

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
ARISE DIVISION
UNDERSERVED CULTURAL COMMUNITIES (UsCC) UNIT
MENTAL HEALTH SERVICES ACT (MHSA)

ASIAN PACIFIC ISLANDER
June 2026
ORAL HISTORY PROJECT #2 FOR CAMBODIAN AMERICAN FAMILIES**

PROJECT DESCRIPTION

Purpose and Goals

The Cambodian Families Oral History Project #2 was designed to raise mental health awareness within the Cambodian American community by creating a culturally meaningful space for families to share lived experiences, reflect on sources of stress and emotional distress, and identify pathways toward coping, healing, recovery, and community support.

The project sought to strengthen understanding of mental health among Cambodian American families, reduce stigma, examine stressors and triggers that affect emotional well-being, and promote culturally relevant approaches to wellness. Through recorded oral history storytelling, the project also supported family dialogue and elevated community voices that can inform future outreach and mental health promotion efforts.

Implementation and Activities

Implementation began with a framework and timeline that clarified recruitment, participant eligibility, interview preparation, and community engagement. For recruitment purposes, the project defined “Cambodian families” broadly to reflect diverse family experiences. Additional demographic questionnaires were added to better understand family units and participant backgrounds. Promotional flyers were distributed through local nonprofit agencies, Buddhist temples, small businesses, and community networks.

The project team also developed questionnaires to explore trauma, personal experience, family impact, cultural background, stigma, coping, healing, hope, and reflection. These tools were designed with sensitivity to the experiences of individuals and families affected by genocide, displacement, migration, language barriers, cultural gaps, and chronic distrust of government systems. Additional pre-program, post-program, and participant evaluation questionnaires were created to document learning and feedback.

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Twenty-five Cambodian American families inquired about the project. Sixteen individuals were considered strong candidates; however, two lived outside Los Angeles County, four were hesitant to share their stories on record, and two felt the questionnaires were not suitable for them. Ultimately, eight individuals met all criteria and agreed to participate.

An introductory Zoom meeting was held on February 19, 2026, at 6:00 p.m. for participants and the videographer to review the project's purpose, goals, expectations, overview, and questionnaires. Two participants were unable to attend, so each received a one-on-one follow-up phone call with Dr. Sara Pol-Lim by the first week of March to clarify expectations and answer questions.

Recording locations and dates were then scheduled. Seven of the eight participants completed their interviews by the end of March 2026. One participant withdrew because of significant responsibilities related to work, parenting three children, marriage, and home life. The final participant group included three survivors of the Khmer Rouge genocide, one 1.5-generation participant, and three second-generation participants. Four participants were men and three were women.

Finally, a community showcase event was facilitated on Saturday, June 13, 2026. Prior to the event, outreach was done with 250 flyers distributed during Cambodian New Year Festival in April. Follow-up flyers were shared on social media and through local organizations as well. The community event included a short video clip of participants, a lived experience cultural expert on trauma, panel discussion, community resource list, pre-survey, and post-survey, including participant evaluation. The setting included posters of participants, breakfast and lunch. Interpreter were on site. Forty-two attendees signed in. A few people did not want to sign in. 24 pre-post survey was collected. Ten participant evaluations were collected.

Overall, the showcase program went well from 9:30 am to 1:00 pm for all the participants to leave. Program agenda was provided.

PROJECT RESULTS

Pre-program questionnaires provided insight into how participants understood trauma before the interviews. When asked, "What does trauma mean to you?" participants offered different but related responses. Stephanie, a survivor, described trauma as being "worried a lot." Chad, a 1.5-generation participant, described trauma as feeling "sad." Sovanna, a community advocate, described trauma as "something we all have and do not want to talk about." Johnny, a second-generation participant, understood trauma as the "transmission of sadness." Chhin, also second generation, described trauma as both learned and ongoing within social experience.

Seven of the eight recruited participants completed recorded interviews. Each interview lasted an average of approximately fifty minutes, with individual interviews ranging from about forty

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minutes to ninety minutes. Participants shared stories related to trauma, personal and family experiences, cultural identity, stigma, coping, healing, and hope.

A common theme across the interviews was chronic distrust of others and of government systems. However, participants described different triggers and stressors connected to their experiences. Stephanie shared that the word “war” caused fear and pain because it reminded her of loss of life, displacement, and the violence her family experienced. She also described fear of people wearing uniforms similar to soldiers. To remain calm, she avoided watching the news and avoided conversations about current world affairs.

Participants also described the effects of “living in survival mode.” Johnny, a second-generation Cambodian American participant, recalled feeling angry as a teenager when his grandmother responded to his needs by saying, “You have shelter and food, what else do you want?” At the time, he did not understand the survival mindset shaped by his grandmother’s and mother’s experiences. As an adult, he came to better understand the impact of trauma and worked to rebuild his relationship with his mother. Having his mother present during the interview helped her understand his feelings, and she shared that all she wanted was for him to have a good life.

Another participant described the confusion of growing up with a survivor mother who numbed herself with alcohol every day, saying, “It was like we, her children, did not exist in her world. I never knew what went wrong because she never talked about it.” The 1.5-generation participant also identified immigration stress, parental trauma, and the struggle to fit into mainstream society as important sources of emotional distress.

Participants identified keeping busy as an important coping strategy. Older survivors described social and cultural activities such as dancing, gardening, cooking, meditation, and traditional Buddhist blessing ceremonies as part of coping and healing. Younger-generation participants described different coping patterns, including numbing themselves through substances and work.

The community showcase event provided meaningful feedback and helped connect individual stories to broader community learning. The two-hour program offered clarification about trauma and healing. A young Cambodian American psychologist with expertise in trauma and an understanding of the challenges of addressing historical trauma from the genocide era presented on cross-generational healing. Her presentation was well received and helped create an opening for mental health awareness and acceptance.

The twenty-four people who completed surveys before the showcase strongly agreed that they recognized existing trauma within their communities. After the event, participants strongly agreed that storytelling, gathering to learn about trauma, and realizing they were not alone in carrying traumatic histories were comforting. One attendee wrote that the event made them “feel good, no more pain.” Program participants also praised the oral history process for helping them connect with family and community.

Several participants expressed optimism after learning that programs and community supports are available to help address traumatic past experiences. A few participants noted that portions of the participant evaluation did not apply to them, suggesting that future evaluation tools should be reviewed for accessibility, cultural relevance, and fit with participant experiences.

Overall, the project resulted in the collection of oral history interviews documenting Cambodian American family experiences related to emotional distress, trauma, cultural identity, stigma, coping, healing, and hope. The process created opportunities for participants to reflect on personal and family journeys while contributing to a broader community conversation about mental health awareness and culturally relevant healing. The completed interviews provide valuable material for future community education, outreach, storytelling events, and wellness-focused activities.

Community Showcase survey Data
Pre-Survey (N=24)
Question 1. "I recognize historical trauma existed within my community."
14 out of 24 "strongly agree"
8 out of 24 "agree"
2 out of 24 "strongly disagree to the statement. Because they were in their seventies and spoke of Khmer only, I questioned the language gap within the translator."
Question 2. "I am aware of community programs that support individuals affected by trauma."
13 out of 24 "strongly agree"
7 out of 24 "agree"
2 out of 24 "agree nor disagree"
2 out of 24 "strongly disagree"
Question 3. "news of war and violence affects me."
14 out of 24 "strongly agree"
5 out of 24 "agree"
2 out of 24 "strongly disagree"
2 out of 24 failed to answer
1 out of 24 "disagree"

Key Findings

1. Strong Recognition of Historical Trauma

- The data shows that 91% of respondents (22 out of 24) either agreed or strongly agreed that historical trauma exists within their community.
- This level of agreement suggests that awareness of historical trauma is both widespread and deeply acknowledged.
- However, the small group who disagreed was associated with older Khmer-speaking participants, indicating that language and translation barriers may influence how questions are understood and answered, rather than reflecting true disagreement.

Insights:

The community recognizes historical trauma, but communication gaps may limit inclusive participation and accurate data representation.

2. High but Incomplete Awareness of Support Programs

- Awareness of available support programs is also strong, with 83% of respondents (20 out of 24) indicating agreement.
- Despite this, 17% of participants expressed neutrality or disagreement, suggesting that a meaningful portion of the community may not be fully aware of available resources.

Insights:

While most respondents are aware of support services, program visibility and accessibility are not yet universal, and outreach efforts may not be reaching all groups equally.

3. Significant Emotional Impact from Violence-Related News

- A majority of respondents (79%, or 19 out of 24) reported that news of war and violence affects them emotionally.
- A small number of participants either disagreed or did not respond, which may reflect discomfort with the topic or sensitivity to the subject matter.

Insights:

The findings highlight a high level of emotional sensitivity within the community, reinforcing the importance of trauma-informed approaches in programming and outreach.

Community Showcase survey Data	
Post-Survey (N=24)	
Question 1. I feel relief knowing that it is acceptable to share my traumatic experiences with others.	• 13 out of 24 “strongly agree” • 5 out of 24 “agree” • 3 out of 24 “agree nor disagree” • 2 out of 24 “strongly disagree” • 1 out of 24 left it blank
Question 2. “I am comfortable discussing trauma, knowing I am not alone in managing my emotional health.”	• 12 out of 24 “strongly agree” • 7 out of 24 “agree” • 2 out of 24 “agree nor disagree” • 2 out of 24 “strongly disagree” • 1 out of 24 left it blank
Question 3. “I know how to access support when I am distressed.”	• 17 out of 24 “strongly agree” • 2 out of 24 “agree” • 2 out of 24 “agree nor disagree” • 1 out of 24 “disagree” • 2 out of 24 “strongly disagree”

Question 4. "In what way has your understanding of trauma positively influenced your perspective on life" Explain.

- "Thinking about trauma is stressful. Would like happy event better."
- "Traveling and singing help."
- "attending this workshop, community event."
- "Community engagement"
- "My understanding of trauma has given me the ability to better give grace to others when they can't show up exactly how they should."
- "awareness"
- "trauma can be seen as an issue that reflects on people life and can be damage with health matters."
- "Need friends support"
- "I have tried working through trauma, healing is a choice"
- "hopeful for the future generations. Dress nice every day."
- "I understand that people went through trauma differently. I commit to speak up about my trauma to normalize discussion."
- "replicate this workshop with other communities"
- "how I navigate life is due to my present trauma"
- "Each person has its own trauma"

Key Findings

1. **Most participants felt relief about sharing traumatic experiences:** 75% agreed or strongly agreed that it is acceptable to share trauma with others.
2. **Participants felt less alone in managing emotional health:** About 79% agreed or strongly agreed that they are comfortable discussing trauma and know they are not alone.
3. **Most participants know how to access support when distressed:** About 79% agreed or strongly agreed that they know where to seek support.
4. **Community support was a major theme:** Participants identified workshops, friends, and community engagement as important parts of healing.
5. **The event increased awareness and openness about trauma:** Responses showed greater understanding that trauma affects people differently and that discussing trauma can help reduce stigma.
6. **Some participants may prefer a more uplifting approach:** One response suggested that trauma discussions can feel stressful, indicating that future events may benefit from balancing trauma education with positive, strength-based activities.

Qualitative themes from open-ended responses

1. **Increased awareness and understanding of trauma**
Participants described gaining greater awareness of how trauma affects people's lives and health. Some noted that everyone experiences trauma differently.
2. **Reduced stigma and increased openness**
Several responses reflected a willingness to speak more openly about trauma, including a desire to normalize trauma discussions within the community.
3. **Importance of community and support**

Participants mentioned community engagement, workshops, friends, and support systems as meaningful parts of healing and emotional wellness.

4. Hope, healing, and resilience

Some responses emphasized hope for future generations, healing as a choice, and the importance of continuing to move forward.

5. Need for trauma-sensitive programming

One participant noted that thinking about trauma was stressful and suggested a preference for a happier event. This indicates that future programming may benefit from balancing trauma education with uplifting, strength-based activities.

Overall, the findings show that the “community showcase” helped most participants feel more comfortable discussing trauma, less alone in managing emotional health, and better able to access support when distressed.

Participant Evaluation
N=10
Question 1. After sharing your family experiences, how are you feeling at this moment? Explain • “I had strength to talk about my painful story for the first time. I hope that my story will create a community conversation and encourage more people to come forward to share their stories.” • “I feel optimistic. I hope to get some help with my mom.” • “Feel good. No more pain.” • “Everybody has their own trauma.” • “I feel happy about telling my story. In fact, I like telling my story if anyone listens I would tell from my heart. I believe telling my painful stories of the past helps me to relieve the feeling of burden and depression. When sharing stories, I don’t think too much. When I tell my story I hope that they feel better about themselves. Perhaps, I can share my story to relieve them and to relieve me. I hope that my longevity due to my effort to relieve myself of the burden of being alive when many did not live.” • “I feel relieved. My heart seems to be lighter. I hope that I do not need to bring up the past misery.” • 6 out of 10 answered. • 4 out of 10 left it blank.
Question 2. Participating in this project increased my understanding of historical trauma. • 10 out of 10 participants agreed, “very much.”
Question 3. This project helped me to better understand how historical event has affected my family and community. • 9 out of 10 agreed with the statement, “very much.” • 1 out of 10 declined to answer.
Question 4. Sharing my story had an impact on how I think about healing. • 9 out of 10 agreed with the statement, “very much.” • 1 out of 10 declined to answer.

Question 5. Participating in this project may help reduce stigma around mental health or emotional well-being within my community.

- 8 out of 10 agreed, “very much.”
- 1 out of 10 stated, “quite a bit”
- 1 out of 10 declined to answer.

Question 6. Sharing family stories can encourage open conversations within families and communities.

- 9 out of 10 agreed, “very much.”
- 1 out of 10 stated, “quite a bit.”

Question 7. Has this experience influenced how you think about your family’s future, resilience, or legacy?

- It makes me prioritize building a future for my family defined by safety, stability, and closer together. With this experience, I can teach the next generation about faith, love, and hope to stay strong to survive and to cope with all adversities you will face in life.”
- “Very difficult to connect with different generations.”
- “Excellent. Thank you. Language barriers still exist. Should have done the program in Khmer.”
- “Yes, because seeing everyone in the room gives me hope.”
- Yes, this experience helps me to see how strong I can be and hopeful for my family’s future. Sharing the stories of past trauma can reinforce the message of resilience and understanding of not what to do and allow later generations to have sympathy and to avoid such catastrophe.
- Yes, I am happy that I share my story because It make me feels hopeful and relief. In the future, I hope that my children can understand and appreciate me and my background.
- 6 out of 10 answered the questions.
- 4 out of 10 left it blank.

Key Findings

- The project had a strong positive impact on participants’ understanding of historical trauma, with 10 out of 10 participants agreeing “very much” that their understanding increased.
- Most participants reported that the project helped them better understand how historical events affected their families and community, with 9 out of 10 agreeing “very much.”
- Sharing personal and family stories influenced how participants think about healing, with 9 out of 10 agreeing “very much” that storytelling had an impact.
- Participants viewed storytelling as a way to reduce stigma around mental health and emotional well-being, with 8 out of 10 agreeing “very much” and 1 out of 10 agreeing “quite a bit.”
- Open-ended responses show that participants experienced emotional relief, hope, resilience, and a desire for broader family and community conversations.
- Language access and intergenerational communication emerged as important considerations for future programming, including a participant suggestion to offer the program in Khmer.

Qualitative Themes

- **Emotional relief and healing through storytelling.** Several participants described feeling relieved, lighter, happy, or free from pain after sharing their family experiences. Their comments suggest that storytelling provided an opportunity to release emotional burdens and speak about painful experiences that may not have been shared before. One participant explained that telling painful stories helped relieve feelings of burden and depression, while another described feeling that their heart was lighter.
- **Hope, resilience, and future orientation.** Participants connected the experience to hope for their families and future generations. Their responses highlighted survival, strength, faith, love, and a desire for younger family members to understand their family history. These comments suggest that the project helped participants view painful histories not only as sources of trauma, but also as examples of resilience and lessons for the future.
- **Community conversation and reduced stigma.** Participants expressed hope that sharing personal and family stories would encourage others to come forward and contribute to broader community conversations. This theme aligns with the strong quantitative responses indicating that the project may reduce stigma around mental health and emotional well-being. The data suggests that participants see storytelling as a community-level healing practice, not only an individual activity.
- **Intergenerational understanding and language access.** Several responses pointed to the importance of communication across generations, including the difficulty of connecting with different generations and the need for younger family members to understand elders' backgrounds. One participant also noted that language barriers still exist and suggested that the program should have been conducted in Khmer. This indicates that future programming may be strengthened by providing more language-accessible and culturally responsive formats.

Overall, the findings suggest that the project was effective in creating a supportive space for participants to reflect on historical trauma and its effects on families and communities. The strongest outcome was increased understanding of historical trauma, with all participants responding positively. The responses also show that storytelling can support emotional healing, strengthen family and community dialogue, and help participants connect personal experiences to collective history. Although the sample size was small, the consistency of responses across questions indicates that the project was meaningful for participants who completed the evaluation.

OUTCOMES

The Cambodian Families Oral History Project #2 strengthened mental health awareness and community capacity among Cambodian American families by creating a culturally responsive space for storytelling, reflection, and healing. The project generated strong community interest, with 25 families inquiring and seven participants completing recorded oral history interviews. These interviews documented experiences related to trauma, stigma, coping, healing, cultural identity, and family resilience.

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Key outcomes included increased community engagement around mental health and understanding of trauma. The project has potential to begin having conversation within families and community on ways to recognize stress and know how to get help.

The project also showed that orientation, individualized follow-up, and culturally informed support helped participants feel more prepared to share sensitive personal histories.

Overall, the project demonstrated that oral history can be a meaningful approach to reducing stigma, promoting dialogue, and supporting healing within Cambodian American families. The project strengthened community capacity by developing a replicable model for engaging Cambodian American families in mental health awareness through oral history.

LESSONS LEARNED

The project showed that trust-building, cultural sensitivity, and clear communication are essential when engaging Cambodian American families in conversations about trauma, mental health, and healing. Although there was strong community interest, some individuals were hesitant to participate because of stigma, privacy concerns, emotional readiness, or discomfort with being recorded.

This highlights the need for longer recruitment timelines, clear explanations of confidentiality, and more preparation before interviews.

Overall, the main lesson learned is that oral history can be a meaningful and culturally responsive approach to mental health awareness when implemented with care, respect, preparation, and participant-centered support.

Challenges:

One challenge was the requirement to identify a videographer during the proposal process. This expectation proved unrealistic because the project timeline and limited budget made it difficult to secure a firm commitment. As a result, the original commitment could not be fulfilled, and the vendor had to remain flexible and recruit a new videographer during implementation.

Some deliverable expectations were also difficult to meet within the project timeline. For example, deliverable 4.2A required the development of flyers and promotional materials.

However, there was also an expectation to create materials for a showcase event scheduled three months later. This was challenging because the vendor first needed to confirm an appropriate event location and determine the maximum allowable capacity.

The attendance target of 250 Cambodian American community members, as stated in the Statement of Work, was also overly ambitious for an event focused on trauma. While this level of attendance may be possible for a celebratory or cultural gathering, it was less realistic for a community event centered on sensitive topics such as historical trauma, emotional distress, and healing. The term “showcase” also created concern because it did not fully reflect the trauma-informed nature of the project or the sensitivity required when presenting participants lived experiences.

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In addition, requiring community event attendees to complete a participant evaluation form in addition to pre- and post-surveys was not realistic. For future projects, evaluation requirements should be streamlined so they are not overly burdensome for attendees. Comprehensive and meaningful qualitative data can also be captured through the oral history interviews, which provided authentic and trustworthy insight into participant experiences.

Despite these challenges, the vendor and LADMH staff worked collaboratively to meet the project goals. Their coordination and flexibility contributed to a successful community event and helped ensure that the project achieved its intended purpose.

RECOMMENDATIONS

- Continue using storytelling as a culturally meaningful approach to support healing, reflection, and community dialogue.
- Offer future sessions in Khmer or provide interpretation and translated materials to reduce language barriers and increase accessibility.
- Create opportunities for intergenerational participation so elders, adults, and younger family members can build shared understanding of family history, resilience, and legacy.
- Include optional follow-up support or referrals for participants who may experience emotional distress after sharing difficult stories.
- Collect additional evaluations in future sessions to strengthen the data set and better understand long-term outcomes related to stigma reduction, family communication, and healing.

CONCLUSION

The Cambodian Families Oral History Project #2 demonstrated that oral history can be a powerful and culturally meaningful tool for mental health awareness, education, and healing. By elevating Cambodian American family voices, the project helped reduce silence around emotional distress and created space for participants and community members to reflect on trauma, resilience, family connection, and hope. Future efforts can build on this model to strengthen outreach, deepen community engagement/education, and support culturally relevant healing across generations.

INTERVIEW RECORDINGS

- <https://youtu.be/0nMAVf0xtxM?si=NlqRjae01gMddz9n>
- <https://youtu.be/Bu9JasqFwTA?si=mt5vJnMCeBaS0v1J>
- <https://youtu.be/7PuvoP5PTSk?si=OjopZo7iaENUw2y7>
- <https://youtu.be/w0iUjCo-Tq?si=M3MkdP4xQZ9OMN7Y>
- <https://youtu.be/T49JGgimzEE?si=sMvvS4WOOwSW5RAy>
- <https://youtu.be/ggq-nXkY4s4?si=JWAuhq0wplbMLUyp>
- <https://youtu.be/0fEQN9m3pmM?si=7iAEtLpyuUb04sMQ>