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Re-Envisioning Trauma Recovery: Listening and Learning From African Voices in Healing Collective Trauma

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Notes From The Field

Re-Envisioning Trauma Recovery: Listening and Learning From African Voices in Healing Collective Trauma

By Jean Pierre Ndagijimana[*] and Kissanet Taffere[**]

Abstract

This paper critiques the influence of neoliberalism on mental health and the ways in which it denies the knowledge and capacities of Black African immigrants in the United States. It promotes and proposes community-driven approaches to supporting survivors of human rights abuses. The commentary is divided in two major parts: The first section discusses the impacts of monetization of Black grief, psychologization of poverty, and predatory inclusion on survivors of human rights abuses and staff within the humanitarian sector. The last section proposes more culturally relevant and

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humanizing healing pathways and frameworks for African immigrants in the United States. We advocate for mental health support that centers and promotes decolonial approaches and that prioritizes and values honoring communities' wisdom, experiential knowledge, and capacities.

Keywords: African immigrants, collective trauma, collective healing, decolonizing mental health, neoliberalism, humanitarian sector, non-profit organizations

In the wake of the most recent violent murders of Black Americans, mental health professionals have been forced to reckon with the suffering and violence Black people face on a daily basis by virtue of living in a racist white supremacist society. It is in the context of ongoing anti-Black violence that we are committing to upholding the belief that Black Lives Matter, and to writing about the ways in which anti-Black violence is replicated and enacted within well-meaning and, often, generously funded institutions and organizations tasked with healing African survivors of human rights abuses. We have observed how different systems tasked with healing survivors of collective tragedies can cause harm by reproducing the very dynamics and oppressive practices of colonial and exploitative systems they *claim* to address and rectify. As we engage with these issues, our critiques are, first and foremost, rooted in a deep faith and trust in the people and communities we work with and for. This undertaking is rooted in love, deference to, and reverence for people who have experienced human rights violations and who are more than the sum of the violations they have survived (Ginwright, 2018).

Contextual Background

The 2015 Pew Research Center's analysis of the U.S. Census Bureau and Eurostat report states that 65 percent of Sub-Saharan African refugees and immigrants in the United States have a college degree (Solomon, 2018, para 1). Despite their level of education and experiential knowledge, humanitarian agencies in the United States fail to recognize and support Black Africans' capability to address their own healing needs. This deficit lens stems from dominant western assumptions around the people's upbringings (destitute) and level of knowledge and education, often deemed inadequate for determining their own needs and capacities (De Haas, 2008). Consequently, the ways in which trauma-informed care is

provided is failing many of the very people these systems purport to serve and heal, while also harming practitioners of color operating within these systems (Ginwright, 2018). We, therefore, seek to problematize what continues to be normalized in order to change the way trauma healing work is done. We need more than a semantic play with words such as *diversity* and *inclusion* but rather "a tectonic shift in how we view trauma, its causes and its intervention" (Ginwright, 2018, p. 11). This decolonial conversation denounces hegemonic approaches to the healing of human rights violations, especially among Black Africans in the United States. It suggests more humanizing strategies that could inspire healers, educators (especially peace and human rights educators), activists, community organizers, researchers, and policy makers who want to serve Black Africans in a more dignified way. The article is divided in two major sections: The first section unmasks neoliberalism in the therapeutic context and the last suggests more just and humanizing healing pathways and frameworks.

Our Positionality and Perspectives

We have worked in various local and international humanitarian organizations in our home countries and abroad. Our work has dealt with addressing legacies of genocide, war, gender-based violence, extreme poverty, childhood trauma, and forced migration. This work is close to our own hearts and lives. Ndagijimana, a former child refugee, is a Rwandan Visiting Research Scholar and Global Fellow in the United States. He is a Rwandan trained clinical psychologist and currently, doing doctoral studies in International and Multicultural Education in the United States. His research and practices have focused on community-driven culturally and contextually relevant educational and psychosocial strategies to heal/reduce impacts of individual and societal toxic stress both in post-genocide Rwanda and in the African immigrant communities in California. Taffere is an Eritrean-American clinical social worker who has worked in a number of humanitarian and intergovernmental organizations in the United States and abroad for the last decade. She holds a master's degree in social work, and provides psychological and psychosocial care for asylum-seekers and forcibly displaced people. Her graduate and post-graduate training has included trauma-informed clinical care for asylum-seekers, refugees, and other forcibly displaced persons. We are implicated in the very neoliberal system we critique, systems that draw from the cultural knowledge of providers but do not allow providers to change systems so that they may be

both culturally responsive and contextually relevant. Some of the community members we serve know us personally. When services do not reflect their needs and cultures, our communities ask us, "If you are like me, why can't you understand what will help me?" What may not be fully understood is the explicit and implicit racist biases and neocolonial mindsets that drive humanitarian organizations that require us to implement projects that we aren't allowed to design and conceptualize with our communities.

Identifying the best ways to serve our communities involves both a learning and unlearning process. We were trained to believe that the psychological theories and practices originating from the Western, Educated, Industrialized, Rich, and (supposedly), Democratic (WEIRD) societies are the universal norm (Henrich, Heine & Norenzayan, 2010). We are bringing to this essay the conversations that took place on the margins of official meetings, legitimizing them by centering them. The core of our problem is this: We are working within a number of institutional powers that prescribe services to our communities. We are relegated to delivery persons, not thinkers, not allies in co-creating liberatory possibilities where the communities' needs and capacities are centered. In many ways, we feel stuck in between two worlds, detached from both sides: not authentically part of our communities, and perceived as benefiting from our proximity to whiteness and its structures. While it can be true that this proximity grants us some privileges, it also succeeds at doing just the opposite—it tokenizes, disempowers and alienates (Ho, 2017). Our proximity to whiteness and the access to its resources is a source of our power and oppression. The duality and complexity of our identities as *insiders* and *outsiders* can feel lonely. As the Ethiopian-American novelist Dinaw Mengestu (2007) puts it, "A bird stuck between two branches gets bitten on both wings. I would like to add my own saying to the list now, Father: a [person] stuck between two worlds lives and dies alone" (p.228).

Monetization of Black Grief

We have observed a pattern of sad truths from our time working in the non-profit and humanitarian sectors, foremost among them being the monetization of Black grief (Mclaurin, 2017). The neo-liberal influences that shape mental health work have shifted the focus of treatment from healing to money (Greene, 2019). It should come as no surprise, then, that organizations which uphold white supremacy culture engage with Black or

Indigenous suffering only when funding exists to address the needs of these communities (Okun, 2000). Without any meaningful engagement or partnerships with these communities, these organizations identify gaps, define needs, outline solutions, and sometimes propose ways to ensure sustainability. When such organizations apply for and are awarded grants to support communities they have deemed *disadvantaged*, most of the funding goes back to the organization—staff, facilities, administration, etc. Communities are rarely consulted about how the funds secured in their name are expended.

The exclusion and misappropriation of Black staff members and community members' contributions are common and rarely discussed. Community members are excluded from pivotal processes where their expertise could inform how healing work is done. Their expertise is a threat to the white-centered ways of knowing and doing. When a community leader has an idea that they believe could help, such organizations rarely adopt it unless they can monetize the idea or hire and manage the community leader (Kivel, 2000). Once hired, an attempt to speak up may feel like "playing with fire" (Saṅgatina, 2006). Organizational leaders use different strategies to sustain the monetization. For instance, a Black staff member may share their thoughts with their white superiors and the latter may very well write a report or apply for a grant with no recognition of the major contributions from the Black staff member. Equally harmful, white staff solicit ideas and feedback from Black colleagues only to disregard them and make decisions that do not factor in this feedback. Whichever way you look at it, whether it is as staff or community, the voices of Black people are silenced and dismissed, ironically and tragically, in the name of healing. With this type of violence, often unseen and unnamed, the trauma within these organizations intensifies.

Psychologization of Poverty

The neoliberal mental health framework benefits from shifting the focus from the social and political roots of suffering to focusing on how an individual's brain processes that suffering (Greene, 2019). The phenomenon is referred to as "psychologization" (De Vos, 2014). For instance, when survivors of human rights abuses are in need of material resources like cash or shelter, those who have been trained to treat trauma and work in the emotional realm are at a loss: What does it mean to work outside of the processing of memories to support someone's healing journey?

Imposing a practice of healing that privileges *introspection* over physical survival needs is harmful. I remember when a Black African client stormed out of my office.[1] They had asked for food and an item of clothing. Aware of the limited resources I had, I managed only to restate their needs and offer a referral, shared that I too was powerless to offer them what they needed, and wondered aloud about what it must have meant for them to ask a younger woman for support. I did all of this because that is what years of training had taught me to do: uphold and maintain *boundaries*, encourage and promote *empowerment*, apply sophisticated concepts to my work, and find words and theories to rebrand and repackage a moment of harm and disconnect.

This encounter runs deeper than saying *no* to people in our own community. It is saying no to an elder whose sacrifices made my relative privilege possible. It is saying no when scarcity has more to do with allocation and prioritization than absolute lack. It is saying no to a modest request from an immigrant who has been *beaten* and assaulted countless times with rejections and indignities. When we say no to clients seeking basic material needs, bypassing their need to survive and imposing upon them a need to engage in reflection and introspection, we are causing harm. We assume that our clients' survival needs are separate from their emotional and spiritual needs. We impose our idea of a hierarchy of needs and a disembodied perspective on mental health and wellness. We pathologize and psychologize the political. For Crawford (1980), "labelling individuals as mentally ill only accentuates the burden of disease by situating the problem within the person, rather than to engage in the difficult task of addressing the contextual elements that may be at the source of distress" (p. 257). The pathology is with the system, not the individual; a suffering individual is a product of a sick system.

Predatory inclusion and tokenized diversity

Organizations promote ideas such as equity, inclusion, and cultural relevance. Few, however, move from *expressing* these ideas to practicing them. By definition, "predatory inclusion refers to a process whereby members of a marginalized group are provided with access to a good, service, or opportunity from which they have historically been excluded but

[1] Kissanet Taffere's encounter with a client

under conditions that jeopardize the benefits of access" (Seamster & Charron-Chénier, 2017, p.199). Such forms of recruitment enable organizations to check the *diversity* box, but this diversity focuses on skin color and not the diversity of opinions, experiences, and knowledge the staff members of color bring to the table (Ho, 2017). Many white-led humanitarian organizations that serve African survivors of human rights violations uphold western and colonial values in healing spaces, often harming the Black staff and clients they work with. Black staff have access to truth about the communities they represent, but are denied the institutional power needed to adequately respond to the needs their communities express. Paradoxically, bringing authentic perspectives from the communities being served can feel like a personal attack to white leadership and even donors, especially when these perspectives criticize the ways in which the current system fails communities. Yet, holding back the truth can feel like a betrayal of self and community as well as a disservice to the institution one is working for.

Our Recommendations

Many humanitarian agencies operating in the U.S. and internationally uphold white supremacy culture and silence Black voices in numerous ways: exclusion from key decision-making groups and processes, feedback sought but discarded when it challenges the status quo, citing a lack of knowledge in a given area to avoid taking on responsibility, and an overall lack of transparency (Talley, 2009). As Black staff members, drawing attention to these dynamics is often dangerous. First, the emotional and physical cost of being a Black person tasked with helping Black people in white-led organizations, funded by white donors to implement interventions designed mostly by white men in a white supremacist nation, are steep. Staff members who constantly resist the institution run the risk of depression and burn out and may be pathologized by their colleagues. Far less attention is paid to the root causes of this distress. Second, one runs the risk of hurting their career and professional reputation. The less critical the staff member, the more rewards they get. Consequently, eagerness to engage and participate may give way to disappointment and pain brought on by an accumulation of prolonged stress, exclusion, and feelings of ineffectiveness.

Reimagining programming and organizing in a manner that returns power back to the people can be tantamount to *class suicide* for those of us

who dare to propose and pursue such a path (Freire, 1977). Consequently, community scholars like us will remain in a sort of professional purgatory: providing services that are not adequately culturally and contextually relevant, while lacking the access to resources and spaces needed to provide more egalitarian and culturally relevant healing spaces and modalities. While leaving the colonial institution may offer temporary relief, it usually does not take long before the same position is filled with someone else who, for a number of reasons, may not speak up, and so the cycle continues where it left off.

Based on our shared experiences, we suggest the following decolonial approaches to healing the harm from human rights violations in a way we believe would promote the creation of peace in our communities.

1. **Recognize and acknowledge racial stress:** Experiencing racism is heartbreaking. We have personally experienced this heartbreak in the United States, and so too have our clients and community members—even if it's not explicitly named or stated. According to Usha Tummala-Narra, "there may be times when a client comes into a session with a specific story about racism that they experienced, and they want to talk about it" (NICABM, n.a, para.1). However, as we know too often be the case, Black immigrants may not feel comfortable naming racism or they may not necessarily recognize the particular brand of American racism "and it could be easy to miss if [therapists] aren't listening carefully," Tummala-Narra added (NICABM, n.a, para.1). For this reason and others discussed in the next sections, we suggest that mental health practitioners who are working on healing the harm from human rights violations among Black refugees and immigrants go beyond just diagnosing individual clients or pathologizing their normal reactions to racial attacks and microaggressions. Rather, we suggest providers also engage in a thoughtful process where they respectfully explore various social factors that are likely impacting clients' lives. For example, if a client is facing deportation, as a therapist, is the sole focus of the work on *treating* the client's insomnia or does the work also include advocating for access to quality legal representation? We encourage the latter: engage with the source of the stressor, not only with its symptoms.

2. **Do considerably more than offer one-on-one counseling:** Black African refugees and immigrants can encounter unforeseen and disempowering experiences when accessing mental health services: invasive and culturally inappropriate screening questions, unequal power dynamics in therapeutic relationships, language barriers, and the near absence of trained professionals who understand the diverse cultural perspectives of Africans. Further, many of the African immigrants we have worked with have been raised in settings where the nuclear family was only part of a network of extended relatives and community members who provided advice, care, and various kinds of support. Even when displacement deprives immigrants of this rich and expansive source of care, offering one-on-one counselling, separate from other more communal forms of support, is a strange and rather intimidating arrangement. We have observed how naturally community members engage more in informal conversations than when dialogue is solicited in structured settings (Ndagijimana, 2019). Community members are in the best position to decide when accessing support from their peers is safe for them and when it is not; it is not the role of the mental health industry to decide that community support is not safe and that safety can be achieved only in individualized therapy.

   We therefore suggest de-centering the model of treating and healing that offers one-on-one standalone counseling as a core service. We suggest instead a model whereby one-on-one counseling is something requested by or for a community member needing the particular benefits of one-on-one therapy. We encourage the promotion of the community's organic support system where people feel collective accountability to take care of each other. This model of providing care could include practical support in navigating systems and accessing resources. Professionals could then invest their efforts in helping to enhance and expand a communities' support system and serve as advisors while also providing direct support to the people whose physical and/or mental health requires professional attention. Even this decision about who might benefit from more intense institutional care and support could be decided alongside community in a manner that honors individual needs and relevant laws and ethical guidelines, especially when it concerns vulnerable and marginalized community members.

3. **Ask difficult questions and accept unflattering answers:** How do people trained and socialized to work in a neoliberal individualistic system with people defined by their histories of enslavement and colonization know they are not imposing their ways of being and knowing on a systematically victimized population? Answering this question requires a deep examination of what is being offered, for whom, by whom, and at what cost. We must humbly identify all of our implicit biases and our assumptions, then question those assumptions, and accept answers that may likely require surrendering power to affected communities.[2] For example, this process may look like identifying an assumption that talk therapy is beneficial for survivors of trauma from all countries. Where does this assumption come from and how have educational and healthcare institutions upheld this assumption? From there, one can begin to examine how these assumptions shape institutional decision-making: what kind of knowledge is valued, who is trained, who is hired and promoted, what kind of care is provided, for whom and by whom? In what direction does accountability flow: in the direction of those with the most institutional power or in the direction of those who are disempowered and marginalized? (Kivel,2000). Further, do we report our impact and our vision to our communities, to our donors, or to both? As Freire (1977) writes, a democratic and empowering institution requires both criticism and self-criticism; a commitment to "simultaneously teaching and learning in the liberation struggle" (p.18).

4. **Respect the community's ways of knowing and doing:** Almost everywhere in the world, different white-led humanitarian agencies win enormous grants to heal the trauma among Black Africans and the chorus remains the same: "addressing stigma and improving mental health literacy in sub-Saharan African communities" (McCann, Mugavin, Renzaho, & Lubman, 2016, p.10). Trainings promising to heal trauma are expensive, again privileging those able to afford access to knowledge that is valued within the sector. The

[2] For more on critical consciousness and anti-racist identity development or critical race theory, see Freire (1973) and DiAngelo (2016).

monetization of healing is inexorably connected to and shapes how healing professionals are trained and conditioned to understand suffering, its causes, and its remedies. And yet, the voices of African communities in dialogue about their own mental and community health are largely excluded from this enterprise.

Communities' indigenous knowledge and lived experience are judged or altogether dismissed as lacking an "evidence base." The belief that an outsider is by default the expert, and knows what is needed to fix a problem for a darker-skinned person, is an act of arrogance and dehumanization. According to bell hooks (1991), not allowing people to theorize their own experiences denies them of the opportunity to heal. We endorse a midwifery approach of helping a community generate more humanizing knowledge and practices from their own body of often-subjugated knowledge. This approach is rooted in the conviction that community members with lived experiences are the experts of their own lives and can "give birth" to their own processes of healing. From this perspective, the role of a facilitator is to support the community in generating theories and actions that stem from the wisdom they have gained from their culture and experiences (Freire, 1977). In other words, when we stop claiming to be *the* experts on the lives and experiences of others, we learn that "maybe the real discovery to be made in partnership with these residents [is] less about their need for training, and more about identifying and multiplying what they already know" (White, 2012, p.4).

5. **Educate and challenge donors:** The dominant model of humanitarian psychosocial healing services positions donors' needs and interests over those of the survivors and their communities. It imposes an institutional model of healing that disregards a local community's own traditional wisdom and cultural healing practices, a foreign model of healing that may inflict further harm. The neoliberal and ongoing neocolonial frameworks have created various obstacles for those affected by poverty, traumatic experiences, and migration to define, design and determine their own healing process. Where traditional and informal support systems have been disrupted, communities now turn to donors to meet their needs. The discrimination we've experienced within the nonprofit sector also

operates at a broader scale (Greene, 2019). Recent reports support what has long been suspected: “Organizations led by people of color win less grant money and are trusted less to make decisions about how to spend those funds than groups with white leaders” (Rendon, 2020, para.1). In addition to discriminatory funding practices, licensing boards and professional associations also control who has access to the credentials to provide services to our communities. We encourage individuals and agencies concerned by such injustices to *end* the violent exclusion of communities of color in systems that consistently favor whiteness.[3]

Final words

Experience has taught us that the closer the people are to a lived experience, the better they understand what is needed to improve that experience. We believe that alternatives to imperial ways of thinking, knowing, and doing are embedded within communal knowledge (White, 2012). As Freire articulates, "from the outset, then, our position [is] a radical one: we rejected any type of "packaged", ready-made solution and any type of cultural invasion, explicit or disguised" (p.12). We therefore have a simple but radical proposal: shift from a deficit-view of the communities we serve to an affirming, culturally-responsive and anti-racist approach that centers the needs of the community and is grounded in deep listening. In so doing, we can move from perpetuating harm toward supporting communities along their own paths toward collective recovery. Ultimately, we see this as integrally linked to decolonial approaches to peace and human rights education in their broadest sense of centering the “human” in classrooms and communities. This is a shift that must begin within ourselves and within our organizations in order to then inform the work we do in our communities.

[3] For guidance on how to start this meaningful and difficult process, we suggest visiting resources such as the ones Okun (2000) and Dismantling Racism Works Web Workbook provide.

References

Crawford, R. (1980). Healthism and the medicalization of everyday life. International Journal of Health Services: Planning, Administration, Evaluation, 10(3), 365–388. doi:10.2190/3H2H-3XJN-3KAY-G9NY.

De Haas, H. (2008). The myth of invasion: the inconvenient realities of African migration to Europe. *Third world quarterly*, *29*(7), 1305-1322.

De Vos, J. (2014). Psychologization. In T. Teo (Ed.), Encyclopedia of critical psychology (pp. 1547–1551). Springer.

DiAngelo, R. J. (2016). What does it mean to be white?: Developing white racial literacy. Peter Lang.

Freire, P. (1973). Education for critical consciousness (Vol. 1). Bloomsbury Publishing.

Freire, P. (1977). Guinea Bissau: Record of an Ongoing Experience. Convergence, 10 (4), 11-28.

Ginwright, S. (2018). The future of healing: Shifting from trauma informed care to healing centered engagement. *Occasional Paper*, *25*.

Greene, E. M. (2019). The Mental Health Industrial Complex: A Study in Three Cases. *Journal of Humanistic Psychology*, 0022167819830516.

Henrich, J., Heine, S. J., & Norenzayan, A. (2010). Most people are not WEIRD. *Nature*, *466*(7302), 29-29.

Ho. H.K. (2017, September , 2018). 8 Ways People of Color are Tokenized in Nonprofits. *Medium*. Retrieved from https://medium.com/the-nonprofit-revolution/8-ways-people-of-color-are-tokenized-in-nonprofits-32138d0860c1

Kivel, P. (2000). Social Service or Social Change? Who Benefits from your Work? Retrieved from http://paulkivel.com/wp-content/uploads/2015/07/socialserviceorsocialchange.pdf

hooks, b. (1991). Theory as liberatory practice. *Yale JL & Feminism*, *4*, 1.

McCann, T. V., Mugavin, J., Renzaho, A., & Lubman, D. I. (2016). Sub-Saharan African migrant youths' help-seeking barriers and facilitators for mental health and substance use problems: a qualitative study. *BMC psychiatry*, *16*(1), 1-10.

Mclaurin, S. (2017, September 12). How White Nonprofits Benefit From Black Grief. *Huffpost*. Retrieved from https://www.huffpost.com/entry/healing-communities-how-white-nonprofits-benefit-from_b_59b2e399e4b0c50640cd6703

Mengestu, D. (2008). *The beautiful things that heaven bears*. Riverhead Books.

Ndagijimana, J. P. (2019). Indigenization of Genocide Healing: A Grounded Action of Culturally and Contextually Relevant Educational and Psychosocial Strategies to Reduce Impacts of Societal Toxic Stress in Rwanda Post-Genocide.

NICABM (n.a). What We Might Be Missing – Listening for Racial Stress in Session. Retrieved from https://www.nicabm.com/tag/usha-tummala-narra/

Okun, T. (2000). White supremacy culture. Dismantling racism: A workbook for social change groups, Durham, NC: Change Work. Retrieved from http://www.dismantlingracism. org/Dismantling_Racism/liNKs_files/whitesupculo9. pdf.

Rendon, J. (2020, May 7). Nonprofits Led by People of Color Win Less Grant Money With More. Retrieved from https://www.philanthropy.com/article/Nonprofits-Led-by-People-of/248720

Saṅgatina (Organization). (2006). *Playing with fire: Feminist thought and activism through seven lives in India*. Zubaan.

Seamster, L., & Charron-Chénier, R. (2017). Predatory inclusion and education debt: Rethinking the racial wealth gap. *Social Currents*, *4*(3), 199-207.

Scott, B. (2016). The Cultural Hegemony of" Mental Health. *Bella Caladonia*.

Solomon, S. (2018, April 24). Study Finds Africans Among Best Educated US Immigrants. Voanews. Retrieved from https://www.voanews.com/usa/study-finds-africans-among-best-educated-us-immigrants

Strings (Study). *The Chronicle of Philanthropy*. Retrieved from https://www.philanthropy.com/article/Nonprofits-Led-by-People-of/248720

Talley, H. L. (2019, August 12). White Women Doing White Supremacy in Nonprofit Culture. Retrieved August 24, 2020, from https://tzedeksocialjusticefund.org/white-women-doing-white-supremacy-in-nonprofit-culture/

White, B. (2012). Confronting the careless university. eJournal of Public Affairs, 1 (2).