



Bridging Refugee Youth & Children's Services

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## Somali Youth in the U.S.: From Alienation to Acceptance

By B. Heidi Ellis, Ph.D.

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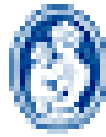


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HARVARD MEDICAL SCHOOL



Children's Hospital Boston

NCTSN



The National Child  
Traumatic Stress Network

# Somali youth in the U.S.: From alienation to acceptance

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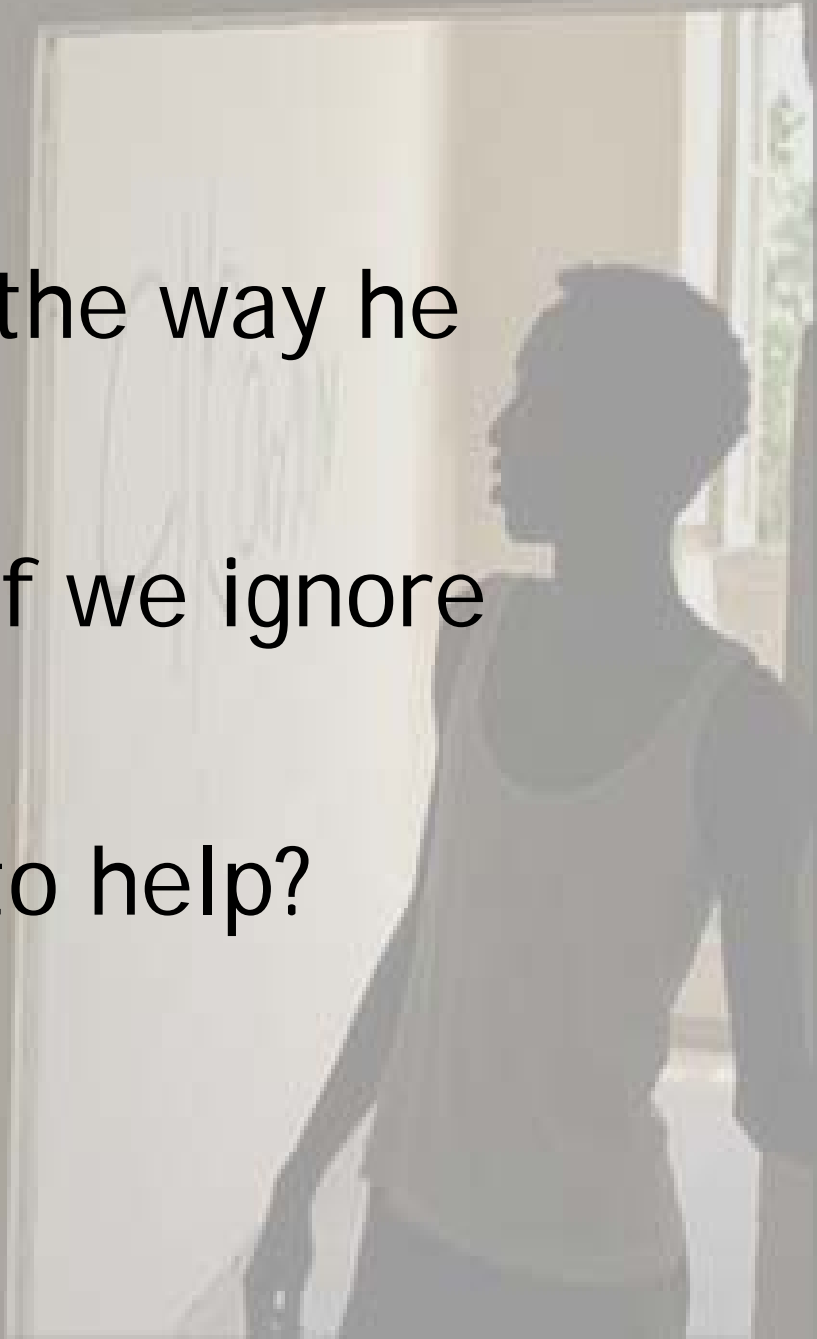
# Egal



Why does he act the way he does?

What is at stake if we ignore him?

What can we do to help?



# Overview

- Background
- Trauma
- Social Connection
- Project SHIFA: Somali youth program in Boston



# Definition of Refugee

A person who is outside his/her country of nationality or habitual residence; has a well-founded fear of persecution because of his/her race, religion, nationality, membership in a particular social group or political opinion; and is unable or unwilling to avail himself/herself of the protection of that country, or to return there, for fear of persecution.

-- *Article 1 of the 1951 U.N. Refugee Convention*



# AFRICA



# Somalia



# Somalia

- Nomadic, oral culture
- 1991 Civil war erupted
- Prolonged brutal fighting, disruption of basic food production and services
- 'Worst humanitarian crisis in the world' (New York Times 2007, 2008, 2009)





# Somali refugees in U.S.

- Percent of refugees arriving in US who were Somali:
  - 19.4 % in 2005
  - 25.2 % in 2006
  - 14.5 % in 2007
- 38 % of refugees were under 18 years.



*Jeffereys and Martin, Annual Flow Report (2008, July) of the Office of Immigration Statistics Homeland Security*

# Somali refugees in U.S.

Large populations in:

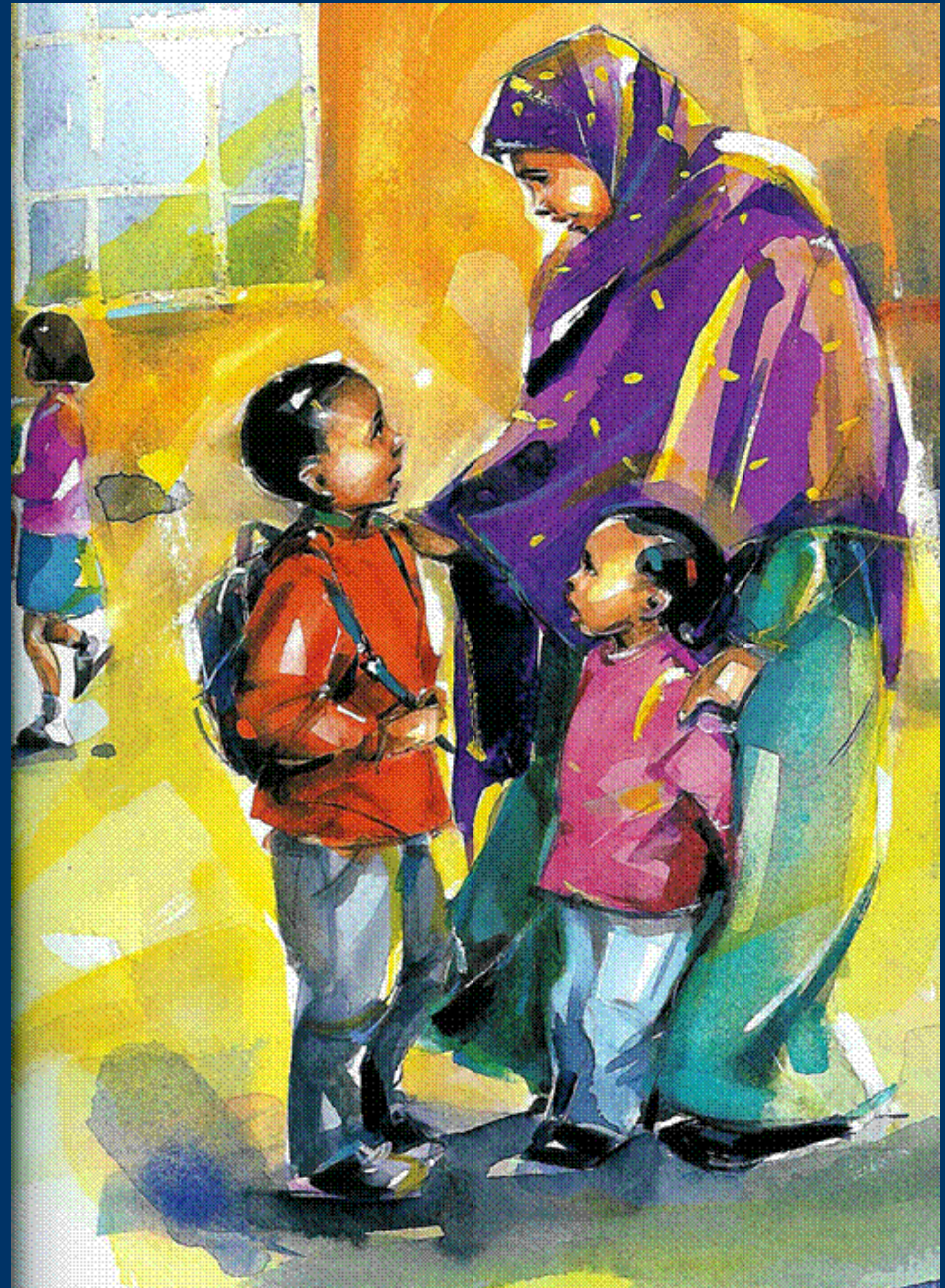
- Minneapolis
- Columbus
- San Diego
- Boston
- Seattle
- Portland ME
- Atlanta





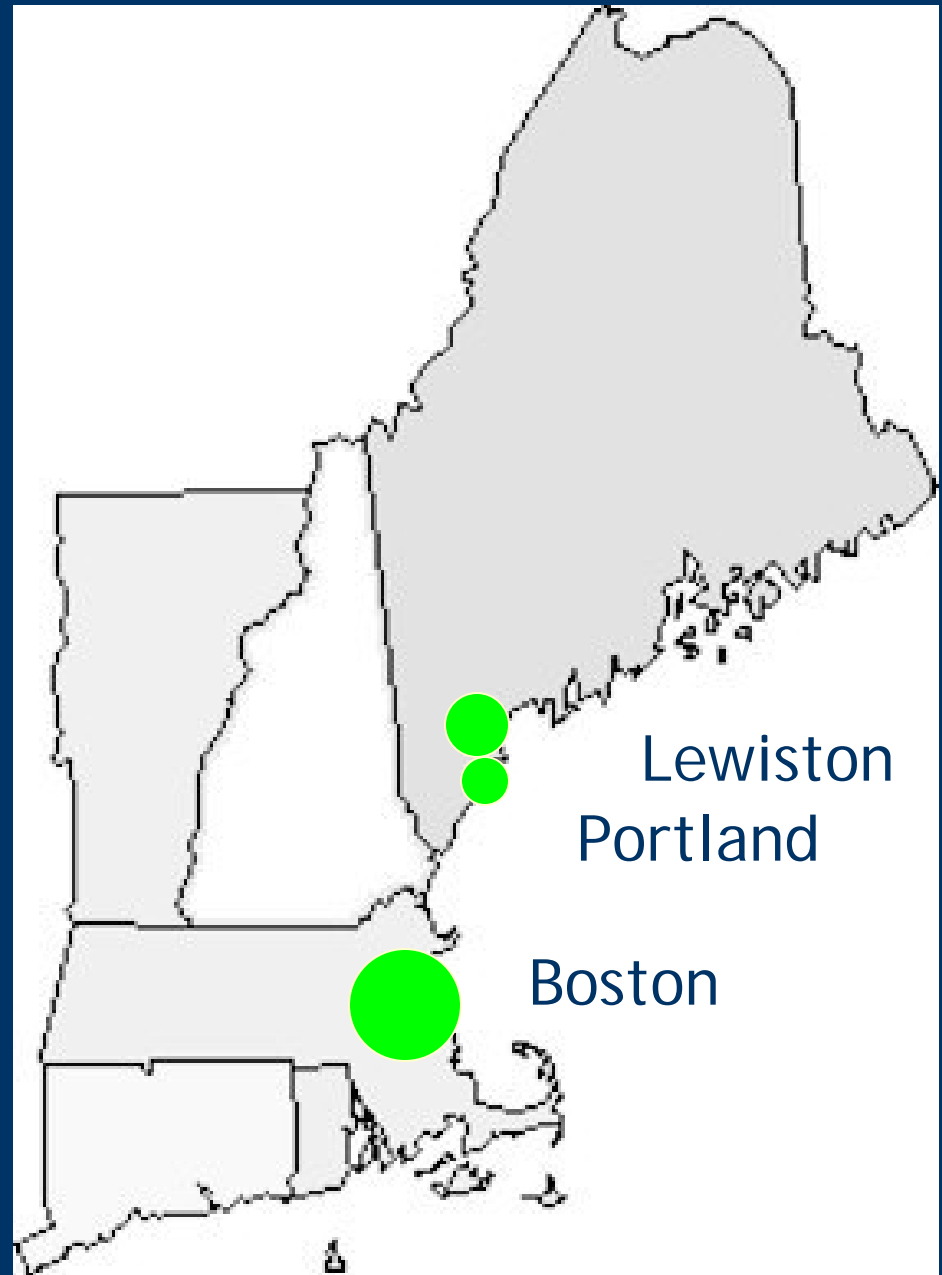
# Somali Youth Experience Project

*National Institute of Mental Health  
(NIMH) and NIH Fogarty  
International Center grant 1 R21  
MH70261-01, PI Ellis: Stigma and  
PTSD in refugee adolescents*

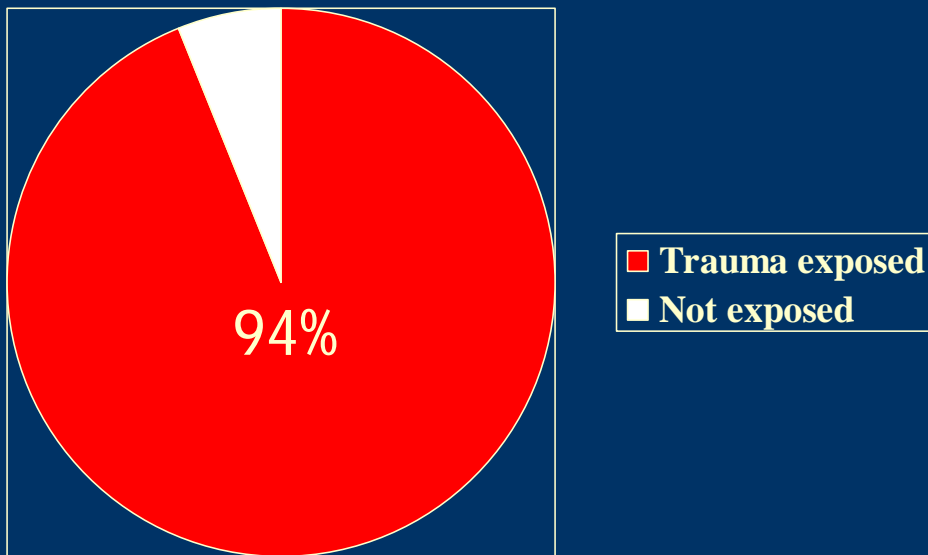


# Somali Youth Experience Project

- N = 144
- Ages 11-19, living in U.S. at least 1 year
- Community sample



# Trauma exposure



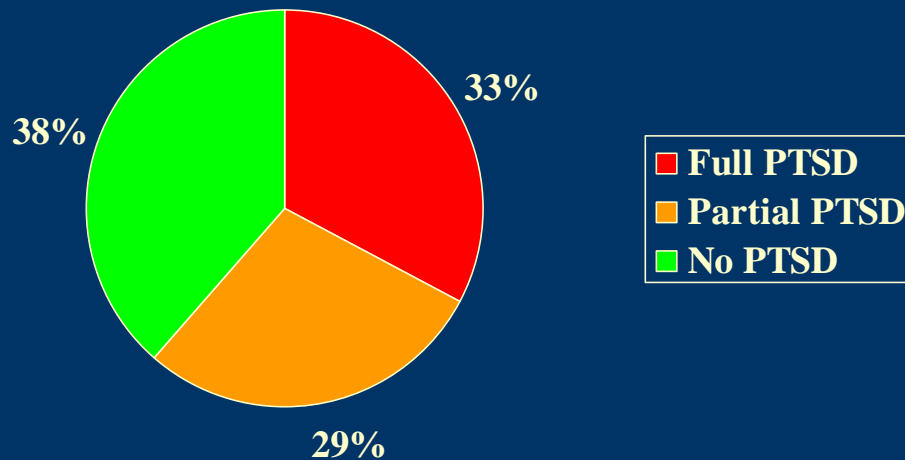
- Average 7 traumatic events (range 0-22)

# Trauma Exposure

Witnessed violence (killing, armed combat)	70%
Assaulted/injured	47%
Believed you would be killed	34%
Loved one killed	43%
Prolonged separations from loved ones	50%
Extreme deprivation	33%



# Posttraumatic Stress Disorder (PTSD)



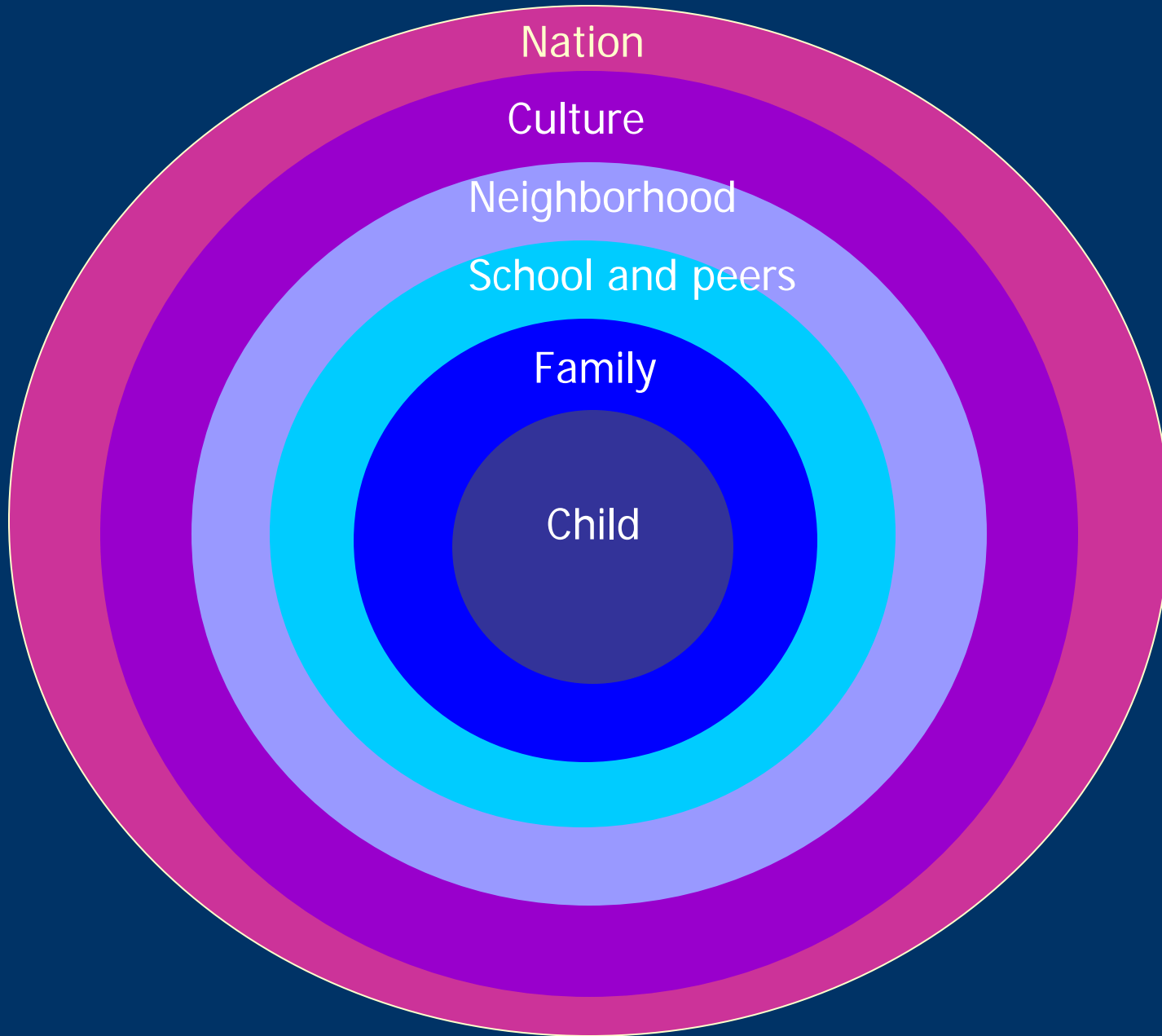
- Nearly 2/3 of youth reported significant PTSD symptoms, and 1/3 screened positive for Full PTSD



*Why does he act  
the way he does?*



# Social-Ecological Model



# Survival-in-the-moment



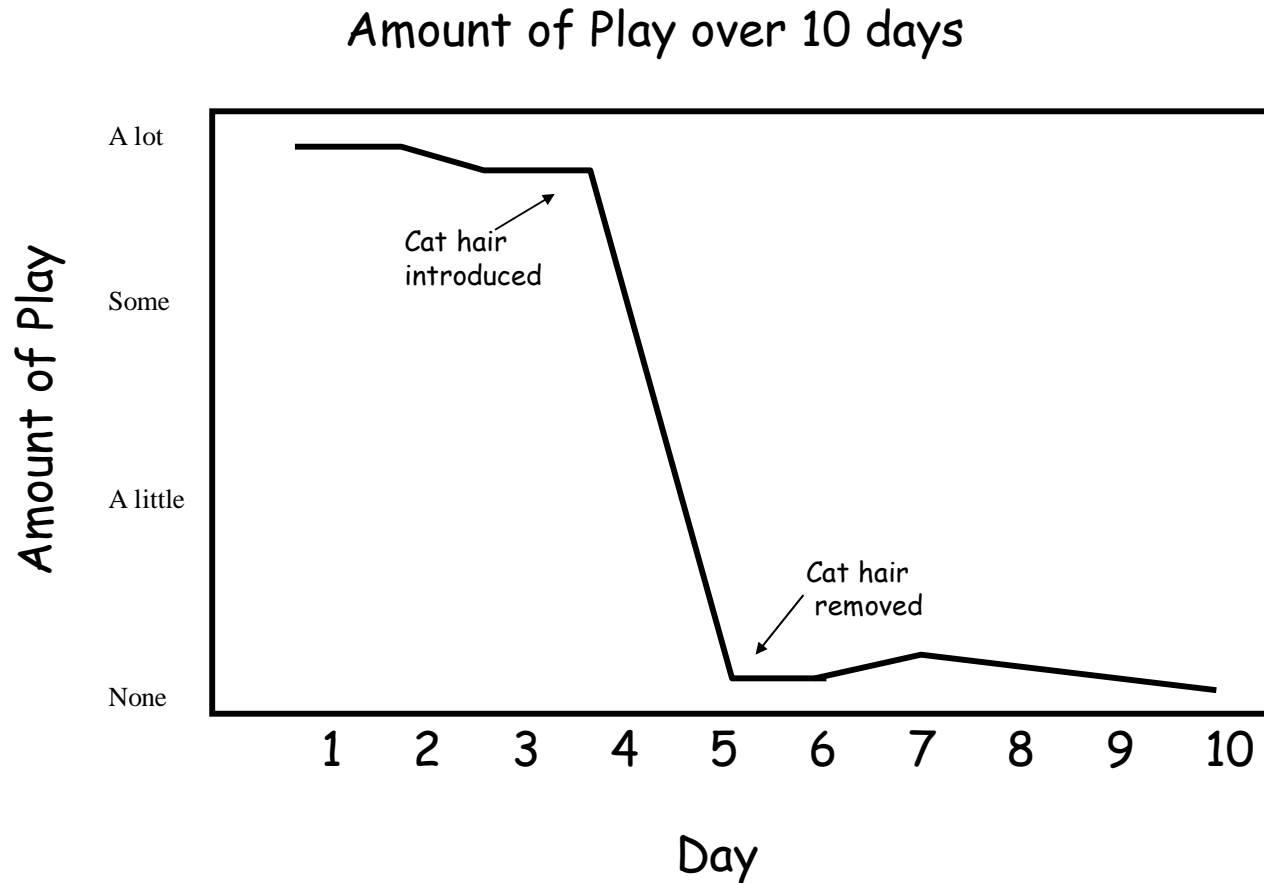
The amygdala leads a hostile takeover of consciousness by emotion (Joseph LeDoux)

# Safety and the Social Environment



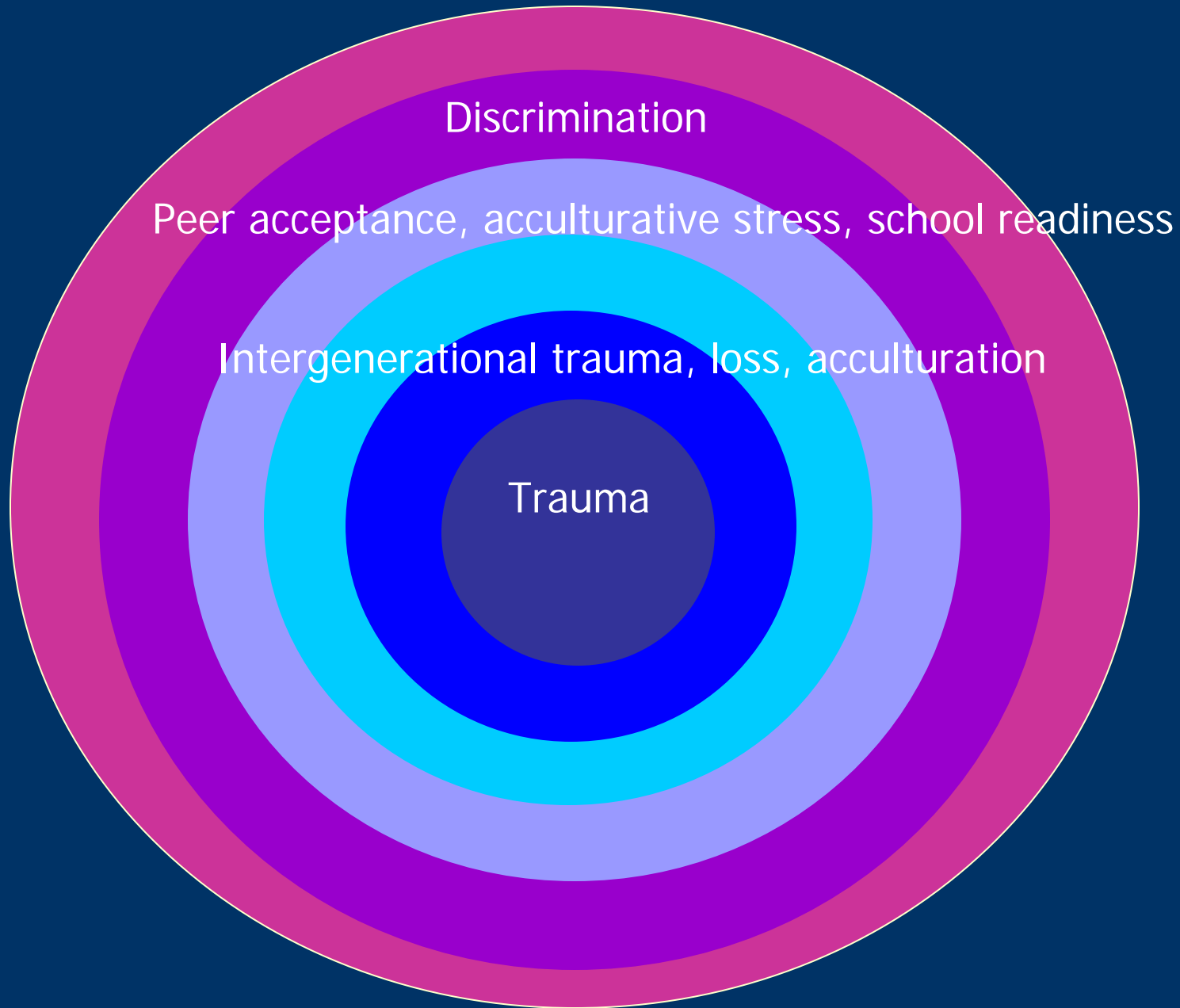
In Panksepp JP (1998): *Affective Neuroscience: The Foundation of Human and Animal Emotions*, Oxford, New York

# Safety and play



In Panksepp JP (1998): *Affective Neuroscience: The Foundation of Human and Animal Emotions*, Oxford, New York

# Refugees, safety and social connection



"One of my cousins got teased for wearing a garment on an MBTA"

"Some guy was like 'go back to your country; we don't want your people here, your type of people'.

". . .and people started treating them, Somalis or Arabic people, differently. Like they're bad people because they're Muslim".

"People don't know the difference between who bombed them and who's Muslim. They just treat you the same: all of you are bad".



*Excerpts from qualitative interviews 2003-2005*



# Discrimination

Treating people differently through prejudice: unfair treatment of one person or group, usually because of prejudice about race, ethnicity, age, religion, or gender

*--Encarta on-line dictionary*



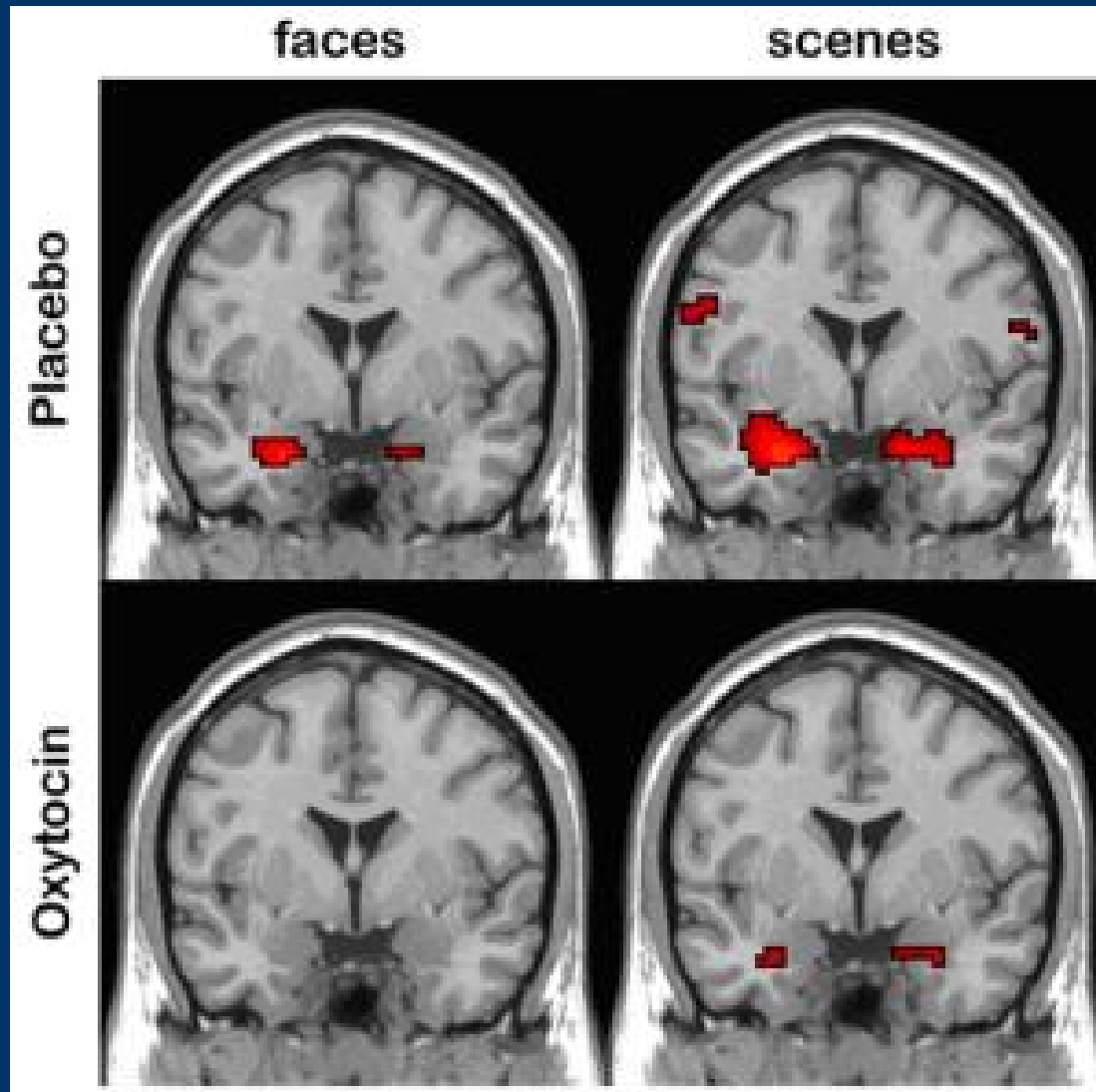
## *Target of discrimination*

- A person who. . .  
is treated  
unfairly because  
of prejudice  
about race,  
ethnicity, age,  
religion, or  
gender

## *Refugee*

- A person who. . .  
reasonably fears  
persecution  
because of  
his/her race,  
religion,  
nationality,  
membership in a  
particular social  
group or political  
opinion

# Social Connection



Kirsch, P., Esslinger, C., Chen, O., Mier, D., Lis, S., Siddhanti, S., et al. (2005). Oxytocin modulates neural circuitry for social cognition and fear in humans. *Journal of Neuroscience*, 25, 11489-11493.

*What is at stake if  
we ignore him?*



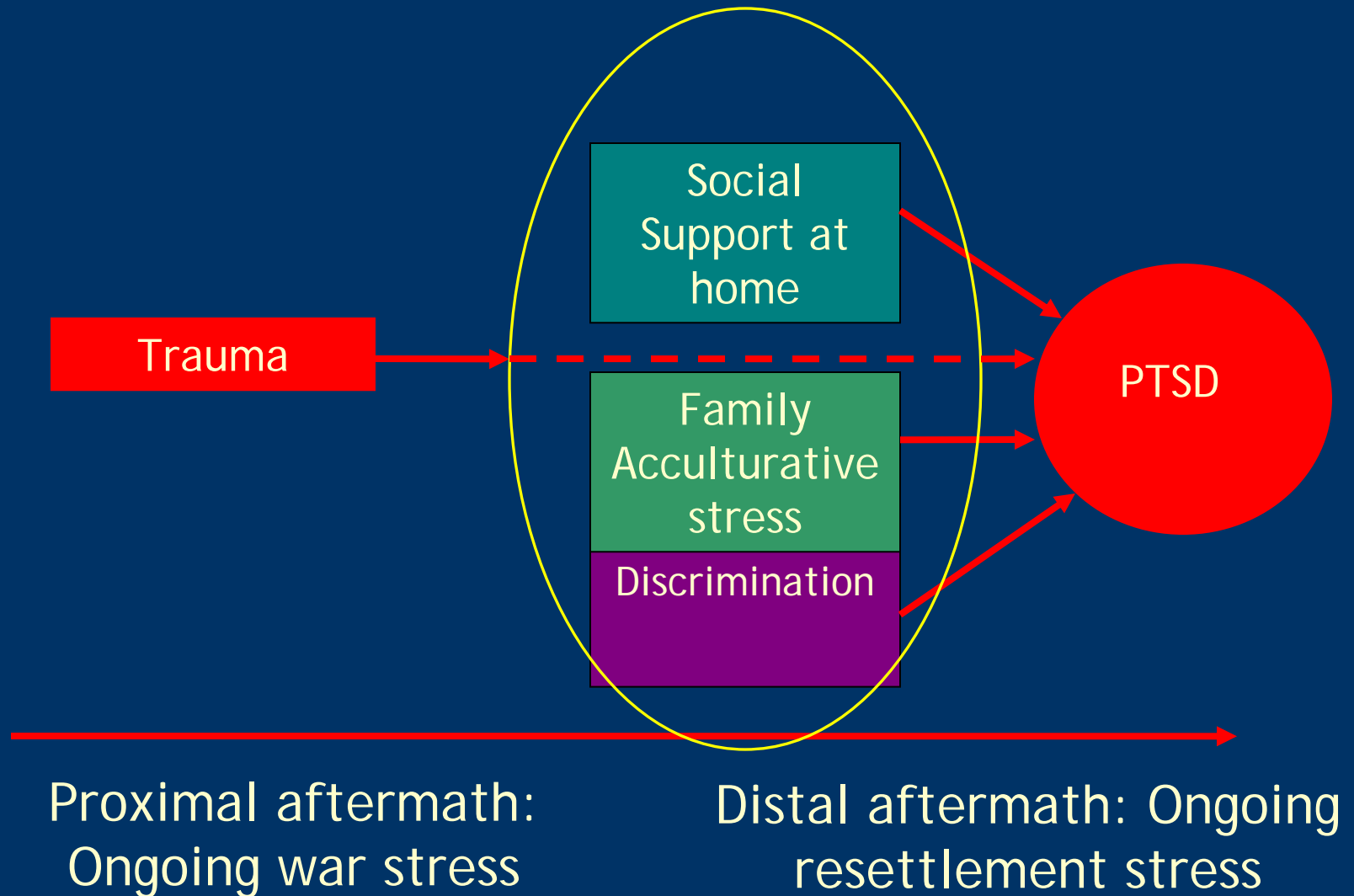
# Trauma and adjustment



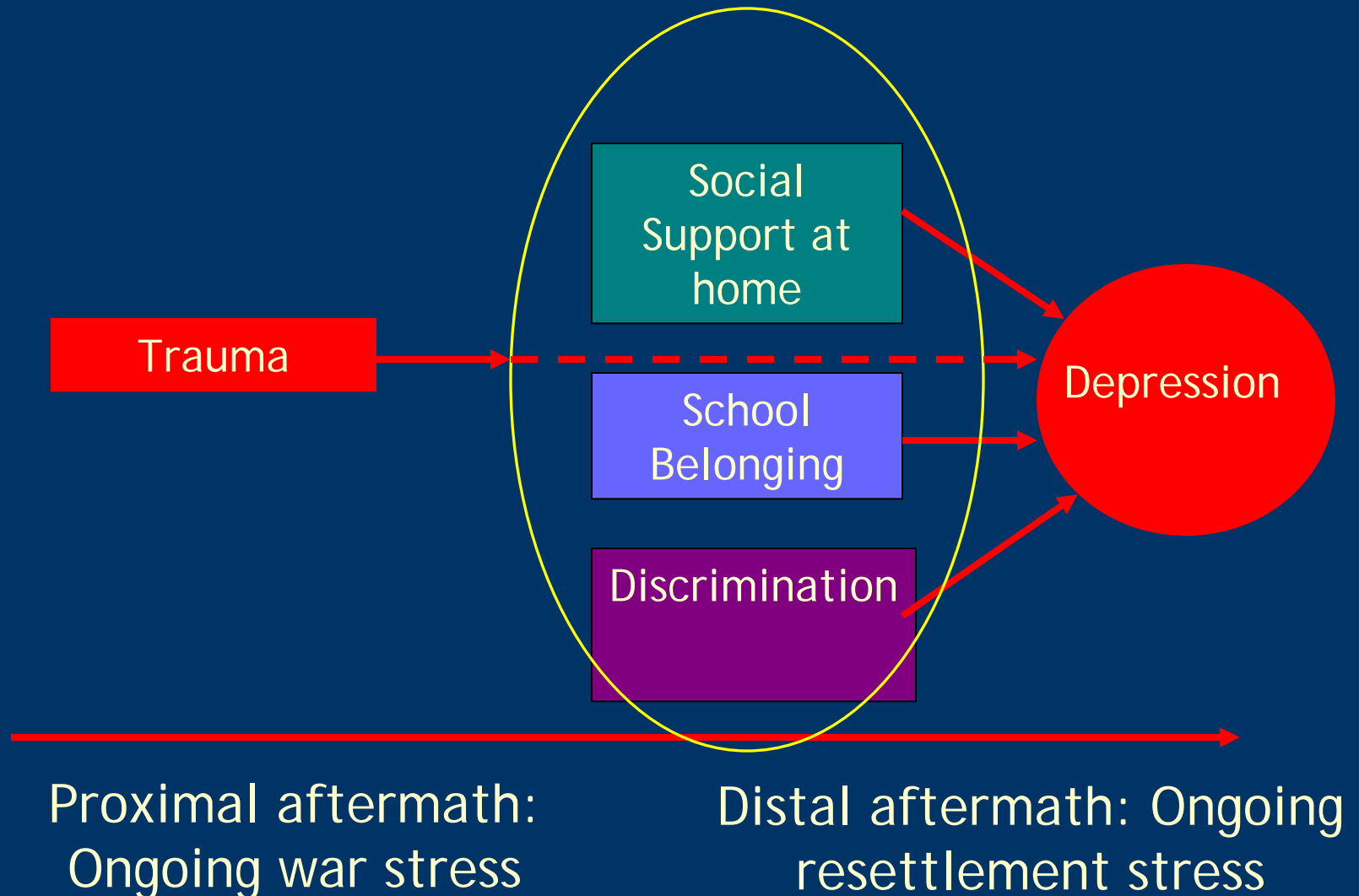
Proximal aftermath:  
Ongoing war stress

Distal aftermath: Ongoing  
resettlement stress

# Trauma, alienation, and adjustment

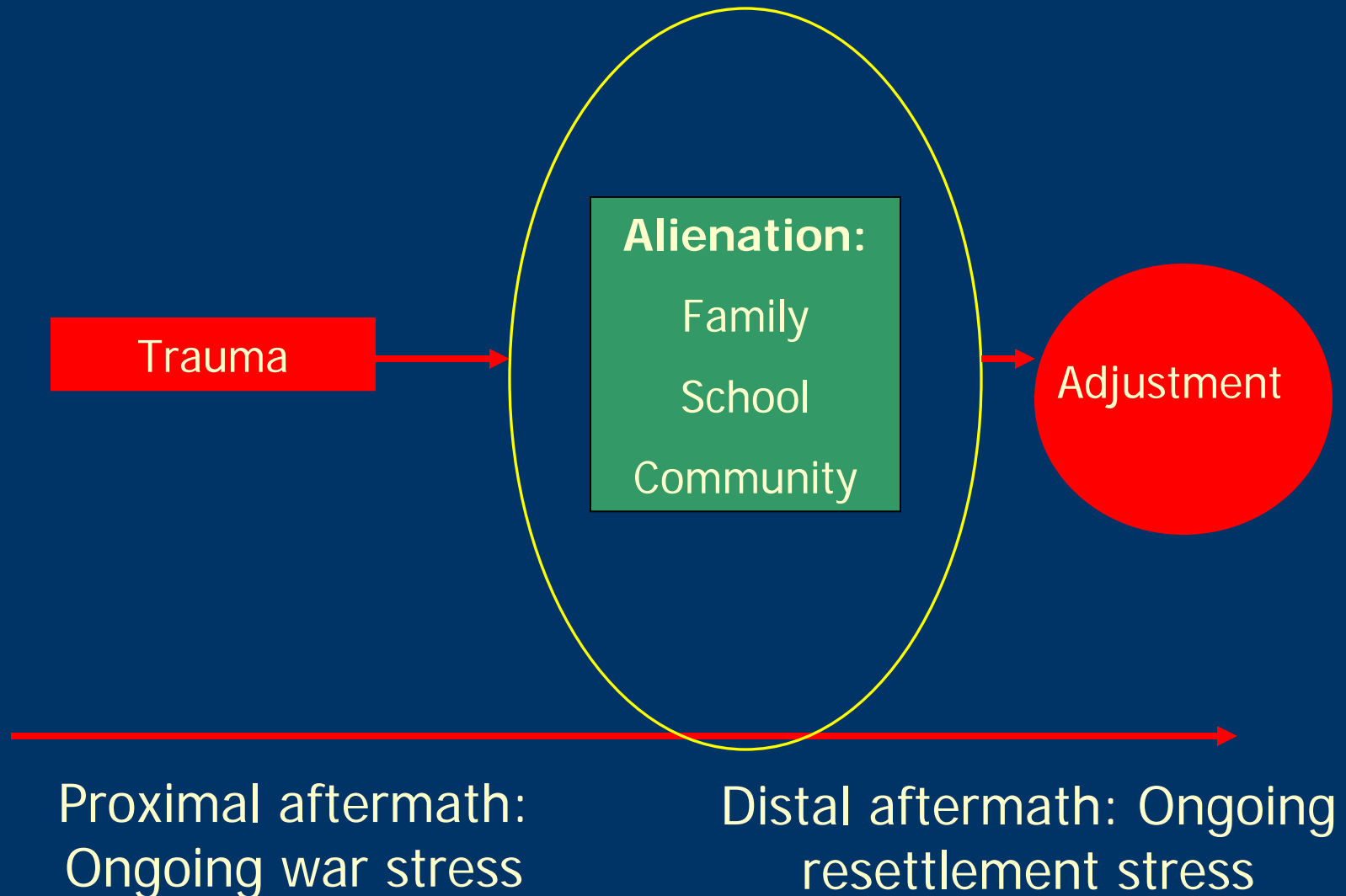


# Trauma, alienation, and adjustment





# Trauma, alienation, and adjustment



# Consequences of traumatic stress

- Social
  - Drug abuse
  - School failure
  - Anti-social behavior
  - Isolation/withdrawal
- Psychological
  - Posttraumatic Stress Disorder
    - Reexperiencing, Avoidance, Hyperarousal
  - Depression
  - Conduct disorder
  - Emotion Regulation



*How can we help?*



# From alienation to acceptance: Promoting positive adjustment



# Project SHIFA: Supporting the Health of Immigrant Families and Adolescents



*Funding provided by the Robert Wood Johnson  
Foundation Caring across Communities initiative*

# Project SHIFA: Goal



# Project SHIFA: Partnerships





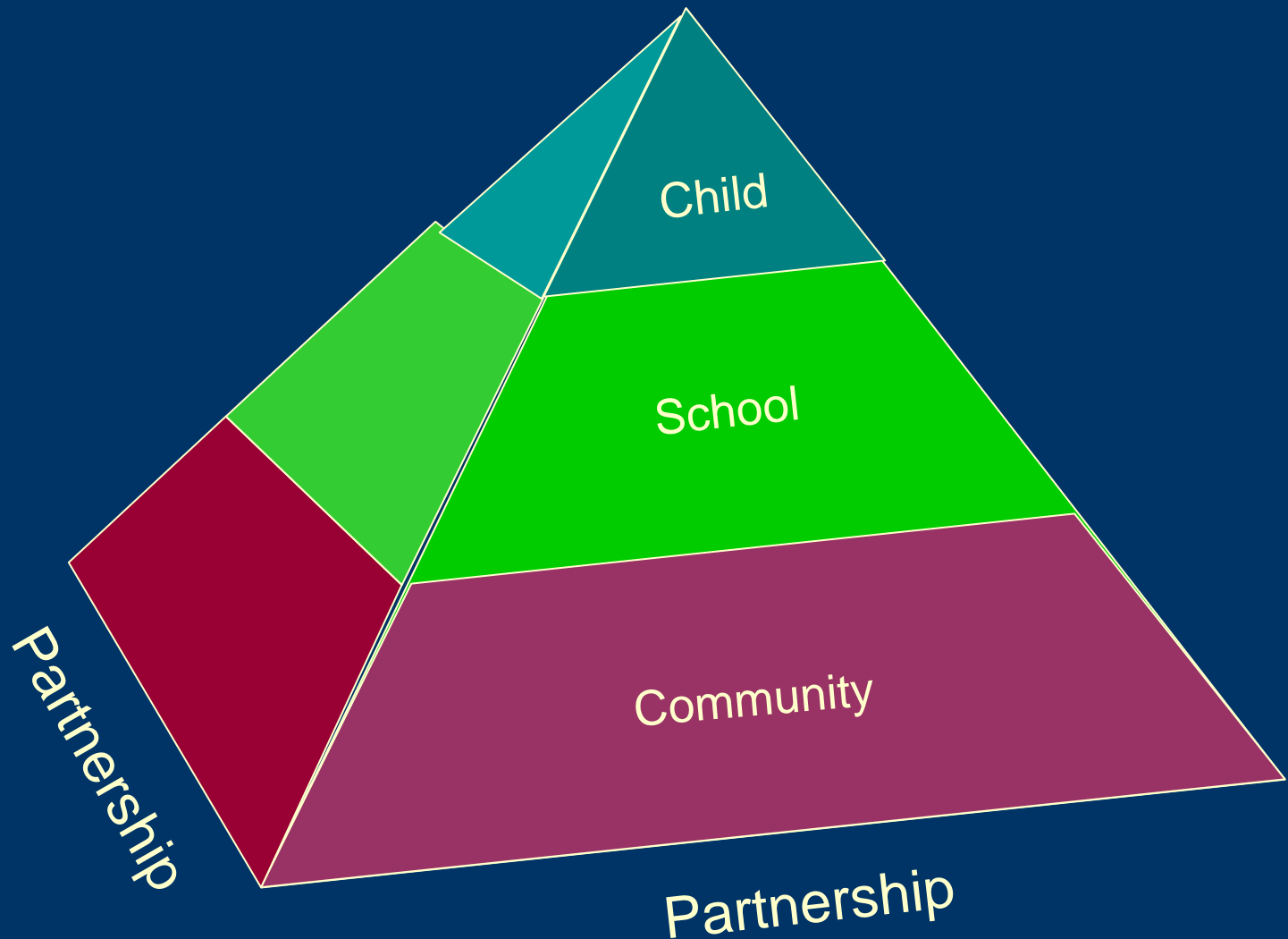
# Partnership:

- **Mental Health Providers** (Children's Hospital Boston, Boston University School of Social Work, Home for Little Wanderers)
- **Somali community agencies** (Refugee and Immigrant Assistance Center, Somali Development Center)
- **School** (Boston Public Schools, Lilla G. Frederick Middle Schools, Alliance for Inclusion and Prevention)

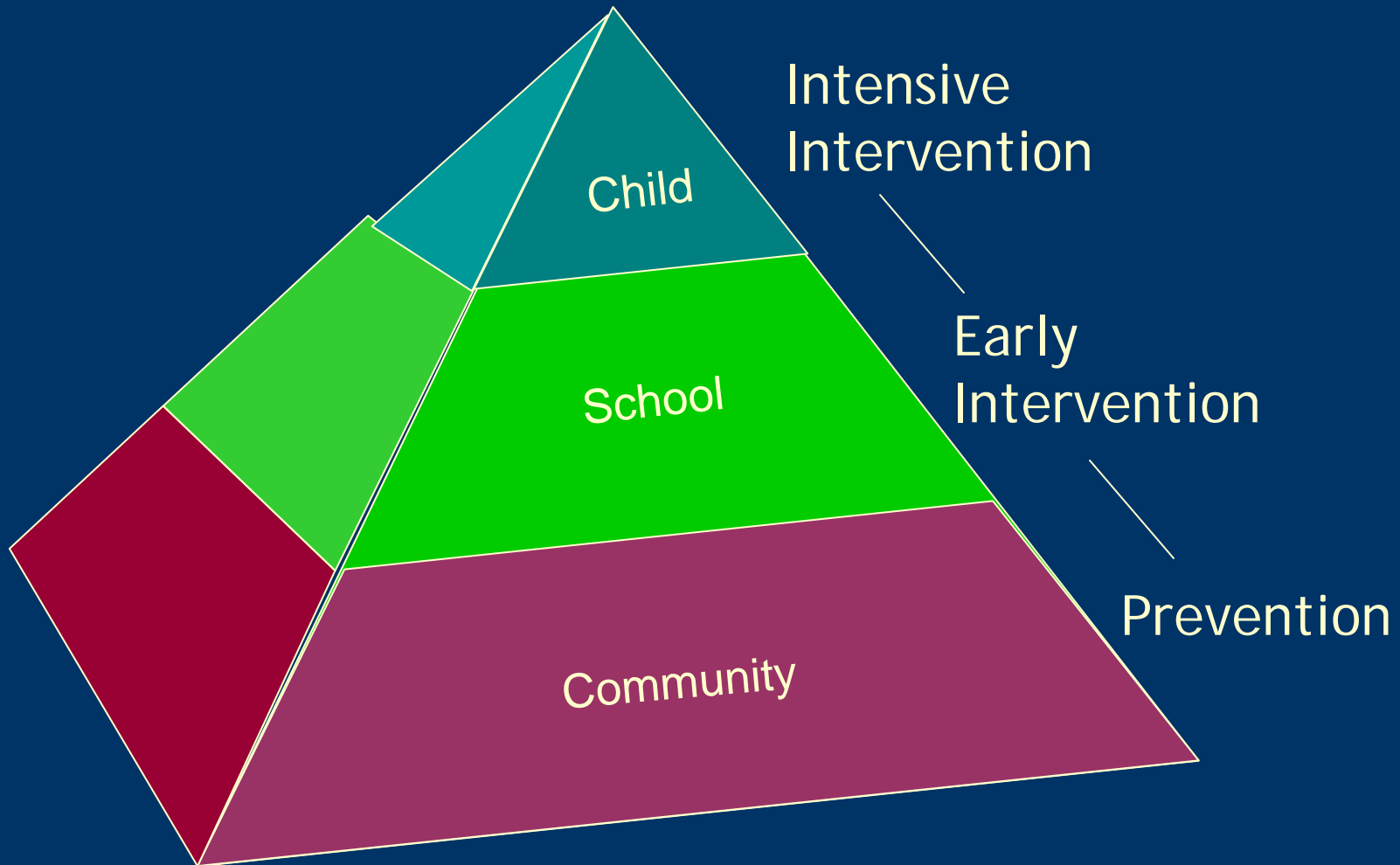


- **Families** (Family advisory board, parents)

# Continuum of care



# Continuum of care



# Community

## Approach:

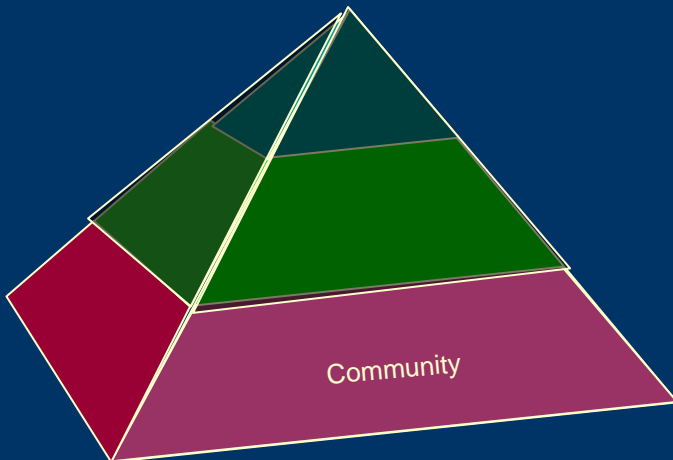
Parent outreach lead by  
Community-based organization

## Goals:

Engage parents as partners in  
advocating for children

Connect with parents *before*  
problems emerge

Connect parents with school  
and beyond



# School

## Approach:

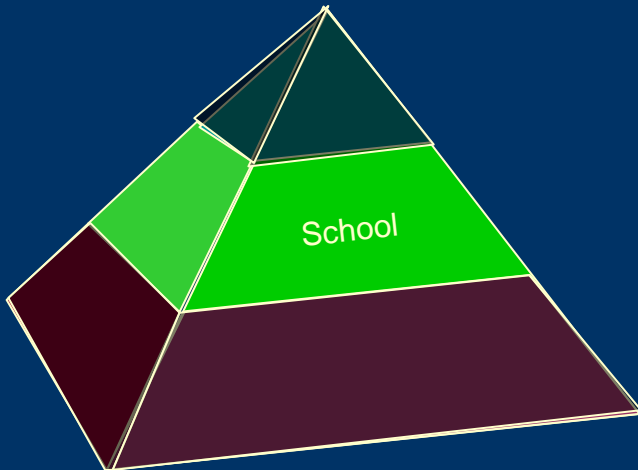
School-based youth groups  
Teacher consultation

## Goals:

Connect with youth in non-stigmatized setting

Connect *before* problems emerge

Address core risk factors of alienation, discrimination



# Child

## Approach:

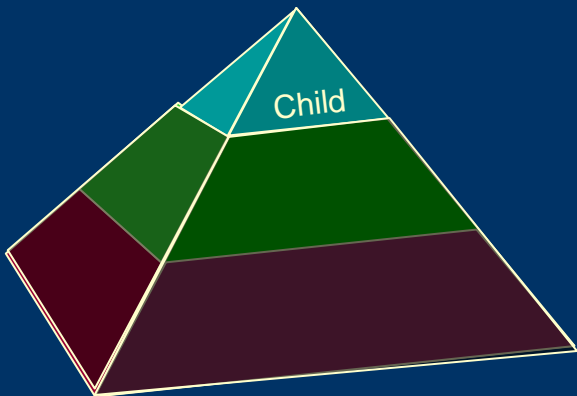
Trauma Systems Therapy: Evidence-based mental health intervention addressing key stressors in the social environment and related emotional dysregulation

## Goals:

Engage child and family

Decrease child traumatic stress symptoms

Prevent long-term negative outcomes



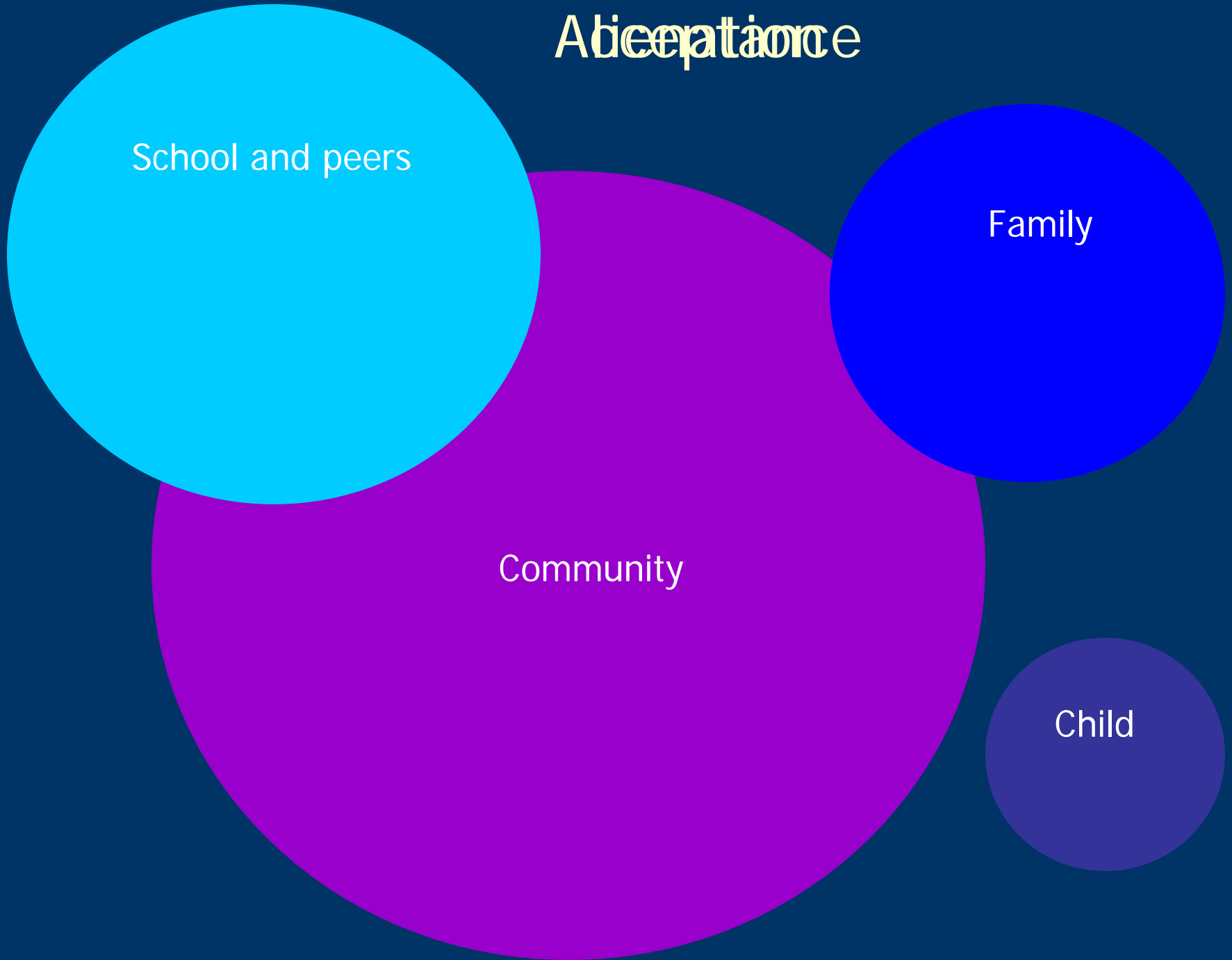
# Acceptance

School and peers

Family

Community

Child



# Outcomes

- Community

- Family advisory board

- 100% engagement in treatment

- Families and youth self-referring

- Family

- Decrease in acculturative stress in family

- School

- Increase in sense of belonging, decrease in rejection

- Decrease in experiences of discrimination



- Child

- Decrease in PTSD symptoms

- Decrease in Depression symptoms



Why does he act the way he does?

*Trauma places youth at risk for mental health problems*

*Alienation from family, school and community compounds this risk*



# What is at stake if we ignore him?

*Longterm negative social and psychological outcomes*

*Trauma → Alienation → Psychological Maladjustment → Vulnerability to recruitment?*

*Vulnerability  
to recruitment?*

The background of the slide is a photograph of a person standing in a hallway. The person is in silhouette, facing right, and is wearing a tank top. The hallway has a wall on the left covered in blue and purple graffiti. A doorway is visible in the background on the right.

# What can we do to help?

*Prevention through partnerships*

*Connect youth to families, schools,  
and communities*

## Contact information:

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<http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/Boston.aspx>