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# Stronger Together: Community Resilience and Somali Bantu refugees

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# Abstract

**Objectives:** Refugee populations are at risk of adverse mental health outcomes. It is important to identify refugee strengths at the community level that can be leveraged to overcome barriers to well-being. In pursuit of this goal, this study focuses on identifying what promotes community resilience among Somali Bantu refugees in the United States.

**Methods:** Researchers used snowball-sampling strategies in a large New England city to recruit 81 Somali Bantu youth and adults to participate in 14 focus groups conducted between 2011 and 2013. Researchers used principles of thematic content analysis to analyze data specific to the construct of community resilience.

**Results:** Authors identified two main components of Somali Bantu community resilience – independence and cultural preservation. There were two themes related to promoting community resilience among Somali Bantu: commitment to community, and religion and spirituality.

**Conclusions:** We discuss the importance of identifying culturally informed components of community resilience that can be used to develop services for refugee populations.

# Keywords

community resilience; Somali Bantu; refugees; resettlement

Forced displacement is one of the most pressing humanitarian issues in the world today. In 2016, there were 65.6 million forcibly displaced persons worldwide, comprising individuals designated as refugees, internally displaced persons, and asylum-seekers (UNHCR, 2017). Approximately 10.3 million individuals were newly displaced in 2016 alone, the equivalent of 20 new displacements every minute (UNHCR, 2017). The global refugee population is

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currently the highest on record (UNHCR, 2017). A considerable number of people of Somali origin (14% of the entire population) are refugees residing outside of Somalia (Camacho, Dirshe, Hiray, and Farah, 2014). A survey conducted in 2010 estimated that approximately 120,000 people of Somali origin live in the United States (Camacho et al., 2014).

Implementing policies and providing services that promote the well-being of refugees is a matter of national and international importance (Ventevogel, Schinina, Straong, Gagliato, & Hansen, 2015). Mental health interventions for refugees have focused primarily on promoting individual or family level functioning (Murray, Davidson, & Schweitzer, 2010; Weine, 2011). Less attention has been placed on the mechanisms and processes that promote resilience in entire refugee communities (Doron, 2005; Murray & Zautra, 2012). This is somewhat surprising, given the importance of the community as a unit of analysis in understanding and promoting the health of individuals (Betancourt & Khan, 2008; Bronfenbrenner, 1977; McLeroy, Steckler & Glanze, 1988; Schölmerich & Kawachi, 2016; Trickett et al., 2011).

# Community resilience and refugee populations

Historically, the concept of resilience has tended to focus on internal, individual-level characteristics that help a person overcome adversity (Kirmayer, Sedhev, Whitley, Dandeneau & Isaac, 2009). In recent years, research on resilience has shifted to adopting a more ecological perspective on the construct – i.e., how does the larger environment shape and influence individual level functioning (Kirmayer et al., 2009)? One component of this environment is the community of which an individual is a part. By "community" we mean, "groups of people linked by a common identity, geography, commitment, interest, or concern"(Kirmayer et al., 2009, p. 65).

The concept of community resilience has been used to describe the ability of groups of people to access resources at many levels in order to function well despite facing adversities. For the purposes of this research, we define community resilience as a process by which communities exhibit supports and resources that allow them to attain positive outcomes in the face of volatility and stress (Norris et al., 2008; Panter-Brick & Leckman, 2013). Thus this definition contains two components - exposure to adversity and positive adaptation despite facing these adversities (Luther, Cicchetti & Becker, 2000). The relationship between individual level and community-level resilience is a reciprocal one. If a large number of individuals in a community are able to access resources in order to manifest resilience, this can have a positive impact on the functioning of the entire group (Ungar, 2011); likewise, if a community overall manifests resources and supports, this may promote more resilient outcomes in individual members (Kirmayer et al., 2009; Ungar, 2011). This reciprocal relationship is important, as it is not uncommon for literature on individual and community resilience to focus on the same constructs. Elements of resilience are operationalized on the individual level nested within communities (Patel et al., 2017); as such, when speaking about community resilience, it is necessary to draw on individual level views and experiences that build into community-level patterns.

The refugee life experience, a trajectory that oftentimes includes flight from country of origin, life in a refugee camp, and returning home or third country resettlement (in the case of Somali Bantu, this refers to resettlement to the United States after fleeing Somalia and living in Kenyan refugee camps) (Lustig et al., 2004), is fraught with exposure to a wide range of traumatic events and adversities, such as economic insecurity, discrimination, and language barriers, that negatively influence psychosocial functioning (Bronstein & Montgomery, 2011; Fazel & Stein, 2002; Fazel, Wheeler & Danesh, 2005; Henley & Robinson, 2011). Researchers have identified risk and protective factors at the individual, family, and community level that contribute to and prevent adverse mental health outcomes, including onset and persistence of depression, anxiety and posttraumatic stress disorder (Fazel, Reed, Panter-Brick & Stein, 2012; Reed, Fazel, Jones, Panter-Brick, & Stein, 2012). Resilient outcomes are not merely the absence of psychopathology, however. Resources at each level of the social ecology from individual, to family, peer, community, and cultural factors can also help advance greater perseverance, empathy, and contributions to others. Understanding protective processes contributing to community level resilience are particularly important, as the success of individuals and families is often contingent upon the positive functioning of the overall community (Ungar, 2011).

Research on community resilience has focused on identifying the critical ingredients of community resilience, with the goal of using this knowledge to develop policies and programs that enhance protective processes (Aldrich & Meyer, 2015; Walsh, 2007). In a recent literature review, authors identified nine main elements of community resilience, including local knowledge, health, economic investment, preparedness, communication, social networks and support, access to resources, strong leadership, and positive mental outlook (Patel et al., 2017). Among resettled refugees, community-level protective factors and resources (Hobfall, 2012; Ryan, Dooley & Benson, 2008;) such as social support, community integration and a sense of belonging have been found to contribute to positive psychosocial functioning (Correa-Velez, Gifford, & Barnett, 2010; Fazel et al., 2012; Merrill Weine et al., 2014; Pieloch, McCullough & Marks, 2016).

# Culture and community resilience

A relatively recent critique of resilience research is the lack of attention paid to the relationship between culture and resilience (Panter-Brick, 2015). We define culture as "a system of shared meanings, institutions and practices" (Kirmayer & Ban, 2013, p. 98). Proponents of culturally informed models of resilience argue that culture is relevant to resilience on individual, family and community levels (Kirmayer et al., 2009). Culture informs the goals of resilience; in addition, values, beliefs and practices determine the range of opportunities available to communities to access more proximal determinants of resilience, such as concrete resources and social supports (Kirmayer et al., 2009; Panter-Brick, 2015; Ungar, 2015). For example, Eggerman & Panter-Brick (2010) found that among war-affected communities in Afghanistan, culturally informed goals of honor and respectability were core components of resilience; in Canada, Rousseau, Said, Gagne & Bibeau (1998) found that cultural concepts of kinship and a social contract among kin served as anchors and sources of resilience for Somali unaccompanied minors. Thus while there may be dimensions of community resilience that are cross-cultural (Ungar, 2015).

cultural specificity is needed to more completely understand the protective processes, pathways, and goals that are important to individual groups.

# Somali Bantu

One cultural group that has received limited attention in resiliency literature is Somali Bantu. Somali Bantu are refugees from East Africa and make up approximately 5% of the Somali population (Menkhaus, 2003). The Bantu have a complex history, and their identity as a distinct group is forged from both community ties and a common experience of discrimination and marginalization in Somalia (Besteman, 2012; Menkhaus, 2003). While Bantu can be divided into subgroups based on their original geographical origins, the majority of them came to Somalia as slaves in the 19<sup>th</sup> century (Lehman & Eno, 2003). After the abolition of slavery in Somalia by Italian colonialists in the early 20<sup>th</sup> century, the majority of Bantu settled in the south of Somalia in the Juba River Valley and became subsistence farmers (Lehman & Eno, 2003; Menkhaus, 2003). Their primary occupation was a product of their location, but reinforced by government policies that systematically prevented Bantu from social, political, and economic advancement (Lehman & Eno, 2003). The vast majority of Somali Bantu converted to Islam in Somalia as both a means to obtain freedom and because of the strong Islamic influence of the Somali majority (Lehman & Eno, 2003).

In the early 1990s the Somali government collapsed, leading to civil war. Civilians were drawn into the conflict and thousands of Somalis became internally displaced or fled the country for refugee camps (Cavallera et al., 2016). In the late 1990's the United States government identified Somali Bantus as a subgroup of Somali refugees that were at particularly high risk given discrimination they faced in Kenyan refugee camps (Besteman, 2012; Besteman, 2016). The majority of Somali Bantu refugee resettlement occurred between 2004 and 2006, during which over 10,000 individuals came to the United States (Besteman, 2016). Since resettlement from Kenya to the United States, Somali Bantu refugees have experienced a wide range of challenges that negatively impact psychosocial functioning. These include language barriers, obtaining safe and affordable housing, accessing employment opportunities, adapting to and succeeding in the US educational system, intergenerational conflict, and discrimination (Baker, 2007; Besteman, 2016; Betancourt, Frounfelker, Mishra, Hussein & Falzarano, 2015; Frounfelker, Assefa, Smith, Hussein & Betancourt, 2017; Grady, 2015; Smith, 2010; Springer, Black, Martz, Deckys & Soelberg, 2010).

Rationale for focusing on this population comes from the Somali Bantu history of slavery and discrimination. Their unique historical trajectory means that Somali Bantu are particularly disadvantaged in resettlement given their extremely limited educational background and employability as compared to other refugee groups, including the Somali majority (Frounfelker et al., 2017). Identifying components and processes of community resilience among groups that are "multiply minoritized" (Deramo, 2016, final paragraph), such as the Somali Bantu, can serve to inform the development of interventions for refugees that take these complex histories and intersecting identities into consideration. Finally, it is not uncommon for literature on Somali refugees to exclude mention of Somali Bantu,

leading to a perception of "Somali homogeneity" (Ingiriis, 2012, p. 77). This is both inaccurate and harmful, insofar as it ignores and delegitimizes the Somali Bantu experience of social, economic, and political marginalization. Refugee groups are not monolithic, and focusing on, and giving voice to, a minority population is an important step in developing and reinforcing a positive and unique identity that can serve to promote psychosocial functioning.

This current research is part of a larger study focused on understanding and addressing resettlement challenges and mental health problems faced by Somali Bantu refugee youth and families in the New England region of the United States. This study uses a community-based participatory approach, as described by researchers including Wallerstein and Durban (2006) and Minkler (2010), in order to identify the problems of Somali Bantu refugees and develop culturally appropriate interventions to address these problems in partnership with Somali Bantu. This paper seeks to address the following research question: What, if anything, promotes community resilience among Somali Bantu resettled refugees? Understanding how Somali Bantu refugees describe and conceptualize resilience within their own community can help identify the community-level components and processes that can be built upon to improve the effectiveness of interventions for this group.

# Method

### **Participants**

A total of 81 self-identified Somali Bantu community members participated in 14 focus groups conducted between 2011 and 2013. A total of 34 focus group participants were adults, with the rest comprised of youth divided in groups based on age (10–14 year olds and 15–17 year olds) (see Table 1). Youth were eligible to participate if they were between the ages of 10 and 17 and part of a Somali Bantu family with a refugee life experience. Youth were born in either Somalia or a refugee camp in Kenya. Adults were eligible to participate if they were age 18 or over, a parent/caregiver of Somali Bantu youth, or a community member identified by the research team and others in the community as someone who was knowledgeable about the challenges and strengths of Somali Bantu families resettled in the United States. Exclusion criteria included having a cognitive impairment or current mental health crisis that required immediate assistance for stabilization. At the time of conducting focus groups, no one on the community met these exclusion criteria.

#### Ethics

The Harvard T.H. Chan School of Public Health Institutional Review Board approved the study. In addition, a Somali Bantu Community Advisory Board (CAB) was consulted for input and support. The CAB reviewed the focus group interview guide and provided advice on recruitment and enrollment strategies. All adults provided informed consent; study personnel obtained both parental consent and individual assent for youth who participated in the study. The consent process was conducted in either English or Maay Maay, the language spoken by Somali Bantu in the local community, depending upon the preference of the study participant.

### Procedure

Researchers recruited three Somali Bantu research assistants (RAs) and a Somali Bantu research manager from the refugee community to conduct all focus groups. These paid personnel were fluent in both Maay Maay and English and trained by the study principal investigator in research ethics as well as qualitative methodologies. The research ethics training took roughly 20 hours to complete and included didactic and interactive components that covered material such as protection of research subjects, working with vulnerable populations, informed consent and confidentiality. Staff received a certificate at the completion of the course. The training on qualitative methodologies included a didactic component that covered an overview of different qualitative data collection methods and addressed important interviewing strategies. In preparation for conducting focus groups, the research team engaged in role-plays using the interview guide to develop their facilitation skills and apply the concepts introduced and discussed in the didactic portion of the training.

The Somali Bantu research team worked with community leaders and staff at a Somali Bantu self-help organization to identify families and individuals who were eligible for the study. The organization had previously mapped the Somali Bantu community in the area and had detailed information on families, including number and composition of Somali Bantu households. This information was used as the basis for recruitment. The team used snowball sampling to contact individuals by phone or in person to invite them to participate. Researchers aimed to conduct 14 focus groups with a minimum of 5 individuals in each group, stratified by age and gender. Research assistants were instructed to recruit individuals from as wide a range of families as possible and members of the same family were not allowed to participate in the same group. If individuals were interested in participating, research assistants added them to the list of participants and provided information on the location, date and time of an upcoming focus group that matched the participant's gender and age. In this way, research assistants had information on all participants expected to attend prior to the interview date. No one was allowed to join a focus group (i.e., show up impromptu) without having been screened in advanced.

A semi-structured interview guide was developed in English and then forward translated into Maay Maay (see Supplemental material). Two individuals, at least one of who was Somali Bantu, facilitated focus groups in a private meeting room in a local community center. One individual facilitated the group while the other observed and took notes. Three focus groups each were conducted with female and male caregivers and four focus groups each were conducted with female and male youth. Focus groups were facilitated in the language (English or Maay Maay) preferred by study participants. All adult focus groups were conducted in Maay Maay. Within the youth focus groups, youth were further divided based on age, with individuals aged 10–14 participating in groups separately from those youth ages 15–17. The rationale for this separation of age groups was that developmentally youth might have different perspectives and insight into the topics and issues being discussed. Older youth focus groups were conducted in both Maay Maay and English, with youth frequently switching back and forth between languages. Younger youth focus groups were conducted in English. The duration of focus groups ranged from one hour to 90 minutes. Participants were compensated \$20 for their time. Focus groups were audio-recorded, de-identified, and

transcribed into English by Somali Bantu study personnel. For focus groups conducted entirely or in part in Maay Maay, the transcription process involved first translating questions and participant responses into English by Somali Bantu staff, and then typing transcripts in English.

#### **Data Analysis**

Focus group analysis was conducted in MAXQDA 11 software (MAXQDA, 2012). Researchers analyzed the data in several phases based on principles of thematic analysis (Braun & Clarke, 2006; Boyatzis, 1998). The data analysis team was comprised of individuals from the Somali Bantu community and non-Somali Bantu researchers with varied levels of experience working with Somali Bantu refugees, thus encompassing a range of perspectives. In the first phase, two team members analyzed transcripts using a mixture of inductive and deductive coding to identify patterns and topics that were pertinent to issues of resettlement stress and psychosocial functioning (Frounfelker et al., 2017). Based on team discussions, initial inductive codes were refined and grouped into larger categories of codes. For instances, larger code categories included "family support," "Somali Bantu community support," and "external support." Each of these categories had several subcodes with more in depth information on these kinds of supports and protective processes. For instance, the category "Somali Bantu community support" contained subcodes including "social gatherings," "financial assistance," and "community-based organizations," derived from inductive coding.

In the second phase, three members of the team used this coding structure to code 6 out of the 14 transcripts. Coders met regularly to discuss and resolve discrepancies in coding and ensure consistency between coders. Researchers modified the definition of codes, added new codes, and merged existing codes to further refine the codebook. The remaining 7 transcripts were coded individually, with team meetings continuing to take place so coders could discuss issues and challenges that arose during the process and allow for continued reflexivity and consistency in coding.

In the third phase, three researchers, one of whom who had participated in the initial coding of all 14 transcripts (the first author), separately reviewed and analyzed transcripts with a focus on identifying themes related to Somali Bantu community resilience. This analysis was informed by components of community resilience identified by Patel et al. (2017). This team was comprised of a member of the Somali Bantu community, a researcher with no prior experience working with the refugee population, and a senior member of the research team who had worked with the local Somali Bantu community for several years. As in the first two phases of analysis, this range of perspectives was leveraged in order to aid in interpretation of findings and to identify and address biases of individual analysts based on their respective positions with(in) the Somali Bantu community. Two team members identified themes by 1) reviewing codes related to the central phenomena of community resilience, 2) identifying connections and the interrelated nature, if any, between themes, and 3) ascertaining the relationships between protective processes and resettlement stressors. The entire team then met to review findings, discuss similarities and differences in opinions, and agree upon overarching themes. The Somali Bantu member of the data analysis team

provided additional insight and perspective from an individual embedded in the community. This was done to ensure accuracy of presentation and interpretation of findings. The analysts ensured that each theme was supported by data found in multiple focus groups, and also sought to highlight divergent views and opinions in order to improve internal validity. Direct quotes found in the results were selected from 11 out of the 14 focus groups, representing the voices of 24 participants.

As has been noted by other researchers (Coughlan et al., 2016) and confirmed by Somali Bantu members of this study's research team, Somali Bantu frequently refer to those in their community as "brothers/sisters" or "aunts/uncles" when the actual blood ties are much more distant, or even non-existent. As such, the categorical distinction of "family" and the associated terminology used to describe relationships in the Somali Bantu community is more fluid and extensive than the biological ties typically used to distinguish a family group in Western cultures. The authors deemed these blurred lines between individuals, family and community to be important and guided both the analysis and interpretation of study participant discussions and quotes related to community support and resilience.

# Results

Authors identified two main components of Somali Bantu community resilience – independence and cultural preservation

#### **Community resilience**

Somali Bantu participants talked about what it meant to them to thrive and succeed despite the challenges they faced in resettlement. They defined resilience in terms of community self-sufficiency, independence, and respect. One adult male explained,

"When you say Somali Bantu, it is a whole community that moved from somewhere else. For us, we don't want to be squeezed in the middle of a larger community. We want to come out...When we see a child is growing, that growing started from the day the child entered the mother's womb. We as Somali Bantu, are like a child growing up right now...The next two, three, or four years, we want to learn a lot. We want the government, and other agencies, to recognize us. We also want all the rights and responsibilities ...other communities are getting."

Another male adult simply stated that it was important for Somali Bantu to be "independent" and "acknowledged" as a unique community. In one male youth focus group, participants used the words "freedom" and "respect" when asked what was most important to the Somali Bantu community.

In addition to independence, participants emphasized that a resilient community was one in which Somali Bantu culture was maintained and preserved for future generations. An adult female stated, "All we [Somali Bantu] are expecting or all that we want is our child to follow our way. We want them to follow our culture." In one female youth focus group, participants stated that the most important thing for both adults and youth in the community was to "keep their culture" and "know who we really are." Being Muslim was a core component of this cultural identity. One female youth emphasized, "you [Somali Bantu]

have to make sure that you don't get out of your religion. You have to read the Quran and always focus. And, like, um, just because you are in America doesn't mean you can forget all about that." Another female youth noted, "The thing most important to [Somali Bantu] is for us to learn...[the] Quran, and we just came here, and for us to study that. Coz that is the most important thing for them, especially my mom, it's like the most important to her."

Authors identified two major themes related to promoting independence and cultural preservation: commitment to community, and religiosity and spirituality.

#### **Commitment to community**

Somali Bantu participants articulated a strong sense of unity and connectedness to each other. One adult male succinctly stated, "Personally, I don't have any problems that's[sic] affecting me but... there's a lot of family members. If your brother have[sic] a problem, you have a problem, and we're all brothers here." The scope of the Somali Bantu concept of community went beyond individuals in close geographical proximity and included Somali Bantu elsewhere in the United States and abroad. One adult male talked about helping a local woman with her shopping, but added, "Forget about X [local city]. The whole state, we're helping each other. Last night I got home 2 AM because I was helping a family member."

Another individual discussed how the local Somali Bantu community was connected to those still in Africa. He stated, "The reason why we have a problem in here is we have family back there, we have brothers. You have all your family members. If something happen to them, you going to change it. Your intention, your behavior is going to change." Thus the definition of community was broad and collective in scope within the Somali Bantu experience; and perhaps most importantly, Somali Bantu equated those in this community and back home in Somalia and Kenya as part of their family.

Most study participants articulated that community support was a critical component to success in the United States. As one participant stated, "If people are not coming together, how they going to be strong?" One woman reasoned, "If we have a problem at home and we don't bring it to the community, the community isn't going to help us. But if we bring it to the community is always going to help us." This assistance was viewed as mutually beneficial. If someone asked and received help from a Somali Bantu, they would be expected to reciprocate later on. For example, a female youth explained, "Like me in my neighborhood, like when we need food, we go over to their house and they will give us sometimes and sometimes we give them some."

This commitment to the community facilitated Somali Bantu obtaining concrete supports needed to obtain financial stability in the United States. Participants spoke of providing basic orientation and guidance to newcomers. One youth gave the following example:

"when they first moved in here, my cousins, we helped them move in to their new house and we told them America is a big country and you can do anything you want....my sister's sister, her mom didn't know like what to do in America and all those things like how you spend money or do things in here. So my mom told her what to do and what you can't do sometimes and like she just helped her around."

In addition to general orientation to the US, Somali Bantu exchanged goods such as food and clothing; they also networked with each other to secure affordable housing and employment. Women spoke of being able to rely on one another for childcare when they had to go to work. Adults also talked of providing cash assistance to others if it was needed. One adult male stated, "If you have a problem today, I bring twenty dollars. That's how we help each other... Culturally, if a Somali Bantu has a problem...they will collect some money and help each other."

Somali Bantu spoke highly of the more formal supports available to them through a local Somali Bantu mutual assistance association. A male youth commented on the importance of the services offered by this organization, "This [SB organization is] really helpful, the community coming together trying to build something, trying to make a change..., so it's better for the future, for the next upcoming immigrants." The individuals who worked in this organization were fluent in both Maay Maay and English, and were key figures in the community. While in the course of providing translation services, they facilitated connections between Somali Bantu and external resources such as health care, government assistance programs, and schools. An adult female explained,

"When the doctor here is telling me about my problem and I don't understand, that is a big problem. When they send me a letter about my appointment and I don't know, and I need the appointment, I go to the community and tell them and they help me. Like reading a letter, filling out forms, or helping me in other ways."

Thus while commitment to community meant mutual support among Somali Bantu, it also led individuals and families to expand their networks to non-Somali Bantu specific services.

A few individuals brought up tensions within the Somali Bantu community. For instance, an adult male stated that jealousy caused divisions between individuals, impeding the overall well-being of the larger group. One female youth noted that "Somali Bantu people, they don't even trust each other." Other individuals expressed concern that, since arriving in the United States, Somali Bantu community connections were slowly eroding. A man lamented that successful individuals were not taking on leadership roles to help others and invest in renting space for community meetings. He stated,

"They [successful people] never get it in their mind to come together as a community. The people who have the knowledge are supposed to come up with the ideas to teach us how to help ourselves, how to improve our lives, how to interact with other people. I remember there's [sic] a few people who come up with ideas like that. But people dismiss their ideas, they say 'we just want to eat our money'."

#### **Religion and spirituality**

Many participants talked about their religious faith and practices associated with it. A male adult spoke of his community, "As Somali Bantu, our people, they trust in God and they believe him." Youth participants discussed the role religion played in the formation of their identity in America: "The religion is helping us ... be a teacher! It helps, it's like a role model for the other people, Americans you know. And like, show them, how to, like, be

yourself." Thus religion was both central to their identity and also functioned as a guide to how they could be better individuals.

The deep connection members of the community had to their faith fostered hope, comfort, and guidance in times of distress. Faith-based activities such as reading the Quran, prayer, and going to a mosque were all mechanisms participants used to build hope and receive guidance. In particular, one male youth expressed the role of the Quran in bringing abundance in his life: "I think that Quran is better, nothing is better than the Quran. The Quran is...it's like what are you wishing, what you praying. Allah makes you get more stuff in your life." Similar to how individuals viewed the reading of the Quran as a method to bring prosperity, participants also spoke of using prayer and the prayers of others as a method to bring security. A male youth explained the role of prayer in the preservation of the community's strength, spanning from New England to Africa:

"Most of Somali Bantu they have strength right now but I would say they doing good cuz like the people back, back home. When you send them money back in Africa and you say this money we send right now, kill some goats to do for do'ah (blessing) for us."

Religious ceremonies were also important for promoting well-being. A male youth explained the practice of contributing to religious ceremonies and how it conferred support at the present for the community and in the future for the individual:

"When they [others in the Somali Bantu community] buy two goats, they contribute money to do the ceremony. They buy all the stuffs, food... If you contribute money in that ceremony it will help you in your life. But people don't know that. If you're not paying anything, you're just helping people in the ceremony, that will help you in the future. That's how I think like we keeping it tight."

Many respondents discussed how their faith bridged the gap between the individual and the community. For instance a male youth explained the practice of contributing money to a masjid, the Arabic term for a mosque. He described the effects that this practice had:

"Like some people, they say oh they're going to masjid and they become good and some people they just send money to their family and they're stronger. I mean if you build masjid, you will also be stronger. When the masjid is broken into pieces or the glass is broken and you fix it, you contribute money, God will make you stronger."

The faith of the Somali Bantu promoted the upkeep of the mosque, which was not only a place of worship, but facilitated community gatherings. One youth participant elaborated on the functions of the mosque in relation to the community: "[The culture of Somali Bantu] It brings people together. Like at the mosque when they go to pray and they all come together ... So people always come together, learn [from] each other." Thus religion fostered closer community bonds, while also reinforcing each other's well-being.

Critically, some participants viewed religion as the source of other protective resources that helped them succeed in the United States. This concept can be best illustrated through the way participants spoke about the relationship between their faith and supports they received

from outside the Somali Bantu community. One female youth expressed her gratitude to God for bringing about the support from her teachers: "Yea, our teachers, thanks to them and thanks to God for bring them there for us, because they help us a lot, and they are like, they are really nice, I love them. I don't know what to say about them, but teachers are the best." An adult male participant also articulated this belief that the help he was receiving was under God's beneficence and sanction. He expressed that the acquirement of his food stamps was by God's will: "If you're getting food stamps, even if they put cash in your pocket, there's big things ahead of all those. God has granted all those things before it happened. If God didn't say "yes" you wouldn't get all the food stamp or cash."

Religiosity played a more complex role among youth compared to adults. Youth participants discussed many positive aspects of their identity as Muslims and how it served to promote community strength. However, youth also articulated negative aspects of religion, particularly as it fueled discrimination and marginalization of Somali Bantus by peers. Somali Bantu girls were frequently bullied at school because they wore hijabs. Male youth gave examples of being ostracized by classmates who equated anyone of Islamic faith with terrorists and the events of 9/11. A male youth stated, "They [peers] try to, it's like blackmailing. They try to blackmail you. They talk so much stuff about your religion, trying to make you feel bad about it, trying to show you, trying to, what's it called, say to you that this religion is better than this religion. Like, most of the times when someone knows I'm a Muslim, like, say even a friend, when they're joking around, it kind of hurts." Somali Bantu parents were distressed when their children expressed any negativity about religion, particularly as it was so central to the Somali Bantu identity. A male youth explained,

"I think the most challenging thing about coming here is the religion...Like, losing their culture and religion to a different culture or religion. That's what parents most fear. That's what they fear most. Because in our belief when you die—the parents, when they die, the most challenging question is: what did you teach your son or daughter about the religion? That's what they are afraid of."

Adult participants talked about their concerns in this regard. One mother, for instance, stated,

"The other thing that most children always wonder is, sometimes they question us, whenever we are praying, they always laugh at us. I always tell them how the prayers are important but it is really hard for them to understand. They are asking, "why are you doing this all the time?" If you asked the child, "come pray", they don't like [to] pray, they just ignore you. They just keep watching the TV or playing the computer. They will tell you, "I'm busy. I can't do that right now."

Thus in some circumstances, as opposed to building community strength, religion was a source of stress and created intergenerational divisions among Somali Bantu.

# Discussion

Commitment to community and religiosity and spirituality contributed to Somali Bantu community resilience, defined as being an independent community that preserved and valued its culture. Religious practices reinforced the coming together of the community, and

the community itself facilitated the occurrence of religious practices. The role of these factors was, however, nuanced, particularly among youth. Although central to community resilience, religiosity could have negative consequences for youth in terms of alienating them from peers. Additionally, parents became concerned that children were straying from the beliefs, values, and practices that were viewed as central to a Somali Bantu identity. This led to strains in parent-child relationships and intergenerational conflict.

Our results align with existing literature on community resilience, particularly among East African refugee populations and refugees from the Somali majority. For instance, the general consensus of community resilience literature highlights the importance of social networks (Berkes and Ross, 2007; Patel et al., 2017; Ungar, 2011). Research on East African refugees in the United States more specifically has found that religiosity and social support are key components that promote psychosocial wellbeing (Bentley, Ahmad & Thoburn, 2014; Gladden, 2012; Halcon et al., 2004; Simmelink, Lightfoot, Dube, Blevins & Lum, 2013). Our research on the Somali Bantu extends these findings to a subgroup that has experienced significant discrimination and lack of opportunity in Somalia, but maintains very similar methods of coping and community resilience upon resettlement. In addition, this study highlights how factors central to community resilience can, at times, have negative consequences (Ali, 2017; Clay, 2017; Kindler, Ratcheva & Piechowska, 2015; Portes, 2014).

This study contributes to a growing body of research on community resilience and refugee populations. Much of the current literature on community resilience focuses on disaster-affected groups (Cutter et al., 2008; Norris et al., 2008; Patel et al., 2017). Resettled refugees are uniquely situated to share many commonalities with this group, as both experience traumatic events and daily stressors that can be offset by community supports (Walsh, 2007). Communities can, in fact, exist outside of geographical boundaries and be comprised of larger social networks that share a sense of belonging (Kirmayer et al., 2009). Our work suggests that, among resettled refugee groups, the construct of community resilience needs to be adapted to consider communities that define their boundaries by historical and familial connections established prior to fleeing their country of origin.

# Limitations

There are limitations to our study that should be noted. First, we used snowball sampling within one large city in New England. As a result, our findings may not be generalizable to other Somali Bantu populations living elsewhere in the United States or in other countries. Recruiting in such a tight-knit community also means that it is likely individuals in focus groups knew one another prior to participating in the research. As such, the dynamics of pre-existing relationships in the community may have biased responses during focus group discussions. However, RAs recruited study participants with this in mind, and worked to create focus groups that consisted of individuals with more limited familiarity with one another. Additionally, the focus group interview guide was designed to identify community strengths and support, as opposed to community dynamics that were detrimental to Somali Bantu. There was limited information obtained on the disadvantages community functioning may have to the psychosocial well-being of the population. However, we have illustrated the potential negative consequences of community dynamics, particularly as it relates to

intergenerational tension and conflict. Finally, this study's data analysis team was comprised of individuals from the Somali Bantu community and/or had worked with the Somali Bantu community for several years. This may have biased the interpretation of data in that we may have been more inclined to notice positive elements or community strengths and may have paid less attention to issues that contradicted these views. However, as noted earlier, the involvement of individuals with little to no experience working with Somali Bantu refugees served to check these potential biases and the interpretation of findings.

# Implications

Despite these limitations, study findings have implications for culturally informed programs that promote community resilience. There is a variety of community intervention models (Pfefferbaum, Pfefferbaum & Van Horn, 2015; Sharifi, 2016), core components of which include identification of and focus on community needs and assets, engagement and participation of individuals and organizations within the community, and skill development (Pfefferbaum et al., 2015). For instance, a model developed by Gurwitch, Pfefferbaum, Montgomery, Klomp & Reissman (2007) focuses on a framework of "community sectors" (p. 3), which include community leadership, mental health, and cultural and faith-based groups. It prompts the leaders of faith-based groups and organizations to take an active step in promoting the resilience of their communities in times of distress and disasters. This particularly has the potential to support Somali Bantu communities, as religiosity and spirituality play an integral role in promoting community wellbeing. Another model by Kirmayer et al. (2009), developed with a focus on Aboriginal populations, emphasizes community empowerment through increased participation, greater problem assessment competencies, and improved resource mobilization. Doron (2005) describes community resilience activities with Lebanese refugees that explicitly address community loss and disruption resulting from forced migration, such as implementing Lebanese heritage studies to strengthen cultural ties.

Interventions for Somali Bantu communities can incorporate these components to sustain and build upon the protective processes identified in this paper. Table 2 includes ideas presented by Somali Bantu respondents in focus groups and built upon by the study research team based on our findings. Interventions should invest in Somali Bantu mutual assistance organizations. These organizations can be the key to community empowerment via celebrating Somali Bantu heritage and culture and facilitating the occurrence of religious ceremonies and group activities, as well as promoting the well-being of families and individuals through financial, social, and emotional support that results from a strong commitment to community. Our findings suggest that programs also need to acknowledge and address some of the negative consequences that may arise as individuals adapt to a new environment, particularly as it relates to intergenerational conflict. This may be particularly salient for refugees of Islamic faith. Although religion was an important component in building successful lives in America, living in an environment rife with Islamaphobia (Ogan, Willnat, Pennington & Bashir, 2014) created tensions within the Somali Bantu community.

# Conclusion

Refugees face many adversities when resettling to new countries. This current study indicates that community resilience is an important component in understanding what protective factors facilitate refugee well-being. For Somali Bantu, a commitment to community and religion and spirituality were key ingredients in succeeding and thriving as a community in the United States. Importantly, Somali Bantu wanted to simultaneously move forward towards greater success and community independence yet stay rooted in the values, beliefs, and traditions brought with them from Africa. Contextually specific values and beliefs should be taken into consideration when identifying what promotes positive functioning among various displaced populations, as refugee communities may have very unique and distinct definitions of community resilience and resources available to achieve their goals. Community intervention programs can complement individual-level treatment and therapies by bolstering community strength and support. Understanding and building upon community resilience can serve to promote psychosocial well-being of refugee individuals and families.

# Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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# References

- Aldrich DP, & Meyer MA (2015). Social capital and community resilience. American Behavioral Scientist, 59(2), 254–269. doi:10.1177/0002764214550299
- Ali Areeza, "The impact of Islamophobia on the Muslim American community: accounts of psychological suffering, identity negotiation, and collective trauma" (2017). Theses, Dissertations, and Projects https://scholarworks.smith.edu/theses/1879
- Baker RE (2007). A phenomenological study of the resettlement experiences and mental health needs of Somali Bantu refugee women (Doctoral dissertation). Retrieved from The University of Texas at San Antonio, ProQuest Dissertations Publishing.
- Bentley J, Ahmad Z, & Thoburn J (2014). Religiosity and posttraumatic stress in a sample of East African refugees. Mental Health, Religion & Culture, 17(2), 185–195. doi: 10.1080/13674676.2013.784899
- Berkes F, & Ross H (2013). Community resilience: toward an integrated approach. Society & Natural Resources, 26(1), 5–20. doi:10.1080/08941920.2012.736605
- Besteman C (2012). Translating race across time and space: the creation of Somali Bantu ethnicity. Identities 19(3):285–302. doi:10.1080/1070289X.2012.681862
- Besteman C (2016). Making refuge: Somali Bantu refugees and Lewiston Maine: Duke University Press.
- Betancourt TS, Frounfelker RL, Mishra T, Hussein A, Falzarano R (2015). Addressing health disparities in the mental health of refugee children and adolescents through community-based participatory research: a study in two communities. American Journal of Public Health, 105 (S3), S475–S482. doi: 10.2105/AJPH.2014.302504 [PubMed: 25905818]

- Betancourt TS & Khan KT (2008). The mental health of children affected by armed conflict: Protective processes and pathways to resilience. International Review of Psychiatry, 30(3), 317–328. doi:10.1080/09540260802090363
- Braun V, Clarke V (2006). Using thematic analysis in psychology. Qualitative research in Psychology, 3(2), 77–101. doi:10.1191/1478088706qp063oa
- Boyatzis RE (1998). Transforming qualitative information: Thematic analysis and code development Thousand Oaks: Sage Publications.
- Bronfenbrenner U (1977). Toward an experimental ecology of human development. American psychologist, 32(7), 513–531. doi:10.1037/0003-066X.32.7.513
- Bronstein I, & Montgomery P (2011). Psychological distress in refugee children: a systematic review. Clinical child and family psychology review, 14(1), 44–56. doi: 10.1007/s10567-010-0081-0 [PubMed: 21181268]
- Camacho Paul R., Dirshe A, Hiray M, and Farah MJ (2014) "The Somali Diaspora in Greater Boston," Trotter Review: 22(1), 90–119. Retrieved from https://scholarworks.umb.edu/trotter\_review/vol22/ iss1/6/
- Cavallera V, Reggi M, Abdi S, Jinnah Z, Kivelenge J, Warsame AM, Yusuf AM & Ventevogel P (2016). Culture, context and mental health of Somali refugees: a primer for staff working in mental health and psychosocial support programmes Geneva: United Nations High Commissioner for Refugees Retrieved from http://www.unhcr.org/55f6b90f9.pdf
- Clay R (2017). Islamophobia: Psychologists are studying the impact of anti-Muslim sentiment and exploring ways to prevent it. Monitor in Psychology, 4, 48(4), 34.
- Correa-Velez I, Gifford SM, & Barnett AG (2010). Longing to belong: Social inclusion and wellbeing among youth with refugee backgrounds in the first three years in Melbourne, Australia. Social science & medicine, 71(8), 1399–1408. doi: 10.1016/j.socscimed.2010.07.018 [PubMed: 20822841]
- Coughlan R, Stam K, & Kingston LN (2016). Struggling to start over: human rights challenges for Somali Bantu refugees in the United States. The International Journal of Human Rights, 20(1), 123–137. doi:10.1080/13642987.2015.1061237
- Cutter SL, Barnes L, Berry M, Burton C, Evans E, Tate E, & Webb J (2008). A place-based model for understanding community resilience to natural disasters. Global Environmental Change, 18 (4), 598–606. doi:10.1016/j.gloenvcha.2008.07.013
- Deramo MC, (2016). Mushunguli to Bantu Jareer: A Trajectory Analysis of the People Now Known as Somali Bantu. Spectra 5(2). doi:10.21061/spectra.v5i2.373
- Doron E (2005). Working with Lebanese refugees in a community resilience model. Community Development Journal, 40(2), 182–191. doi:10.1093/cdj/bs026
- Eggerman M, & Panter-Brick C (2010). Suffering, hope, and entrapment: Resilience and cultural values in Afghanistan. Social science & medicine, 71(1), 71–83. doi:10.1016/j.socscimed. 2010.03.023 [PubMed: 20452111]
- Fazel M, Reed RV, Panter-Brick C, & Stein A (2012). Mental health of displaced and refugee children resettled in high-income countries: risk and protective factors. The Lancet, 379(9812), 266–282. doi:10.1016/S0140-6736(11)60051-2
- Fazel M, & Stein A (2002). The mental health of refugee children. Archives of disease in childhood, 87(5), 366–370. doi:10.1136/adc.87.5.366 [PubMed: 12390902]
- Fazel M, Wheeler J, & Danesh J (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review. The Lancet, 365(9467), 1309–1314. doi: 10.1016/S0140-6736(05)61027-6
- Frounfelker RL, Assefa MT, Smith E, Hussein A & Betancourt TS (2017). "We would never forget who we are": resettlement, cultural negotiation, and family relationships among Somali Bantu refugees. European Child and Adolescent Psychiatry, 26(11), 1387–1400. doi: 10.1007/ s00787-017-0991-1. [PubMed: 28474153]
- Gladden J (2012). The Coping Skills of East African Refugees: A Literature Review. Refugee Survey Quarterly, 31(3), 177–196. doi:10.1093/rsq/hds009
- Grady S (2015). Improvised adolescence: Somali Bantu teenage refugees in America Madison: University of Wisconsin Press.

- Gurwitch RH, Pfefferbaum B, Montgomery JM, Klomp RW, & Reissman DB (2007). Building community resilience for children and families Oklahoma City: Terrorism and Disaster Center at the University of Oklahoma Health Sciences Center Retrieved at https://www.nctsn.org/sites/ default/files/resources//building\_community\_resilience\_for\_children\_families.pdf
- Halcon LL, Robertson CL, Savik K, Johnson DR, Spring MA, Butcher JN, ... & Jaranson JM (2004). Trauma and Coping in Somali and Oromo Refugee Youth. Journal of Adolescent Health, 35(1), 17–25. doi:10.1016/j.jadohealth.2003.08.005 [PubMed: 15193570]
- Henley J, & Robinson J (2011). Mental health issues among refugee children and adolescents. Clinical Psychologist, 15(2), 51–62. doi:10.1111/j.1742-9552.2011.00024.x
- Hobfall SE (2012). Conservation of resource and disaster in cultural context: The caravans and passageways for resources. Psychiatry: Interpersonal and Biological Processes, 75(3), 227–232. doi: 10.1521/psyc.2012.75.3.227
- Kindler M, Ratcheva V, & Piechowska M (2015). Social networks, social capital and migrant integration at local level. European literature review. In IRiS Working Paper Series No. 6/2015
- Kirmayer LJ & Ban L (2013). Cultural psychiatry: Research strategies and future directions. Advances in Psychosomatic Medicine, 33, 97–114. doi: 10.1159/000348742 [PubMed: 23816867]
- Kirmayer L, Sedhev M, Whitley R, Dandeneau S & Isaac C (2009). Community Resilience: Models, Metaphors and Measures. International Journal of Indigenous Health, 5(1), 62–117. Retrieved from https://search.proquest.com/docview/1138545030?accountid=9758
- Ingiriis MH (2012). Redefining Somaliness through the Bantu-Jareer Community: The Absent Somalis in the Somali Socio-political Landscape. Politics and Minorities in Africa, 71–100.
- Lehman DV & Eno O (2003) The Somali Bantu: their history and culture Culture profile. Center for Applied Linguistics, Washington, DC Retrieved from https://files.eric.ed.gov/fulltext/ ED482784.pdf
- Lustig SL, Kia-Keating M, Knight WG, Geltman P, Ellis H, Kinzie JD, ... & Saxe GN (2004). Review of child and adolescent refugee mental health. Journal of the American Academy of Child & Adolescent Psychiatry, 43(1), 24–36. doi:10.1097/01.chi.0000096619.64367.37 [PubMed: 14691358]
- Luther SS, Cicchetti D, & Becker B (2000). The construct of resilience: A critical evaluation and guidelines for future work. Child Development, 71(3), 543–562. doi:10.1111/1467-8624.00164 [PubMed: 10953923]
- MAXQDA 11, software for qualitative data analysis. (2012). VERBI Software Consult Sozialforschung GmbH, Berlin, Germany.
- McLeroy KR, Bibeau D, Steckler A, & Glanz K (1988). An ecological perspective on health promotion programs. Health education quarterly, 15(4), 351–377. doi: 10.1177/109019818801500401 [PubMed: 3068205]
- Menkhaus K (2003) Bantu ethnic identities in Somalia. Annales d'Ethiopie, 19(1), 323–339. Persee-Portail des revues scientifiques en SHS. doi:10.3406/ethio.2003.1051
- Merrill Weine S, Ware N, Hakizimana L, Tugenberg T, Currie M, Dahnweih G, ... & Wulu J (2014). Fostering resilience: Protective agents, resources, and mechanisms for adolescent refugees' psychosocial well-being. Adolescent Psychiatry, 4(3), 164–176. doi: 10.2174/221067660403140912162410 [PubMed: 25544939]
- Minkler M (2010). Linking science and policy through community-based participatory research to study and address health disparities. American Journal of Public Health, 100 (suppl 1), S81–S87. doi: 10.2105/AJPH.2009.165720 [PubMed: 20147694]
- Murray KE, Davidson GR, & Schweitzer RD (2010). Review of refugee mental health interventions following resettlement: best practices and recommendations. American Journal of Orthopsychiatry, 80(4), 576–585. doi:10.1111/j.1939-0025.2010.01062.x [PubMed: 20950298]
- Murray K, & Zautra A (2012). Community resilience: Fostering recovery, sustainability, and growth. In Ungar M (Ed.). The social ecology of resilience: a handbook of theory and practice (pp. 337–345). New York: Springer.
- Norris FH, Stevens SP, Pfefferbaum B, Wyche KF, & Pfefferbaum RL (2008). Community resilience as a metaphor, theory, set of capacities, and strategy for disaster readiness. American journal of community psychology, 41(1–2), 127–150. doi:10.1007/s10464-007-9156-6 [PubMed: 18157631]

- Ogan C, Willnat L, Pennington R, & Bashir M (2014). The rise of anti-Muslim prejudice: Media and Islamophobia in Europe and the United States. International Communication Gazette, 76(1), 27–46. doi:10.1177/1748048513504048
- Panter-Brick C (2015). Culture and resilience: Next steps for theory and practice. In Theron L, Liebenberg LA, & Ungar M,(Eds.). Youth Resilience and Culture (pp. 233–244). Netherlands: Springer.
- Panter-Brick C, & Leckman JF (2013). Editorial commentary: resilience in child development– interconnected pathways to wellbeing. Journal of Child Psychology and Psychiatry, 54(4), 333– 336. doi:10.1111/jcpp.12057 [PubMed: 23517424]
- Patel SS, Rogers MB, Amlôt R, & Rubin GJ (2017). What Do We Mean by 'Community Resilience'? A Systematic Literature Review of How It Is Defined in the Literature. PLOS Currents Disastersdoi:10.1371/currents.dis.db775aff25efc5ac4f0660ad9c9f7db2
- Pfefferbaum B, Pfefferbaum RL, & Van Horn RL (2015). Community resilience interventions: Participatory, assessment-based, action-oriented processes. American Behavioral Scientist, 59(2), 238–253. doi:10.1177/0002764214550298
- Pieloch KA, McCullough MB, & Marks AK (2016). Resilience of children with refugee statuses: A research review. Canadian Psychology/Psychologie Canadienne, 57(4), 330–339. doi:10.1037/ cap0000073
- Portes A (2014). Downsides of social capital. Proceedings of the National Academy of Sciences of the United States of America, 111(52), 18407–19408. 10.1073/pnas.1421888112 [PubMed: 25535346]
- Reed RV, Fazel M, Jones L, Panter-Brick C, & Stein A (2012). Mental health of displaced and refugee children resettled in low-income and middle-income countries: risk and protective factors. The Lancet, 379(9812), 250–265. doi: 10.1016/S0140-6736(11)60050-0.
- Rousseau C, Said TM, Gagné MJ, & Bibeau G (1998). Resilience in unaccompanied minors from the north of Somalia. Psychoanalytic Review, 85(4), 615–63. Retrieved from https:// www.researchgate.net/profile/Cecile\_Rousseau2/publication/ 13418436\_Resilience\_in\_Unaccompanied\_Minors\_from\_the\_North\_of\_Somalia/links/ 55805ddc08aed40dd8cd25a3/Resilience-in-Unaccompanied-Minors-from-the-North-of-Somalia.pdf [PubMed: 9870245]
- Ryan D, Dooley B & Benson C (2008). Theoretical perspectives on post-migration adaptation and psychological well-being among refugees: Towards a resource-based model. Journal of Refugee Studies, 21(1), 1–18. doi: 10/1093/jrs/fem047
- Schölmerich VL, & Kawachi I (2016). Translating the socio-ecological perspective into multilevel interventions: Gaps between theory and practice. Health Education & Behavior, 43(1), 17–20. doi: 10.1177/1090198115605309 [PubMed: 26747715]
- Sharifi A (2016). A critical review of selected tools for assessing community resilience. Ecological Indicators, 69, 629–647. doi:10.1016/j.ecolind.2016.05.023
- Simmelink J, Lightfoot E, Dube A, Blevins J, & Lum T (2013). Understanding the Health Beliefs and Practices of East African Refugees. American Journal of Health Behavior, 37(2), 155–161. doi: 10.5993/AJHB.37.2.2 [PubMed: 23026096]
- Smith YJ (2010). They Bring Their Memories with Them: Somali Bantu Resettlement in a Globalized World (Doctoral dissertation). Retrieved from The University of Utah, ProQuest Dissertations Publishing.
- Springer PJ, Black M, Martz K, Deckys CM, Soelberg T (2010). Somali Bantu Refugees in Southwest Idaho: Assessment Using Participatory Research. Advanced in Nursing Science, 33(2), 170–181. doi:10.1097/ANS.0b013e3181dbc60f
- Trickett EJ, Beehler S, Deutsch C, Green LW, Hawe P, McLeroy K, ... & Trimble JE (2011). Advancing the science of community-level interventions. American journal of public health, 101(8), 1410–1419. doi:10.2105/AJPH.2010.300113 [PubMed: 21680923]
- Ungar M (2011). Community resilience for youth and families: Facilitative physical and social capital in contexts of adversity. Children and Youth Services Review, 33(9), 1742–1748. doi:10.1016/j.childyouth.2011.04.027

- Ungar M (2015). Resilience and culture: The diversity of protective processes and positive adaptation. In Theron L, Liebenberg LA, & Ungar M (Eds.). Youth resilience and culture (pp. 37–48). Netherlands: Springer.
- United Nations High Commissioner for Refugees. (2017). Global Trends: Forced Displacement in 2016 Retrieved from http://www.unhcr.org/globaltrends2016/
- Ventevogel P, Schinina G, Strang A, Gagliato M, Hansen LJ. (2015). Mental health and psychosocial support for refugees, asylum seekers and migrants on the move in Europe: a multiagency guidance note Retrieved from https://reliefweb.int/report/world/mental-health-and-psychosocial-supportrefugees-asylum-seekers-and-migrants-move-europe.
- Wallerstein NB & Duran B (2006). Using community-based participatory research to address health disparities. Health Promotion Practice, 7(3), 312–323. doi:10.1177/1524839906289376 [PubMed: 16760238]
- Walsh F (2007). Traumatic loss and major disasters: Strengthening family and community resilience. Family process, 46(2), 207–227. doi:10.1111/j.1545-5300.2007.00205.x [PubMed: 17593886]
- Weine SM (2011). Developing preventive mental health interventions for refugee families in resettlement. Family process, 50(3), 410–430. doi:10.1111/j.1545-5300.2011.01366.x [PubMed: 21884078]

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Table 1.

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| Age   | Male (%)  | Female (%) | Total (%) |
|-------|-----------|------------|-----------|
| 10-14 | 6 (14.6)  | 12 (30)    | 18 (22.2) |
| 15-17 | 18 (43.9) | 11 (27.5)  | 29 (35.8) |
| 18+   | 17 (41.5) | 17 (42.5)  | 34 (42)   |
| Total | 41 (50.6) | 40 (49.4)  | 81 (100)  |
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| Resilience |
|------------|
| Community  |
| Bantu      |
| Somali     |
| Promoting  |

| Resilience Component Intervention | Intervention   | Examples  |
|-----------------------------------|--|---|
| Commiment to community            | <ul> <li>Engage in Somali Bantu community activities</li> <li>Promote cultural and language revitalization/reinforcement</li> </ul>                    | <ul> <li>Maay Maay language lessons for children</li> <li>Cultural celebrations with activities such as storytelling about Somali Bantu history and experiences</li> <li>Investment in Somali Bantu mutual assistance organization</li> <li>Community advisory board</li> <li>Open communication channels with family and communities abroad</li> </ul> |
| Religion and spirituality         | <ul> <li>Engage in religious celebrations that bring the community together</li> <li>Promote anti-discrimination initiatives and activities</li> </ul> | <ul> <li>Somali Bantu specific Eid celebrations</li> <li>Integration of religious values and beliefs into mission and agenda of mutual assistance organizations</li> <li>Collaboration between local mosques/madrassas and Somali Bantu community</li> </ul>  |