Pathways of Resilience and Recovery from Trauma for Cambodian Young People

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Original Paper

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Abstract

The majority of trauma and resilience research in Cambodia has focused on survivors of the Khmer Rouge. This qualitative study set out to discover what protective factors promote resilience in young trauma survivors who are at least one generation removed. A Grounded Theory approach offered a guiding resilience framework that shaped 40 interviews: 26 participants comprised of Cambodian young people (ages 18-30) who had experienced significant early childhood trauma and 14 key informants from the Cambodian Child Protection non-governmental organization sector. Data from the young people was collected through the use of three instruments: semi-structured interviews, a narrative timeline of events and the Connor-Davidson Resilience Scale. These instruments were used to explore factors relating to recovery, resilience and wellbeing among the Cambodian young people. Key informant interviews were conducted to help understand how the Child Protection sector assists recovery from trauma in Cambodia. Analysis of the participants' oral narratives sought to uncover, understand and explain the phenomena of resilience and factors contributing to their recovery, in a post-Khmer Rouge contemporary Cambodian context. According to the young people, key factors contributing to their recovery included emotional regulation, faith and spirituality, opportunities for education and employment, social connectedness and meaning making.

Keywords

resilience, Cambodia, trauma-informed, protective factors, recovery

1. Introduction

The devastating outcomes of the genocide and other atrocities inflicted by the Khmer Rouge (KR) during the 1970s and the subsequent 20 years of international isolation that followed continue to have broader societal implications in Cambodia today (Bockers et al., 2011; Field et al., 2013; Wyatt et al., 2018). This short but profound period of forced work and family separation, punctuated by rampant

starvation and violence, which included the genocide, has resulted in widespread intergenerational trauma and Post-Traumatic Stress Disorder (PTSD). The legacy of this era still has broader interconnected societal implications, such as the normalization of violence, extensive rural poverty, lack of access to education and limited economic opportunities (Bockers et al., 2011; Field et al., 2013). These factors all contribute to the high rates of trauma in Cambodia across demographics and show the considerable challenges trauma survivors face in recovery, which are further compounded by pervasive intergenerational trauma. Importantly, one study found that up to 28.4% of adult Cambodians experience PTSD (Sonis et al., 2009). With over 60% of the country's population being born after the KR regime, more recent research on the children of KR survivors provides significant evidence of secondary traumatisation among these children (Bockers et al., 2011; Field et al., 2013; Sonis et al., 2009). Importantly, exposure to violence and other trauma in childhood can significantly impair nervous system and brain development (Anda et al., 2010; Danese & McEwen, 2012; Felitti et al., 1998; Perry & Szalavitz, 2006). This can lead to lasting effects such as cognitive development challenges and learning difficulties (Anda et al., 2010; Van der Kolk, 2014).

Definitions of trauma vary between researchers and across disciplines, such as neurobiology and psychology/psychiatry. More recently, cross-cultural psychology began at the end of the 20th century and addresses the dominant discourse of the science-laden construction of mental health and recovery (Wastell & White, 2017). However, there is a general consensus that trauma can be defined as a psychological and/or emotional response to an event or experience that is deeply distressing. By extension, trauma can be understood as the result of an overwhelming amount of strain on a person's stress-response system that exceeds their ability to cope (Perry & Szalavitz, 2006). Importantly, studies have found that childhood trauma can result in changes to brain function, producing serious self-regulation deficiencies, often classified as affect dysregulation, which is inclusive of both hyper-arousal (fight/flight stress response) and disassociation (Downey, 2007; Zeigler, 2013). When our stress-response system has been activated continuously (such as in cases of repeated trauma and abuse), we maintain a constant state of activated stress and can view the slightest change in our environment as a threat (Van der Kolk, 2014). In the case of chronic, complex trauma (wherein a child experiences ongoing or multiple traumatic events), trauma can have a detrimental effect on the developing brain (Seigel, 2012). Children who have experienced prolonged abuse and/or neglect will often experience a broad spectrum of developmental delays (Anda et al., 2005; De Bellis et al., 2010).

It has been argued that central to recovery from childhood trauma is connection to trusted adults, which appears to buffer the effects of trauma and build resilience (Brunzell et al., 2015; Perry &Szalavitz, 2006). A wide body of research exists suggesting that social connectedness is a protective factor against many forms of maltreatment and trauma (Brunzell et al., 2015; Downey, 2007; Fecser, 2015; Ludy-Dobson & Perry, 2010; Siegel, 2015; Van der Kolk, 2014). It has been well-documented that the presence of at least one supportive and stable relationship post-trauma can buffer the devastating impact of trauma on a child's developmental progress, help the child build a sense of security and form

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adult attachments later in life (Alink et al., 2009; Beckett et al., 2006; Collishaw et al., 2007; National Scientific Council on the Developing Child, 2015). Post-trauma, these positive relationships can be protective and reparative. Moreover, despite the widespread Western belief that strength of character and individual grit will triumph over adversity, research demonstrates that it is in fact the relationship with at least one supportive adult that will enable the child to develop effective coping skills (National Scientific Council on the Developing Child, 2015).

The majority of psychological research on the effects of childhood trauma in Cambodia and internationally, whether on children, adolescents or adults, tends to focus on negative outcomes of trauma such as PTSD and mental illness (Agger, 2015; Armes et al., 2019; Bremner, 2006; Kinzie et al., 1998; Steinert et al., 2015). This is in contrast to a growing body of trauma research that focuses on the concept of resilience, or an individual's ability to overcome, as the explanatory mechanism driving recovery from trauma (Antonovsky, 1987; Miles & Thomas, 2007; Overland, 2013; Van de Put & Eisenbruch, 2002). There have been various definitions of resilience; however, most of the work occurs within the Western framework and gaps exist in contextualising resilience in a non-Western environment. Broadly defined, resilience is the capacity to recover from adversity and/or withstand both physical and psychological shock (Masten, 2015). Instead of concentrating on the pathology of trauma, resilience research centres on trauma survivors who appear to have recovered from adversity and "do remarkably well" (Antonovsky, 1987; Overland, 2013).

Masten and Cicchetti (2016) propose that resilience is a result of an interconnected system of supports. They argue that multiple levels interact with each other to shape function and development, the capacity for adaption is dynamic and always changing, change is interconnected, and the systems are interdependent. These complex adaptive systems have profound implications for individuals as they are embedded in families and other systems such as peer groups, culture, community and schools. A central implication is that resilience is far from a singular trait; rather, it arises from interactions involving multiple systems and processes working in tandem simultaneously (Masten, 2018). The resilience of a traumatised child may be dependent on the resources and supports available and the many systems with which the child interacts. Caregivers, foster parents, family members and important mentors and role models are likely to have played a substantial role in this. As the child grows older they are likely to have connected with other resources and relationships outside of their primary caregiving system (Gunnar, 2006). The role of systems in building resilience was adopted in this project's approach, as all of the study participants had received non-governmental organisation (NGO) support post-trauma, which helped them connect with other resources and relationships that underpinned their resilience.

While this body of resilience research has provided context pertaining to risks mitigating and factors facilitating positive outcomes in recovery from trauma, most of the research has been conducted by Western researchers in primarily developed nations (Ungar, 2008). The emphasis here has generally been on individual and relational factors within the West. However, there are multiple variables in addition to individual and relational factors that affect a trauma survivor's recovery—such as culture

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and the socio-political environment. Briere and Jordan (2004) argue that external sociocultural factors such as social inequality, poverty and the political environment, as well as inadequate social and community support, are critical factors in influencing recovery from trauma, particularly among those from multicultural backgrounds.

Research indicates that community and cultural context are important factors for trauma survivors so they may build resilience in their lives and find a sense of wellbeing (Betancourt & Khan, 2008; Masten & Obradovic, 2008; Norris et al., 2008). Research suggests that the psychological effects of trauma may be experienced and expressed across cultures in markedly different ways, which need to be addressed during the trauma recovery process (Briere & Jordan, 2004; Overland, 2013; Ungar, 2008). By suspending some of our own preconceptions about what resilience and recovery from trauma look like, we may gain insights that can help critically evaluate and enhance existing models through a Grounded Theory (GT) approach. As such, in this study, considerable space is given to the voices, experiences and perceptions of young Cambodian trauma survivors.

1.1 Introducing the NGOs

This study explored characteristics that promote resilience and wellbeing in a population of young people that are former clients of two of the three primary NGOs. These primary NGOs were chosen because they work with trauma survivors in Cambodia while operating from different perspectives and offering different kinds of support. Participants recruited through the NGOs were all survivors of human trafficking, gender-based violence, abuse and/or incarceration. Some participants were supported by Hagar International Cambodia (Hagar) and/or are employed by Flame Cambodia (Flame). Other participants were supported by This Life Cambodia (TLC) TLC. Key informants at Hagar were interviewed during previous research (Wyatt et al., 2018) and they provided some early contextual information on building resilience in Cambodia, which was present in some of their clients. It was through these discussions that stories of survival and recovery of Hagar's young people emerged.

All participants in this study are former clients of Hagar and TLC. Flame was included in this study as they employed a group of ex-Hagar clients. TLC was selected to complement the study population and was included in the research design for diversity of the participants. The young people all shared similarities in terms of having some type of early childhood trauma, which necessitated NGO intervention. The following is an overview of the three Cambodian NGOs from which the young people were recruited.

1.1.1 Hagar Cambodia

Hagar is a Christian organisation which was first established in 1994 in Cambodia by Pierre and Simonetta Tami (Hagar International, 2019). Hagar has grown over the last 25 years, now providing trauma aftercare services in Afghanistan, Singapore, Myanmar and Vietnam in addition to Cambodia. Hagar provides psychosocial, advocacy and empowerment services for women and children who have survived the most extreme cases of human rights abuse from human trafficking, slavery, abuse and exploitation. Hagar is committed to seeing communities free and healed from the trauma of human

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trafficking, slavery and abuse and believes when healing happens, the cycle of trauma stops (Hagar International, 2019). Hagar also provides capacity-building support to NGOs and governmental partners to ensure that survivors are receiving trauma-informed care services, building capacity in each of its program countries (Hagar International, 2019).

Over the last 19 years, Hagar's model has changed considerably. This change is characterised by Hagar Cambodia moving away from group homes and shelters, to adopting a community-based care model with clients in a variety of settings including their own home, kinship care, foster care and in some instances, residential care. Hagar has worked alongside other NGOs in the sector as a voice of support for the dismantling of orphanages, in favour of community reintegration and family-based care. Through this model, Hagar has supported thousands of Cambodian children recovering from trauma by reintegrating them into their communities (Hagar International, 2019). The young people that have been supported by Hagar form the largest data set in this study.

1.1.2 Flame Cambodia

Flame was founded in 2009 and their community-based model identifies disadvantaged children living in the slums of Phnom Penh and provides education and academic support to help them succeed in their studies. In 2016, the model was revised to encompass the changing needs of teenagers by providing an environment where they could access a university pathway or vocational training. This model, which aims to launch young people into adulthood, was created by Flame's founder who had previously worked with Hagar for over a decade before coming into this role. Flame's model focuses on identifying resilience and the belief that every child has the capacity to fulfil their potential, both of which can be achieved through inspiring children to further their education and/or career pathways. This inspiration to stay in school can come from other young people (some of whom are former clients of Hagar) who have had similar lived experiences and trauma histories to the children currently supported by Flame.

1.1.3 This Life Cambodia

TLC began in 2007 as a community development organisation in Siem Reap. Within this community development framework, there is a specific program called This Life Beyond Bars, which works with young people in prison who are nearing the completion of their sentence. The focus of this program is reintegration after incarceration by strengthening family connections and providing vocational and life skills training (TLC, 2019). The program has decreased the recidivism rates of juvenile offenders who enter their program, from 60% reoffending within the first six months to 2% within the first six months, and 4% overall (TLC, 2019).

Through this program and others, TLC seeks to give individuals, families and communities the tools to build their own resilience and to overcome the adversity they face. The goal of this program is to ease their reintegration into their communities when they are released. TLC does this by providing vocational and life skills training and strengthening family connections by facilitating family visits. TLC seeks to ease the difficulties of incarceration by preparing their clients for their lives post-release.

TLC does this by helping them build resilience, by ensuring that they are not "broken" at the end of their incarceration and that they are ready to face the challenges of life after prison (Gorter, 2019).

1.2 Study Aims and Objectives

This study aims to address an important gap in the current literature regarding Cambodian young people who have experienced significant trauma. The goal was to explore the concept of resilience through the lived experiences of young Cambodians who have been supported by NGOs post-trauma. The participants of this study were all Cambodian young people, who had experienced traumatic events in their childhood yet appeared to be doing remarkably well. How did they manage this? What has helped them move forward and cope with events of the past? The aim of this study was to understand what factors had enabled their recovery by collecting qualitative data that could help understand their lived experiences.

Accordingly, the research question is as follows: *What factors promote resilience and recovery from trauma in Cambodian young people?*

In addition to answering this overarching question, the research sought to address the following four objectives:

1) Understand the characteristics of a young person's interpersonal relationships with family, friends and their wider community.

2) Explore young peoples' perception of their own personal effectiveness in their daily lives.

3) Explore young peoples' self-care strategies and capacity to manage stress.

4) Identify strategies NGOs implement to foster wellbeing and resilience among their clients in their intervention.

2. Methodology

This researcher is a member of the Australian Association of Social Workers (AASW) and bound by the AASW Code of Ethics for culturally sensitive practice. Approval was obtained by both Deakin University Human Research Ethics Committee and the Cambodian Ministry of Health (MoH). This study sought to understand the underpinning factors of recovery and wellbeing of young Cambodian trauma survivors. An exploratory case study approach was used drawing upon GT. Data collection occurred in two stages.

Recruitment for Stage 1 started immediately after obtaining approval from MoH on 16 May 2019. In Stage 1, 26 young people were chosen according to the selection criteria with the assistance of NGO key insiders, or the official "gatekeepers" within the NGOs. Key insiders nominated individuals who met the criteria and who they believed to be doing remarkably well. Initially this project had focused on the word "resilience" as a way of describing recovery from trauma. However, as the psychological meaning for the word "resilience" does not translate into Khmer, discussions focused primarily on what "doing well" might look like. Stage 1 interviews with study participants took the form of oral narratives, which were supported by individual timelines and self-reported resilience scales. During Stage 2, 14

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interviews with key informants from the NGO/ international NGO (INGO) Child Protection sector in Cambodia were purposively selected. A research assistant was used for 12 interviews as an interpreter, except in the instance where prior communication with a young person indicated a high level of English.

2.1 Participant Characteristics

The following table of participant characteristics gives an overview of the young people in terms of differences and similarities captured:

Table 1. Participant Characteristics

Age	19 (the youngest) to 30 (the oldest). Average age 25. Majority in mid-to-late 20s. This was preferable due to more time elapsing between their trauma history and the present day.
Gender	Participants from Hagar and Flame were both male and female. TLC participants were all young men.
Trauma History	Participants had varying trauma histories, from sexual exploitation to labour trafficking, incarceration, poverty, violence and/or abuse.
Education	Most participants from Hagar and Flame had completed university. None of the young people from TLC had completed university and the majority had no more than a primary school education.
Employment	All participants were in some kind of paid employment, varying from construction and manual labour-type roles, to university lecturers and medical professionals.
Religious Affiliations	Although the NGOs do not proselytise, many of the participants from Christian NGOs Hagar and Flame identified as Christian. This resulted in a much higher proportion of Christians partaking in the study than is reflective of Cambodia's religious denomination demographics (Cambodia is a Theravada Buddhist majority nation). TLC is secular and the participants' religious affiliations were predominately Buddhist.
Family of Origin	Over half of participants from Hagar and Flame were orphans and had limited kinship support in their early life. This was in direct contrast to TLC participants who all had at least one parent with whom they were connected.

2.2 Qualitative Design

A biographical interpretive method was used in the form of a one-hour interview, supported by a timeline and resilience scale. The Connor-Davidson Resilience Scale is a widely used instrument for measuring resilience and its Khmer translation (Kh-CD-RISC-10) was used for this study.

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Kh-CD-RISC-10 has been used by researchers in Cambodia investigating the levels of self-reported resilience among Cambodian adolescents (Duong & Hurst, 2016). The Kh-CD-RISC-10 remains the only recognised Khmer version of resilience scales and importantly, was not used as a standalone measure of resilience. Instead, was used to explore the subjective reality of the diverse group of young people in this study.

The use of timelines in narrative research has been used in the study of resilience with marginalised groups of young people to support and situate semi-structured interviewing (Rose, 2007). Narrative timelines build rapport, utilising participants as navigators, allowing for therapeutic moments with positive closure (Kolar et al., 2015). Research has shown that through a visual representation and construction of a participant's life, a researcher can remain focused on the study objectives, moving the interview along to meet time constraints and ensuring marginal emotional distress by redirecting a participant's attention when they appear to be showing signs of distress (Berends, 2011; Kolar et al., 2015; Sheridan et al., 2011). By using a relatively unstructured timeline and keeping the instructions broad, the study remained exploratory, aiming to identify recovery resources and processes among participants. Using this approach highlighted the coping strategies, strengths and ingenuity of the study participants. Open-ended questions were used as prompts during the interview to highlight important events in an individual's life story, as well as visual pictures on the timeline that guided the interview. Data obtained from the interviews was analysed using the Kh-CD-RISC-10 scale and NVivo v.12. Coding was then used to break down the core themes during each stage of the analysis. Interactive thematic analysis began when there was enough data to provide accurate descriptions of themes.

3. Result

The young people interviewed were all affected by complex sociocultural and environmental dynamics, many of which stem from the ongoing challenges faced by Cambodia in the aftermath of the KR regime and societal unrest that followed. These challenges include: low levels of education available to the population that survived the regime; intergenerational trauma; poverty; and gender-based violence. Key themes in relation to the young people's recovery from trauma began to emerge and intersected with the sociocultural challenges mentioned above. These themes were identified as: early childhood experiences; the shadow of the KR; rural poverty; violence; gender; being orphaned; community stigma and "keeping the fire"; moral development; attachment and the development of trust; training and educational opportunities; and faith and spirituality. Many of the young people spoke of how their communities of origin did little to support them in their recovery from trauma. In fact, the role of community stigma and gossip often compounded their distress and resulted in some of the young people having a deep distrust of others. Other factors that shaped their lives, such as being orphaned or challenges accessing education, also emerged. Despite this environment of poverty, violence and distrust the narratives highlighted how finding love and connection through at least one significant relationship could mitigate the effects of trauma.

The findings conceptualised resilience through the participant narratives which illustrated factors underpinning their recovery from trauma. These factors included: social connectedness in childhood; catalysts for change and defining moments; significant relationships post-trauma; meaning making post-trauma; the role of faith and religious communities; healing through helping; opportunities through NGO intervention; and emotional regulation. The majority of the young people demonstrated enormous tenacity for educational and economic advancement. However, their determination to succeed was challenged by the ongoing effects of their early childhood trauma, which often had been compounded by intense community stigmatisation. These effects were evident in the interviews and included: fear; sadness; anger; difficulty trusting others; and struggling with alcohol and substance abuse. Despite this, the young people showed great capacity to do remarkably well and many developed alternative coping strategies, such as turning to faith for healing. In the backdrop of Cambodia's deeply spiritual roots (Harris, 2008), faith-based practices appeared to have a positive impact on the trauma survivors. Because of this, some found comfort and solace in their faith, which for some pre-existed, while for others it was newly found. For the young people of faith, the difficulties and challenges in one's life could be met with prayer and a little bit of "magic." Furthermore, these participants also partially attributed their motivation to overcome past trauma and thrive in life to either being on God's path or supernatural forces. These individuals felt that they were predestined to succeed due to external forces. Moreover, they were able to reframe their trauma histories as both meaningful and necessary within this context.

Additionally, supporting and mentoring other young trauma survivors and the role of faith appeared to have a direct correlation with the success of the young people's ability to overcome adversity. Leadership roles were found to be a way for the young people to thrive in the face of a society and culture which continually told them that they would never amount to anything because of their trauma histories. Participants with higher education viewed these roles not only as a path to economic security and advancement, but also as a societal status symbol. In fact, they believed their higher education distinguished them from the vast majority of the Cambodian population. They also saw higher education as an attribute that made them positive role models for mentoring young people with trauma histories like themselves. Having education also mitigated these young people's feelings of being stigmatised by their communities, as it both enabled them to feel positively about themselves and also helped them feel that they had something to offer others who looked up to and admired them.

Further findings emerged from the 14 key informant interviews, who were from NGO/INGOs working in the Child Protection sector in Cambodia. These informants emphasised the importance of collaboration between the government, other NGOs and community leaders in building resilience for trauma survivors under the purview of Child Protection policies and their implementation at local and national levels. Informants spoke of how both the Child Protection sector specifically and the NGO sector generally must "join hands" and "walk step-by-step" by working with the government and each other to develop policies and social work standards to continue improving the protection of children in

Cambodia. However, many noted that successful collaboration was complicated by the faith-based tensions which arose from certain NGOs in the Child Protection network being faith-based and others not. The Child Protection net work in Cambodia has both types of NGOs working with children and works as a collaborative body to strengthen the Child Protection system in the country. Informants cited challenges in NGO collaborations and detailed how complications could arise from distinctly different approaches to trauma recovery due to an organisation being religious or secular. Some informants from secular NGOs viewed the use of faith by faith-based NGOs as potentially harmful, as faith-based donors could potentially influence trauma recovery program design based on faith rather than on beneficiary needs. Additionally, most of the informants spoke of further challenges complicating Child Protection in Cambodia including: corruption, lack of support, financial constraints; and limited human resources. Clinical perspectives were also offered from informants working directly with survivors. Many of these informants spoke of success in terms of financial independence and societal reintegration for their clients, which was often contingent on education and training opportunities offered by the NGOs.

4. Discussion

The analysis indicated that the young people constructed meaning in their lives using two different yet parallel pathways of recovery. The first pathway was understood through healing through helping others, by which the participants could reframe their lived experiences in meaningful ways. The second pathway was built upon the experience of being a part of a collectivist society and contributing to their family unit. It was through these avenues that a moral framework for personal conduct was shaped, which was further informed by the participants' early significant relationships. Participants had learned life lessons from those they had loved and often lost, which laid a foundational moral rubric and a series of ways of surviving and of relating to people. As the pathways shared common themes, the young people had moral beliefs that they either learned in church or in their Buddhist communities, which had been internalised and practiced.

The findings indicate that Cambodian communities need to support trauma survivors and truly encourage trust and empowerment. The young people in this study were all recovering from early childhood trauma and the pathways they took to build resilience (individualist or collectivist) diverged largely due to important social and community factors. Those experiencing community stigma and/or rejection, such as those who had been orphaned and had lived as street children, most often took the individualist route, as survival coping strategies they learned were centred on their self-reliance. Those who maintained their communities and families of origin took the collectivist route and their resilience was built upon their ability to contribute to their families and the social connectedness they were able to find there as well as in their communities at large. In addition, the findings indicate that underpinning the recovery of participants across both groups was the opportunity for economic empowerment and advancement, which was supported by key relationships these individuals had in

their life post-trauma. The similarities and differences between the pathways to recovery from trauma will be discussed in detail in the following sections using an individualist–collectivist framework to differentiate the construction of meaning within the context of the two pathways (Jayawickreme et al., 2012; Nicely, 2019).
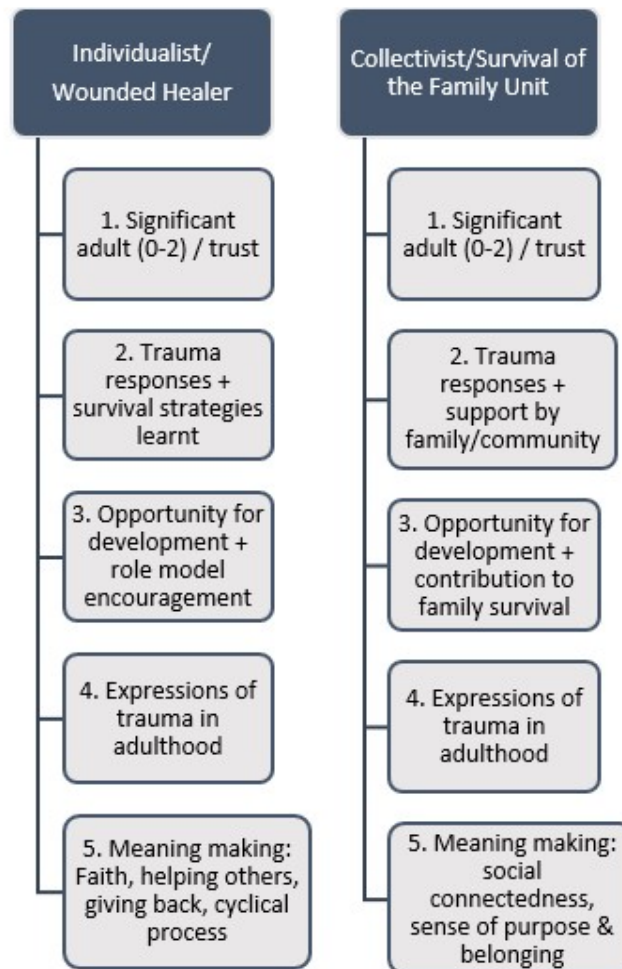
Figure 1. Pathways to Recovery

4.1 Significant Adult (0–2) Trust

All participants had a stable connection with a significant adult before the age of 2, even in instances where there was abuse at the hands of a parent in their early childhood. It was in the next stage of childhood development where a divergence occurred among the groups of young people, which highlights how some young people struggled to trust others post-trauma. Some of the comments made by members of the individualist group suggested that they had learned survival techniques from living on the streets, which spoke to this group's overall self-reliance.

The significance of close relationships for participants early in life was then carried over to later stages in

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life and was a positive indicator for building resilience. This has been noted in virtually every study on resilience development during the past half-century (Masten, 2015). Accordingly, it is unsurprising as all of the participants across both individualist and collectivist groups had one stable and loving parent or caregiver before the age of 2, were capable of forming trusting relationships later in life after experiencing significant trauma. This helped facilitate their resilience in their recovery, despite the different pathways taken. It is proposed that these early attachments served as the basis for the development of resilience in the young trauma survivors.

4.2 Coping with Trauma: Individualist Survival Strategies vs. Collectivist Family/Community Support

Findings indicated that the coping methods of the participants were aided by their having social supports, such as faith, working with others and community resources, all of which helped them develop a sense of belonging through social connectedness. Across both groups, the data showed that the young people's ability to cope was further facilitated by societal advancement opportunities which could provide them with a sense of purpose. Active coping mechanisms described by participants included sharing with someone they trusted and providing self-encouragement. For many of the individualists, helping others in their recovery from adversity was an active coping mechanism used to transform their early childhood trauma into a source of strength and resilience. Passive coping strategies used by many participants included avoidance, patterns of distrust and disengagement. Distrust of others emerged as a survival mode of interaction for many participants. Recovery from traumatic experiences is informed by positive social functioning such as trusting relationships, as the role of social supports can act as a buffer supporting the development of resilience. The relationship between the participants and their social environment was determined by the quality of the social environment itself through key relationships post-trauma, such as with the NGOs and other survivors, as well as by individual perception and understanding of information conveyed by the people around them.

Additionally, many participants found a sense of purpose through mentoring and working with others. These perceived social supports appeared to aid emotional regulation and active coping mechanisms for many of the young people across both groups. The data indicated that these young people were taught by significant adults around them, such as parents, counsellors and teachers, how to effectively regulate stress and other negative emotions. In instances where the participants lacked strong examples of how to positively cope with stress, these individuals engaged in more destructive coping behaviours, such as alcohol use and substance abuse.

Intergenerational trauma, as well as social and historical factors in Cambodia, create a social legacy of trust issues, which includes the breakdown of community support systems. Cultural context in combination with other environmental factors, is internalised during childhood development and importantly includes trust. As trust is both a cultural and psychological attitude, this is influenced by Cambodia's collective experiences and intergenerational trauma stemming from the KR regime and its aftermath. Patterns of distrust that developed during the war and at the refugee camps during the KR

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era were later passed down to future generations, which is an indicator of intergenerational trauma in Cambodia. For the women in this study distrust of all men was a common theme. Some connected their distrust of men to having been betrayed when they had trusted a male family member or male figure in their community.

4.3 Opportunities for Development: Role Model Encouragement vs. Contribution to Family Survival

Opportunities for personal and economic development were identified by the young people as important factors underpinning their resilience and recovery from trauma. A critical point for the individualist orphans, was a message of hope from an important adult in their lives, such as a teacher or a counsellor. For the collectivist non-orphan group, a family member that believed in them emerged as key to their recovery. The individualistic young people lacking the support and background of safety provided by family and community were forced to develop new cognitive frameworks and assumptive worldviews to survive and make sense of their trauma. In many instances, the experience of encouragement from a significant adult in their life would then become a critical turning point leading to education advancements. For both groups, having an adult who believed in them appeared to contribute to their ongoing growth post-trauma.

Participants taking the collectivist pathway of recovery were previously incarcerated and still maintained their families of origin, had limited formal education with most not finishing high school. Their perceived support and personal growth came from being given an opportunity to contribute financially to their family's survival, as all of these participants had at least one living parent. For these young people, efforts to redesign and rebuild their worlds post-incarceration were aided by successfully mobilising social resources. Examples of this mobilisation included opportunities for vocational training, gaining employment, reconnecting with family and/or a peer group and reintegrating into the local community. However, despite many of the young people in both groups being able to mobilise social resources and empower themselves post-trauma, their pathways to recovery were complicated by various expressions of trauma responses in adulthood.

4.4 Expressions of Trauma in Adulthood

The findings of this study characterise the journey to recovery as a complex, challenging and continuing process for many survivors. Most of the participants self-reported struggles with emotional regulation and other expressions of trauma, such as coping with alcohol and/or substance abuse. Many participants in the individualist group found comfort and solace in their faith and religious practices as a way of navigating negative emotions and understanding what had happened to them. Some reported intense moments of sadness or acting out in anger, while others struggled with substance abuse. However, the trauma responses present in some participants did not detract from their overall levels of resilience, suggesting that recovery is not a linear trajectory. Although many of the participants still struggled with coping effectively with their past trauma, they still had managed to find success in many areas of their lives, indicating varying degrees of resilience and illustrating how recovery from trauma is an ongoing process. Notably, none of the participants communicated or reported suffering from the

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classic Western symptoms of PTSD. However, this did not mean that the participants never had distressing emotions or intrusive thoughts. On the contrary, some reported acting out in anger or trauma blocking with substances.

4.5 Meaning Making: Healing through Helping and the Role of Faith vs. Social Connectedness Through Sense of Purpose and Belonging to Family/Community

The way the young people in both groups interpreted the meaning of their lived experiences could have given them understandings, interpretations and reasons for behaving in a particular way. Participant narratives were grounded in a system of meaning derived from their lived experiences, with either individualist or collectivist worldviews. The findings indicated that many had constructed meaning from their traumatic experiences through faith, helping others, connection, and sense of belonging to a family of their own.

Two different religious systems for creating meaning emerged from the data, which were essential in informing the participants' individual worldviews. While the collectivist group still maintained family and community bonds and were overwhelmingly Buddhist like their families of origin, the individualist orphans were mostly Christian. Different faith backgrounds translated to a differences in how these individuals found meaning in their worlds post-trauma. The individualist Christian participants tended to interpret their world with a more postmodern belief of freedom and autonomy. This is in contrast to individuals from the mostly Buddhist collectivist group who understood their world through maintaining gainful employment, being present within the context of their family unit and participating in community-oriented religious gatherings and rituals. As by-products of their Cambodian Buddhist communities, these individuals found meaning in life through merit-building activities, many of which involved direct participation in community and religious events and gatherings, which in turn fostered a sense of belonging.

Across both groups, the aspect of meaning appears to have helped some of the young people tolerate their experiences in the midst of trauma. Upon reflection on their traumatic lived experiences, the majority of the young people in the individualist group were able to construct meaning by connecting who they are today with what had happened to them during childhood. Here it should be further noted that unlike the collectivist group, the majority of the individualist group were also highly educated and this could have affected these individuals' ability to verbalise how they created meaning in their lives, in addition to their faith background. Contrastingly, the lesser educated, collectivist, Buddhist participants did not speak about faith in the same way as the individualist Christian participants. Instead, the collectivist group appeared to create meaning through social connection and being a part of their family and community, with many participants emphasising the value they placed on having a family. This differed for the individualist participants who found meaning through working with others and many of whom found meaning in their personal lives by contextualizing themselves as "being on God's path." Faith was not central for all participants, as one participant from the individualist group reported non-religious or agnostic belief systems. Even so, this participant still spoke about freedom and

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wanting to take care of their family as their primary motivating factor to move forward from their trauma history.

By establishing safety and support, providing opportunity and education, and working in NGOs helping others has enabled the young people to find meaning in their lived experiences post-trauma. One of the avenues for the young people from the individualist group to find meaning in their lives post-trauma was telling their stories and working with other survivors. Many of these participants spoke of wanting to help others. The findings indicated that being a role model in the community could serve as a source of pride for these individuals. This process of giving back and mentoring youth may have helped these individuals find meaning in their lives. Moreover, it appeared across both groups success in life did not appear to be measured by financial wealth, but through connection to others. Leadership, mentoring and working with/supporting others were mentioned frequently by the individualist group and supporting the family unit was of a high priority for collectivist participants. For most of the participants across both groups, having experienced stigma and disconnection from community throughout their lives, creating their own families and inspiring other young people is the ultimate in meaning making.

The narratives of Cambodian young people and the NGOs that support them, were instrumental in understanding how survivors constructed meaning in their lives post-trauma, which enabled recovery. Study participants demonstrated their resilience by being able to adapt to life after experiencing trauma despite encountering some personal challenges. The findings illustrated several important underlying factors that supported recovery from trauma including: having positive role models; cultivating the ability to regulate emotions; finding the capacity to understand trauma in the context of meaning making aided by faith; being presented with economic advancement opportunities including education; and forming healthy relationships. All of these complex interactions between the individual and their wider environment, including how they make meaning and understand their surroundings, demonstrated the complexities of recovery from trauma.

Acknowledgment

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