

Challenges of Policy and Practice in Under-Resourced Asian American Communities:

Analyzing Public Education, Health, and Development Issues with Cambodian American Women

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I. INTRODUCTION

According to the U.S. Census Bureau's most recent American Community Survey ("ACS"), the growth of the Asian American population has outpaced that of all other racial groups in Massachusetts. From 2000 to 2005, the Asian American population increased by 23%; meanwhile, the Latino and Black populations grew by 14.5% and 6% respectively, and the White population declined by 4%.¹ Such growth has resulted in ever greater ethnic, socioeconomic, and language diversity for this population, which now includes recent immigrants and refugees of more than forty different ethnicities, together with those who have lived in the U.S. for generations. Limited methods of data collection and interpretation, however, have often portrayed Asian Americans as a homogeneous group, marginalizing important voices and perspectives—such as those of women who are low-income and speak little English. Such limitations perpetuate misconceptions among policymakers, researchers, and the general public.

Despite numerous critiques,² Asian Americans are still often referred

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1. Univ. of Mass. Boston, Inst. For Asian Am. Studies, Population by Race and Latino Origin in Massachusetts in 2000 and 2005, <http://www.iaas.umb.edu/research/acs2005/PopByRaceMA.shtml> (last visited Aug. 1, 2008).

2. See, e.g., TIMOTHY P. FONG, *THE CONTEMPORARY ASIAN AMERICAN EXPERIENCE: BEYOND*

to as a “model minority,” a label that distorts the rich diversity, complex realities, and critical challenges facing many segments of the population. Aggregate data may seem to show that Asian Americans excel educationally and economically; however, when disaggregated by ethnic group, data indicate that certain communities, especially Southeast Asians, have some of the highest poverty rates of any group locally or nationally. Indeed, Asian American communities occupy both ends of the socioeconomic spectrum: while some rank among the country’s most highly educated and highest income wage earners, others are among its most poorly educated and impoverished.

In 2000, for example, 9.1% of Cambodian American adults, 7.4% of Hmong American adults, 7.6% Laotian American adults, and 19.5% of Vietnamese American adults had a bachelor’s degree or higher, compared to 24.4% of American adults overall.³ Vietnamese Americans had an average per-person income of just over \$15,000, compared with over \$21,000 for the U.S. population overall.⁴ Cambodian and Laotian Americans had average per-person incomes below \$12,000 and Hmong Americans had the lowest average per-person income of any ethnic group described by the 2000 Census: \$6,613.⁵ In 1999, 29.3% of Cambodian Americans, 37.6% of Hmong Americans, 19.1% of Laotian Americans, and 16.0% of Vietnamese Americans lived below the poverty line, compared with 12.4% of the U.S. population overall⁶.

The lack of disaggregated Asian American data has obscured specific profiles of Southeast Asian American communities,⁷ which, in turn, has deprived those communities of funding and services. Unequal educational and economic realities affect health care access among Southeast Asian American immigrants and refugees.⁸

Khmer (Cambodian)⁹ American communities have comprised one of the fastest growing ethnic minority populations living in poverty in Metro

THE MODEL MINORITY (1998); ROBERT G. LEE, *ORIENTALS: ASIAN AMERICANS IN POPULAR CULTURE* (1999); VIJAY PRASHAD, *THE KARMA OF BROWN FOLK* (2000).

3. TC DUONG & MAX NIEDZWIECKI, S.E. ASIA RESOURCE ACTION CENTER (SEARAC), *SOUTHEAST ASIAN AMERICAN STATISTICAL PROFILE 15* (2004), <http://www.searac.org/seastatprofilemay04.pdf>.

4. *Id.* at 21.

5. *Id.*

6. *Id.* at 22.

7. The lack of desegregated data here refers to, for example, specific forms of disaggregated data at the local (including city or state) level. *See infra* Part II for a specific case regarding the need for disaggregated data.

8. Southeast Asian women’s health disparities have been documented by the Asian & Pacific Islander Women’s HIV/AIDS National Network. *See, e.g.*, HIEU MINH NGO ET AL., *ASIAN & PACIFIC ISLANDER WOMEN’S HIV/AIDS NATIONAL NETWORK, IN OUR OWN VOICES: ASIAN AND PACIFIC ISLANDER WOMEN AND HIV/AIDS* (2006). Qualitative data or examples of Asian and Pacific Islander women of low-income and/or low educational status reporting limited access to health care can be found in this report.

9. In this article, I use “Cambodian” and “Khmer” interchangeably.

Boston for the past two decades. However, the lack of literature on their rapid growth has generated significant challenges for services—particularly in small cities such as Revere, Lowell, and Lynn—and implicated public policy debates regarding refugee resettlement, immigration, welfare reform, bilingual education, English-Only legislation, community economic development, and ethnic political empowerment. Furthermore, few studies have examined gender dynamics within Khmer communities or multi-ethnic interactions between Khmer and other populations who inhabit the same urban spaces.¹⁰ Many Khmer Americans continue to live in poverty, though they are no longer “newcomers.” Of all the Asian ethnic groups in Massachusetts, Cambodian Americans have the highest proportion of persons with low-income status: 24.6% of Cambodians live in poverty, and 53.3% are considered poor or low-income.¹¹ Moreover, Cambodian Americans have lower levels of educational attainment than the overall population. The median educational attainment for low-income Cambodian Americans is tenth grade,¹² while just below 2.9% of Cambodians have a graduate or professional degree.¹³ These realities challenge the stereotypical assumption that Asian Americans have succeeded educationally and economically during the past two decades.

In this Article, I explain the importance of research, policy, and practice pertaining to Khmer Americans. I highlight not only the necessity of gathering and analyzing disaggregated data, but also the power and meaning of community-centered research that is grounded in Khmer American women’s experiences with educational, health-related, and economic interventions. In highlighting the experiences, stories and voices of Khmer American women, this article emphasizes the need for data disaggregated by gender, ethnicity, geography, and history. It also reveals the need for researchers, policymakers, and community practitioners to understand how Khmer American women negotiate the complex issues affecting not only women, but also the entire family or community unit.

Khmer women have long played critical domestic and economic roles, but in the U.S., their ability to develop voice and power in the public realm contrasts with the downward mobility and decreased social recognition

10. See, e.g., Peter N. Kiang, *When Know-Nothings Speak English Only: Analyzing Irish and Cambodian Struggles for Community Development and Educational Equity*, in *THE STATE OF ASIAN AMERICA: ACTIVISM AND RESISTANCE IN THE 1990S* 125 (Karin Aguilar-San Juan ed., 1994); Peter N. Kiang, *Southeast Asian and Latino Parent Empowerment: Lessons from Lowell, Massachusetts*, in *EDUCATION REFORM AND SOCIAL CHANGE: MULTICULTURAL VOICES, STRUGGLES, AND VISIONS* 59 (Catherine E. Walsh ed., 1996).

11. MICHAEL LIU ET AL., UNIV. OF MASS. BOSTON, INST. FOR ASIAN AM. STUDIES, *LOW INCOME ASIAN AMERICANS 4* (2007), <http://www.iaas.umb.edu/publications/general/LowIncRep.pdf>.

12. *Id.* at 14.

13. PAUL WATANABE ET AL., METRO BOSTON EQUITY INITIATIVE OF THE HARVARD CIVIL RIGHTS PROJECT, *ASIAN AMERICANS IN METRO BOSTON: GROWTH, DIVERSITY, AND COMPLEXITY* 18 (2004), http://www.iaas.umb.edu/publications/general/AA_Metro_Boston.pdf.

experienced by Khmer men.¹⁴ Language and cultural barriers, non-transferability of credentials, and racism persist as barriers to positions of status for Asian male refugees and immigrants.¹⁵ As Khmer American women seek empowerment in the U.S., they often take into account these realities, choosing to be in dialogue with men rather than in opposition to them, while seeking to transform traditional gender and family roles and to combat gender-based violence.

This Article draws on demographic analyses of the Asian American population in Metro Boston conducted by colleagues from the University of Massachusetts Boston's Institute for Asian American Studies¹⁶ and on original community research that I conducted in Lynn, Revere, and Lowell, Massachusetts in the past decade. My analysis reflects long-term, methodological, and programmatic commitments to grounded theory and critical ethnography in following the holistic development and life stories of these communities.¹⁷ Understanding the issues facing such communities—those who are no longer “newcomers” yet still struggle with poverty—illuminates the broader context of social and political forces affecting women's economic empowerment; it also suggests potential strategies for serving women in other rapidly growing immigrant and refugee communities in the U.S.

Part I describes the historical and political background of Cambodian migration to the U.S. and the development of the Khmer American community in Metro Boston over the past three decades. Part II examines the policy challenges posed by the lack of disaggregated data in the areas of education, health, and community development. This section also presents policy recommendations for community and governmental action. Part III explores the Cambodian American community's policy challenges through the perspectives of young Khmer women. This section illustrates the potential of community-centered research and policy solutions. Part IV concludes the Article by reiterating the importance of foregrounding the voices of Khmer American women in order to understand the complex issues and opportunities facing them.

14. See, e.g., Khatharya Um, *Resettlement into Limbo*, in UNFAMILIAR PARTNERS: ASIAN PARENTS AND U.S. PUBLIC SCHOOLS 29 (Bouy Te et al. eds., 1997).

15. See generally YEN LE ESPIRITU, *ASIAN AMERICAN WOMEN AND MEN: LABOR, LAWS, AND LOVE* (1996).

16. WATANABE ET AL., *supra* note 13.

17. See Shirley Suet-ling Tang, *Community-Centered Research as Knowledge/Capacity-Building in Immigrant and Refugee Communities*, in ENGAGING CONTRADICTIONS: THEORY, POLITICS AND METHODS OF ACTIVIST SCHOLARSHIP 263 (Charles R. Hale ed., 2008); Peter N. Kiang et al., *Developing and Sustaining Community Research Methods and Meanings in Asian American Studies Coursework*, in THE HANDBOOK OF RESEARCH METHODS IN ETHNIC STUDIES 367 (Tim Fong ed., 2008); Peter N. Kiang, *Stories and Structures of Persistence: Ethnographic Learning through Research and Practice in Asian American Studies*, in ETHNOGRAPHY AND SCHOOLS: QUALITATIVE APPROACHES TO THE STUDY OF EDUCATION 223 (Yali Zou & Henry T. Trueba eds., 2002).

II. THE HISTORY, ARRIVAL, AND DEVELOPMENT OF THE KHMER AMERICAN COMMUNITY

A. *Khmer American Contexts*

In April 1975, the withdrawal of U.S. military forces from Vietnam triggered a process of forced migration and refugee flight from Southeast Asia to the U.S., France, Australia, and other countries world-wide.¹⁸ Specifically in Cambodia, the Communist Khmer Rouge revolution and its subsequent holocaust from 1975 to 1978, followed by the Vietnamese occupation of Cambodia beginning in 1978, caused hundreds of thousands of Khmer to flee their homeland.¹⁹ Many escaped on foot across the 200-mile width of the country to the Thai and Vietnam borders.²⁰

During the 1980s, roughly 150,000 Cambodian survivors resettled in the U.S.²¹ Not only were they dislocated from their homeland and forcibly separated from family members, but they were also witnesses to mass executions and the deaths of loved ones, victimized by forced labor and starvation, denied medical care, and raped and tortured in refugee camps. These refugees—Cambodian adults and unaccompanied minors—came from a context of violence and trauma caused by war and auto-genocide,²² combined with the devastation of the agrarian economy and the disruption of the traditional social-cultural-spiritual system.²³

Due to the trauma imposed during the Khmer Rouge period, Cambodian refugees have experienced high rates of mental illness. Studies of Southeast Asian refugees have shown that relative to other refugee groups, Cambodians were subjected to a higher degree of exposure to violence and dislocation and longer periods of confinement in refugee camps. Khmer Rouge policies of breaking families into separate units and mobile work teams also made it difficult for family members to escape together.²⁴ In addition, disappearances and mass executions of family and community members deprived many refugees of a sense of closure.²⁵

Because of this history, many Cambodians have struggled to adapt to life in the U.S., even after fifteen to twenty years. Khmer American communities suffer high rates of post-traumatic stress disorder (“PTSD”) and related health and mental health problems.²⁶ Cambodians have been

18. See W. COURTLAND ROBINSON, *TERMS OF REFUGE: THE INDOCHINESE EXODUS AND THE INTERNATIONAL RESPONSE* 1, 2, 10-26 (1998).

19. SUCHENG CHAN, *SURVIVORS: CAMBODIAN REFUGEES IN THE UNITED STATES* 1-38 (2004).

20. *Id.* at 39.

21. *Id.* at 81.

22. See ALEXANDER LABAN HINTON, *WHY DID THEY KILL?: CAMBODIA IN THE SHADOW OF GENOCIDE* 15 (2005).

23. See CHAN, *supra* note 19; AIHWA ONG, *BUDDHA IS HIDING* 40 (2003).

24. See, e.g., J.D. Kinzie, *The Concentration Camp Syndrome Among Cambodian Refugees*, in *THE CAMBODIAN AGONY* 332 (David Ablin & Marlowe Hood eds., 1992); Um, *supra* note 14, at 34.

25. Um, *supra* note 14, at 34.

26. See Carolyn Erickson D’Avanzo & Sasha A. Barab, *Depression and Anxiety Among*

found six to seven times more likely to be in severe psychological need²⁷ than the general population. Over 40% have been found to be in moderate or high need categories.²⁸ Not surprisingly, many Cambodian refugees have faced difficulties in learning English and adapting to their new environments, particularly when they do not have access to culturally and linguistically appropriate mental health services, as is often the case.²⁹

B. Khmer American Communities in Metro Boston

In the late 1970s and early 1980s, Cambodians, along with Lao and Vietnamese, began arriving in Boston and other cities in Massachusetts from refugee camps in Southeast Asia. This first migration was facilitated by resettlement programs of voluntary agencies such as Catholic Charities and the International Rescue Committee. A secondary migration of refugees who had been resettled initially in other parts of the U.S. soon followed. By 1990, the influx of Cambodian refugees began to slow with the closing of some of the refugee camps along the Thai-Cambodian border. Cambodians in Metro Boston, however, continued to move within the state to Revere and especially to Lowell, just north of Boston.³⁰

Throughout the 1980s, many Cambodian refugees were drawn to Massachusetts by employment opportunities, progressive social welfare policies, and some of the first Cambodian Buddhist temples in the country.³¹ Many Cambodians found factory jobs in plants assembling electronics, computers, and medical supplies. Revere and Lowell have served as mixed commercial-residential hubs for Cambodian Americans, while Lynn now has the fastest-growing Cambodian American population in Massachusetts. Census figures in 2000 show that the concentration of Cambodian Americans in metro Boston—including the three distinct communities of Lowell, Lynn, and Revere—is outnumbered only by that of Long Beach, California.

Cambodian community development began with small residential

Cambodian Refugee Women in France and the United States, 19 ISSUES IN MENTAL HEALTH NURSING 541, 550-53 (1998); Rita Chi-Ying Chung, *Psychosocial Adjustment of Cambodian Refugee Women: Implications for Mental Health Counseling*, 23 J. MENTAL HEALTH COUNSELING 115, 118-21 (2001).

27. Aihwa Ong, *Making the Biopolitical Subject: Cambodian Immigrants, Refugee Medicine and Cultural Citizenship In California*, in CULTURAL COMPASS: ETHNOGRAPHIC EXPLORATIONS OF ASIAN AMERICA 85, 92 (Martin F. Manalansan IV ed., 2000).

28. *Id.*

29. See RICHARD F. MOLLIKA, HEALING INVISIBLE WOUNDS: PATHS TO HOPE AND RECOVERY IN A VIOLENT WORLD 8-24 (2006); Leakhena Nou, A Qualitative Examination of the Psychosocial Adjustment of Khmer Refugees in Three Massachusetts Communities 21-22 (August 2006) (occasional paper, Institute for Asian American Studies); Grant N. Marshall et al., *Mental Health of Cambodian Refugees Two Decades After Resettlement in the United States*, 294 J. AM. MED. ASSN. 571, 575-78 (2005).

30. NANCY J. SMITH-HEFNER, KHMER AMERICAN: IDENTITY AND MORAL EDUCATION IN A DIASPORIC COMMUNITY 10 (1999).

31. CHAN, *supra* note 19, at 102-06.

clusters in the Brighton and East Boston neighborhoods. By 1980, modest efforts toward community development, ranging from social services and bilingual education in public schools to traditional Khmer dance instruction, were already underway. Resettlement efforts in other parts of Massachusetts, such as Fall River and Amherst, combined with escalating rents and racial harassment in Boston, led to secondary and tertiary migration of Cambodian residents out of Boston to more affordable areas in nearby cities like Chelsea and Revere, and later Lynn and Lowell.³² By the late 1980s, state officials and community leaders estimated that the Cambodian population in eastern Massachusetts had reached 18,000 to 25,000.

During the early years of resettlement in the 1980s, Cambodian refugees faced intense racial violence, ranging from vandalism and harassment to fire-bombings and murder.³³ As threats and attacks continued into the 1990s, Khmer American gang activity emerged as an adaptive response by youth to claim identity and gain protection in school and on the street. Local violence, then, compounded the traumas already survived by Cambodian refugee families from war, forced migration, and displacement through resettlement—further affecting not only individuals, but also intergenerational family dynamics.³⁴

Moreover, while elders primarily speak Khmer, second-generation youth have acquired English as their first language, along with urban “American” identities that challenge their families’ traditional cultural norms.³⁵ Increasingly, the older generation experiences loss of control over their children, while youth navigate between their families’ home culture and the external world where they deal on their own with issues of racial harassment and violence. As economic hardship, social alienation, and family conflicts intensify, young women in particular struggle to balance expectations from both Khmer and U.S. cultures.

32. See, e.g., Tuyet-Lan Pho et al., *Introduction*, in *SOUTHEAST ASIAN REFUGEES AND IMMIGRANTS IN THE MILL CITY: CHANGING FAMILIES, COMMUNITIES, INSTITUTIONS—THIRTY YEARS AFTERWARD* 10-36 (Tuyet-Lan Pho et al eds., 2007).

33. For specific examples of racial violence, see generally Shirley Suet-ling Tang, “Enough is Enough!”: Struggles for Cambodian American Community Development in Revere, Massachusetts 41-45 (Aug. 19, 2002) (unpublished Ph.D. dissertation, State Univ. of New York—Buffalo) (on file with Langson Library, UC Irvine) [hereinafter Tang, “Enough is Enough!”].

34. See Bea Wehrly, *Cultural Diversity from an International Perspective, Part Two*, 16 J. MULTICULTURAL COUNSELING AND DEV. 3, 8-10 (1988); USHA WELARATNA, *BEYOND THE KILLING FIELDS* 165-68 (1993).

35. See Phala Chea, *Effects of Cultural and Ethnic Identity on Academic Performance and Self-Esteem of Cambodian Adolescents* 20-23 (2003) (unpublished Ph.D. dissertation, University of Massachusetts, Lowell).

III. UNDER-RESEARCHED AND UNDER-RESOURCED: LACK OF DATA CREATING POLICY CHALLENGES

In November 2007, the Massachusetts Department of Public Health (“MDPH”) released a major report on racial and ethnic health disparities that offers a glimpse of disaggregated data.³⁶ In several data tables, MDPH provides city-level data for Boston, Revere, and other municipalities. One way of partially disaggregating data by ethnicity is by tracking home language.³⁷ For example, in the city of Revere, 2.5% of residents over age five speak Khmer (Cambodian) at home, while only 0.4% and 0.1% of residents statewide and in the city of Boston respectively speak Khmer at home.³⁸ Given that Asian Americans comprise just over 5% of Revere’s population,³⁹ it is reasonable to assume that many of Revere’s Asian American residents are ethnically Cambodian.

In light of these facts, MDPH data on teen birth rates are especially noteworthy.⁴⁰ The statewide rate, defined as the number of births per 1000 women ages 15-19, is just over twenty-two.⁴¹ For Asian Americans statewide (not disaggregated), the rate is sixteen.⁴² For Asian Americans in the city of Boston, the rate is only seven.⁴³ In striking contrast, however, the rate of Asian American teen births in Revere is thirty-nine⁴⁴—far greater than the other Asian American rates reported and greater than the statewide rate as a whole. Though the racial and ethnic categories are not directly interchangeable, consideration of teen birth rate data together with home language data suggests that many of the Asian American teen mothers in Revere are Khmer American. If so, young Khmer American women in Revere may face issues that differ dramatically from those of their Asian American peers in metro Boston—issues that may require targeted intervention as well as dedicated research.

Furthermore, even if it is reasonable to assert, based on the limitations of MDPH data, that Khmer American young women in Revere have significantly higher rates of teenage motherhood than other Asian

36. MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, RACIAL AND ETHNIC HEALTH DISPARITIES BY EOHS REGIONS IN MASSACHUSETTS (2007), available at http://www.mass.gov/Eeohhs2/docs/dph/research_epi/disparity_report.pdf [hereinafter MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH].

37. *Id.* at 288. This approach has some limitations, however, due, in part, to the complexities of language dialects. For example, residents of Boston and Brookline shown in Table 238, both include significant percentages of Chinese-speakers, but no distinction is made between Cantonese, Mandarin, Fujianese, Taishanese, or other dialects of Chinese that might be relevant for service delivery and follow-up research.

38. MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, *supra* note 36, at 288.

39. *Id.* at 287.

40. *Id.* at 293.

41. *Id.*

42. *Id.*

43. *Id.*

44. *Id.*

American groups in the region, the available data do not explain why. Thus, the need clearly exists for additional data, particularly qualitative and ethnographic. For example, the education, health, economic, and family/community contexts of Cambodian American women, and how these women view their own choices and actions need to be further explored.

The case of Revere underscores the need for relevant, reliable data collection and analysis regarding Cambodian Americans and other similarly under-resourced Asian American communities. The umbrella “pan-Asian” racial category hides the profiles and silences the voices of these under-resourced communities, obscuring their needs from policymakers and the public. In my work, I have begun to address the challenge of more fully documenting and analyzing the development of Khmer American communities. I have conducted direct research and led collaborative community research projects with organizations such as ROCA (a youth and community development program) in Revere, the Khmer Association of the North Shore (“KANS”) in Lynn, and the Massachusetts Asian AIDS Prevention Project (now known as Massachusetts Asian and Pacific Islanders for Health or MAP for Health) in Lowell.⁴⁵ In the next section, I focus on women-centered stories, voices, and issues to highlight the need to support educational advancement, healthcare access, and community economic development of Khmer Americans in these cities. I also highlight demographic analyses based on the 2000 U.S. Census data for Cambodian Americans in metro Boston produced by my colleagues at University of Massachusetts, Boston’s Institute for Asian American Studies.⁴⁶

A. Public Education

Due to the underuse of disaggregated data, researchers and policymakers often overlook educational challenges particular to Khmer Americans. As a result, resources are not adequately allocated to assist Khmer American communities in raising their levels of educational

45. For more specific cultural-historical and community contexts of Revere, Lynn, and Lowell, Massachusetts, *see generally* Tang, “Enough is Enough!”, *supra* note 33, at 26-72; *see also* SHIRLEY SUET-LING TANG, AN ASSESSMENT OF KHMER AMERICAN COMMUNITY NEEDS IN LYNN, MASSACHUSETTS (Khmer Association of the North Shore 2004) [hereinafter TANG, KANS ASSESSMENT]; SHIRLEY SUET-LING TANG, COMMUNITY DEVELOPMENT AS PUBLIC HEALTH/PUBLIC HEALTH AS COMMUNITY DEVELOPMENT: A REPORT OF THE NEEDS ASSESSMENT ON HIV/AIDS AMONG CAMBODIAN AMERICANS IN LOWELL, MASSACHUSETTS (Massachusetts Asian AIDS Prevention Project 2002) [hereinafter TANG, NEEDS ASSESSMENT ON HIV/AIDS].

46. The Institute’s May 2004 report, ASIAN AMERICANS IN METRO BOSTON: GROWTH, DIVERSITY, AND COMPLEXITY, produced for the Metro Boston Equity Initiative of the Harvard Civil Rights Project, utilizes the U.S. Census geographical area of “Boston-Worcester-Lawrence-Lowell-Brockton, MA-NH” as its definition of metro Boston. Revere, Lynn, and Lowell are included within this Metro Boston area. *See* WATANABE ET AL., *supra* note 13, at 1.

achievement.⁴⁷ According to the Institute for Asian American Studies analysis of Census 2000 data, Cambodians in metro Boston have significantly lower levels of educational attainment than other Asian Americans.⁴⁸ For example, of the population 25 years and older, nearly 40% of Cambodian Americans have less than a ninth grade education compared to 22% of Vietnamese, 15% of Chinese, and 4% of Indian Americans.⁴⁹ Similarly, nearly 50% of Indian and 30% of Chinese Americans in metro Boston hold a graduate or professional degree, compared to 4.4% of Vietnamese and 2.9% of Cambodian Americans.⁵⁰

Community-centered research serves to triangulate Census data and shows that young Khmer Americans face urgent issues in public schools. When provided with culturally relevant and responsive channels, Cambodian American parents point to the severe lack of support in schools for Cambodian American students. This problem is illustrated in the story of a Cambodian mother in Lynn:

My daughter was not going to school every day. When I met with the principal and the school counselor they said, “your kid is doing okay.” I was very concerned about my child’s education and her future but there was no or very little support from school officials. They didn’t have any interest or concern about my child[’s] education and learning. In the end, my child dropped out of school.⁵¹

Many parents identify racism in school as a persistent problem.⁵² Another mother in Lynn reveals that teachers are generally unprepared to handle inter-racial relationships among students:

My own children have faced racist comments and remarks about Khmer people. My elementary child was told by an American child that “Cambodians eat cat and dog food and should go back to Cambodia.” When I spoke to my child’s teacher about this, she said they don’t deal with that issue.⁵³

According to many parents, educational programs are not geared toward assisting Khmer American communities, nor are they monitored for linguistic or cultural competence.⁵⁴ Community research indicates that

47. In a recent report, the U.S. Government Accountability Office suggests that Southeast Asian or Indochinese American subgroups, such as Khmer American communities, may not be receiving adequate resources and services to support increases in their educational attainment. *See* U.S. GOV’T ACCOUNTABILITY OFFICE, HIGHER EDUCATION: INFORMATION SHARING COULD HELP INSTITUTIONS IDENTIFY AND ADDRESS CHALLENGES SOME ASIAN AMERICANS AND PACIFIC ISLANDER STUDENTS FACE 23-28 (2007), *available at* <http://www.gao.gov/new.items/d07925.pdf> [hereinafter GAO REPORT].

48. WATANABE ET AL., *supra* note 13.

49. *Id.* at 18-19.

50. *Id.* at 19.

51. *See* TANG, KANS ASSESSMENT, *supra* note 45, at 9.

52. *Id.*

53. *Id.* at 10.

54. *Id.*

teachers' linguistic and cultural incompetence undermines young people's learning and self-esteem. For example, two young women contrast their educational experience with that of White students:

We are ESL students, we speak another language . . . if they [the teachers] see an Asian kid and a white kid, they would not look at grammar for the white kid, but for us they always emphasize that . . . Teachers put down the kids and pick on them a lot and make them feel less confident, so I think teachers should be more aware of what they say and stuff to Asians.⁵⁵

Regrettably, educational policies at national, state, and local levels also take their toll on younger generations of Cambodian Americans. As educational researcher Peter Kiang has demonstrated, the Massachusetts Comprehensive Assessment System ("MCAS") reproduces inequalities in the state's public education system.⁵⁶ The MCAS is a mandatory, high stakes test in various subject areas, administered in every public school district in Massachusetts between the third and tenth grades.⁵⁷ Students must pass the tenth grade English and math MCAS tests in order to graduate from high school.⁵⁸ While the Massachusetts Department of Education aggregates all Asians in score reports, Kiang shows that among the fifteen Massachusetts districts with the largest number of Asian American students, districts where mean scaled scores for Asian tenth graders were failing in 1999 are exactly those districts where Southeast Asian Americans are concentrated—Cambodians in Lowell, Lynn, Fall River, and Revere; Hmong in Fitchburg; and Vietnamese in Boston, Worcester, and Springfield.⁵⁹ Among tenth graders who must pass the MCAS to graduate, 50% of Revere's Asian students—nearly all of whom are Cambodian American—failed the English exam in 1999; 69% failed the math exam; and 63% failed the science exam.⁶⁰ Using the MCAS as a graduation requirement clearly has a disparate impact on Southeast Asian American populations, though this fact is obscured by aggregate data reports. Furthermore, public discourse about the K-12 "achievement gap" consistently casts Asian and White students as "successful" in contrast to Latino and Black students. Policy decisions to exclude Asian Americans from services, financial assistance, and other educational support, then, harm Khmer American students disproportionately.

Young Khmer Americans do not fit the "model minority" stereotype

55. *Id.*

56. Peter Nien-chu Kiang, *Checking Southeast Asian American Realities in Pan-Asian American Agendas*, AAPI NEXUS, Winter/Spring 2004, at 49, 59–61.

57. *Id.* at 59–60.

58. Peter Nien-chu Kiang, *Linking Strategies and Interventions in Asian American Studies to K-12 Classrooms and Teacher Preparation*, 17:2 INT'L J. OF QUALITATIVE STUDIES IN EDUC. 199, 205–06 (2004).

59. *Id.* at 206.

60. Kiang, *supra* note 56, at 60.

that is widely used to characterize Asian American students. Khmer American and other Southeast Asian American communities continue to struggle with lower levels of educational, economic, and professional attainment compared to other Asian American groups.⁶¹ In economically distressed Khmer American neighborhoods, many young people have dropped out of high school—and even middle school—and are engaged in street or gang activities, on probation, in jail, or in detention facilities facing deportation.⁶² Like their parents, young Khmer Americans face a labor market that demands skills they have not had opportunities to develop. Furthermore, the school system, the criminal justice system, the anti-immigrant political climate, and racial profiling by local and state police converge as powerful forces that restrict the resources, opportunities, and aspirations available to young people in their cities, communities, and within themselves.⁶³

Educational policymakers must design programs to address significant educational disparities that exist within the Asian American population.⁶⁴ Programs should aim to increase linguistic and cultural competence of teachers, counselors, and other school personnel who work with Khmer American students and parents. School districts should actively recruit, train, and support bilingual/bicultural Khmer American teachers and staff.⁶⁵ In addition, programs should enable Khmer American parents to participate in local and state advisory councils, consortiums, and planning groups. Furthermore, state and local jurisdictions should establish a system to examine the alarming MCAS failure rates of Khmer American students. Based on such examinations, state and local governments should allocate programs and funds to address the needs of communities that are most affected by existing high-stakes testing policies.⁶⁶ Disaggregated data must also be collected and analyzed to ensure that educational programs, services, and interventions—from school and home to the streets—effectively reach Khmer Americans.

61. See GAO REPORT, *supra* note 47, at 4-5.

62. See Bill Ong Hing, *Detention to Deportation—Rethinking the Removal of Cambodian Refugees*, 38 U.C. DAVIS L. REV. 891, 900-03 (2005).

63. *Id.* at 943-51.

64. These disparities and their implications for Southeast Asian American and Pacific Islander populations' access to higher education opportunities were presented in the recent Government Accountability Office federal report. See *generally* GAO REPORT, *supra* note 47.

65. Ironically, however, bilingual education was essentially eliminated by a statewide voter referendum in 2002, and several Khmer-speaking teachers in Lowell were then fired, based on their failure to pass an English-proficiency teacher test. The fired teachers filed a discrimination claim in 2003 with the support of the Asian American Legal Defense and Education Fund. An arbitrator ruled in 2006 that the Lowell Public Schools had to reinstate them. See Maria Cramer, *3 Lowell Teachers Ordered Reinstated*, BOSTON GLOBE, Mar. 30, 2006, at B2; Jenna Russell, *Lowell Teachers Say Test Is Racist*, BOSTON GLOBE, July 20, 2003, at B5.

66. Although the federal No Child Left Behind Act mandates these actions, it is not enforced, allowing state and local actors to fail to target these resources.

B. Public Health

Khmer American women bear a cultural responsibility to ensure the overall health of their families.⁶⁷ They influence the health-related decisions of their partners and they determine when and how children should seek health services. Community research shows, however, that the lack of trained health practitioners and interpreters affects access to care and quality of services among Khmer women and their families.

In Lowell, community members express ambivalence about health care providers who do not have the knowledge and experience in dealing with cultural and language barriers facing the Khmer community.⁶⁸ This ambivalence leads to distrust of mainstream health institutions and compounds the community's lack of information about health insurance and Medicare.⁶⁹ Even English-speaking young Khmer women who grew up in the U.S. often prefer traditional Asian healing methods, such as herbal medicine and coining and cupping, to mainstream health services. Some also report that they take pills prescribed for others—a practice common among adult Khmer women.⁷⁰

Additionally, the lack of culturally and linguistically appropriate translation services creates stressful obligations for the bilingual, bicultural younger generation. These stresses affect the health of Khmer American youth and their performance at work and in school. In Lowell, Khmer American youth report that they frequently serve as interpreters for family members. A young woman recalls her aunt's brain surgery and how the lack of translation services has affected her education:

After the surgery there was no translator in the ICU room at Salem Hospital, [there were] no Asians/Cambodians there. So me and my sister had to switch turns sleeping in the ICU room with her, my aunt. At that time, school just got started because it was in September so we had to go back and forth and take our stuff to the hospital, brush our teeth and stuff there and clean our stuff there and then go to school after . . . [We had to] drive back and forth everyday so I have to come back home have to cook for her, clean the house, go back to sleep, and then she comes back home and do her homework and stuff like that. There should be a translator there.⁷¹

Cultural issues influence community health in significant ways. To address the needs of Khmer communities effectively, public health programs must value cultural resources and community strengths. Many Cambodians have used traditional healing to cope with illnesses and other health conditions. Programs that draw on traditional culture to complement

67. TANG, NEEDS ASSESSMENT ON HIV/AIDS, *supra* note 45, at 8.

68. *Id.* at 6-7.

69. *Id.* at 7.

70. *Id.* at 8.

71. *Id.* at 9.

Western medicine can provide effective interventions for treating symptoms associated with war trauma. The Metta Health Clinic of the Lowell Community Health Center, for example, integrates traditional and Western health practices. It serves as a model to increase access to healthcare and improve the health of the community.⁷² The clinic offers linguistically and culturally appropriate services for Southeast Asian Americans in Lowell through four components: medical health (physicians and family nurse practitioners), mental health (clinical social workers and outreach workers), alternative health (acupuncturists, massage therapists, Kruu Khmer/traditional healers, and Khmer monks), and support services.⁷³

Moreover, bilingual/bicultural health workers play critical roles in promoting health care access and the utilization of preventive services. Community research shows that both Khmer adults and youth are open to health education—including such taboo topics as domestic violence, HIV/AIDS, and high risk behaviors such as unsafe sex and substance abuse—when and if culturally relevant programs are provided.⁷⁴ A significant number of Southeast Asian American health workers have emerged in Lowell over the last decade,⁷⁵ signifying a major advancement in the community's capacity to develop fresh, effective prevention strategies. Health programs must support these health workers by providing opportunities for continuing education, leadership development, and professional advancement.

Furthermore, the importance of indigenous institutions in Khmer communities must be recognized. Most health practitioners in Lowell are also community leaders who draw on multiple roles, resources, and relationships with indigenous institutions to engage people in accessing health care and prevention services. For instance, a bilingual HIV/AIDS health worker for Lowell's HIV/AIDS needs assessment also serves as a nun at the local Buddhist temple, volunteers for a community-based women's organization, and hosts a bilingual Khmer talk show for the city's cable television station. She promotes and translates HIV/AIDS prevention in various settings through her multiple roles, thereby reaching different constituencies, including elderly women who regularly attend the temple. She illustrates the ways in which programs can acknowledge the indigenous strengths of the community and use the cultural roles of nuns and monks to engage even the older Khmer population in effective health practices.⁷⁶

72. See Monica Rhor, *Crossing the Border: Doctors Explore Traditional Medicine to Better Care for Immigrant Patients*, BOSTON GLOBE, Apr. 27, 2004, http://www.boston.com/news/science/articles/2004/04/27/crossing_the_border.

73. TANG, NEEDS ASSESSMENT ON HIV/AIDS, *supra* note 45, at 18.

74. *Id.* at 13.

75. *Id.* at 15.

76. See NANCY P. GRAFF & RICHARD HOWARD, WHERE THE RIVER RUNS 60-65 (1993);

Policymakers must prioritize building capacity for public health services to promote both short- and long-term community health. Such efforts must be community-driven and sustained over time, incorporating culturally and linguistically appropriate models of health care and preventative services, as well as indigenous institutions.

C. Community and Economic Development

Khmer Americans contribute significantly to the Massachusetts economy through taxes and their participation in the labor force. But like Blacks, Latinos, and Native Americans, Cambodian Americans have family incomes at the lowest end of the spectrum.⁷⁷ According to the Institute for Asian American Studies, Cambodian Americans have the lowest median household income of any Asian American group in Metro Boston at \$37,295. The White population, by comparison, has a median household income of \$54,976.⁷⁸ According to data disaggregated by Asian American subgroup, fewer than 20% of Cambodian households have incomes over \$75,000, compared to almost half of all Indian households.⁷⁹ About 25% of Cambodian American households have incomes below \$20,000,⁸⁰ while the per capita income of the Cambodian American population is just over \$10,000.⁸¹ In fact, in metro Boston, about 24% of the Cambodian population lives in poverty, compared to 6.4% of the total population and 4.4% of Whites.⁸² The percentage of Cambodian American households receiving public assistance (16.9%) is over eight times that of White families (2.1%) and over six times that of the total population (2.7%).⁸³

As with education and public health issues, community research and documentation serve to triangulate census data and statistical profiles. Interviews, narratives, and other community-based qualitative research illustrate how economic challenges impact the daily lives of Khmer American families. For instance, a single mother describes the many problems she faces living in Lynn, including the lack of affordable housing:

I have a very difficult life in the United States . . . I am qualified for Section 8⁸⁴ at Lynn Housing. But I couldn't find any apartment because I have many young children. I had only four months to look for an apartment before Section 8 became expired. Parents with many children

MOLLICA, *supra* note 29, at 10-19.

77. WATANABE ET AL., *supra* note 13, at 12.

78. *Id.*

79. *Id.* at 13.

80. *Id.*

81. *Id.* at 14.

82. *Id.*

83. *Id.* at 15.

84. For general information about the Section 8 Rental Voucher Program, see <http://www.hud.gov/progdsc/voucher.cfm>.

in low-income families are having difficulty with housing. I received some assistance to pay for the heat during the cold [season]. But on some days, it's very cold and the heat runs out. I owe \$400 to \$500 for the heat. I don't know where to look for assistance I am a single mother with many children, from 3 to 14 years old. I have so many problems, such as my children's education, housing, and language problems⁸⁵

Another young woman recalls her family's first home-buying experience in the U.S. and expresses the need for adequate translation services in government agencies:

There was a situation that my family had to face when we first bought a house For our heating system we hired someone we knew from the outside He finished his job and [somebody sent by] the City came to check and say it was all wrong! We didn't know what to say or do We were chumped and we didn't know the rules or regulations . . . [and we didn't know we should] get a professional license[d] person to do it [At that time] I didn't know how to speak English that well . . . [I was] trying to explain to my parent [that the people at City Hall didn't] believe us. [We went] back and forth to [] City Hall. Na who was my tenant went to college and knew a lot of English. She went to explain to [] City Hall that we were cheated on [There is a] lack [of] translator[s] out there we [need to] explain our problems.⁸⁶

Khmer women with limited English proficiency are often deprived of access to mainstream resources due to their inexperience with U.S. institutions and the lack of translation services. Federal and state agencies, including the Department of Housing and Urban Development ("HUD"), should therefore work with Asian American community development corporations ("CDCs") and other community organizations to ensure equitable and accountable services, including the Section 8 program, reduce institutional discriminatory practices, including rental and mortgage financing practices, and provide access to adequate and affordable housing in Khmer American communities.

In addition to housing problems, exploitative labor conditions and racial discrimination in the workplace are major concerns for Khmer Americans. Such challenges arise regardless of an employee's English proficiency, length of U.S. residence, and citizenship status. For example, a young Khmer American woman who speaks fluent English and works in the service industry contrasts her experience with that of a White peer:

It was almost closing time. It was me and this Caucasian girl. So my manager came up to me and asked me to clean the boys bathroom while the other girl gets to organize the teddy bears She made me . . . do the hard work while the Caucasian girl got it easy. And this didn't happen once, this happen[ed] other times too. One time[,] she made me vacuum the whole entire store . . . while the other girl [took] the trash [out] and it

85. TANG, KANS ASSESSMENT, *supra* note 45, at 14.

86. *Id.* at 13-14.

was the easy job. She always makes me do the harder job while the other girl gets to do the easy job Last time [she] make me clean the sliding door . . . [it was] so hard to clean . . . you know how short I am . . . the door [was] closing on me Yeah, I think this is discrimination⁸⁷

Another Khmer American woman responds to unequal treatment by asserting her American identity and simultaneously challenging assumptions that she is a foreigner. She recalls:

A Caucasian man . . . would not allow me to park in the company parking lot. When I parked in another location, he ask[ed] me, "Who do you think you are?" I replied, "I am an American and who are you!?" I felt that I was denied [] the privilege that others had, that is to be treated fairly and equally as any other human being[]⁸⁸

Furthermore, despite public perceptions of women in low-income communities of color as lazy and welfare-dependent, many Khmer American women, including some receiving transitional assistance, also work to make ends meet. Khmer Americans are primarily employed in semi-skilled jobs⁸⁹ that provide little job security and few opportunities for professional advancement. Due to long hours and unstable working conditions, Khmer American women have scant flexibility to attend to their children's needs and other familial responsibilities. Programs designed to help Khmer Americans transition into the labor market (including welfare-to-work programs) must, therefore, be accompanied by longer-term strategies that include opportunities for continuing education and career planning. Without long-term strategies, welfare-to-work programs and the like simply transition Khmer Americans into the lower stratum of a highly stratified labor market.

Community research reveals the need to build capacity within and among community-based organizations. Such efforts must develop holistic, intergenerational, and interracial approaches to service delivery, advocacy, organizing, and development in local Khmer communities.⁹⁰ Community members stress the need for organizations to provide assistance, guidance, and support for Khmer Americans.⁹¹ They further emphasize the need to promote both community unity and interracial solidarity.⁹² Community and government decision-makers must also recognize the critical importance of

87. *Id.* at 11-12.

88. *Id.* at 12.

89. Historian Sucheng Chan estimates that two-thirds of working Cambodians (both women and men) were blue-collar workers who had service jobs, engaged in various skilled crafts, or machine operators, fabricators, and laborers. CHAN, *supra* note 19, at 137. Chan's computations are based on the 1990 Census of Population. U.S. DEP'T OF COMMERCE, BUREAU OF THE CENSUS, ASIANS AND PACIFIC ISLANDERS IN THE UNITED STATES 135 (1993).

90. See Tang, *supra* note 17; TANG, KANS ASSESSMENT, *supra* note 45; TANG, NEEDS ASSESSMENT ON HIV/AIDS, *supra* note 45.

91. TANG, KANS ASSESSMENT, *supra* note 45, at 11-26.

92. *Id.* at 23-24.

investing in community organizations, including Buddhist temples, to serve low-income and elderly populations.⁹³

IV. CENTERING YOUNG WOMEN'S COMMUNITY CONTEXTS

In this final section, I focus on the perspectives of young Khmer American women in the heart of Revere. This analytic approach contrasts with previous sections that examined specific issues and policy domains as they affect Khmer American communities. My intent is to recognize women's agency in constructing their own realities, rather than accepting distorted statistical profiles or the important, but limited visions of community needs assessments.

The internal conflicts of many young Khmer American women that I have worked with on Shirley Avenue—the main street connecting Khmer people in Revere—involve the decision of whether to join a gang. Factors behind the proliferation of Cambodian female gangs, both local and regional, are both obvious and complex: racism and alienation in schools and neighborhoods, absence of family support systems, absence of relevant role models, lack of bilingual/bicultural services, lack of access to environments beyond familiar neighborhoods, and a community unprepared to imagine, create, and sustain alternative scenarios for a young woman's development. In contrast, gangs provide what feels like unconditional support, satisfying urgent needs for identity, representation, and power. The absence of alternatives to gangs as sources of support and community in the “ghetto” undermines healthy identity formation and adolescent development.⁹⁴

The presence of racism, and not their families' pasts, represents a dominant, daily reference point for many. Many young Khmer American women are unfamiliar with what happened in the Killing Fields of the Khmer Rouge and do not understand how that history thirty years ago nearly led to the disintegration of Khmer psychology, family, and society. But young Khmer American women experience their own trauma on many different levels, not only as children of war survivors and refugees, but also as brown urban youth living amidst racism, violence, poverty, and cultural extinction. Police officers stop them and their peers on the street, invoking official authority to justify a drug or weapon search, random interrogation, or physical intimidation. For many young women, such encounters involve

93. Ironically, despite their status as faith-based organizations, Buddhist temples within Asian immigrant communities have received little-to-no support from the various federal initiatives that were designed in recent years to invest in and support religious institutions' capacities to provide valuable services. This is an issue needing further attention, documentation, and advocacy.

94. See Susanna J. Ko, *Examining the Contribution of Ethnic Attitudes, Collective Self Esteem, and Spirituality to Delinquent Behavioral Outcomes Among Cambodian Adolescents: An Exploratory Study* 103-104 (June 2001) (unpublished Ph.D dissertation, University of Massachusetts, Boston) (on file with Langson Library, UC Irvine).

unwelcome sexual advances and even sexual assault. In response, they develop strategies for survival in school, on the street, and in the community-at-large.

Contrary to assertions by local political officials and the media, the gang-involved youth on Shirley Avenue are not deviant. Instead, they are adapting resiliently to an unhealthy, destructive environment around them. They are not anti-social; rather, they are reconstructing families or small communities, regarding each other as friends and family, brothers and sisters, sharing food, clothes, money, secrets, and sometimes intimate family and personal details.⁹⁵ When given space and genuine opportunities to speak out, gang-involved Khmer youth express deep concern for their community and an intense desire to improve the environment they inhabit. Young women repeatedly speak of their sisters, brothers, and the younger children in their neighborhood as their major motivations to change themselves by rising into positive leadership roles in their community.

Often, community-based and government-funded gang intervention projects are structured in terms of outcomes rather than the processes involved in providing positive opportunities for gang-involved youth. However, one model of gang/street-intervention establishes a home context wherein young Khmer American women can develop a sense of interdependence with each other while maintaining a sense of identity and continuity with their families and neighborhoods.⁹⁶

To assert their identity, these women's groups identify themselves with names (e.g., Shirley Girls, Millennium Girls, Hip Hop Girls, and Women's Empowerment Group), with rules and policies (e.g., no colors, no drugs, no alcohol, and no foul language), and with symbols of representation (e.g., T-shirts, logos, and identification cards). Members participate in and facilitate knowledge-building workshops, cultural events, and community forums. Members learn new subject matter and also hone their abilities to speak within groups, to work as part of a team, to present ideas, and to link theories with personal stories. During or after each learning session, young women sit around the same table, eat dinner, and share stories. In these groups, positive development begins as members broaden their perspectives and gain confidence as Cambodians, as Americans, and as young women.

These groups are distinguishable from gangs by the presence of an "other" adult: someone who listens, who models positive lifestyles, who communicates clearly, and who provides caring guidance in response to

95. See generally NAZLI KIBRIA, *FAMILY TIGHTROPE: THE CHANGING LIVES OF VIETNAMESE AMERICANS* 146, 156-58 (1993) (analyzing the ways that Vietnamese American youth, particularly those who came as "unaccompanied minors" through refugee resettlement programs in the U.S., have reconstructed families through gang involvement).

96. The organization in which this model of gang/street-intervention was developed is Roca, a youth, family, and community development organization based in Chelsea and Revere, Massachusetts.

young Cambodian women's questions and issues. Young women who participate in this group learning process, in turn, come to "mirror" positive qualities as they reflect on past and current choices through one-on-one conversations as well as informal group meetings and focus group discussions. These young women both yearn for and desire to become relevant role models. Over time, a shared sense of collective empowerment emerges as positive relationships develop between the adult street worker and the young women, as well as between the older and younger women. This sense of collective empowerment, first experienced through imitation⁹⁷ and, over time, through internalization, paves the way for larger-scale community-building.

Young Khmer American women from Shirley Avenue challenge the stereotype of quiet, apathetic Asian women. Furthermore, their voices challenge the politicized messages that portray youth behavior—and gang involvement in particular—as anti-social, destructive, and pathological. Given sufficient support and relevant resources, these women voice strong and consistent desires to become "visible" and "big," to serve the community, and to express confidence in "girls' power." This model of youth programs focuses on the perspectives of young women, affording them time and space to explore their identities. It recognizes that each young woman inhabits concentric circles of affiliation—family, neighborhood, city, state, country, and the world—that in turn affect her life. This ecological theory of relationship helps broaden young women's perspectives beyond the "ghetto" life to enable them to imagine larger possibilities and goals in their lives.

The learning process enabled by this model encompasses both day-to-day tactics and longer-term strategies by which young women resist and transform forces that affect and control them in both Cambodian American and mainstream U.S. cultural contexts. Young women realize they are not alone through these discussions. They learn to view themselves as agents of change, as bearers of a shared responsibility to transmit and transform tradition. They conduct workshops for each other and for younger women and girls with whom they share experiences. Together, they struggle to survive in a society that expects women to shoulder burdens in both the domestic sphere (as protectors and caregivers) and the public domain (as independent wage-earners). They also learn about health and sexuality and acquire skills to make informed decisions about sex, pregnancy, and domestic violence. In caring for themselves and others, especially those newer or younger than themselves, they replace self-hate with self-respect

97. "Imitating" here refers to the ways in which the young women follow explicitly defined behaviors and expectations that are modeled by others playing leadership roles in the program. Imitation is a fundamental method used for developing one's competence within traditional Asian educational and cultural settings (e.g., teaching and learning calligraphy, martial arts, or meditation).

and self-esteem.

This process by which young women learn to work with one another rather than against each other crucially builds sisterhood and solidarity as well as community integrity. Past and current members of rival gangs are required to work together in discussion groups and other planned events. They must learn to interact with each other in ways that they have never imagined, much less experienced before. By working toward a common goal, like planning and staging talent or fashion shows, for example, young women of diverse backgrounds work together on community productions that attract large crowds of community members. Helping each other sew and iron dresses, or try on costumes and make-up for a community event might seem trivial or even counter to “community development.” However, as young women interact closely with each other, their perceptions of other young women in supposedly rival groups change. Far from conforming to stereotypes of jealous and uncooperative teenage girls, these young women have provided their communities with an inspiring model of collaboration. Their energy and vision shines at these special events and attracts new participants.

From this stage, young women are encouraged and trained to help each other in the community, to get off the street, and most importantly, to become solutions to the problems that they have experienced as victims. Through intensive skill-building in communication and conflict resolution, young women learn to break up fights on the street, at first with the adult street worker, and eventually on their own. Young women work with younger women, invoking their personal experiences to show that the street life is far from glamorous. Through seminars, the young women also present their stories of struggle and persistence to professionals. Adults and young women work in partnership to devise long-term strategies for community empowerment.

This process of growth, change, and interdependence is designed for participants who, coming from a street-life context, choose to build resources, draw on their own strength, and help each other develop. This model emphasizes the learning of responsibility through imitation and internalization; it prescribes a process of absorption and expansion, healing and transformation, liberation and empowerment. It also seeks to raise up Khmer American leadership in community, municipal, and regional domains—to envision and construct new models of development that move beyond the limits of policies based on mainstream demographic profiles.

V. CONCLUSION

In foregrounding Khmer American women’s experiences with public education, health, and community economic development in metro Boston, this Article shows how the “model minority” stereotype obscures Asian Americans’ socioeconomic, cultural, and linguistic diversity. The view of

Asian Americans as a monolithic group is not simply a matter of popular perception; such a stereotype has shaped both public discourse and policy formulation, leaving certain populations under-resourced and under-researched.

Institutional efforts to gather, interpret, and disseminate disaggregated data are much-needed and appreciated.⁹⁸ Further, analyses of Census data and other statistical profiles should be triangulated by community research. Without community-centered research to document the voices and perspectives of Khmer American women, it would be difficult to understand the complex issues and opportunities facing that population. The absence of ethnic-specific data about Asian American women impedes the effectiveness of programs and organizations that serve Asian Americans. This challenge yields an imperative to develop community-centered research projects with the explicit intention of building capacity for community practitioners. Such projects can motivate under-served populations to claim ownership of the knowledge produced about them. Programs and policy interventions should enable a broad range of participatory mechanisms for Khmer American women, in particular, to participate in community research and documentation. As capacity-building efforts mature, disaggregated data collection and analysis will continue to be crucial for organizations in assessing and addressing specific issues and in targeting their efforts appropriately over time.

The voices presented in this Article demonstrate that Khmer American women are committed to a holistic, transformational analysis of a wide range of intersecting issues that affect women *and* their family and community unit. Young women take into account not only gender-based oppressions, but also racism, economic exploitation, and discrimination based on immigration status, English proficiency, and age. Their voices echo the continuing struggles of women in communities of color nationwide.

The voices of Khmer American women clarify the social, economic, and cultural problems facing the entire Khmer American community, not only across gender lines, but also across generations.⁹⁹ Basic survival is still

98. For a recent example, see LIU ET AL., *supra* note 11.

99. Though beyond the scope of this article, given its women-centered focus as well as broader limitations of data, one emerging focus of research with significant implications for policy and practice is, in fact, the status of Khmer American young men and the contrasts in both their choices and outcomes when compared with Khmer American young women. This is an important line of research to pursue, perhaps paralleling a growing number of studies focusing on the relative underachievement of males in African American, Latino, and Hmong communities. See, e.g., BOSTON YOUTH TRANSITIONS TASK FORCE, *TOO BIG TO BE SEEN: THE INVISIBLE DROPOUT CRISIS IN BOSTON AND AMERICA* (2006); M. HOLZMAN, SCHOTT FOUNDATION FOR PUBLIC EDUCATION, *PUBLIC EDUCATION AND BLACK MALE STUDENTS: THE 2006 STATE REPORT CARD* (2006); Lea Hubbard, *The Role of Gender in Academic Achievement*, INT'L J. OF QUALITATIVE STUDIES IN EDUC., Sept.–Oct. 2005, 605–23; Rosalie Rolón-Dow, *Critical Care: A Color(full) Analysis of Care Narratives in the Schooling Experiences of Puerto Rican Girls*, AM. EDUC. RES. J., Spring 2005, 77–114; STACEY J. LEE, *UP AGAINST WHITENESS: RACE,*

a challenge for Khmer Americans, even though they are no longer “newly-arrived.” As illustrated below by a board member of a community organization, daily struggles can be overwhelming:

I still remember vividly how I met a Cambodian elder a year ago. A Cambodian woman who was about fifty-six years old approached me with tears and a bunch of written papers both from court and from school. She said, “I really need your help. I don’t know what to do with my kids. I have five children . . . the three grown-ups are having so much trouble and the other two don’t want to go to school.” She was so frail and looked extremely depressed. Her income totally depended on transitional assistance. Her husband was on disability benefit. He was also experiencing a lot of PTSD. They both could not read and write in English or Khmer, their own native language. She came to me hoping that I could help her with her oldest son.

Her oldest son was in a correctional center and in the deportation process. Her other two sons were joining the street gangs and the other two refused to go to school. She had no relatives living in this country. She heard about me through friends who used to get help from me when I was still working for the CCM (Cambodian Community of Massachusetts) in Lynn. When she came to me, I was no longer working with CCM and so I made many phone calls to friends and agencies The problem was that no one could communicate with her, and at that time I was not available to do translation for her. I am never sure if she got the service that she needed at that time.

Once in a while, when I now see her in Lynn, she would only smile and walk away¹⁰⁰

Policymakers, researchers, and practitioners must understand and directly address how legacies of war in Southeast Asia, as well as structural and cultural realities in the U.S., have produced harmful inequalities in Khmer American communities and threatened the basic survival of women and their children. They (and we) must consider particular cultural-historical contexts in developing community-centered investigations and interventions based on data disaggregated by gender, ethnicity, age, geography, and history. Most importantly, we must listen to the women of under-resourced, under-researched communities—those who have experienced marginalization and exclusion—and involve them meaningfully in shared capacity-building, community development, and learning processes.

SCHOOL, AND IMMIGRANT YOUTH (2005).

100. TANG, KANS ASSESSMENT, *supra* note 45, at 25.

