- Yes
- No

APPENDIX B

BRIEF SYMPTOM INVENTORY (BSI-18)

Please circle the answer that best describes how you have been feeling during the past 7 days.

1. Faintness or dizziness

Not at all / *Occasionally* / *Seldom* / *Frequently* / *Always*

2. Feeling no interest in things

Not at all / *Occasionally* / *Seldom* / *Frequently* / *Always*

3. Nervousness or shakiness inside

Not at all / *Occasionally* / *Seldom* / *Frequently* / *Always*

4. Pain on heart or chest

Not at all / *Occasionally* / *Seldom* / *Frequently* / *Always*

5. Feeling lonely

Not at all / *Occasionally* / *Seldom* / *Frequently* / *Always*

6. Feeling tense or keyed up

Not at all / *Occasionally* / *Seldom* / *Frequently* / *Always*

7. Nausea or upset stomach

Not at all / *Occasionally* / *Seldom* / *Frequently* / *Always*

8. Feeling blue

Not at all / *Occasionally* / *Seldom* / *Frequently* / *Always*

9. Suddenly scared for no reason

Not at all / *Occasionally* / *Seldom* / *Frequently* / *Always*

10. Trouble getting one's breath

Not at all / *Occasionally* / *Seldom* / *Frequently* / *Always*

11. Feeling worthless

Not at all / *Occasionally* / *Seldom* / *Frequently* / *Always*

12. Spells of terror or panic

Not at all / *Occasionally* / *Seldom* / *Frequently* / *Always*

13. Numbness or tingling in parts of one's body

Not at all / *Occasionally* / *Seldom* / *Frequently* / *Always*

14. Feeling hopeless about the future

Not at all / *Occasionally* / *Seldom* / *Frequently* / *Always*

15. Feeling so restless that one could not sit still

Not at all / *Occasionally* / *Seldom* / *Frequently* / *Always*

16. Feeling weak in parts of one's body

Not at all / *Occasionally* / *Seldom* / *Frequently* / *Always*

17. Thoughts of ending one's life

Not at all / *Occasionally* / *Seldom* / *Frequently* / *Always*

18. Feeling fearful

Not at all / *Occasionally* / *Seldom* / *Frequently* / *Always*

APPENDIX C

FAMILY ADAPTABILITY AND COHESION EVALUATION

SCALES (FACES) IV QUESTIONNAIRE

Directions to Family Members:

1. All family members over the age 12 can complete FACES IV.
2. Family members should complete the instrument independently, not consulting or discussing their responses until they have been completed.
3. Fill in the corresponding **number** in the space on the provided answer sheet.

1	2	3	4	5
Strongly Disagree	Generally Disagree	Undecided	Generally Agree	Strongly Agree

1. Family members are involved in each others lives.
2. Our family tries new ways of dealing with problems.
3. We get along better with people outside our family than inside.
4. We spend too much time together.
5. There are strict consequences for breaking the rules in our family.
6. We never seem to get organized in our family.
7. Family members feel very close to each other.
8. Parents equally share leadership in our family.
9. Family members seem to avoid contact with each other when at home.
10. Family members feel pressured to spend most free time together.
11. There are clear consequences when a family member does something wrong.
12. It is hard to know who the leader is in our family.

13. Family members are supportive of each other during difficult times.
14. Discipline is fair in our family.
15. Family members know very little about the friends of other family members.
16. Family members are too dependent on each other.
17. Our family has a rule for almost every possible situation.
18. Things do not get done in our family.
19. Family members consult other family members on important decisions.
20. My family is able to adjust to change when necessary.
21. Family members are on their own when there is a problem to be solved.
22. Family members have little need for friends outside the family.
23. Our family is highly organized.
24. It is unclear who is responsible for things (chores, activities) in our family.
25. Family members like to spend some of their free time with each other.
26. We shift household responsibilities from person to person.
27. Our family seldom does things together.
28. We feel too connected to each other.
29. Our family becomes frustrated when there is a change in our plans or routines.
30. There is no leadership in our family.

1	2	3	4	5
Strongly Disagree	Generally Disagree	Undecided	Generally Agree	Strongly Agree

31. Although family members have individual interests, they still participate in activities.
32. We have clear rules and roles in our family.

33. Family members seldom depend on each other.
34. We resent family members doing things outside the family.
35. It is important to follow the rules in our family.
36. Our family has a hard time keeping track of who does various household tasks.
37. Our family has a good balance of separateness and closeness.
38. When problems arise, we compromise.
39. Family members mainly operate independently.
40. Family members feel guilty if they want to spend time away from the family.
41. Once a decision is made, it is very difficult to modify that decision.
42. Our family feels hectic and disorganized.
43. Family members are satisfied with how they communicate with each other.
44. Family members are very good listeners.
45. Family members express affection to each other.
46. Family members are able to ask each other for what they want.
47. Family members can calmly discuss problems with each other.
48. Family members discuss their ideas and beliefs with each other.
49. When family members ask questions of each other, they get honest answers.
50. Family members try to understand each other's feelings
51. When angry, family members seldom say negative things about each other.
52. Family members express their true feelings to each other.

1	2	3	4	5
Very Dissatisfied	Somewhat Dissatisfied	Generally Satisfied	Very Satisfied	Extremely Satisfied

How satisfied are you with:

53. The degree of closeness between family members.
54. Your family's ability to cope with stress.
55. Your family's ability to be flexible.
56. Your family's ability to share positive experiences.
57. The quality of communication between family members.
58. Your family's ability to resolve conflicts.
59. The amount of time you spend together as a family.
60. The way problems are discussed.
61. The fairness of criticism in your family.
62. Family members concern for each other.

APPENDIX D

HARVARD TRAUMA QUESTIONNAIRE PART 4: TRAUMA

SYMPTOMS

The following are symptoms that people sometimes have after experiencing hurtful or terrifying events in their lives. Please read each one carefully and decide how much the symptoms bothered you in the past week.

		(1) Not at all	(2) A Little	(3) Quite a bit	(4) Extremely
1	Recurrent thoughts or memories of the most hurtful or terrifying events				
2	Feeling as though the event is happening again				
3	Recurrent nightmares				
4	Feeling datable or withdrawn from people				
5	Unable to feel emotions				
6	Feeling jumpy, easily startled				
7	Difficulty concentrating				
8	Trouble sleeping				
9	Feeling on guard				
10	Feeling irritable or having outbursts of anger				
11	Avoiding activities that remind you of the traumatic or hurtful event				
12	Inability to remember parts of the most hurtful or traumatic events				
13	Less interest in daily activities				
14	Feeling as if you don't have a future				
15	Avoiding thoughts or feelings associated with the traumatic or hurtful events				

		(1) Not at all	(2) A Little	(3) Quite a bit	(4) Extremely
16	Sudden emotional or physical reaction when reminded of the most hurtful or traumatic events				
17	Feeling that you have less skills than you had before				
18	Having difficulty dealing with new situations				
19	Feeling exhausted				
20	Bodily pain				
21	Troubled by physical problem (s)				
22	Poor memory				
23	Finding out or being told by other people that you have done something that you cannot remember				
24	Difficulty paying attention				
25	Feeling as if you are split into two people and one of you is watching what the other is doing				
26	Feeling unable to make daily plans				
27	Blaming yourself for things that have happened				
28	Feeling guilty for having survived				
29	Hopelessness				
30	Feeling ashamed of the hurtful or traumatic events that have happened to you				
31	Feeling that people do not understand what happened to you				
32	Feeling others are hostile to you				
33	Feeling that you have no one to rely upon				
34	Feeling that someone you trusted betrayed you				
35	Feeling humiliated by your experience				
36	Feeling no trust in others				
37	Feeling powerless to help others				

38	Spending time thinking why these events happened to you				
39	Feeling that you are the only one that suffered these events				
40	Feeling a need for revenge				

APPENDIX E

INFORMED CONSENT FORM

Primary Investigator:

Brian Distelberg PhD
Assistant Professor
Counseling and Family
Sciences
Loma Linda University
(909)558-4547 x 47019
bdistelberg@llu.edu



Informed Consent

EFFECTS OF PARENTAL TRAUMA ON SECOND GENERATION CAMBODIAN AMERICANS: MENTAL HEALTH, PARENT-CHILD COMMUNICATION, AND ACADEMIC ACHIEVEMENTS

Purpose and Procedures

You are invited to participate in a dissertation study titled “Effects of Parental Trauma on Second Generation Cambodian Americans: Mental Health, Parent-Child Communication, and Academic Achievements.”

We are interested in learning about the parent-child relationship between second generation Cambodian Americans (SGCA) and their first generation parents. As part of this study you will be asked to fill out surveys that ask questions about mental health, parent-child communication, and academic achievements. The purpose of this study is to examine the effects of parental trauma, from the genocide committed by the Cambodian Khmer Rouge, on SGCA. This study is being conducted by Dr. Brian Distelberg and Ms. Sophorn Theam Choau (aka Genalyn Sophorn Theam) of Loma Linda University, Department of Counseling and Family Science as part of Ms. Sophorn Theam Choau’s doctoral study.

If you would like to take part in this study, please fill out the self-report questionnaires and return the surveys to the researchers. Additionally, for the student participants, in order to participate in this study we ask that you and one of your parents complete the enclosed surveys and return them in the self-addressed envelopes to the research team. Also, parents should be given a copy of this informed consent document prior to participating. If your parents cannot, or are unwilling to complete the survey, your survey may be excluded from portions of the analysis. The surveys will take approximately 30-45 minutes to complete.

Risks

There is minimal risk for participating in this study. By participating in this study, parents will be asked to answer questions about past trauma during the Khmer Rouge. These questions might bring back feelings of anxiety or pain. If you (parent or students) do not feel comfortable answering any of the questions in the survey please feel free to skip those specific questions. If either of you experience any anxiety due to filling out the surveys, we encourage you to refer to the mental health provider list below. The list includes mental health providers in various areas in California. Each of these providers specializes in areas of trauma and anxiety. Additionally, you may also contact Dr. Brian Distelberg at bdistelberg@llu.edu (909) 558-4547 or Ms. Sophorn Theam Choau at gtheam@llu.edu (203) 893-7888 if you have questions about accessing mental health providers. Ms. Sophorn Theam Choau is fluent in English and Khmer. Furthermore, you may also visit the “Therapist Locator” website at <https://www.therapistlocator.net/> to access other therapists in your area.

Benefits

There is no monetary compensation or other incentive offered for participation in this study. However, it is anticipated that participation in this study will help mental health professionals and educators understand the effects of the Khmer Rouge on Cambodian American families and better serve these families in the future.

Participants Rights

Your participation is entirely voluntary. There are no negative consequences if you choose not to participate in this study.

Confidentiality

The researcher will not disclose information about you or your participation in this study outside of the research team.

To protect your identity we have provided self-addressed and stamped envelopes and questionnaires which all have a number code system. We ask that neither the student or the parent write their name or any other identifying information on the survey or the envelope. Rather each of you should complete the survey labeled either “Student” or “Parent” then students should put their completed survey in the envelop marked “Student” and parents should put their completed survey in the envelop marked “Parent”. This process will ensure that no identifying information will be collected, such as names or anything that will permit research team members or any other individual from identifying you or your responses to survey items.

Although we work hard to keep your participation in this confidential, your participation is not completely confidential as parents and children will know that each other have participated in the study. We value confidentiality in the study, to this end we ask that

you please do not share your information with other individuals or participants, including your parents or other family members.

Costs

There is no cost to you for participating in this study.

Impartial Third Party Contact

You may contact an impartial third party not affiliated with this study regarding any question or complaints you may have about the study. If you have any concerns about the study or your participation, please call the following number to speak with an impartial representative of Loma Linda University who can address concerns specific to this study, at (909) 558-4647 or email: patientrelations@llu.edu.

Informed Consent Statement

If you agree to participate in this study, please complete the enclosed surveys and mail them back to the researcher in the self-addressed stamped envelope provided. By completing the enclosed surveys, you have agreed to participate in the study. Also, by returning the completed surveys you are indicating that you have read this informed consent document, and that you have had any questions regarding your participation answered to your satisfaction by the research team. Agreeing to take part in this study does not waive your rights nor does it release the researchers or institutions from their responsibilities. If you have any concerns or questions, please contact Dr. Brian Distelberg at bdistelberg@llu.edu (909) 558-4547 or Ms. Sophorn Theam Choau at gtheam@llu.edu (203) 893-7888. Please keep the document for your own record.

APPENDIX F
FINAL PATH MODEL

