COMMUNITY NEEDS ASSESSMENT REPORT

PARTNERSHIPS FOR TRAUMA RECOVERY

DECEMBER 2022

ACKNOWLEDGMENT

We thank the Partnerships for Trauma Recovery (PTR) staff, who participated in a working group to make this project possible. The working group, comprised of Partnership for Trauma Recovery's direct services staff, managers, and support staff, was responsible for recruiting participants, facilitating focus groups and interviews, data collection and recording, creating the interview guide, and analyzing the data. The working group's commitment to honor the diverse voices of the communities served by PTR is exemplified in the richness of the collected data.

We would also like to thank the interpreters who utilize their language skills to bridge the gaps in accessing services. This project would not be possible without ensuring that our efforts are accessible in languages native to the communities we serve. We are also profoundly grateful to the participants of the project, who shared their stories with candor and grace so that services can be improved and others may benefit from their experiences. Community members are and will continue to be PTR's greatest teachers.

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TABLE OF CONTENTS

SECTION 1: EXECUTIVE SUMMARY

This report presents the findings of a community needs assessment completed between June 2022 and October 2022. The project aimed to understand how the diverse communities and cultures served by Partnerships for Trauma Recovery (PTR) think of emotional health and well-being and how cultural beliefs might inform help-seeking behaviors. The project's overarching goal was to utilize this data to inform strategic approaches to mental health and psychosocial programming.

This community needs assessment outlines the mental health and psychosocial needs of a diverse population, reflecting challenges to the process of adjustment to the United States, cultural learnings from diverse perspectives, and the associated needs reflected in both challenges to the cultural expression of emotions and needs associated with adjustment to a new context. The assessment results reinforced the need for eclectic and diverse approaches to engaging and working with people forcibly displaced from their country of origin and survivors of human rights abuses.

The assessment revealed a need for an organization-wide approach to integrate a coordinated community engagement strategy alongside a programmatic strategy for specialized (individual, family, group psychological care, and psychiatric care) and non-specialized mental health interventions (psychosocial support and communal offerings). Participants provided feedback on outreach and awareness-raising, peer-led support, communal gatherings, and individualized specialized care for trauma survivors, underscoring the need for an integrated holistic approach to care. The needs assessment further illuminated vulnerabilities for key community constituents with intersecting marginalized identities. Ensuring that PTR is both attuned and responding to the needs of vulnerable groups within the larger forcibly displaced target population further aligns programmatic strategy with PTR's mission of meeting the mental health and psychosocial needs of people who have survived human rights abuses.

SECTION 2: BACKGROUND & PURPOSE

2.1 Context

Partnerships for Trauma Recovery (PTR) was founded in 2015 to address the psychosocial impacts of trauma amongst international survivors of human rights abuses. PTR's traditional approach to working with trauma survivors has been informed partly by Western traditions and orientations to healing, utilizing primarily an individual psychodynamically oriented, culturally adapted, relational approach to working with survivors. This care is largely facilitated by specialists, including psychologists, psychiatrists, clinical social workers, and marriage and family therapists. This project aimed to collect data that will be used to inform program development and interventions, enhance current practices, and design future practices (i.e. considering expanding non-specialized mental health interventions) that will be community-driven and culturally informed. **See Table 1 for an overview of the project.**

While there have been previous community assessments completed with particular subgroups, i.e. the African diaspora, that are part of PTR's target population, to date there has not been a community needs assessment transversally targeting PTR's client population. Given the diverse nature of PTR's target population—many cultures of origin within the Bay Area's displaced populations—attempts were made to more fully engage and assess the diverse representation of the population served in this needs assessment.

Table 1: Project Overview

Project Aims and Objectives	To gain an understanding of community beliefs, perceptions, and ideas about healing practices, psychosocial needs, and well-being in their respective cultures of origin in order to design programming that is culturally informed and community-driven.
Background	Some of PTR's approach to working has been informed by Western traditions and orientations to healing. This project will collect data that will be used to inform program development and interventions, and enhance cultural responsiveness of current and future practices.
Methodology	Recruitment of participants for focus group discussions and individual interviews from three sources: PTR's waitlist, current or former clients, and community entry points. Nine focus groups discussions were facilitated and five individual interviews for a total of 61 participants.

2.2 Assessment Objectives

The goal of the community needs assessment is to collect data and gain knowledge from the community that will inform community-driven and culturally informed strategic approaches to developing mental health and psychosocial programming. This goal will be accomplished by increasing knowledge within two main areas, as follows:

1. Understanding how experiences and life circumstances affect behaviors and emotional needs;
2. Understanding cultural beliefs around healing practices, psychosocial needs, and various communities' strategies to manage stress and support well-being.

"There is no power for change greater than a community discovering what it cares about."
Margaret J. Wheatley

SECTION 3: METHODOLOGY

3.1 Sampling

The project aimed to recruit a diverse group of individuals representative of the demographics of PTR's target population. Recruiters attempted to recruit participants from the following groups: Central and South American, inclusive of Mayan Indigenous migrants; East and West African migrants; Middle East and North African migrants; former PTR clients; interpreters who are contracted for interpretation through PTR; LGBTQ-identified migrants; and women. The working group chose the categories of participants based on the following considerations: 1) participants who were reflective of groups served by PTR's mission, i.e. refugees, asylum seekers, and additional groups of forcibly displaced people residing in the Bay Area; 2) to include groups that were underrepresented in PTR's current demographics, i.e. youth and Middle East/North African forcibly displaced people; 3) to include marginalized groups within the target population that may offer special considerations for programming, i.e. women and LGBTQ-identified participants; and 4) to include participants, i.e. interpreters, that are well positioned to offer insights into PTR's programming.

To ensure a diverse sample was represented, recruiters reached out to potential participants for both groups or individual interviews from the following sources: PTR's waitlist, current and former PTR clients, and community entry points. To ensure that LGBTQ individuals were represented in the data set, recruiters utilized a snowball sampling method. They reached out to current or former LGBTQ-identified clients for participation and then requested those participants to identify other LGBTQ migrants who may be interested in participating. Additionally, to optimize participants' anonymity and guard against the risks of revealing other participants' identities, prospective participants were offered the option of participation in either individual interviews or group discussions. Recruiters utilized a script for continuity and offered an incentive of a gift card to participants. The recruitment script can be found in **Annex 1.**

In total, the working group attempted to recruit 152 prospective participants. Of these, 61 participants were successfully recruited for a response rate of 40%. There was a targeted effort to reach all the above groups of participants; however, some groups had very low response rates.

For example, the response rate for participants within the Middle East/North African group was relatively low and reflected only 3.4% of recruited participants. **Table 2** shows the groups of participants that PTR successfully recruited and how the resulting groups were categorized for data collection. For more information on data collection, please see **Section 3.2.**

Table 3: Areas of Exploration

Area of Exploration	Goal
Impact	To understand how experiences, attitudes, and life circumstances affect behaviors and emotional needs
Needs	To understand how and when communities reach out for help, and what kind of help they seek
Cultural Management of Emotion and Overwhelm	To understand cultural beliefs around healing and strategies that various communities have to manage stress or overwhelm
Testing Prospective Programming	To assess appropriateness of planned group programming and generate ideas on how to structure or design future programming

Table 2: Participants Recruited

Target Group	Total Participants Recruited
Mayan Indigenous Women	5
South and Central American	10
Women from the Human Rights Clinic	8
Interpreters contracted through PTR	11
LGBTQ-identified Migrants	7
Former PTR Clients	3
West African Migrants	3
Youth from African diaspora	2
Elderly from AFrican diaspora	12
Total Participants	61

3.2 Data Collection

There were two methods by which qualitative data was collected: Focus Group Discussions (FGDs) and semi-structured individual interviews. An interview guide was designed in collaboration with the working group and offered structure to prompt discussion in the four areas of exploration: Impact, Needs, Cultural Management of Emotion and Overwhelm, and Testing Prospective Programming. Questions in each of the four primary areas of exploration were informed by the working group's cumulative experience working with a forcibly displaced population and designed to expand upon existing knowledge. The interview guide can be found in **Annex 2: Interview Guide.** The areas of exploration and corresponding goals are outlined in **Table 3.**

While the Focus Group Discussion was the primary method of data collection, individual interviews were used in some cases as an alternate method of data collection. To optimize participants' anonymity and guard against the risks of revealing other participants' identities, prospective LGBTQ-identified participants were offered the option of participation in either individual interviews or group discussions. Five of the seven participants opted to provide feedback through individual interviews. The remaining two LGBTQ-identified participants provided feedback through a group.

All FGDs were co-facilitated by two facilitators—one facilitator primarily facilitated the discussion, while the second was responsible for taking notes. Where indicated, there was also an interpreter present. Notes were recorded contemporaneously. Groups and interviews were conducted at PTR offices at 2526 Martin Luther King Jr. Way, Berkeley, CA, or via a telehealth platform, Zoom. An incentive of a gift card was provided to all participants. Participants attending in-person groups received a $25 gift card, and those who participated virtually via Zoom received a $10 gift card. Facilitators obtained informed consent through the use of a script that described the purpose of the assessment, confidentiality, and how the information would be recorded and used. The consent script can be found in **Annex 3.**

3.3 Analysis

After data was collected, interview transcripts and notes were reviewed by three analyzers. Each analyzer reviewed two interviews and drafted initial themes in a working codebook, organized into parent, child, and grandchild codes. For reference, the codebook can be found in **Annex 4.**

Analyzers were assigned interviews and used the qualitative analysis application Dedoose to code and organize interview excerpts.

A total of 146 codes were created and there were a total of 1,643 code applications. Analyzers consulted with interviewers and facilitators when clarification was needed during transcript review. Following the initial coding process, a secondary coding was conducted towards the goal of cross-checking code application.

Once the secondary revision was completed, code applications were reviewed to see which codes were most commonly used. The purpose was to delete unnecessary codes and determine how to organize the exported excerpts. Coded excerpts were exported from Dedoose at the parent code level and organized in a shared Google Sheets document. The primary analyzer then reviewed all coded excerpts and organized the findings into four sections: (1) context; (2) cultural learning; (3) needs to support healing and adjustment; and (4) special considerations for groups with intersecting marginalized identities.

"If you want to go quickly, go alone.
If you want to go far, go together."
– African Proverb

SECTION 4: RESULTS

The PTR working group facilitated a total of 9 focus groups and 5 individual interviews for a total of 61 participants. Participants represented 21 countries of origin, with distribution in Figure 1. Regional distribution is represented in Figure 2 with 41% of the sample size identified from East Africa and 27% from Central America. Age distribution is shown in Figure 3, with 50% of the participants falling within the 26 to 59 years old range. Female participants represented 67% of the sample size with the following gender distribution shown in Figure 4: 49 women, 19 men, and 1 transgender woman.

Figure 1: Country of Origin

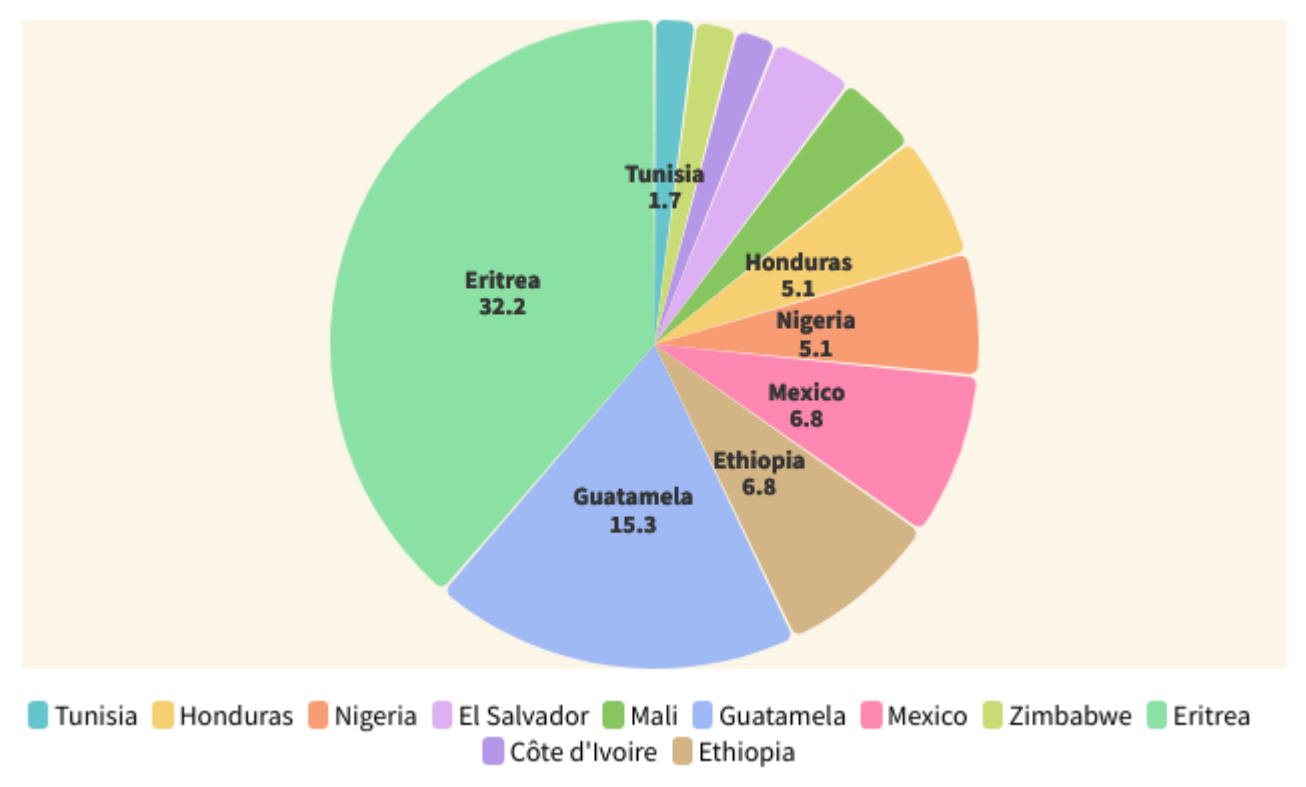


Figure 2: Region of Origin

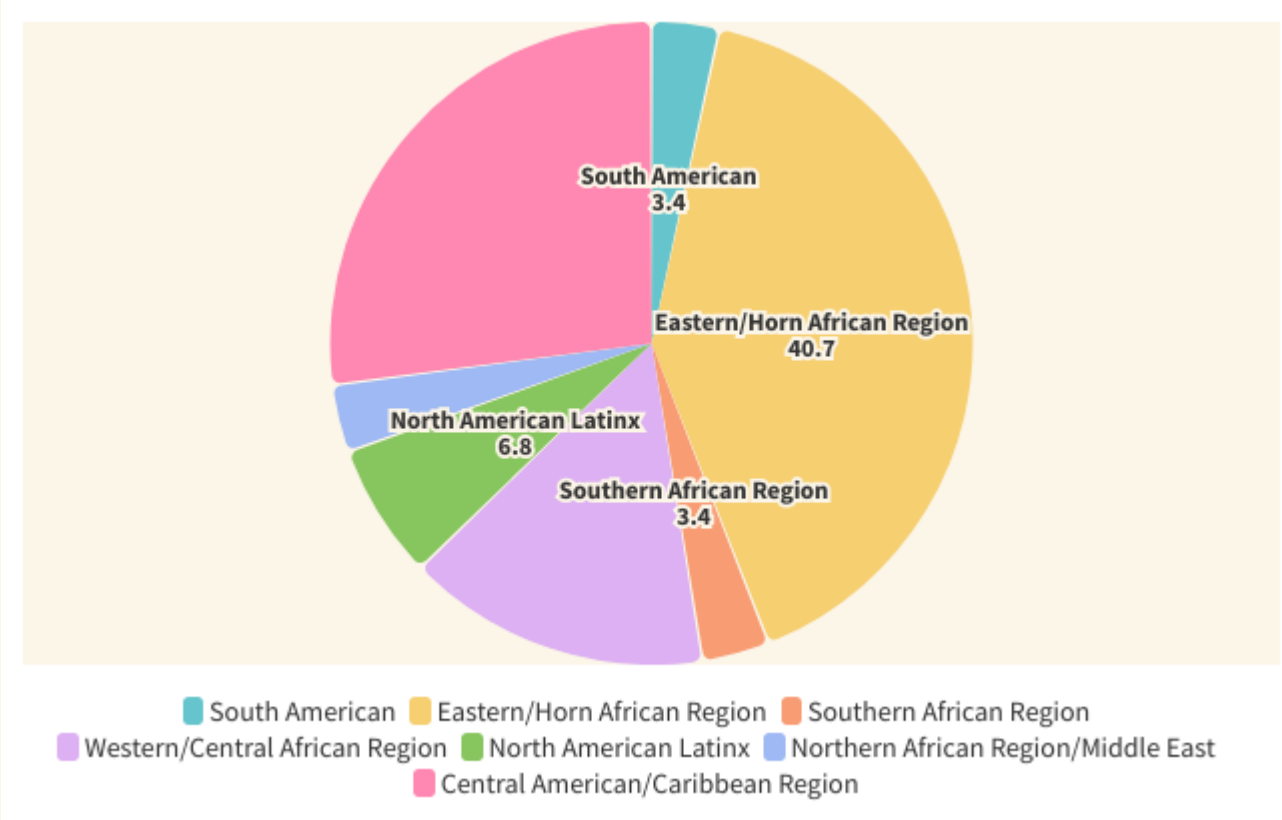
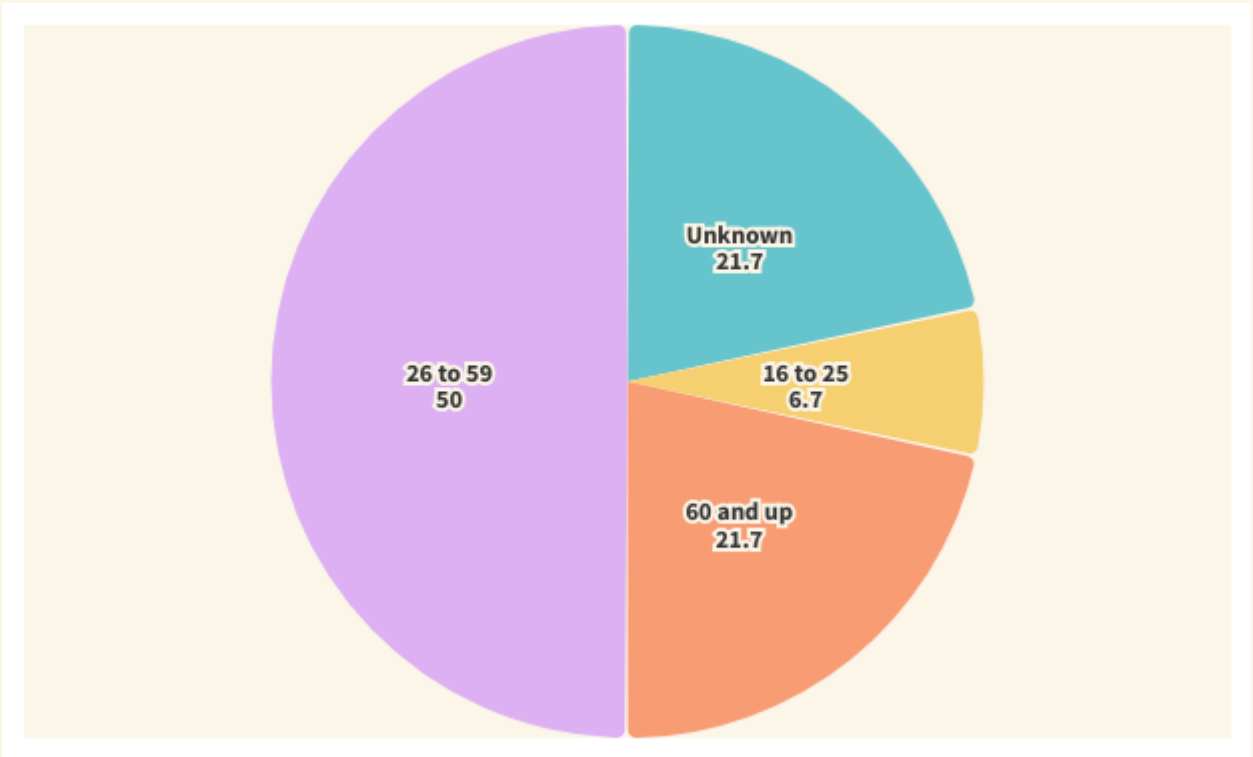


Figure 3: Age Distribution



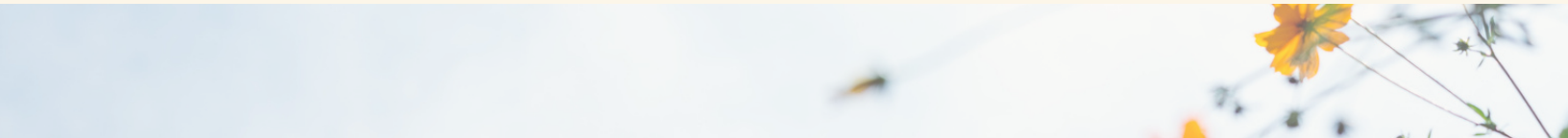
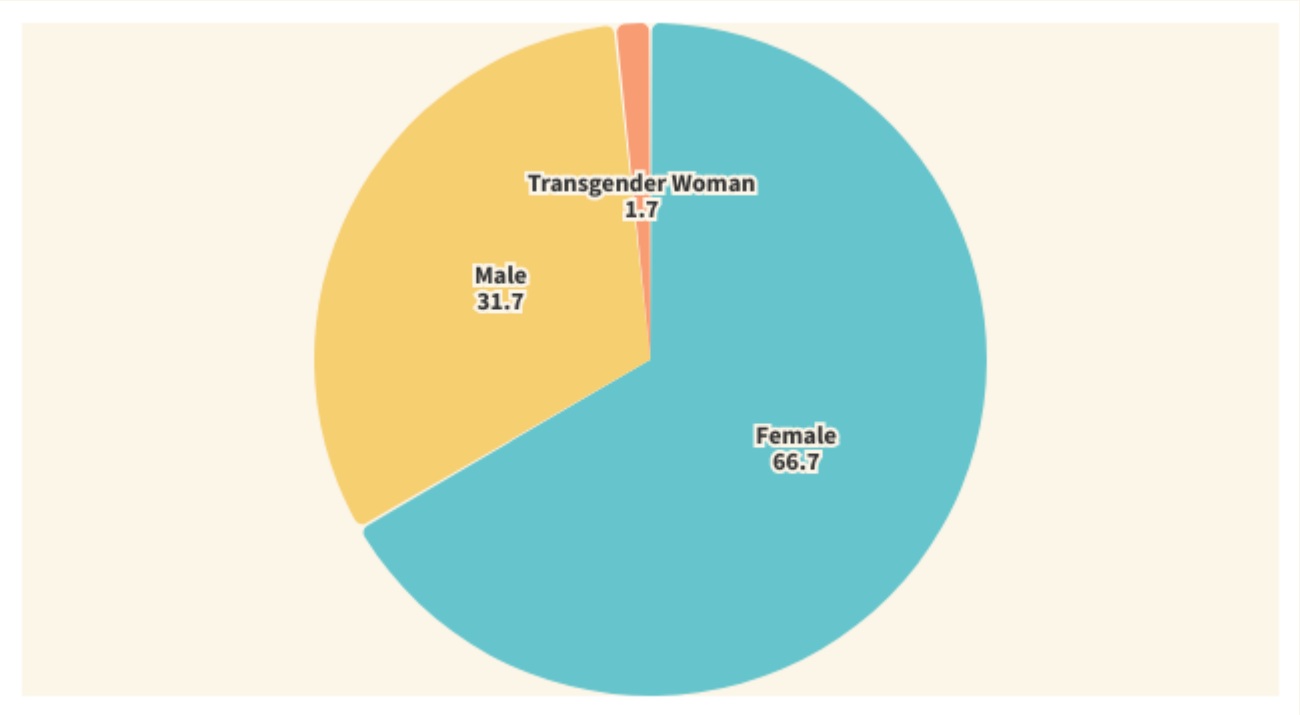


Figure 4: Gender/Sex Distribution



The findings outlined below are organized into four categories: Context, Cultural Learnings Relevant to Help-Seeking Behaviors, Needs to Support Healing and Adjustment, and Special Considerations for People with Intersecting Marginalized Identities.

4.1 Context

This section aims to understand participants' migration experiences before, during, and after arrival to the United States and how those experiences affect behaviors, psychosocial well-being, and emotional needs.

4.1.1 Reasons for Migration

Of the 61 participants representing 21 countries of origin, there were many reasons for migration. The cited reasons for migration will be categorized into three main areas: fleeing persecution, fleeing violence, and seeking a "better life," though it is noted that the categories are not mutually exclusive and have significant intersections.

Fleeing persecution related to identity, political beliefs, and failure of authority to protect were reported with the goal of seeking greater safety. Some participants sought refuge in the United States following their country's governmental authorities' failure to protect them. Examples included survivors of domestic violence and people with LGBTQ identities:

"If I can speak to Latin America, sometimes the government and the justice system don't quite embrace people and do their job adequately. I definitely have a lot of people I know who survived DV. I have a lot of queer friends who came here based on how they were harassed in their home country based on sexual orientation. So I think also for that, some protection."
– FGD Participant, Interpreter Group.

Participants additionally described fleeing their countries of origin for political reasons, including avoiding being forced to join the military, political reasons generally, or having dissenting political beliefs that put them at risk of harm. Participants also frequently cited fleeing violence as a primary reason for migration. Types of violence appeared to vary greatly depending on the country of origin but included imminent threats of gang violence, which appeared to be predominant in the Latinx communities.

Additionally, forced marriage and female genital mutilation were cited as reasons to leave and linked to belonging to a social group, gender in this case, and the associated subjugation.

"I have a daughter, she is 13 years old, and I came here because of her. I come from a rural part of Ethiopia where FGM is practiced. I went through it, and I have struggled so much because of it. And now my community, even my family, wants my daughter to go through the same thing… I was forced into marriage. I had no choice. I was forced to marry. I couldn't divorce because I feared my own and my family's reputation due to the stigma… I am not interested in any sexual activity but worried if I didn't engage, [my husband] would leave me… Men are monsters, especially when it comes to sexual things; they can never be trusted. They turn into something else when they want something. I fear for [my daughter's] safety all the time." – FGD Participant, HRC Women's Group

Searching for a "better life," economic opportunities, and freedom was referenced as an additional reason for migration.

Escaping poverty and environmental climate crises (i.e. lost crops and floods), as well as generally seeking more freedom, upward economic mobility, and opportunities were cited as reasons for migrating to the United States. Some participants described escaping hopelessness in their countries of origin as the main reason for migration:

> *"We didn't get what we hoped for and due to political issues and hopelessness lots of people migrated. The main reason for Eritrean migration is loss of hope." – FGD Participant, Interpreter Group*

Seeking safety and greater freedoms, including restoring a sense of hope, were interwoven throughout the data as the impetus for migration and movement.

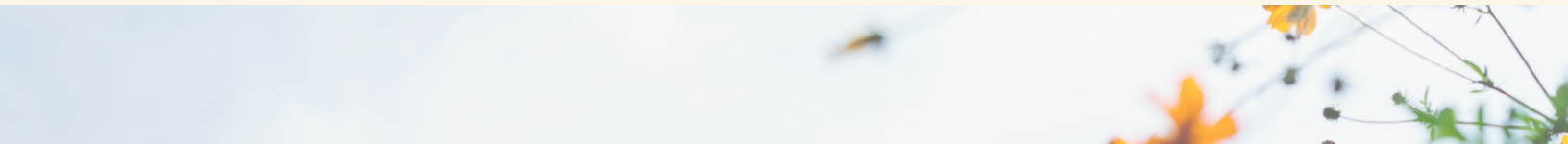
4.1.2 Challenges to Migration/Adjustment to a New Context

Amongst the multitude of challenges with the migration process, the adjustment to a new context was complicated by several factors: isolation or lack of support, disillusionment of what the process might be like, and discrimination. Loneliness and separation from family were cited as significant sources of pain and struggle. Uncertainty about the future and whether reunification with separated family members would happen further exacerbated the profound sense of isolation and loneliness. Further contributing to the isolation are the complexities of navigating new systems and being unfamiliar with the resources that might help to mitigate some of the challenges:

> *"After you make it through, it is a challenge trying to find resources and a supportive community, so people are left alienated and wanting to go back to where they came from." – FGD Participant, Interpreter Group*

Language barriers created additional challenges with navigating new systems, and the related discrimination based on language skills further entrenched participants' sense of isolation. In addition to reported language-based discrimination, participants identified colorism or racism and homophobia as additional obstacles to adjustment.

> One participant stated, *"The color of my skin is going to bring me problems." – FGD Participant, Former Clients*



Compounded by discrimination, participants appeared to experience a profound sense of disillusionment, created by what appears in the data as mismatching of the ideal of arriving to the United States versus the realities faced after arrival, with one FGD participant stating, "It's not an American Dream. It's a nightmare." [FGD Participant, Latinx Group] Difficulties obtaining work permits, the cost of living in the Bay Area, and the length of the immigration process to obtain legal status were among the factors that contributed to a profound sense of disillusionment. Lack of advice and guidance in navigating these systems appeared to exacerbate the struggles with adjustment early on.

4.2 Cultural Learnings Relevant to Help-Seeking Behaviors

The section below outlines significant findings related to the cultural management of emotions that both helps to understand cultural nuances that may elucidate barriers to help-seeking behaviors and inform programming.

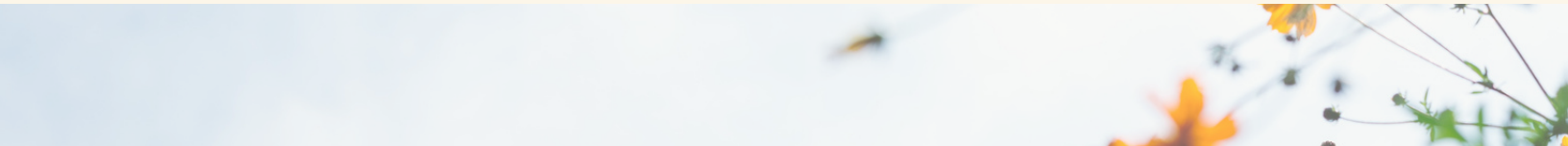
4.2.1 Individualistic v. Collectivist Approach

Adjustment to the United States was challenged by the shift from a collectivist culture that privileges the needs of a group or community over the individual to an individualist culture, where personal needs are prioritized. For many participants coming from more collectivist communities, adjusting to an individualistic culture of competition and a deeply lacking sense of community created significant challenges with adjustment and assimilation.

"...life in the US [is] very individualistic... individuals are concerned and care only for themselves and do not care for others. Back home, people support one another. It does not feel like home. The feeling is very different and foreign." – FGD Participant, Youth Group.

4.2.2 Cultural Messages Around Talking

Beliefs about the value of "talking" are presented in the data as social constructs informed by participants' cultures and have inherent limitations. One such cultural norm, for example, is: it's better to keep thoughts and feelings "inside." Participants offered that the messages came from parents, family, and community members to not talk. Some even regarded their culture as being "secretive" [FGD Participant, HRC Women's Group] and reported a strong element of mistrust within their community. Additionally, group participants reported, "Individuals do not want others to know they are struggling," [FGD Participant, Elderly Group] indicating both the possibility of mistrust within a group as well as some sense of internalized shame around seeking help when struggling.



The internalized shame and struggle about seeking support was linked by one participant to strict gender norms:

> *"In our community, men don't usually seek support and show their vulnerability because of gender stereotypes." – FGD Participant, Elderly Group*

Participants reflected on the limitations of this cultural message of "not talking" in how it created hesitance in seeking help or support when stressed or struggling.

Specifically, participants spoke of the challenges of not talking and the potential negative outcomes or risks of "keeping things inside," including the identification of not talking as a sign that "something is wrong." Some participants further linked this quality as a possible indicator of mental health decline in their community:

> *"People find it hard to share their experiences, and I even knew one man who killed himself because of the stress and because he was holding so much inside." – FGD Participant, Interpreter Group*

4.2.3 Fear/Mistrust

Mistrust or fear appeared to correlate with potential barriers to seeking help. The fear/mistrust could be categorized into two main areas: 1) fear of judgment within an ethnic community; and 2) mistrust of authority and systems. Participants reflected there was significant fear amongst forcibly displaced communities about what services or institutions were safe for them to access, due to participants' lack of status and associated fears of deportation. Additionally, there was reported to be "lots of misinformation that stops asylum seekers from seeking help and services and public benefits" [FGD Participant, Interpreter Group].

Some participants even noted that disinformation on social media further contributes to the exacerbation of fears. Additionally, participants discussed mistrust within their own community, linking this mistrust as a potential barrier to accessing support:

> *"Depending on the reasons why you fled, a lot of people have a hard time trusting others and opening up and letting others in and participating in support groups." – FGD Participant, Interpreter Group*

They also expressed worry about how the community perceives or accepts them when they are sharing or exposing their own internal struggles, some expressing worry or fear of people not holding their confidence:

> *"They don't want to show or expose their pain or struggle they are going through because community members gossip about it to their family members or friends back home."*
> *– FGD Participant, Elderly Group*

4.3 Needs to Support Healing and Adjustment

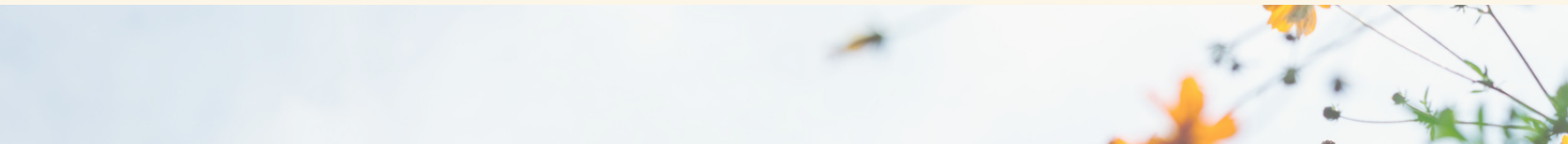
During the exploration of cultural management of emotions and healing practices, participants collectively identified areas that would help to build community, reduce isolation, support the process of adjustment to a new context, and reduce the impact of trauma symptoms. This section will be organized into three main areas: Outreach and Community Awareness, Communal Spaces and Peer Support, and Individual Counseling Methods.

4.3.1 Outreach and Community Awareness

Data suggests the importance of integration of awareness raising in two domains: 1) public awareness campaigns geared towards sending public messaging that welcomes forcibly displaced people, inclusive of resources and services accessible to them; and 2) community awareness around mental health, including the reduction of stigma/shame around mental health.

As a way to mitigate fear/mistrust, participants suggested offering public awareness campaigns to support the message that people are welcome: *"Could there be messaging to tell immigrants that they are welcome?" [FGD Participant, Former Clients].* Some level of engagement on social media to both mitigate the disinformation that is present and utilize platforms to spread messaging was identified as helpful when navigating a new place or system.

In response to the reluctance to access professional support for symptoms or experiences of distress, participants emphasized the value of raising awareness at local and community levels towards the following goals: raising awareness around the emotional and behavioral manifestation of traumatic stress, and reducing stigma around mental health and normalizing help-seeking behaviors, i.e. seeking support or counseling.



Additionally, the shame around accessing help, coupled with cultural messages around not talking and the stigma of mental illness, could potentially be mitigated through outreach activities that are geared towards raising awareness about the impact of trauma on our behaviors, reducing stigma of accessing support, and sharing of resources.

"The term 'mental health' is stigmatized. People react harshly when they hear about the term. They associate it with being crazy and will say, 'I am not crazy.' We need to explain what mental health means and maybe use other terms and language." – FGD Participant, Interpreter Group

"No one understands what mental health is. It is not easy to find or look for resources when you don't know what it is. I think it is important to explain. People refuse to accept. They are afraid to talk about their emotions when they hear the word mental health." – FGD Participant, Interpreter Group

In addition to general outreach related to raising awareness about mental health, the need for targeted outreach for vulnerable groups was identified, as these groups tend to be more isolated:

"There is also a need to reach out to the most vulnerable who are hiding in their homes, those struggling with DV, and those who have infant kids and lack access to information. If you can devise a way to reach out to them and tell them what resources there are just in case they need it." – FGD Participant, Interpreter Group.

Workshops focused on accessing resources were identified as a good way to *"build trust within the community"* and a way to create organic spaces for help-seeking. Workshops focused on practical or concrete needs and information, i.e. housing, employment access, and the immigration process, were identified as a good way to *"meet people where they are at"* [FGD Participant, Interpreter Group].

4.3.2 Communal Spaces and Peer Support

As strategies to mitigate the impact of isolation, participants expressed benefitting from the need for spaces or opportunities to connect with people who share "a common mindset, values, and attributes" [LGBTQ Interviewee]. There were several types of communal spaces that were referenced and may be of benefit, including the following: individual peer support, informal social and communal gatherings, and facilitated support

groups. The perceived benefits of communal support in these various forms were identified as getting emotional support, social connection, learning and sharing of experiences, and supporting adaptation to a new context.

"To avoid their feeling of loneliness…they need community members or people who can help them to adapt and learn the context." – FGD Participant, Youth Group

Participants reported benefits from informal community gatherings that serve to build social connections, strengthen community, and create organic opportunities to build trust and talk.

"You have to build trust for someone to tell you everything. If you create a way for the people to come together, people will be able to vent in a way they are used to… Some community activity, I feel better if I speak to a friend. We need to build trust by facilitating a stronger sense of community is a way to build trust." – FGD Participant, HRC Women's Group

The ideas for the content of what could bring people together varied greatly but included the following:

- Walking groups
- Exercise groups
- Coffee sessions
- Women's talking circles
- Game nights
- Expressive arts – music, dancing, art

For some, communal spaces with people who share ethnic identities were helpful, but for others, other parts of their identity were privileged. For those who had intersecting marginalized identities, gender and sexual orientation were identified as needing protected spaces.

"If a group could be created for women who do not have family, that would be most helpful. These women just want to be listened to and to share their stories." – FGD Participant, Interpreter Group

"I think it's community—that has been and still is a huge need of mine. A variety of community

that has experienced similar or the same, because I bet all those questions and thoughts about what the hell I was going through during the first month that I was here, would have probably died down quicker, had I had someone to have a conversation about that with. Integrating and adjusting would have been easier because it's scary navigating being here." – LGBTQ Interviewee

Connecting individuals with people with shared experiences via the use of a peer-based model may support adjustment and reduce the impact of the stress of arrival in a new context. One female FGD participant in the West African Group shared that there was a group of women that she "saw as sisters" who visited her home upon arrival and offered emotional support. This type of peer-based emotional support may mitigate the impact of stress upon arrival, reduce a sense of isolation, and support adjustment to a new context.

4.3.3 Individual Counseling Methods

While many participants shared about the stigma of accessing mental health treatment, there was significant data to show how the individual supportive counseling model, once utilized, was beneficial in several areas, including: naming traumatic experiences, expanding coping skills and strategies to manage stress, and ameliorating symptoms and behaviors causing distress. Participants shared the following:

"It was really helpful for me to go through counseling. It took me from a very dark place to feeling a lot better." – LGBTQ Interviewee

When you keep things in your heart it becomes a burden again." – FGD Participant, Former Clients Group

"Just talking about your issues, there's a way that it relieves you like there's a weight off your shoulders. You don't have to carry the burden by yourself anymore, you share, you talk about things." – LGBTQ Interviewee

Related to significant findings of silence being culturally sanctioned in many countries of origin, there was the clear corresponding need for a "place to talk," both in reducing the burden of carrying the trauma alone as well as with alleviating the distress from symptoms.

Seeking help from a counselor appeared to be particularly salient when participants were not feeling relationally safe to access support from family or friends. One FGD participant stated:

"I am open to seeking service from a counselor, which is most helpful when it is a private matter that I don't want to share with my parents or brothers." – FGD Participant, Youth Group

As well, the skills acquired via the individual counseling approach appeared to significantly increase individuals' sense of agency or control over their lives. In particular, skills-based approaches to managing emotional overwhelm/stress appeared particularly helpful with reducing trauma symptoms, managing overwhelm, and supporting adjustment:

"I can acknowledge my existence, ground in safety. I can touch/tap myself and remind myself that I am here. PTR showed me I have the tools to navigate emotional crises and panic attacks." – FGD Participant, LGBTQ Group

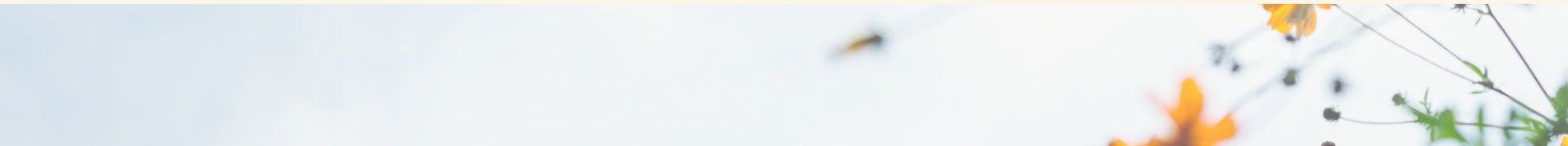
Therapy has been helpful for me with managing stress. I also started meditating and journaling after starting therapy." – LGBTQ Interviewee

4.4 Special Considerations for Groups with Intersecting Marginalized Identities

Within the larger target population of forcibly displaced people, individuals with intersecting marginalized identities appeared to be particularly vulnerable, highlighting two specific groups: LGBTQ-identified participants and women. The data suggests and the section will document that in addition to the persecution in their country of origin, these two groups faced additional vulnerabilities due to larger systemic and cultural factors.

4.4.1 LGBTQ-identified

The LGBTQ-identified participants who reported ultimately fled their country of origin due to persecution related to their identity, also reported facing challenges with both migration and assimilation, adding additional vulnerabilities to their well-being. The data documents well the marginalization related to rejection from family, from their own ethnic community, and from authorities during and after the migration process. Systems designed to protect them appeared to further exacerbate their experiences during migration, including one participant disclosing sexual harassment and mistreatment during detention [FGD Participant, LGBTQ Group].



Additionally, the typical support that is common amongst displaced populations, such as church, family, and ethnic community groups, were reported to not have been a viable source of support for LGBTQ-identified participants interviewed. One participant described fleeing their country of origin due to being "threatened by a family member" and being "persecuted by police," only to arrive in the U.S. and experience rejection by family members here [FGD Participant, LGBTQ Group]. Another interviewee shared their experience of the rejection faced when they had disclosed their identity to their host:

> *"When I first came here, I knew I had freedom but I didn't know at first that I could not expose myself to my community about myself. I had to learn that I have to not expose myself or the people would not let me live with them. The way I found out the first time was after telling the person I was staying with and she told me she wanted me to leave so I had to go to another city." – LGBTQ Interviewee*

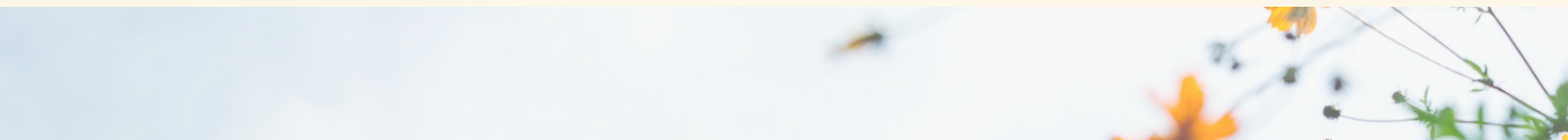
These rejections from what would be traditional sources of support—one's own ethnic group, family, authorities, and hosts—further contributed to a significant lack of felt sense of safety and resulted in a deeply held sense of isolation. Additionally, the lack of safety appeared to contribute to participants hiding their queer identities, i.e. "I'm not gay in front of others," [FGD Participant, LGBTQ Group] and may have contributed to an internalized sense of shame around identity.

One participant discussed how their family pathologized their identity as being "unwell" and that this type of pathology may be further exacerbated when accessing healthcare and being told that they're "wrong in the head" [FGD Participant, LGBTQ Group].

This feeling of lack of safety appears to be exacerbated when there is a felt sense of discrimination experienced within participants' ethnic group, which seems to underscore a clear need for safe spaces within their shared queer identities:

> *"Right now honestly, I feel like my community, Africans in particular, still shun upon the queer community which results in there being no safe spaces for us to meet and discuss our challenges or even have the opportunity to make solid connections." —LGBTQ Interviewee*

Multiple participants also reported experiencing discrimination in the form of homophobia and transphobia within their communities of origin,



resulting in a profound lack of mistrust within their own ethnic communities that may also be an impediment to seeking emotional support. One participant shared:

"*To be honest, in my community I don't really want it [emotional support]...because I can't share my problems with the African community because I'm afraid that they'll judge." — LGBTQ Interviewee*

In addition to fear of judgment from participants' ethnic group, another source of support and community for many migrants and displaced people, the church, also tends to be another source of rejection, as documented here:

"Senegalese people and people from my church do not accept me being LGBTQ." — LGBTQ Interviewee

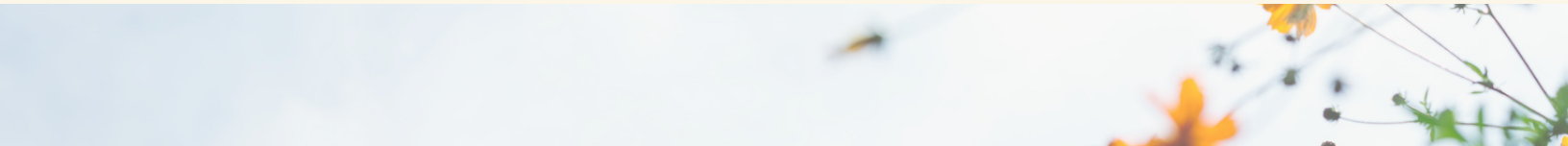
In summary, the typical support received within other diaspora communities was reported to be frequently absent within the LGBTQ community. Often facing within-group discrimination, isolation from family, and rejection from typical or common sources of support, i.e. church and family had the tendency of increasing isolation and vulnerability within these groups.

4.4.2 Women

Women represent another group in the dataset with particular vulnerabilities. Strict gender roles and positioning within society and family were referenced as contributing to vulnerabilities, increased risk for domestic violence and resulting in possible mental health challenges:

"Culturally, women are disproportionately affected [by mental health issues] because they submit to what the men decide." — FGD Participant, Interpreter Group

Positioning in family and society increasingly pushes this vulnerable group into the margins, creating barriers for accessing help or intervention when violence or subjugation is present. Female subjugation likely contributes to low literacy levels, restrictions of freedom, and the resulting limitation on upward economic mobility, creating additional obstacles for seeking help even when domestic violence is present:



"With DV concerns—afraid to call the police because there was no way to explain to them what was happening in Mam, and lack of food and money made it hard to be independent. Due to literacy barriers, it was difficult to find any relevant resources." — FGD Participant, Mam Group

These challenges and risks appear to be exacerbated by the dearth of spaces and services that are allocated for women.

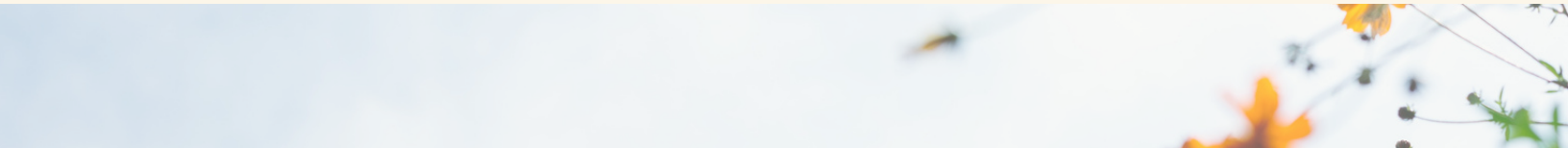
Some participants have reported a feeling of exclusion as young women from particular ethnic community groups, while others describe the position of a woman in society and the family as exacerbating the isolation and vulnerability:

"The Eritrean community is either for men or the elderly…there isn't much space for young women." — FGD Participant, HRC Women

There is also a need to reach out to the most vulnerable who are hiding in their homes, those struggling with DV, those who have infant kids, and lack of access to information…"
— FGD Participant, Interpreter Group

Parenting children in a new context separated from extended family support appeared to contribute to a sense of isolation, possibly further contributing to additional vulnerabilities that disproportionately affect women. One participant reported that a parent "can't teach [children] how we want" and that the result is children are "being raised culturally different," contributing to a sense of stress and overwhelm [FGD Participant, Latinx Group]. Participants emphasized the need for "reaching out" to young mothers to share about resources as a strategy to mitigate the impact of these vulnerabilities, [FGD Participant, Interpreter Group]. Interventions and resources designed to address some of these needs were also identified as strategies for mitigation.

"For some mothers, the stress and anxiety they suffer could be caused by their children and if possible invite the child into therapy to deal with the stress/worries caused by their children."
— FGD Participant, Interpreter Group



SECTION 5: KEY FINDINGS AND RECOMMENDATIONS

The broader purpose of this assessment was to inform longer-term strategic approaches and mental health and psychosocial interventions aligned with PTR's mandate of addressing the psychosocial impacts of trauma amongst international survivors of human rights abuses. This section will distinguish between specialized mental health (group and individual therapy and psychiatric care) interventions and non-specialized (psychosocial care) interventions. This section summarizes key findings and puts forth relevant recommendations.

Key Finding 1

There is a significant stigma regarding mental health, disinformation regarding pathways to care and risks involved, and mistrust within PTR's target population of asylum seekers, asylees, and refugees that appear to create significant barriers to help-seeking behaviors.

Recommendation 1

Create a Community Outreach and Engagement Strategy that will be applied transversely across the organization and coordinated across programs towards the goal of raising awareness, reducing stigma, and mitigating the impact of mental illness. The strategy will be proportionately inclusive of the target population of displaced populations in the Bay Area, with consideration to the following:

- Outreach activities that orient newly arrived migrants to their new community, towards the goals of: offering support, orienting to new systems (i.e. transportation, school and legal systems), improving access to services and public entitlements, sharing resources, providing accurate legal information on migration processes, and correcting misinformation.
- Outreach activities geared towards raising awareness around the emotional and behavioral manifestation of traumatic stress and reducing stigma around mental illness will be utilized as primary and secondary prevention efforts to mitigate the burden of mental health symptoms for displaced populations.
- Outreach activities designed to identify community members in high-risk categories and linking them to services towards the goal of mitigating the burden of mental illness.

- Utilizing social media campaigns to create networks of community members for engagement and advocacy, inclusive of awareness raising, resource sharing, and networking for job opportunities and other livelihoods.
- Partnering with local government or key partner organizations to offer public awareness campaigns and advocacy for messaging around the welcoming of migrants and refugees and to support indications of safe spaces.
- Providing specialized outreach and awareness sessions that target vulnerable groups within the larger target population, i.e. survivors of domestic violence.

Key Finding 2

A key culturally informed strategy and approach to healing is to design and offer collective spaces that foster community, strengthen relationships, and reduce the burden of one of the main challenges associated with adjustment to a new context: isolation and lack of support.

Recommendation 2

Non-specialized mental health and psychosocial support are critical with early intervention and prevention methods to support forcibly displaced people with adjustment to a new context, reducing stress, decreasing a sense of isolation, and mitigating the risk of developing symptoms of mental illness. Feedback from participants underscores the need to create an organization-wide strategy that utilizes resources across programs for the planning and implementation of non-specialized communal spaces:

- Design and implement peer-led approaches to programming that support adjustment to a new context, i.e. mentorship programs, orientations upon arrival, etc.
- Communal gatherings that utilize a variety of creative and alternative opportunities for organic connection and support:
  - Expressive Arts groups–music, dance, or art
  - Walking groups
  - Coffee sessions
  - Women's talking circles
  - Game nights
- Collaborate with key partners to design and implement workshop style interventions geared to meet the concrete needs of forcibly displaced people adjusting to their new community, inclusive of sharing of resources for jobs, resume writing, ESL classes, livelihoods training, etc.
- Community-led events coordinated organizationally to raise awareness about topics relevant to PTR's mission, i.e. World Mental Health Day.

Key Finding 3

Specialized mental health support in the form of individualized supportive, trauma-informed counseling was critical in offering healing and recovery for individuals who suffer in the aftermath of traumatic events before, during, or after their migration.

Recommendation 3

A continued offering of a specialized intervention of individual and family psychological care and psychiatric interventions when indicated will help to reduce the risk of mild to moderate symptoms becoming more severe.

Expanding the specialized interventions to include group modalities will increase the capacity to reach more people and supplement the individual work, where indicated.

- Focus individual modality further on skills-based interventions that target increasing trauma survivors' adaptive coping skills, affect regulation, trigger identification, and modulation to increase survivors' agency and control over their lives, and re-establish a sense of safety.
- Expand individual modality of intervention to include specialized group interventions to offer a variety of support inclusive of skills-based interventions for affect modulation, stress management, trauma processing, and relational skills.

Key Finding 4

Within the larger target population of forcibly displaced people, two groups with intersecting marginalized identities–LGBTQ-identified participants and women–appear to be particularly vulnerable, as they are at times excluded from traditional sources of safety and support, i.e. church, family, and community groups.

Recommendation 4:

Design and implement programming that attunes to the respective vulnerable groups' needs, attends to safeguarding, privileges individuals' agency, and expands opportunities for connection and healing.

- A Community Engagement Strategy that aims to address the marginalization of vulnerable groups within their respective communities.
- Design outreach events that target vulnerable groups for sensitization and engagement.
- Design programming that builds in safeguarding and protects anonymity, where indicated.
- In collaboration with key community members, design and implement protected spaces for individuals who are unable to seek safety in a broader population.

SECTION 6: CONCLUSION

This needs assessment was a baseline assessment designed to better understand the psychosocial needs of PTR's target population, with the goal of designing community-driven programming. As this was the first organization-wide assessment and was relatively narrow in its scope, there are several limitations to the assessment and clear needs for future exploration. Limitations to the assessment that should be considered when reviewing the results include the following:

- The assessment has a relatively small sample size of 61 participants.
- The sample disproportionately represents women, who totalled 67% of those interviewed. Additionally, parents interviewed were disproportionately women, who represented specific needs of mothers or female heads of household and not necessarily the needs of fathers.
- Some ethnic groups and regions were underrepresented while other groups were overrepresented in the data. For example, participants from the Middle East/North Africa (MENA) region only represented 3.4% of the sample size and there was no representation from Asia and the Pacific regions. By contrast, 40.7% of participants identified as from the East Africa Region, with 32% of the full data set from Eritrea alone.
- While all the facilitators received the same training and orientation to the recommended data collection methods of contemporaneous note taking, the methodology of collecting the qualitative data varied significantly from one facilitator to another. Some facilitators transcribed verbatim what participants were saying and documented many direct quotes, while others summarized participants' comments.
- LGBTQ-identified interviewees disproportionately represented the African diaspora, with 5 self-identified from the African diaspora and 2 self-identified from Latinx communities. Additionally, the 5 participants representing the African diaspora were all individually interviewed, while the 2 Latinx participants were in a focus group. This differential in the data collection method likely contributes to an overrepresentation of data relevant to the queer-identified African diaspora.
- Differences between ethnic groups were not addressed in the methodology, creating the risk of generalizing the data across ethnic groups. This potentially undermines the significance of differences between ethnic groups.

- The data does not discern whether people were newly arrived to the United States or had been settled in the United States for longer periods and if or how those needs might differ.

In order to address some of the limitations of the assessment and to continue understanding the needs of the target population served by PTR, further areas of exploration are clearly indicated. Some areas to consider for further exploration include the following:

- As PTR's target population is forcibly displaced people residing in the Bay Area who are in need of mental health and psychosocial care, there is some clear underrepresentation of key constituents amongst PTR's current demographics. Further exploration is indicated to understand why people from the Middle East/North Africa and Asia and the Pacific Regions are not seeking support from PTR.
- Given the diverse ethnic backgrounds of PTR's target population in the Bay Area, further exploration of differences between ethnic groups in psychosocial and mental health needs is indicated. This data set represents approximately 21 countries of origin and it would be remiss to overgeneralize the findings to the entire target population.
- There is some indication both in the data and from the experiences of PTR staff that newly arrived refugees and asylum seekers who have been settled in the United States for a longer period have differing needs. Further exploration is warranted to better understand the differences in needs between these two groups.
- Given the documented vulnerabilities of the LGBTQ community within the larger target population, more investigation of how partner organizations safeguard, reach out, and support LGBTQ-identified community members within their current practices may help to inform gaps in service delivery.

As this is the first organization-wide needs assessment completed at PTR since its inception, it is limited in its scope. PTR's intention is that this assessment lays the foundation for further areas of exploration and the development of programming that is holistic in nature, ranging from specialized care to non-specialized interventions aimed to reduce the burden survivors of human rights abuses have endured, and mitigating the risk of mental health problems within the target population.

Annexes

Annex 1: Recruitment Script

Hello, my name is ___[name]__, I'm calling from Partnerships for Trauma Recovery. We are reaching out to community members to invite them to participate in a focus group discussion about wellness practices. Is now a good time to talk?

[If no, ask if there is a good time for you to call them back and schedule another call]

[If they are not interested in a call back or speaking further, clarify this decision does not affect any services they receive or expect to receive at PTR. Note all this in spreadsheet.]
If yes:
Partnerships for Trauma Recovery is a nonprofit organization that helps to meet the emotional and psychosocial needs of people who have left their countries of origin to seek safety in the US. PTR strives to offer care that is culturally-informed and client-centered. We are looking for participants to tell us about their ideas and beliefs about emotional health, wellness, and cultural practices for managing distress.

The purpose of the project is for PTR to gather information from the community that will be used to improve current programs and design additional programming that create spaces for healing that honor the diverse cultures, practices and wisdom of the people we serve. This will be done by participating in group discussions with volunteers. The interview group will be guided by PTR staff, and you will be asked questions regarding your thoughts, experiences and perspectives about healing and wellness. The ultimate goal is to use this information to guide how PTR creates spaces for healing that honors the diverse cultures and wisdom of the people we serve.

If you are interested in participating in these discussions, we expect them to last up to 2 hours, and take place at PTR's office in Berkeley or remotely via Zoom. Your participation in this project is voluntary and you can choose to end it at any time in the process. This group discussion is separate and different from the services PTR offers. You do not have to participate in the group to be eligible for services.

Your participation would be separate and different from other services [choose applicable option: you have received, currently receive or plan to receive] from PTR.

If you do decide to participate in the group, we will reimburse you for transportation costs to and from the PTR office and offer a small incentive in the form of a gift card of xx amount. There will also be light snacks offered to the participants on the day of the group.

Is this something you would be interested in participating in?

[If yes, answer questions people may have, talk about next steps] **ASK ABOUT AVAILABILITY**
[If no - thank you for your time]

Name of Recruiter(s): _____ Group Recruiting for: _____

If yes, document the following:

Name of Participant	Contact Number	Email	Age	Gender	Language

Annex 2: Interview Guide

Facilitator(s): _____ Date of Group: _____ Translator: _____

Please keep in mind that these questions are designed to structure an interview, but not be prescriptive. Not all questions will apply to all groups and facilitators will guide the conversations based on the responses that participants share. As well, particular groups chosen may have particular vulnerabilities that can and should be addressed.

Area of Exploration	Questions for Semi-structured Interviews	Facilitator Notes
Impact: to understand how experiences, attitudes and life circumstances affect behaviors and emotional needs.	1.Describe the reasons why people migrate to the United States. Describe sources of ***hope*** and the ***challenges*** that it presents. 2. What are the biggest stressors related to migration? What are your primary needs as a person displaced from your country of origin? 3. In your own words, can you describe the impact of your migration from your country of origin? How has it affected you emotionally? How has it affected you socially?	
Needs: To understand how and when communities reach out for help and what kind of help they seek	1.When you think of the reasons you left your country of origin, what are the aspects that you feel you need the most support with? 2. In your community of origin, where do you go when you need emotional support or help? 3. Who are the helpers in your community of origin? What do they do when someone needs help? 4. Are there places or people you go to here in the East Bay area when you need support? Where? Why do you go there? What kind of help do they give you?	

Area of Exploration	Questions for Semi-structured Interviews	Facilitator Notes
Cultural management of emotions and overwhelm: To understand cultural beliefs and understanding around emotional health and absence of health, practices around healing, and strategies that various communities have to manage stress or overwhelm	1.What are the sources of strength that people show in your community to manage challenges? 2. What is most helpful to you when you feel stressed or overwhelmed? 3. What kinds of practices in your community help people when they are struggling or needing help? 4. How do helpers or elders in your community support people when they are emotionally not well? 5. What are the signs or indications that someone in your community is not emotionally well or healthy or might need extra support? 6. How do you know when someone in your community needs help beyond what can be provided by friends or family?	
Testing prospective programming: to assess appropriateness of planned group programming and generate ideas on how to structure or design programming.	1.If PTR had group activities to support people in your situation, what kinds of things would you like to do in those groups? What ideas do you have for group activities? 2. If we were designing programming with the goal of meeting the psychosocial needs and well-being of your community, what would that look like?	

Area of Exploration	Questions for Semi-structured Interviews	Facilitator Notes
	3. We are considering a peer support model to match people who have been granted asylum with people who are seeking asylum. Would you be open to being supported from someone in your community who has been through the asylum process? 4. If you have lived in the East Bay area for a while and have been granted asylum, would you be open to being paired with a newly arrived person to offer support to them? 5. We've been told that one of the biggest challenges when people arrive to the United States, is a feeling of isolation. What do you think could be helpful to support people who are feeling isolated? What kinds of events/activities might help people to feel less isolated? 6. One way PTR offers support to people who have been displaced from their country of origin is one on one talking support. Tell us what you think about this method of helping. What are things about this kind of support that you might find helpful? What are the limitations to this method of help (something you might want to change?) 7. For some people who struggle with feelings of sadness or worry, medication can help them. Tell us what you think about this method of help.	
Observed Behaviors, Body Language, and other contextual information:		

Group	Questions for Semi-structured Interviews	Notes
LGBTQ Group	1.As a person who identifies in the LGBTQ community, what are some particular emotional needs that you might have which PTR can support you with? 2. Can you describe particular challenges you face as an LGBTQ-identified person within your ethnic group in the East Bay area? 3. In what ways do you feel supported by your ethnic group or culture of origin in the East Bay area? In what ways do you feel marginalized? 4. When considering programming to support your emotional needs, what are particular considerations that PTR should be sure to consider?	

Annex 3: Consent Script

Script for Explaining Purpose and Obtaining Consent:

Hi my name is _____ and I am _____ at PTR, an organization that helps to meet the emotional and psychosocial needs of people that leave their countries of origin to seek safety in the US. This focus group [Interview] is part of PTR's effort to connect with community members and explore how they think of emotional health, well-being and wellness. The information that PTR collects from these discussions will be used to improve current programs and design additional programming that create spaces for healing that honor the diverse cultures, practices and wisdom of the people we serve.

Procedure

If you agree to take part, you will be asked to discuss a series of questions regarding your thoughts, experiences and perspectives about healing and wellness practices. The discussion will last no longer than two hours, and be recorded by PTR staff using note taking. I/We [the facilitator] will also collect basic demographic information, your gender, age, and country of origin in order to better understand how beliefs, ideas and perceptions vary across the different community groups that PTR serves.

Risks & Benefits

Some of the questions in this discussion will be about migration stories and practices people turn to when in distress. It is possible that talking about your experiences may bring up some upsetting memories. Should this happen, PTR staff leading the group will be available to connect with you and offer emotional support. PTR will make every effort to protect confidentiality and your anonymity and PTR encourages all group members to keep conversations private, however we cannot guarantee that group members will.

There are some benefits associated with your participation. The information we collect may help PTR to better understand your community's needs and consider them when creating spaces for healing and wellbeing. PTR will offer everyone a $25 gift card as a thank you for your time and contribution.

Voluntary Participation

This focus group is voluntary—you do not have to take part if you do not want to. If any questions make you feel uncomfortable, you do not have to answer them. You may leave the discussion at any time without any questions or consequences and without having to justify your decision. In this case, all information regarding your participation will be destroyed. Your participation in this group in no way affects your ability to access services at PTR.

Confidentiality and Dissemination of Results

PTR will make every effort to protect your privacy. Everything you say in this focus group will be kept confidential. By consenting to participate in the group, you are also agreeing to not share anything you hear or learn inside the group with people outside of the group and to not discuss the identity or comments of participants outside the room. The notes from the discussion will not contain your name or any other information that would allow you to be linked to specific statements. Only PTR staff conducting the study will have access to the notes.

Approximately 8 weeks following the facilitation of groups, PTR will make available the general findings from the entire study to members who participated and to key community constituents after the information is collected and put into a report. The names of the participants will not appear in any report.

Do you have any questions?

Contact Information

If you think of any questions or concerns regarding this focus group discussion after you leave, please contact the PTR staff member who reached out to you. If you are unable to reach them, please reach out to the Director of Clinical Care, Kathy Lotsos at klotsos@traumapartners.org

PTR's Self-Referral Phone Line: (510) 296-9005

PTR Staff Member

Name: _____ Phone : _____

Name: _____ Phone : _____

Date of Group: _____ Facilitators: _____ Translator (if applicable): _____

Statement of voluntary consent

By signing this form, I am agreeing to voluntarily participate in the focus group discussion. This consent was explained to me in a language I understand. I have had the opportunity to ask questions and have received satisfactory answers. I understand that I can leave the discussion at any time and for any reason. If I have additional questions, I understand that I may reach out to the PTR staff who contacted me or the Director of Client Care.

I understand this information and agree to participate fully under the conditions stated above. I have also received a 25$ gift card as a thank-you for my participation.

Name of Participant	Signature of Participant	My age	My gender	My country of Origin

Annex 4: Codebook
Migrating to the US

Reasons for migration	1. Escaping persecution and imprisonment a. Persecution based on identity b. Forced marriage 2. Freedom – wanting a better life for myself and my family 3. Escaping violence a. Family members killed b. Female genital mutilation (FGM) c. Physical assault & sexual violence d. Gang violence e. Domestic/Family violence 4. Forced to join military in country of origin 5. Other reasons to migrate
Hopes/Expectations (before moving)	1. "American Dream" 2. Speediness of immigration process
Positive Experiences (in the US)	1. New community 2. Freedom/seeing people were free 3. Less judgment
Challenges to migrating/immigration /adaptation	1. Disconnection from family/Lack support a. Loneliness / not knowing others b. Worry about family back home c. leaving children behind in country of origin d. Finding people to connect with/empathize e. Parenting challenges 2. Lack of control/agency a. Guilt around dependence on others for certain needs (such as housing, food, money, connections for work/attorney) 3. Not meeting "American Dream" a. Expensive, unaffordable city b. Not having a work permit

	c. Challenges with employment (Lack of employment or challenges to finding employment) 4. Language barrier 5. Culture shock/differences a. Community-based cultures (place of origin) vs. individualistic culture (US) 6. Trauma from past 7. Discrimination a. Colorism; racism 8. Language-based discrimination 9. Within-group mistrust 10. Homophobia/sexual identity 11. Learning new systems a. Transportation system (understanding the public transportation system and also navigating public transportation with small children, especially special needs children) b. Immigration system c. Housing (living in small spaces, staying with friends) d. Healthcare e. Social services 12. Fear/misinformation/ distrust 13. Trauma During Migration Process

Community Needs/Sources of Support

Family/Community Support	1. Religion / spirituality / religious centers 2. Not feeling like there is space within local community for young women
Financial Support	1. Work (finding work, better jobs)
Parenting/childcare	1. Education regarding cultural practices for child rearing

Women's Support	1. Domestic violence (DV)
Other	1. Adult education system 2. Addressing discrimination 3. Internally (within community) 4. Externally (e.g., systemically) 5. Addressing addiction 6. Don't want support 7. Fear of judgment from community

Cultural Management of Emotions and Overwhelm

Emotional Management: Western methods (Talk therapy or medication)	1. Strengths a. Non-judgmental space b. Naming traumatic experiences c. Reducing experience of isolation with sharing trauma d. Face-to-face connection e. Development of adaptive coping skills f. Symptom reduction g. Building resilience/strengthening agency 2. Limitations a. Difficult accessing care/support
Emotional Management: Helpful activities/practices	1. Cooking/food 2. Physical activity/sports / yoga/meditation 3. Religious/spiritual activity 4. Arts/Music 5. Group activities 6. Community support "strength from each other" 7. Animals 8. Family 9. Medication (pharmaceutical and 'natural') 10. Talking with trusted individuals/Check-in calls 11. Working 12. Self-regulation (grounding, breathing)

Indicators for mental health decline in ethnic community	1. Direct communication about issue 2. Isolation 3. Not talking 4. Behavioral change
Challenges with Cultural Management of Emotions	1. People in my culture/community do not manage stress/seek help 2. Emotions are not discussed; they're managed through silence 3. Fear/concern over judgment from others within community if I speak up about my problems

Needs from PTR/ Testing Prospective Programming

Suggestion: Community spaces (need to build community to build trust)	1. Sharing food 2. Expressive arts 3. Physical activity/exercise/ sports 4. Spiritual/faith-based practices 5. Spaces to informally talk and share experiences 6. Different spaces for people who have been in the US for different lengths of time
Suggestion: Support/peer support volunteers	1. Navigating systems/life skills 2. Connecting with resources (specifically legal support and how to complete processes in the US) 3. Peer-led support groups
Suggestion: Unhelpful PTR practices	N/A
Suggestion: Education/provide orientation for newcomers	1. Information about Community Resources 2. Experience of asylum interview/immigration application process 3. Churches/religious institutions/cultural centers 4. Jobs/networking 5. Platform for people in the community to share resources

	6. Awareness raising about counseling 7. Public awareness campaigns that welcome visitors/migrants 8. Housing
Suggestion: Other	1. Concern around confidentiality 2. Consider transportation 3. Open to in-person and remote activities 4. Support with parenting, especially special needs children

LGBTQ

How can PTR support LGBTQ	1. Having people they can identify with/trust 2. More information about PTR 3. Emotional help 4. Don't know 5. Meet-ups/group activities
Challenges for LGBTQ within ethnic group	1. Dating 2. Feel they can't be honest 3. Phobias among peers (e.g., homophobia) 4. Judgment/no acceptance/no support
Support for LGBTQ within ethnic group	N/A
Other sources of support for LGBTQ	1. American community 2. Spaces where there are other LGBTQ

Other Considerations

Interviewer observations	1. Flow of conversation 2. Energy/mood of participants 3. Other
Standout quotes	N/A
Other	N/A

PARTNERSHIPS FOR TRAUMA RECOVERY

traumapartners.org