PARTNERSHIPS
FOR TRAUMA RECOVERY

Partnerships for Trauma Recovery

Community Needs Assessment

BRIEF REPORT

About PTR

Partnerships for Trauma Recovery (PTR) is an organization that provides mental health and psychosocial support to asylum seekers and refugees. This is a summary of a Community Needs Assessment PTR conducted between June and October 2022. For more details, see the complete report on PTR's website: https://traumapartners.org/.

Why A Community Needs Assessment?

PTR did a community needs assessment to be sure our programs continue to be responsive to community needs. In the assessment we wanted to learn more about:

1. Clients' experiences and life circumstances and how their experiences affect their behaviors and emotional needs;
2. Clients' cultural beliefs about healing, psychosocial needs, and strategies to manage stress and support well-being.

How Did We Collect Information?

PTR collected information by conducting focus groups and individual interviews. If participants needed an interpreter, one was included.

We wanted the people included in focus groups and interviews to reflect the characteristics of the people PTR serves. To do this, we invited people from the main regions PTR clients come from: Central and South America (including Mayan Indigenous people), all regions of Africa, and the Middle East/North Africa.
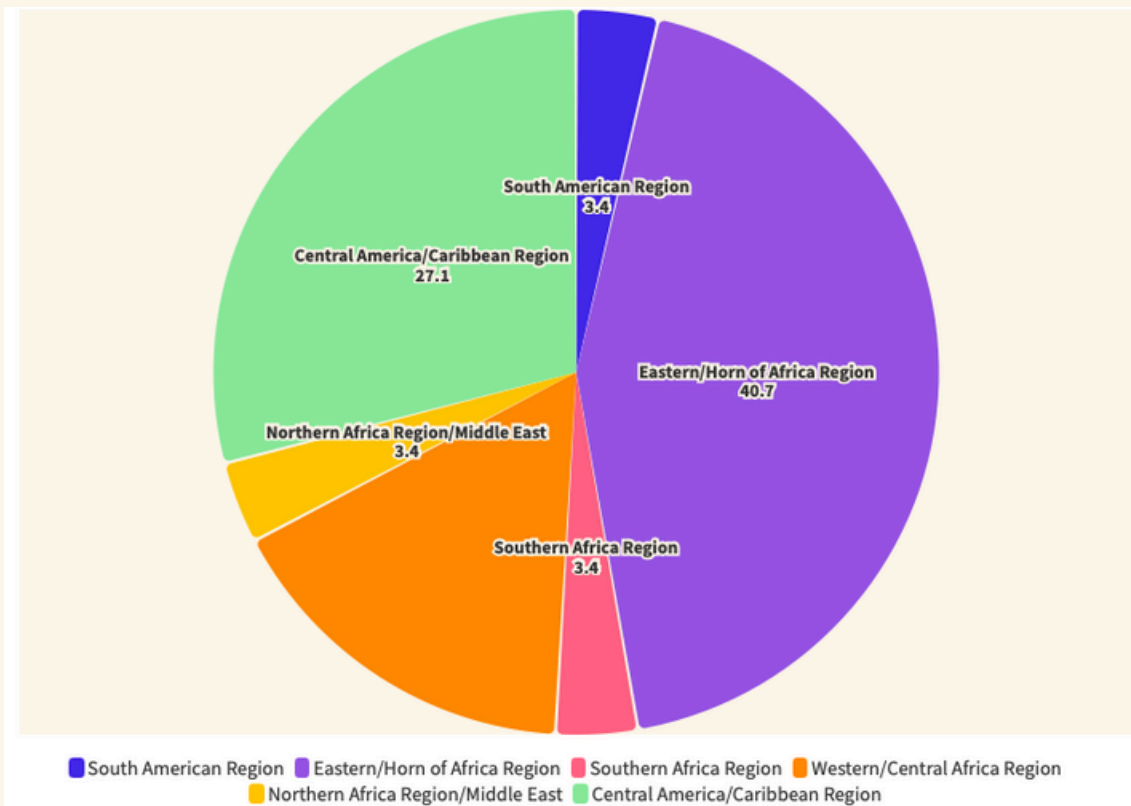
To locate participants, PTR contacted people already connected with our organization and prospective clients who were not yet connected with us. Within the organization, current and former PTR clients, as well as people on PTR's waitlist, were invited. We also invited people who worked with PTR as interpreters to answer questions in a focus group. To identify prospective clients not yet connected with PTR, we asked other refugee/asylum-serving organizations to recommend clients/community members for us to invite. To ensure that women and LGBTQIA+ people were well included, we directly invited women and members of the LGBTQIA+ community. In addition to directly inviting LGBTQIA+ clients, we asked clients to recommend other LGBTQIA+ refugees who would be interested in participating.

PTR conducted nine focus groups with two to twelve people each and five individual interviews, for a total of 61 participants. The largest groups of participants were from East Africa, 41%, and Central America, 27%, with smaller numbers from South America, other regions of Africa, and the Middle East/North Africa (see Chart 1). Half of the participants were between 26 and 59 years old, with smaller numbers of older and younger people (see Chart 2). Two-thirds of the participants were women, including one transgender woman, and one-third were men. At least 10% of participants identified as LGBTQIA+.
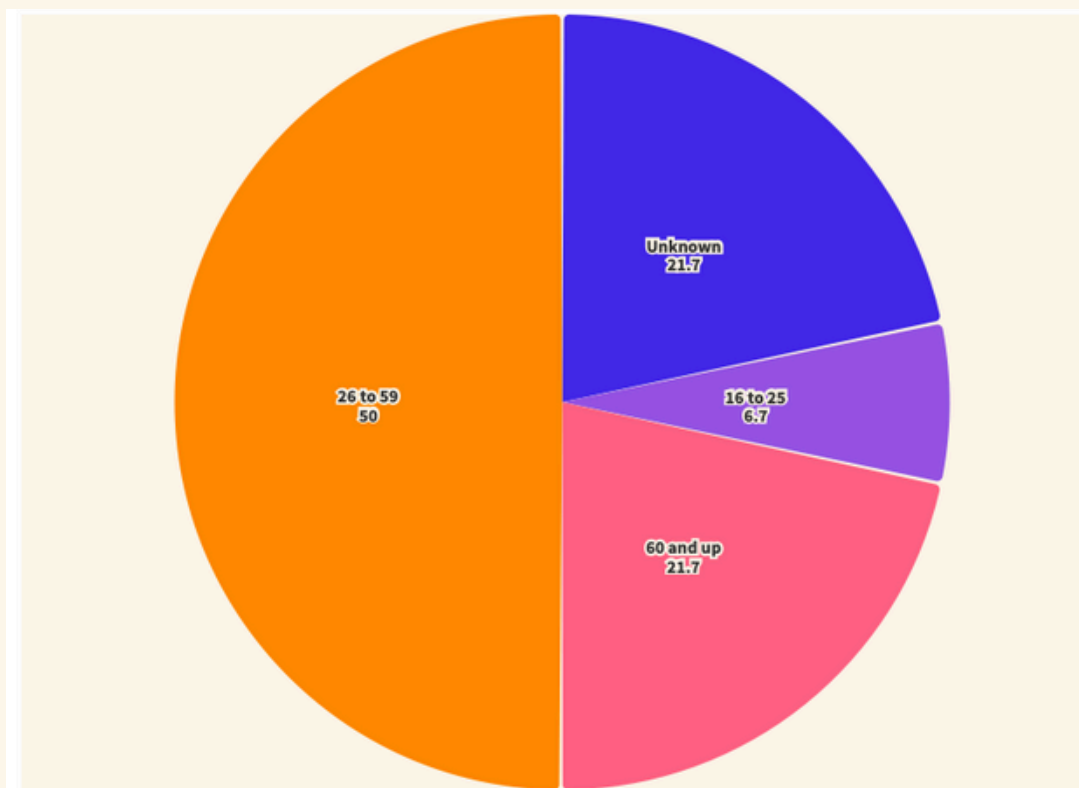
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Chart One: Region of Origin

South American Region
3.4

Central America/Caribbean Region
27.1

Eastern/Horn of Africa Region
40.7

Northern Africa Region/Middle East
3.4

Southern Africa Region
3.4

■ South American Region ■ Eastern/Horn of Africa Region ■ Southern Africa Region ■ Western/Central Africa Region
■ Northern Africa Region/Middle East ■ Central America/Caribbean Region

Chart Two: Age Group

Unknown
21.7

16 to 25
6.7

26 to 59
50

60 and up
21.7

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What Did We Learn?

Three PTR staff read the written notes from all of the focus groups and interviews, looking for themes in how people answered questions. They worked together to organize themes and identify findings. Direct quotes are in italics, to give examples of participants' answers, in their own words. While participants' answers are critical in understanding community needs, we should not assume that any one answer represents the experiences of all refugees and asylum seekers.

Theme 1: Reasons to migrate and experiences of migration

Participants described three main reasons for leaving their country of origin: to flee prosecution, to flee violence, and to seek a "better life."

"We didn't get what we hoped for, and due to political issues and hopelessness, lots of people migrated. The main reason for migration is loss of hope."

Participants identified several challenges with the process of migrating and adjusting to life in the Bay Area: isolation and lack of support, differences between what they expected and their actual experiences, and discrimination.

"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."

Theme 2: Culture's impact on help-seeking

Participants noted the difficulty of adjusting to the focus on individualism in the U.S., as it differed from their more community-centered experiences in their countries of origin.

"...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."

In addition to differences between the U.S. and their country of origin, participants described aspects of their own cultures that made people less comfortable talking about problems they faced.

"In our community, men don't usually seek support and show their vulnerability because of gender stereotypes."

Participants also said that fear of judgment from within their community and mistrust of authorities made them more reluctant to get help.

"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."

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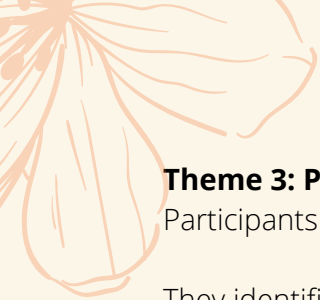
Theme 3: Participant recommendations

Participants identified several ways PTR could improve its services.

They identified a need for messaging welcoming forcibly displaced people and providing accurate information about where to find services. They also suggested outreach focusing on reducing stigma/shame about mental health.

"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."

Participants saw value in providing open communal spaces where people could informally gather and connect. They also suggested that offering support led by peers and the support already offered by PTR staff would be a useful way to reduce isolation and increase support.

"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."

Many participants acknowledged that counseling was very beneficial, despite concerns about the stigma of seeking mental health support.

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

"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."

Theme 4: Needs of Women and LGBTQIA+ people

Women and LGBTQIA+ participants reported not feeling fully included in traditional sources of safety and support like the family, church, and community groups.

"The community is either for men or the elderly...there isn't much space for young women."

"Right now honestly, I feel like my community ... 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."
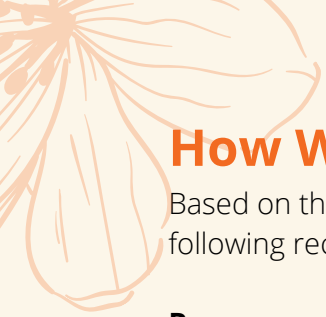
How Will We Apply What We Learned?

Based on the information provided by the participants in focus groups and interviews, the following recommendations were identified:

Recommendation One: Create a Community Outreach and Engagement Strategy that applies to all parts of PTR to reduce stigma, build trust, and raise awareness.

Recommendation Two: Create open communal spaces and use creative approaches to build connection and support. Offer peer-led programming, support, and workshops.

Recommendation Three: Continue offering individual and family psychological and psychiatric interventions. Expand group offerings to reach more people and supplement individualized care.

Recommendation Four: Consider women and LGBTQIA+ populations in the Community Outreach and Engagement strategy and in communal spaces/peer-led programming described in Recommendations One and Two above. In all programming, consider safety and anonymity and collaborate with community members to create protected spaces for those with limited access to traditional forms of support, like women and LGBTQIA+ people.

Limitations and Future Assessments

PTR followed accepted approaches to conduct the Community Needs Assessment, but there were still limitations. Despite efforts to recruit a representative sample, the number of participants was relatively small (61 total), and not all sub-groups of PTR clients were well represented. The data also does not tell us if there are differences between the needs of recently arrived populations and those who have been in the U.S. for longer, which we suspect may be the case. Not all facilitator/note-taker teams used the same approach to document sessions, so what was captured in the notes varied. Future assessments should address these challenges.

Future assessments should also consider why so few refugees/asylum seekers from the Middle East, North Africa, and the Pacific region seek services at PTR, to help increase our reach.

Different ethnic groups may have different psychosocial needs. This assessment could not reliably differentiate between groups, but the question is worth exploring in future work. Finally, PTR would benefit from learning more about how to support LGBTQIA+-identified community members.

PTR thanks everyone who participated in a focus group or interview. We appreciate your willingness to speak with us and look forward to continuing to work with you to be sure our services continue to meet community needs!

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