



Taking a gendered approach to community trauma in San Diego's East African refugee community

The following narrative is excerpted from comments by Jama Mohamed of United Women of East Africa Support Team (UWEAST), which is leading the Making Connections coalition in San Diego.

I am from Somalia. I left my country when I was three years old. I remember the specific moment that the back of my house was blown into pieces by my neighbors. I remember my family leaving in a pick-up truck. When we finally reached the next town, we had to leave again. I remember leaving my mom as a hostage and heading to the nearest camp with my brothers and my father. I remember, after we survived the war, that rebels would come into the camp at night and take everything we had. We didn't even have anything. I remember when we were living in the camps and there was a conflict between us and the natives – the natives, because they had the power, they had the weapons, would set fire to our homes and start killing people.

I came to the U.S. at the age of nine, and I remember thinking: Is this really the place that we dreamt about? No offense, but what the East African community was prepared for and what they actually found were two different things. I remember the day that we found out that we were coming to America. We were celebrating, but we never actually prepared for the realities of living in a new country, dealing with new issues, dealing with new problems – we never knew what was to come: stigma, isolation, racial and ethnic biases, mental health problems, suicide, substance abuse, the justice system – we had to figure that out.

JAMA MOHAMED is a refugee from Somalia and has lived in San Diego since 1996. Jama has been engaging young men in community leadership projects since 2008, first as a youth leader with MAAC Project and later as a student counselor with San Diego State University's Education Opportunity Program for minority students. Jama is the Program Coordinator for the Making Connections for Mental Health and Wellbeing Among Men and Boys initiative at United Women of East Africa Support Team in San Diego's City Heights neighborhood, and is responsible for the overall coordination of the collaboration. As the youngest of six siblings, Jama is the first in his family to graduate from University. He received his BS in Psychology at San Diego State University.

I am the program coordinator for United Women of East Africa Support Team. We work with refugee women and children to build healthier communities. As part of Making Connections, we're working with the young men in our community. Our community of City Heights is in San Diego, which ranks first in Somalian East African refugees resettled in California, with approximately 33,000 refugees.

For the last three decades, we have been one of the first and only organizations to address mental health in the East African community. We have learned that we do not have culturally competent mental health services available here. The community needs to be educated about mental health. We need to have awareness. People are afraid to come out and really talk about their problems. People are afraid to even admit the truth: that their child has problems. We need a place that reflects our cultural identity. We need a place that understands and reflects our faith and our culture.

How we see things is different from how they see things in the Western ideology – and when I say Western, I mean the United States. How we explain mental health is different. When somebody has symptoms of schizophrenia, the belief is that the cause is supernatural. When somebody is depressed, they're seen as shy. When a child is hyperactive, it's seen as normal: "He's just a child. That's what children do."

The Making Connections initiative has given us the opportunity to focus on the men in our community. We've had about 10 suicides in the community within the last five years, all male – five from the Somalian community and five from the Ethiopian community. We've also been looking at those who are having trouble with substance abuse – about 95% are male. And we have been seeing too many men involved in the justice system, on a path to jail and prison. For young men, between 16 and 25, something needs to be done; something has to change.

Collaborating with local organizations, including the Southern Sudanese Community of San Diego, the Partnership for the Advancement of New Americans, and other grassroots groups, we began to dig in and look for opportunities to deal with these issues as part of the Making Connections Initiative. We knew that the young men have to be the ones to address these issues; they

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Jama Mohamed, United Women of East Africa Support Team

*The **THRIVE tool** is a framework that helps communities examine and develop strategies to address the community conditions that can affect mental health and wellbeing – the sociocultural, physical/built, and economic and educational environments.*



have to come out, and they have to lead. So we engaged young men from the East African community to use Prevention Institute’s THRIVE framework to analyze the people, or the social context of the community; the place, or the environment in which they live; and the economic and educational opportunities. The young men graded the community in how well it addresses each aspect.

These are the things that stood out: 73% of our young men graded education in our community “F” – it’s failing; 70% said we’re failing on job opportunities; 13% felt the look, feel, and safety of the community deserved an “F” – 13% of the young men said they don’t feel safe in our community, we don’t like the look of our community. Housing also is a very important component – 16% of them rated our housing as failing. Our housing is bad.

Now, when you look at a community in which many people have already experienced trauma, and you put them in an environment like this, it’s not surprising they are having mental health problems. They escaped dying to come to an environment where they have to focus on surviving.

Now that we have completed our first year of planning and identified the challenges, we are moving into addressing the problems, with the young men leading the prioritization of the steps they wanted to take; what is important for them. We have divided the priorities into three categories: Health and Wellness, Community and Environment, and Education and Career. We are creating resiliency and leadership among our young men so that their work will benefit the next generation. We are creating a culturally-competent center, a centralized hub – a solution center; a center where our faith leaders are proactive, a center where our cultural differences will be addressed. In our second year, we are planning to strengthen the leadership of these young men. In our last three or four years, we will create a system where our community can make decisions about mental health and affect policy.

Figure 1: Adverse Community Experiences and symptoms of community trauma in San Diego’s East African community aligned with the ACE|R framework

Prevention Institute’s *Adverse Community Experiences and Resilience framework (ACE|R)* puts forth a set of symptoms of trauma at the community level. These symptoms, organized by Prevention Institute’s THRIVE clusters, are present in the sociocultural environment (people), the physical/built environment (place) and the

economic environment (equitable opportunity). This figure presents the contributors to and the symptoms of community trauma that have emerged as part of San Diego’s Making Connections initiative. For more information about the *ACE|R framework*, [view the full report](#).

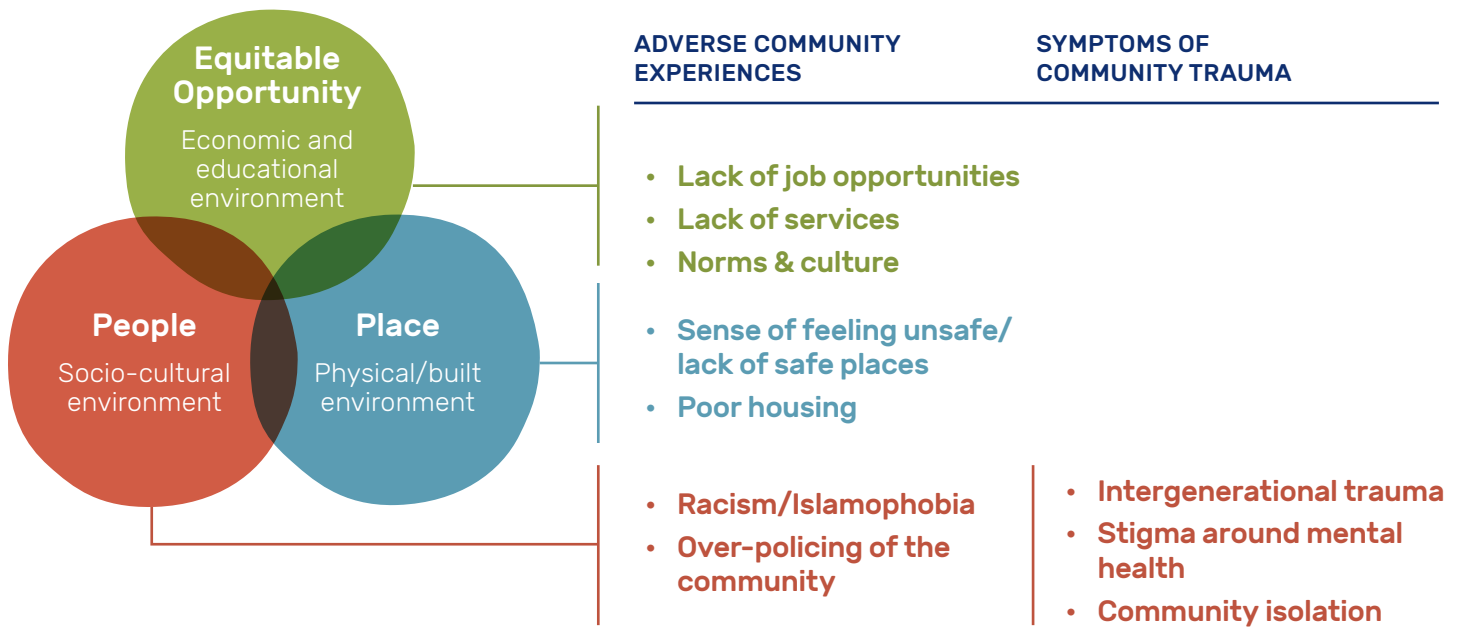
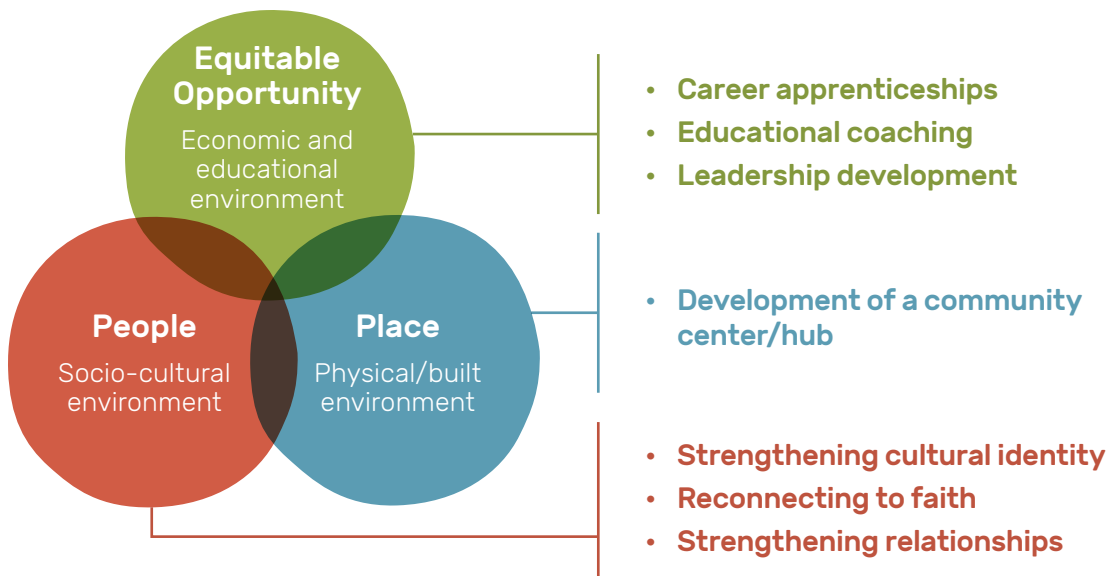


Figure 2: San Diego Making Connections strategies to address community trauma aligned with the ACE|R framework



Authorship & Resources

Representatives from the Making Connections for Mental Health and Wellbeing Among Men and Boys initiative reflected on their experiences with community trauma at the second annual Conference on Adverse Childhood Experiences in San Francisco in October 2016. The conference, sponsored by the Center for Youth Wellness, brought together thought leaders and advocates to build awareness and move forward efforts to implement policies and practices to help children who face early adversity.

ABOUT PREVENTION INSTITUTE

Prevention Institute is a nonprofit, national center dedicated to improving community health and wellbeing by building momentum for effective primary prevention. Primary prevention means taking action to build resilience and to prevent problems before they occur. The Institute's work is characterized by a strong commitment to community participation and promotion of equitable health outcomes among all social and economic groups. Since its founding in 1997, the organization has focused on community prevention, injury and violence prevention, health equity, healthy eating and active living, positive youth development, health system transformation, and mental health and wellbeing. For more information, visit www.preventioninstitute.org.

ABOUT MAKING CONNECTIONS

Making Connections for Mental Health and Wellbeing Among Men and Boys is a national initiative to transform community conditions that influence mental wellbeing, especially for men and boys of color, veterans, and their families. Sixteen communities across the U.S. are developing and activating strategies to enhance their sociocultural, physical/built, and economic and educational environments. The Movember Foundation is funding the work; Prevention Institute is providing coordination, training, and technical assistance; and a team from the University of South Florida is evaluating progress and outcomes.

ADDITIONAL RESOURCES

Prevention Institute's report, *Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma*, provides a groundbreaking framework for understanding the relationship between community trauma and violence. Funded by Kaiser Permanente Community Benefit in Northern California, and based on interviews with practitioners in communities with high rates of violence, the report outlines specific strategies to address and prevent community trauma – and foster resilience – using techniques from those living in affected areas. For additional information and resources on addressing community trauma, go to our [project page](#).

Since the initial development of the *Adverse Community Experiences and Resilience Framework in 2016*, multiple networks and communities have shared it, as well as adopted, adapted and/or implemented it to address and prevent community trauma. *Adverse Community Experiences and Resilience: Learning from Practice* reflects valuable lessons from their practice.

What? Why? How? Answers to Frequently Asked Questions About the Adverse Community Experiences and Resilience Framework builds off of core concepts in the *Adverse Community Experiences and Resilience Framework* and addresses questions that have emerged in early practice and implementation.

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