

Group Health Foundation

Organization

Somali Reconciliation Institute (SRI) Narrative

Our Vision

We envision the Somali community healing and reconciling through Islamic and traditional forms of trauma healing therapy.

The Somali Reconciliation Institute has developed an effective, equitable, and community-based program to address mental health disparity, with the help of the University of Washington for the Somali and other Muslim communities.

Duniya Lang, the Founder and Executive Director of the Somali Reconciliation Institute, has been working with the Somali community in Seattle, Washington and Portland, Oregon since 2006 at schools and clinical settings. During this time, she had recognized a huge need for a mental health program which utilizes community and cultural approaches for the Somali community.

Educators at our schools and health care providers have not been trained nor equipped to cover the unique mental health needs of the Somali population. The Somali people, as you may know, came from a country that has been in a prolonged war and arrived here as a result of that war. Therefore, it is safe to say that the majority of Somalis have been victims of war and violence in our country of origin, and had been living in transitional refugee camps, where living conditions were degrading and inhumane before arriving in the United States.

The Process of creating pathways of Mental Health equity for the Somali Community

Islahul Qulub: Islamic Trauma Healing for Somali Victims of War and Violence Program was my personal initiative (Duniya Lang). Through my work with the Somali community since 2006, I have learned the need for a community-based trauma healing and reconciliation program to improve the mental health well-being of the community and restoring and re-building trust to foster health relationships in our community. This initiative was also intended to reduce conflict among community members for peace and stability here and abroad.

The Need for a Community-based Mental Health Program:

There were three main reasons that forced me to stop the work I have been doing for the Somali community in 2010 in advocating and interpreting at schools and at clinics; and embarking on initiating an Islamic Trauma Healing and Reconciliation Program.

Firstly, I realized the wounded souls of my school and clinical clients who were victims of war and violence and hearing their stories devastated and depressed me at a deeper personal level (I, too, had seen war and violence as a child and I think hearing their stories triggered my own memories of seeing atrocities back home).

Secondly, I noticed a complete lack of knowledge and understanding of educators and healthcare providers of the Somali background and the absence of programs that were tailored for them in order to meet their particular needs.

Thirdly, I was overwhelmed with emotion and was depressed about the unaddressed trauma and suffering of my Somali clients and realized that I could no

longer help and produce a good result while my clients were traumatized war victims whose suffering has never been addressed nor recognized.

The Process of Developing a Mental Health Community-based Program and Implementing it in the Community

Once I realized the woundedness and the silent suffering of my community members and the people I closely worked with, I completely stopped working and took time to reflect on how I could make a positive impact to produce good outcomes. In feeling depressed myself about our collective situation, I was convinced that there must be healing and reconciliation at the grassroots level in order to improve the mental, physical, and community health and well-being. In other words, I wanted to address psychological trauma to bring about mental well-being and restoring community relationships in order to thrive and prosper.

Keeping in mind war trauma and its devastating impact on our communities, I traveled in Arabia and Africa. Perhaps I was hoping through my travels in these countries, I would find a solution to our problem of war trauma. My travels in these countries gave me the opportunity to study and research about war trauma and peace processes in war torn African countries such as Rwanda. In 2011 while I was in Arusha, Tanzania, I came across peace and reconciliation processes in Rwanda. Mainly, Rwanda has promoted the Truth and Reconciliation program to reconcile communities and build a lasting peace. However, I realized that this model of peace-building would not have worked for the Somali people given their distinctive cultural and religious beliefs. This is when I initiated the Islamic Trauma Healing and Reconciliation Program. I intended to have an evidence-based mental

health program which incorporates Post-Traumatic Stress Disorder, cultural and belief concepts.

After I laid out the program and its components through study and research, I came back to Seattle, Washington and approached the University of Washington to help me develop the program. With the help of a University team, and five years of hard work, I was finally able to produce the Islamic Trauma Healing and Reconciliation Program.

Community Support for the Islamic Trauma Healing and Reconciliation Program

Once we developed the program, I approached the community through the Mosque in order to get a community acceptance for the program. This approach was successful and the community welcomed our program exclusively. Mental health is a sensitive issue and there is stigma surrounding it, therefore it was necessary to reach out to religious institutions since our program also used religious and cultural concepts of healing and reconciliation. The community supported this approach because they could relate to it and the concepts we have utilized were culturally responsive and familiar to our target population.

Initially, I reached out to the Imam of the Mosque who also connected me with members of the Mosque. After several meetings and discussions of the program with the Imam and his assistance, we set up a meeting between the Mosque and our team at my apartment. We continued having more meetings and discussions until we were ready to run a pilot training. Our intention was to test the effectiveness and reliability of the program for our target populations. We have recruited fourteen members of the community, seven women and seven men who wanted to participate our pilot training. Then we started the recruiting participants

for the pilot training. Since this was a new initiative, we used our recruiting method on a one-on-one basis. We realized that it would be very difficult to just make flyers and post them for people to contact us for participation. Therefore, I have reached out to community leaders to help with the recruitment of the pilot training participants. This approach has worked well and our pilot training was a success. The main challenges we faced in implementing the program was to gain the trust of the participants. However, we utilized community connections and used approaches they were most familiar with. This was done on a one-on-one basis. We had to reach out to people individually through people they knew. We also had to have a discussion with them at a personal level before we could have a team.

Trauma Healing and Reconciliation Sessions

Our trauma healing and reconciliation sessions were composed of six-week sessions and lasted three hours per week. At the beginning of our sessions, we provided tea and snacks and mingled and shared family and community stories. After relaxation, we started the sessions with supplications, traditional frankincense, and ablution in order to create spiritual environment to feel comfortable and secure. After the sessions ended, we closed with supplications. The participants looked forward for the next time to meet and forged friendships with others in the program, and this led to the creation of support systems for the program participants. When the six-week session ended, we hosted a graduation ceremony and celebrated with one another and looked forward to more such meetings and connections.

The Outcome of Our Program

We had conducted pre-assessment of the mental and emotional well-being of the participants before they attended the sessions. After they went through the program, we also conducted post-assessment. Our data had shown that most of the program participants felt relief and their emotions improved tremendously. As a result, they had achieved reconciliation with others and were able to forgive and began talking to friends and family members whom they cut off of their relationships. Some of the participants also expressed that the sessions were helpful in healing and reconciling with others, and building good relationships with family, friends, and the community at large.

Community-based programs such as this one can help bridge the gap of inequity in our communities. More people may receive the services they need in mental health because of their connection to a program that represents them and takes their unique needs into consideration. Our Islamic Trauma Healing program has proven to be effective in helping our community to achieve mental, physical, and emotional well-being. We hope to reach out to more people and lessen the inequity gap in mental health in our communities.