

9-1-59

Cambodian Refugees in Ontario: An Evaluation of Resettlement and Adaptation

By

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Published by
York Lanes Press, Inc.
Suite 351, York Lanes
York University
4700 Keele Street
North York ON M3J 1P3

Canadian Cataloguing in Publication Data

McLellan, Janet, 1952-
Cambodian refugees in Ontario

Includes bibliographical references and index
ISBN 1-55014-267-4

1. Cambodians - Ontario. I. Title.

FC3100.C27M25 1995 305.895 '930713 C95-932266-3
F1059.7.C27M25 1995

This study was conducted with the assistance from Citizenship and Immigration Canada,
Ontario Resettlement Division.

Acknowledgements

I extend my sincere gratitude and appreciation to the many Cambodian refugees who participated in this study. They have generously shared their thoughts, insights and concerns, providing me with an understanding that has made this project possible. Special thanks are also given to the leaders and staff of the Cambodian community organizations in Ontario, and to the Khmer service workers whose immense contributions to their communities verge on the heroic. My thanks to Shirley Katz, Ratha In and Shanda Soukchamroueng for their assistance and contribution on Cambodian refugee women.

I thank the director, associate directors and staff at the Centre for Refugee Studies, York Lanes Press, and Gerald Degenhardt from the Ontario Settlement Directorate for their guidance and support. The project also acknowledges the statistical expertise and contribution of Dr. Rene Dion. As always, words cannot convey my gratefulness to my husband Clyde.

Janet McLellan

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Executive Summary

Research Objectives

- 1a. This study, sponsored by CEIC Ontario Resettlement Division, is the first comprehensive investigation of Cambodian refugees in Canada, and is written twelve years after their arrival. Its focus is on Cambodian refugees in Ontario, primarily those in the Greater Metropolitan Toronto Area, and in Hamilton, London, St. Thomas, Windsor, Kingston and Ottawa.
- 1b. The study examines four significant areas:
 1. The effect of sponsorship, both governmental and private on Cambodian resettlement and adaptation in Ontario.
 2. The extent and delivery of services offered by the various levels of government and NGO settlement agencies.
 3. The linguistic, economic, educational, training and social dimensions of Cambodian adaptation among individuals, and within families and communities.
 4. The ability of social structures and government policies to deal with a refugee group whose identity is characterized by two equally debilitating factors:
 - (a) a severely weakened societal infrastructure within the Cambodian community that challenges the reaffirmation and re-establishment of social and community bonds.
 - (b) numerous years of exposure to high rates of physical and mental health deterioration caused by successive waves of violence, holocaust traumatization and mass starvation.

Methodological Issues

2. The central methods of data gathering were interviews with Cambodians throughout Ontario, singularly and in groups; interviews with government (past and present) workers, private sponsors and nongovernmental service agency personnel (past and present); content analysis; participant observation in a variety of cultural and religious settings; statistical analysis of government data; a one-day workshop for Cambodians in Ontario; and a questionnaire/survey in Khmer and English.

Resettlement in Canada

3. Most Cambodians in Canada arrived during the 1980s as part of the large Indochinese refugee flow. Between the years 1980 and 1992, 18,602 Cambodians resettled across Canada. Fifty-five percent were government assisted, and 45 percent were privately sponsored, consisting of approximately equal numbers of males and females.
4. In late 1979 and 1980, Cambodians were not generally considered for government sponsorship. Canada's selection policy in the Southeast Asian refugee camps at that time reflected considerable self-interest. Indochinese refugees accepted for resettlement were assessed according to their skills and motivation, with well-educated, skilled, urban professionals being favoured—criteria that fit only a minority of all Cambodian refugees.
5. Cambodian refugees are distinct from other Indochinese refugees. As survivors of the communist Khmer Rouge system of organized violence, severe deprivation and extensive abuse, Cambodian people share the common psychological, familial and community disturbances associated with victims of torture and trauma. For over four years (between 1975 and 1979), millions of Cambodian men, women and children were subjected to deliberate physical assaults, evacuated from their homes, imprisoned in slave labour concentration and "re-education" camps, forced to undergo or to witness cruel punishment, abduction or execution, and deprived of food, shelter and medical care.
6. Most Cambodians accepted for resettlement in Canada either did not have close relatives or any kin whatsoever here; there were large numbers of "unaccompanied minors" (orphans) and female-headed households, reflecting the extremely high mortality rates of Khmer adults, especially men; and the physical health status of Cambodian refugees was much poorer than that of other Indochinese.
- 7a. The extensive traumatic experiences of Cambodian refugees indicated that the residual effects of their ordeal, shared by the entire Cambodian community, would prolong and increase their need for specialized settlement services. The limited and overtaxed government and social service programs, however, were oriented towards the considerably larger Sino- and ethnic Vietnamese groups, so that the special needs of the Khmer people were not sufficiently understood.
- 7b. The resulting lack of specialized settlement services available to Cambodian refugees has adversely affected their long-term adaptation and integration. After ten years of living in Canada, the need for settlement services among Cambodians has not noticeably diminished, especially for such services as translation, interpretation, documentation, and escort services.

Demographic Characteristics

8. Most Cambodian refugees in Canada identify themselves as ethnic Khmer. Some individuals who claim Khmer ethnicity acknowledge Chinese ancestry, and a very

few admit Vietnamese ancestry. Approximately 5 percent of Cambodian refugees identify themselves as ethnic Chinese.

- 9a. Immigration data on Cambodians do not include those who arrived prior to 1980, the number of Khmer children born in Canada, the few thousand Khmer Kampuchean Krom (individuals who claim Cambodian identity but were born in Vietnam and are listed as Vietnamese refugees) or those Khmer who claimed they were Vietnamese in the Thai refugee camps in order to gain a better opportunity for resettlement in Canada.
- 9b. The 1991 census figure of 18,615 Cambodians in Canada represents serious under-reporting. Cambodian community sources indicate that this number is closer to 23,000, with approximately 10,000 Cambodians in Ontario, almost half in the Toronto area. These figures are said to reflect a growing birth rate and the ongoing secondary migration patterns of Cambodians to Ontario.
10. In smaller Ontario cities such as Kingston and St. Thomas, Cambodians are dispersed throughout several residential areas, where they live in private homes and government-subsidized housing. In the larger urban centres such as Windsor, Ottawa, Hamilton, London and Toronto, Cambodians tend to cluster in identifiable low-cost and subsidized housing areas, where they usually live in large apartment blocks.

Educational and Linguistic Characteristics

11. The majority of Khmer who resettled in Canada were rural people with little education or knowledge of urban life. Those who completed primary school represent only 3 percent, while slightly fewer (2 percent) stated they had finished high school. Of the 18,602 Khmer resettled in Canada from 1980 to 1991, 92 percent could not speak either of Canada's official languages (Immigration Statistics, 1993). Most Khmer women lack basic literacy skills.
12. The combination of low levels of education and lack of experience in urban employment indicates a need for extensive language and job skills training. Without that training, high rates of unemployment and poor adaptation are a certainty. Such training has not been forthcoming.
- 13a. The lack of English language proficiency continues to have serious consequences for Cambodian resettlement. Especially notable is a lack of understanding of the social conventions and procedures of Canadian society. Difficulties are evident in learning English, in accessing employment or retraining, and in supporting ethnic Khmer children to do well or continue in school.
- 13b. Because of continuing language barriers, Cambodians have not been able to access existing social and health services designed to enhance their adaptive and integrative capacity. Cambodian women and elderly Cambodians are underserved in community health projects, and continue to face enormous communication barriers, social isolation and an inability to access ESL classes and programs. Even in the 1990s Cambodian women still require translators for interviews with government and social service workers, teachers, medical personnel and potential employers.

- 13c. In Toronto, the lack of English language abilities among Cambodian people reinforces the continued need for the front-line services offered by the Cambodian Association to schools and social agencies.
- 13d. In many communities, 50 percent of public school Cambodian children are still in ESL classes, and 100 percent of Cambodian youth of high-school age still require such instruction. In Toronto, ESL in schools is intended for new immigrants and refugees.

Economic Adaptation

14. In general, most Cambodians who entered Canada lacked the job skills suited to urban Canadian society. Because the business-oriented minorities and ethnic Khmer professionals were targeted for execution during the Marxist Khmer Rouge regime, there is a shortage of such people in all Ontario Cambodian communities.
15. Because most Cambodian refugees were not given the opportunity to attend vocational training or courses designed to integrate them into an upwardly mobile labour market, their earnings and employment potential are undeveloped, and they remain within unskilled labour positions in a variety of factories and processing plants. A large number of Cambodian women in Ontario work in local mushroom farms or are employed by other Cambodian women for baby-sitting, sewing, cooking and cleaning.
16. The enormous loss of manufacturing and unskilled labour jobs during the last recession has resulted in a high rate of unemployment within all Cambodian communities.
- 17a. The limited formal education of Cambodian people, combined with their low level of English language fluency, restricts access to both the job market and government retraining programs.
- 17b. Many Cambodian youth cannot find either entry-level jobs or access to educational opportunities.
18. In addition to those Cambodians listed as unemployed, numerous adults such as widows, and single parents with children or with health problems cannot work. Also many Cambodians have chronic health problems—the lingering effects of their experiences under the Khmer Rouge regime—that keep them from working.
19. The use of welfare and a continued dependency on public assistance systems is increasing as employment and education needs still fail to be addressed adequately.

Family Stress

20. In Ontario, numerous Khmer households are now composed of a nuclear family with several miscellaneous bilateral relatives and friends (usually individuals whose own families were killed by the Khmer Rouge). Many other households are made up of several families, who often live in accommodations designed for single families.

21. Due to the devastating effects of the Cambodian trauma, a large majority of Khmer households in Canada (almost one in five) are headed by widows (1980–92 Immigration Data), who continue to face barriers of isolation as “single” women. There is also a high proportion of female-headed households, partially the result of divorce and separation since coming to Canada.
22. Within the past twelve years, Cambodian people, Cambodian community service workers and Khmer religious leaders throughout Ontario have all observed levels of escalating stress within Cambodian families. They claim the stress manifests itself in the increased incidence of family breakdown, domestic violence, juvenile delinquency, gambling and alcohol abuse, and family breakdown and divorce.
23. In general, issues of abuse or family stress are kept within the privacy of the Khmer family and any public disclosure is considered a source of shame and family dishonour. Because of this, workers at Cambodian associations, service agencies, and mental health or community health organizations continually encounter the barriers of denial, refusal of help or indifference.
24. Divorced or widowed Cambodian women remain especially vulnerable and continue to have numerous needs. With lower levels of education, poor command of English or French, and sole responsibility for child care and domestic duties, they are unlikely to enter the workforce or develop resources to deal effectively with their social isolation and withdrawal.
25. In general, Cambodian women remain afraid to go places on their own, take public transport, walk in racially mixed neighbourhoods, venture out of doors in cold weather, and meet and socialize with other women.

Shortage of Culturally Appropriate Community and Family Development Programs and Health Services

- 26a. Although several types of community development programs have been developed for Cambodians in Ottawa, London and Toronto, enormous difficulties remain in getting people, especially women, to participate in and commit themselves to programs. Within Cambodian communities in Ontario innovative outreach techniques to encourage people to participate in community development activities are lacking.
- 26b. From the evidence found in London, St. Thomas, Ottawa and Toronto, non-Cambodian individuals play an important part in helping to rebuild confidence and trust among Cambodians. A cooperative effort to utilize the resources and advocacy efforts of non-Cambodians in order to facilitate and support Cambodian-identified services, programs or projects requires immediate attention.
27. Cambodian communities in Ontario have no counsellors trained in social work or mental health to assess the personal and social consequences of excessive trauma and ongoing family distress. Khmer-speaking service workers can advise on resettlement difficulties and offer effective solutions in dealing with government bureaucracy, but they can do little for emotional suffering and psychological disturbances.

- 28a. Hong Fook Mental Health Services is the only agency with an outreach program for Cambodians. Government, educational or medical institutions in Ontario have not developed a single policy nor implemented any procedures to deal with mental health difficulties among Cambodians. The shortage of traditional Khmer Kru specialists to administer mental health treatment signifies that a culturally appropriate and significant system of healing, guidance and support is missing from Cambodian communities throughout Ontario.
- 28b. In addition, several traditional health practices have been misinterpreted and misunderstood by non-Cambodian medical personnel. These include the traditional practices of coin-rubbing, the "roasting" of new mothers, herbal wine consumption and adherence to the cultural taboo against exercise during pregnancy, recovery and menstruation.
29. In every Cambodian community, culturally appropriate vehicles through which programs and services could be implemented remain underutilized or ignored. In other countries of resettlement, the local Khmer Buddhist pagoda (temple), for example, has become increasingly important as a religious, cultural and community centre, providing educational facilities and assuming more resettlement functions (for example, translation, interpretation and advice) when government funds are reduced.
- 29b. For many Ontario Cambodians, traditional healers and Buddhist monks remain the only trusted source of wisdom and knowledge to explain the causes and cessation of suffering in their lives. There are few of these individuals in Toronto, although the Buddhist Temple in Toronto is in the process of sponsoring two Buddhist monks.

Community Interaction Patterns

30. In traditional Cambodian society individuals excluded from positions of power were those with in the education, rural people, youth and women. In Ontario as well, these people generally do not occupy leadership roles in Cambodian communities.
31. The community divisions express a cultural conflict between Khmer and Canadian concepts of leadership.
32. The fracturing within Cambodian communities is compounded by a severe shortage of individuals willing or able to present themselves as community leaders. In Cambodia, the communist Khmer Rouge targeted teachers, administrators, doctors, professionals, traditional healers, and monks for execution and persecution. It is precisely these individuals who could provide leadership and organizational skills, and establish mutual aid associations, but who are missing from Cambodian communities in Ontario.

Challenges in Developing a Canadian-Cambodian Ethnic Identity

33. Cambodian people are trying to balance a renewed sense of Khmer identity with the necessity of learning new languages and finding their place in Canada's

multicultural society. While older people tend to cling to a Khmer identity rooted in a glorious traditional past, young Cambodians born or raised in Canada attempt to adopt a hyphenated identity that is often in conflict with both their parents' wishes and the dominant Canadian culture that surrounds them.

34. There are distinct differences between older Cambodian youth, who arrived in Canada as teenagers, and their younger siblings who were born or raised in Canada.
35. Many younger Cambodian youth are confused about their Cambodian/Canadian identity and remain shamed or traumatized by their past. The lack of recognition from most boards of education concerning the special needs of Cambodian youth contributes to their difficulties in integrating.
36. Canada provides an opportunity for Cambodians to overcome differing regional, religious and ethnic identities in favour of an identity based on shared cultural values, an appreciation of Cambodia's historical achievements and success, and a concern for future peace and stability in Cambodia. Over time, the emerging Cambodian identity in Canada could encompass the diversity of those who were born and raised in several different cultural contexts.
37. Ongoing political events in Cambodia, however, indicate that the past is not only never forgotten, but also perpetually brought into the present.

Recommendations

38. Fund an outreach program for a minimum of three years that would engage two workers, one Khmer-speaking and one non-Cambodian experienced in strategies of community outreach.
39. Develop and distribute up-to-date community service lists (addresses and phone numbers of Cambodian families in the community) and an annual calendar.
40. Develop culturally significant forms of communication such as traditional drama groups.
41. Provide liaison for mental health agencies and individuals who might be interested in forming a support network to conduct research or establish culturally appropriate mental health services for Cambodians.
42. Undertake further research to ascertain why Cambodian women in Toronto are not participating in the programs designed for them.
43. Develop a manual to detail past programs, workshops and information sessions that have been provided for Cambodians in Ontario. Provide support for Cambodian service workers in Ontario so that they can meet regularly.
44. Promote the Cambodian Buddhist Temple as an appropriate and familiar environment through which social services, health and educational programs could be offered. Provide information to government departments such as Mental Health Services, Family and Community Centres, and Community Health Centres on the beliefs and practices of Buddhism and its contributions to Cambodian culture and values.

45. Support Cambodian attempts to apply for grants to build nonprofit housing for low-income members of the community.
46. Support efforts to have children's Aid and welfare services provide linguistic and culturally appropriate supportive counselling and assistance to the Cambodian community. Khmer-speaking workers would be needed to assist with crisis work and case management.
47. Develop programs of community outreach and support, focusing especially on those Cambodians who are isolated or face numerous challenges and barriers, such as women and the elderly.
48. Fund a position for a full-time Cambodian youth outreach worker in each Cambodian community to liaise with youth and their families, with schools, and with potential support agencies.
49. Increase advocacy to local boards of education on behalf of Cambodian youth.
50. Develop culturally appropriate language training programs geared towards the emotional and educational levels of the community, including a specialized literacy program for women. Provide ESL and life skills training programs in companies that employ large numbers of Cambodians.
51. Have an employment counsellor available in each Cambodian community in Ontario to provide assistance with access to employment and to help overcome employment barriers. Develop job skills training programs that are culturally specific and geared towards the needs and capabilities of the community.
52. Develop a series of workshops on Western medical practices, diagnostic techniques and common forms of Canadian treatment of illness for Cambodians in all Ontario communities. Specific workshops should be provided on women's needs, especially concerning Western concepts and attitudes towards menstruation, family planning, pregnancy, childbirth, postpartum care, childhood health and nutrition. In addition, enhance the recognition and respect of traditional Cambodian health beliefs and customs that continue to be practised. Information concerning Cambodian health practices should be made available to all Western-trained health professionals in contact with Cambodian communities. Increase home visits by public health nurses and have the nurses accompanied by a Khmer translator, preferably an older Khmer female.

1

Introduction

The majority of Cambodians in Ontario are refugees who have lived here for less than twelve years. Although identified as Cambodians (meaning any person born in the country known as Cambodia or Kampuchea), most refer to themselves as “Khmer,” a term designating the ethnic and linguistic identity of 90 percent of this population.

To understand Cambodian people now living in Canada, it is necessary to appreciate the extent and gravity of their recent suffering in Cambodia. Haing Ngor (1987, 1), star of the award winning movie *The Killing Fields*, conveys the seriousness of these events when he states, “I have been many things in life ... But nothing has shaped my life as much as surviving the Pol Pot regime. I am a survivor of the Cambodian holocaust. That’s who I am.” Like him, Cambodians in Canada cannot be separated from their identity as survivors of the 1975–79 communist-based Khmer Rouge regime under Pol Pot. That is why they are here, and that is who they are.

From the late 1960s war (regional as well as civil), starvation and genocidal persecution forced over half a million Cambodians to flee their country and become refugees. Approximately 300,000 Cambodians are now resettled in several Western countries (including the United States, Canada, France, Britain, Australia and New Zealand). Canada is home to over 20,000, about half of whom live in Ontario. Approximately 5000 Cambodians live in the Toronto area.

The willingness of Cambodians to struggle with resettlement, to preserve what they can of Khmer culture and community ties, and their steady attempts to rebuild shattered lives all testify to the strength and tenacity of the Khmer spirit.

As survivors of the Pol Pot system of organized violence, severe deprivation and extensive abuse, Cambodian people share the common psychological, familial and community disturbances associated with victims of torture and trauma (Payne 1990; Reid and Strong 1988; Beiser et al. 1989; Terr 1989; Kral et al. 1967; Mollica et al. 1987; Kinzie 1988; Kinzie et al. 1986).

For four years (between 1975 and 1979), the entire Cambodian country was ruled by repression, terror and force. Millions of men, women and children were subject to deliberate physical assaults, evacuated from their homes, imprisoned in concentration

and "re-education" camps, forced to undergo or to witness cruel punishments, abductions or executions, and deprived of food and shelter. Their treatment was part of a systematic and calculated campaign designed to destabilize individuals, families and communities in order to provide obedient workers for the new communist state. During this time almost two million Cambodians—over one-quarter of the country's population—died (Kiljunen 1983).

Survivors of torture and trauma have had their trust, self-esteem and values so devastated that most carry reactions of depressive withdrawal, anxiety and fear long after the situation of helplessness and hopelessness is over (Payne 1990; Reid and Strong 1988; Eisenbruch 1991, Kral et al. 1967; Beiser 1990; Mollica et al. 1987; Kinzie 1988; Kinzie et al. 1986). The acute and chronic symptoms of this carry-over fall into the diagnostic category of "post-traumatic stress disorder" (PTSD) and "torture syndrome" (ibid.).

PTSD has been applied to victims of the Jewish holocaust, abused children and prisoners of war. Some of the symptoms, which may not emerge until later in an individual's life, are as follows: interpersonal, social and employment difficulties; acute loneliness; insomnia and nightmares; recurrent, intrusive and disturbing thoughts; reduced involvement with ordinary activities; memory impairment; reduced concentration; emotional lability; dissociation; and survivor guilt (Reid and Strong 1988).

Several surveys in the United States have documented the multiple catastrophic events that Cambodian youth experienced. As children, they endured family separation, starvation, slave labour, deprivation of medical care and were witnesses to killing, torture, and the loss of at least one family member, with an average of three members per one nuclear family (Bit 1991). Unlike other refugee groups in Canada where the primary cases of trauma and torture are identified with adults (male political prisoners or individuals with particular ethnoreligious identities), males and females of all ages throughout the entire Cambodian country experienced sustained trauma and inhumane living conditions.

In every Cambodian community across Ontario, the majority of individuals now in their late teens and older experienced and endured unspeakable horrors. In recognizing this past, one must realize the enormous courage of Cambodians to carry on and face new obstacles and barriers in Canada. Meeting and working with Cambodians is a humbling experience. To laugh with them and share good meals and even better conversations, to observe their joy in celebrating traditional festivals, and to see the love within families and between friends, and the hugs and smiles that are shared upon greeting is to witness their triumph over the enormous inner pain that is always present within them.

The suffering of Cambodian refugees has been compounded by the distress of fleeing their homeland to Thai refugee camps, long-term dependency in the camps while awaiting resettlement, the stresses of adapting to a new country, and extensive loss. Beiser et al. (1989, 183) notes that private sponsorship, carried out by individuals or groups whose religion differed from the refugees they were supporting, also acted as an additional source of stress.

Eisenbruch (1991) identified the anguish among resettled Cambodian refugees as "cultural bereavement" and found it especially evident in North America where there

is great pressure to leave the old culture behind. Boehnlein (1987, 765), in his study on the relevance of grief and mourning among Cambodian refugees, noted that their recent traumas are heightened by their losses—human, material and symbolic:

Many individuals have lost their spouses, children and parents, along with lifetime savings and possessions. Others lost their means of livelihood, previous social status or social role. In addition, all Cambodian refugees have literally lost their homeland and many aspects of their rich and centuries-old cultural traditions.

Payne (1990, 3) found that people who have undergone extensive trauma and loss tend to cope by using the psychological defences of repression and suppression (under-reporting or not acknowledging distress), social withdrawal (to avoid confronting painful memories) and depression (manifested in lack of interest, mental confusion and brooding). When these tendencies are enhanced by the Cambodian cultural propensity to keep inner suffering silent, especially to keep it from strangers, community and individual needs are not stated and go unnoticed. Terr (1989, 16–17) states that:

When trauma-related anxiety is complicated by grief, it is very difficult for a family to complete the bereavement process. In some instances, the process of denial may interfere with attempts to overcome the trauma and grief ... Mental health workers must reach out early to those families who have been exposed to traumatic events because victims typically do not seek out help on their own. The longer the anxiety goes unchecked, the more the ripples of anxiety invade families, groups and the community at large.

In addition, Reid and Strong (1988, 342) detail how experiences of trauma and death affect other family members, even future generations:

It is not only the victims themselves who suffer long lasting and pervasive effects of their trauma. The relatives of the dead and of those who have been injured by violence, especially wives and children, suffer debilitating psychological symptoms and severe difficulties in their relationships with each other ... or after having lived for years in the vain hope of seeing an imprisoned father, mother, child or spouse again. These symptoms include domestic violence, impaired parenting, family breakdown and emotional disturbances, which are often compounded by social isolation, cultural alienation and economic hardship.

One Khmer man comments on this:

It is a miracle that the Cambodians here can cope and work with this kind of memory and experience. Even with my mother there is no clear understanding of when and how she died. She just disappeared one day. The family in the home town are divided on what happened—some think she went to the rice fields and died, others think she was taken. Even though I didn't go through the Pol Pot it still affects me. I got 23 of my remaining extended family but they are all fractured units. Widows, orphans, only one brother and one sister alive. To see your children die without medical attention of starvation is so much pain when you think back. It is horrible to sit around and watch your child die in front of you. My family think of this all the time, especially when they have meals.

For several years, studies have been detailing that, in comparison with other Southeast Asian refugees, Cambodians suffer extraordinarily high rates of emotional disorder (Beiser 1990; Mollica et al. 1987; Kinzie 1988; Kinzie et al. 1986). Mollica's study, for example, revealed that Cambodian women without spouses demonstrate more serious psychiatric and social impairments than all other Indochinese refugees. In countries such as Switzerland, the United States, Australia and New Zealand effective systems of mental health treatment for Khmer refugees were developed long ago (Boehnlein 1987; Kinzie 1988; Eisenbruch 1991; Wicker and Schoch 1987; Carole 1991; Reid and Strong 1988).

Yet in Canada, despite this information, the federal government, and the provincial and municipal levels of government in Ontario, private sponsors, nongovernmental service organizations, the medical and academic communities, Children's Aid, school boards and community health agencies have neither attempted to address the long-term effects of torture and trauma on Cambodian refugees nor initiated or established rehabilitation and mental health provisions for Cambodian youth and adults. At the highly respected Centre for Victims of Torture in Toronto, for example, Cambodians are not even listed as a community in need, despite the fact that the majority of Cambodian men, women and older youth experienced torture and inhumane living conditions.

In Ontario, the lack of treatment for, or even recognition of, Cambodian PTSD and cultural bereavement symptoms impacts enormously on individual, family and community stress. There are no medical clinics in Ontario (nor in the rest of Canada) prepared to accommodate the somatic effects of psychological problems among Khmer or to provide therapeutic intervention. Unlike other countries of resettlement, Canada has not set up coordinated teams of medical and mental health staff to study or treat Khmer concepts of well-being and somatic idioms of personal and social distress.

In the opinion of this author, the primary difficulties that continue to be identified within all Cambodian communities in Ontario are the result of unresolved and unacknowledged post-traumatic stress and cultural bereavement, the symptoms of which include: long-term difficulties in learning English (poor concentration, memory deficiency, and a reduced capacity to absorb new information); barriers in obtaining employment; extended dependency on service providers (escort, translation, documentation needs); community divisiveness and mistrust both of leaders and by community members of each other; extensive apathy within the community, which is associated with social withdrawal and isolation, especially among women; high rates of youth dropout from school; and increasing family breakdown and other stresses within families.

Cambodian communities in Ontario remain communities in need. This report will detail these needs, and show the relationship between continuing difficulties, unresolved PTSD and cultural bereavement. Several pages of recommendations are included at the end of the study, highlighting culturally appropriate means to address these needs. Because this report is the first in-depth investigation of Cambodian communities in Ontario, it provides a comprehensive presentation and analysis of Cambodian refugee resettlement and adaptation.

The study was funded for sixteen months, from December 1, 1992, to March 31, 1994, by CEIC, Ontario Resettlement Division. It focuses on the largest Cambodian commu-

nities in Ontario; these are found in Ottawa, Kingston, Toronto, Hamilton, London, St. Thomas and Windsor. Visits were made to each of these communities, and members from all of them, except Windsor, participated in a one-day workshop on Cambodian resettlement and adaptation in May 1993. The workshop was organized through the Centre for Refugee Studies at York University as part of this study.

2

A Brief History of Cambodians

Khmer Origins

Khmers are the oldest of the peoples in Indochina (Garry 1980). In Cambodia, they constitute 90 percent of the population. Khmer history dates back to 1500 B.C., when they were engaged in rice cultivation and animal husbandry. The Khmer lifestyle developed in symmetry with the annual monsoons and two main seasons: a dry, cool winter, and a very wet and hot summer. People venerated the serpent Naga as the primary guardian spirit of the land, a practice which continues in Cambodia today.

Following the marriage between an Indian prince and a Khmer princess in the first century A.D., Khmer people became known as Kampuchians, the gentle race. The influence of India and, to a lesser degree China, helped create a rich and varied cultural and religious heritage. The Buddhist religion, Sanskrit (a scholarly language), an Indian alphabet, judicial laws, as well as the Hindu conception of the monarchy were incorporated into Khmer culture and society. Traditional Cambodian art, classical dance, music and formal dramatic presentations are rooted in ancient Hindu and Buddhist legends and myths.

By the mid-twelfth century Kampuchea was a strong centralized state with territory including what is now known as Laos, central Thailand (formerly Siam), South Vietnam, parts of Burma and the Malay Peninsula. The sophisticated hydraulic networks throughout Kampuchea sustained vast and dependable agricultural production. This period of Khmer history is today referred to as "the golden age." It was a time of political stability, military power, religious learning, arts, and the building of the great temple city Angkor Wat.

Themes carved into the Angkor Wat walls inspired classical dance and art forms still practised in Cambodia. Angkor Wat remains a powerful national symbol of Khmer achievement and cultural identity, representing a glorious past and indicating the potential for a modern nation state. Today, images of the Angkor Wat appear on the national flag, on T-shirts, beer bottles and uniforms; provide the logos for major Cambodian banks and airlines; and are sung about in the national anthem.

Loss of Kampuchean Sovereignty

Beginning in 1432, Kampuchea faced increased territorial encroachments from Siam (Thailand) and Vietnam. Kampuchea lost huge areas of land and political autonomy, and Khmer control slowly dwindled to a region that approximates the size of present-day Cambodia (Ebihara 1985).

By 1834, the Vietnamese had embarked on a systematic Vietnamization of the Khmer people, attempting to destroy their language, traditions and religion (Garry 1980). During this time, a large part of Cambodia was annexed by Vietnam and smaller parts of it by Thailand. Numerous Khmer-speaking people located in eastern Thailand began being referred to as Khmer Sarin. The over one million Khmer people living in the territory annexed by Vietnam were thereafter referred to as Kampuchean Krom. Despite enforced attempts at "Vietnamization," the Kampuchean Krom retained a strong Khmer identity. They continue today to speak the Khmer language, practise Theravada Buddhism and keep their concept of nationhood firmly embodied in Cambodia.

The Vietnamese assault culminated in the Kampuchean government's requesting French protection in 1863. The country became known as Cambodge, reflecting the French influence on government, language and education. Cambodge was anglicized to Cambodia, although people still referred to themselves as Khmer. Despite the series of foreign occupations, the population in Cambodia has remained relatively homogeneous. The vast majority (90%) of the population in Cambodia is ethnic Khmer (Chandler 1991).

Ethnic and Class Distinctions in Cambodia

In addition to the majority Khmer, Vietnamese, Chinese, Burmese, Lao, Cham Muslims (known as Khmer Islam), and several hill tribes (Khmer Loeu) have also lived in Cambodia for centuries. The Vietnamese and Chinese follow Mahayana Buddhism, which is distinct from the Theravada Buddhism followed by Khmer. Chinese Teochiu speakers (Chen) first settled in Cambodia seven hundred years ago. They clustered in small towns and urban areas where they frequently intermarried with local Khmer. Offspring were identified by their mixed-race appearance. Many became completely assimilated, while others attempted to balance their competing ethnic and religious identities. In contrast to the Teochiu, Cantonese-speaking Chinese migrants tended to remain in the large urban areas (Phnom Penh, Battambang and Kampong Cham) and retained a distinct identity that clearly separated them from Khmer (Whitmore 1985). In the early 1970s, approximately 6.8 percent of Cambodia's population maintained some form of Chinese identity (Chandler 1991).

In 1973, the population of Cambodia was estimated at 7,300,000 (Garry 1980, 35), and this total had the following ethnic breakdown: Khmer, 6,200,000; Chinese, 450,000; Vietnamese, 450,000; Khmer Islam, 150,000; Khmer Loeu, 50,000.

Ethnic Khmer in Canada state that they are racially distinct from Vietnamese and Chinese. Darker skin, taller bodies, upturned and slightly larger noses, curlier hair, fuller mouths and straighter eyes are cited by Khmer as recognizable Khmer features.

Traditional Khmer society had three status groups or classes: royalty and government officials who lived in small towns and urban areas, rural-based peasants, and Buddhist monks (Bit 1991). The French influence furthered the dichotomy between rural and urban patterns of life, and the differences between Khmer royalty and Khmer peasants. Two distinct value systems, each with its own standards of success, were created. One emphasized Western ideals and education as well as "classical" Khmer culture, including an aristocratic approach to Buddhism referred to as "Thommayuth" (Mysliwiec 1988). The other was entrenched in traditional rural agricultural production, folkways, a conservative lifestyle and a village-based practice of Buddhism called "Mohanikay" (ibid.). In contrast to the "elite" expressions of classical dance, traditionally performed for and under the patronage of the royal family, rural people embraced the more popular performances of shadow plays, folk dramas and folk dances that reflect regional differences, political and social parodies, and improvisational techniques.

The two distinct value systems, characterized by past or ancestral rural/urban livelihoods, are still very evident among Khmer in Ontario. This distinction continues to affect attempts to integrate and unite Khmer people within the various communities. Approximately 20 percent of Cambodians now in Canada were urban dwellers, and the rest were rural-based. However many were only young children and older youth at the time they left Cambodia.

Colonial rule strengthened class divisions among minority ethnic groups and Khmer. Vietnamese were encouraged to assume administrative functions and vocational occupations, Chinese to pursue financial and commercial activities and Khmer to remain in agricultural and intensive labour roles (such as fishing, construction, carpentry and weaving). The development of a Khmer middle-class was delayed until the country became independent and urban Khmer could move into expanding government administrative and white-collar positions. Cambodians now residing in Ontario still classify and evaluate one another according to these previous class and ethnic differences.

Recent Political Events

On November 9, 1953 Cambodia gained independence under the political leadership of Prince Norodom Sihanouk. This process was aided by several political factions including the rural-based Cambodian communist resistance forces known as Khmer Isarak and Vietnamese communists (Vietminh). Throughout the next fifteen years, Cambodia was increasingly caught up in the escalating Vietnam war, between Western and communist pressures. By the late 1960s, North Vietnamese communists were moving arms and troops into the rural eastern provinces of Cambodia, and Prince Sihanouk, in defiance of U.S. pressure, openly affiliated with the Chinese communist government.

A massive American military bombing of Cambodia was begun in 1969 in conjunction with a South Vietnamese invasion, both supposedly directed towards Vietcong soldiers in Cambodia. These actions eventually forced over a million Khmer from their rural areas into the capital city of Phnom Penh. In 1970, the royalist government of Prince Sihanouk was replaced by the U.S.-backed regime of Lon Nol, and Prince Sihanouk was

forced into exile. Lon Nol had been a former general and was the defence minister under Prince Sihanouk. Cambodia, now renamed the Khmer Republic, was used increasingly as a military strike zone against North Vietnamese troops in South Vietnam. A generalized hatred against Vietnamese in Cambodia was encouraged by the Lon Nol government, and American bombing raids inside Cambodia intensified. In the course of the five-year bombing campaign, Phnom Penh grew from a city of 200,000 to over two million people.

As displaced rural Khmer continued to seek asylum in Phnom Penh, thousands of other rural Khmer joined the growing Cambodian communist party. Prince Sihanouk began calling the Cambodian communists "Khmer Rouge" in the 1960s. Although originally opposed to them, after his overthrow he sanctioned and supported their efforts from his exile in China. His call for Khmer resistance against the Lon Nol government led Cambodia into a civil war. During the early 1970s, for every story Khmer people heard about communist Khmer Rouge atrocities, there were several stories about the Lon Nol regime, especially about their massacres of ethnic Vietnamese citizens, generalized corruption and lawlessness (Nghor 1987, 71).

When the Americans abandoned Cambodia two weeks before the fall of Saigon in April 1975, communist Khmer Rouge forces under the leadership of Pol Pot took over the country, renaming it Democratic Kampuchea. Lasting until early 1979, the extremist rule of the Khmer Rouge was an administration based on open force, intimidation and inhumane treatment. Their brutal approach to power consolidation and implementation jarred with their idealistic and nostalgic notions of Khmer nationalism and past glory.

Conditions under the Khmer Rouge

Communist Khmer Rouge forces entered the capital city, Phnom Penh, on April 17, 1975. Many of the soldiers were young (12 to 16 years old), uneducated rural orphans. Few had ever been to a city and all were indoctrinated into communist ideology. Within three days of their occupation, the Khmer Rouge forced all the inhabitants of Phnom Penh to evacuate the city. Those who resisted or raised questions were shot. For weeks, roads leading to rural areas were clogged by over two million evacuees. No food, shelter or water were provided, only orders to keep moving away from the city. Khmer people, now resettled in Ontario, speak of how men, women, children and even hospital patients were forced at gunpoint to leave. Several recall how during this time family members were separated or died of exhaustion and illness by the roadside. Simultaneous evacuations occurred within every major city and town in Cambodia. Schools, hospitals, banks, post offices, libraries and Buddhist temples were systematically plundered and destroyed by Khmer Rouge cadres. Individuals associated with these institutions were either immediately shot or imprisoned and eventually executed.

The Khmer Rouge hastily established rural work communes across Cambodia to accommodate the millions of displaced people. It was fortunate that thousands of Khmer were able to escape to Vietnam (150,000) or Thailand (35,000–40,000) (Ebihara 1985). For those remaining in Cambodia, the next four years consisted of continual, massive transfers from one rural labour camp to another. The evacuations and abandon-

ment of cities, forced rural labour and purges of "class" enemies were based on Maoist methods learned by Khmer Rouge leaders during China's Cultural Revolution. An older Cambodian woman now living in Ottawa recalls:

Fourteen days after April 17, my husband committed suicide because if he didn't turn himself in, the whole family would be killed. My seven children (8 month old baby to 12 years) and I were moved to a different area and forced to work. We were forced to live with three other families. One can of rice was given for the whole family to eat for three days, no salt. Lots of bodies became swollen with the flesh hanging down because of the lack of salt and excessive water retention. Many people ate ash because there may be salt. In the first five months, five of my children died from illness. Me and the three families were picked on because our husbands were all associated with the government. In 1977 they found out I used to be a teacher and they took me to kill me. One of my daughters had been taken to the soldiers troop but my smaller son stayed with me and he was to be killed with me. He was three years old then. We were included with 30 or 40 people and they killed my son first and other people. I was shot in the side and smashed with a rifle over my back and left for dead. Later that night I woke up and crawled far away and stayed in a banana tree for three days ... This is how I survived ... My memories are with me all the time. I am always feeling that sadness. All I want is—[Khmer service worker]—to be my friend to listen to my nightmares which don't go away. Many are like me. They don't go to the temple because when they have so much pain they want to be isolated.

Out of the one and a half to two million Cambodians who died during the Pol Pot regime, almost a hundred thousand died as direct targets of torture and executions; the rest died from starvation, forced labour, lack of medical care and as victims of war (Kiljunen 1983). All Cambodians in Canada who survived the communist Khmer Rouge regime can recall the hard labour in fields, working days and nights without rest, the lack of food, being under constant surveillance and being witness to numerous acts of brutality and killing. They speak of watching their children and parents die of starvation, seeing family members shot and beaten, witnessing numerous acts of petty cruelty and suffering, and feeling the indignities and the unceasing despair, fear and terror.

The inexplicable violence inflicted on Cambodian people was carried out in the name of Angka, a nameless, faceless organization whose leaders were unknown. One Khmer woman (now in her thirties in Toronto) felt that the pervasive terror of 'Angka' was worse than hunger, because nothing could be done about it:

I remember when we were in the work group and we had to hold hands coming back to camp because we were starving and had no energy to walk. We had no clothes, only black. We had to keep our hair short. For four years we had no soap or shampoo. We could only wash our hair with water. All of us had head lice. We had to work in the rice fields, in deep water and as soon as we went into the water, the leeches came and attached on. We always cried. It was so horrible. We had to do everything. Plant rice, digging, irrigation. Little bowls of watery rice everyday. Only 2 cups of rice cooked with water for 20 people ... Friends would slowly die in front of us and we thought that's what would happen to us. Night time was the most fearful because 'Angka'

would come then and call people out and they would disappear. They were always there to listen, to watch, to try and catch you up. You had to be always careful. One word could kill you. Every morning when we saw the sun we thought we have survived one more day. We kept thinking this every day. In my group there were 3 women who used to be university students. They spoke French with one another one evening and 'Angka' heard this and the next day they were taken away and killed. We know this because their clothes were brought back. Everybody knew but nobody could talk about it. We just worked and kept quiet. Our life was in danger all the time, we were scared to talk, scared to do anything.

During the Khmer Rouge regime, Cambodian people were divided into three social groups: Khmer Rouge cadres or soldiers were leaders and authority figures; "new people," or *moulatan thma*, were considered slave labour; and "old people," or *moulatan chass*, were overseers of new people, acting as administrators of labour, housing and food distribution. Old people, who were rural-based, were those who had consented to Khmer Rouge rule between 1970 and 1975. Although skilled in agriculture and rural living, they were generally illiterate and uninformed about urban life and global events. New people were a combination of displaced rural people in Phnom Penh and those living in towns and cities at the time of the Khmer Rouge occupation. New people were given especially harsh treatment because, as city dwellers, they were identified as enemies of the state.

Individuals targeted for immediate execution included government officials, soldiers, merchants, educated and professional people, classical dancers, members of the royal family, artists, Buddhist monks, and those perceived as being Western-influenced (for example, those wearing glasses or speaking French). Executions, imprisonment and torture of the new people continued throughout the Khmer Rouge regime. One young Cambodian woman in this study recalled:

In 1975 I was in grade 13. During Pol Pot I had to pretend I was only in primary school and had to change my name because father was a teacher. We pretended we were a poor family with no education. They kept asking questions about the past trying to trick us. When father was sick he couldn't work and then they sent father away to die because he couldn't work. If we cried in public we would all be killed. He was 47. One of my uncles worked in the office and one day was taken away with another group of men, supposedly to plan something, but we knew the group was taken to be killed. My mother had 2 older sisters and all of them are widowed.

During the last two years of Khmer Rouge control, several internal purges occurred against Khmer Rouge cadres and leaders. The *moulatan chass*, or old people, were also increasingly caught up in the forced relocations, slave labour, violence and inhumane living conditions. By the end of 1978, many of the perpetrators of Khmer Rouge control were themselves victims.

The radical communist state was a horrific experiment in social engineering. Referring to 1975 as Year Zero, Khmer Rouge sought to completely alter traditional Cambodian society by engaging everyone in state-controlled rural production, and by forcibly trying to erase cultural and social identity. Classical Khmer dance and music were

denounced as corrupt and replaced by Chinese communist propaganda plays. Chinese songs glorifying the Chinese Cultural Revolution were broadcast throughout the camps when people returned from the fields at night. Buddhist practices and traditional ceremonies, including the offering of food (merit-making), funeral and memorial rites were forbidden.

Children over the age of five were taken from their parents and placed in "children's work camps." There they were interrogated and often tricked into disclosing their parents' real class identity. Wives were separated from husbands, and each lived in cramped, dormitory-like conditions wherever their labour was required. Communal food was provided only for workers; the elderly, sick, weak and disabled were expected to die and, so, were not fed. Forced marriages were common. Those who resisted were punished; this is revealed in the testimony of one Khmer woman in Ottawa:

Mid-1977, I was put in jail with my feet in the stocks (as the Khmer Rouge tried to force me to marry someone against my will). There I suffered from lice, mosquito bites, starvation, and threats upon my life. These threats were in the form of electric shocks, plastic bags placed over my face until I fainted and bayonets held to my temple. Lastly, they beat me all over my body accusing me of being an agent for the C.I.A. ... During this period I despaired of life. Few survived this jail. Two years and three years later I emerged alive even though I had been reported dead.

In a drastic departure from the traditional social and gender hierarchy, young females, referred to as "mit neary," were given power and authority to command people and to identify "enemies" of the Khmer Rouge communist state. Children as young as ten were purposely exposed to widespread violence, intensive indoctrination and offered incentives such as food or reduced labour, in order to lure them into becoming members of the cadre responsible for aggressive and violent action against those whom the Khmer Rouge perceived as enemies.

The constant threat against and subsequent disappearance of those identified as enemies created extensive mistrust within families, and among friends, relatives and co-workers. One Khmer man now living in Ottawa recalled:

There were always spies in the camps listening in at night to try and catch you ... Even families turned each other in. This mistrust cannot be mended. During Pol Pot no one could say anything for fear of punishment, even to best friends. All this changed Cambodians. Now they are trying to change back, but some of them can't after what happened to them. Mistrust and fear are still in the communities here.

Another Khmer Canadian woman described those who survived, including herself, as "leftovers from the dead."

Exodus to Thailand

In early 1979, Vietnam invaded Cambodia to quell intensifying Khmer Rouge incursions into Vietnamese territory. A Vietnamese-backed Khmer government controlled by Heng Samrin, Hun Sen and other defectors from the factionalized Khmer Rouge was installed. The country was renamed the People's Republic of Kampuchea. As Khmer

Rouge forces were attacked by Vietnamese troops, the collective farms and forced systems of labour collapsed. Most Khmer people were freed and began returning to their areas of origin to search for family.

Fearing oppression by the Vietnamese communist invaders and the possible return of the Khmer Rouge, thousands of freed Cambodians fled to Thailand seeking asylum. Thai soldiers, renegade resistance soldiers and bandits all preyed on these Cambodian refugees. Despite the fact that the majority of Cambodian refugees were ill, wounded, exhausted and starving, women and young girls were frequently raped, and any goods, extra clothes or hidden gold were confiscated. Thousands of land mines had also been planted by retreating Khmer Rouge so that jungle paths into Thailand became littered with Cambodian corpses and body parts. One young Khmer woman remembered:

We walked through waters, bushes, and mine fields on our way to Thailand. Wherever I turned I could see corpses some stacked in piles. I saw men crowded around a wounded person ... I can still see the wounded man covered with blood and without a right arm and with one leg blown off.

By April 1979, over 40,000 Cambodians had sought asylum in Thailand. Many were surviving members of the Khmer urban middle class, including shopkeepers, teachers and civil servants (Kiljunen 1983). Several thousand were forced back into Cambodia by the Thai military (only to flee again if they lived), while many others became caught in the border camps of the Khmer Rouge, or by smugglers, criminals and right-wing guerrilla movements. Between April and August, the most catastrophic famine in Cambodia's history pushed hundreds of thousands more Cambodians, from every class and ethnic group out of the country. In September 1979, as the numbers of Cambodian refugees reached nearly 500,000, international pressure forced Thailand to open its border and allow the creation of large holding centres under the management of the United Nations High Commission for Refugees (UNHCR). Thousands of people continued to flee Cambodia. Garry (1980, 42) describes their plight:

The situation in Cambodia is dramatic: generalized starvation; abominable public health, which cannot be improved for lack of doctors and medicine; sterility among women; high infant mortality; and, everywhere, hordes of runaways trying to reach Thailand and deserting the young, the old, and the sick who are unable to continue. Over a million refugees are now in camps in Thailand or near the border of Cambodia.

In UNHCR camps, Cambodian refugees received a regular and varied food supply, chlorinated water, and medical treatment. Several international aid groups provided education for children, retraining programs for men, and most importantly, hope for resettlement. UNHCR camps did not, however, distinguish among refugees. In Sakeo, a camp in one UNHCR centre for example, over two-thirds of the population were identified as Khmer Rouge soldiers, while the rest were "new" and "old" people still unable to escape their control (Ngor 1987, 412). Later, thirty thousand of these people were transferred from to Khao I Dang camp for resettlement purposes (Kiljunen 1983).

By 1980, Thailand closed its border again and any Khmer refugees escaping Cambodia were directed into more than twenty border camps. These camps, which held more than 200,000 refugees, were controlled and supervised by various Cambodian political

and military organizations. Eleven camps holding over 122,000 people were controlled by Khmer Rouge communists (Kiljunen 1983). The re-emergence and reinstatement of the communist Khmer Rouge system of control and military capacity was made possible by U. S. and Chinese military aid, the Thai army and several international relief organizations (Kiljunen 1983, 138). Over the next eight years, these border camps acted as military buffer zones. Cambodian refugees were used as human shields between Khmer Rouge fighters and the Vietnamese-backed government of Cambodia. The use of Khmer Rouge military was an indirect way for the United States and China to enact revenge on Vietnam. Thousands of Cambodian refugees spent years moving from one border camp to another before making it to UNHCR camps and resettlement opportunities.

Many Khmer now resettled in Ontario experienced several different camps and describe being constantly on the move, always afraid either of being forced back into Cambodia or caught by Khmer Rouge leaders who would hold families as ransom while the men were forced to fight. Most of the Cambodians who resettled in Canada came through the UNHCR holding centres at Khao I Dang or Sa Kaew.

Difficulties in Obtaining Resettlement Opportunities

One of the biggest obstacles facing Cambodians who wanted resettlement opportunities was the common perception that Cambodians were not good candidates for third-country settlement. Thomson (1980, 126), for example, wrote that Cambodian refugees reflect a different background and motivation from other Indochinese refugees, and that Cambodian-Chinese with formal education and professional or trade skills were the only Cambodians who would prefer to resettle. Because most Khmer refugees came from rural cultural settings, it was assumed that differences in food, technology, values, and styles of personal interaction found in Western countries would be too overwhelming.

In 1979, the Canadian government, in conjunction with the private sponsorship movement (stimulated by the inception of "Operation Lifeline") agreed to sponsor 50,000 Indochinese refugees, the majority of whom were from Vietnam (Adelman et al. 1980). Cambodians were not generally considered for government sponsorship, and the funds saved were diverted for Cambodian relief in the Thai refugee camps (*ibid.*). Canada's selection policy reflected considerable self-interest as those refugees accepted for resettlement were assessed according to their skills and motivation, with well-educated professionals being favoured (*ibid.*). Those educated and skilled Cambodians who fit the selection criteria represented a minority of all applicants. Church spokespeople and leaders of private sponsorship organizations criticized this policy as being too inhumane and pushed for higher admission rates, to be based on humanitarian criteria. Processing delays, however, were still common. One private sponsor remembered:

There was numerous red tape with Canadian Immigration. They identified Cambodians as being uneducated, having nothing to offer Canada ... Catholic Immigration were never officially told not to sponsor Cambodians but their applications were always slower to get accepted. In 1979/80, the American Ambassador in Canada and his wife were very interested in Cambodians ... She arranged a meeting with the Minister of Immigration at her residence,

myself, a member of the Catholic Immigration Board, the head of the Refugee Section for Immigration and the head of the Canadian Immigration Section in Thailand who was doing the interviews which decided who got resettlement. The Head of Canadian Immigration in Thailand called Cambodians "Betelnut chewing women and uneducated people. If I put them all on a plane you would not want them when you see them." This made the Minister of Immigration realize the bias against Cambodians and there were no longer any delays in the processing.

Another reason for delay was the uncertainty government officials had concerning Khmer Rouge among Cambodian applicants. One sponsor who made selection decisions in the Thai refugee camps commented:

A lot of Khmer Rouge were in the camps, mixed in with regular people. Canadian immigration officers were very sensitive to past activities but had a hard time to figure out who was who. After a couple of years it became easier for them to weed regular people out from the Khmer Rouge and this speeded up the process of applications.

Cambodian refugees had several distinctions compared with other Indochinese: among them were a relatively high proportion of "free cases" (Ebihara 1985), which meant that they either did not have close relatives or any kin whatsoever in Canada; there were large numbers of "unaccompanied minors" (orphans) and female-headed households, reflecting the extremely high mortality rates of Khmer adults, especially men; and the physical health status of Cambodian refugees was poor, with more symptoms of malnourishment, more tuberculin reactors, higher hepatitis-B indicators, more parasites, and much lower mean haemoglobin and RBC volumes (Catanzaro and Moser 1982).

3

Cambodian Resettlement

Arrival in Canada

In contrast to the United States, which experienced three major waves of Khmer resettlement, most Cambodians in Canada today came in one refugee flow during the 1980s (Ebihara 1985). The few Cambodians here before 1980, and residing mainly in Quebec, were Khmer diplomats, business people and students. When Cambodia became internationally isolated after 1975, these individuals were granted permanent resident status. Several Khmer outside Cambodia also came to Canada during this time as UNHCR convention refugees. Both groups were subsequently able to sponsor surviving family members from Thai refugee camps. The majority of Cambodians came to Canada as "designated class refugees" after 1979, through federal government and private sponsorship programs.

Immigration data indicates that the number of Cambodians who entered Canada between 1980 and 1992 totalled 18,602 (see Table 1).

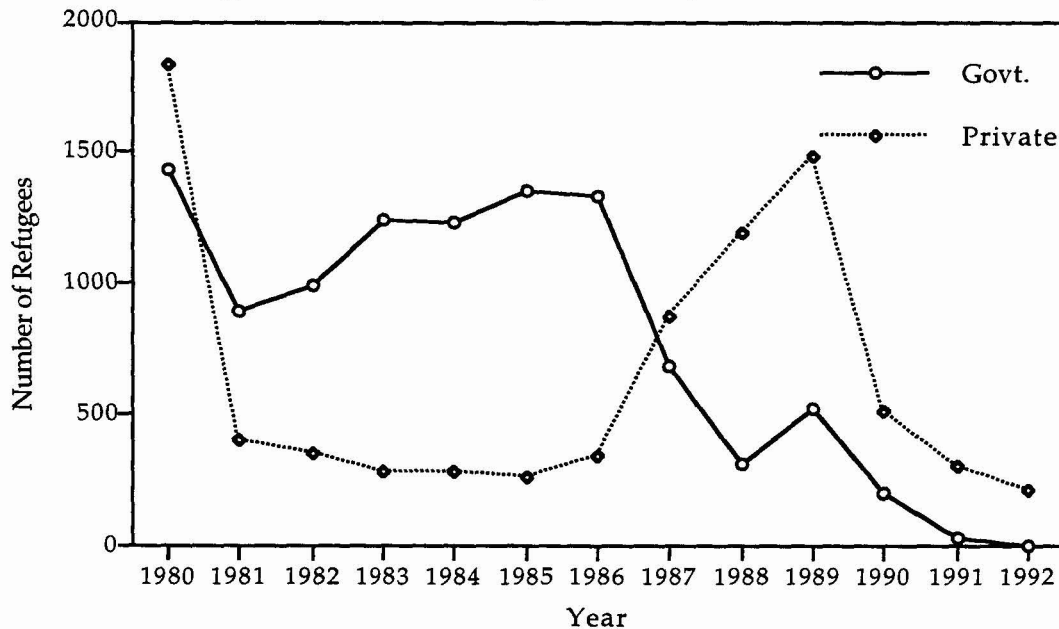
Table 1: Canadian Sponsorship by Age and Gender, 1980-1992

Age	Sponsorship	Government-Sponsored			Privately Sponsored		
	Total	Total	Male	Female	Total	Male	Female
0-14	6,341	3,751	1,957	1,794	2,590	1,385	1,205
15-24	4,580	2,460	1,288	1,172	2,120	1,135	985
25-34	4,452	2,624	1,402	1,222	1,828	844	984
35-44	1,534	753	429	324	781	368	413
45-54	850	360	152	208	490	226	264
55-64	536	209	76	133	327	138	189
65->	308	102	36	66	206	81	125
Not stated	1	1					
Total	18,602	10,260	5,340	4,919	8,342	4,177	4,165

Source: Immigration Statistics, Canada Employment & Immigration Centre, 1992.

In general, the data for sponsorship show that the majority of Cambodians who resettled in Canada from 1980 to 1992 were under 44 years of age, and with approximately equal proportions of them were males and females. Both government and privately supported newcomers were drawn predominantly from the younger age brackets (34 years and under). However, Cambodians 45 years and older were more likely to have had private rather than government sponsorship. This is especially true for those 65 years and older where privately supported arrivals were double that of government sponsorship.

Figure 1: Cambodian Sponsorship Trends, 1980–1992



Arrival rates over the twelve-year span vary considerably. In 1980, 3,269 Cambodians entered Canada; one year later less than half that number (1,302) arrived. Higher number resumed in 1983, fluctuating slightly until 1989. In 1990, the numbers dropped dramatically to 720 persons. Resettlement since 1990 has dwindled—only 214 in 1992—reflecting the UNHCR repatriation emphasis (which no longer allows resettlement opportunities from Thai refugee camps) and the difficulty of sponsoring family members from Cambodia.

A more complete profile of Cambodian resettlement between 1980 and 1992, including year of entry, gender and sponsorship group is given in Table 2. Examination of the two sponsorship groups reveals that 55 percent of Cambodians were government-sponsored and 45 percent were privately sponsored, with approximately equal numbers of males and females in these categories. The bulk of private sponsorship occurred through Christian church congregations under the "Master Agreement" mandate of three main groups: the Christian Reform Church, Catholic Immigrant Aid and the Mennonite Church. London and St. Thomas were almost 100 percent privately spon-

sored; Ottawa over half; Windsor and Kingston less than one-third; and Toronto and Hamilton less than 10 percent.

Private sponsorship was initially higher than government sponsorship, but it declined drastically after 1980 (see Figure 1). In contrast, resettlement under government sponsorship remained high until 1987. As government sponsorship waned, a resurgence of private support took place from 1987 to 1989. This resurgence of private sponsorship reflects the economic capacity of Cambodian refugees to sponsor family members themselves, and the growing advocacy of Cambodian groups in encouraging private sponsors to resettle friends and relatives.

Table 2: Cambodian Arrivals by Gender and Sponsorship Group, 1980-1992

Year Entered	Sponsorship		Government-Sponsored		Privately Sponsored		
	Total N	Total N	Male %	Female %	Total N	Male %	Female %
1980	3,270	1,436	14.1	13.9	1,834	21.4	22.6
1981	1,302	899	8.3	9.2	403	4.8	4.8
1982	1,352	995	9.6	9.8	356	4.3	4.3
1983	1,521	1,240	12.4	11.7	281	3.8	3.0
1984	1,519	1,236	12.1	12.0	283	3.5	3.3
1985	1,618	1,354	12.8	13.6	264	3.2	3.2
1986	1,671	1,331	12.8	13.2	340	3.9	4.2
1987	1,558	685	6.5	6.9	873	10.5	10.5
1988	1,505	315	3.4	2.7	1,190	14.6	13.9
1989	2,014	527	5.5	4.7	1,487	18.0	17.6
1990	720	204	2.2	1.8	516	6.1	6.3
1991	338	34	0.2	0.5	304	3.5	3.8
1992	214	3	0.0	0.1	211	2.5	2.5
Not stated	1	1	0.0	0.0	0	0.0	0.0
Total (%)			100.0	100.0		100.0	100.0
Total (N)	18,602	10,260	5,340	4,919	8,342	4,177	4,165

Source: Immigration Statistics, Canada Employment & Immigration Centre, 1992.

Private Sponsorship

In several Ontario communities such as Ottawa, London, Kingston, and St. Thomas, private sponsorship for those Cambodians first arriving in Canada provided them with numerous advantages over those sponsored by the federal government. In many areas, private church sponsors across Ontario worked with one another to help reunite families. St. Peter's Catholic Church in Goderich, for example, sponsored two Cambodian brothers and their families in December 1980, and invited a third brother and sister

with her family, who were sponsored by Knox Presbyterian Church in March 1980, to all live together in a former convent, renovated by members of the St. Peter's congregation. The Christian Reform Church alone, reunited thousands of Cambodian families in Ontario. In Kingston, one sponsoring church brought over 23 individuals from one fractured family (an elderly mother, her widowed daughters, their children and orphaned cousins).

In Ottawa, St. Thomas, Hamilton and London, churches were the front-line service providers for Cambodian refugees. Private sponsors helped to bridge the cultural gap between Cambodians and Canadians, especially through sharing each other's food, music, dances and games. In Ottawa, for example, Catholic Immigrant Services organized monthly meetings for refugees, sponsors and church workers in order to discuss issues, and sponsor summer picnics. A Khmer man in Ottawa commented:

Cambodians are too shy to make the attempt to reach out to Canadians. Those who have connections with Canadian families through sponsorship have encountered friendship with Canadians but those who were government sponsored or those who came through family have no relationships with Canadians.

Through their contacts, private sponsors were more successful in finding employment for Cambodians, and in mediating between employers and workers if difficulties or misunderstandings arose. As one former federal government worker commented:

I felt that people got a better start if they were privately sponsored, despite all the problems. Good sponsors provided a safe environment for the first year. One can question if this can be a factor in the differences between Laotian (who are very successful) and Khmer.

Numerous difficulties did arise, however, as one sponsor remembered:

Cambodians were overwhelmed by the material prosperity of Canada. Sponsors felt that the Cambodians had an inadequate response to the living accommodations offered to them. For example, too many would end up living in one small room, they would be doing all sorts of washing in the bathroom and not using laundry facilities. The cultural differences were the most difficult to deal with, especially language differences. There was more sign language between sponsors and Cambodians than translation. One major lack was that sponsors "told" the Cambodians what to do, but not how to do. There was a lack of education about Khmer people and sponsors were not aware of what to expect. Many sponsors didn't take time to review the available literature in booklets, and just went at it ad hoc.

For some Cambodian refugees, close contact with private Christian sponsors enabled them to learn different attitudes and values. One Khmer man who is now a Christian pastor turned to Christianity because he liked the ideal of self-reliance. Similarly, another man, also a Christian pastor, was attracted to the church's emphasis on self-dignity, of not being a burden on society, and the sense of support he received. A St. Thomas man noted:

My early experiences in working with the Christian churches showed me the process of how the churches employ training to help people grow and take

control. This is my basis for being a Christian. The message of Christianity is good for Cambodians to hear, especially about peace and to serve each other, rather than for the Cambodian method of retaliation and aggression. It is good that many Cambodians came to the church to help sponsor friends and families.

During resettlement, many Khmer converted to their sponsor's religion out of a sense of obligation. As one Khmer woman from Kingston explained:

People from the Church met us at the airport and were good to us. Cambodians are very grateful people and because they have done good for us and looked after us and kept us very well we must do good for them. This is why we keep going and every year we donate to the Church. It would betray them if we didn't go. This is what our Buddhist culture and background taught us. We can never turn away from them, it would not be right. Because we are good Buddhists we become Christians here. Inside we still hold many Buddhist ideals but we don't tell them or say anything because this would make them sad. Buddhism teaches us that we must be flexible.

A Khmer man from a different community, however, expressed a sense of cultural confusion when he stated:

When I came to Canada, before I was Buddhist, but now I am a Christian, so I am half and half. My background is Buddhist but the children go to church every time and they have no Buddhist teaching so they are more Christian than I am.

Although the numbers of Cambodians who have converted to Christianity remain relatively small in comparison to the majority (over 80 percent) who retain Buddhist beliefs and practices, in the smaller Cambodian communities, such as Kingston and St. Thomas, Christian Cambodians are predominant. In St. Thomas, the Fellowship Reformed Church has donated \$5000 per year in the last ten years to help start a Cambodian Christian Church, called the Cambodian Evangelical Fellowship. Staff at the Christian Reformed Church encouraged the Cambodians to make a list of all Cambodians in the area, and helped with this task by typing and updating the directory. In 1986 and 1987 over 30 Khmer families attended the Christian church in St. Thomas, but since the arrival of relatives, less than 14 families remained members in 1994.

In Ottawa, one private sponsor noted difficulties that arose from the conversion pressure:

As distinct from some of the more Evangelical churches, Catholic parishes were told not to proceed with any attempt at conversion or trying to get Cambodians to come to church. This was very important to us. We encouraged and assisted in bringing a Buddhist monk here in 1980.

The Bishop of Hull, Adolph Proulx, offered the Hall of the Cathedral Church for Buddhist ceremonies ... Out of all the Cambodians sponsored by the Catholic parishes, only one family and one individual became Catholics. In Ottawa there was a push by Evangelical groups to convert. This divided Cambodians because they were told by Evangelical Christians not to go to Buddhist temple or attend New Year's celebrations because they are the work of the devil. Even today, Cambodian store owners who have a small Buddhist

shrine in the store have Cambodian Christians come in and rant about the shrine being the devil, etc.

A Christian Khmer man comments:

The biggest difference in becoming Christian is that we no longer do food offerings and merit-making for the spirits of our ancestors. We now feel that it is important to tell Buddhist Khmer who have Neak Ta shrines in their homes and who offer food to appease spirits that it is wrong to invite the devil into the home.

The overall effectiveness and influence of private sponsors greatly decreased after 1985 when there were family members or friends already in Ontario to greet newly arrived refugees. In 1986 and 1987, large numbers of Cambodians were sponsored to St. Thomas, London and Toronto by the Reformed Christian Church through the influence of Cambodians previously sponsored by them. In many of these cases, the sponsoring churches lived in different towns and cities, and never met the refugees.

General Demographic Characteristics

The number of Cambodians living in Canada is difficult to estimate precisely. Immigration data does not include those who arrived prior to 1980, nor does it include Khmer children born in Canada. Further, it does not account for the few thousand Khmer Kampuchean Krom (individuals who claim Khmer identity, but who were born in Vietnam and are listed as Vietnamese refugees), or those Khmer who claimed they were Vietnamese in the Thai refugee camps in order to gain a better opportunity for resettlement in Canada.

The 1991 census reports almost the identical number of Cambodians (18,615) as that provided by Immigration Canada (see Table 1, above) for the twelve-year period between 1980 and 1992 (18,602). However, there seem to be serious errors or omissions regarding the statistics for adult Cambodians and children currently living in Canada. In metropolitan areas across Canada, for example, 1991 census data indicates that there are only 11,245 Khmer-speaking Cambodians in this country (see Table 3). Immigration statistics from 1980 to 1991, however, detail that, of the 18,602 Cambodians resettled, 92 percent reported Khmer as their mother tongue.

This discrepancy stems from a variety of factors. Language difficulties continue to be a major barrier for Cambodians in completing census forms or in understanding the questions. From previous experiences in Cambodia and the refugee camps, many Cambodians remain suspicious about divulging personal information and just ignore the census. Because many Cambodians are living in government-assisted housing with strict occupancy regulations, there is also a hesitancy to reveal the number of Khmer families and individuals living in one household.

**Table 3: Canadian Khmer-Mother-Tongue
Cambodian Population, 1991**

Census Areas	Total	Gender	
		Male	Female
Calgary	575	270	305
Chicoutimi-Jonquiere	10	5	5
Edmonton	715	350	365
Halifax	5	5	—
Hamilton	510	255	255
Kitchener	140	75	65
London	495	245	250
Montreal	4,550	2,250	2,300
Oshawa	5	5	—
Ottawa-Hull	780	390	390
Quebec	445	220	225
Regina	90	45	45
Saskatoon	40	20	20
Sherbrooke	90	45	45
St. Catharines/Niagara	105	55	50
St. John's	—	—	—
Saint John	—	—	—
Sudbury	—	—	—
Thunder Bay	5	—	5
Toronto	1,500	810	690
Trois-Rivieres	35	15	20
Vancouver	635	315	320
Victoria	60	30	30
Windsor	180	95	85
Winnipeg	275	135	140
Total (N)	11,245	5,635	5,610

Source: Statistics Canada—Cat. No. 93-313, pp. 64-65.

Overall, the data show that Montreal, Toronto, Ottawa/Hull and to a lesser degree Vancouver reported the greatest concentrations of Khmer-speaking people in Canada. Roughly equal numbers of males and females are found throughout, with two exceptions. Data for Toronto indicate a large difference in the number of males and females who reported Khmer as their mother tongue (810 males versus 690 females). Montreal is the other discrepancy with 2250 males and 2300 females who reported Khmer as their mother tongue.

Table 4: Ontario Khmer-Mother-Tongue Cambodian Populations in Private Households, 1991

Census Metropolitan Area	Total N	Gender	
		Male %	Female %
Ottawa/Hull	805	16.2	19.5
Kingston	95	2.0	2.1
Toronto	1,745	40.9	34.8
Hamilton	795	16.6	18.1
St. Catharines/Niagara	100	2.0	2.4
Kitchener	155	3.8	2.9
London	540	10.7	12.9
Windsor	340	7.5	7.4
Total (%)		100.0	100.0
Total N (Ontario)	4,575	2,465	2,110

Source: Statistics Canada, Special Tabulations.

Overall, the largest percentage of Cambodians living in private households reporting Khmer as their mother tongue reside in Toronto (38.1 percent). Almost identical percentages are listed under Ottawa/Hull and Hamilton (17.7 percent and 17.3 percent respectively). Slightly over one quarter of the sample (26.9 percent) were listed as living in the remaining five CMAs (i.e. Kingston, St. Catharines/Niagara, Kitchener, London and Windsor).

When the sample is partitioned by the respondent's gender, similar trends are evident for both males and females. Within the province of Ontario, the metropolitan area most frequently occupied by Cambodian males is Toronto (40.9 percent). Comparable percentages of males residing in the Hamilton and Ottawa/Hull CMAs are 16.6 percent and 16.2 percent respectively.

In contrast to census data, Cambodian community sources indicate that there are approximately ten thousand Cambodians in Ontario, and that almost half are in the Toronto area. Community leaders base such estimates on the number of Khmer who attend community festivities. At a Toronto New Year's celebration in 1990, for example, over 800 people attended, mostly older youth and young adults. Community leaders multiplied this number by 6 percent to account for the older people, and the mothers and young children who don't come, so that the total community would approximate 4800. Community sources in Hamilton and London also report greater numbers than the 1991 census data indicates.

The following is a summary of 1993 community assessments of Cambodians in Ontario cities:

Hamilton—approximately 250 families, indicating over 1000 people. Many of the families have come from Saskatchewan, Alberta (chiefly Edmonton) and British Columbia.

Ottawa—Between 800 and 1000 Cambodians, comprising about 200 families.

London—Over 250 families in London and surrounding area, with estimates of 1500 to 2000 people. A lot of Khmer moved here from Edmonton in 1989.

Toronto—Between 4000 and 5000 if Kampuchean Krom are taken into account as well as those Khmer who claimed Vietnamese identity to get resettlement opportunities after 1985. This figure also includes over 500 Khmer in Newmarket and Brampton.

Kingston—Although there were over 25 families in 1986, many of them left after two to four years. Since 1990, many individuals and families have left to go to school or find employment. At present fewer than 10 families are living in Kingston.

St. Thomas—The community has 37 families, consisting of over 200 people. In the last five years 16 families have moved away. There are 93 children, almost half of whom are new teens and pre-adolescents.

Windsor—There are approximately 117 families, with over 500 people here. This does not include 17 families in nearby Leamington.

Secondary Migration within Canada and Ontario

Table 5 shows that although Cambodian resettlement occurred across Canada, it was not evenly distributed. Cambodians were resettled in small towns and cities as single individuals or in small groups of from two to fifty families. Numerous waves of secondary migration followed initial resettlement, with growing concentrations of Khmer in specific urban centres across Canada. This internal movement reflects the desire to be reunited with family members, friends and relatives, and to access employment opportunities, support services and Khmer cultural activities. As one Khmer man said, "I came to Canada in 1983. I lived in Winnipeg for 6 years. I moved to St. Thomas in 1989 because Cambodians who lived in Winnipeg had no jobs and just moved to Toronto. I have my older family who lives in St. Thomas."

Ontario cities with notable increases in the Cambodian population from 1981 to 1991 were London (+4 percent), Hamilton (+3.8 percent), and Toronto (+8.8 percent). Toronto has experienced the largest influx because it is perceived as providing more employment opportunities, seen for example in the newly developed Cambodian community in Newmarket (just north of Toronto), which has over 500 individuals. Areas such as Montreal (-14 percent), Ottawa/Hull (-7 percent) and Quebec City (-6 percent) reveal significant declines, however, suggesting a trend to move from French- to English-speaking centres. This is somewhat anomalous since Quebec had been the first-choice province for many Cambodian refugees.

Table 5: Canadian Khmer-Mother-Tongue Cambodian Populations, 1981,¹ 1986,¹ 1991²

Census Metropolitan Areas	Khmer-Speaking Cambodians			1981/1991 Difference %
	1981 %	1986 %	1991 %	
Calgary	4.4	4.9	5.2	0.8
Chicoutimi/Jonquiere	0.0	0.0	0.1	0.1
Edmonton	1.0	4.6	6.4	5.4
Halifax	0.3	0.1	0.0	-0.3
Hamilton	0.7	3.1	4.5	3.8
Kitchener	0.7	1.4	1.2	0.5
London	0.5	4.1	4.5	4.0
Montreal	54.4	40.0	40.6	-13.8
Oshawa	0.0	0.0	0.0	0.0
Ottawa/Hull	14.0	9.1	6.9	-7.1
Quebec	9.1	5.9	3.6	-5.5
Regina	0.5	0.9	0.8	0.3
Saint John	0.0	0.2	0.0	0.0
Saskatoon	0.3	1.2	0.3	0.0
Sherbrooke	2.4	0.1	0.8	-1.6
St. Cath./Niagara	0.5	1.4	0.9	0.4
St. John's	0.0	0.1	0.0	0.0
Sudbury	0.0	0.4	0.0	0.0
Thunder Bay	0.7	0.1	0.0	0.0
Toronto	4.6	10.3	13.4	8.8
Trois-Rivieres	1.2	0.4	0.4	-0.8
Vancouver	1.7	5.5	5.7	4.0
Victoria	0.3	0.6	0.5	0.2
Windsor	1.4	2.1	1.6	0.2
Winnipeg	1.2	3.6	2.4	1.2
Total (%)	100.0	100.0	100.0	
Total (N)	2,915	7,005	11,215	

Sources: ¹ Statistics Canada, Catalogue No. 93-156, ² Statistics Canada, Catalogue No. 93-313.

Residential Distribution of Cambodians in Ontario

In the smaller cities such as Kingston and St. Thomas, Cambodians are dispersed throughout several residential areas, where they live in private homes and government-

assisted housing. In the larger urban centres such as Windsor, Ottawa, Hamilton, London and Toronto, Cambodians tend to cluster in identifiable low cost and subsidized housing areas, usually large apartment blocks. In Ottawa and Hamilton, these apartments are located in different parts of the city.

Windsor Area

There are two main residential areas for Cambodians in Windsor. Most families live in what is referred to as the "east side" of downtown Windsor. Only three of these families rely on assisted housing. Approximately 30 families reside in the "west side." Over half of them live in assisted housing. Most of these families are on welfare due to unemployment, ill health, handicaps, or single-parent needs. Seventeen families live in Leamington, a town that is forty-five minutes by car from Windsor.

London Area

Most Khmer in London are concentrated in low-cost rental apartments in the northeast end of the city, especially along Cheyenne Avenue and Huron Street. These two streets are close to the Cuddy Food Products plant where many Khmer work. Over 136 families live in the Cheyenne apartment complex. London is the only community where Khmer have commented on experiencing extensive racism and discrimination from white Canadians. Khmer spoke of being the subject of racist and discriminatory remarks by members of their sponsor's church group. In November 1989, a landlord of two Cheyenne Avenue apartments made several racial slurs about Cambodians to the press, describing the Khmer as "... little pigs living in the jungle who regarded cockroaches as pets." The landlord has been fined and convicted for consistently not complying with city-ordered building repairs dating back to 1987. As his defence, the landlord has tried to blame his deteriorating structure on the Cambodian renters.

Ottawa Area

Ottawa has three main subsidized housing areas where the majority of Khmer live: 50 to 60 families in "West End Bayshore;" 60 to 80 families in "Rochester Heights" near the Cambodian Buddhist Cartwell Temple; and 40 to 50 families in "Chinatown," near Wood Street. Also, 5 or 6 families live in each of the Russel Road, Walkley and Kelborne districts. Some Khmer people have identified certain apartment blocks in Ottawa as being comprised of "Khmer Rouge," a labelling procedure discussed later in this report under the heading "Political Divisions."

Hamilton Area

Hamilton has two main areas of Cambodian residency. The first is in West Hamilton, which has at its centre two government-subsidized buildings in what is referred to as the "Victoria Park Community." The other is the Granville area in East Hamilton which has four or five apartment buildings whose residents are largely Cambodians. Over 100 families, however, live throughout the city in different neighbourhoods.

Toronto Area

In the greater Metropolitan Toronto area, Khmer have concentrated in the Finch Avenue and Jane Street area of the City of North York. This area includes several apartment buildings and townhouses located off Jane Street, north and south from Finch Avenue; two apartment buildings on Finch, east of Jane; apartment buildings near Jane and Sheppard Avenue; and apartment buildings and townhouses north of Sheppard and east of Keele Street. Community leaders at the Cambodian Buddhist Temple in Toronto have separated this large area into smaller units, based on the housing authority names: Jane/Finch (largest concentration), Shoreham Village (second largest concentration), Woolner, Driftwood and Grand Ravine. Cambodian-Chinese, however, tend to congregate in a different residential area, preferring to live in the City of Toronto, in a district identified as Regent Park, which is near Gerrard Street East and Broadview. Regent Park is also home to approximately 30 Khmer families.

Many Khmer moved into the Jane Finch area in the last few years to escape what they describe as intolerable racial difficulties in buildings elsewhere. Numerous Cambodian families left apartment building near Jane and Wilson (south of Finch and near the 401), for example, citing fear and intimidation from the black population in the building. At present, only two widowed Khmer women remain in that building and both are afraid to go outside of their apartments. Cambodians at the Woolner apartment building at Jane and St. Clair Streets experienced similar harassment. Over 25 of these families have now gone to other areas: Jane and Finch, Regent Park and Newmarket. Several Khmer who moved to Newmarket and Brampton cite employment and the opportunity to buy houses as their reasons for moving. These Khmer tend to be young adults, either recently married or with very young children. Whatever the motives, the movements of large numbers from the Woolner building adversely affected the only existing Khmer Heritage Language Programme in Toronto, which is housed in the George Sam Centre of the Woolner building.

Khmer people in the Jane-Finch area also have difficulties living in their racially mixed neighbourhood. One elementary school viceprincipal said that at her school, where the majority of students would be classified as belonging to visible minorities, Cambodian children are, "at the bottom of the totem pole." In another elementary school in the same area, but at which the majority of students are Indochinese, the principal stated that this hierarchy is not evident. A Khmer community leader in Toronto commented:

In race relations Cambodians are very submissive. They don't want any more trouble, so they are shy and withdrawn. In public housing large numbers of people are black and Cambodian parents complain that the Cambodian children are being beaten up in the school playground and in the streets. What can be done? During a meeting that the Cambodian Association held on this issue, only one black member (the guest speaker) came from the community. Also there is the problem of drug trafficking, noise all night and parties which disturb sleep patterns.

At a recent workshop on sexual assault given to the Cambodian-Association sponsored ESL class, the Cambodian Association invited a guest speaker from a women's

assault centre to help Cambodian women understand their rights. The guest speaker was a young black female student from the University of Toronto. Her talk was about sexual harassment in the office environment, a situation totally alien to most Cambodian women, especially those enrolled in the Cambodian-Association sponsored ESL class. The guest speaker used the illustrations of men talking about women's large breasts (unusual in Asian women) as an example of sexual harassment. What is interesting is that when she handed out pictures of men from all racial backgrounds in different occupations and asked, "Who is likely to be an assaulter?" all the Cambodians in the class picked the black man. Her point had been that all men are potential abusers, but for many Cambodians living in the Jane-Finch area, sexual harassment and assault were identified with black men.

Community Size Preferences

Many Khmer prefer to live in large urban areas. In terms of adaptive and integrative processes, however, government workers, service providers and Khmer community leaders have all spoken on the benefits of resettlement in small urban areas. One government worker commented, "In small communities people resettle faster and children can catch up faster. The more they mix with Canadian families, the better the way of thinking, way of life."

This is supported by the comment of a Khmer worker in Toronto who said, "Cambodians who live in smaller towns fare much better. They are forced to learn English but in Toronto [there is] no necessity."

A Khmer community leader in Hamilton felt that smaller communities are better for Cambodians because they all people to know each other and get help. He stated that he knows 90 percent of the community, and the community members know the counsellors and the leaders. This sentiment was shared by a Khmer man in Kingston:

I have many friends in Ottawa and Toronto but like to live in Kingston because of quality of schools and small town nature ... In large areas like Toronto, Ottawa, and Montreal 50 percent of Cambodians have problems with loneliness and isolation. Kingston has good support for newcomers. More help is available for people to apply for assistance. Larger communities such as Toronto [and] Ottawa are so big it is hard to understand how to get places, to use transportation, people need to rely more on friends.

Background and Education

Most Khmer elites and professionals in the Thai refugee camps, chose France as their first-choice country for resettlement. Having been educated in French, they would have their qualifications readily accepted. Merchants and businesspeople, former government officials and soldiers from several political factions (Lon Nol, Khmer Rouge, Khmer Serei) picked the United States as their first choice. A military record or previous business dealings with Americans made their acceptance for resettlement easier. Canada, Australia and New Zealand became resettlement options for Khmer without professional, business or military backgrounds.

Table 6: Cambodian Education by Sponsorship Group, 1980–1992

Years of Education	Total N	Government-Sponsored %	Privately Sponsored %
None	5,678	33.8	26.5
Primary school			
some	9,890	50.9	56.0
completed	624	3.0	3.8
Secondary school			
some	1,513	7.1	9.4
completed	393	2.1	2.2
Post-secondary school	488	3.1	2.0
Not stated	16	0.1	0.1
Total (%)		100.0	100.0
Total (N)	18,602	10,260	8,342

Source: Immigration Statistics, Canada Employment & Immigration Centre, 1992.

The most striking feature of this table is the total number of Cambodian newcomers who report no formal education. A full 31 percent of those entering Canada between 1980 and 1992 were listed as having no schooling. Fifty-three per cent indicated having some primary school, while those who completed their primary education make up only 3.4 percent. Cambodians listed as having some secondary schooling constitute 8.1 percent, while those finishing high school make up a meagre 2.1 percent. Those reporting post-secondary school constituted 2.6 percent of the total number resettled.

Differences between sponsorship groups show that the government supported a larger proportion of Cambodians with little or no schooling than did private sponsors. However, it must be noted that the differences are not that great overall. This is especially true for those completing primary and high school levels.

Table 6 shows that the majority of Khmer who resettled in Canada were rural people with little education. Approximately 85 percent of government-sponsored and 83 percent of privately supported Cambodians in Canada, had little or no primary education (Immigration Statistics, 1993). Those who had completed primary school represent only 3 percent, while slightly fewer (2 percent) stated they had finished high school. The overall rate for Khmers with post-secondary education is also low, representing less than 3 percent.

Success after resettlement and the ability to adapt to a new environment is often associated with the level of education. The minimal formal schooling of Cambodians resettling in Canada has had serious consequences on their endeavours, especially for their understanding of the systems and procedures of Canadian society, and for their learning of English. One Khmer service worker felt that the class distinction between Cambodians continues to affect their children that are born or raised in Toronto:

If the family has a background of education the children are encouraged to stay in school. If the family has no education it becomes more important for the youth to help support the family financially (e.g. to get extra cash). This makes

education a low priority for both parents and youth. Among rural people there is no environment for studying, no support or encouragement to go to school, no parents to ask about school life, or activities or how the child is doing. Parents only see the social aspect of school and that makes them want to take the girls out before they date. They don't see the worth of school. Children of parents who had some education or know the value of education are pushed and encouraged. This leads to further class divisions in the community. Also the majority are uneducated and only a minority of parents are interested in the children, go to school plays, etc.

In Toronto, people's perceptions of class difference contributes to the difficulties the Cambodian Association faces. Several rural based people feel that the association favours the educated urban class of Khmer. One Toronto Khmer woman commented:

Cambodian Association people act arrogant and pompous. They talk insulting to Khmer, they use loud voices and very short speech. The people at the Association talk differently to the classes of Khmer. They talk loud and rude to the uneducated but when they find they are speaking to an educated Khmer they drop their voices and speak quieter ... Older people and single mothers don't want to take advantage of the programs and services because they don't want to be treated with haughtiness.

In Ottawa, the notion of class is extended to the kind of job one has. A young Cambodian woman in Ottawa comments:

Here in the Cambodian community there are many groups and no communication. This is based on class and job distinctions, that those in better-paying jobs don't associate with lower-class ones. Those here with unskilled jobs and no education feel that they have nothing to give and never feel confident to speak ... Now they are looked down upon because they are unskilled labour.

In St. Thomas, Khmer representatives feel that the reason their community is so successful is because all the families, except one, share a similar background. Most came from the farming areas of Battambang, Kompong Thom and Siem Reap, or were skilled tradespeople like carpenters. Because many of the adults were younger than fifteen when Pol Pot took power in 1975 and shut down all the schools, their educational background is very limited. Only one or two of the adult males had the equivalent of Grade 11 in Cambodia. Most Khmer women in the community have had no education at all. The one family, that does not share the background of the others and in which the husband had been a military government official has a difficult time being accepted by the rest of the community because of differences in their speech and lifestyle.

Ethnic Identities among Cambodians in Ontario

Most refugees from Cambodia identify themselves as ethnic Khmer or Khmer speakers (see Table 7). Census data for 1991 indicate that 16,940 individuals claimed Khmer ethnicity and 1,675 claimed multiple ethnic identity. Some Khmer acknowledge Chinese ancestry; a very few admit Vietnamese ancestry; and approximately 5 percent of Cambodian refugees identify themselves as ethnic Chinese. In Toronto and Montreal, a few Cambodian families are Cham Muslims.

Table 7: Cambodian Native Language Ability by Sponsorship Group, 1980-1992

Native Language Ability	Total N	Government-	Privately
		Sponsored %	Sponsored %
Khmer	14,649	87.9	67.5
Vietnamese	150	0.6	1.0
Cantonese	887	1.7	8.5
Other Chinese dialects	2,366	8.0	18.5
Other languages	550	1.7	4.5
Total (%)		100.0	100.0
Total (N)	18,602	10,260	8,342

Source: Immigration Statistics, Canadian Employment & Immigration Centre, 1992.

The largest number of Cambodians entering Canada between 1980 and 1992 listed Khmer as their native language ability. Other Chinese dialects were the next most frequently listed category, followed by Cantonese. Other Languages comprise the third most often reported, while Vietnamese constituted the remaining group listed for native language abilities.

Table 8: Ontario Khmer-Mother-Tongue and Other Cambodian Populations, 1991

Census Metropolitan Area	Total N	Mother Tongue		
		Cambodian %	Chinese %	Other %
Ottawa/Hull	912,090	17.7	5.4	13.6
Kingston	131,970	2.1	0.4	2.0
Toronto	3,863,110	38.1	87.9	55.3
Hamilton	593,800	17.3	2.1	8.9
St. Catharines/Niagara	359,990	2.2	0.5	5.4
Kitchener	353,110	3.4	1.3	5.3
London	376,725	11.8	1.2	5.6
Windsor	259,295	7.4	1.2	3.9
		100.0	100.0	100.0
Total N (Ontario)	6,850,090	4,575	227,200	6,618,315

Source: Statistics Canada, Special Tabulations.

For those claiming Khmer or Chinese as their mother tongue, Toronto appears to hold the greatest population in Ontario. Those whose mother tongue is Chinese show the highest concentration, with 87.9 percent living in Toronto. Of those whose mother tongue is Khmer, 38.1 percent reside in Toronto and its surrounding area. Individuals

with mother tongues other than Khmer or Chinese show the greatest dispersion with 55.3 percent being concentrated in Toronto.

In Toronto, for example, the small number of refugees from Cambodia who identify themselves (culturally and linguistically) as Chinese tend to be affiliated with the Southeast Asian/Chinese sections of the city. Chinese-Cambodians belong to Chinese-based associations such as the Vietnamese, Laos and Cambodian Association to the Southeast Asian Services, and form community networks separate from the larger Khmer group.

Some variation exists between sponsorship group. Privately supported newcomers report Khmer less frequently than government assisted Cambodians. There is a smaller proportion of government sponsored Cambodians categorized as speaking "Other Chinese Dialects." Cantonese as native language ability is especially pronounced for those who entered under private sponsorship.

Several Khmer with Chinese ancestry (i.e., grandparents on one or both sides) have stated that even though they speak only Khmer and feel 100 percent Cambodian, they are often labelled by others in the Khmer community as not being "real Khmer." Some of these individuals are female Khmer community service workers who have been told that if they were real Khmer women, they would not be doing this kind of work.

The "not really Khmer" label is also directed towards Kampuchean Krom individuals. There are about 1000 Kampuchean Krom now living in Ontario, who would be included in Canadian immigration statistics as Vietnamese nationals. Since Kampuchean Krom have lived for generations in Vietnam and most speak Vietnamese as a second language, their identity as Khmer is different from those born and raised in Cambodia.

Khmer from Cambodia are hesitant to accept Kampuchean Krom because for centuries there has been animosity and mistrust between Cambodia and Vietnam. Further, as Vietnamese nationals, the Kampuchean Kroms' right to access programs and services from the Cambodian Association of Toronto has been questioned. Vietnamese associations in Ontario tend to not welcome Kampuchean Krom as members nor deem them eligible for services. Consequently, Kampuchean Krom increasingly turn to Khmer Buddhist groups, Cambodian Associations and Khmer service providers for help.

Several Kampuchean Krom have stated that because they feel they are not fully accepted by ethnic Khmer, they tend to remain marginal to Khmer community networks and associations (except for those engaged in Buddhist activities). Kampuchean Krom in Ontario are affiliated with the National Association of Khmer Kampuchea Krom—U.S.A., which was founded in 1984, and are also part of a global community of Kampuchean Krom found in various countries (France, Thailand, Vietnam and the Philippines). They attend the annual Kampuchean Krom world convention, plus numerous North American meetings, all of which help to foster an active Kampuchean Krom identity and provide a forum for their shared concerns.

4

Resettlement Services for Cambodians

Funding Resources for Resettlement Services

Cross-cultural adaptation is a continual and complex process encompassing the personal, social and economic adjustments that individuals undergo at differential rates. It is assumed that the initial turmoil associated with relocation will tend to subside after the first five years as language skills improve, psychological well-being increases and financial situation stabilizes (Haines 1985). To assist in this transition, service agencies provide front-line aid to help integrate the newly arrived individuals. Government funders and service providers both agree that dependence on front-line aid should diminish as adaptation increases.

Government-assisted Cambodian refugees received federal government funding for approximately one year through the Adjustment Assistance Program. This money covered living costs, medical treatment and transportation. Privately sponsored refugees received similar support through their sponsors. Service agencies providing programs for newcomers (defined as individuals who have been in the country less than three years) received federal support through the ISAP (Immigrant Settlement and Adaptation Program) funding, LINC (Language Instruction Newcomers to Canada) funding and SEED programs. The funding was part of Immigration Settlement, Department of Citizenship and Immigration (formerly CEIC). Funding was also provided by the Secretary of State (which is now Multiculturalism and Citizenship Canada). Most of the money is either core funding or project-oriented, and is accessible through yearly applications for grants. ISAP money is also renewed annually, although appeals can be made for three-year funding blocks to give greater security to settlement service workers to develop more effective programs.

In 1980, two primary programs, ISAP and LINC were available for Cambodian refugees. Both were geared to provide essential settlement services and facilitate integration. ISAP provided salaries and benefits for Khmer settlement/service workers, supplemented by small SEED grants.

In the late 1980s, funding for Khmer workers decreased. Only the Cambodian Association in Toronto receives funding now to employ settlement counsellors. Provin-

cial funding, from the Ministry of Citizenship and Culture, Ministry of Health, Ontario Women's Directorate, and the Ministry of Community and Social Services, has been increasingly used to support programs for various groups of Cambodians in Ontario. One consultant from Field Services, in the Ministry of Citizenship noted, however, that there is no provincial funding mandate for mental health or specific community problems. Funding is for mainstream general programs such as welfare or re-education and not for minority difficulties.

Immigration data on Cambodian refugees indicate that 92 percent had no ability in either official language and that the majority were among the least educated of all Indochinese accepted for resettlement. These statistics clearly point to the need for extensive language and job skills training, without which high unemployment and poor adaptation is a certainty. The pre-arrival experiences of Cambodian refugees also indicated that the residual effects of their traumatic ordeal, shared by the entire Cambodian community, would prolong and increase their need for specialized settlement services. Despite this clear indication of Cambodian needs, English-language training classes (ESL) were offered primarily during the first six months of a refugee's arrival, which is a period of enormous culture shock. Often ESL classes were discontinued when employment was found. Further, many language classes were restricted to "heads of households," most of whom were men.

Over time, the type of settlement services available and their accessibility affect long-term adaptation and integration. It is significant, therefore, that even after ten years of living in Canada, the need for settlement services among Cambodians has not diminished noticeably. Several questions are thus raised concerning early resettlement services to Cambodians: Were they specialized to meet the needs of the people? Given the language and educational background of Khmer, were the services oriented towards long-term integration? Were services provided by qualified individuals? Does continued dependency on resettlement services indicate unmet and unacknowledged needs in the various Cambodian communities? These questions are addressed in the following sections.

Initial Access to Resettlement Services

Immediately upon arrival in Ottawa and Toronto, Chinese-Cambodians were able to receive community and resettlement services from providers within the Chinese community. In contrast, there were few Khmer translators outside Quebec in 1980 who could provide interpretive services or arrange orientation and support activities for Khmer refugees in Ontario. Outside of Ottawa, only Kingston and Toronto had one or two Khmer families already present to receive and help refugees. For those communities without Khmer translators, Cambodian newcomers often underwent great cultural shock and misunderstood the concept of resettlement services. A Khmer man recalled:

When I arrived in Canada I was 22 years old. I had problems when I first came. I was very afraid of Canada. Canada is a clean country, even the toilet is very clean. This place is a place, Heaven, that is different from our Cambodia, especially the camps that we lived in was like Hell. And I was frightened here are first because I had never seen the lights that brightened, glittered. In the

apartment was also very difficult. Even though they let me stay in a very old place, they said it was good enough for me. And I was very scared of people other than Cambodians, from the beginning. I was afraid when I was met at the airport, I thought maybe they were not nice to meet, you know, how can anyone help a person who do not know me at all. They maybe will take me into the forest and give me the land and start to farm, you know farming. And instead of doing that they put me in the hotel, isolate from others. They don't know about us until 7 days later, and my wife can not eat the food because she eat rice, and she almost starved. The immigration worker was a Vietnamese. So I was isolated and scared because a lot of people drinking and sleeping, you know, they sleep around hotel. I was scared to walk out for 4 or 5 weeks.

One service worker comments:

Ethnic Khmer do not access services and remain isolated ... People are very conservative. In this country, social service is a new concept. Services provided by the government has not been experienced before. People think the government officer has power to control them. Therefore, people are distrustful of public service and service providers. People avoid services to protect themselves.

Concepts of community spirit were also different among Cambodians as were the ideas of volunteering (doing good by giving freely of your time) and helping strangers. Many Khmer misunderstood the motives and actions of their sponsors. This is illustrated in the comments of a St. Thomas man:

Although I spoke some English that I learned in the refugee camp, I did not understand the system of sponsorship and was concerned what the Christian Reformed Church was going to do with either me or my family. I was afraid that my family would be taken from me and I was worried that I didn't know how to get them back. When the sponsor visited I thought he was sizing up the family to sell them into labour. I quickly realized my mistaken ideas and now remember how the sponsors were really good and patient, and that they gave good advice to me.

Present-day Services

Toronto

Toronto is the only city in Ontario in which the Cambodian community continues to offer settlement services to Khmer newcomers. In other communities, settlement services and integration programs were undertaken by Khmer who worked for larger multicultural agencies. The Toronto-based Cambodian Association of Ontario is the only agency that continues to receive ISAP funding for Cambodian refugees. The association provides a variety of educational activities (including language instruction, workshops and information-sharing sessions) to Khmer newcomers. In 1993, approximately \$200,000 in funding was advanced by Employment and Immigration Canada to provide salaries and benefits for three settlement counsellors, a part-time LINC teacher, a part-time LINC coordinator and two part-time LINC child-care workers. LINC,

however, can only be offered to those Cambodians who have not yet become Canadian citizens. The salary of the association's full-time executive director is paid by an OSIP grant from the provincial Ministry of Citizenship and Culture. A Program Coordinator position, the duties of which are primarily looking after community development, is funded through Canada Heritage (formerly Multiculturalism and Citizenship Canada).

The Municipality of Metropolitan Toronto provides grants to cover office space for the Cambodian Association. Multiculturalism and Citizenship Canada and the Ontario Women's Directorate provide funding for occasional educational programs offered in the LINC classes (such as classes on sexual assault, wife abuse and racial problems). A Khmer worker is employed at the Hong Fook Mental Health Centre in downtown Toronto to do outreach work with Cambodians. She regularly visits two local schools in the Jane- Finch area that offer ESL and life skills programs to Khmer. In September 1993, the Jane-Finch Family and Community Centre developed its first program for Khmer.

Hamilton

In Hamilton, settlement services were provided through the Wesley Urban Ministries. Until December 1992, a Khmer man worked there part time as a settlement counsellor. At present, translation, documentation, escort and interpretation services are provided through family and friendship networks. No community development or education programs are available. Mr. Saleem Akhtar, program coordinator at LINC, notes that there are fewer than ten Cambodians in the program, and they do not advance beyond the lowest level of instruction. An ESL program called the "Circle of Friends" is offered in an apartment building in West Hamilton. More Cambodians are turning to information centres such as Adult Basic Education Workers or the Immigration Inter-agency Services Network to find support for their ongoing settlement difficulties.

Since January 4, 1993, Settlement and Integration Services Organization (SISO) has been providing services to immigrants in Hamilton. It is a community-based organization, founded by over ten ethnic communities (Chinese, Vietnamese, Cambodian, Somalian, Spanish, Polish, Serbian and Croatian) under the auspices of the Social Planning Research Centre of Hamilton. SISO employs only one part-time Khmer settlement worker, which is not enough to meet the needs of the community. A full-time counsellor is not provided due to lack of funds and because there are no exact figures on the number of Cambodian people living in Hamilton.

London

The London Cross Cultural Learner Centre has been consistent in providing ISAP services since 1980 and now offers a variety of educational programs for Khmer. ISAP-funded services are no longer available for Khmer, although the Khmer service worker is still employed in newcomer settlement. A 1988 needs assessment survey undertaken by the Refugee Settlement Branch of CEIC with the cooperation of the Cross Cultural Learner Centre, identified serious problems in a sample group of 30 percent of the Cambodian population in London:

1. Lack of Cambodian support group	95.85%
2. English language problem	95.83%
3. Difficulties in understanding Canadian society	95.65%
4. Difficulties in dealing with Canadian government	91.30%
5. Lack of help getting a job	90.47%

Furthermore, of those adults with school-aged children, almost 80 percent stated they experienced difficulties relating to their children's education and school. The results indicate that these Cambodians had not been able to access those existing government services designed to enhance adaptive and integrative capacities.

As a result of this survey, several types of community development programs, such as the Cambodian Women's Integration Project and the Cambodian Leadership Training Program were funded by alternative provincial and federal government grants from Multiculturalism and Citizenship Canada and the Ministry of Culture and Citizenship to employ part-time Khmer workers. ISAP funding, however, was not extended. LINC is restricted to noncitizens, and, although the ESL classes are located right in the community, access for women with small children remains difficult. Both men and women are forced into a choice between being employed or studying English.

London offers several volunteer programs for Indochinese refugees. One is an eight-week summer program organized by the Northeast London English-as-Second-Language committee for Vietnamese and Cambodian children that emphasizes Cambodian culture and games. The non-profit London Cultural Interpretation Services provides trained Khmer interpreters to assist in communication needs, especially in crisis situations and health care.

St. Thomas

Because Cambodians in St. Thomas were all privately sponsored, resettlement needs were met through local Christian Reformed churches. The first Khmer family arrived in 1983. The following year several families arrived and the father from the first family became a volunteer counsellor who worked closely with the churches. He provided immediate assistance with documentation, interpretation, orientation, medical and health issues (OHIP, hospitals, crises emergencies, family doctors, specialists and dentists). Later, he assisted with housing, employment, welfare, sponsorship of relatives and education, (especially ESL training). A Cambodian Heritage Class has been held for many years at the St. Thomas YMCA. In recent years, programs and support for community development have been partly met by the London Cross Cultural Learner Centre. Present-day concerns with employment and retraining, inadequate language skills, cultural misunderstanding of the law and children's welfare, awareness and knowledge of Canadian society, general life skills and long-term medical issues are being addressed by the Elgin-St. Thomas Health Unit, which employs a full time non-Khmer community development worker and a Ministry of Citizenship funded Cambodian community worker.

Kingston

Settlement services were first provided through a Khmer resident who lived in Kingston prior to 1980. In 1981 she became an ISAP settlement worker for the Kingston and District Immigration Services, but in 1983 began commuting to Toronto for another ISAP-funded position. Her work was taken over by one of her sisters, a recent refugee and then in 1986 by another sister (also a refugee) who is still employed as a general settlement worker. On a volunteer basis, this settlement worker has given heritage classes to Cambodian children for the last six years. As the oldest female in the community, she is often turned to by families having difficulties, but is requested not to refer their problems to outside agencies. The few remaining Khmer families now rely on their children for help in resettlement needs rather than requesting agency services.

Ottawa

In Ottawa resettlement services were provided through the Catholic Immigrant Aid Centre. ISAP funding enabled two Cambodian service workers to work full time for eight years. Since ISAP no longer funds resettlement services for Cambodians in Ottawa, Cambodians turn to other agencies. The Somerset West Community Health Centre in Ottawa (formerly the Dalhousie Community Health Centre) employs two Khmer workers, one as a part-time community health worker and one full-time in social services. Half of the community (of 98 to 100 families) were listed as active clients in 1994. Funding is through the Ministry of Health. The local board of education, through the aid of ICISCO (Ottawa Carleton Immigration Services Organization), has developed a pilot project for a Khmer liaison person between local schools and Cambodian parents. Funding is shared between the school board, the United Way and SEED. One Khmer woman is a Cambodian crisis worker at Immigrant and Visible Minority Women Against Abuse. No funded ESL classes are available, and the few classes available from local boards of education, do not provide child-care facilities.

Windsor

Despite the fact that Cambodian families began resettling in Windsor in 1980, the first Khmer service worker was not hired until February 1985 by the Windsor YMCA. The part-time position was created in response to the arrival of 20 new families. The position became full-time in 1986 when 20 more families arrived. By 1990, the Khmer service worker was let go, and ISAP converted her position into two part-time ones to meet the needs of refugees from the Middle East and Eastern Europe. There are no Khmer-speaking service workers in other Windsor agencies. Translation services are available to Khmer only on a fee basis from the Multicultural Council. Cambodian community volunteers are expected to provide interpretation, documentation and cultural mediation needs. Cambodian community leaders have unsuccessfully tried to get funding for a paid community worker or translator. Despite letters of support from the YMCA, a federal government worker and local medical doctors, the Ministry of Citizenship does not provide assistance.

A grant from CEIC enabled the Multicultural Council to organize a literacy class for Windsor Khmer taught by a Cambodian. Several Khmer community members were able to access the London based leadership training program developed by the Cross-Cultural Learner Centre and to meet with a London based Secretary of State worker, who was able to secure funding for a short series of workshops in Windsor. Unlike London, however, the organization, coordination and hiring of people to do translation was accomplished by two Khmer volunteers who also had work and family responsibilities. No one has had the time or the energy to develop more programs. For the last two and a half years, the local board of education has funded a Cambodian Heritage Class on Thursday evening for children living in the downtown area. There are two classes with over 25 students in each.

Isolation in Resettlement Services

Settlement services in Ontario, including those provided through the Cambodian Association in Toronto, are run separately from the activities of Khmer Buddhist and Cultural groups. This separation is in sharp contrast to the close cooperation between the "Communaute Khmère du Canada" (Khmer Community Association) and the "Pagode Khmer du Canada" (Khmer Buddhist Temple) in Montreal, a connection which is also observed in Quebec City (Dorais 1991). When over 80 percent of Cambodians in Ontario remain Theravada Buddhists, this separation not only impacts on the kinds of services offered to Cambodians for their long-term adaptation and integration, but also adversely affects the level of community trust and support for service providers and agencies.

In the United States, Switzerland, New Zealand and Australia, settlement services are frequently provided with the assistance and support of the local Khmer Buddhist pagoda. As Cambodians continue to adapt and integrate, the Buddhist temple has become increasingly important as a religious, cultural and community centre providing educational facilities and assuming more resettlement functions (translation, interpretation, advice) when government funds are reduced.

In Ontario, only the Cambodian temple in Ottawa has been used by a service agency to provide an educational program for older Khmer women. Small groups of Christian Khmer are, however, assuming many of the resettlement services that are either no longer available or that people are unwilling to request from agencies they are not comfortable with. One Khmer Christian Pastor in Toronto comments:

I have no money but I still need to outreach and provide services for Cambodians. I have to act as escort, go to court, counselling for family breakdowns (e.g., wife beaten because she doesn't show proper respect, children beaten for same), to organize clothing drives, toys. The church is independent and gets no financial support. Many times you want to give up. Communication is so poor, anger and upset is a common reaction. The majority of Cambodians who come here are rural poor people with no understanding of cities. Ladies are illiterate and men have learned only the basics from the refugee camps.

Extensive Lack of Awareness of Distinct Needs

Because the limited and overtaxed government and social service programs tended to be oriented towards the considerably larger Sino and ethnic Vietnamese groups, the special needs of the Khmer people have not been adequately understood, especially in the larger communities of Ottawa and Toronto. This lack of understanding is evident in a 1983 report on the health needs of the Southeast Asian community, in which one author, a Toronto physician, wrote:

I strongly recommend that the City of Toronto allow space and opportunity for Vietnamese professionals, such as doctors, dentists, lawyers, teachers, to be trained and employed as mental health workers and paraprofessionals in the department. Many Cambodians and Laotians know how to speak Vietnamese ... so that these are also effectively serviced by a Vietnamese-speaking worker. (Dang 1983, 7)

In fact, very few Khmer know how to speak Vietnamese (except Kampuchean Krom) and the historical animosity between the two countries inhibits Khmer from trusting or associating with Vietnamese people.

The total number of Khmer in Canada makes up a very small portion of Indochinese refugees, and Khmer were frequently assumed to be "Vietnamese boat people" by government personnel and private sponsors. One major newspaper used a picture of a Cambodian mother with her baby to symbolize "boat people" in Canada (*Ottawa Citizen*, October 11, 1980, 43). A former Khmer service worker in Toronto comments:

By 1985 the label S.E. Asian meant Sino Vietnamese or Vietnamese. So most projects on S.E. Asians were started by and focused on non-Lao and non-Khmer peoples. S.E. Asian got co-opted by Indochinese. All these studies and projects floating around didn't address the Khmer situation. No one heard the "Silent Scream" of Cambodian people.

St. Thomas is the only community in which Cambodians were immediately recognized by the school board as a distinct group with unique needs. This was the case because they were the largest and, until recently, the only "ethnic" group in St. Thomas. Still, until 1993, Cambodians were generally viewed by the St. Thomas population as "just another Asian group."

Cambodians in Ontario were expected to adhere to the "model minority" stereotype given to other Asians in Canada: being excellent students, industrious workers and resourceful business-owners. One scholarly paper characterized all Indochinese as "overachievers," detailing the contributions they could make to Canada, but ignored ethnocultural distinctions or barriers to success that would characterize Khmer (Adelman 1988). A non-Khmer resettlement worker in Windsor stated:

Cambodians didn't need introductory needs. Friends, relatives, the population base operative in the community allowed for those introductory settlement needs; for example, the first meeting with doctors, first enrolment in school, first home search, all these were met by the Cambodian community ... In Windsor, at the beginning, their services and needs were the same as everyone else—language and economics. Cambodians advanced in the economic field. People gained a level of affluence that is enviable.

The virtual absence of an intellectual elite among Khmer refugees in Ontario meant that there was little advocacy or cultural brokering made on their behalf. The lack of a substantial ethnic base in Ontario compounded adjustment difficulties. Neither government nor private sponsors had the experience nor the resources to effectively recognize and deal with the background and psychological requirements of the Khmer, especially in the kind of treatment required by highly traumatized individuals and vulnerable groups such as widows or unaccompanied minors (often, but not always, orphans). A Cambodian in St. Thomas commented:

The elder responsible for the Cambodian group was the only church member who really realized what had happened to us, our different backgrounds, our experiences under Pol Pot, and why we have such difficulty to trust. He has had numerous discussions about this with us and has read several survival books to gain more information. He has shared this understanding with the Christian pastor but feels that regular people don't want to know about the past of the Cambodians ... I think this is why the Christian church feels so cold to me (people being polite but unfriendly) and why I don't like to go even though I am a devout Christian.

One private sponsor recalled:

Neither sponsors nor administrators in the Reform Church were aware of the extreme psychological devastation among Khmer people. The Reform Church never offered special programs for Khmer people in Canada. Executives like myself who had been in the camps and talked with people, didn't follow through with their knowledge. When Churches began to sponsor and resettle people, this process was accomplished through a "national" organization under the "Master Agreement." The Christian Reform Church was a national organization with a Master Agreement that enabled local churches (Christian Reform or other ones) to sponsor resettlement. Outreach was the responsibility of local churches. The Christian Reform Church failed to develop a "responsive outreach." Long range goals for Cambodian refugees was not accomplished. In the manual on long range goals under Refugee Sponsorship and Resettlement it states: "5B—Work with the deacons, and diaconal conferences to encourage sponsorship and resettlement; and develop a responsive outreach and ministry to locally resettled refugees realizing their needs as well as their potential." The Christian Reform Church, as the "national" organization, did not initiate an overview of Cambodian resettlement or provide specific areas to address in specific programs. Difficulties were met ad hoc. Reaction and response arose as the needs were noted.

Another private sponsor noted:

People sponsored boat people out of a sense of guilt, that something needed to be done, something compassionate. But, they didn't really realize what was going on or what was needed. This was why no program was established. The response to sponsorship was enough to fill this sense of guilt. No more was needed to be done.

In Hamilton, a former Khmer service worker commented on the lack of sensitivity to Cambodian needs:

Cambodians needed escorting service, not just phone service, which is what the government usually provides. The Chinese and Vietnamese groups are more organized and articulate and they set the pace. Among the Cambodians most people over 40 cannot learn English. Escorting service is needed for at least the next 10 years. There was an ethnic counsellor conflict at settlement services over escorting service and the fact that most Cambodians are seen outside of the office. For example, one social worker wanted a Cambodian family to pick up the welfare cheque but the family couldn't find the place and couldn't read the map to figure it out. Other ethnic groups can be told this, Cambodians must be taken ... Because many feel so discouraged from Pol Pot and feel so tired, they still feel fear from the "nightmare" and have no courageous sense to improve here, to know the city better, to help themselves with a problem.

A former Khmer service worker in Windsor encountered a similar lack of support for Cambodian escort needs:

My boss was very negative towards the problems of Cambodians. She had no sympathy for them, looked at escort as treating them like a baby-sitter. She laid me off because she said there was nothing for me to do. She came from Hungary as a refugee and said if she could learn English everyone should. She didn't understand the difficulties Cambodians had and the way she treated them made them feel ashamed and frightened. She reprimanded them for not being more self-sufficient ... She didn't encourage me to go with Cambodians and would provide no transportation support, not even to pay for my gas or parking when I would use my own car to take people.

The overall lack of culturally appropriate services and recognition of needs affected Khmer at both personal and community levels, and have had long-term effects that are seen today, as recognition continues to be minimal or missing. As a result, Cambodian people remain frustrated and alienated. One Khmer man in Hamilton noted:

Still no one in the government knows who we are. Government workers always think we are Chinese or Vietnamese. Cambodian people get so tired of this fight to let people know they are Cambodian and now Cambodians don't know who to go to or where to get recognition.

A non-Khmer service worker in Toronto also commented on the continuing lack of recognition of the distinct needs and histories of Cambodians:

The LINC class is open to all "newcomers" because the LINC teacher feels that this will force the Khmer to speak English ... Also, the LINC teacher feels that issues such as violence, of sexual assault or other themes brought up in the workshop are common to all "newcomers" and thus can be talked about in a generalized fashion.

But, my feeling is that the particular historical context of Khmer experiences is not fully appreciated, nor is their particular cultural interpretation or response to the issues presented. This is a problem occurring within all service agencies. The Khmer community is small and they are being addressed as just one more "newcomer" community. Unfortunately, the communities who will get the interpreters or the specialized programs will be those with large

population numbers, those who actively advocate for specialized services, or those who act out in a way that draws attention (youth violence, abuse).

Difficulties Facing Khmer Service Workers

In all Ontario Cambodian communities, the few Khmer-speaking settlement/service workers were under tremendous pressure in providing services: meeting new arrivals at the airport and arranging accommodation; providing cultural and social orientation to each family (on clothing, transportation, technology and shopping); giving support counselling, translation, interpretation and documentation; escorting people, for example to schools, health facilities, government departments and law offices; instructing them on accessing employment, housing, ESL, social services, banking and telephones; advising them on child or wife abuse; advocacy; and providing community outreach and mediation between sponsors and refugees. One former Khmer settlement worker recalled:

During the first year people needed to be led slowly, to get shelter, to get ESL. Unlike other counsellors with high caseloads and tight schedules, the Khmer settlement services were labour-intensive, and Khmer were not strict on showing up on time. Khmer people would need to personalize relations with the settlement worker, e.g. calling her sister "srei" or some other term of respect indicating age, wisdom or knowledge, rather than name. I knew the ice was broken between me and the clients when terms of respect were replaced by familial terms ... In 1985, outside of the Cambodian Association there was no one who could speak Khmer. Cambodian Association people were asked to deliver the impossible. They couldn't do referral, there was no one to refer to. In 1984/85, there was a steady input of new families. One family equalled 2 solid days of work with helping to sign immigration papers, orientation, shopping, etc. ISAP gives a list of specific things to buy, but the Cambodian Association had to translate and interpret. Staff phone numbers were available for calls during the middle of the night—of course no pay for this. People called for all sorts of emergencies. Women's concerns were always a problem.

There were few female resettlement workers to accompany Khmer women to doctors, to the hospital for childbirth or to explain Canadian procedures on feeding and care of babies. In many Ontario cities during the early 1980s, the only Khmer service workers were men. Although men felt uncomfortable with interpreting the needs of women, men were thought to be more assertive in telling clients what to do and being listened to. A former female Khmer settlement worker in Toronto stated, "A man by his sheer presence is respected. If a woman speaks up she is looked as aggressive, but if she doesn't she is walked over."

In most Cambodian communities across Ontario, Cambodian service workers were themselves recently arrived refugees, as much in need and as stressed as those to whom they were providing services. The majority of Cambodian service workers, like their clients, had little understanding of social services, the rationale and approach behind aid or the means through which services were allocated. In the early 1980s, there were few qualified Cambodians who were willing to become service workers. One former

Khmer service worker travelled to and from Kingston every week for three years to work at the Toronto-based Cambodian Association.

Many of the Khmer service workers were unsuited to this work, either due to their lack of understanding of the job or their inability to gain the trust of the community. Toronto especially had a high turnover of service workers. A former Khmer service worker in Toronto comments:

The concept of "grants" are very difficult to understand and very difficult to explain to Khmer who are not familiar with them. It is not charity, but there are expectations such as financial accountability. These are new concepts. In 1985 people at the Association were still struggling with these concepts. The two staff people doing escort and interpretation services were young men in their early 20s and not familiar. Also, what had these people gone through? They endured Pol Pot, very little education and lacked English capacity. Yet these jobs as settlement workers were so demanding and extensive. Even the coordinator was not skilled in administration. Every time a job ad was put out there was a terrible time getting people to apply. There was no one with minimal skills that could be "qualified" according to funders and mainstream service providers ... The problem with funding applications and writing proposals for grants is not lack of awareness of the issues but the ability to write reports with the proper buzz words. Khmer people didn't know proper English and had a difficult time writing.

Several of the Toronto service workers were not rehired for a variety of reasons, including personal differences with the board of directors, patronage towards family members, irresponsibility (such as accepting money from clients) and ineptness at their job. As a result, some became bitter and very vocal in their criticism of the Cambodian Association.

In contrast to the early years of resettlement when nobody would apply for resettlement jobs and positions would go vacant for long periods of time, today, a jealousy exists towards paid service workers in several Cambodian communities. On the one hand, the job is considered by many Khmer people to be one that requires no training, involves little work and pays well. On the other hand, some Khmer in the community are angry that their community college diplomas in social work and community development, cannot get them this kind of job while those working as service providers have no Canadian education or training. This problem is especially evident in the Toronto Cambodian community where services to Cambodians are provided exclusively through the Cambodian Association, and paid positions are historically seen to be based on patronage rather than merit. One former Federal government worker, familiar with the Cambodian community from 1980 to 1986, commented:

Federal government money equals power, and power equals the ability to dispense favours. This is the Cambodian way, to give positions and services to members of their family first ... Attempts have been made by the Board of Directors to start hiring family members to share the wealth. But, none of these hired were capable of providing settlement services and even knowing about them. Annual general meetings were very bitter and angry. Some meetings had to have a police presence. You could see a lot of troubled faces. The most contentious issues were always about leadership, who would be the President

of the Association ... Cambodians have so little inkling of how to provide settlement services, or what to provide, that it is better that these services be in a non-Khmer association. Part of the problem is that highly traumatized individuals are being expected to help other traumatized people. The workers needed are inverse to the community, the fewer the workers, the greater the need.

Despite the jealousy and perceptions of patronage, service workers at the Cambodian Association today are very good at their jobs and have been there for several years. The Children's Aid Society and other agencies have written wonderful letters in acknowledgement and support of them. Concurrent with this praise, however, a number of government and social agency personnel have expressed cultural and linguistic difficulties in working with Cambodian service workers. One stated, "Communication with Cambodians is constantly difficult, and there is always misunderstanding on both sides. You misunderstand them and they misunderstand you."

Yet, Khmer-speaking service workers themselves (past and present), recount numerous instances of misunderstanding and confusion regarding their settlement services for Khmer. One Khmer man spoke of how misunderstandings continue to arise:

Just last week a woman needed to go to welfare and [the Khmer service provider] made the appointment, but the welfare worker cancelled the appointment and the woman didn't understand. The woman blamed [the Khmer service provider] for making it difficult. It took [the Khmer service provider] over one hour to explain to the woman but there is no guarantee the woman understood. When things are misunderstood people blame the Association and the worker. They feel other people don't have a hard time and therefore the fault must be with the worker.

In other cases, people phone Khmer service workers and request immediate help, which, if not forthcoming because of time constraints or previous appointments, are then used as an excuse to criticize the agency and the worker. In several communities, clients have complained that service workers were rude to them and didn't speak respectfully to them over the phone, although this may have been due to the inherent difficulties communicating via the impersonal telephone voice. A former government worker commented:

There are so many gender bias, social class bias and hierarchical divisions in the language. There are 14 or 15 different ways of referring to the other—"you." As well as many for self "I." It all depends on status. Therefore, if you don't know the proper term for age and class, this offends people. Nuances are lost on the telephone and in the younger generation who don't know how to address people. It is seen as an issue of politeness.

5

Resettlement and Adaptation Difficulties

English-Language Acquisition

Of the 18,602 Khmer who resettled in Canada from 1980 to 1992, 92 percent could speak neither of Canada's official languages (see Table 9). Today, English-language acquisition remains a critical resettlement difficulty among most Khmer in Ontario. Khmer women and older Khmer continue to face enormous communication barriers and an inability to access ESL classes and programs. They still require translators for interviews with government and social service workers, teachers, and medical personnel. Difficulties in speaking and writing English among Khmer youth, have led to their high dropout rate from school. Despite repeated attempts, most Khmer men cannot get past introductory ESL levels and thus are unable to access government retraining programs or pursue high-school and post-secondary education.

The difficulties most Cambodians have in learning English have several causes: high Khmer illiteracy rates among Khmer people (especially women and youth); structural differences between Khmer and Western languages (script, verb tenses, phonemes); cultural differences between Cambodian and Canadian styles of teaching; low educational levels among the majority of older Cambodians indicating a lack of experience with or comfort within a formalized classroom structure; almost ten years of interrupted education (during the Khmer Rouge regime and in refugee camps) among younger Cambodians and extensive impaired memory or learning capacity among Cambodians in general, which are both symptomatic of post traumatic stress disorder. A Khmer man in London comments:

I want to pinpoint the difficulties that many Cambodians have in studying English. These are either men or women whom I have helped with translation in hospital; they have depression or mental disorder. A doctor in London asked two Cambodian senior women why they got this problem. I explained to him that Cambodians came here with so many difficulties that they have gone through—1. apart from their hometown or country. 2. separated from family. 3. husband, wife, or children die. Therefore, they cannot remember

Table 9: Official Language Ability of Cambodians by Sponsorship Group, 1980–1992

Year Entered	Government-Sponsored						Privately Sponsored				
	Total N	Total N	Eng. %	Fr. %	Eng./Fr. %	None %	Total N	Eng. %	Fr. %	Eng./Fr. %	None %
1980	3,270	1,436	0.6	3.3	0.9	95.1	1834	0.4	2.7	0.7	96.2
1981	1,301	898	0.9	2.7	1.3	95.1	403	2.7	3.5	2.2	91.6
1982	1,352	996	4.5	4.5	1.5	89.5	356	4.5	2.0	1.1	92.4
1983	1,521	1,240	9.7	3.2	1.2	85.9	281	7.1	0.4	0.0	92.5
1984	1,519	1,236	8.7	2.2	0.7	88.4	283	4.2	0.4	0.4	95.1
1985	1,618	1,354	9.0	0.6	0.5	89.9	264	4.9	2.7	0.8	91.7
1986	1,671	1,331	1.1	0.7	0.2	98.1	340	1.2	2.1	0.6	96.2
1987	1,558	685	3.2	1.9	0.1	94.7	873	4.8	1.7	0.5	93.0
1988	1,505	315	10.2	0.3	1.0	88.6	1,190	3.9	1.0	0.4	94.6
1989	2,014	527	20.1	2.1	1.1	76.7	1,487	7.0	1.5	1.0	90.5
1990	720	204	6.9	1.5	0.5	91.2	516	3.9	1.6	0.8	93.8
1991	338	34	0.0	0.0	0.0	100.0	304	2.6	0.7	1.3	95.4
1992	214	3	66.7	0.0	0.0	33.3	211	3.3	0.9	0.5	95.3
N.S.	1	1									
Total (%)			5.9	2.2	0.8	91.1		3.7	1.8	0.8	93.7
Total (N)	18,602	10,260	601	229	84	9,345	8,342	311	147	64	7,820

Source: Immigration Statistics, Canada Employment & Immigration Centre, 1992.

The most striking factor in this table is the number of Cambodians who reported having no French or English language ability at the time of entry. Of the 18,602 Cambodians who resettled in Canada, only about 8 percent reported the ability to use at least one of Canada's official languages. The majority 92 percent indicated that they had no French or English language skills. Those with no official language ability are

particularly pronounced for government sponsorship between 1980 and 1981 and in 1991. The number of Cambodians who were resettled under private sponsorship with no official language abilities were generally higher than that of government-sponsored individuals.

what they have studied for a very long time. As soon as they get out of class, everything is gone from their mind. There is no problem with school, but their abilities to remember are very limited. They can remember perhaps only 2 percent to 3 percent because they think too much about their family in Cambodia and their children who died in Pol Pot regime or in the refugee camp. A doctor said that if there were programs to help them forget their past experiences, they probably could learn and remember in the future.

Cambodians in St. Thomas detailed several aspects of ESL classes that they felt contributed to their difficulties in learning English:

1. ESL involves "active learning." Cambodians are expected to take information from charts on the wall, then organize themselves into small groups to decide the themes, discuss them and then write it out. In contrast, the traditional Cambodian way of learning is very passive and does not involve participation with the lessons, but only rote memory.
2. The speed at which ESL is taught is not culturally appropriate. Too many activities and ideas are introduced too fast and Cambodians cannot keep up. They say this threatens them and makes them feel insecure. Culturally, it is an embarrassment to the self and to the teacher if a student brings to the attention of the teacher that something has not been understood, so the Cambodian remains silent and becomes more confused.
3. Cambodians have no difficulty with ESL exercises that require them to fill in the blanks, but they find that expressing themselves is especially problematic. Culturally, they have always kept their feelings, thoughts and opinions to themselves to avoid inadvertently embarrassing someone who may hold differing views. In addition, the forced communal confessions and interrogations by Khmer Rouge cadres during Pol Pot's reign, in which "wrong" thoughts or opinions resulted in torture and death, have made people even more afraid to disclose personal thoughts or expose any aspect of themselves. During ESL classes when Cambodians are expected to put their ideas on paper or to express themselves in groups, they find it too difficult and "just go blank." Cambodians say that they need to be exposed to group discussions slowly, but they don't get this consideration.
4. Most of the women are illiterate in their own language and have never had "classroom" instruction. They feel embarrassed that they are so slow. They do not like the information taught and many would prefer informal language sessions, in which food, items of household interest and basic life skills are discussed.

In Toronto, the lack of English abilities among Khmer people results in the continued need for the front-line services offered by the Cambodian Association to schools and social agencies. As one Khmer service worker notes:

A lot of our time is spent on the telephone dealing with emergency calls for the Children's Aid Society and with school problems. Elementary schools call concerning no attendance, coming to school too early, behavioural problems, coming home late, violence to children, cleanliness, nutrition not adequate, not proper clothing. Sometimes the telephone is not enough and they need a translator in person. This happens with the Children's Aid and School Board who need immediate assistance with parent interviews. Problems increase when the kids reach teenage years and there are more problems now than a few years earlier. This is due to increasing family separation. It is not only the children's problem, but the problem of mother, she is isolated and depressed.

There is no Khmer speaker at the Toronto Children's Aid Society and the problems of using different translators is a contentious issue among Khmer. When translators are used who are not trusted by the individual (either through fear of gossip or embarrassment at having problems known), an adequate understanding of the situation is rarely achieved.

In many public schools throughout Ontario, a Cambodian translator is needed to explain school requirements to Cambodian parents and parent's concerns to school officials. Without the translator, parents have no contact with the schools or participation in their children's education. A Khmer translator who works for one of the public schools in Toronto explains:

The common experience is not for parents to show up in school, for example to see the teacher on parent's night. They want to go but can't speak English and don't understand the context of school. Also parents can't read notes to them in English. Parents don't understand report cards. To arrange with parents to meet the teacher, I have to make a phone call and be there when they meet. They come if they are called in Khmer, but if notes arrive or if kids tell them they don't come. Parents are too shy and too fearful to come on their own. They feel they don't belong at the school. But the schools can't afford this kind of outreach. Funding is being reduced for translators. Therefore, more and more parents won't come. More and more phone consultations will be the norm, having the Khmer assistant speaking with parents about the child's report. But this leaves the teacher out of the interaction. Also those people who could do translation are very rare. Most people don't feel their English is good enough or, in young people, they don't feel their Khmer is good enough. With the few translators available and teacher interviews held at the same time, sometimes there are 3 or 4 jobs at different schools within one night ... Middle schools also use translators but by the time the child is in grade 7 and 8 many teachers just use the child. But, the child won't translate problems to parents and many children don't have good grasp of English to act as translator.

Women's Language Needs

Many Khmer women in Ontario have said that it is too difficult for them to learn English. They cite as reasons their age, their inability to remember, that they are not smart enough, that something has happened to their mind and that they are not comfortable with the ESL classroom. A Windsor Cambodian woman in her early thirties commented:

I am now incapable of learning any education, my brain is now too slow. I am not able to do any more learning. I want a job where I don't have to think or use my brain. Maybe when the children are growing up, but for now I don't want to push myself or I will get ill. I pushed myself too hard in Cambodia just to survive.

Another woman in Toronto had similar comments:

I did not have anybody help me to go to school at all. I have been an orphan since I was 4 years old. I have survived by myself. Now, when I go to school, it goes in one ear and out to the other. Like somebody pour water on duck's head. I am in school now, I try very hard, but I can't remember.

Several spoke of how they tried ESL classes many times (often three times or more) and that every time they never learned. One Khmer service worker in Toronto explained:

The biggest problem is the lack of confidence among Cambodian women. They don't have an education background and they feel that they can't learn. Even these students at ESL class who come every day just can't catch the English. They can't hold the information. They have been through hell their whole life and just can't take any more.

The woman who teaches the Khmer Heritage and National Language class in St. Thomas commented:

Language is a big difficulty for women. Women find it difficult to go out because of daycare, they lack access and payment. Most women stay at home but they want to take language class or work, but find it so difficult. Their language skills are not good enough for work and baby-sitting problems makes it difficult to attend ESL. Also, some women are not comfortable with the classroom environment. But, ESL would be good if it was offered in the homes with the children present and when women are in a comfortable environment.

Men's Language Needs

A Khmer man in Kingston noted his difficulties in learning English:

I used to have a volunteer ESL teacher come to the home but that is not offered any longer. I went to St. Laurent College for ESL sponsored by Manpower during my unemployment benefits. Many Cambodians went to this class, but no one passed the test. Only I got to repeat the course because of Workman's Compensation.

A London man had had similar difficulties:

I have had problems since I came to London in September 1985. I attended English classes since I arrived. My English was better than before. After six months, I got a job, but education was gone. Language in the workplace is different from school. I have difficulty in English because I learned very little in the camp. I have been working for almost 7 years now. I have tried to go back to class, but I think I am almost too old to go back. My English is improved and I can understand about 60 percent of the English spoken.

Cambodian men feel that their lack of language skills restricts them from accessing job markets and government-sponsored retraining programs, or advancing in their job. A Khmer man from Hamilton who has observed the increasing unemployment within his community made the following suggestion:

From 1990 up to now, there have not been many jobs available. There are a number of Cambodians who are unemployed. They have a lot of problems. A number of them do not know enough English. When they go to apply for a job, they need a translator to go with them. The qualification for the job is very high. This is the biggest problem. They don't know enough English. They have no experience ... I have asked different government agencies in Hamilton about job training program, but they said we didn't have such program yet. Right now, there is a program called Jobs Ontario. A lot of people have tried this program but they could not pass the test because it required people with knowledge from grade 12 and up. Therefore, Jobs Ontario creates problems for those who don't know English.

A London Khmer man commented:

In London there are ESL classes that are classified into three levels: level 1, 2 and 3. The government doesn't allow those who have become Canadian citizen to attend any class, even if they do not speak English at all. However, we can sit in the class as unofficial student and we are not qualified for bus ticket. As the result of the recession, we got laid off and could not find a new job, because we have little or no experience at all. After our unemployment benefits ran out, we applied for welfare. While we cannot attend ESL class, the welfare office sends us a letter demanding us to look for a job. We have been trying our best to look around for one, but we couldn't because we don't have the required experiences and don't know enough English. So, we are extremely difficult with this situation.

This is similar to the feelings of a St. Thomas man:

Cambodians feel that their poor command of English and not having a grade twelve education prevents them from getting another job. UIC is providing a twelve-week training course called "Language Training Geared to Employed" in which language training is geared to the skills needed on the job, for example, those in health care will get health care terminology and those in factories will get more technical training. But, the problem is that no factories are hiring at the moment so Cambodians cannot access this training program.

Youth Language Needs

Many of the older Cambodian youth who dropped out of school because of language difficulties have now married. Their children also have difficulty in learning English, and need ESL instruction. The Khmer community worker in St. Thomas noted that 50 percent of public school Cambodian children are still in ESL classes and 100 percent of Cambodian high-school students still need it. An elementary school principal in Toronto commented:

Cambodian children born in Canada are still using ESL services. They do poorly in needs assessment. Their English fluency is challenged because parents don't speak English ... The Cambodian children who arrive in early elementary still need 6 or 7 years ESL to have the confidence and skills needed to cope. Therefore, those who arrived in grade 7 or up never got the support needed to help. Cambodian kids don't have a snowball's chance in high school unless parents can be educated in the value of education and the system, for example, through culture-specific P/T associations. We need to take the school out to the community, for example, to rent halls in the apartment buildings and have the school staff go out.

In smaller communities such as Ottawa and St. Thomas this instruction is being provided. In Toronto, however, ESL instruction is so underfunded and limited that recent immigrant and refugee children receive priority.

ESL Needs and Continued Dependency on Frontline Settlement Services

In every Cambodian community in Ontario, people remain dependent on others for interpretation, documentation, escort and translation. These services are provided by several sources, namely, the one remaining ISAP-funded Cambodian Association in Toronto, Khmer-speaking workers in larger agencies who no longer have any mandate to provide settlement services to Khmer, community associations such as the Khmer Buddhist and Cultural Community, and through small networks of family, friends and religious groups. Widows, and divorced or separated women, who are isolated from family and informal community networks, are highly vulnerable and especially in need of continued service support. One service worker at the Cambodian Association in Toronto comments:

Every day we get a lot of phone calls from other agencies, for example, welfare, doctors, dentists, schools, teachers, social workers, unemployment counsellors. We also have to call unemployment counsellors, child tax benefits, metro housing, etc., on behalf of the client. We do both referrals in and networking out. This increases at the half month (15th) when the income report statement doesn't come and at the end of the month when mailed-out cheques don't come (e.g., welfare, child tax credit). On the 16th, everyone has to send an income statement. When people don't get this, they ask the Cambodian Association to call the social worker or STEP. Some people don't know their worker but even those who do, still feel insecure to call the worker and depend on the Cambodian Association to call for them. People don't know how to complete their forms. Month after month we serve the same people, even though copies are made. They are explained very slowly and clearly, but they don't trust themselves. Every month, new people also request help. They are totally dependent on the Association, especially the single parents who have lost the network of friends. Most of the time now is taken up with translation needed in social services—family separation, children in school, divorce, family violence ... Many people who are so dependent on us have had no education background in Cambodia. Also, many of these are single mothers with children. These people have no understanding of forms or how to manage within the system on their own.

Previous Employment and Outlook on Arrival

The majority of adult Khmer in Ontario once lived in rural villages where they were engaged in the cultivation of rice, fruit and vegetables, in fishing or in crafts such as producing cloth and pottery. Business activities, financial opportunities and entrepreneurial roles tended to be developed and filled by the Vietnamese and Chinese minorities who were concentrated in cities and towns. Several Khmer who came from the Battambang area near Thailand, however, had begun to work in factories and some had established small businesses.

Ethnic Khmer who previously lived in Phnom Penh were frequently engaged in government, military, professional and educational work. This class of Khmer represents less than 10 percent of the Cambodians now resettled in Ontario. Very few of them have acquired jobs in occupations even remotely similar to what they held in Cambodia (for a breakdown of their previous occupational status see Table 10). Several of these individuals prefer to receive welfare than to work in what they perceive as the low status-jobs of unskilled labour.

In general, most Khmer who entered Canada did not have job skills suited to urban Canadian society. In Ontario Cambodian communities there is a scarcity of the business oriented minorities and Khmer professionals as both groups had been targeted for execution during the Marxist Khmer Rouge regime. Although several Khmer men were able to receive training in the refugee camps and worked as medical technicians, dental assistants and teachers, they were unable to continue with this work in Canada.

Table 10: Occupational Status of Cambodians on Arrival by Sponsorship Group 1980-1992

Intended Occupation	Total N	Government-Sponsored %	Privately Sponsored %
Professional	776	10.4	8.7
Nonprofessional	3,416	32.2	53.0
Not classified	3,912	57.4	38.2
Not stated	2	0.0	0.0
		100.0	100.0
Total workers (N)	8,106	4,234	3,872
Spouses	2,305	23.3	20.2
Dependent children	4,263	44.7	35.1
Students	3,455	28.7	38.7
Retired & other dep.	415	2.8	5.6
Dependent no child.	58	0.6	0.5
		100.0	100.0
Total Non-workers (N)	10,496	6,026	4,470
Total (N)	18,602	10,260	8,342

Source: Immigration Statistics, Canada Employment & Immigration Centre, 1992.

Of the Cambodians who resettled in Canada, approximately 44 percent were considered eligible to work, while the remaining 56 percent were spouses, dependent children, students, and retired persons. Eligible workers intended for professional occupations comprised the smallest group for both government and private sponsorship. Nonprofessional workers were recorded as the largest group for privately assisted newcomers, while most workers entering under government sponsorship had their intended occupation listed as "not classified." Considerably fewer were registered as "not classified" in the case of private sponsorship (38.2 percent versus 57.4 percent). However, it should be noted that the data presented here is only a proxy for actual occupation, since those resettled did not necessarily find employment in the category intended.

Only one Khmer doctor, who lives in Toronto has been able to renew his licence to practice medicine in Ontario. There is one Khmer nurse in Ontario, a man from St. Thomas who works in geriatrics. Both face enormous burdens and responsibilities as the only Khmer medical professionals recognized by the Ontario government. Several Khmer professionals live in Ottawa; most of them were living in Canada before 1980. The few Khmer-owned businesses in Ontario are mainly identified as Chinese/Khmer, and most of these are located in Toronto. Hamilton has one Sino-Cambodian and two Khmer food stores. In most other Cambodian communities, Khmer lack the capital, expertise and contacts to establish small businesses.

Early Difficulties in Accessing Employment Training Programs

In early 1980, a unique program was started for Indochinese refugees in Ottawa. Called "Project 4000," it provided occupational assessment to establish refugees' skills (including testing using Canadian standards) and to funnel refugees into retraining and apprenticeship programs where possible. Few Cambodians in 1980, however, were able to qualify for programs and even fewer were placed in "skilled" jobs (in the electronic industries, for example). One Khmer man comments on the lack of awareness of retraining opportunities among Cambodians in Ottawa:

I had dental skills as assistant from the camps in Thailand but I couldn't find out how to do it here. Teachers could only advise on courses, not how to get money. I didn't dare go to the government because we were very shy when we collected our money. We didn't ask questions or didn't speak unless we were asked. The government never offered any information on job retraining and people were too shy to ask. Cambodian workers were expected to find these things out and pass them on to Cambodians but they were too busy and didn't know. It took 3 or 4 years before I found out about Adult High Schools. Most of my friends are cleaners, dishwashers, landscapers because they don't know anything about school, how to get funding to go. At that time government was supposed to teach at least a couple of people how to re-educate themselves. We didn't realize it is all right to borrow money and go to school. We thought that would be a bad thing. At that time everyone wanted to learn and get ahead and get goals and to succeed but we didn't know how to go about doing this ... People are really frustrated that they didn't get the chance. They are now stuck in janitor jobs or working in factories together with other Cambodians

and this doesn't give them a chance to use English ... Now it is too late to go back to school. Families are larger and we are in jobs we are afraid to lose. This causes so much frustration among the young adult men around 30 to 40 years old. We feel we have lost our chance.

In several Ontario communities, local boards of education set up "refresher" courses for refugees looking for work. Courses taught in English, included typing, keypunching, commercial sewing, auto mechanics, and dry cleaning. But again, these courses were in areas unfamiliar to most Cambodians and at a level inappropriate for their language and educational capacity. As Neuwirth (1987) notes, if refugees are not given the opportunity to attend vocational training or courses designed to integrate them into the labour market, their earnings and employment will be affected in subsequent years.

In contrast to Quebec where language acquisition was given priority, the majority of Cambodians in Ontario were encouraged by both private and government sponsors to access unskilled labour employment as soon as possible after arrival. To achieve self-reliance, the reality for many Cambodians was to work in two low-paying jobs at a time, pool resources and share rental expenses with other families. Early employment for both men and women was at the expense of attending ESL classes.

Today, employed Khmer remain in unskilled labour positions in a variety of manufacturing factories and processing plants. Since Khmer are recognized as valuable and hardworking employees, companies tend to hire them in large numbers (both men and women). At the Rimpli Company in Newmarket, for example, Cambodians comprise almost half of the thousand workers in the factory. The substantial migration to London and Newmarket reflect the trend among Khmer across Canada to seek jobs in companies already employing large numbers of Cambodians.

Types of Employment

In Hamilton, a number of factories such as York Barbell, Plastics Co., Stress Crete Co. and Cramarose Tarpaulin employ Cambodians. In Ottawa, although most employed Khmer do unskilled labour in factories, office cleaning or landscaping, a small group of Khmer Evangelical Christians work at the New Bridge Networks Corporation doing "chip work" technology assembly. In London, numerous Khmer men and women work at Cuddy Food Production, cutting chicken, and some men have construction jobs or are employed at the Siemens Auto Parts factory. In St. Thomas, six families (both husbands and wives) work at the Preston Factory, which makes car parts. One man is a nurse in nearby Port Stanley, and seven people work at the Siemens factory in London. In Windsor, men tend to work at the car factory, machine-stamping on the assembly line, or they, along with some Khmer women, work in related manufacturing firms such as Inter-Crom, which makes car seats, belts and wheel covers. In Toronto, the majority of employed Khmer work in unskilled manufacturing jobs in North York or commute to factories in Brampton and Newmarket. Men, women, and youth in Toronto are also engaged in informal, seasonal work such as night worm picking.

For the past several years, a large number of Khmer women in London, Windsor and Hamilton have worked in local mushroom farms. In all communities, elderly and

pregnant Khmer women are employed by other Khmer for baby-sitting. Women are also informally employed to do sewing, cooking and cleaning for other Khmer.

Extensive Unemployment among Khmer

The enormous loss of manufacturing and unskilled labour jobs during the recession has resulted in a high rate of unemployment in all Cambodian communities, although Toronto, Windsor and Kingston seem to have been most affected. Compared to the Ontario average, a higher percentage of Khmer people have recently become unemployed (see Tables 11 and 12) or are on welfare.

Informal surveys conducted by the Cambodian Association and the South East Asian Services Centre in Toronto, supported by information from numerous interviews with Cambodians throughout Ontario, indicate that the real numbers are underrepresented by these figures. In Kingston, 90 percent of adult Khmer have been laid off from their factory jobs. The only employment they can access is occasional office cleaning or pumping gas—short-term jobs that require no skills. In St. Thomas, almost 22 families, or approximately 60 percent of all the Khmer families, lost their jobs at the United Technology Factory when it closed in 1990. A Khmer man from Toronto comments:

About employment, it is very difficult to find a job, especially now because of the recession. When there is not enough jobs out there, people are laid-off more. If we look at some Canadians (Canadian born) who have worked for 30 to 40 years, they are still laid-off. They have enough skill, they speak English fluently, they have high ability, but they still have difficulty in finding a job. If we compare them with us, they are better than us in every aspect. We speak poor English with accent, often enough they don't understand. We don't have enough experiences to work. We don't have good references. Therefore, we are losing to them in every thing ... When we could not speak English properly, they would not want to hire us. There are many people who speak fluently English, why not hire them, and why should they bother to hire us.

Continuing Difficulties in Accessing Training Programs

The limited formal education of Khmer people and their low level of English language fluency continue to restrict their access to both the job market and government-sponsored retraining programs. A London Khmer man comments:

In London there are ESL classes that are classified into three levels: level 1, 2 and 3. The government doesn't allow those who have become Canadian citizens to attend any class, even if they do not speak English at all. However, we can sit in the class as unofficial student and we are not qualified for bus tickets. As the result of the recession, we got laid off and could not find a new job, because we have little or no experience at all. After our unemployment benefits ran out, we applied for welfare. While we cannot attend ESL class, the welfare office sends us a letter demanding us to look for a job. We have been trying our best to look around for one, but we couldn't because we don't have the required experiences and don't know enough English. So, we are extremely difficult with this situation.

Table 11: Khmer-Mother-Tongue and Other Cambodian Labour Force Activity in Major Ontario Census Areas, 1991

Labour Force Activity	Census Metropolitan Areas								
	Ontario	Ott./ Hull	Kingston	Toronto	Hamilton	St. Cath./ Niagara	Kitchener	London	Windsor
Total participation rate ^a	70.8	72.9	70.0	71.7	67.8	64.4	72.8	70.7	64.7
Total unemployment rate	8.5	7.3	7.5	8.5	8.9	9.5	9.0	8.5	11.8
Total not in labour frc. ^b	29.2	27.1	30.0	28.3	32.2	35.6	27.2	29.3	35.3
Total labour force (N)	3,889,055	531,080	73,975	2,229,085	322,665	186,390	200,715	211,690	133,440
Total 15 yrs./over (N)	548,9290	819,435	105,660	3,108,875	475,715	289,455	275,545	299,285	206,300
Khmer participation rate	56.5	41.2	91.7	59.7	48.8	50.0	52.9	71.2	56.8
Khmer unemployment rate	19.8	25.0	27.3	14.2	29.3	25.0	22.2	17.3	33.3
Khmer not in labour frc.	43.3	58.8	8.3	40.3	50.0	50.0	47.1	28.8	40.5
Khmer labour force (N)	1620	200	55	705	205	40	45	260	105
Khmer 15 yrs./over (N)	2865	485	60	1180	420	80	85	365	185
Other participation rate	71.0	72.9	70.0	72.1	67.8	64.4	72.9	70.7	64.7
Other unemployment rate	8.5	7.3	7.4	8.4	8.9	9.5	9.0	8.5	11.8
Other not in labour frc.	29.0	27.1	30.0	27.9	32.2	35.6	27.1	29.3	35.3
Other labour force (N)	3,763,970	523,435	73,335	2,120,885	319,700	185,720	199,035	209,915	131,940
Other 15 yrs./over (N)	5,299,305	717,755	104,795	2,943,495	471,275	288,475	272,940	296,740	203,815

Source: Statistics Canada, Special Tabulations. ^a Includes all individual over 15 years of age. ^b Includes children and retirees.

Data for labour force activity in Ontario show that those with Khmer as their mother tongue have the highest percentage of unemployment (19.8 percent), compared to the overall provincial unemployment rate of 8.5 percent. Generally, the rates for those in the "Other" category reflect the provincial unemployment rate.

For Ottawa/Hull, data indicate that those whose mother tongue is Khmer show a substantially higher unemployment rate (25.0 percent). Data for Kingston reveal that while individuals with Khmer as their mother tongue have the highest labour force participation rate (91.7 percent), this same group of people have the highest unemployment rate (27.3 percent). However, it must be noted that the Khmer mother-tongue base size is quite small.

Within the Toronto area, those with Khmer as their mother tongue have the lowest labour force participation rate (59.7 percent) and consequently the highest unemployment rate (14.2 percent).

Data for Hamilton show that those with Khmer as their mother tongue have over twice the unemployment rate of the rest of Ontario.

The data for the St. Catharines/Niagara area show a similar pattern to the ones already noted. Khmer-speaking individuals report the highest unemployment rate and the lowest labour force participation rate (25.0 percent and 50.0 percent respectively).

In the Kitchener area, the Khmer unemployment rate exceeds the overall unemployment rate for the region (22.2 percent and 9.0 percent respectively).

For Khmer living in London, one finds a slightly higher labour force participation rate (71.2 percent), but also a higher rate of unemployment (17.3 percent).

Windsor shows the highest provincial unemployment rate, at 33 percent compared to others in the same city at 11.8 percent.

Table 12: Khmer-Mother-Tongue Cambodian Labour Force Activity, 1991

Labour Force Activity	Census Metropolitan Areas								
	Ontario	Ott./Hull	Kingston	Toronto	Hamilton	Niagara	Kitchener	London	Windsor
Total participation rate ^a	56.5	41.2	91.7	59.7	48.8	50.0	52.9	71.2	56.8
Total unemployment rate	19.8	25.0	27.3	14.2	29.3	25.0	22.2	17.3	33.3
Total not in labour force ^b	43.3	58.8	8.3	40.3	50.0	50.0	47.1	28.8	40.5
Total labour force (N)	1,615	205	50	700	205	35	50	260	100
Total 15 yrs./over (N)	2,860	490	60	1,180	415	80	75	365	185
Male participation rate	68.0	53.1	83.3	72.2	61.4	50.0	70.0	81.1	63.2
Male unemployment rate	10.5	12.5	0.0	7.1	22.0	0.0	22.2	5.8	19.0
Male not in labour force	31.7	46.9	16.7	27.0	38.6	50.0	40.0	18.9	36.8
Male labour force (N)	1,020	130	25	455	135	20	35	150	60
Male 15 yrs./over (N)	1,500	245	30	630	220	40	50	185	95
Female participation rate	43.8	30.6	83.3	44.5	35.9	42.9	42.9	61.1	44.4
Female unemployment rate	25.2	26.7	80.0	18.4	28.6	66.7	0.0	27.3	25.0
Female not in labour force	56.3	69.4	16.7	54.5	64.1	57.1	57.1	38.9	55.6
Female labour force (N)	595	75	25	245	70	15	15	110	40
Female 15 yrs./over (N)	1,360	245	30	550	195	35	35	180	90

Source: Statistics Canada, Special Tabulations 20 percent Sample.

^a Includes all individuals over 15 years of age.

^b Includes children and retirees.

Overall, Khmer speaking women show a lower labour force participation rate than their male counterparts (43.8 percent versus 68.0 percent provincially). Conversely, Khmer women also show a higher rate of unemployment than do Khmer men (25.2 percent versus 10.5 percent provincially). For the areas of Kingston, St. Catharines/Niagara and Kitchener, the sample sizes for labour force activity by gender are small (especially for the females). Analyses based on these small sample sizes would be more speculative than conclusive.

For Ottawa/Hull, males show a higher labour force participation rate than do females (53.1 percent versus 30.6 percent). The percentage of females not in the labour force is substantially higher than the males not in the labour force (69.4 percent versus 46.9 percent). Twice the percentage of females are not in the labour force (females 54.5 percent; males 27.0 percent). The data for Hamilton show that males and females have similar levels of unemployment (females 28.6 percent;

males 22.0 percent), but a substantially higher percentage of women (64.1 percent) than men (38.6) are not in the labour force. Data for the London area show that both males and females have the highest labour force participation rate in comparison with the other census metropolitan areas. Eighty-one percent of males and 61 percent of females report labour force participation. However, a greater percentage of females (38.9 percent) than males (18.9 percent) are not in the labour force. Males in this area show a very low unemployment rate (5.8 percent).

For Windsor, both males and females show rather low rates of labour force participation (males 63.2 percent; females 44.4 percent). Slightly more than half of the women in this area are not in the labour force (55.6 percent), while 37 percent of males report the same status. However, the number of labour force participants in this area is small for both men and women, suggesting that some caution be exercised when making interpretations.

This is similar to the feelings of a St. Thomas man:

Cambodians feel that their poor command of English and not having a grade 12 education prevents them from getting another job. UIC is providing a 12-week training course called "Language Training Geared to Employed" in which language training is geared to the skills needed on the job, e.g., those in health care will get health care terminology and those in factories will get more technical training. But, the problem is that no factories are hiring at the moment so Cambodians can't access this training program.

A Khmer man from Hamilton who has observed the increasing unemployment within his community, made the following suggestion:

From 1990 up to now, there have not been many jobs available. There are a number of Cambodians who are unemployed. They have a lot of problems. A number of them do not know enough English. When they go to apply for a job, they need a translator to go with them. The qualification for the job is very high. This is the biggest problem. They don't know enough English. They have no experience ... I have asked different government agencies in Hamilton about a job training program, but they said we didn't have such a program yet. Right now, there is a program called Jobs Ontario. A lot of people have tried this program but they could not pass the test because it required people with knowledge from grade 12 and up. Therefore, Jobs Ontario creates problems for those who don't know English. Thus, my request at this time is to make a proposal to the government to have a training program that people with little or no English can access by training them directly in the workplace.

A Khmer man in Ottawa had this suggestion:

About training, some people want to be a carpenter or baker but we don't know English, it is very difficult to learn. We want to have class training starting from basic level to intermediate and advanced level. The basic level is the general level. But the intermediate level should be specialized. It should teach terminology for a specific job, for example, terminology for baker, technician, or mechanics, so that people know the specific language for that job training.

In general, Cambodians remain locked into the bottom rungs of the occupational ladder (Neuwirth 1987). The high unemployment of Cambodians further compounds the difficulties of economic adjustment. The Khmer medical doctor in Toronto comments:

For the first 2 or 3 years in Canada it was a joy and relief to leave the camps and to get assistance from the government and to start over. This created lots of good feelings, 1982-1987. The majority came then and it was an economic boom. After a year of dependency then more than 90 percent were working. Although it was unskilled labour, but they felt independent. Now at the present time the reverse is true. Economic depression, housing shortage is very difficult. Now people have to share, for example a three-bedroom apartment with 2 families with 3 or 4 children each. Eighty percent of people who are packed together get into fights within 6 months of sharing apartments. A problem with Cambodians is that they don't speak out but internalize

it until one day they explode. At this point, the people then call for help but the damage is done.

Youth and Employment

Cambodians in several communities indicate that many of the youth especially cannot find work or access educational opportunities. One Khmer service worker comments:

Before 1989 there were few incidents of people so dependent, people tended to find work without needing English skills. There were lots of high school dropouts with lots of energy who needed jobs to support families here and back home. It was more important to work and send money back than to go to school. Now with the recession they have high unemployment. Most teenagers when they first arrived in Canada were placed in high school and middle schools and never received extra help. They had no schooling in Cambodia and no consistent education in the camps. Therefore 10 years was lost. Also, with the massive trauma experienced, they couldn't concentrate so well. They tended to drop out early. It was more meaningful to go out to work and support family and relatives. These people are now in their 20s and they have no future except for welfare—they have lost hope and direction.

Welfare Dependency Concerns

Continued dependency on welfare and other public assistance systems is a key issue in Cambodian resettlement and adaptation. This dependency remains an emotionally charged subject among Cambodians and has led to numerous disagreements as to the extent of its abuse and its long-term effects. One Khmer service worker commented:

Women's position has changed so radically here that men can't adjust and family separation results. The single mother situation teaches children dependency and abuse of the system and no ethics for hard work and no example for good role models. Mothers on welfare are not respected but looked at as lazy, not capable.

Another Khmer service worker stated:

Cambodians who work are called stupid. Women see their government assistance money as free and easy. They have lots of spare cash and they can stay home and gamble. They say "what's the point of going out to work to make 6 or 7 dollars an hour. We can even have the husband or boy friend to live with us and work." The interesting point is that what starts off as a pretend separation eventually results in a real break-up as the wife won't accept the husband's attitude because he doesn't support her. But the children suffer through the break-up and fights and lack of role models. There is an emphasis on short-term gains, no appreciation of the long-term investment in the children either ethically or in education. There is the difficulty in distinguishing between those who have real needs and those who express the needs to get the benefits. The worker never knows the truth and people don't like to ask questions. This is also a reason for suspicions against service workers. Khmer people are afraid she will let the government know.

Another strategy Khmer use to attain extended social benefits is to not legalize their Buddhist marriages. In the eyes of the community a marriage ceremony has been performed, but when the wife becomes pregnant she can claim benefits as a single mother and pass her husband off as her boyfriend.

Some Khmer remain on government welfare assistance because they have little hope for the future. A St. Thomas man explains:

At present there are six families who make no attempt to learn English ... They do not want to look for jobs or go for retraining, but to stay on welfare. These six families have no incentive or hope, because if they got grade 12, they could get a job ... But it would take ten years for them just to get grade 12, and they can't see why they have to go to all that trouble if there is little hope that they will get a job.

Several other reasons are given for continuing to rely on assistance through welfare: chronic unemployment; wives not willing to be financially dependent on husbands; limited access to job-training programs and ESL instruction; having a guaranteed amount of money each month; the fact that welfare allows one to receive additional sources of income (that individuals on welfare often make more than those in low-paying labour positions); and entitlement to paid medical and dental care.

A public school vice principal in the Jane-Finch area felt that two types of Cambodian people are emerging. One is new social class of Khmer who are considered to be moving up in society by staying employed and becoming homeowners. Although this group remains very different from the "urban-based" Cambodians or professionally educated Khmer, they are differentiating themselves from the second type—those Khmer who stay on government assistance in subsidized housing. During 1993 and 1994, at least half the Cambodian families in her school have moved to Newmarket and Brampton, reflecting a pattern of upward mobility, away from those who remain unemployed.

Health Problems and Unemployment

In addition to those Khmer listed as unemployed, numerous adults such as widows, single parents with children or Khmer with health problems cannot work. Many of the chronic health problems associated with Cambodians are the lingering effects of their experiences under the Khmer Rouge. The Khmer medical doctor in Toronto comments:

The physical complaint of many Cambodians is mostly joint and neck pain. Sometimes they feel chilled. The motivation is slow, as is their thinking. Mistrust to everyone is rampant in the community. One patient told of the hard labour that he endured. He worked from dusk to dawn carrying soil to build a dam. He had crushing pain to his neck and chest during this time and the damage is permanent. During anatomical examination (x-ray) the damage is not apparent but the man feels the pain and crushing sensation. This becomes especially apparent when he has flashbacks and relives the trauma. During these times his body ceases to function. It is a miracle that the Cambodians here can cope and work with this kind of experience.

Individuals afflicted with extreme mental and physical stress face additional difficulties in accessing ESL instruction or government-assisted retraining, thus their future employment opportunities are further limited.

Because so many of them work in unskilled labour positions, Khmer workers also increasingly face physical health problems. At the Cuddy Food factory, for example, the work is hard on the bodies of the men and women who work there. In the words of one London Khmer woman:

We work in the constant cold. Heavy gloves are required, and scissors, and always standing. Therefore there is a lot of hand operations and dislocated shoulders, joint seizures, numbness in hand, line work to keep up with production. Cambodians are shy to complain to Worker's Compensation which doesn't accept their complaints. Company personnel will do short-term solution, e.g., temporary light work, but puts them back eventually on the line. The company gives subtle message that lots of others want jobs.

After having endured malnutrition and harsh, severe work in Cambodia, those who now work in heavy labour in Canada likely face serious physical deterioration in the long term (Payne 1990). Cambodians throughout Ontario have detailed their difficulties in accessing workers' compensation benefits and in getting their physical disabilities clearly understood and reported. The longer symptoms are left untreated, the greater the possibility for chronic unemployment.

Absence of Culturally Appropriate Health Treatment

Many Ontario Khmer from rural backgrounds retain a pervasive belief in the supernatural and a complex array of spirits called "Neak ta." Neak ta include guardian, ancestral, Hindu and animistic spirits, all of whom can be benign or malevolent. Many Khmer people in Ontario feel that the diverse somatic complaints that trouble them (headaches, dizziness, joint aches and pain) are Neak ta related. Khmer identify these ailments as "chii kbaal" (Cambodian sickness) (Eisenbruch 1991). To treat Neak ta disorders, traditional healers called "Khmer Kru" are consulted.

As ritual specialists, Khmer Kru can use astrology, fortune telling, magic, sorcery, and talismans to both tap the Neak ta spirit world and to provide protection from it. Many Khmer Kru were also Buddhist monks, so that spiritual healing and medical treatment based on Neak ta principles became associated with Buddhist temples. Many Khmer people have tattooed Buddhist prayers and animistic symbols on their bodies to enhance mental and physical health. There are few practising Khmer Kru in Ontario Khmer communities, and Khmer need to travel long distances for consultations. Khmer from London and St. Thomas visit the Khmer Kru in Hamilton, and the two or three healers in Toronto. The healing techniques are especially used especially by older members and those with rural roots.

A common Neak ta affliction among Cambodians in Ontario is the experience of "sramay." Sramay is caused by the visitation of spirits ("Kmauit" or "Khmoch")—the ghosts of those who have been murdered or not given proper burial rites. During the communist Khmer Rouge regime, numerous Khmer witnessed the deaths and/or

disappearances of family members, and had to abandon sick and starving relatives during the several forced evacuations. At the time, bodies were placed in mass graves instead of being cremated; funerals and death rituals were not permitted; and there was no food to offer the deceased spirits. Today, when Khmer in Ontario dream of dead or missing family members, many believe the ghosts are angry at them for their neglect and will punish or possess them. When sramay is left untreated through the lack of Khmer Kru mediation or Buddhist ritual performance, people's emotional and spiritual suffering manifests itself in physical ailments, social withdrawal and mental illness. As Boehnlein (1987, 768) notes, there are striking similarities between the symptoms of chronic, unresolved grief and those of post traumatic stress disorder.

Throughout the United States, Australia, Switzerland and New Zealand, mental health treatment centres recognize the crucial role Buddhist monks play in recognizing, mediating and treating symptoms of sramay and cultural bereavement among Cambodian refugees. In contrast, Ontario has not developed a single program to deal with mental or physical health difficulties among Cambodians. The Toronto Cambodian Temple is in the process of sponsoring two Khmer monks from Thai refugee camps to help meet the crucial mental and spiritual needs of Khmer people. Without the performance of Buddhist rituals and the intervention of monks and Kru Khmer, the psychological disturbances caused by the experience of sramay and cultural bereavement remain difficult to identify and alleviate in Ontario. A Hamilton Khmer man commented:

When our parents and family members died there was no time to do funerals. They died like cats and dogs. Here we only have one annual memorial day celebration to send prayers and merit and we can only afford to bring in one or two monks. Some people have gone back to Cambodia so they can do a "formal" funeral service with at least 4 monks. Without this there is still much suffering.

Regrets, depression, guilt, loss and grief continue to weigh heavily on the minds of many Cambodians (Eisenbruch 1991; Mollica et al. 1987; Kinzie 1988; Rumbaut 1991; Tenhula 1991). Denial, preoccupation or acceptance of these emotions become an important part of an individual's mental health. For Cambodians, however, the term "mental health" cannot be translated. Emotional or psychological problems are seen as essentially private issues, and talking about them indicates a lack of discretion. It is culturally inappropriate for a Cambodian to talk with a psychiatrist about such personal problems. The only Khmer worker at an Asian mental health centre in Toronto explains:

The majority of Cambodians have mental health problems. But every time I ask about flashbacks or depression there is a flat denial, people don't want to talk about it or even admit it. My biggest problem is that I am identified as a "mental health" worker. People deny that they have mental problems. This is an area for shame and no one wants the label of being associated with "mental health." In Cambodia, the focus on mental health was always a focus on negative, worst-case mental illness. I try to ask people how they deal with stress and the factors associated with stress. People are afraid to admit they have stress. People don't want to receive attention from Hong Fook. Even when I am called in by the school people don't want to admit. People only

come with crisis situations, but even then when the crisis is not so intense, they back down again. There is no long-term resolution of problems. People just say everything is all right, even when it is obvious there is lots of problems.

In Cambodia, there is no tradition of mental health services, and mental health problems were hidden in families. If healing or behavioural consulting was required, Buddhist monks and Khmer Kru were turned to as a last resort. In London, a Cambodian service worker commented:

Here there are no services for Cambodians to help them express their fear or deep feelings of mental problems. If Cambodians do come to an agency for mental help, be aware that they must be really low or depressed, in a crisis to even begin to try and share.

For many Ontario Cambodians, traditional healers and monks remain the only trusted source of wisdom and knowledge to explain the causes and cessation of suffering in their life. The lack of traditional Khmer specialists involved in mental health treatment signifies that a culturally appropriate and significant system of healing, guidance and support is missing from Khmer communities throughout Ontario. A Hamilton man commented:

There are no programs here for our sleeplessness, tears at night, or awareness of the starvation that killed our families. There is no understanding by health care workers of our emotional or cultural needs, especially the needs of new mothers.

In Ontario, traditional medical practices among Khmer include taking herbal medicines, cupping (Choup), coining (Kos Kjol or Choup Kchall), skin burning from moxa ignited with incense (Oyt pleung or moxibustion), postpartum steaming and "roasting" (ang pleung), humeral (hot and cold) therapy, acupressure and massage, as well as wearing amulets around the neck or protective threads on the wrist. Several of these practices have been misinterpreted and misunderstood by non-Khmer. A Khmer man comments on this problem:

A mother in Ottawa did "Kos Kjol" for her kid. Kos Kjol is given first before anything else will be given. When someone is sick you scratch the body with a coin (or like) and oil which makes red bruises. When the kid went to gym and took off his clothes, his teacher saw the bruises. The teacher asked him but he could not explain. He said "I don't know my mom did it." So the teacher called the police and caught her. They asked me to translate. I said this is a cultural thing that we do when someone is sick. Somebody might translate that word as "scratch the wind" because Kos means to scratch, and Kjol means wind. I had to bring several doctors to explain the situation before they released her.

In London, a Khmer woman found similar misunderstanding:

Medical personnel here are not aware. The traditional practice of coin-rubbing is misinterpreted. The "roasting" of new mothers and herbal wine consumption is also not understood. Wine is thought to help strengthen the uterus and flush out old blood, but nurses only warn against the dangers of alcohol and won't allow. Here there are no facilities to lie on the fire after a baby is born, "roasting," where lots of heat is needed. The tradition is hot drinks, herbs and

ginger. But here, doctors give ice packs and cold drinks. Steaming is not allowed in the hospital. Also traditionally women are not to move for at least one week or allow the child to be taken out. Cambodian women are upset when forced to move. Because women can't practice traditional medicine many feel that they are not as healthy as their parents and grandparents.

"Toah" (tough) is a Khmer term that refers to the somatic symptoms women get when they fail to follow cultural food restrictions or when they suffer from depression and extensive grief (Eisenbruch and Handelman 1989; Sargent et al. 1983). Symptoms include loss of appetite, sleeplessness, weakness, crying spells and loss of energy. When these symptoms are diagnosed according to Western systems of health and treatment, the result is ineffective treatment and noncompliance among Khmer.

As Eisenbruch and Handelman (1989, 244) note, the result of misdiagnosis and culturally inappropriate treatment is often intractable illness behaviour (repeat visits to no avail) at a great cost to both the patients and the health care system. One Toronto service worker felt that the overall failure to provide culturally sensitive and preventative health care means that diagnosis often comes too late or that the illness progresses to a point where symptoms are incurable. She also points out that the opposite occurs as well with Khmers' misunderstanding the system (going to the hospital for a cold), overusing the system (claiming to always be sick), or misusing the system (getting prescriptions that are then sent to Cambodia or to get placed on health disability benefits when they are not ill or injured.

6

Family and Community Dynamics

Family Stress and Breakdowns in Family and Kinship Patterns

In Cambodia, the family was the foundation of agrarian life, providing the primary frame of social organization, individual reference and economic needs. The basis of the household was a nuclear family with close family relatives living nearby. Mutual aid and cooperation were extended to both consanguinal and affinal kin to celebrate and support one another's life events, and to share material resources, information, services, advice and contacts.

In Ontario, numerous Khmer households are now composed of a nuclear family with several miscellaneous bilateral relatives and friends (usually individuals whose own families were killed during the Khmer Rouge regime) (see Table 13). These household networks provide important resources for emotional bonds and mutual aid, child care, translation and transportation services. Extended family groups tend to congregate in specific areas and, with close friends, will provide mutual assistance (job and housing information, cultural instruction such as income tax form completion, or driving lessons and financial help) and emotional support. Single Khmer youth often share households to cope with difficult socioeconomic circumstances and loneliness.

The roles of men and women within Cambodian communities still follow the hierarchical nature of Khmer society. Authority patterns in the family are determined along gender and generation lines, with men recognized as the heads of Khmer families. Questionnaires from Khmer community associations, for example, are geared towards men (although in many cases the man may be the only literate spouse). Men have culturally established rights over the family, and wives and children are expected to submit to the man's extensive authority.

Women's roles are concerned with the practical family matters of household finances, domestic duties and care of the children. Khmer women are defined as wives and mothers. The Khmer wife's primary responsibility is to maintain the honour of the family (through her own and her daughter's behaviour), to resolve family conflicts and to provide a harmonious environment (Ledgerwood 1990). Khmer wives are blamed

Table 13: Ontario Khmer-Mother-Tongue and Other Cambodian Family and Nonfamily Living Arrangements, 1991

Mother Tongue Nonfamily Living Arrangements	Ontario N	Census Metropolitan Areas							
		Ott./ Hull %	Kingston %	Toronto %	Hamilton %	St. Cath./ Niagara %	Kitchener %	London %	Windsor %
Khmer									
Relatives and others	190	50.0	0.0	31.0	45.5	0.0	0.0	50.0	100.0
Nonrelatives	150	25.0	0.0	34.5	18.2	100.0	0.0	20.0	0.0
Nonfamily households	30	0.0	0.0	10.3	0.0	0.0	0.0	0.0	0.0
1 or more nonrel.	95	12.5	0.0	17.2	36.4	0.0	0.0	30.0	0.0
Living alone	30	12.5	0.0	6.9	0.0	0.0	0.0	0.0	0.0
Total (%)		100.0	0.0	100.0	100.0	100.0	0.0	100.0	100.0
Total (N)	495	80	0	290	55	10	0	50	10
Other									
Relatives and others	138,945	8.7	8.0	14.9	12.4	11.0	10.9	8.0	10.3
Nonrelatives	79,840	5.4	5.6	8.6	5.9	5.8	6.8	5.1	4.9
Nonfamily households	97,640	8.7	6.0	9.5	8.1	9.1	7.5	7.2	9.3
1 or more nonrel.	222,885	24.2	25.2	20.8	15.0	13.1	21.0	21.8	14.4
Living alone	551,360	53.1	55.2	46.2	58.6	60.9	53.7	57.8	61.0
Total (%)		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total (N)	1,090,670	156,495	22,205	627,020	84,400	49,680	49,210	63,295	38365

Source: Statistics Canada, Special Tabulations.

In reviewing the data showing nonfamily living arrangements, it is difficult to ascertain any definitive trends within the Cambodian population. Data is limited for many of the census metropolitan areas or the sample sizes are too small to draw

concrete conclusions. In Toronto, Cambodian individuals are more likely to be living with nonrelatives than are the others (34.5 percent versus 8.6 percent). In Ottawa and Toronto, few Khmer live alone compared with non-Khmer.

when the children acculturate too quickly or begin to exhibit a lack of discipline or respect towards the father.

Due to the devastating effects of the Cambodian trauma, a large number of Khmer households in Canada are headed by widows (see Table 14). The numbers from Immigration Canada do not include those women who identified themselves as married but who did not know if their husbands were alive or dead. Widows face barriers of isolation in Khmer communities because as single women, they are always suspected of wanting to steal the husbands of others. Further, because most came with no close family members, they are expected to manage their children and their resettlement alone.

Table 14: Cambodians Marital Status by Sponsorship Group, 1980-1992

Marital Status	Total N	Government-Sponsored %	Privately Sponsored %
Single	11,036	57.6	61.5
Married	6,554	37.6	32.3
Widowed	850	4.1	5.2
Divorced	41	0.1	0.3
Separated	121	0.5	0.8
Total (%)		100.0	100.0
Total (N)	18,602	10,260	8,342

Source: Immigration Statistics, Canada Employment & Immigration Centre, 1992.

Data for marital status show that single males and females comprised the majority of those entering Canada between 1980 and 1992, followed by those who were married, widowed or separated. Government- and privately sponsored newcomers differed only slightly in terms of marital status. Of those who were privately supported, 62 percent were classified as single, while 58 percent of those who were government-sponsored were listed as single. However, the reverse was true for married couples. Of those who were government-sponsored, 38 percent were married, while 32 percent entering under private support were recorded as married. Minimal differences were found in the widowed, divorced and separated categories for both government- and privately sponsorship.

Whether due to widowhood or family break-up, there is a high proportion of female headed households in many Cambodian communities and they comprise the majority of all single-parent households (see Table 15). Single-parent families, in addition to the tremendous disruption and rearrangement of Khmer families, already suffered and the ongoing pressures of adapting to Canadian norms and values, also face serious challenges to family stability and consistency. Underlying instability affects the ability of many Khmer families to form a solid social foundation and to re-establish strong family ties in Canada. This instability is, in part, the result of forced marriages during

Table 15: Ontario Cambodian and Non-Cambodian Living Arrangements, 1991

	Census Metropolitan Areas								
	Ontario N	Ott./ Hull %	Kingston %	Toronto %	Hamilton %	St. Cath./ Niagara %	Kitchener %	London %	Windsor %
Khmer									
Children with 2 parents present	1,535	68.9	58.3	58.6	97.5	75.0	81.3	49.1	92.1
Children with 1 parent present	455	29.7	0.0	30.9	2.5	25.0	18.8	21.1	7.9
Other child and childless households	195	1.4	41.7	10.5	0.0	0.0	0.0	29.8	0.0
Total (%)		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total (N)	2,185	370	60	760	400	40	80	285	190
Other									
Children with 2 parents present	1,788,600	50.8	47.9	55.3	52.3	49.5	55.3	50.5	54.9
Children with 1 parent present	380,205	11.4	11.2	11.7	10.3	10.6	10.4	11.2	13.0
Other child and childless households	1,166,735	37.8	41.0	33.0	37.4	39.9	34.3	38.2	32.1
Total (%)		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total (N)	3,335,520	455,195	67,635	1,810,500	308,715	192,075	180,910	191,125	129,365

Source: Statistics Canada, Special Tabulations.

The most common living arrangement for Cambodians is a household consisting of two parents and children. Interestingly, in Toronto, Ottawa/Hull and London, a substantial percentage of Cambodian living arrangements consist of single-parent households (29.7 percent, 30.9 percent and 21.1 percent respectively). The Kingston, St. Catharines/Niagara and Kitchener areas do have relatively small sample sizes, which make analyses problematic. Overall, within the Cambodian population, children living alone or childless households are a rarity.

The majority of non-Cambodian individuals report living in two-parent households with children (53.6 percent provincially). This group of the population also shows high levels of children living away from parents and childless households, which are reported by 35 percent of the sample.

the Khmer Rouge regime, arranged marriages in the camps or marriages for convenience to qualify for resettlement. A Khmer service worker in Ottawa commented:

Men don't want their wives to talk to workers, because they will get knowledge and men will lose control. Because many women were forced into arranged marriages they don't like the husband and there is not too much bond to keep them ... Lots of marriages occurred in the camps. This was a bonus to get accepted for resettlement. Then when they get here they break up. Most women's husbands died during the war, so men need the wife for sponsorship and women need the man to get resettled and give her and the children a life overseas. This is why there is so much separation in resettlement ... In Ottawa 1980 the rate of divorce was less than 6 percent, now it is greater than 30 percent.

Within the last 12 years, Khmer people, Cambodian community service workers and Khmer religious leaders throughout Ontario have all observed escalating stress within Khmer families. They say the stress manifests itself in the increased incidence of family breakdown, domestic violence, juvenile delinquency, gambling and alcohol abuse, family separation and divorce. There are no statistics, however, to confirm these observations.

In Ontario, Khmer people do not go to battered women's shelters, nor do they seek help from government and other service agencies. One reason for not seeking help is that the agencies have either few or no service workers who speak Khmer. Most service agencies and shelters employ workers based on ethnic community size, rather than need. Ottawa, for example, is the only locale in Ontario that has a Khmer speaker at a women's abuse centre. Another reason is that issues of abuse or stress are kept private within of the Khmer family and any public disclosure is considered a source of shame and family dishonour. Suh (1980, 209) notes:

Khmer tend to share inner feelings only with a person's own adult family members; anyone outside a person's individual kinship network wanting to know how he feels about life or his job may succeed only in heightening a sense of suspicion or vigilance.

Several Khmer families have left smaller communities in Kingston, St. Thomas and Windsor to seek anonymity in the larger communities of London and Toronto. Although the reason they give for leaving was to seek employment opportunities elsewhere, remaining community members state they left to avoid the gossip and subsequent shame of having their family problems revealed to others. Family difficulties are disclosed only during extreme crises such as situations that require legal involvement through Children's Aid or police intervention. In most Khmer families, the unresolved stress goes untreated. Khmer service workers at Cambodian associations, and mental or community health organizations also encounter the barriers of denial, refusals of help or indifference.

Because of community distrust and the fear of being talked about and because Khmer service workers lack professional credentials, they are not turned to initially for help or support. Individuals within families mostly turn to friends to share emotional difficulties or receive guidance. Often, however, the solutions that this guidance brings about are short-term (such as leaving the husband and going on welfare) and result in further

family breakdown and stress. Most Khmer people turn to outsiders only as a last resort. This occurs when a child or spouse runs away from home and authorities need to be notified, or when social assistance or emergency housing needs arise in cases of family violence.

Difficulties in Providing Programs and Services

Several members of Khmer communities across Ontario state the need for a Khmer drop-in centre where a variety of programs could be geared to the distinct needs of elderly Khmer, of parents, and of youth or women isolated at home. Divorced or widowed Khmer women remain especially vulnerable and continue to have numerous needs. With lower levels of education, poor command of English or French, and sole responsibility for child care and domestic duties, they are unlikely to enter the workforce or develop resources to deal effectively with their social isolation and withdrawal. To date, drop-in centres have not been established due to a lack of both funding and interest on the part of non-Khmer social and mental health workers, and the difficulties in getting Cambodians to participate.

Khmer in all communities recognize the need to begin a Khmer women's work group. At various times, several individuals from different Khmer communities have spoken of how such programs could enable both older women and those at home with children to come together as a unit and produce goods (food or sewing) that could then be sold to increase the group's resources. None of these individuals, however, were willing to help organize such a group or advocate for one, citing family, work or school responsibilities. Presumably, they are also too aware of the enormous difficulties in getting Khmer women to participate in and commit themselves to programs.

The Jane Finch Family Services agency in Toronto (through the efforts of a non-Khmer woman married to a Cambodian man, and later with the support of the Cambodian Association) has tried to establish the first meeting group for Khmer mothers with young children. Rather than targeting language acquisition, the group is oriented towards establishing new patterns of mother/child interaction, connecting Cambodian and Canadian cooking, and providing an atmosphere of trust to enhance Khmer friendship networks, and to share concerns and coping strategies. By January 1994, three months after the program had been initiated, very few Cambodian women had attended. Because organizers suspected this was the effect of the cold winter weather, the program was postponed until the spring.

In Toronto, several programs have been developed for Cambodian women by the Hong Fook Mental Health Centre and by the Cambodian Association, yet the women (both married and single mothers) do not participate in them. In some cases, no one has showed up at programs, and in others, despite advertising, only a few women would come. Because of this poor attendance, most workshops and information sessions are given to the Driftwood Community ESL class; where a Khmer audience will at least be present even if no one from that particular community comes. This causes concern among some service workers, as expressed in the following comments:

The LINC teacher and Khmer from the Cambodian Association want to continue with "life skills" workshops (like this) in the context of the class

because the LINC class provides a ready audience. But, this limits those from outside the LINC class to come to the workshops and does not take into account that those in the class may not be interested or receptive to what is being taught. I would like to see the workshops offered to the wider Khmer community, perhaps in the evening, so those who are really interested would come. But the problem is that no one comes to workshops or classes, even if there is an expressed interest. Mony Mok from the Hong Fook Mental Health Centre, for example, organized a cooking class for Khmer associated in public school ESL classes. The women in the classes had expressed interest, and identified the cooking classes as something they wanted. Mony put flyers out, children were notified with information that they took home and women in the classes were reminded. But no one came ... People are so isolated, so depressed, that there is no motivation. The Cambodian Association is caught in a dilemma. If programs and workshops are offered outside LINC, it will be incredibly difficult to get people to come. It is such a slow process to get people to deal with their pain, their denial, their fear. It will take more than one workshop to deal with this. But until you have a network of support to deal with this, nothing will occur. It is a long-term development getting people to trust one another, just to participate and open up to one another.

Khmer service workers lament the fact that although barriers of mistrust and class differences can be successfully dealt with, they cannot overcome the extensive apathy among Khmer women and the lack of support for such women's programs from Khmer men. As one Khmer service worker in Toronto explained:

It will take time. Cambodians must be slowly pulled from their shell. It will take time to get Cambodians to realize the purpose of the Association, or Hong Fook. In Cambodia, there were no social support programs, no adult education, no associations, no government assistance. There was no precedent for this type of learning or exposure to new ideas. In Cambodia, the wife was totally dependent on husbands and there was no support or relief for her. In Canada it is different. Workshops are run to educate women to learn their rights, their access to services. Husbands are threatened by this type of program and forbid their wife to go to the workshops. Husband doesn't want to lose his power over the wife. He wants her to be isolated and dependent, not knowing alternatives.

In general, Cambodian women remain afraid to go places on their own, to take public transport, to walk in the racially mixed neighbourhoods, to go out during the cold weather, and to meet and socialize with other women. Women's behaviour patterns in Canada are in great contrast to those previously held in Cambodia. Before the communist Khmer Rouge rule, Cambodian women enjoyed considerable authority and independence. Ebihara (1985, 140) notes:

Women owned land, houses, and other property; the peasant wife worked alongside her husband in the fields and often pursued small-scale enterprises on the side to earn extra money; adult women had freedom of movement within and outside the community. Khmer women, are, therefore, strong and competent, accustomed to a say in things and to work. That they are often isolated in their homes here [in the United States] is a pity, and it would be a mistake to underestimate their capabilities and importance.

In Ontario, some Cambodian women have not been given the opportunity to allocate money or use it to help one another. A Khmer woman in Windsor comments:

In Cambodia, men worked and women stayed at home as housewives or worked on the family farm and men turned most money over to the wife. Here, men tend to keep their own money in the bank. Man as "head of the household" got government cheques and controlled finances. Women were not taught, and do not understand banking, etc. I encourage men to have a double-account to share with the wife in case of sickness. Still, women have lost a lot of financial control. Women are dependent on the husband for money. They need their own account for independence and control, in case of future family problems.

One of the reasons for these difficulties is that Cambodian refugees are a young population with the majority of adults under 40 (see Table 16). Many of these individuals have forgotten the industrious and enterprising nature of Cambodian women or their great fortitude and resourcefulness. Khmer women need to revitalize this aspect of their nature and begin once again to share resources, information, services, advice and contacts with one another. In the meantime expectations of Khmer women remain stressful to them. The leader of the St. Thomas Women's Group commented:

Women are being pulled in two directions. They are expected to be good Cambodian wives and yet their children want them to be a good Canadian mother. Everyone is angry at the mother. Also, when women see the situation of Canadian women, they get even more confused.

**Table 16: Canadian Mother-Tongue-Khmer Cambodians
by Age and Gender, 1991**

Age (years)	Total	Male	Female
0-4	1,875	1,045	830
5-9	1,970	1,115	855
10-14	1,175	555	620
15-19	945	535	410
20-24	1,175	555	620
25-29	1,400	720	680
30-34	2,030	1,000	1,030
35-39	1,455	710	745
40-44	825	450	375
45-49	485	265	225
50-54	345	140	205
55-59	265	135	130
60-64	155	65	90
65->	325	105	220
Total	14,440	7,400	7,035

Source: Statistics Canada—Cat. No. 93-317, pp. 144-45; 20-percent sample.

The 39-and-under age groups represent the greatest number of people who list their mother tongue as Khmer. A sharp decline in numbers occur for those over 39, steadily decreasing as age increases until the 65-and-older category. Overall, Khmer-speaking males outnumber females, but a close examination of the data reveals some distinctions. For instance, the 9-and-under age groups have considerably more males than females, while the 60-and-above categories show more female-speaking Khmer than their male counterparts. Finally, it should be noted that weighting of census data causes slight inconsistencies in the data presented.

The difficulties Ontario Khmer women face in resettlement and adaptation are similar to Khmer in other resettlement countries. In Massachusetts, for example, an observer noted:

This displacement of the adult's traditional role in the family and society, coupled with the difficulties of acculturation to a new land, and post-traumatic stress caused by their experiences during the war, have resulted in emotional problems among some adults. As alcoholism, child and spouse abuse and neglect, compulsive gambling and depression are increasing in Khmer communities, social workers and psychologists find that their Western methods of treatment are often inappropriate to address these problems in a culturally sensitive way. (Melnick 1990, 8)

The director of a Cambodian women's self-help project in New York detailed parallel distress:

The most obvious problem I see is violence—I mean family violence, wife and child abuse. Now we are talking about something that is unique for Khmer people ... the physical harm done to her here in the United States is unlike that in Cambodia ... All of this is a combination of grief and guilt and somehow there is depression that makes these people violent. This is usually not their nature. Khmer women want very much to survive in this country, but they need confidence in themselves and some positive experiences. Often I do not see either of these needs being met. (Tenhula 1991, 156)

In Ontario as well, little support is available, either from government or private agencies, to assist in the development of programs for women to cope with loss of family members, desperate socioeconomic circumstances, family violence and breakdown, and the legacy of past adversities. A Khmer service worker in London felt that these issues are not approached yet because they are too touchy and controversial. She commented:

Female workers are not encouraged to help with family matters. They cannot be involved with individual families as counsellor. A "Canadian" would advise the female to leave an abusive situation but Cambodian workers are expected to encourage the woman to stay with the man. If a Cambodian worker says anything, the men and community view her as causing the family break-up. Family violence is a big problem here. Wife talks back and children are not so respectful in the eyes of the father who expects Cambodian behaviour from wife and child. Husband blames the wife for not socializing children properly and therefore she should be punished.

Khmer communities in Ontario have no trained counsellors in social work or mental health to assess the personal and social consequences of excessive trauma, and ongoing family distress. Khmer-speaking service workers can advise on resettlement difficulties, and offer effective solutions in dealing with government bureaucracy, but they can do little for emotional suffering and psychological disturbances. One Khmer service worker in Toronto stated:

I am getting more and more busy with supportive counselling and crisis intervention. There are new families every week and these families are in crisis and they need so much time. There is no Cambodian professional for family counselling or psychiatry. Settlement workers feel overwhelmed but we don't know what to do. We need to have a training program specifically for Cambodian workers. We need a special family counselling program. We need to get a specialist in from somewhere to train us.

Many Cambodian men remain unclear about the kinds and extent of parental discipline they can employ in Canada. In general, Khmer men have not developed parental skills related to listening, support, playing or affection. A Khmer man from Ottawa commented:

All of us, men, as an individual has personal problem, but does not dare to talk ... So sometimes we are painful, but we cannot talk it out and we don't know who to depend on. Sometimes we can't control our kids. They don't listen to their parents because some parents are not well-educated as their kids are studying here. Therefore, some kids don't listen to their parent advice and this makes them furious and lose control. When parents hit their kids, it causes problem ... Before we hit the kids, we should know about our role as parents in this society. We said that they are our children, but according to the law, they are not our children, they are children of Canada, of Canadian society. So, they belong to us only 50 percent and other 50 percent is ruled by Children's Aid Society.

A man from St. Thomas had this perspective:

Especially, the majority of Cambodians are afraid of the law. It is said we cannot hit our kids so we dare not hit them. Actually we can hit them. So, many Cambodians are worried about that, and just indulge their kids, not dare to touch them. We can hit them, but not too hard to injure them.

A London man made these comments:

There was a person in London who hit his kid and he was jailed for 6 months. Therefore, our Cambodian custom, parents always hit their kids in order to teach or just to threaten them. Normally, no parents want to kill their kids. They love their kids and sometimes hit them a little ... In Cambodia, it is not a bad habit to hit the children, but in Canada, they consider it is.

Khmer men also remain unclear about spouse abuse and feel strongly that it is culturally appropriate to hit their wives if they have reason (for example, if they are disobedient, lazy or don't do the housework). Cambodian men don't understand Canadian laws and, according to one community worker, will openly challenge these

laws in workshops. In several cases though, Cambodian women agree that they should be hit if they don't behave properly.

It is likely that certain behaviours among Khmer parents and older Khmer youth, such as anxiety attacks, chronic depression, problems with memory, and concentration, and sleep disorders (all symptomatic of post traumatic stress disorder), contribute to the escalating family stress and violence, women's isolation and the extremely high dropout rate of Khmer youth from school.

Given the excessive loads of stress that exist in Khmer families, their resiliency in facing cultural and language setbacks and in adjusting to Canadian society is impressive. There is, however, a great need for non-Khmer Canadians (educators, medical personnel, social workers and government officials) to not only acknowledge the reservoir of strength that exists within Khmer people, but also to help Khmer people recognize their own inner capacities and to build upon them. This is especially important among the more vulnerable families headed by single parents or widows, as they tend to fall outside of family and friendship networks.

Continuing Challenges in Re-Establishing Community Networks and Relationships

In Cambodia, most community social institutions or groups were an extension of the family. Cooperation, identification and the sharing of resources and experiences remained within these small networks. As Bit (1991, 49) notes, Cambodia did not have a tradition of associations, volunteer groups, trade unions, or other common purpose organizations.

In Ontario, Khmer communities have developed several networks and relationships beyond that of the family structure. Overall, organized community groups tend to remain fragile or nonrepresentative of the majority population. At some Cambodian associations, although volunteer groups for both women and men exist, they tend to remain small and inactive unless oriented to specific tasks such as cooking for parties, organizing and distributing food donated from a local food bank or organizing a guest lecture. Several Cambodian associations throughout Ontario have either ceased to exist or have been transformed into new organizations with different purposes.

In most Khmer communities, networks and relationships beyond the family and close friends are weak due to past conditions of distrust, miscommunication and power conflicts. In Hamilton, people so distrusted the term "community association," because it reminded them of how they were organized during the Khmer Rouge regime, that the new leadership changed its name to the Khmer Buddhist and Cultural Community. For similar reasons people do not like to hear the terms "Krom Srey Smakchith" (women's volunteer group) or "Krom Boros Smakchith" (men's volunteer group). A Hamilton man explained:

I have been one of the members of the Cambodian Association in Hamilton since 1983. The big problem is that Cambodians have gone through many difficulties and terrified experiences. Normally, those bad things always haunt them and make them frightened to come out to get help from the Association.

Past experiences under the Khmer Rouge have also made Cambodian people in Ontario suspicious and critical of individuals aspiring to or already in positions of authority. Bit (1991, 87) explains:

surviving the Khmer Rouge onslaught required a heightened sense of suspicion of everyone and everything, for life itself hung in the balance ... At the community level, social cohesion suffers from a continuing atmosphere of distrust between individuals and between leaders and their followers.

Like other ethnic communities, the competition among Khmer for the status of leadership positions also highlights numerous divisions based on class, and religious, political and generational differences. A further difficulty for potential community leaders is that Cambodian social networks remain organized through hierarchical social relations. Hierarchical relationships that recognize differences in social status and positions of authority are used within the family and among friends, as well as in more formal community settings.

For many Khmer in Ontario personal identity is based on the position of status they occupied in Cambodia—urban elite, rural peasant or aspiring middle class. Distinct verbal forms are used to communicate with those of higher and lower status to acknowledge one's sociopolitical position in reference to others. Leadership and power positions among Khmer tend to be characterized by these traditional concepts of authority and deference to authority. Ledgerwood (1990) notes that superior and inferior social rank continues to be accepted by resettled Khmer as one of the primary reference points for social relationships.

In traditional Cambodian society, individuals excluded from positions of power were those with low education, rural people, youth and women. In Ontario as well, youth and women generally do not occupy leadership roles, and those who do continue to face numerous obstacles. A female Khmer service worker commented:

Because women leaders are so young they are assumed that they can't read and write Khmer. Their knowledge is suspect of their age and being a woman, and they get no respect from men or the elders. The most critical are the middle-aged men. Few women ever speak because they get no encouragement from anyone. Lots of subtle criticisms, for example, no help or public expression of support for ideas. As a married person, I am seen as outside the acceptable role. It is not acceptable for women to go to school or go to social activities or workshops ... Canadians are respected though but not Cambodian youth. This brings up the idea of young being expected to follow older people. This is a problem especially with middle-age Cambodian men who are traditionally cast as "leaders" even if they are not bilingual or educated. Only a small number of these men have trouble adjusting to leadership of youth, but they have a big effect. This is a big problem in the community. The two age groups don't come together. Until this gap is bridged the touchy issues cannot be broached. Middle-age leaders are not willing to play any role in community development. This affects funding because it is scarce and who decides who is "legitimate" leader? Young leaders want to cooperate but middle-age don't. When older middle-age speak the younger listen but these older ones won't even listen to the new ideas of the youth, they listen politely but they ignore.

Middle-age are clinging to the "old ideas" and their experiences under Pol Pot have made them very scared and afraid to change.

In many Cambodian communities in Ontario, people with low education, youth and women will still not verbally or electorally challenge those in higher status positions, even if through their personality, understanding or extensive networks they could act as effective community leaders.

The community divisions express a cultural conflict between Khmer and Canadian concepts of leadership. Canadian democratic principles of elected leaders and due process are new concepts for those used to a Khmer-based reciprocal patron/client relationship in which the patron is supposed to provide security and protection in exchange for the client's loyalty and obligation. In certain Cambodian Associations, leaders have withheld auditor statements, minutes from board of directors meetings, and copies of the bylaws from both the general and elected membership, and have ignored electoral procedures, all in violation of their organization's charter. A dilemma that this poses is that while the authoritative behaviour of community leaders creates a dichotomy between those with power and those without it, it also provides a semblance of community stability, especially to funding authorities.

Due to a cultural disincentive to engage in face-to-face confrontation, or behaviour that could be labelled aggressive and competitive, leadership disputes can result in long-standing personal conflicts. One American-Khmer explained:

Americans like to argue, even among friends. It's this argumentative, confrontational style that seems to be the way they like to do things ... This is not possible in Cambodian culture. If we had such a blow-up we would avoid that person for such a long time, perhaps for life! We would not look that person in the eyes again in the same way. Why, even our next generation might hold a grudge on behalf of our name—out of respect for us. Cambodians will avoid any hurtful situation if at all possible. They will look the other way, turn their back, maybe even walk away. (Tenhula 1991, 29)

The lack of culturally appropriate models for negotiated reconciliation has had serious consequences for individual and community participation. Numerous misunderstandings have occurred between individuals and between the people and community associations. In several Cambodian associations throughout Ontario, for example, elections are not held because people will not take part. People's absence is a strong statement of their dissatisfaction at their needs not having been met.

Ebihara (1985, 139) also notes that when caught in troublesome situations, Khmer generally do not assert themselves, complain or "fight for their rights." This cultural shyness, politeness and reserve results in a situation whereby needs are neither vocalized nor addressed, so that associations collapse from apathy. New or innovative styles of power that would actively involve youth or women are difficult to implement, and changes tend to be superficial or submerged in existing patterns of hierarchy.

The fracturing within Khmer communities is compounded by a severe scarcity of individuals willing or able to present themselves as community leaders. In Cambodia, the communist Khmer Rouge targeted teachers, administrators, medical doctors, professionals, traditional healers and monks for execution and persecution. It is

precisely these individuals who could have provided leadership and organizational skills to establish mutual-aid associations, but who are missing from Cambodian communities in Ontario. As a result, there are few models of success in Cambodian communities, especially of Khmer Canadian individuals with achievements in the fields of business, science or the arts.

Many Cambodians are working hard to succeed, so it is only a matter of time until they become active participants in community building and development. As several young Khmer in Ontario strive towards college and university degrees, their parents continue to attempt to advance beyond adjustment difficulties and unskilled employment. In the United States it has been suggested that because most older Khmer youth were handicapped by trauma and deprived of several years of schooling during the Khmer Rouge regime, "the hopes and status of the Khmer community may have to rest with an even younger generation ... who were younger than 10 when they arrived in the U.S. ... thus delay[ing] the progress and rise in status of the Khmer" (Ebihara 1985, 142).

At present, there is still an extensive state of anomie among Cambodians that limits opportunities for individuals as well as slowing community development and renewal. After ten years, many of the present leaders throughout the various communities are wanting to step down. As one community leader in St. Thomas commented:

The biggest problem with leadership is that leaders don't have enough time. They have their own jobs, family responsibilities and they are so busy. At the beginning leaders were really needed to talk about resettlement. But now, the need is about working and because the leaders can't help people get jobs, they don't see people as often. This causes people to feel estranged and left out, and feeling that leaders are not interested. Communication is now more difficult and what used to take one week, now takes longer.

Innovative Community Development Programs within Specific Communities

Due to the lack of human resources, few Khmer communities in Ontario have developed innovative programs to encourage Khmer people to participate in community development. One exception is the London Cross Cultural Learner Centre, where skills in negotiation, compromise and achieving consensus are offered in a series of workshops based on participatory learning models. The educational models used at the London centre are based on the training program one of the Khmer workers received from the Cambodian Canadian Development Program (CCDP).

The series of workshops on leadership skills training emphasizes community leadership for utilitarian and collective, rather than status purposes, and has effectively strengthened the London community as well as the neighbouring Khmer communities in St. Thomas and Windsor. These Khmer communities have achieved common goals, aspirations and effective social action. In London, Cambodians living on Cheyenne Street have organized themselves into a vocal tenant's association and are actively pursuing alternative housing arrangements for the community. In St. Thomas, the Cambodian Community Development Project runs a series of workshops and programs planned to enhance people's participation and involvement. A non-Khmer service worker observed:

In London people were more willing to talk about leadership issues. They were more participatory. Small groups often met to discuss specific problems and to come up with solutions. St. Thomas community members were natural leaders. They are young, open-minded and helped to carry these meetings. Many Cambodians will not admit that they don't know something. But, the St. Thomas people were open to learning about things and developing themselves.

Non-Khmer Support for Cambodian Communities

Newcomer service administrators and government officials in St. Thomas and London have been extremely interested in the Khmer communities and very supportive of the programs developed. A non-Khmer service worker who is familiar with Cambodian communities in Ontario said:

I compare the response of government workers in Toronto to London where people in the same position were familiar with community difficulties and were incredibly helpful to the Cambodians. The program's officer in London helped the Cambodians write their proposals for funding from Multiculturalism and Citizenship by spending the time with them to understand exactly what was needed in the community. Government people would make a point of coming to community meetings, even if they were held on Sunday night. Secretary of State people were supportive also, although ISAP was not and cut funding. Most government people in London have really good insight into the Cambodian community and had good relations with the Cambodians, for example, Christine Troughton. Mimi Lo, from Secretary of State, was really supportive to London and St. Thomas Cambodians, and even helped with the Windsor community. The Windsor community has a lack of leadership skills, especially in their ability to implement or organize things, for example, with writing proposals. They couldn't get any support from people in Windsor.

Non-Khmer Canadians have been instrumental in promoting productive relations among Khmer communities in Ontario and in supporting community endeavours. In London, the Khmer community has had several dedicated non-Khmer volunteers to help develop and facilitate their leadership training workshops. At the moment, Susan Eagle, a non-Khmer community worker who is a United Church minister, is helping the Khmer to strengthen their tenants association and to fight against the verbal racist attacks of one Cheyenne Street landlord. Three non-Khmer lawyers and the local high-school principal are also devoting their time and support to help the Cambodians with these kinds of legal and social violations.

At the Somerset West Community Health Centre in Ottawa, several programs geared towards Khmer women have been implemented through the support and understanding of non-Khmer workers. Somerset's health Promoter developed exercise and health instruction programs and the social worker has begun sewing classes to create a Khmer "women's worker co-op" with a connection to one in Cambodia. The non-Khmer community developer at Somerset West has applied for \$30,000 from Ottawa Housing to create a Khmer community centre in one of the subsidized housing developments and to turn the concrete backyards into gardens. Funds would also go to a Khmer tenants association but would be administered by Somerset West.

Programs being developed at the Cambodian Association of Ontario in Toronto by a newly hired female non-Khmer worker include youth outreach, parenting skills training, women's health promotion, community economic development, leadership skills training, and employment and education training sessions. Youth initiatives now being supported are geared towards weekly sports activities, social events and academic tutoring. Of crucial importance is this worker's ability to act as a mediator both between those Cambodian factions that have become increasingly isolated and hostile to one another over the past several years, and between the Cambodian community in general and the larger nongovernmental agencies who could provide additional services.

A former Khmer service worker in Toronto commented in the following way on why innovative programs had rarely been implemented in the past:

Money that did come in was cashed, put into the bank and spent. There was no putting specific funds into specific proposals. This was due to the high turnover of staff and the fact that proposals were written to get money successfully, without there being a good grasp on how to implement the programs. For example, the proposal is nicely written to get money but the person who writes is not the one who will implement the project. Usually by the time money is secure, the person is gone. But ISAP would then ask for accounting from yet another staff person who would have no idea. What would be most empowering would be to give people workshops to give people skills to make it on their own. In 1985/1986, there were no workshops because 80 percent of funding was ISAP and this was just [for] resettlement. Emphasis was on labour-intensive services for newcomers, the same services over and over. Issues of project funding are problematic. With no core funding, there is no stability to foster an administration core which is critical in designing and implementing programs. Also an administration core is critical to get further funding. This is a dilemma ... Also most funding is short-term, 1 year with expectations to show feasibility at the end of it.

Non-Khmer individuals could also play an important part in helping to rebuild confidence and trust among Cambodians. Khmer communities in Windsor and Hamilton would like to establish programs similar to those offered in London, but lack guidance, knowledge and skills. What appears to be immediately needed is a cooperative effort that would utilize the resources and advocacy efforts of non-Khmer to help facilitate and support Khmer identified services, programs or projects. One non-Khmer service worker, however, was cautious about the potential success of future programs:

Because programs weren't offered soon enough people may have lost it. They have been ignored for so long that any expectations or enthusiasm and goals are gone and people have lost their motivation. They have slipped through the cracks and they are so low that nothing will pick them up. The only solution is to do outreach, go door-to-door. It was not nearly so difficult in London in 1990, 1991 or 1992 to motivate people, to motivate women, as it is here now in Toronto.

All Cambodian communities need support in trying to overcome the often overwhelming difficulty of apathy among Cambodian people. Khmer service workers and

Khmer community leaders are all at a critical point of exhaustion in trying to motivate people to participate in the programs and services available to them, and to attend community meetings.

The apparent indifference among Khmer people can in part be explained by their inability to make decisions for themselves in the recent past. In Cambodia, the communist Khmer Rouge regime regulated every aspect of people's behaviour, living arrangements, food, clothing and hairstyles. Instant compliance with orders was expected, and personal initiative or opinions were punishable by death. This was followed by years of extended dependence and passivity in refugee camps where the paralysis of fear and graphic memories of terror remained long after the threat was over. As Bit (1991, 85) notes:

Cambodian survivors have experienced powerlessness in its ultimate form. At a personal level, unrelenting fear leads to a sense of hopelessness, inertia, and for some, the lack of will to attempt to improve one's condition.

Throughout the Khmer Rouge regime, people were forced to attend political meetings and associations that propounded new "revolutionary" values and codes of conduct (Ebihara 1985). In Ontario today, Khmer people remain hesitant to attend any function that can be identified as a "meeting" or anything organized by an "association." Given the dimension of psychological trauma experienced by Cambodians and the enormous challenges they face in learning new languages and cultures in Canada, it will understandably take time for them to rebuild an organized community life, systems of trust and a renewed sense of self-reliance and motivation.

Lingering Political Divisions

While unfolding political events in Cambodia are a constant subject for conversation, one's political allegiance and that of others, past and present, is one issue that Cambodians do not like to discuss. A common insult used to demean other Cambodians is to accuse them of being Khmer Rouge. In several Cambodian communities it is said of certain Khmer residential clusters that it is "mainly Khmer Rouge who live there." Most often, these remarks have been stated by urban-educated Cambodians, and no factual basis for this accusation is given. It is likely that the Khmer Rouge label is used as a representation of class, indicating a peasant rural background.

In some cases, however, Cambodians have specifically identified an individual as being a former Khmer Rouge cadre, and relate that individual's acts of torture, violence or killing against themselves or members of their families. Their anger and rage at this individual is for the most part not expressed. In telling the story, though, they reveal the corrosive effects of their hatred and the wish that they could somehow enact revenge. Other individuals are also named who are said to boast about their past Khmer Rouge activities and how powerful they will become when the Khmer Rouge take over Cambodia again. The *Toronto Star* (February 28, 1988) ran two articles on the presence of Khmer Rouge in Canada, detailing their continued harm to Cambodian communities here. In contrast, some Cambodians view past political allegiances from a different perspective. A Hamilton Khmer man stated:

Our lives in Canada should be sufficient to prove that Cambodians like making peace by forgetting the past and let time have a chance to heal wounded memories. There are about 40 percent of Cambodians living in Ontario who used to serve actively in the Pol Pot army and social structure. Now, we forget everything in the past, we socialize together, talk to each other, treat each other as long lost friends.

In general, past and present political events in Cambodia continue to influence Canadian Khmer communities. Large Cambodian political parties such as FUNCINPEC (Prince Sihanouk's Royalist Party) or KPNLF (led by Son Sann, a Khmer Kampuchean Krom born in Phnom Penh) have extensive representation among Canadian Khmer. Since the May 1993 election in Cambodia, several middle-aged Khmer men in Ontario have spoken of returning to Cambodia to resume previously held positions of military and government authority. An ongoing controversy in one Khmer community is between certain individuals who argue over which one will receive a particular governorship in a specific region.

Despite these petty quarrels, most Khmer in Canada remain concerned about the increasing factionalization of political groups in Cambodia as well as the Khmer groups supported by communist Vietnamese there. Cambodians in Ontario express grave fears for remaining relatives and friends and the future of their homeland. Every time a new Khmer Rouge atrocity is given media attention, many Ontario Cambodians are acutely reminded of their past trauma, and the continued presence and power of those who committed the crimes against them. Reminders of ongoing political events mean that the past is not only never forgotten, but also perpetually brought into the present.

Religious Distinctions among Khmer

In traditional Cambodian society, Theravada Buddhism has inspired Khmer national and cultural identity. Practised by the majority of Khmer, Buddhism expresses the Cambodian way of life and gives broad guidance to standards of conformity for men, women and children. In Cambodian rural villages, the Buddhist Wat (temple) was the only institution outside of the family and played a key role in disseminating information from outside the village. The temple served as a community and religious centre, providing the focus for significant life transition celebrations, ceremonial and social events and agricultural festivities. Temples provided young village boys with rudimentary school education and religious training to shape their moral and ethical development.

In Ontario most Khmer remain Buddhist to some degree, as much of traditional Khmer culture is based on Buddhist beliefs and values. Khmer people continue to address each other with "Sompeah," placing the palms together in a gesture of greeting and respect. The non monastic (lay) positions of Achar or Khmer Kru connected with Theravada Buddhism still provide avenues for community leadership and respect for older Khmer men in Ontario. Annual Cambodian cultural celebrations and festivals supported by Khmer in Ontario remain linked to Buddhist ceremonies. These include the observance of "Bun Chaul Chhnam" (New Year), "Visak Bochea" (commemorating the birth, enlightenment and death of the Buddha) "Chol Preah Vasa" (beginning of the

three-month monk's retreat), "Bun Pechum" (the Feast of the Dead) and "Bun Phka" (Flower Festival). Important cultural events are held on auspicious Buddhist "Tngay Sil" (observance) days, such as "Penh Bo" (Full Moon) and "Khe Dach" (No Moon).

In Ontario there are only two Khmer Buddhist temples (Wat). A Thai monk who speaks Khmer resides at the Ottawa temple. For the past several years in Toronto there was no monk. In late 1994, a Khmer monk arrived from a Thai refugee camp, and the temple association is in the process of sponsoring two monks from Cambodia. The Toronto Cambodian Wat had an older Kampuchea Krom monk in residence until 1990, but he moved to the Khmer temple in Montreal. Smaller Buddhist associations with no monk or temple exist in almost every Khmer community throughout Ontario. Before the communist Khmer Rouge regime, there were over 65,000 monks throughout Cambodia (Mysliwiec 1988). Less than half survived the regime, and those who lived had all been defrocked (*ibid.*). Few of these individuals made it to Thai refugee camps to renew monastic vows, and less than 5 Khmer monks have resettled in Canada. The Khmer Buddhist and Cultural Community group, who sponsor the Cambodian Buddhist Temple in Toronto, hope the new monks will address the ongoing difficulties of Cambodians in Toronto and in Ontario, and help engage in the process of community advancement. It is felt that because Buddhist monks are given enormous respect and trust, Khmer people will listen more to their views and opinions than those of any other community leader.

The relationship of Khmer culture with Buddhist services, practices and community events can alienate those Cambodians who do not share Buddhist religious beliefs. Although the numbers of Cambodians who have converted to Christianity remain relatively small in comparison to the majority who retain Buddhist beliefs and practices, Christian Cambodians in Ontario are not insignificant. There are over twenty different Christian Khmer denominations across Canada, some with strong intraprovincial links. In some Khmer communities religious differences have led to community divisiveness and tension. Certain small Khmer evangelical Christian groups in Ottawa and Toronto isolate themselves from Buddhist Khmer. In Kingston and St. Thomas, the majority of Cambodians have converted to Christianity and do not participate in or support Buddhist cultural ceremonies. Khmer New Year's celebrations are still held, but with Christian prayers and songs set to Cambodian music and without Buddhist monks and merit-making offerings. Religious differences mean that there is no uniting for annual cultural celebrations or Khmer mental health healing, both of which cannot be disengaged from the Buddhist ritual context. For cultural programs, however, such as heritage language and folk dances, Buddhists and Christians continue to help organize and participate in them together.

Kampuchea Krom are very involved in recreating and establishing Khmer Buddhist temples and Buddhist religious practice in Ontario. Theravada Buddhism has been the nucleus for Kampuchea Krom culture in Vietnam, providing the means through which a Khmer national identity could be retained and perpetuated in a social system designed to eliminate it. As Khmer Buddhist temples in Vietnam provided a resistance against the imposition of political authority and cultural assimilation, the Kampuchea Krom in Ontario feel Buddhism has an important role in helping to retain a Khmer minority identity here. It is possible that the successful strategies employed by Kampuchea Krom

to preserve an ethnic Khmer identity in Vietnam can eventually be utilized by ethnic Khmer from Cambodia to help develop and maintain their identity in Canada.

Challenges in Developing a Canadian-Cambodian Ethnic Identity

Cambodian people in Ontario are trying to balance a renewed sense of Khmer identity with the necessity of learning new languages and finding a sense of place within Canada's multicultural society. While older people tend to cling to a Khmer identity rooted in a glorified past, young Khmer, born or raised in Canada, attempt to adopt an identity as Khmer Canadians. Their self-identification as Cambodians, nurtured at home and within the community, is often in conflict with the dominant Canadian culture that surrounds them (Melnick 1990). As one Khmer mother stated:

In Cambodian culture we seldom call a person by their names as this is impolite or not showing respect. Respect is very important. This causes big problems with families. Children learn English and call their siblings and friends by name. The parents see this as a lack of respect. I advise my kids not to call Asians by names, but to call whites by Mr. or Mrs. family names. For kids it's not okay to call each other by names, but to put more emphasis on the general, like big brother or little sister and adults as grandfather or auntie.

There are distinct differences between older Khmer youth, who arrived in Canada as teenagers, and younger Khmer youth, born or raised in Canada. Some families have two sets of behaviour criteria for their children. Older youth are expected to adhere to traditional Khmer ideals such as obedience to parents, restrictive gender behaviour, proper etiquette in speech patterns and a willingness to accept arranged marriages. Parents recognize that younger children, especially girls, are rejecting these practices and associated restrictions on their freedom today and, instead, aspire for careers and higher education. One 22 year-old Khmer woman found solace in the fact that although she herself was pressured into an arranged marriage and forced out of college, her 15 year-old sister would not be.

In Khmer communities throughout Ontario, however, most parents are consistent with the traditional restrictions on dating. As one teenage Khmer girl in Toronto stated, "It is not possible for me to date boys. My parents go crazy. There is no compromise in my family on this subject. You date and that means you marry."

Cambodian youth find it difficult to even talk to each other in public or make friends in school since this behaviour may result in a forced engagement. Canadian-Cambodian girls are not encouraged to participate in Cambodian Youth Association meetings or association activities such as volleyball games. During one youth seminar in Toronto, the only Cambodian girls present were accompanied by a parent.

While parents may encourage their daughters to stay in school and show pride in their accomplishments, they remain concerned about their reputations. Cambodian girls who behave in a non-traditional manner (such as wanting to go to out after school, on dates, or having a boyfriend or multiracial friends) may be labelled "bad" girls. This label prohibits them from having friendships with "good" girls and lowers their chance of a good dowry. To avoid this situation or to put an end to a situation in which a girl's reputation is being threatened, parents may insist she get married before her schooling

is finished. They feel that in this way their daughter will become a good Cambodian wife, dependent on her husband, and concerned with housework and raising children. Yet, as one young Ottawa Khmer noted:

The young girls here are rebelling and this is breaking up family structure. If parents get tough in discipline and in teaching girls to obey, for example, spanking or beatings, this is considered child abuse and youth know their rights. They report parents and youth leave home and collect welfare to go to school. The young girls say "it's my life." Parents feel helpless to control girls. This causes a lot of frustration and mothers feel even more depressed because they are blamed for not raising their daughters properly.

The lack of recognition concerning the special needs of Cambodian youth also contribute to their difficulties. The vice-principal of a high school in North York stated:

We have not done anything special for Cambodians. There are lots of traumatized youth here. The highest groups causing difficulties in the school are Vietnamese and Caribbeans; therefore, the programs are geared towards them. There is no data on the dropout rate by ethnicity. Part of the problem is defining "dropout"—if they just disappear or go to another school. You have to make priority judgements based on the awareness of need. The access to programs and services is not equal. Those who get access are those who are most visible or acting out.

Few Cambodian youth have ever been involved in the programs offered by the board of education that provide scholastic and personal development counselling. Westview Centennial High School in North York has a special program known as "Cities in Schools" which provides a lot of individual tutoring and support. During 1993-94 school year, only three Cambodian girls were involved, two of them subsequently left. In general, Cambodian youth are excluded from or cannot access those programs specially geared to racial minority students who are at risk of dropping out of school, such as the Change Your Future program which is funded and coordinated jointly by the Ministries of Citizenship and Education.

Many younger Khmer youth remain confused about their Cambodian identity and are shamed by their recent past. No one can explain to them why such traumatic events occurred or why the communist Khmer Rouge caused so much suffering to their own countrymen. Khmer youth are taunted by other Southeast Asian youth about the genocidal tendencies of the Khmer Rouge and the helplessness of the Khmer people to resist either Khmer Rouge or Vietnamese control. With these and other demeaning invectives thrown at them, and with the severe shortage of Khmer cultural and language programs or Khmer role models, the youth psychologically renounce their Khmer identity and seek out a different basis for self-identity, self-esteem and success (Bit 1991).

In a 1993 workshop for Khmer refugees in Ontario, some Khmer youth ridiculed the wearing traditional Cambodian clothing (sompot and krama) in Canada and said they doubted that rural Cambodian values and traditions would have any worth in urban Canadian society. Other youth passionately argued that wearing long hair and an earring should not negate their identity as Khmer in the eyes of the community. Khmer youth are confused as to what is involved in identifying themselves as a Khmer: Is it a matter of acknowledging Khmer ancestors, or must it involve an active participation in

cultural traditions? The same issue has also been raised concerning those Khmer who converted to Christianity and now refuse to associate with or attend Buddhist ceremonies and festivities.

Canada provides an opportunity for Khmer to overcome differing regional, religious and ethnic identities in favour of an identity based on shared cultural values, an appreciation of Cambodia's historical achievements and success, and a concern for future peace and stability in Cambodia. Over time, the emerging Khmer identity in Canada could encompass the diversity of Khmer who were born and raised in several different cultural contexts. For the present, however, since the majority of Khmer people now in Canada were born in Cambodia, their identity as ethnic Khmer and as Khmer Canadians remains tied to their recent experiences of the Cambodian holocaust. As one Khmer Canadian man stated:

No matter how long I am in Canada I still feel that I am a refugee because of what happened in Cambodia and living in the refugee camps. My children feel they are Canadian. I know other Cambodians who don't like to be called refugees but that's what I feel I am.

7

Resettlement Concerns of Cambodian Refugee Women: Obstacles in Psychological Adjustment

Cambodian refugee women have experienced numerous forms of trauma. As survivors of the four year communist based Khmer Rouge regime (1975–79) the women (along with all other Cambodian citizens) endured severe food and medical deprivation, physical injury and torture, imprisonment in slave labour or re-education camps (often separated from children and other family members), and witnessed killings and unspeakable brutalities. This was followed by several years in Thai refuge camps, where rape and robbery was a common night time activity. As a result, many of the women now resettled in Canada, display post-traumatic stress disorder symptoms (PTSD) and alexithymia-associated tendencies including somatization and resistance to psychological treatment. Through information gathered from open-ended interviews with Cambodian women, several of the PTSD and alexithymia tendencies are detailed below. This chapter makes recommendations for mental health services that may be useful in treating Cambodian refugee women who have undergone trauma, as well as providing a rationale for the recommendations.

Introduction

In his work with resettled refugees, Mollica (1988) notes that “every refugee patient has at least one traumatic experience that figures prominently as an essential aspect of his life history.” Several studies have found that Southeast Asian refugees in general, and Cambodian refugees in particular can be diagnosed as suffering from anxiety, depression, post-traumatic stress disorder (PTSD) and stress-related illnesses (Harding and Looney 1968; Westermeyer 1986; Lee 1990; Eisenbruch 1992; Mollica 1988; Kinzie et al. 1984).

Although Cambodians are recognized as being at high risk for psychiatric disorders, they do not tend to benefit from available treatments and services, most often because the treatments and services are culturally inappropriate, or because Western psychiatrists have values that are contrary to those of this community (Kinzie 1986). The

Western therapist encourages future orientation, and emphasizes autonomy, while Cambodian refugees tend to be orientated to the past and have a strong sense of belonging within a family structure (Stein 1986). As a result, treatments are under-utilized and when used, are prematurely terminated (Lee 1990).

A high proportion of Cambodian refugees have been diagnosed with PTSD (Eisenbruch 1992; Kinzie 1986). Many are afraid of the intensity of their own emotional responses and try to avoid psychological interviews altogether. Some display alexithymic tendencies such as the inability to identify their emotions and the inability to communicate emotions and concrete or externalized thinking, preferring medical diagnoses instead (*ibid.*). These tendencies make them frustrating patients who end up being overmedicated and/or undertreated.

For women, the trauma of being a refugee is often compounded by experiences of sexual assault. Rozee and Van-Boemel (1989), for example, cite studies that estimate up to 95 percent of Cambodian women presently in therapy have been raped or sexually abused. Consistently, however, Cambodian women remain hesitant to discuss their assaults (not reporting their experience until they are three years into therapy) or even to acknowledge its occurrence.

To date, Cambodian women now resettled in Western countries remain socially isolated—a condition which is compounded by an inability to speak English and a lack of appropriate job skills (Mattson 1993). Isolation as a result of failure to learn the language is associated with increased insecurity and anxiety and may be partially caused by paranoid reactions (Harding and Looney 1986). Stein (1986) notes that isolation among refugees, especially women, adds to their psychological adjustment difficulties. Cambodian women continue to complain of symptoms that traditional Western “talking” therapies do not seem to cure or even address.

Traditional Cambodian culture has no parallel to the involved, personal history-taking typical of Western psychiatry, nor the detailed self-exploration over long periods of time typically involved in Western-oriented insight therapies. Services for emotional problems traditionally involved Buddhist monks or specialists in spirit healing (Khmer Kru). To cure “disease” or mental anxiety, the Cambodian traditional healer metaphorically entered the world of the patient’s distress, identifying spiritual and somatic causes, using “cultural recipes” including herbal remedies, consumption of holy water or food, and beatings to drive unfriendly spirits from the patient’s body (Eisenbruch 1992; Sughandabhiron 1986).

When working with victims of torture, many Western therapists emphasize the importance of expressing the trauma story so it can be reframed and stored in past memory. Most refugees, however, rarely request assistance from these therapists, preferring to solve their problems on their own (Brown 1991; Mollica 1988; Van der Veer 1992).

Mollica (1988) notes that one culture-specific reason for avoidance of therapy among Cambodian refugees is based on different linguistic interpretations of the word *torture*. The English derivation of the word has the Latin roots, *tortum*, meaning wrongful act, and *torquere*, to cause to turn or twist. In comparison, the Cambodian word for torture is associated with the Buddhist concept of karma, a belief system in which individuals,

due to experiences in their previous life or lives, are held somewhat responsible for the suffering they undergo in this life.

Another reason Cambodians avoid seeking help is that the mental health problems of an individual stigmatize the entire family (Kinzie 1986). Cambodian traditional values discourage individuals from seeking help for emotional problems because shame and humiliation are often associated with having a "broken mind or spirit" (Mollica 1988; Lee 1990). As such, talking to outsiders about traumatic experiences or emotional problems is "just not done" (Van der Veer 1992). In addition, many Cambodian refugees remain fearful of losing their citizenship status and for that reason avoid diagnostic interviews. Migration policies in refugee camps often prevented refugees who received psychiatric diagnoses in camps from being resettled (Mollica 1988).

The long term-consequences of not receiving appropriate treatment are an increased chance of further victimization, continued social isolation, a fragmented community structure, and perpetuated symptoms of PTSD, and stress-related illnesses (Brown 1991). Among the resettled Cambodian refugees in Ontario, existing mental health services are either limited in accessibility because of language barriers or cultural inappropriateness. It is clear that alternatives need to be developed to serve the adjustment needs of the Cambodian community in general and for Cambodian women in particular, especially those who are identified as being vulnerable or at high risk.

The following sections discuss some of the stress symptoms that are associated with Cambodian women in Toronto and various therapies that may be appropriate for treatment. In its conclusion, the report gives suggestions from individuals and agencies that might be useful in conducting further research or providing culturally appropriate mental health services for Cambodians in Toronto.

Interviews with Cambodian Women

During May and June 1994, interviews were conducted with 17 Cambodian refugee women in their homes in Toronto. Initial contact was made with the women through workers at the Cambodian Association and through two Khmer research assistants who provided language translation in the interviews. The women were first communicated with by phone, introduced to the project, and asked if they were interested in participating in an interview. If they agreed, an appointment was set up. Before every appointment, a phone call was made to confirm their availability at the appointed time. All interviews were accompanied by a Khmer translator, and only three women felt comfortable to exchange conversing in English.

Several women who had been contacted and were scheduled to have an interview declined during the confirmation phone call, citing an urgent need to visit the doctor or to attend to child care needs. When contacted again, they were reluctant to agree to another time. Others simply did not answer their door or were not home to confirm the interview by phone.

The women chosen for interviews were identified by staff at the Cambodian Association and by a female leader in the Khmer Buddhist and Cultural Centre as having numerous difficulties. Difficulties included accessing available systems and resources, lacking traditional sources of support (being divorced or separated), or being

socially isolated through child-care responsibilities, language barriers or their status in the community as a single parent. Most of the women interviewed through the help of the Cambodian Association (approximately half) participated regularly in Cambodian Association activities such as the monthly information sessions. The women who considered themselves most socially isolated or who spoke about numerous difficulties were those who never participated in association meetings and programs from and were not on its mailing or phone lists.

Five of the women (ranging in age from 31 to 49) had been abandoned by their husbands, and one woman in her 30s had a disabled husband. Five women (three in their 60s, one 75 and one 48) were widowed. Six women were married (ranging in age from 30 to 60). All had children.

Interviews Results

The interviews revealed that the women shared several common concerns. The following is a summary of these concerns as gathered in the interviews:

Sadness/Fear

One third of the women complained of overwhelmingly sad memories from their past, deaths of close family members, and several indicated continued fears about relatives still living in Cambodia. Almost all the women had concerns related to fear of travelling, working, learning, or participating in activities outside of their homes.

Widows with children felt positive about their children's need for them and stated that their children "kept them going." In contrast, the younger mothers, whose husbands had left and who were now without social status, felt the most overwhelmed, sad and isolated. Many had no contact with their husbands and did not receive any support or assistance. Only one woman spoke about spousal abuse.

Health

Health issues were a common concern among the women. In addition to their own biomedical problems, the women are the primary care givers in their families and remain responsible for the health care of their children and grandchildren. Ill health, both mental and physical, placed extra burdens on their ability to cope; this was especially so for those with no spouse or other family members with whom to share problems.

When asked about their health, all of the women complained of physical symptoms for which their doctors could not find or give explanations. Many of the women were patients of the Cambodian doctor in Toronto, the only one in Ontario. The symptoms the women most frequently cited were sleeplessness, headaches, dizziness and difficulty with vision. The younger women frequently mentioned problems with menstrual periods. The condition of a "Weak heart" was cited by several women as the cause of their dizziness. Women explained that their problems were stress-related or from "thinking too much."

More than one-third of the women said their doctors (they frequently had more than one) gave them many prescriptions but that they were still unsure of their diagnosis. Some of the older women go to doctors several times a month.

Health problems were given as reasons for not being able to work, go out on their own, and participate in English classes or other activities such as weekly exercise programs.

English-Language Difficulties

Most of the women indicated that language barriers were an overwhelming, debilitating problem in their resettlement. Although all the women had exposure to ESL at some point after their arrival in Canada, many interrupted or discontinued language classes. They cited the following reasons: an inability to remember, or forgetfulness; being preoccupied with problems and worries such as being an abandoned wife; child-care and domestic responsibilities; difficulty in replying in class; being too shy to respond and feeling that they were too slow (older women especially); the teacher went too fast, or the class had too many students; ill-health; mental health problems; and conflicting work schedules.

Every woman identified language training as their most important service need. Their lack of ability to communicate in English continued to be an important barrier in most aspects of their daily lives, increasing their stress and adversely impacting on their mental and emotional health.

Isolation and Non-Participation in Activities

The reasons given for staying indoors the included inability to speak English, cold winters and lack of transportation. Most women said they would not travel without escorts or vehicles, and more than half reported that child-care responsibilities kept them from participating in Cambodian Association activities. Some women cited their fear of violence outside the home, especially those living in housing complexes that had a high proportion of Afro-Canadians. Three women said they were just too busy to attend organized events.

One of the biggest obstacles to participating in activities was the women's fear of travelling, specifically of using public transportation. Their lack of English speaking skills and knowledge of the bus/subway system were both cited as part of their hesitancy.

While some women spoke about enjoin in going to the local park in the evenings with their husbands, children, and friends, the women with no husbands and young children tended not to go out. One woman stated she would enjoy going out to the park, to the beach, to see other people, but said it was hard to go anywhere without a car.

Several women spoke about their enjoyment in attending the Buddhist temple as often possible, either to participate in ceremonies or to talk with the Yay Chee (Buddhist nuns).

One older women stated she was very sad and lonely now because her daughter and son-in-law had bought a house and moved her away from the apartment building where all her friends lived.

Sharing

As well as having difficulty speaking English, some women indicated their difficulties in communicating with other Khmer women. Although several women said they wanted to have someone to speak to in private about their personal problems, interviewees reported fearing gossip in their community and for that reason they did not speak about private matters. Four of the women indicated that they had no one to talk with. Others stated they could talk to someone in their family network such as a sister or sister-in-law, or a very close friend.

Interests/Suggestions of the Interviewees

Many of the women said that they would be interested in participating in additional information sessions, provided day care and transportation were available. Areas of indicated interest included cooking classes, child education, child-rearing skills for the single mother, lifeskills, and, most popularly, information on women's health.

One woman suggested that programs be developed to bring Cambodian women together for travelling. This "buddy system" would allow women to network, share skills and practice English.

Many were interested in the trips organized by the Cambodian Association. One women indicated an interest in organizing additional events or women's groups for Cambodian women.

It was suggested that paid light work be made available to motivate the women to participate in the work place and to leave their homes. The activity of stuffing envelopes, for example, would allow the women to feel they were "working" and getting paid, and at the same time they could socialize and share meals together. This, they suggested, might enhance a sense of group solidarity and of a community network, while allowing them to become more comfortable with one another.

Suggestions were made for the provision of day care and an expanded availability of education services, including literature and videos. An after-school program was suggested for both Cambodian youth and women so that the women would not be concerned about their obligations to school-age children.

To help overcome the fear of travelling, specifically of using the bus/subway system, this report suggests that special training be provided. If an interpreter were hired, a representative from the TTC could talk to the women about how to use the system and become familiar with the maps. Even without English reading skills, they could learn where they live in relation to specific destinations and the mapped routes to those locations.

Post-Traumatic Stress Disorder (PTSD)

All the Cambodian women interviewed had experienced traumatic events. Many stated they had suffered from depression, anxiety, numerous somatic complaints and, for some, a sense of impeded social adjustment and hopelessness, reminiscent of what Lee (1990) and Mattson (1993) describe as a "passive, fatalistic personality." Also evident

was what Eisenbruch identified as "cultural bereavement," a cluster of symptoms in which he included guilt, anxiety, morbid thoughts and anger that "mars the ability to get on with daily life" (1992). One Cambodian woman interviewed, whose abusive husband had finally left her, cited the effects on her of her trauma and abandonment:

My brothers, my sisters, my parents are all dead. I am all alone here. When he [the husband] left I had to quit work because I worried all the time, my head was so hot at the front and the back and things I made at the factory was not good. I couldn't sleep ... Staying on welfare is better than going to work because when I'm upset now I won't mess up my work or make things wrong.

Although many refugee survivors of war atrocities have been diagnosed with PTSD, the highest rate occurs among Cambodian refugees (Carlson and Rosser-Hogan 1993; Kinzie 1986; Lee 1990). *The Revised Diagnostic and Statistical Manual of Mental Disorders (DSM III-R)* describes PTSD as a "normal reaction to traumatic and abnormal life events" (APA 1987). The experiences of a person suffering from PTSD are outside the range of usual human experience and result in recurrent, intrusive and distressing recollections of the event. As with other nonadaptive behaviours, sufferers of PTSD continuously avoid stimuli associated with the event, such as anniversaries of the trauma and symbols that evoke the memory (APA 1987; Brown 1991; Hyer et al. 1991).

In his description of the "phenomenology of trauma," Krystal (1988) paints a picture of a paralyzed personality, overwhelmed and immobilized. The experiences of the psyche are withdrawal, depersonalization and disorganization, and there may be regression in mental and emotional functioning.

Eisenbruch (1992) suggests that hanging on to painful memories of the past might be a "normal, even constructive, existential response" to trauma rather than a "psychiatric illness" (1992). As Brown (1991) indicates, however, when remembering the trauma, PTSD sufferers also recreate it neuroendocrinologically, thus perpetuating the symptoms. With the intrusive thoughts, a chemical that activates the body's natural pain killers is released. This overrides the usual fight/flight system, reducing activity in the emotional centre of the brain. Though this aids in temporary blocking of painful input, it also keeps the victim vulnerable to further dangerous situations by slowing the responses of the autonomic nervous system. For this reason, once a person is traumatized, the chances of being a victim again are ten times higher and the problems of this group tend to be chronic (Hyer et al. 1991).

Grief and PTSD can be viewed on a continuum. Trauma victims not diagnosed with PTSD suffer from similar symptoms of unresolved grief, feelings of guilt, fatigue, anxiety and numbness. They share the physical symptoms including stress-related illnesses, confusion and hallucinations, as well as sleep and eating disturbances, and crying (Brown 1991).

In one study of older Cambodian refugee women now resettled in the United States, depression was one of the most commonly seen problems. The women were living in fear and isolation, leaving their homes to go out with friends and family less than once a month. They suffered from forgetfulness, insomnia, confusion, nervousness and suicidal ideation, which are similar to the symptoms of those diagnosed with PTSD (Rozee and Van-Boemel 1989). The women interviewed in Toronto, had similar symptoms.

Alexithymia and PTSD

Individuals who are identified as alexithymics have an impaired ability to utilize their emotions as signals. Alexithymics tend to somatize their emotional distress, preferring a physical diagnosis and treatment to a psychological one. Alexithymia has been found to occur frequently in patients who have been traumatized, including survivors of torture and those who have been sexually abused (Krystal 1988).

Taylor et al. (1991) describe alexithymia as a disturbance in psychic functioning characterized by a communicative style in which symbolic thinking is reduced and inner feelings and wishes are not revealed. The revised Toronto Alexithymia Scale, a self-report measure for symptoms of alexithymia includes measurement for the following dimensions: inability to identify emotions, inability to describe emotions and externalized or concrete thinking (Taylor et al. 1992). The fear that many Cambodian women express about their neighbourhood and housing situation could in fact be an example of the tendency to externalize distress.

Alexithymia is not a psychiatric diagnostic category in the *DSM-III-R*, but it is characteristic of the thinking, feeling and relating processes that can exist in people with a variety of psychiatric diagnoses such as PTSD and create obstacles for treatment (Heny et al. 1992; Hyer et al. 1991; Swiller 1988). A high rate of Alexithymia has been associated with individuals diagnosed with PTSD (Hyer et al. 1991; Krystal 1988).

Alexithymia was originally formulated by to describe multiple psychological disabilities that survivors of trauma often exhibit (Randall and Lutz 1991). It proved useful in understanding the difficulties encountered in psychoanalytically oriented therapy with "frustrating patients" (Swiller 1988). Alexithymic functioning increased the difficulty of treatment because of the patients' resistance to expressing their affects. As one Cambodian woman interviewed in this study stated:

I never tell anyone about my worries, all the thinking that I'm not well. I go to a Cambodian doctor and he gives me medicine for sleeping when I'm thinking a lot. I think about living alone, my two children who have no father ... Only the doctor helps with pills. My body is okay but there is so much worry in my head and so much pain. I sleep a lot because I am not happy.

Alexithymia in the Cambodian Trauma Survivor

Similar to the alexithymic, Lee (1990) notes that the Cambodian refugee trauma survivor experiences emotional arousal as global and threatening, giving anxiety a somatic base and resisting psychological treatment. However Kinzie (1986) suggests that because Cambodians do not differentiate between psychological, physical and supernatural causes for illness, their preference for medical diagnoses may be a culturally more legitimate way to signal distress. Complaints of a "weak heart ... weak kidney ... and weak nervous systems" may be a result of this cultural view (Lee 1990). One result, however, is difficulty in accessing individual psychotherapy and medical overtreatment for numerous physical complaints. Despite their numerous visits to doctors, few of the Cambodian women interviewed in this study understood what was wrong with them or why they continued to experience numerous health problems that not only never seemed to improve, but that also appeared to be getting worse. This is clear in the

comments of one separated woman in her forties with two teenaged daughters still at home. The following is an excerpt from her interview through a translator describing her situation:

When she first came she was very happy until both parents, a brother and a sister all died in Cambodia and she got very depressed. Though she was sad that her whole family is dead, she never said anything about her problems to a monk and didn't have anyone to talk to. She said thinking too much as well as not knowing English are great worries for her.

Her husband left in 1991 and periodically returns. She is lonely with no husband and no brother or sister around. Her husband used to be the head of the family. Now she has to be everything, to make all the decisions. When she feels sick, there is no one to help or relieve her.

She is often dizzy and though she goes to many doctors (Khmer, Chinese, Viet, Canadian) who confirm that she is weak, they just give her medicine. She gets blood tests every week. When she talks to the doctors about her stress they tell her not to think so much and to exercise. She had a thyroid operation because she was so tired but now this causes problems and side effects, especially if she doesn't take her medicine regularly. One time she fainted, hit her head and needed stitches. Now she has a lot of pain in her neck and it goes to her head. When she tells the doctor she gets more pills but doesn't know what they are or what they are for.

Suggestions for Culturally Relevant Treatment

Several authors note that Cambodian refugees tend to display the associated characteristics of alexithymia (Carlson and Rosser-Hogan 1993; Kinzie 1988; Kuoch et al. 1992) as well as symptoms typical of post-traumatic stress, with or without a diagnosis of PTSD. This correlation indicates that of the Western forms of treatment available to Cambodian refugees, alexithymia and PTSD-sensitive approaches would be most useful. It is clear, however, that further research is required to determine the extent to which alexithymic tendencies are present among Cambodians, and to distinguish cultural/personality characteristics from alexithymic symptoms.

Dr. Graeme Taylor, an alexithymia researcher in Toronto at the Clarke Institute, indicated that treatments for alexithymia and efficacy studies of those treatments are in their initial stages. He suggested that Professor Sharon Zeitlin of the University of Toronto be contacted. Professor Zeitlin has done research in PTSD and alexithymia in women, and although she does not offer clinical services, she expressed interest in researching alexithymia in the Cambodian community.

Dr. John Salvendy, a therapist in Toronto, was also contacted. He runs groups for adults and has experience working with alexithymics, although he has no special experience working with refugees and stated he is not comfortable with the language barrier.

Group Therapy

Group therapy is well known for use with victims of violence (Brown 1991). It shows victims that their response is similar to that of others, and offers support and education.

Brown (1991) emphasizes, however, that respect for cultural values, in the form of Buddhist monks, bicultural and bilingual community workers, or traditional healers, should be inherent in the treatment.

Mattson (1993, 163) notes that in treating the mental health problems of Southeast Asian refugee women, group therapy provides an "antidote to the social isolation." In combined therapy the group offers an opportunity to demonstrate and evoke smaller and more manageable emotions; then, in the individual therapy, the clinician pursues more advanced cognitive processing permitting the experience of more differentiated and integrated emotions. Each step is built on the preceding ones, while the patient sees that others who experience similar problems do change. The therapist works as a guide, and the group helps the patients guide themselves safely into areas of heightened emotional arousal (Swiller 1988). Since survivor guilt is at the core of post-traumatic stress, support groups form to share stories and develop social support to deal with these emotions (Kuoch et al. 1992; Rozee and Van-Boemel 1989).

The problem of getting people to attend these groups remains, however. Those with alexithymia rarely seek psychotherapy until they are pressured by someone else—sometimes it is an internist who is frustrated with vague, shifting physical complaints for which no explanation can be found (somatization). Another difficulty in creating support or therapy groups is that one must avoid placing too many alexithymic patients together. An effort to include a few people who have easy access to their own feelings and easily express themselves in the group could prove useful.

Among Cambodian women there is the added difficulty of their not trusting other women. Several women mentioned this during interviews when the subject of participating in a support group arose. The translator comments on what a woman in her forties stated, "She is not interested in joining a women's group or a support group because Cambodian women don't share their problems with others, because there is a tendency for women to talk about each other behind the backs, to gossip." Another Cambodian mother in her thirties said:

Many women are the same as me, they live alone. The women do not communicate among themselves, they only think about their own individual problems. If a women's support group was formed, I wouldn't want to listen to others' problems because it overloads me and I can't focus and I feel sleepy. I have only complaints, there are no things to do for me ... I go to the Cambodian Association meetings once a month. They tell me a lot about health. But the meeting is in a group all together so I can never speak in private about how I feel.

Family Therapy

An alternative to group therapy is a treatment program confined to a single family, in which the primary goal is to rebuild trust among family members. After experiencing the Khmer Rouge system, which was designed to destroy trust among family members, Cambodian refugees are still struggling to make sense of their identity following the contexts of Thai refugee camps and Western resettlement (Kinzie 1986; Kuoch et al. 1992). In order to address issues of abuse and family violence, for example, Kinzie (1986)

suggests that clear statements about what behaviour is not tolerated need to be made, and the legal consequences of engaging in such behaviours clearly identified (Kinzie 1986). Overall, therapists need to be sensitive to cultural differences, for example, by using nonverbal communication as part of the feedback technique (Kinzie 1986). Lee (1990, 353) has summed up what a therapist should know about Cambodian families: "A therapist needs to know about the specific cultural and family strengths and pathologies of the Southeast Asian family and the unique effects of war, trauma, and cultural transition on the family system ..."

Roze and Van-Boemel (1989) suggest that for Cambodian women who have been sexually abused the use of culturally relevant myths may be a useful therapeutic tool in helping these women and their families deal with the resultant psychological distress. The pace of therapy should be slow. An awareness of issues of shame and guilt is necessary. The refugees need help adjusting to the trauma and dealing with the reality of their new situation. According to Swiller (1988), the ideal treatment for individuals who tend to manifest distress in somatic symptoms is one that will maximize their opportunities to learn while protecting their self-esteem and minimize nonproductive stress.

An approach to helping post-traumatic stress disordered individuals is the use of rituals. In *Back from the Brink*, Catheral (1992) describes culturally sensitive ways of using symbol in ritual as a method of dealing with traumatization. The author describes questions that might be asked of survivors to help them and their families discover their own types of rituals for healing. When traditional forms of treatment are not useful and resistance to Western treatment is high, service providers should make efforts to coordinate with traditional healers for assistance (Randall and Lutz 1991).

Contacts/Resources

Dr. Fred Allodi, of the Toronto Hospital's Western Division, specializes in research and treatment of torture victims. He is the program director of the Cultural Psychiatry Unit and runs the Multicultural Psychiatric Clinic in the hospital. This clinic runs inpatient/outpatient services, a program for traumatized victims and those politically persecuted. Resident psychiatrists do assessments as consultation for legal purposes. Services and treatment are provided at the hospital's Trauma Clinic.

The Canadian Group Psychotherapy Association has referral services. The organization also publishes a newsletter in which an ad could be placed requesting response from therapists who have worked with Cambodians, victims of torture or alexithymic individuals.

Drama Therapy

Psychodrama values the "spontaneous enactment of mental phenomena and interpersonal situations" more than therapies (Olsson 1989). The qualities of creativity and spontaneity are combined to offer a new way of seeing an old situation, as well as seeing a new and difficult situation as responsive to old and familiar wisdom. The therapeutic mechanisms employed in psychodrama are visualization, dramatization, concretization, personification and catharsis.

According to Olsson, psychodrama group therapy can be helpful with patients who somatize or are alexithymic in verbal psychotherapy. In his 1989 article "Psychodrama and Group Therapy Approaches to Alexithymia," he mentions that the vaguely expressed somatizations of the psychosomatic patient had the quality of "staging." Patients who increased their verbal activity in therapy groups had fewer or decreasing physical complaints. Olsson (1989, 173) explains the phenomena in the following statement:

In psychodrama, the stage can be set and the body imagery and patterns of interaction can be played out in a safe, supervised setting. Over time the alexithymic patient can thus be slowly taught to visualize and verbalize his vague inner stresses and somatized conflicts ...

Olsson (1989) suggests psychodrama as an ideal treatment for helping the process of finding and using words to express feelings because it is active, concrete, tangible, and visual-spatial. Psychodrama allows a dialogue with the symptoms of distress and helps without the use of insight-oriented individual psychotherapy.

In *Counselling Victims of Violence*, Brown (1991) also suggests the use of role playing to help an individual discriminate their threatening behaviour (which can expose them to further traumatic experiences) from their safe behaviour, so that they can work against the possibility of their becoming a victim again. Brown (1991) notes that victims display a "compulsion to repeat the trauma" and those who do not integrate their victimization experience to past memory will manage to keep it recurring.

Contacts/Resources

The Ontario Psychological Association has a referral service but does not list therapists that deal with specific populations or specific types of therapies. A newsletter, however, is published in which an add can be placed to help locate a therapist with the necessary experiences in drama therapy.

Dr. Violet Head, whose name was obtained through the Canadian Group Psychotherapy Association's referral services, is a registered therapist in Toronto who uses art therapy in groups.

Nonclinical, supportive theatre groups could be formed and organized through the Buddhist temple.

Art Therapy

In an article entitled "Cross-Cultural Dimensions of Art Psychotherapy: Cambodian Survivors of War Trauma," Golub (1989, 7) comments on the issue of culturally appropriate therapies for the Cambodian survivor: "Therapy, like refugee resettlement, is a political act. An institution tends to evaluate its consumers according to definitions of normality that reflect its own status quo ..."

Since talking therapies may not be appropriate and since no words have been invented to adequately describe the experiences of Cambodian survivors a nonverbal, artistic expression is considered a powerful catalyst "for bridging both culture and silence" (Golub 1989, 8).

Most Western health professionals have little understanding of Cambodian refugees' beliefs, practices, culture and perspectives regarding mental health (Williams and Westermeyer 1986). Golub (1989) suggests that if the client is to be empowered and not merely "helped," the therapist must re-evaluate their usual ideas to determine their relevance to a client's needs and relinquish them, if necessary. Art therapy across cultures is more effective when it evolves from an understanding of the client's perspective of the world rather than by imposition of the Western therapist's theories and methods. Therapists can minimize the dangers of ethnocentrism through a process of personal values clarification and through a clearer understanding of the client's world view. Art therapy training that meets the needs of cultural sensitivity might include cross-cultural training and coursework in art evaluation across cultures.

Art can be an expressive treatment for fears that survivors may not be able to express cognitively, giving "voice to the adult survivor's damaged inner child which demands expression of its pain and torture" (Brown 1991). Group murals can be a source of unity, strengthening the group and individuals. Art therapy has been used successfully with victims of torture.

Contacts/Resources

The Centre for Victims of Torture has an Art Therapist who is used to working with victims of torture. As well, the Ontario Art Therapy Institute has a referral service.

Medication

There is evidence that medication may make life more bearable for victims of violence, allowing them to put emotional distance between themselves and post-traumatic events (Ochberg 1988). The distance is considered necessary for victimized individuals to resume normal functioning and to view the trauma as a "historical, rather than [a] contemporary event" (*ibid.*).

Medication can be used over a short period to assist the refugee in establishing a new balance in his life in a crisis situation. Various drugs, including antidepressants can be useful in treating survivors with intrusive dreams and nightmares. Prescriptions that make nightmares disappear completely, however, could interfere with the therapeutic process. Still, prescribing medication in this way might be necessary when the nightmares interfere too much with daily functioning and patients cannot be dealt with during psychotherapy (Ochberg 1988; Vladar and Rivero 1992).

The prescription of psychotropic medication may also be useful when a refugee becomes depressive, psychotic or frightened as a result of bad news about the family or the political situation in their native country, and they are unable to deal with it in psychotherapeutic sessions (Vladar and Rivero 1992). Overall, medication is most efficacious when combined with individual and/or group therapy (*ibid.*). When individual therapy is used, guided, open-ended questions—perhaps ones that appear in the form of a medical checklist—might be more effective than personal interviews (Mollica 1988).

Networking with Other Survivors of Trauma and Torture

The Jewish Community has services available to Holocaust survivors that may also be used by the Cambodian community. As well, those who have worked with Holocaust survivors might be contacted for future research on the efficacy of group therapies. Professionals working with survivors in the Jewish community might be called on for joint research possibilities or to provide information.

Contacts/Resources

The Holocaust Centre of the Canadian Jewish Congress responded enthusiastically with regard to creating access for the Cambodian community to existing information and services within the Jewish community. Dr. Alan Bardikoff, the centre's psychiatrist whose focus is working with victims of war atrocities, indicated a strong interest in discussing possibilities of providing mental health services to the Cambodian community at a future date.

Holy Blossom Temple, which has in the past offered Holocaust programs, is not running any groups at present. However, Mr. and Mrs. Brian Schnurr, chairs of the Social Action Committee for the synagogue, are interested in communicating about possibilities for networking and developing support groups.

Fay Geitzhals, a worker at the Jewish Family and Child Services who does group therapy with children of survivors, felt that integrating Cambodian survivors with the members of the groups she is currently running would not be appropriate. She would also be willing to discuss the possibility of running future groups for Cambodian survivors.

Survivors International Canada is a free service whose mandate is to offer referral services to victims of torture and their families in order to "reinstatement as active members of the community." Genevieve Cowgill the agency's director indicated that services for Cambodians would be limited by the agency's lack of experience with that community. Referral would be made through the Centre for Victims of Torture.

Academics

Research students and professors of psychology, education and sociology, as well as social workers might be used as facilitators in group therapies, or as contacts for future research possibilities.

Contacts/Resources

Psychology and sociology graduate students at York University and the Ontario Institute for Studies in Education (OISE) were sent a bulletin inviting responses from those who may be doing research on or work with torture victims, PTSD and alexithymia sufferers, and Cambodian refugees. Anyone speaking the Khmer language or interested in forming therapy groups that would use creative, nonverbal therapy approaches were also invited to inquire about possibilities for future research with the Centre for Refugee

Studies. A similar letter was sent to the metro branch of the Ontario Association of Professional Social Workers. This office offered to include the request in their upcoming newsletter to their members. (Contact names and numbers are included at the end of this report.)

At OISE, Dr. Isabelle Kaprielian, a research officer in the Modern Language Centre who has been to the Cambodian refugee camps in Thailand, has recently published a book about refugee students in school, which includes a chapter about Khmer students. She is willing to discuss possibilities of conducting joint research projects.

Music and Recreation

Nonverbal therapies other than drama and art therapies include music therapy and recreation therapy. Music can be used to create moods during treatment that might be conducive to memory retrieval. Brown (1991) lists numerous recreation therapies, such as hiking, beaching, biking and group games and other events, which can be created by using unfolded parachutes, bean bags, toys, and the like. Such group events can help develop unity and competence in teamwork since individuals have to work together to establish rhythms or to set game strategies. They have to work together, hold hands, support one another physically (through touching) and emotionally through cheers and encouragement, to rely on one another and trust that their teammate will be there during games of both high and low element manoeuvre. Other examples include blindfolding games and tug of war, which can be adapted from traditional Cambodian games.

Contacts/Resources

Dr. Hy Day of York University, who has done some research on recreation therapy in the past, said that Joe Levy of the physical education department at York has also done some recreation therapy and might be able to make referrals.

The Cambodian Buddhist temple, Cambodian youth groups and the Cambodian Association could be encouraged to create therapy-oriented recreational activities either on a regular basis or during annual celebrations.

Advertisements could be placed in the newsletters of the Canadian Group Psychotherapy Association and the Ontario Psychological Association for a therapist who uses recreational approaches.

Self-Help

Survivors can do things for themselves to reduce symptoms or inappropriate feelings about the trauma in their lives. For example, affirming religious beliefs and renewing their past interests in the arts or literature may be accomplished with some "friendly prodding" by their therapists. Therapists should encourage survivors to take part in activities outside the treatment process that are likely to produce therapeutic benefits. Severe psychological trauma can dampen or destroy interest in religion, philosophy, and the arts. Randall and Lutz (1992) note that restoring pre-trauma interests or developing new ones in artistic or spiritual realms can help individuals put their

experiences into perspective, reintegrate themselves into the larger universe, strengthen coping mechanisms and decrease the emotional numbing associated with trauma.

These efforts do not have to be within a group therapeutic context. Self-help books might be translated into Khmer to make them accessible to Cambodians who do not read English. These could include the following:

Bradshaw, J. 1988. *Healing the Shame That Binds You*. New York: Health Communications.

McCann, I.L., and L.A. Pearlman. 1988. *Psychological Trauma and the Adult Survivor—Theory, Therapy and Transformation*. New York: Brunner/Mazel.

Seamands, D. 1981. *Healing for Damaged Emotions*. Wheaton, Ill.: Victor Books.

Seamands, D. 1989. *Healing of Memories*. Wheaton, Ill.: Victor Books.

Other

Dr. George Blake is a retired clinical psychologist who, for a long time, has also been a Buddhist monk. He is interested in working with Cambodians, and his depth of wisdom into the beliefs and practices of Theravada Buddhism make him especially sensitive to the cultural and religious traditions of Cambodians. He is especially interested in working with Cambodian youth, utilizing the format of storytelling (for example in the telling of the Jataka tales—life stories of the Buddha) as a medium heritage and cultural programs at the Cambodian temple.

Organizations might be asked to offer scholarships and bursaries to Khmer-speaking students to encourage them to study psychology or sociology.

Summary

The literature and the interviews with Cambodian women indicate that the traumatic story of Cambodian survivors must be addressed and acknowledged. As illustrated in this study, Cambodian refugee women need services to help them deal with their suffering and to learn new, more effective coping mechanisms if they are to have positive long-term resettlement. Included in any outreach services to Cambodian women must be culturally sensitive mental health alternatives that are effective in dealing with post-traumatic stress and alexithymic tendencies.

Group and family approaches using art, recreation and other nonverbal therapies are suggested as being the most effective. Any therapies would require the counsellors to familiarize themselves with the cultural norms and traditions of the Cambodian people. Regardless of the diagnosis and the goal of treatment, it must be recognized that the massive trauma experienced by Cambodians has shattered their trust and their ability to be close. Therapeutic efforts, therefore, must be sensitive to difficulties in the expression of affects and the tendency to somatize.

8

Conclusion and Recommendations

This report has provided an assessment of Cambodian resettlement, adaptation and integration. It has shown that Cambodian refugees in Ontario encountered several institutional barriers, ranging from lack of appropriate orientation services to insensitivity to their particular needs. The effects of this are profound and continue to negatively affect their present-day access to health, educational and employment opportunities. Many Cambodians are dissatisfied with their lack of social mobility and remain uncertain about their future, further reinforcing their deep sense of loss, social dislocation and isolation.

The report details numerous areas of difficulty that need to be addressed if Cambodians are to overcome the barriers currently prohibiting their further integration into Canadian society. Individual needs remain connected with settlement and include translation, documentation, interpretation, orientation, access to culturally appropriate medical and health care, employment, welfare, education, life skills training, legal services, advocacy and crisis intervention. Long-term community services must continue to be available in order to implement effective orientation and promote a sense of self-advancement. Programs that will give support to individuals, families and the community as a whole are needed. These would address issues such as gender equality, child rights, social expectations and counselling. The following recommendations are made to help bring this about.

1. Outreach Program

An outreach program in each Cambodian community should be funded for a minimum of three years. For the first two years, this would involve two people (one of whom should be a Khmer speaker and one a non-Cambodian experienced in community outreach strategies). Together, they would develop a variety of outreach and community network building programs.

In Toronto, the hiring could be looked after by both the Cambodian Association and a local community group, such as the Black Creek Health Centre or Jane Finch Family and Community Services. In communities such as Ottawa, Hamilton or Windsor, where

there are no effective or government-funded Cambodian associations, the hiring could be done by a local community health organization, such as the Somerset West Community Health Centre in Ottawa. In London, hiring could be done by the Cross Cultural Learner Centre and in St. Thomas, the Elgin-St. Thomas Health Unit.

The short-term investment involved in a three-year outreach program is seen as a necessary preventative means of reducing the long-term expenses that are inevitable in the future. Every Cambodian community in Ontario is facing increasing division and factionalism, an escalating dependence on government subsidy (caused by continuing unemployment, the inability to access retraining programs and substantial family breakup), a significant dropout rate from school and incredibly high levels of unresolved stress and grief within individuals and families (which to date remain ignored and untreated both within the community and by mental health service organizations). Both service workers and Cambodians within the communities recognize these concerns and issues, but feel helpless to resolve or even address them. If commonly shared concerns are not addressed through the community now, they will appear increasingly as individual dilemmas being addressed one at a time, resulting in a much greater cost. The two member team, given sufficient time and financial support, can function to build a sense of community solidarity and establish the means for self-help that would be both culturally appropriate and effective. Cambodian communities need support in developing the tools to address and resolve their own concerns. The funding of one Khmer speaker and one non-Khmer person can help to bridge long-standing community divisions and conflicts. Conflicts arose and existing divisions were exacerbated by Cambodian-run groups, receiving substantial amounts of money without an adequate feedback process in place to validate if individuals hired to assist Cambodians had been trained to implement or create assistance programs for the community as a whole and not just to help friends or family members.

There should be provision that biannual meetings take place between teams across Ontario to share strategies, ideas and information on the effectiveness of programs. Each team would be responsible for distributing detailed information the other on what they have accomplished, ongoing difficulties, ideas and suggestions. If necessary, an authority on specific issues or concerns could be invited to provide further clarification or guidance. At the end of two years, the program should be evaluated and the funding reduced to employ one Khmer-speaking outreach worker for the remaining year.

2. Community Lists

Resources should be provided to each community to compile a community list. Only one Cambodian community, St. Thomas, has a complete and up-to-date list of all Cambodian families and individuals living in the area. Given the importance of communication in the facilitation and success of any outreach program, an up-to-date, and as complete as possible, mailing list of all Cambodian households, families and individuals living outreach areas is crucial. Past attempts to establish such lists have often failed due to the extensive mistrust Cambodians still have of one another and the fear of reprisals from government housing authorities if the number of families or individuals living in a particular apartment were known. The success of the 1993

election campaign in Cambodia could be cited to apprehensive individuals as illustrations of both the necessity of knowing how many people are living in a particular area and the possibility of a renewed ability to develop trust.

3. Annual Calendar

An annual calendar could provide the means to enhance community identity and to advertise information such as the types of service programs available to Cambodians in an area, the outreach workers in association with supporting Cambodian associations or service organizations. This calendar should be mailed to every Cambodian family and household (not just to an address where several families may be living).

In Toronto, for example, the calendar should be put together by the Cambodian Association and whatever service agencies they are associated with in the outreach program. The format of the calendar could be letter-size folded in half and with centred holes in the top margin for hanging. The outside cover could have greetings from the Cambodian Association and other agencies in both English and Khmer. The inside cover could list the Cambodian Association staff, activities, functions, organizational structure (using a flow chart), procedures on how to become a member and the responsibilities of members (e.g., voting), all in Khmer. On the back cover or last page this would be duplicated in English. The picture on the top half of the calendar could depict a Cambodian scene, or if this is too costly, the calendar could have two months to a page, perhaps with funny cartoons or drawings in the margin depicting Cambodian scenes that Children and youth could submit as part of a contest. Local Cambodian businesses could be invited to advertise at the bottoms of pages as a way to help defray costs.

Several phone numbers should be placed on the back of the calendar, with the text in both Khmer and English. Numbers could include: that of the Sick Children's Hospital Helpline and 911 (with an explanation), those for the local fire station, local unemployment and manpower centre, local Children's Aid and community health centres, legal aid; and the numbers of local schools and a contact person at each school, the main number and name of someone at the Board of Education, and nearby hospitals or shelters.

Many public schools produce similar calendars every year for every student at a very low cost. Public school staff could be contacted for advice and suggestions. Funding for mailing and production costs could come from a special grant, advertising, or be incorporated into the existing budget of the Cambodian Association or service agencies.

4. Culturally Appropriate Communication

The development of culturally appropriate communication could be used to disseminate new ideas, issues and concerns to the community. A Cambodian drama group could be established that would involve children, youth and adults. Productions could be geared to enhance the popular Cambodian cultural traditions of dramatic plays and satirical skits as an educational and communication tool. The majority of adult Cambodians in Ontario come from a rural background where there were few TVs or radios and

a large portion of the population was basically illiterate. Travelling drama troupes provided people with information and commentary on socially relevant issues in an entertaining, often humorous way.

Attempts over the last ten years to present issues and concerns to Cambodian people in Ontario has been through the medium of guest speakers. Despite the fact that Cambodians say they have more respect for non-Khmer speakers and accept more easily what they have to say, the format of guest speakers has not been successful due to low attendance, interest or understanding of what is being spoken of or the ideas being conveyed.

Through the plays, socially relevant issues can be raised and presented in a culturally appropriate fashion that is understood by and meaningful to the audience. The playing of Cambodian music (either live or taped) before and after the play, and the serving of simple Cambodian food and tea afterwards could enhance a sense of community participation and socialization.

The plays could highlight parent/child difficulties; husband/wife clashes on gender roles and duties, or wife abuse; the long-term effects of family breakup; community challenges such as mistrust, isolation and loneliness; mental health concerns such as elevated stress and unresolved grief; ways to help overcome the barriers Cambodian children face in school; Canadian political leadership styles and ways of working together to help each other; and issues of confusion over Cambodian ethnic identity in Canada—what makes one a Cambodian-Canadian, is it ancestors, religious belief, cultural practice or a constantly changing combination of them?

Cambodians of all ages could help to interpret and translate misunderstood western concepts, services and ideas into meaningful Khmer cultural phrases or concepts. This would be an excellent vehicle for developing self-knowledge as well as community knowledge and understanding. Guidance on how to develop such a drama group could be sought from local schools and from university fine arts, anthropology, international development or community health departments.

A small donation could be requested to help defray costume and scenery costs or refreshments could be sold to raise funds

5. Liaison

There is a need for liaison with mental health agencies and individuals who might be interested in forming a support network, conducting research or establishing culturally appropriate mental health services for Cambodians. Potential contacts include the Centre for Victims of Torture; the Culture, Community and Health Studies Section of the Clarke Institute of Psychiatry; the department of psychology at local universities; the organization called Buddhist Communities of Greater Toronto; and several Jewish organizations and synagogues, most notably B'nai B'rith, the Canadian Jewish Congress, Holy Blossom Temple, Temple Sinai, Beth Tzedek and Beth Tikvah Synagogue, all of which have been involved in the issues of post-trauma and holocaust experiences. There should be close association with traditional Khmer healers, and an emphasis on and support for the use of their skills in the mental health care of Cambodian refugees.

6. Further Research

Further research is needed to ascertain why Cambodian women in Toronto are not participating in the programs designed for their needs by Hong Fook Mental Services, the Cambodian Association in Toronto, and the Jane Finch Family and Community Centre. The women's low attendance is puzzling to service workers (both Khmer and non-Khmer): the women do not come, even when they have previously expressed their desire to participate in specific programs. Interviews with the women should be conducted in their homes or other supportive environments for maximum comfort and ease in discussing this issue.

7. Manual for Service Workers within Cambodian Communities

Several Khmer service workers have requested a manual that would detail past programs, workshops and information sessions that have been developed for Cambodians in Ontario, with a focus on those that have been successful. The manual could be used as a reference and guide for the development of future programs, provide current funding sources and enable service workers to share ideas and strategies with one another. Further information about job opportunities, government retraining programs, ESL programs and so on, could be included as collected.

In addition, this report recommends the development of a coordinating committee to help organize a network of Cambodian service workers in Ontario. Regular meetings (at least twice a year) should be held to discuss ideas and programs, to address the sense of isolation and of overwhelming responsibility among Khmer workers, to enable support of one another and to provide collective strength to recruit others to help the community. During these meetings, Khmer service workers could receive specialized training in particular areas or listen to guest speakers.

8. Utilizing the Cambodian Buddhist Temple

In Cambodia, the Buddhist temple was used as a community centre, educational and spiritual nucleus, ritual/ceremonial site, the location for community sports and games and the provision of health services. In Canada, the Buddhist temple has successfully been used in Ottawa and Montreal to assist in the process of resettlement, adaptation and integration. Cambodian refugee women in Ottawa have participated in several programs at their local temple, sponsored and funded by the Somerset West Community Health Centre. This report recommends that greater recognition and support be given to the Cambodian Buddhist Temple in Toronto for the following reasons:

1. As 80 percent of Cambodians remain Buddhist, the Buddhist temple is a positive and culturally appropriate base for Cambodian people to hold religious, cultural and social events such as community meals in conjunction with religious celebrations. In addition to traditional activities of the Buddhist temple, such as Buddhist ceremonies and bereavement rituals, people could use the facility to discuss ways, and

set up programs, to meet ongoing health, mental health, social and cultural needs that would not categorize these needs as distinct and often culturally inappropriate Euro-Canadian specializations. The Buddhist temple provides a harmonious and familiar environment in which Cambodians can meet each other, talk, discuss and solve problems. Cambodians, especially older women, would be comfortable attending programs or workshops in a temple.

2. The Buddhist temple could provide the location for a Cambodian drop-in centre, which has been requested by every community in Ontario. Educational activities could be offered to youth after school and on weekends so that traditional language, arts and crafts could be taught. Following the example of other Buddhist groups, for example, Vietnamese refugees, the temple could promote cultural activities such as traditional dance and music. The preservation of Khmer culture and traditions is fundamental to enhancing the community's sense of well-being, pride and identity.
3. Cambodian monks could provide a wide range of psychological and social services geared to helping Cambodians resolve post-traumatic, transitional and adaptive stress. Buddhist monks not only teach meditation and several calming techniques for the mind (thus supporting an individual's positive attributes, coping skills and self-help resources), but are also recognized as indigenous medical healers for somatic ailments that may have a spiritual basis. In addition, monks and nuns are trusted to perform services that are categorized in Western terms as individual, family and marital counselling. People will listen to the authority of a monk or nun, and respect their advice which is generally based on Buddhist and Cambodian moral principles.

Service agencies associated with Cambodian communities, such as Mental Health Services, Family and Community Centres and Community Health Centres, would benefit from interaction with the local Buddhist temple or association. In turn, bilingual monks or leaders of the Buddhist temple or association could serve as brokers, advocates and liaisons between their Cambodian members and the larger service agencies and Canadian social systems, especially in providing information on Buddhism and its contributions to Asian culture and values.

9. Nonprofit Housing

Cambodians should be supported in their attempts to apply for grants to build nonprofit housing for low-income members of the community. The supportive environment of a communally shared housing cooperative would facilitate a number of programs for Cambodians to integrate more successfully, such as on-site ESL, day care, health services, educational programs and tutoring, and would provide recreational facilities for such activities as gardening or sports.

10. Social Services

This report recommends that Cambodian service workers be hired by the Children's Aid Society and welfare services to provide linguistically and culturally appropriate supportive counselling, assistance with crisis work and case management. In addition, educational campaigns need to be developed to teach other social service agencies and organizations about the Cambodian community and the particular challenges that Cambodians face. In turn, workshops need to be developed, for example, on the use of welfare to enhance Cambodian understanding about the relationship between funding and taxes, or to increase awareness of different approaches to family dynamics and stress.

11. Community Outreach and Support

There is a great need to reach out to Cambodian individuals in the community, especially to those who are isolated and who face numerous challenges and barriers, such as women and the elderly. This report specifically recommends support and assistance be given to single mothers, spousal and parental abuse victims, and those with emotional needs or who are under excessive stress. Support groups need to be established for Cambodian seniors, older Cambodian women, and new mothers and their children, with an emphasis on sharing activities such as crafts, cooking, storytelling or games, rather than on educational activities. Organizations such as the "Mother Goose Program" in Toronto could be approached for guidance. This report also recommends that more older Cambodian women be hired as community health workers or outreach Workers, to reflect the Cambodian cultural preference for older females in advisory roles and home visits.

12. Youth Issues

There is a need for a full-time Khmer youth outreach worker in each Cambodian community. Through contact with Cambodian youth and their families, the youth worker could encourage participation in educational workshops and enhance community understanding of the importance of education and the link between education and employment. Youth need to be provided with supportive counselling in defining academic goals and options. Due to ongoing family conflicts, generation gaps, adaptive challenges, increasing truancy and substance abuse, Cambodian youth need support in handling stress and in enhancing their emotional well-being. A Cambodian youth worker could develop youth programs in sports to meet recreational needs. Established organizations such as the Girl's and Boy's Clubs, the United Way or the City of North York's Ethnic and Racial Organization could be approached for assistance and guidance. It has been suggested that Cambodian youth participate in a mentor program with community leaders so that they can develop leadership skills.

A Khmer youth leadership program could be developed through a week-long conference that would explore youth identity, trauma, and bicultural issues in a supportive group setting. Participatory and democratic leadership skills should be taught in a neutral and peaceful environment where there would be an atmosphere of

trust, and loyalty to friends and family could be demonstrated and experienced. The services of rural retreat centres such as Kinark Child and Family Centre near Haliburton could be approached for support in designing and implementing such a program for Khmer youth in the summer.

13. Educational and Language Needs

1. This report recommends an advocacy approach to local boards of education. The needs of the Cambodian community, while appreciated in particular schools, are in general not being addressed adequately by educational institutions. There is a need to explain the Cambodian situation and the continuing challenges that Cambodian youth face so that boards of education can respond by providing specialized tutoring, academic counselling and support, information on post-secondary institutions and how to access financial support programs.
2. There is also a need to have culturally appropriate language training programs that are geared towards the emotional and educational levels of the community. Many Khmer men have requested language training courses that teach terminology for jobs that they have previous experience in, for example, as bakers, carpenters, technicians or mechanics. ESL teachers need to be aware of the challenges and past experiences faced by the community, and must be trained to deal with them appropriately and use a more practical method of learning than that of the traditional classroom. The Centre for Victims of Torture trains ESL teachers to be both sensitive to the needs of refugees and flexible in the manner in which they teach English.

Because many Cambodian women are illiterate and have poor concentration skills, they find basic ESL and LINC classes too difficult. There is thus a need to develop a specialized literacy program that can be combined with life skills information. Khmer women would benefit from a bilingual class that emphasized relational skills and basic dialogue. The Khmer language is based on phonetics so that the women would find sound practice with pictures of related scenes meaningful. One recommended English language book for Cambodians is *Everyday English for Cambodians* by the Social Security Administration Office or Family Assistance Department of Health, Education and Welfare, Washington, D.C. (published in the early 1980s).

3. Attempts should be made to request ESL and life skills training programs in companies that employ large numbers of Cambodians. Programs can be developed through the Canadian Job Strategy program of the former CEIC that would purchase language training from provincial educational institutions, combine language and skill training projects, or use the Language at Work program, which is directed at people already in the labour force.
4. Leadership skills development is essential if the community is expected to deal effectively with community issues. The development of community leaders not only provides role models, particularly to Cambodian youth, but also highlights the necessity of volunteer networks.

14. Employment Issues

This report recommends the assistance of an employment counsellor to improve the community's access to employment and to help individual Cambodians in overcoming employment barriers. A Cambodian employment counsellor would carry out the following: training in job search skills (i.e., resume writing, personal interests assessments, interviews and job searching); conducting outreach and advocacy to local businesses and organizations in determining what jobs are available and referring clients to potential jobs; and referring clients to job training and language programs.

There is a need for job skills training programs that are culturally specific and geared towards the needs and capabilities of the community. These could be incorporated with language programs to assist Cambodians in acquiring the language skills necessary to acquire employment.

15. Health Issues

Due to continued cultural misunderstanding among Khmer, a series of workshops needs to be held on Western medical practices, diagnostic techniques and common forms of treatment. Information could include why there is need for extensive questioning by medical personnel, why blood and urine samples are requested, the effectiveness of pill medication as well as injections, why invasive procedures such as surgery may be needed and the procedures of hospitalization. In addition, specific workshops focusing on women are needed, especially concerning Western concepts and attitudes towards menstruation, family planning, prenatal care, childbirth, postpartum care, childhood health and illness, and food and nutrition.

In turn, traditional Cambodian health beliefs and customs that continue to be practised in Canada need to be recognized and respected by Western-trained health professionals. Information concerning Cambodian health practices could be given in a one-day workshop attended by personnel from local health care agencies or through a number of visits to each particular health care facility. It is essential for long-term health care among Cambodians that health professionals not only acknowledge traditional treatments, but also realize that traditional medicines and remedies can be utilized in conjunction with Western methods. Ongoing cultural negotiations will ensure a better understanding of the medical condition, including diagnosis and treatment.

To help Cambodian women receive information about nutrition, infant and child care, as well as about their own health needs, this report recommends that home visits by public health nurses be increased, and that the nurses be accompanied by a Khmer translator, preferably an older Khmer female. Visiting public health nurses could explain aspects of the health care system, such as when to go to a hospital, the family doctor or a walk-in clinic, when to have well baby checkups, and what services are not covered by OHIP, for example, dentists. All of these issues remain unfamiliar to many Cambodian women. In addition, a home visit could be used for preventative education as well as for providing information on the need for regular checkups and on test procedures such as pap smears and breast self-examination.

Appendix A

Research Methods and Data Collection

Several research methods were employed to collect data and information; including participant observation at Cambodian community ceremonies and festivities; interviewing more than one hundred Cambodian individuals throughout Ontario and conducting several Cambodian group interviews and interviews with non-Khmer government representatives, service providers, and private sponsors; content analysis of material published on Cambodian resettlement; examination and interpretation of immigration statistics and census data; holding a one-day workshop (for Cambodians across Ontario to discuss integration concerns); and surveys.

The need to draw on several data sources stems from the difficulties involved in researching a population that is difficult to locate. Except for St. Thomas, no up-to-date lists of Cambodians are available from the various communities. The enumeration of this population would, in itself, be a separate research project. The lack of such lists made it impossible to select a random sample for the survey. By acquiring qualitative data through intensive interviews, however, and supplementing it with quantitative information from several different sources, it is believed that the problems associated with a nonrandom sample have been minimized.

During participant observation and interviews, I spoke with a wide variety of Cambodians, including community leaders (past and present); service providers (past and present); Buddhist monks and nuns; Christian pastors; teachers of heritage language programs; students in high schools, colleges and universities; and people in the community (some of whom continue to use resettlement services and many others who do not). Each Khmer individual provided their own insights into the major issues and challenges concerning Cambodian resettlement, adaptation and identity in Ontario.

Most Cambodian community leaders were eager to participate in the study and actively helped me in my aim to interview a cross-section of their community. Only in one community did the Cambodian leaders object to my choices: the director of the Cambodian association in that particular community complained that I was talking to the "wrong" people, as these people happened to dislike their leaders.

Several non-Khmer individuals associated with Cambodian communities were consulted. These were government representatives at the federal, provincial and municipal levels (past and present), service providers from a variety of agencies and organizations (past and present), journalists, and private sponsors who were active in resettling Cambodians.

Dr. Rene Dion gave invaluable assistance in the examination of 1980 to 1992 immigration statistics from the Department of Manpower and Immigration and census material. Census material included published population characteristics as well as cross-tabulations (ethnic origin, place of residence, employment and family composition) specially ordered from Statistics Canada 1991 material. Unfortunately, repeated delays by Statistics Canada in fulfilling contract requirements and lower than expected population values in the data (meaning that numbers were based on averages rather than actual counts) limited the use of the results. Previous data from Statistics Canada, especially that on population by ethnic origin, collected in 1981 and 1986, was also examined in order to develop a demographic profile of Cambodians in Ontario.

In addition to official statistics, several surveys were consulted for this study. Two small surveys conducted by the Cambodian Association in Toronto and the South East Asian Services Centre in Toronto were analyzed, but inconsistencies and missing data were significant enough to warrant concern about drawing any formal conclusions. In the end, these results were not included in either this report or the study's own survey on Cambodian settlement and adaptation in Ontario. The survey done by this study, however, is included in this report (see Appendix B). In the study's survey, the focus was on Cambodian settlement and adaptation in Ontario. Over three hundred questionnaires, written in both Khmer and English, were given to Cambodians. Two hundred were handed out during the one-day workshop mentioned above, and the rest mailed throughout Ontario with return envelopes already addressed and stamped. Over one hundred questionnaires were returned.

Archival materials, periodicals, journals, books and newspapers articles relating to Cambodians were analyzed. In general, literature on the resettlement and adaptation of Cambodian refugees in the United States and Canada is scarce, and is frequently accompanied by examinations of either Indochinese refugees or general studies on ethnic and minority groups. In the United States, some Ph.D. dissertations and several journal articles have been written on Cambodians, with most articles focusing on mental health issues relating to Cambodians.

In the English Canadian material (such as *Uprooting, Loss and Adaptation: The Resettlement of Indochinese Refugees in Canada* by Chan and Indra, 1987, and *Ten Years Later: Indochinese Communities in Canada* by Dorais, Chan and Indra, 1988), insignificant attention is given to Cambodians, as most articles focus either on Vietnamese or Chinese-Vietnamese refugees. An *International Migration Review* article by Louis-Jacques Dorais (1991) on the Indochinese in Quebec City does, however, provide a good representation of the Cambodian population living there. The only English academic material specifically on Cambodians in Canada was found in the *Journal of Community Health Nursing* in an article by Judith C. Kulig (1988), which concerns conception and birth control use among Cambodian women. Two articles published in French include an anthropological monograph on Cambodians and Lao in Quebec City by Dorais and Pilon-Le (1988), and an article by Gilles Cossette and Pen Phan on Cambodians in Montreal.

To date, this report provides the only comprehensive analysis of Cambodians in Canada, and is the only study of Cambodian refugees in Ontario.

Ethical Considerations

To ensure respect for the rights of the people and institutions participating in the research, permission was sought for their involvement. The nature and goals of the research were discussed with individuals, and sometimes repeated several times during an interview. Through casual conversation during situations of participant observation, general statements were given concerning the background of the project and the project objectives.

The Cambodians that I spoke with were aware that I was engaged in research and that they should not feel that they were under any obligation to participate in it or even talk with me. Throughout the study, several individuals made it clear that they did not want to talk, and their reticence was respected. Frequently, however, Cambodians would contact me to disclose information that they thought might be interesting or useful to this study.

Throughout interviews and casual conversations, I answered any queries concerning me or the project. Those with whom I was speaking were informed that they were free to stop at any time or to refuse to answer specific items or questions. Individuals who did speak with me were promised that their names would be kept confidential. Despite requests from several interviewees to detail specific controversial events and certain activities of community leaders in this report, this information is not included. Excluding this information does not detract from the strength of the study and ensures the privacy of disputable issues within particular Cambodian groups and between individuals. Unless individuals spoke at a public forum or gave permission to use their names, participants in this study are not identified.

Interviews and casual conversations with Cambodians ranged from general discussions to talk on specific subjects, depending on the circumstances and social context. At the beginning of an interview, little attempt was made to ask direct or precise questions. If the opportunity arose, I asked particular questions and if the individual seemed receptive, I would pursue the topic. If not, the conversation veered into other areas. The opinions, attitudes, interpretations and concepts relayed during interviews, casual conversations and spontaneous discussions enabled me to gain a sense of familiarity with Cambodians and their ideas about their own identities.

Every effort was made to avoid giving psychological discomfort to, or invading the privacy of, those who participated. Many Cambodians freely chose to tell me about their horrendous experiences of suffering. These experiences were disturbing to listen to and distressing to the people who related them. Although people were repeatedly assured that they did not have to talk about their painful memories, once they had established rapport with me and felt secure, most insisted that I hear what had happened to them, so that I could understand. Having read numerous books written by Cambodian survivors, I was able to believe what I was hearing, make acceptable comments and ask conscientious questions.

In several instances, it was the first time these experiences were spoken of and shared, either with a non-Khmer or within a group situation. At times people wept openly when speaking or listening to one another. One non-Khmer who sat in on an interview had no idea that the man she had worked closely with for the last six months had endured such

horrors, or that the traumatic experiences of a shared client of theirs were not unusual among Cambodian refugees.

Interviews were not taped, but recorded by hand only. This allowed interviewees the opportunity to write down names themselves, to observe the kinds of information recorded, and in subsequent interviews, to refer back to information for further qualification or comment. The only taped sessions were at the one-day workshop for Cambodians across Ontario and a plenary session for service workers involved with Cambodian communities. Participants in the four sessions of the workshop (men, women, youth and community) were encouraged to speak in Khmer to further their participation and understanding. The tapes were then translated and transcribed. This information greatly contributed to the study.

Draft copies of a paper on Khmer people, written for the Encyclopedia Project on the Peoples of Canada, were given to several Cambodian individuals in the fall of 1993. Their comments, suggestions and corrections were incorporated according to suitability and provided guidance on how this report would be best presented.

Appendix B

Cambodian Community Outreach Survey 1993

The results of this study's survey are based on a self-administered pretest instrument, written in both Khmer and English. Survey results were tabulated and cross referenced by Dr. Rene Dion. The questionnaires were either mailed to known Cambodian individuals, along with a self-addressed, stamped return envelopes, or they were given out during a one day workshop and mailed back. Of the 300 questionnaires that were distributed, 95 were completed and returned. While every effort was made to access a diverse set of respondents, the sample is not random and results should be viewed with this consideration. The selection of a sample based on our own knowledge of the population is due partly to difficulties involved in accessing the target group and partly to the exploratory nature of our test instrument. Since very little research has been conducted on the Canadian Cambodian population, the questionnaire had several important purposes and provided vital information on different levels.

At the substantive level, the survey was designed to gain information on three broad resettlement issues. First, it determined the extent to which Cambodians use front-line resettlement services, which agencies they use, for which services and for how long. Second, it gathered valuable data on the difficulties Cambodians experience in the resettlement process such as racism, language problems and/or employment obstacles. Third, it focused on the problems the Cambodian community faces in attempting to deal with on-going trauma from the Pol Pot era, the acquisition of the basic life skills community members need in order to live in Canada, and the divisions that inhibit further development of the community. At the methodological level, the survey identified ambiguous or poorly conceived questions as well as possible translation inaccuracies between English and Khmer. Moreover, open-ended questions provided information on issues not initially included. Most importantly, it supplied needed information on the feasibility of surveying a larger Canadian Cambodian sample using the self-administered questionnaire format.

The information gained from the survey suggests that self-administered questionnaires are impractical for this population. The high illiteracy rate, combined with suspicions about information gathering, limits the use of this data collection method. For instance, a large percentage of the respondents who completed the questionnaire were those who had had the most formal education in Canada and Cambodia, and who were literate in both Khmer and English. Respondents also tended to be those Cambodians who felt most secure in answering questions about themselves, who cognized the need for research and who were actively interested in dealing with community

difficulties. A significant number of the respondents came to Canada as children or as young adults, and were less likely to be impeded by cultural bereavement and more inclined to engage in various adjustment strategies.

Individuals who would be considered most vulnerable in Cambodian communities, such as women who are widowed or separated, those who are illiterate in both Khmer and English, older members, those who are reticent to answer questions, and those suffering most from isolation and withdrawal, are underrepresented in and/or missing from the survey. Few of these individuals returned questionnaires, though many received them. From the pretest responses, it became apparent that to gain accurate data from a truly representative sample required face-to-face interviews conducted by trained personnel who speak Khmer and English. Unfortunately, funding for this project would not allow for the one- to two-hour intensive interviews this format would require. As such, survey respondents represent those Cambodian individuals who would be considered the most successful in adapting and integrating to Canadian life.

As one might expect, the results show that overall service usage diminishes as length of time in Canada increases. A closer inspection indicates, however, that this trend is minimal after the first 10 years. Only a small drop occurs after the first 4 years and no appreciable change takes place after 9 years. This is significant in that even after 10 years of living in Canada, respondents used, on average, about 6 services. Further, although only 71 percent of respondents indicated that they accessed resettlement services in the agencies available to them, 63 percent indicate that they still needed resettlement services.

Fifty percent of all respondents still used ESL services, and more than half of these respondents were 35 years and under; 43.3 percent still used interpretation and translation services; 36 percent used documentation services; and 25 percent used escort services. On average, 28 percent of those who required services were 26 to 35 years old and 36 percent were between 36 and 45. The continued reliance on services such as interpretation, translation and ESL training suggests that needed fundamentals have not been acquired in the first 4 years of resettlement.

The relationship between communication ability, economic viability and successful adaptation is an important one and should not be understated. Less than 20 percent of all respondents were employed and of these, 75 percent were over the age of 35. Forty percent worked in factories and 17 percent were involved in community service work. Almost 30 percent classified themselves; as students; 25.5 percent reported being unemployed, and of those, 52.6 percent believed their English proficiency was poor. Much research has clearly shown that the demoralizing effects of joblessness are particularly disempowering when accompanied by feelings that one is not employable.

For Cambodians, the context in which they resettled in Canada was one that was overtaxed and ill prepared to effect a successful immigrant orientation system. As a result, many Cambodians never received effective language or life skills training. This, combined with their general lack of formal education, has made adjustment especially difficult in terms of daily living, employment and economic self-sufficiency. Not surprisingly, English language inability was most commonly cited as the biggest difficulty experienced by respondents, and remained of great concern during the first 9 years of residency. Related to the issue of communication ability is the difficulty many

of the Cambodians have had in understanding Canada's legal system, even after 10 or more years in Canada.

In addition to the educational difficulties, many Cambodians experienced personal difficulties after resettlement in Canada. They carry with them residual psychological scars of the Khmer Rouge years, the time in refugee camps and the loss of family members. To gain an understanding of the extent to which individuals still suffered from these traumas, respondents were asked to indicate whether they experienced sleeplessness, frightening dreams, unhappiness, uneasiness, anxiety, aches/pains, being easily upset or angered, daydreaming and depression over the past year. Almost half of all respondents (43 percent) reported having experienced an average 5.63 of the possible 10 negative feelings they were asked about over the past year. Of this 43 percent, 11 percent were between 36 and 45 years of age and 17 percent were between 16 and 25 years old, indicating thereby that they had been children during the Khmer Rouge regime. Yet, only 5 percent of all respondents had ever accessed mental health services.

Respondents were also questioned about problems they had encountered in their family life. Responses to 2 of the 10 items listed stand out for their having been experienced by significant numbers of respondents: separation from missing family members and difficulties with children's education. The search for missing family members (experienced by 51 percent of all respondents) is a continued source of stress and impacts greatly on the ability to adjust, particularly if other social support mechanisms are absent. The prevalence of this problem suggests a need for traditional healing to help "make peace" psychologically with missing family members. This combined with the concern for the high educational dropout rates of Cambodian youth makes adjustment an ongoing struggle.

Additional difficulties experienced by a large percentage of respondents were all socially oriented. Problems such as the lack of Cambodian support groups, difficulties in trusting neighbours and encountering prejudice remain constant regardless of length of time in Canada. Also reported were problems such as coping with sad memories of life under Pol Pot (57 percent), seeing family members die (29 percent) and the flight from Cambodia (42 percent), which continue to haunt a significant percentage of respondents even after 10 or more years. Forty-five percent of all respondents say they are still suffering from the Khmer Rouge experience.

Taken together, these data suggest that recovery from the traumas of the Khmer Rouge, and refugee camp life, and adjustment to a new country is a slow process, hampered further by the lack of support groups and uncertainty about the future.

Appendix C

Contacts for Liaison and Program Development

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