PTSD and other mental health issues among Cambodian Refugees

Introduction

Posttraumatic stress disorder or PTSD is a type of anxiety disorder, which has most commonly been found among war veterans. According to the Diagnostic and Statistical Manual (DSM-III), posttraumatic stress is a sub-class within the Anxiety disorders diagnostics category (August 1987). There can be two types of PTSD, either chronic or acute. Acute PTSD means that it lasts less than three months, and anything lasting more than three months is considered chronic PTSD (Javidi & Yadollahie, 2012). Soldiers coming back from Vietnam started to get diagnosed with PTSD, and many of the soldiers coming home from Iraq and Afghanistan are suffering from PTSD symptoms. PTSD isn’t limited to war veterans, anyone who has experienced psychological trauma can develop PTSD symptoms. Pretty recently, it’s been discovered that some refugees are developing PTSD symptoms. For instance, Cambodian refugees who lived through the Khmer Rouge Regime are displaying PTSD symptoms, along with other psychological problems. I’m going to be talking about the Khmer Rouge regime, and the lasting effects it had on the Cambodian population, along with looking at case studies of Cambodian refugees with PTSD symptoms and other mental health issues.

Khmer Rouge Regime

The Khmer Rouge (KR) was a communist party lead by Saloth Sar, which ruled Cambodia from 1975-1979, they are remembered for the genocide that killed millions of Cambodians. Christine Stansell wrote an article titled, “Torment and Justice in Cambodia”
where she discusses the Khmer Rouge, and she says; “…the KR ranks as possibly the most savage Communist Party to curse the twentieth century.” (Stansell 2005, P. 18) They came to power in April 1975, when the Khmer Rouge overthrew the unpopular Lon Nol regime. Stansell said that, “In the name of revolutionary purity, the KR abolished private property, personal possessions, money, leisure, socializing, marriage, religion and all personal liberties.” (Stansell 2005, P. 18) Once the KR overthrew General Lon Nol’s regime, they evacuated the capital and all other major cities in Cambodia; moving everyone out of urban and into rural areas. They did this was because they were going to turn Cambodia into an agrarian society. Stansell describes how quickly this all happened, saying, “The day the KR took power, they evacuated the entire population of Phnom Penh in twenty-four hours…By nightfall, the capital was almost empty.” (Stansell 2005, P. 18) Cambodia became isolated from the rest of the world, and became one big labor camp (Menzel, 2007).

When Saloth Sar’s communist party took over, not long after, people in Cambodia began to die. Jörg Menzel wrote an article entitled, “Justice delayed or too late for justice? The Khmer Rouge Tribunal and the Cambodian “genocide” 1975–79.” In his article, he discusses the Khmer Rouge, and the genocide that occurs. He says, “Early reports on the killings and dying in Cambodia were initially often criticized as exaggerations, but now it is undisputed that during the regime of the Khmer Rouge many Cambodians lost their lives because of system-related reasons.” (Menzel 2007, P. 215) It’s estimated that about 1.7 million people died during the Khmer Rouge genocide, from starvation, disease and murder. In January 1979, Vietnam invaded Cambodia and overthrew the Khmer Rouge regime, which ended the three and half year long genocide (Stansell, 2005).

### Legacy of the Khmer Rouge Regime
The genocide ended in 1979 when the Khmer Rouge regime was overthrown, but the effects of the KR are still felt today. Damien de Walque wrote about the socio-demographic changes which resulted from the genocide in his article, “Socio-Demographic legacy of the Khmer Rouge Period in Cambodia.” He discusses how the fertility and marriage rates, population structure and education in Cambodia were greatly affected by the KR regime. First I am going to talk about the decline of marriage and fertility rates during the genocide in Cambodia, which affected the population structure. Then look at how education was ruined because of the Khmer Rouge regime.

During the genocide in 1975-1979, the Khmer Rouge targeted educated people, mainly men and those who lived in urban areas (de Walque, 2006). Since adult males were the ones that were being targeted, it meant that many men were being killed, meaning that the population structure dramatically changed. As a result, marriages during this time started to change, the age difference between partners started to close, and women started to wait to get married (de Walque, 2006). Jörg de Walque noted that in over half of the marriages in Cambodia, the age difference between married partners were now a lot closer than before the genocide. Along with marriage rates becoming low during the genocide, fertility rates were also declining. It’s believed that low fertility rates were the result of many women being malnourished due to the famines in Cambodia, and also because many Cambodian women were being displaced into refugee camps (de Walque, 2006). In de Walque’s article, he points out that, “…there was a sharp decline in the fertility of women born between 1950 and 1954, although theoretically they were in the most fertile years.” (de Walque 2006, P. 225) So, you can see that the genocide did have an effect on the fertility rate in Cambodia, and that very few babies were born during the
Khmer Rouge regime, although Cambodia did experience a “baby boom” right after the Khmer Rouge regime was overthrown.

Education was also greatly affected by the KR, the school systems in Cambodia were ruined because they no longer taught academic subjects, but they just wanted to teach “political education” and agricultural skills (de Walque, 2006). The mortality rate among the educated was very high, which meant that the education system collapsed. In Jörg de Walque’s article he says, “The Khmer Rouge period had a long-term impact on the educational attainment of the Cambodian population.” (de Walque 2006, P. 230) Only primary schools were open, the Khmer Rouge got rid of secondary schools, which meant that individuals who were school aged during the 1970’s have a lower level of education. It took Cambodia a little bit to get their school system back in place, after the KR was overthrown, and they started to see a gradual increase of enrollment in secondary school during the 1980’s (de Walque, 2006).

**Cambodian Refugees displaying same PTSD symptoms as war veterans**

After reading about the Khmer Rouge regime and the genocide that occurred in Cambodia, you can see how Cambodian refugees lived through a very traumatic event. Many people didn’t know whether they were going to live or die, and some felt guilty that they survived while others didn’t. Recently, researchers have come to the conclusion that Southeast Asian (SEA) refugees are developing similar PTSD symptoms as those of Vietnam veterans. Lynn August and Barbara Gianola wrote an article titled “Symptoms of War Trauma Induced Psychiatric Disorders: Southeast Asian Refugees and Vietnam Veterans.” They looked at how Vietnam veterans and Cambodian refugees from the Khmer Rouge time period shared similar experiences, and are showing similar psychiatric disorders. In their article they said, “Vietnam
veterans and SEA refugees shared traumas from a common war and show similar symptoms of psychiatric illness.” (August & Gianola 1987, P. 821)

Often times, SEA refugees PTSD symptoms get misdiagnosed because of language barriers and U.S stereotypes of Southeast Asians. Southeast Asians are stereotyped to be passive and reserved, so abnormal interpersonal behaviors go unrecognized unless they are very hostile or aggressive (August & Gianola, 1987). On the other hand, inter-personal problems, which are associated with PTSD symptoms among Vietnam veterans, have been researched, since there are no language barriers or stereotypes among veterans; Veterans didn’t have to re-locate to a new country. August and Gianola discussed how stereotypes can affect the way health professionals diagnose refugees, they said, “Somatization, interpersonal problems, and unemployment are examples which illustrate how stereotyped perceptions can generate different theories on their etiology, even though the origin may be the same.” (August & Gianola 1987, P. 828)

To prove that SEA refugees and Vietnam veterans have similar PTSD symptoms, let’s look at a couple case studies done by Lynn August and Barbara Gianola. The first one is of a 32 year old male who was a trained soldier and worked for the CIA during the Vietnam conflict, and witnessed the death of friends and relatives. When he resettled in the U.S, he become depressed, withdrawn, and began to suffer from uncontrollable shaking of his limbs, accompanied by pain in his muscles (August & Gianola, 1987). He went to the doctor to get tested, but they couldn’t find any physical illness, but he still believed he was ill, and began to have recurring memories of the war and refugee camps.

Now we turn our attention to the second case study, which was of a 37-year-old male, who witnessed the deaths of his mother, 3 siblings and 8 cousins. While living in Cambodia, he was forced into an arranged marriage by the Khmer Rouge, and then thrown into prison for 6
months because he stole a sweet potato (August & Gianola, 1987). While he was in prison, he was beaten daily, and when he was released he was emaciated and had chronic pain. When he relocated to America, he became depressed, had daily nightmares, and experiences fits of rage. During his fits of rage, he would hit his wife and children even if they didn’t provoke it, and when he saw a doctor, he told him that he didn’t remember ever hitting his family members, because he was having flashbacks of the war while he was hitting them (August & Gianola, 1987). So, you can see that Vietnam veterans and SEA refugees display similar PTSD symptoms; severe depression, explosive and violent behaviors, somatic symptoms, recurrent nightmares and intrusive thoughts (August & Gianola, 1987).

**PTSD and other psychiatric disorders among Cambodian Refugees**

Within Lynn August and Barbara Gianola’s article, they discussed a case study of a Cambodian refugee suffering from PTSD symptoms. Now, I’m going to look at several more case studies of Cambodian refugees, not only suffering PTSD, but also other psychiatric disorders.

Many Cambodian refugees in the United States have displayed PTSD symptoms along with other disorders like worry attacks. Devon Hinton, Angela Nickerson and Richard Bryant did a study called, “Worry, Worry Attacks, and PTSD among Cambodian Refugees: A Path Analysis Investigation.” This study looked at panic attacks that are associated with PTSD symptoms. Researchers wanted to, “…examine how worry, which is a key subjective correlate of stressors, relates to PTSD severity.” (Hinton 2011, P. 1818) They interviewed 201 Cambodian refugees who were seeking treatment at an outpatient psychiatric clinic in Lowell, Massachusetts; were at least 10 years old by 1975, and lived through the Khmer Rouge regime. The participants answered a series of questions relating to worrying and anxiety, where they had
to rate on a scale of 0-4 on the Likert scale, 0 being none and 4 extremely much (Hinton, 2011). They were asked questions like, how much they worried in the past month, and how hard it was to control worry.

Researchers found that among the participants with worry, worry induced panic-attacks were common (Hinton, 2011). They found these patients had three common worry topics: financial, concern about children and health. Hinton and the other researchers discussed how among Cambodian refugees there was, “general lack of money, problems obtaining rent money, owing others, not having money to buy or repair a car, concerns that social security and other benefits might be cut.” (Hinton 2011, P. 1821) Among these Cambodian refugees, worry was very common, and they said that worrying triggered panic –attacks, which were associated with PTSD. So, this study supported the hypothesis that, “worry worsens PTSD through the activation of various psychopathological processes.” (Hinton 2011, P. 1822)

As research on PTSD among Cambodian refugees expands, psychologists are finding that PTSD can be associated with sleep paralysis (SP). Sleep paralysis is when during sleep, “the motor-inhibitory and other aspects of REM sleep continue for several seconds or minutes after the person awakens.” (Hinton 2005, P. 47) People who experience sleep paralysis are not able to move even though they are awake, in some cases they even hallucinate sights, sound and sensations. This can be very frightening, especially since Cambodian refugees have reported that they had hallucinations of dark figures, which they associate as people who have died during the Khmer Rouge regime (Hinton, 2005). Devon Hinton along with several other researchers conducted a study among Cambodian refugees suffering from PTSD along with sleep paralysis. Their study was called, “Sleep Paralysis among Cambodian Refugees: Association with PTSD diagnosis and severity.” Hinton and his colleagues discussed how, “Elevated rates of SP occur
in adults reporting histories of childhood sexual abuse, individuals meeting criteria for PTSD in
the community and African-American PD patients.” (Hinton 2005, P. 48) Since it’s reported that
sleep paralysis is more likely to occur in individuals who have met the criteria for PTSD, the
psychologists wanted to see if it was common for Cambodian refugees to experience sleep
paralysis. Hinton decided to survey 100 patients at a psychiatric clinic in Lowell, Massachusetts,
58 were women and 42 were men, and they all had lived through the genocide in Cambodia.

Like Devon Hinton’s study on panic attacks and PTSD among Cambodian refugees, he
surveyed these patients on whether the person experienced a panic attack during SP, if they
hallucinated, and whether the person experienced another panic attack after the SP episode
(Hinton, 2005). What the researchers found was that, in the past year 49 out of the 100 patients
reported at least one sleep paralysis episode, and 45% reported four or more every year. Out of
the same 100 people, 46% had PTSD, and those who had experienced sleep paralysis during the
past year were more likely to also suffer from PTSD, than those without PTSD (Hinton, 2005).
If you look at the results of the study, you can see that Hinton’s hypothesis was correct. Among
the Cambodian refugees who had PTSD symptoms, they were more likely to have monthly
events of SP, than those who didn’t suffer from PTSD, Hinton said, “The present study and
others suggest that PD, PTSD, and stress in general, greatly increase the rate of SP.” (Hinton
2005, P. 50)

There have been many studies done of adult Cambodian refugees, who experienced the
Pol Pot period first hand, but fewer studies on the children of these refugees. I thought it would
be interesting to look at whether the children of these Cambodian refugees are affected in any
way by their parent/parents PTSD symptoms. One study which I looked at was done by William
Sack and Gregory Clarke, it was called, “Multiple forms of stress in Cambodian adolescent
In this case study, they discuss how children were affected during the Khmer Rouge regime, and how the stress of resettlement can trigger PTSD symptoms. During the Khmer Rouge regime, children who were over the age of 6 were taken from their families and placed into work camps (Sack & Clarke, 1996). Sack and Clarke discuss how these children were forced to spy by those who were in charge of the work camps, they says, “Selected children were taught to spy on their elders in return for food or other favors.” (Sack & Clarke 1996, P. 107) This is an example of how the people of Cambodia had to do almost anything in order to survive during the Pol Pot regime, and that kids weren’t spared from the trauma of war. The researchers claimed that, “…Khmer individuals have suffered in multiple ways: loss of homeland, loved ones, property, savings, cultural underpinnings, and former status.” (Sack & Clarke 1996, P. 107)

Not until recently, has research been done on the affects of adolescents becoming refugees, which is why Sack and Clarke wanted to conduct a study done on Cambodian refugees who were adolescents; the average age of the participants was 20 years old. They decided to interview 170 Khmer adolescents along with their mothers, who resided in Portland, Oregon. With this case study, researchers wanted to look at three types of stress experienced by these refugees, and relate it to their PTSD and depression (Sack & Clarke, 1996). They wanted to look at the stresses of war trauma, resettlement, and recent stressful events, and how they might affect the rate of PTSD experienced by the adolescents. Sack and Clarke had three hypotheses, they believed, “…subjects reporting greater war trauma would also subsequently demonstrate a greater rate of PTSD symptoms…youth reporting PTSD symptoms would also report more evidence of resettlement stress during their first year in the United States…subjects reporting depressive symptoms now would also report more recent stressful events (during the past year) but would not report significant war trauma or resettlement stress.” (Sack & Clarke 1996, P. 108)
In order to test their hypotheses, they conducted surveys with the 170 participants and their mothers. They gave the adolescents stress/trauma scales, where they were to rate which 42 war trauma stressors they experienced, and then rate which 32 item resettlement stressors they experienced. The mothers of the adolescents were given these same scales, and they were to rate what they believed their child experienced.

When the researchers got the results of the surveys, they found that the adolescent’s ratings of war trauma and the mother’s ratings of war trauma were almost identical; what researchers found interesting were the results of the resettlement stressors survey. Sack and Clarke found that, “…parents consistently report that their adolescent experienced lower rates of these forms of stress than the adolescents themselves reported.” (Sack & Clarke 1996, P. 113) The parents were underestimating the amount of resettlement stress their teenagers were experiencing. As for rates of PTSD among the adolescents, researchers found that, “First-year resettlement stress appears to be more intense in those suffering from PTSD.” (Sacks & Clarke 1996, P 113) They also found that war trauma was related and predictive of PTSD. So, the results of the surveys support the three hypotheses that Sacks and Clarke came up with.

Along with Sacks and Clarke’s case study of Khmer adolescents, Megan Berthold did a similar study. She too believed more attention should be given to Khmer Rouge refugees who were teenagers. Berthold said that, “Exposure to community violence has been found to be strongly associated with posttraumatic stress disorder.” (Berthold 1999, P. 455) The study she conducted was called, “The effects of exposure to community violence on Khmer refugee adolescents.” What she wanted to look at was the types of violence these teenagers experienced overseas in Cambodia, along with the types of violence they have experienced after resettlement in the United States. Many of the Khmer Rouge refugees here in the United States come from
families living in low socioeconomic neighborhoods, and they have the highest rate of poverty of any Asian group (Berthold, 1999). So, Megan Berthold wanted to see if there was any correlation between exposure to community violence and PTSD, she hypothesized that, “(a) the number of lifetime violent events adolescents were exposed to would significantly predict the level of PTSD symptoms and (b) the number of lifetime violent events adolescents were exposed to would significantly predict the level of functional impairment symptoms.” (Berthold 1999, P. 457)

She decided to look at Khmer Rouge refugees who were living in California, and in order for them to be eligible they had to be currently enrolled in school, self-identified as Khmer or Cambodian and were at least 5 years old when they came to the United States. Seventy six adolescents met this criteria, and their mean age was 15.7 years old, and were born between 1975 and 1983 (Berthold, 1999). Berthold conducted face to face interviews with the teenagers, and used Survey of Children’s Exposure to Community Violence (SCECV) to measure the extent that the participants had either survived violence directed at them, witnessed, or heard about types of real-life violent events (Berthold 1999). She also used the Los Angeles PTSD index, which is a symptom checklist that patients rate on a 5-point Likert scale, to assess the presence of PTSD symptoms experienced by the teenagers.

After gathering all of the information from the interviews, Berthold found that, about half of the teens survived violence directed at them, two thirds had witnessed community violence, and about 80% had heard about community violence happening to someone they knew (Berthold, 1999). When it came to the predictors of PTSD and impairment among the participants, Berthold found that, “The adolescents who were chronically exposed to violence had significantly more PTSD symptoms.” (Berthold 1999, P. 464) Since many of the participants
were so young when they lived in Cambodia, the violence they experienced overseas didn’t necessarily predict the severity of PTSD symptoms, the violence they experienced here in the U.S was the major factor. Berthold believed this was true because, “…young children may not remember very early events in their lives, their memories may be based on the extent to which their family members discussed the events.” (Berthold 1999, P. 467) Sacks and Clarke also found this scenario to be true in their study. So, you can see that along with adults being mentally affected by war trauma, Khmer Rouge refugees who are teenagers are being affected as well.

**Treatment for Cambodian Refugees**

As you can see, there is solid evidence that many Cambodian refugees in the United States are suffering from psychological disorders; mainly PTSD, depression and panic attacks. Even though there is such a large percentage of Cambodian refugees’ suffering from such mental health issues, many of them aren’t seeking any type of treatment. Various research, has suggested that this is due to a taboo within the Cambodian community about seeking psychiatric help. Robert Blair conducted a study called “Mental health needs among Cambodian refugees in Utah” where he looked at the Cambodian refugee population in Salt Lake City, Utah. He wanted to look at the types of psychological problems they were experiencing, and see what types of treatment they were seeking.

In Blair’s study, he discusses the high rates of PTSD among Cambodian refugees when he says, “The high rates of PTSD manifest among the Cambodian population were higher than any other refugee group, and the only group to even approach their rates was Second World War prisoners of war.” (Blair 2001, P. 182) Although the rate is so high among these refugees, it was found that of 4,681 refugees identified as having mental health problems, only 4 percent had
actually reached out to seek professional help (Blair, 2001). That is an astonishingly low amount, and psychologists believe it’s because Cambodians often times believe their symptoms stem from a physical illness, not a mental one. He also discusses some of the barriers that come between American health professionals and Cambodian refugees. The most common barrier that Blair found, was, “…belief that American health care providers did not understand Cambodian people.” (Blair 2001, P. 191)

Shiela Pickwell wrote about her studies of Cambodian refugees in San Diego, California in her book, “Journey to the promised land: The health consequences of refugee status for Cambodians in San Diego.” She discusses some of the reasons why Khmer Rouge refugees don’t seek medical treatment in America, and just like Blair, she discusses how Cambodians don’t always trust American doctors. Pickwell said the major complaints she heard were, “…inconveniences of appointment making, dealing with translators, inadvertently receiving bills for procedures which are covered by their Medi-Cal, submitting tests of which they are afraid…” (Pickwell 1990, P. 156) Throughout her book, she includes excerpts from interviews of Cambodian refugees, and one spoke of the medicine in America say, “American medicine is too strong for Asians.” (Pickwell 1990, P. 159) Many Cambodian refugees believe that the medicine in America causes more health problems for them, and that they don’t cure their symptoms. This could also be why many Khmer refugees don’t seek medical help; they don’t believe it will do them any good.

So far, it seems that Cambodian refugees living in America, don’t seek treatment, because they aren’t too trusting of the doctors. In Maurice Eisenbruch’s study, “From post-traumatic stress disorder to cultural bereavement: Diagnosis of Southeast Asian refugees” he discusses how there may be misinterpretation between psychological disorders and cultural
bereavement among Cambodian refugees in the United States, so perhaps not as many refugees as we think, have psychological problems where they need medical intervention. Eisenbruch is saying that doctors may believe someone is displaying psychosis, when really they’re experiencing the mourning of losing their culture. Not to say that Cambodian refugees don’t suffer from PTSD, but that understanding they might be mourning the loss of their culture, would help American doctors to better diagnose Cambodian refugees. Eisenbruch says, “It can minimize the likelihood of refugees being wrongly labeled as having psychiatric disorders when their “symptoms” reflect a profound communal suffering, the experience, the meaning and the expression of which are culturally determined.” (Eisenbruch 1991, P. 6)

**Conclusion**

The Khmer Rouge regime proved to be one of the most brutal genocides in history. Millions of people were either killed, died from starvation or exhaustion, and the “lucky” ones were able to escape, and resettle in other countries. Those who survived the Pol Pot regime experienced very traumatic events; in fact some compare the Khmer Rouge refugees with Vietnam veterans. Both of these groups experienced very similar events, and they exhibit similar PTSD symptoms.

Recently, psychologists have been conducting studies on refugees who have lived through traumatic wars, and the development of PTSD symptoms among them. They have found that along with PTSD Cambodian refugees are also suffering from other mental health disorders, like panic attacks, sleep paralysis and depression. It’s safe to say, that experiencing such violence has had an effect on the mental health of these refugees. Although so many Khmer Rouge refugees are suffering from PTSD symptoms, many are going without treatment.
Researchers believe it’s due to a few different factors, one of them being cultural barriers which make it hard for American doctors to accurately diagnose Cambodian refugees, and another is Cambodian refugees not trusting American doctors. Some also believe that cultural bereavement should be taken into account. Some of the Cambodian refugees might display symptoms that appear to be psychological disorders, like psychosis or PTSD, when it’s actually them mourning the loss of their culture. Either way, the events that these people lived through were very tragic, and there is growing evidence that it has lead to the development of psychological problems like PTSD.