

'It Touched My Heart' - Trust and Attachment in the Aftermath of Trauma for Cambodian Orphans and Young People

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ABSTRACT

The last two decades have seen significant economic advancements in Cambodia. However, high poverty levels remain, particularly in rural communities. Poverty, in conjunction with work scarcity, often leads to the disruption of the nuclear family as parents may have to migrate to find work. As a result, children are often the most vulnerable in a landscape of broken families, many living with grandparents or are placed in residential care facilities as "orphans", despite having living parents. This article stems from a broader body of doctoral research in the area of trauma and resilience. This research project interviewed 40 participants, incorporating a resilience scale and timeline alongside a qualitative interview technique. The focus of this article underscores attachment and social connectedness in the recovery from trauma for 26 young people (aged 18-30) that were interviewed for this study. This article presents some of the key findings that capture the voices of young Cambodian trauma survivors (many of whom are orphans) who have lived experiences of broken families, jails and institutions, residential and/or foster care. The findings of this study demonstrate the importance that healthy relational interactions and attachment in buffering the impact of childhood trauma.

1. Introduction

Historically Cambodia has always been an agrarian nation and agriculture remains a significant pillar of the economy today, dominated by rice production (Armendariz et al., 2011). Since most of the country's population resides in rural areas where subsistence farming and agriculture are the primary sources of income, other employment opportunities are scarce. Cambodians living in rural communities often have limited opportunities to generate enough income to support a family. This has resulted in agricultural households experiencing high rates of rural-to-urban migration for more employment opportunities (Oum, 2018). In addition to migration, when parents face extreme poverty, children are often engaged in labour early, helping with farming and cooking duties from a very young age (Kim, 2011).

This has far-reaching effects on childhood access to education, as family survival supersedes childhood education (Hamilton & Jhaj, 2020). Notably, infrastructure issues in rural areas further challenge access to education, such as low-quality roads and schools being far apart.

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The intersection of poverty, migration and difficulties attending school with limited parental supervision and guidance, can impact children's safety and security. This intersection of factors has resulted in high rates of vulnerability among Cambodian children to human trafficking, violence, abuse, and neglect (UNICEF, 2019). Whether rural-to-urban or trans-border, migration is both due to and compounded by situational poverty factors that make many children vulnerable, without parental supervision to keep them safe (Indochina Research, 2014).

Much research has been done on how the aftermath of trauma may manifest and the impact on childhood development (Masten 2015; Zimmerman, 2014; Collishaw et al., 2007; Egeland, 2009). Research has focused on the importance of social connections both family and community around a child, in which to mitigate the long-lasting effects of trauma on a child's social and emotional development (Masten, 2015). Yet what if a traumatised young person does not have these social connections? In a landscape of broken families, how do Cambodian trauma survivors that have been orphaned, abandoned, or trafficked recover from trauma? This project set out to explore resilience in the aftermath of trauma for Cambodian young people.

2. Literature Review

2.1. Broken Families

A contemporary interpretation of the term “broken family” is when the nuclear family members cannot function together as a whole (Garib & Dronkers, 2007). In Cambodia, many factors underpin this phenomenon. While divorce is still relatively rare in Cambodia, growing up with a single parent is not. Even though multigenerational families are common, researchers estimate that 12% of Cambodian children (under 18 years old) reside with only one of their biological parents (Heuveline & Hong, 2016). Furthermore, the dramatic levels of adult mortality in the 1970s and migration to neighbouring countries for work also contribute to the broken family landscape of contemporary Cambodia.

This results in more vulnerable children living in households with grandparents who may be ill-equipped to care for them (UNICEF-Cambodia, 2019). Or these children may end up living in residential care homes, commonly known as “orphanages,” as impoverished families may believe their children are better off living in a residential care home (UNICEF-Cambodia, 2019). In 2018, a UNICEF report found that 68% of children in residential care in Cambodia (sometimes referred to as orphans) had at least one living parent. For the purposes of this study, an “orphan” will refer to an individual who has lost both of their parents, although some of them may possess living siblings or relatives in their extended family, such as grandparents, aunts, or uncles.

2.2. Orphans and Orphanages

The NGO Friends International defines an orphan as an individual lacking both birth parents, whether through disappearance or death (Friends International, 2010). According to the Cambodian Government (Ministry of Social Affairs, 2008), Cambodian orphans only account for 8.8% of children. Still, the vast majority of orphans in orphanages in the early 2000s had at least living one parent. In 2014, less than 1% of children aged 0–17 had lost both of their parents, and less than 5% had lost one of their parents (UNICEF-Cambodia, 2019). However, there are many true orphans (meaning these children have no living parents), with estimates of 553,000 orphans in Cambodia (Verstraete, 2014).

In 2014, Friends International launched their “Don’t Create More Orphans” campaign, which highlighted that over 80% of children institutionalised in orphanages worldwide had at least one living parent and encouraged people to donate money to NGOs that offered more family-based solutions, such as kinship and foster care. Although orphans and broken families have long been a part of the Cambodian landscape due to the Khmer Rouge regime and in the aftermath of the genocide, lacking parents in Cambodia has been found to be a source of stigma, which the institutionalised care sector compounds (Miles et al., 2020).

Stigma and lack of community support can be a significant barrier to recovery from trauma. A ground-breaking study by Chab Dai’s Butterfly Project (a 10-year longitudinal study on the resilience and reintegration of sex trafficking survivors in Cambodia) found that community stigma further challenges the successful reintegration of female trauma survivors (Miles et al., 2020). Community knowledge of a survivor’s history can also serve as an ever-present reminder of the trauma and eradicate any feelings of security and safety for the trauma survivor in question, all of which can complicate successful reintegration. Yet there remains limited research exploring the lived experiences of orphans and community perceptions and stigma associated with not having parents in Cambodian communities. It could be argued that the stigma associated with poverty, trauma, not having parents and the lack of attachment to trusting adults, may significantly hamper a young person’s ability to overcome adversity.

2.3. Attachment and Trauma

Attachment theory was originally described by John Bowlby (1958), based on his work with traumatised children who had lost their caregivers post-World War II. He began to see links between a child’s early childhood separation from their mother, which could result in later individual maladjustment (Bowlby, 1958). He viewed attachment as a protective system critical for human survival where the bond between child and caregiver serves the functions of safety, emotional security and learning (Bowlby, 1958; 1982). This is particularly relevant to this study when the majority of participants had disrupted attachments in their early life, followed by some type of trauma and/or abuse. Key questions arise for the orphan participants who may never have had a trusting adult in their young lives. Does this impact their ability to form trusting relationships as an adult?

Attachment theory has long informed research in the child protection space, particularly in terms of resilience in the aftermath of trauma (Greene, 2015; Hinton et al., 2011; Overland, 2013; Ungar, 2008). Early bonds are instrumental in shaping how individuals relate to the world around them, affecting their social relationships and how they develop trust and connect with others later in life. Furthermore, by providing a safe, predictable and soothing environment, sensitive caregivers help children cultivate a capacity for self-soothing in adulthood, which they can then carry into their significant relationships formed as adults (Prior & Glasser, 2006; Sameroff et al., 1993).

Yet limited research exists on how marginalised youth in developing nations can establish connections and form bonds and attachment in the aftermath of trauma and adversity. Especially when many young people have not experienced the quality of care and attachment necessary to promote essential development in their young lives. Therefore, this study aimed to address a gap in the literature by exploring resilience in a Cambodian context, looking specifically at recovery from trauma through the lens of survivors, exploring their past and current relationships and attachment to others.

3. Materials and Methods

It has been argued that resilience differs significantly from culture to culture and is primarily impacted by the length of time exposed to trauma and the individual's capacity to locate adequate support within a culturally meaningful environment that also promotes recovery from trauma (Ungar, 2008). The design of this study was essentially constructed with this in mind. How to capture the voice of young Cambodians who had survived significant trauma in their childhoods? 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 was as follows: *What factors promote resilience and recovery from trauma in Cambodian young people?*

From the research questions to the methodology, this study has been created through the researcher's lens, which has been heavily influenced by the discourses within psychology, sociology and social work, as the researcher is also a trauma therapist. This lens had the potential to skew the research, as the researcher is a white, middle-class, educated, Australian woman. As such, she needed to set aside predispositions from the on-set, taking on a phenomenological position and practicing reflexivity in the construction of knowledge. Constructionists hold the view that what we know and understand of ourselves, others and the world around us and how we construct a system of meaning and discourse reside within our subjective realities (Braun, 2013). The following section discusses three central assumptions in the researcher's subjective realities that were foundational in the construction of this study. Therefore, the following section will be written in the first person.

Assumption 1: Resilience is potentially a Western concept. Throughout the research process, my understanding of resilience has broadened to account for community and cultural factors. Yet, I still found myself routinely evaluating literature from the perspective of Western scientific discourses. I became very interested in the neuroscience lens on trauma, which has informed much of my early research and current work as a clinical consultant. In the context of exposure to trauma, I feel that resilience is both the capacity of individuals to navigate their way to health-sustaining resources and the role of community and culture in providing these resources and experiences in culturally meaningful ways. Ungar (2008) argues that avoiding bias in how resilience is understood, researchers need to be more participatory and culturally embedded to capture the nuances of cross-cultural context—as such, living in Cambodia for 18 months enabled me to immerse myself in the country and culture. Ungar (2008) further argues that the better documented a researcher's construction of resilience is, the more likely it will be present in identifying specific aspects of resilience defined by a particular population.

Assumption 2: This research project is a cultural translation capturing one construction of truth. The approach of “cultural translation” has been much debated in feminist and postcolonial methodology, questioning the position of objectivity in the production of knowledge and truth (Baarnhielm & Ekblad, 2000). Reflexivity involves self-searching of one's assumptions and preconceptions and how these affect research decisions, particularly in study design and wording of questions (Holstein & Gubrium, 1998). Therefore, how I subjectively perceive, interpret and experience the world around me is a complex process informed by my own socialisation, education, lived experiences and culture. As such, my subjective perspective of reality and truth is informed by my cultural context and can affect how I ask interview questions and interpret the participants' answers. Additionally, there is the challenge of language translation, which adds another layer of interpretation of meaning. The act of translation is not only through the words of my interpreter but also through how a participant understands the meaning of the translated words. Therefore, in translating cultural

contexts to the best of my ability in the formulation of truth, I continually engaged in the process of reflexivity, as positionality is neither fixed nor static (McNair et al., 2008).

Assumption 3: Resilience in the aftermath of trauma is only possible with connection and adequate support. The main body of health research in the area of trauma focuses on Post-Traumatic Stress Disorder (PTSD) rather than on the absence of PTSD in trauma survivors and their resilience. As part of this assumption, I believed from the beginning that my resilient participants would be well-connected and that their connections in life would have buffered the effects of trauma. This is consistent with international literature which explores resilience in the absence of PTSD (Wyatt & Welton, 2022; 2021; Agger, 2015; Dushimirimana, 2014; Mollica, 2006; Overland, 2013). Evidence mounts that we can foster resilience in children and youth in many ways through social connection and support (Masten, 2018). Although my aim was never to assume findings before I had entered the field, I acknowledge from the outset that resilience in the context of family, school, community and societies can take on many forms and connection to others may be expressed in various ways by different individuals.

3.1. Data Collection Methods

A storyline approach was used to construct a descriptive narrative through participant interviews. Kolar et al. (2015) argue that by asking open-ended questions, the emphasis is placed on participant narratives and reflexivity becomes a central practice in the construction and analysis of the interviews. Throughout the research, I critically engaged with the production of knowledge by providing a safe space for participants to share their experiences (Wyatt, 2021). Additionally, the Kh-CD-RISC-10 resilience scale was selected in conjunction with a timeline to be utilized within the 1-hour timeframe allocated for each participant interview (Wyatt, 2021). This enabled further insight into participant stories to emerge, as many researchers have found that the use of timelines can enhance contextualisation of narratives, particularly when researching sensitive topics with marginalised groups (Berends, 2011; Harper, 2002; Liebenberg, 2009). These interviews provided a more in-depth understanding of the participants' backgrounds, by exploring the commonalities of the lived experiences of the young people who had been supported by Non-Government Organisations (NGOs) in Cambodia.

3.2. Recruitment and Participant Characteristics

Recruitment began once ethics approval had been sought and granted through Deakin University Human Research Ethics Committee and the Cambodian Ministry of Health (Wyatt, 2021). Three primary NGOs were chosen to participate in this study due to their work in the child protection and human rights space. Hagar International (Hagar) works with survivors of trafficking and modern-day slavery, This Life Cambodia (TLC) supports children in communities, many of whom have experienced early childhood trauma and have been incarcerated as children. Flame Cambodia (Flame) focuses on education for children in the slums of Cambodia and employs survivors who had been previously supported by Hagar in their earlier years of life. A brief description of participant characteristics is presented in the table below:

Table 1.

Participant Characteristics

Age and Gender	Participants were a mix of males and females aged between 18 and 30. The average age was 25, with most participants being in their mid-to-late 20s at the time of the interview. Participants being older was preferable due to more time elapsing between their trauma history and the present day.
Trauma History and NGO Support	All participants had varying trauma histories, from sexual exploitation to labour trafficking, incarceration, poverty, violence and/or abuse. All had been supported by either Hagar or TLC and/or currently employed by Flame.
Education and Employment	All participants were in some kind of paid employment, varying from construction and manual labour-type roles, to university lecturers, psychologists and medical professionals, who had completed university degrees.
Family of Origin	Almost half of the participants were orphans and had limited kinship support in their early life. Others had at least one living parent, with whom they were still connected.

Some of the young people who participated in this research project commented that they had never told their story, let alone parts of their story, in full until being interviewed for this study. A sense of safety may have been fostered through the anonymity of sharing their stories with a female foreigner who was not a part of their community. Furthermore, they may have felt that they could talk openly without fear of community judgment, stigma and repercussions.

This research sought to explore the individual narratives of the young people who were interviewed. As the findings presented below form part of a much larger body of Doctoral research, only the data that specifically relates to the topic of this article is presented (Wyatt, 2021). Through the stories captured below, factors such as poverty, violence, being orphaned, trust and community stigma are explored, as well as examples of opportunities post-NGO intervention are given. Descriptions of life in Cambodian communities will emerge from the findings, as well as some contextual information about the role of trust, attachment and social connections that were important to these young people and their recovery from trauma.

4. Findings

Prior to the age of 2, all participants had at least one stable secure relationship. After the age of 2, most experienced the loss of this relationship, with many participants alluding to how this impacted their ability to trust others and feel safe later in life. Over half of the young people interviewed from Hagar were orphans and most had difficulties trusting others in their communities, because of their experiences and feelings of rejection, as this participant explains:

“... I remember one time when I was young, I have a friend close to my foster family. When I played with my friend, their parents said to their children ‘Do not play with a kid that doesn’t have parents. He will not have a good future.’ Like that. ‘So, come! Go home. Do not play with him!’ [Tears welling up in his eyes] So, I feel, hmm ... very touch my heart. Because they tried to stop their children to not play with me. I feel why they do like that?”

Some of the orphans interviewed had experienced life in an orphanage before being placed with Hagar. One participant, who was trafficked for labour by his mother before her death and ended up living on the streets and then in an orphanage, reflected upon the difference between the orphanage and his Hagar foster family placement:

“In the orphanage, we must do everything together, not individual like the [foster] family outside. And it feels like nobody focus on only us. Because outside the community family, I can say I’m the youngest in the family because they treated me like the

youngest son. Even though they have three kids of their own, but I'm still the youngest one."

Although most of the orphans had lived in blended families with other kinship members at some point prior to coming to Hagar, many commented on how hard life was without their birth parents. Some participants described how the commitment to look after a family member's child was borne more out of obligation, rather than any real love for the child. One participant who lost both of her parents and was taken in by her emotionally abusive, gambling-addict aunt before Hagar's intervention, commented on her experience:

"My life was very difficult. I have never felt a warm life when I lived with my auntie or my other relatives for 16 to 17 years. They are not as good as my parents ... Many troubles ... When my auntie borrowed some money from others, and failed to get it, she violated us. She cursed us ... She used to force me out when I was small ... But I could not leave because I was so young, and I was a student so I could not work for life if I left ... She always have a bad mood to me, even though I did not do any wrong to her. I didn't know why she hates me."

Some of the orphans were completely disconnected from their siblings by choice because of their abuse histories. Yet others had reconnected with siblings, either through the support of the NGOs, or through social media later in life; this depended largely on what their early life experiences with their siblings had entailed.

One participant who had a particularly difficult childhood which left her not wanting any relationship with her six brothers and sisters in adulthood. She had witnessed her mother's murder at age 3 and was left in the house with her violent alcoholic father with her siblings. Then her intellectually disabled older brother began raping her at age 5 and her other siblings did not intervene and instead ran away to escape their father's abuse, leaving her alone in the house and too young to defend herself. Eventually, at age 14 she managed to run away from home herself. After Hagar's intervention, it was suggested that she reunite with her siblings, but she wanted nothing more to do with them:

"I felt that I was bad luck with my family. I try to aware myself that I am a single child. I try to hide all information about my parents [who died] and siblings. I don't want to see or hear about them, because all my siblings bring me hurt, bitter experience in my life. They never make me happy; they always destroy and make me down."

Furthermore, the orphans frequently experienced compounding stigma, or stigma from multiple sources. For example, participants would be stigmatised because of their abuse history, then further stigmatised for being supported by an NGO, for coming from a poor family and so on. Pity was spoken about in several participant accounts and was captured in the following participant narrative:

"When I was small, my family was extremely poor; we were in hunger, not enough food to eat; my house condition was very bad. The people feel pitiful with my mother. Then my mother died, and I had bad situation with that guy... The villagers used to say I cannot get married; I cannot succeed. But I thought that if I could have a good education, I could work and have my own family someday."

Pity from others was an ongoing source of pain for many participants. Some became visibly emotional recounting stories of gossip, rejection and judgment from those in their community. A participant (whose wife works at a human rights NGO) explained how the stigma associated with being an orphan runs deep:

“[My wife’s] parents, they like me. That’s why they allowed their daughter to date with an orphan guy. There were a lot of words about that. A lot of comments. Especially even her co-workers, they commented, ‘Why do you allow your daughter to date with an orphan guy? We know him clearly. He’s nothing. He’s just an orphan. It really touched my heart’”

Participants made many references to the heart, as a way of describing both positive and negative experiences and emotions, often whilst physically motioning to their heart. Participants' reference to their heart as an emotional center appeared to be an integral way of describing some of their lived experiences. Particularly their disappointment in the lack of support and stigma they had faced from members of their communities at times. As this participant explains:

“No one helped me and I was really disappointed. How on earth, people lack heart. Nearly two hours I tried to find police. I remember that in my heart.”

Yet despite the stigma they endured, many of the orphans credited their successes to sharing positive personality traits with the adult they had loved early in their life, despite in almost all instances that person having died by the time they were 10 years old. The “rules” of life, right or wrong, and developing their own moral code of conduct was sometimes attributed to this significant relationship. Other participants spoke of honesty, morality, respect and kindness as values that had been taught to them in their early years. The profound effect of this kind of moral code from having one strong, secure attachment in early childhood is evident in some of the participant interviews. The impact of these early bonds is captured in the testimony below, when a participant spoke about his grandfather who was his only living relative and died when he was 9:

“When I saw him at the last minute of his life, my brain was stuck. I didn’t know what was going on. I just knew my grandpa was going to die soon. I just felt like, ‘Okay, I will be alone soon.’ Then he looked at me and said, ‘It’s time for me to go. Remember what I taught you: commitment to do something on your own. Don’t depend on someone and don’t hurt someone. Even when you were in a hard situation, you have to accept it that it’s your life.’ He taught me a lot in this life, but the last minute of his life, he said like this: ‘Just keep going straight!’ Even though he couldn’t be with me anymore.”

Accounts of trust and mistrust emerged strongly in the participants’ narratives. Having an insecure early childhood (particularly found among the orphans interviewed) often resulted in a deep distrust of people later in life. This lack of emotional security in childhood due to the absence of secure early attachments affected how these participants responded to others in adulthood in terms of trust or mistrust, whether in school, work or personal relationships. Trust and mistrust formed a key part of the narrative for these young people:

“Until now, I don’t have any close or honest friends. Mostly I could not trust the others, but I could be keeping my relationship with people as normal. I could not be close to them, both male or female.”

“I could say I am more independent than other girls. So now, when I face troubles, I try to handle it alone. I mostly make my own decision, my way. I do not trust most people, especially men, not at all.”

As many of the young people had experienced the death of at least one parent at an early age, attachment and belonging was expressed differently. The heartbreak they felt at losing a parent and feeling different from their peers as a result contributed to a self-reported distrust of others, as the following participant from TLC explains:

“I didn’t have time for friends. First, because I lacked warmth. Secondly, it was the pain for not having a father ... At my workplace, I talk to everyone during work hours but not after that. Because I don’t trust people much, other than myself.”

Many of the young people reported preferring to study and further their personal development to get ahead in life over developing social connections with their peers. This was often expressed as independence and a desire to achieve goals in other areas, rather than making friends:

“Sometimes ... sorry to say that but friends, most at school waste time. When there’s a break time, they ask me to go downstairs as I study on the sixth floor, and they ask me to go and eat together. Sometimes it takes overtime for studying, so people like to make friends and do like this. I don’t like it. I can be alone and do whatever I want. Just go to spend my time to study and read my book, or relax, listen to music. I don’t have a lot of friends.”

Lack of peer group connections was common for the self-sufficient orphans who often experienced societal stigmatisation. Moreover, many of the orphans did not feel safe with their peers, as they had experienced significant community stigmatisation when they were younger. Many did not have a family to rely on for much of their life as they had lived on the streets as children. In these instances, connection to others was sometimes necessary for survival, in contrast to friendships for engaging in enjoyable social activities. As one participant highlighted:

“When I was with [a previous NGO], I had two close friends who were always with me. And that’s the reason that I’m strong and like I don’t die [laughing]. Because sometimes they fed me, they were also very skilled in stealing.”

Young peoples’ self-determination was also evident in their personal relationships. In some instances, it was the stigma that young people experienced that became a driving force for their determination to succeed in various areas of their life:

“I always try my best to reach my goal. So, when I date with my wife, and I heard a lot of people said, ‘Orphan guy cannot get married with a beautiful wife, or their family, situation is different, cannot be together.’ So, I focus on my purpose and then I try my best. I don’t want others to look down on me. So, yes! That’s how I achieve my goal.”

5. Discussion

The existence of one consistently loving person early in the young people’s lives appeared to be foundational for the development of trust and social connections in adulthood. In many instances, when a participant had a sense of belonging and felt a connection with their caregivers, this could supersede mitigating factors such as poverty or community stigma regarding their trauma. However, due to the differences among the lived traumatic experiences of the young people, attachment to others was often expressed in different ways. A divergence regarding some of the young people’s level of connection or lack thereof with a peer group emerged from the data. This appeared to stem primarily from the existence/involvement of the young people’s family in their lives post-trauma, which seemed to buffer the effects of community stigma. Importantly, this was not something experienced by the orphaned participants, as they lacked their families of origin. Those participants returning to their families after being released from jail reported feeling supported, often by their mother.

This finding was consistent with the literature on attachment theory and building resilience in children who experienced early childhood trauma. When a child forms an early attachment

(even in a situation of maltreatment with the other parent/caregiver), this primary relationship can act as a buffer and has been associated with resilience development among childhood trauma survivors (Collishaw et al., 2007; Egeland, 2009). Attachment theory focuses on the connection between a child and caregiver as a solution to a child's distress and an underpinning factor influencing a child's social wellbeing. This is an important consideration for child protection and NGOs working in the field, as the findings of this study demonstrate how critical establishing meaningful relationships is, in the recovery from trauma.

However, attachment and resilience should not be constrained by Western discourses. Explanatory models of attachment and resilience should also attempt to be culturally sensitive to individuals recovering from trauma in non-Western societies and account for the importance of community context. For example, in this study, community stigmatisation further impeded most participants and their ability to connect with others inside their peer group and local community, even after NGO intervention. Some participants had not spoken about their early lives for a number of years, commenting that they did not want members of their community to know their personal histories.

Furthermore, the orphans who participated in this study were, for the most part, largely distrustful of both their peers and local communities due to multiple incidences of stigmatisation. This was in direct contrast to other participants who still had surviving family members. One of the key findings was that of specific stigma reported by the orphans. It emerged that Cambodian communities would perceive orphans as less than because they did not belong to a family by blood. The data showed that communities viewed orphans as lacking the moral foundation of individuals who still had their families of origin. The findings indicated that Cambodian collectivist culture valued family over everything else. This is consistent with cross-cultural theoretical perspectives that argue that psychological phenomena of resilience primarily originate through social interaction, rather than individual children constructing their knowledge of the world through their actions and experiences (Boyden & Mann, 2005; Skovdal & Daniel, 2012).

Additionally, the Cambodian perception of orphans, as informed by the cultural emphasis on family and collectivism, may hinder the recovery of trauma survivors. Participants reported that the stigma of being an orphan in Cambodia was so strong that it followed them for the remainder of their life, even after they found academic and economic success and created families of their own. Stigma has been shown to have adverse effects on mental health and can directly lead to trauma survivors experiencing feelings of guilt and shame as well as symptoms of depression (Zimmerman, 2014). Notably, the Butterfly Project by Chab Dai found that keeping a secret out of fear of community perception in Cambodia can be a significant strain on a trauma survivor's mental and physical health and reintegration (Miles et al., 2019; Miles et al., 2020).

The effects of community stigma and the feeling of disconnection it fostered was captured in many participant stories and was not limited to the narratives of the female participants. The collectivist group, which spent time incarcerated, often commented on difficulties reintegrating into their communities despite family support, because of community perception that they were bad. Another example of how communities can challenge reintegration was if a participant had to visit their rural homeland community of origin and the perpetrator/s of their abuse were still there. In these instances, the perpetrators were able to continue residing in the local community repercussion-free, whereas the trauma survivor would carry the burden of the community's stigma for the remainder of their life.

Masten (2015) uses the term "cultural niche" for understanding how cultural goals, beliefs, scripts and routines (often implemented by parents) influence child socialisation and

development. How these conceptualisations continue to influence the young people in this study can be traced in many of the participants' narratives. Participants with existing families (while all employed and contributing financially to their families) were not the sole breadwinners for their family unit and would not be faced with destitution if they were not able to support themselves. These young people, having been able to maintain their families of origin, felt a personal responsibility to help with the survival of their family unit, thus creating a sense of purpose and belonging.

The tenacity and self-reliance demonstrated by the orphan participants appeared to be sometimes necessary for their early survival, as they had no family structure to support them during and after trauma. This made it imperative for the orphans to find a means of becoming financially independent, often through educational advancement opportunities presented by the NGOs that participated in this study. This is important as it also means that unlike the young people with at least one parent, they lacked an economic buffer in the form of a family post-NGO support once they reached adulthood and left their foster families.

The data showed that family in Cambodia is paramount. Many of the orphans found connection, love, acceptance and belonging in their community through their foster families after NGO intervention. However, this love and acceptance by their foster family was challenged by ongoing community stigma regarding their orphan status and lacking of a family of origin. This underscores how family and social identity are conceived of and valued in Cambodia, which informs a few of the orphans' desire to create their own families in adulthood. However, the orphans, whilst still beholden to Cambodian culture and community norms, as evidenced by the value they placed on creating families of their own. The findings suggest that the role of societal collectivism in recovery from trauma may be more culturally appropriate for Cambodia. Therefore, it is important to consider that recovery from trauma within a Cambodian context needs to extend beyond Western frameworks of self-efficacy and self-regulation in response to childhood trauma.

The results from this study indicate a clearly defined link between social connectedness and recovery from trauma in Cambodia. However, this linkage leads to an unsettling conclusion: without a comprehensive ecosystem around trauma survivors that is founded on respect, close connection, meaningful exchange and nonjudgmental actions, cultivating resilience in future Cambodian generations will remain an unsystematic consequence of education and NGO involvement, rather than as an intended outcome. The study's aim was to contribute to the growing body of work in the field of resilience and recovery from trauma in Cambodia. It was also hoped that the knowledge generated might be used to further strengthen programs working with trauma survivors in cross-cultural settings. The question now arises regarding transferability and the possibility of replicating this study with other Cambodians or other groups of traumatised young people in cross-cultural settings being supported by NGOs around the world.

6. Conclusion

For children in Cambodia who have been abused and/or trafficked, social connections and attachment to a trusted adult are critical in their recovery from trauma. The findings of this study underscore the role of healthy relational interactions and attachment in buffering the impact of childhood trauma. For the trauma survivors in this study, the NGOs played a pivotal role in their recovery through providing advancement opportunities and social connectedness. This is consistent with the past 20 years of research into trauma, mental health and resilience, all pointing in one direction: that caring relationships build the internal assets necessary for facilitating resilient behaviours post-trauma. It is believed when given support most people

have the power to transform their own lives. It is important to show that the stories of trauma can be transformed to reflect both the strength of the culture and the tenacity of Cambodians.

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