Intergenerational Trauma in the Aftermath of Genocide

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Abstract:
Intergenerational trauma can be understood as the transmission of historical trauma and its adverse effects and impact across generations. This has been witnessed across many nations, populations and marginalized groups, particularly in countries that have experienced long histories of war, systemic violence and/or human rights abuses. The article focuses on Cambodia in the aftermath of the Khmer Rouge and subsequent genocide as the impact of this short but profoundly devastating period in the country’s history continues to permeate many layers of life in Cambodia today. Some examples of trauma-informed research from Rwanda are also presented to highlight cross-cultural understandings of trauma and resilience. Through the research, this article explores the long-standing impacts of intergenerational trauma on the Cambodian population and discusses resilience in the aftermath of human rights violations.

Keywords: Intergenerational trauma, human rights, Cambodia, Rwanda, resilience.

Introduction

A Brief Overview of Cambodian History

Cambodia has a rich and complex history. Historical accounts and references to a political structure in Chinese records of the country, then known as Funan and presently known as Cambodia, can be traced back to the 1st century C.E. (Chandler, 2008). The Khmer Empire was founded when King Jayavarman II declared himself the ‘god-king’ of the new empire, which would last until the 15th century. After King Jayavarman II, the Khmer Empire had a succession of powerful sovereigns who made great advancements in all areas of life, including agriculture, architecture, urban planning, culture and the arts (Wolters, 1973). Unfortunately, the decline of the empire and what is referred to as the “Dark Ages of Cambodia” began in the mid-15th century and continued for approximately 100 years (Chandler, 2008).

Cambodia experienced a prosperous 16th century, largely due to maritime trade (Chandler, 2008). This foreign influence of European adventurers and missionaries, coinciding with the migration of minority groups to the area such as the Cham, continued to influence culture and government affairs during the Longvek era (Tarling, 1999). However, it was not until the 19th century that the Indochinese Peninsula experienced the invasion of European colonial powers in the region. During this era, which would last 80 years, Vietnam was identified as the main point of colonisation by the state of France with Cambodia as a protectorate (Chandler, 2008). Toward the end of the colonial era, the country experienced brief occupation by the Japanese during World War II, which coincided with King Sihanouk’s succession to
power and the formal creation of the Kingdom of Cambodia as an independent state in 1953 (Chandler, 2008).

During the 1950s in the American–Vietnam War, Cambodia became increasingly involved, as US forces secretly carpet-bombed parts of the country causing societal unrest. This would ultimately lead to the rise of the Khmer Republic in 1970. These events would all lead to the country’s civil war period, most notably defined by the communist takeover by the Khmer Rouge (KR) in 1975-1979 (Chandler, 2008; Hansen, 2004). The KR genocide is estimated to have killed up to two million Cambodians, which was a quarter of the entire population in 1975 (Chandler, 2008). During this era, the ongoing civil war further claimed the lives of tens of thousands while displacing an estimated 600,000 Cambodians, many of whom fled in-country violence to the refugee camps on the Thai border or abroad to other countries (Chandler, 2008).

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 KR era as well as the country’s succeeding decades of war, conflict and social isolation, are all important factors contributing to the complex current socio-economic climate in modern-day Cambodia (Wyatt, 2021). Furthermore, there is limited research on how the country’s collective trauma history affects the generation of children of KR survivors.

Modern-Day Cambodia: In the Aftermath of the Khmer Rouge

A significant consequence of the KR era is the relatively high prevalence of psychological trauma and PTSD among survivors, combined with the lack of available mental health supports and services. Given that more than 60% of present-day Cambodians were born after the fall of the KR, there is substantial evidence of secondary traumatization in the children of KR regime survivors (Bockers et al., 2011; Field et al., 2013; Sonis et al., 2009; Wyatt et al., 2018). Among those affected by trauma are parents who may struggle with attachment due to their own childhood trauma, potentially interfering with and compromising their ability to parent effectively (Field et al., 2013; Klaus & Vivodin, 2014). This susceptibility of trauma through the generations has been highlighted by numerous studies which have noted that the children of traumatized parents are more prone to being traumatized themselves, suggesting that trauma can be inherited (Yehuda et al., 2001; Field et al., 2013).

It is therefore not surprising, that collective societal trauma has been transmitted to the younger generation in Cambodia during their childhood development (Breidenstine et al., 2014; Miller et al., 2019). This is evidenced by one study in Cambodia which noted that children of traumatised parents had problems coping with distressing situations (Baider et al., 2000), while another study found that the same population exhibited poor styles of attachment (Lyons-Ruth et al., 2005). These studies indicate that the trauma experienced by KR survivor parents is now being transmitted to their children (Field et al., 2013). Another study found that 14.2% of the Cambodian population still suffers psychologically due to the trauma experienced during the KR regime (Miles & Thomas, 2007).

Cross-Cultural Understandings of Trauma

Trauma research within a Western context tends to pathologise trauma and its symptoms, which are understood differently in other cultural settings (Agger, 2015; Masten, 2018; Ungar, 2008). Given that a large percentage of Cambodians have been diagnosed with PTSD using Western diagnostic frameworks, the question arises as to its cultural applicability in non-Western settings. This reliance on Western models of diagnosis and understandings of trauma symptoms has been critiqued by researchers in the field as not being culturally
applicable, as the PTSD diagnosis is a Western standard being imposed on a culture that does not have the language to describe this condition (Chhim, 2013; Hinton et al., 2011a; 2011b; 2013; Levine, 2010). Because of this gap, further studies are needed to reframe or reconceptualise these Western diagnostic frameworks. As almost all the studies relating to PTSD are on adult survivors of the KR and limited research has been conducted on children and young people surviving modern-day trauma in Cambodia, having been passed down through the generations.

Furthermore, these studies tend to focus on the pathology and prevalence of PTSD in the population, with a preference for studying individuals with psychiatric disorders and difficulties associated with complex trauma (Marshall et al., 2005; Mollica et al., 1993; van de Put & Eisenbruch, 2002). Pathologising trauma and focusing on PTSD has been further critiqued as not being culturally applicable to Cambodia as Western diagnostic criteria do not effectively translate into the Khmer language (Levine, 2010). This is further reinforced by multiple studies (Armendariz et al., 2011; Berry, 2006; Perrin et al., 2001) that address trauma recovery among survivors of human trafficking found that within collectivist cultures such as Cambodia, it is necessary for interventions to adopt a cross-cultural approach to health and wellbeing.

Hinton et al. (2013) argue that questionnaires utilised in many studies often did not consider cultural context and the ways in which Cambodians conceive of and experience trauma symptoms and stress. Chhim also questions the applicability of PTSD criteria to KR survivors’ experiences and symptoms of distress and suggested the use of alternative cultural idioms in order to “provide appropriate support for traumatised Cambodians” (Chhim, 2013, p. 160). Chhim’s (2013) research into the Cambodian cultural syndrome of complex trauma moved away from the traditional/Western PTSD diagnosis. Chhim (2013) used a more meaningful and culturally relevant term of baksbat (broken courage) to describe the manifestation of stress disorders experienced by KR survivors.

A Rwandan Perspective

Trauma and resilience studies conducted in post-genocide Rwanda are relevant to Cambodia, as both countries endured country-wide civil unrest, resulting in trauma experienced by an entire population. The Rwandan genocide in 1994 resulted in more than 800,000 people being massacred as well as an estimated 535,000 women systematically raped as a weapon of war. Children also experienced sexual violence during the conflict and many became orphans and/or displaced from their original family systems. Similar to research studies conducted in post-KR Cambodia, much research has been conducted into trauma exposure and psychological reactions in Rwanda and the treatment of PTSD post-conflict (Dyregrov et al., 2000; Favila & Fellow, 2009; Mukanoheli, 2004; Peterson-Coleman & Swaroop, 2011).

Furthermore, country-specific models and approaches have been developed to support people living with trauma within the country’s population (Handicap International, 2009; Sezibera et al., 2016; Ward & Eyber, 2009). Importantly, the Rwandan studies examine post-conflict mental health from a resilience perspective (Dushimirimimana et al., 2013; Ward & Eyber, 2009; Zraly & Nyirazinyoye, 2010). These studies focus on how individuals and their communities cope and reconstruct their lives post-trauma (Dushimirimimana et al., 2013; Ward & Eyber, 2009; Zraly & Nyirazinyoye, 2010). Zraly and Nyirazinyoye (2010) studied Rwandan young-adult trauma survivors who had been predetermined as resilient, with individuals defined as those who had improved their life circumstances and were not actively experiencing PTSD symptoms. Both of these studies found that participants self-reported being devoid of trauma symptoms.

The findings of both studies conclude that participants’ lack of trauma symptoms was linked to the availability of resources, such as
access to education and a sense of belonging through communities, which enabled participants to recover from trauma in resilient ways (Dushimirimimana et al., 2013; Zraly & Nyirazinyoye, 2010). Dushimirimimana et al.’s (2013) Rwandan study used a sample size of 20 trauma survivors who 1) were currently studying at university had previously lost one or both parents during the genocide; and 3) had experienced various types of physical and sexual trauma. Dushimirimimana et al.’s (2013) findings point to protective factors, such as strong community relationships, societal collectivism and religion and faith, within Rwandan culture, that contributed to the phenomenon of resilience. Zraly & Nyirazinyoye (2010) utilised ethnographic methods in their study and found that Rwandan virtues of kwihanga (withstanding), kwongera kubaho (living again) and gukomeza ubuzima (continued life and health) promoted resilience for rape survivors. The construction of resilience within the Rwandan context consisted of multiple sociocultural factors which facilitated individuals to experience social connectedness to create meaning and establish a sense of normality in daily life (Dushimirimimana et al., 2013; Zraly & Nyirazinyoye, 2010).

Resilience in the Aftermath of Genocide and Human Rights Abuses

Research into the phenomena of resilience among Cambodian trauma survivors has been relatively sparse, although there are a number of key studies that are relevant (Agger, 2015; Overland, 2013; Overland & Yenn, 2007). Hinton et al., whose research (2011a, 2011b) explores the way Cambodian Buddhist practices and beliefs can inform recovery and resilience among Cambodian refugees in the US, found that their efforts to “cool the body” and stop “thinking too much” correspond well with Western notions of emotional self-regulation. Buddhism may present a worldview that can be integrated with the discipline of psychology and the natural inquiry into the nature of the mind (Segall, 2003). The fundamentals of Buddhism are concerned with identifying the inner drivers of human suffering and how to transcend that suffering, providing a framework of action to realise such freedom (Wallace & Shapiro, 2006). Therefore, Buddhist theory and practice, such as meditation, becomes relevant to Western psychological theories, because of its emphasis on exploring the mind and its use of psychological methods, such as mindfulness, to cultivate and sustain a sense of wellbeing (Greene, 2015; Wallace & Shapiro, 2006).

Additionally, other studies on Cambodian trauma survivors and resilience found that survivors’ participation in traditional cultural and religious practices improved their overall wellbeing (Agger, 2015; Overland, 2013; Overland & Yenn, 2007; Wyatt & Welton, 2022). For example, one study found that the more actively Cambodians were engaged in their culture and religion, the more they seemed to thrive (Overland, 2013). Furthermore, the presence of traditional cultural and religious practices strengthened Cambodian trauma survivors’ perceived identity and self-efficacy (Agger, 2015; Overland, 2013; Overland & Yenn, 2007). It appeared that their beliefs, practices and culture helped them recover, but further research is required to see if the findings could be generalised to the broader Cambodian context, as the samples in these studies were limited to KR survivors (Agger, 2015; Overland & Yenn, 2007).

Overland (2013), Greene (2015) Agger (2015) and Wyatt (2021) have all conducted significant research in the area of trauma and resilience in Cambodia. Greene (2015) designed a qualitative study on resilience and healing among Cambodian survivors of the KR, analysing 30 stories of people who survived the KR but lost family members during that period. Findings from this study indicate that resilience is a person–environment concept which was revealed through people’s narratives in the construction of their truth, as they experienced it (Greene, 2015). Whereas, Wyatt’s (2021) qualitative study set out to discover what protective factors promote resilience in a post-KR contemporary Cambodian context. 40 interviews were conducted comprising of 26 Cambodian young people (ages 18-30) who had
experienced significant early childhood trauma and 14 key informants from the Cambodian NGO and Child Protection sector. Analysis of the participants’ oral narratives indicated key factors contributing to their recovery from trauma included emotional regulation, faith and spirituality, opportunities for education and employment, social connectedness and meaning making (Wyatt, 2021).

Similarly, Overland’s (2013) case study of 30 Cambodians who had survived the KR, who were selected due to their predetermined levels of resilience, also utilised biographical narratives. In this study, Overland conducted interviews with KR survivors and her findings show that possessing a strong work ethic, social integration and building self-reliance into a persuasive worldview all contributed to individuals doing remarkably well. This worldview had a strong Buddhist lens on recovery and survival for participants, which was consistent with Agger’s (2015) findings. Agger (2015) explores Cambodian approaches to healing trauma and examined elements of Buddhism as coping mechanisms. Agger (2015) interviewed 27 KR adult survivors who had undergone psychological counselling with a local NGO. Agger argues that, “Western psychology may have much to learn from local, contextualised methods of dealing with the aftermath of trauma, including Khmer understandings of distress and approaches to relief” (2015, p. 569).

**Conclusion**

Young Cambodians are living through a time marked by rapid change, as evidenced by the country’s remarkable growth during the past two decades. However, the country still struggles to emerge from the shadow of the Khmer Rouge era the effects of which, are still felt today. The KR era and succeeding decades of war, conflict and social isolation have resulted in widespread intergenerational trauma and rising mental health issues in the younger generation born after the KR. It has been proposed in this article that the existing literature on trauma in Cambodia tends to focus on the pathology and prevalence of PTSD in the population. However, ongoing research suggests that Western psychology may have much to learn from countries such as Cambodia and Rwanda in dealing with the aftermath of trauma and genocide, including the Khmer and Rwandan approaches to understanding trauma symptoms and building resilience.

**References**


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