

A Comprehensive Insight on Men Healing Men and Communities Network (MHMCN)

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Abstract

These days, the complexity of community problems cannot be easily addressed by historic and traditional interventions. Addressing community problems requires the integration of innovative strategies, techniques, and best practices grounded from evidence-based research. The purpose of this report is to provide comprehensive insight into the creation and implementation of the Men Healing Men and Communities Network (MHMCN) initiative. This case report reviews the efforts of human service professionals, community volunteers and university social work faculty; who together, serve as catalysts for change to create, develop, and nurture the mission and vision of MHMCN in Memphis, Tennessee. Unlike other initiatives that merely add to the knowledge that professionals and volunteers already possess, MHMCN sought to ignite ideas and insights that immediately translate into transformative action.

Keywords: Transformative action; Childhood; Demographic category; Trauma

Introduction

In recent years, there has been an increase in attention to addressing trauma in African American communities. In fact, since 2009, the annual “Community Empowerment Black Men Healing Conference” has been held in Minneapolis, Minnesota to assess the state of trauma in racialized communities, and to examine culturally responsive strategies that enable African American men to help improve these communities. In 2012, Shelby County Office of Early Childhood Youth (SCOECY) administrator Keisha Walker, and Defending Childhood Initiative (DCI) Director Malrie Shelton, attended the annual meeting in Minneapolis. Keynote speaker, and recognized expert on culturally sensitive trauma-informed approaches, Samuel Simmons, addressed historical trauma and the role of Black men in empowering communities. His innovative method to assess the strengths and abilities of Black men to heal trauma-impacted African American communities inspired Walker and Shelton to evaluate if the approach could be replicated and benefit the citizens of Memphis and Shelby County, TN. After assessing the potential impact of this approach in Memphis and Shelby County, Walker and Shelton worked diligently to connect with African American men who were already engaged with projects focusing on healing their communities. After several discussions with these men and other stakeholders, the decision was made that DCI would provide the initial seed funding to launch the Men Healing Men and Communities Network [1].

Understanding the Context: Two Links on the Same Chain - Poverty and Crime

Families and communities exposed to urban poverty face a disproportionate risk of exposure to trauma and of becoming trauma-organized systems. Factors associated with urban poverty such as low neighborhood safety, community drug infestation, daily hassles, and racial discrimination have been shown to increase the risk that trauma will negatively impact community inhabitants [2].

According to the Poverty Fact Sheet Memphis is ranked at the top in both overall and child (under 18) poverty rates among Metropolitan Statistical Areas (MSA) with a population greater than 1,000,000 [3].

Among MSA's with populations greater than 500,000, Memphis has shown an increase in overall poverty rates, moving up from fourth place to third. Worse still, while child poverty rates continue to decline at the national level, the child poverty rate in Memphis continues to persist upwardly. Memphis appears to have lost ground across all poverty indicators, growing closer to the first spot in every negative demographic category (cities over 500,000, MSA over 500,000, and MSA over 1,000,000). Notable is that the ranking denotes the position of a city or MSA relative to others. The higher the rank number, the higher the poverty rate for that locality. In essence, a higher ranking is not desirable. Rank change denotes the number of “spots” a city or MSA has moved, either up or down the rankings (Table 1).

The Color of Racial Disparities in Poverty and Crime in Memphis

Some time ago, Aristotle wrote that poverty “is the parent of crime.” But was he right? Certainly, the relationship between poverty and crime is well-established and is more evident among racialized heterogeneous populations [4,5]. According to strain theory, social strains on individuals to achieve upward financial mobility (e.g., achieving the American Dream) causes those individuals to act out in ways that are illegal; given that legal means to achieve upward mobility are not available to them [6]. Despite long standing and ongoing intellectual discussions denying the correlation between poverty and crime, we know for sure that where poverty rates are high crime rates are also disproportionately high (Figures 1 and 2).

Figures 1 and 2 provide Poverty Fact Sheet: Data from the 2005,

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2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, and 2014 ACS 1-Y Estimates and ACS 3-Y Estimates, September 30, 2013 to 2015.

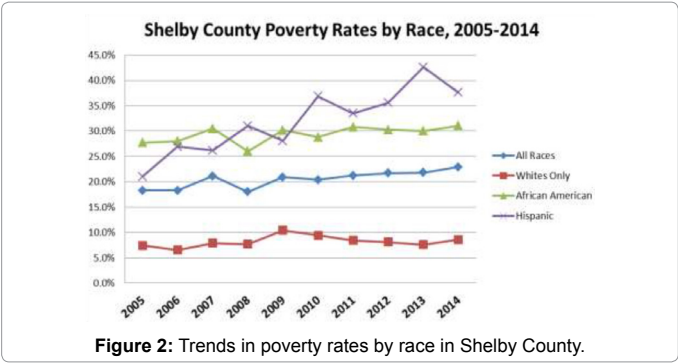
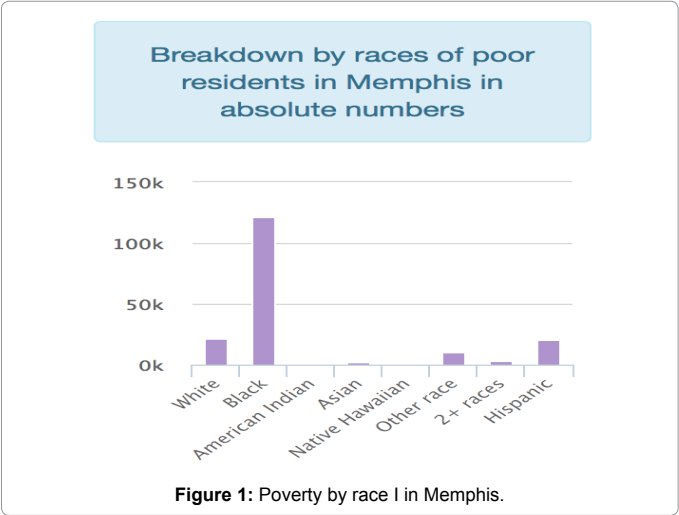
Violent crime and trauma are the norm in many of Memphis’ racial minority communities. Several commentators have noted that a “culture of violence” is endemic across certain Memphis communities. Vogelmann and Simpson noted that such cultures tend to endorse and accept violence as an acceptable and legitimate means to resolve problems and achieve goals. Although violence in many of Memphis’ African American communities has gained attention since the beginning of this century, Memphis’ history from slavery through Reconstruction has always been characterized by violence. For African Americans living in Memphis during the early 1900s, Ida B. Wells-Barnett documented that violence was typified by arbitrary arrests, detention without trial, civil unrest, and acts of sabotage, harassment, torture, lynching, “disappearances,” and murder. Memphis has been forever darkened by the violent assassination of Martin Luther King during the late 1960s [7].

Present Day Crime and Violence in Memphis

In Memphis, 1 out of 58 people are likely to be victimized by violent crime. These crimes include murder, sexual assault, robbery,

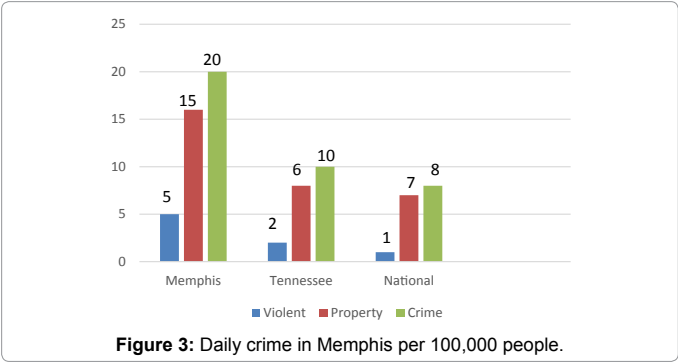
Memphis		2013		2014			
		Poverty rate	Poverty rank	Poverty rate	Poverty rank	Rank change	% Change
Among cities with populations greater than 500,000 (34 cities)	Over all	27.7%	4 th	29.8%	3 rd	1	7.6%
	Under 18	45.7%	3 rd	46.9%	2 nd	1	2.6%
Among MSA with populations greater than 500,000 (104 MSA)	Over all	19.8%	10 th	20.3%	6 th	4	2.5%
	Under 18	30.6%	7 th	30.8%	5 th	2	0.7%
Among MSA with populations greater than 1,000,000 (52 MSA)	Over all	19.8%	1 st	20.3%	1 st	–	2.5%
	Under 18	30.6%	1 st	30.8%	1 st	–	0.7%

Table 1: Memphis’ rank in poverty rates (2014 American Community Survey-United States Census Bureau; 2015 Memphis Poverty Fact Sheet, Delavega).



Statistics	Reported Incidents	Memphis/100k people	Tennessee/100k people	National/100k people
Total Crime	48,496	7,371	3,548	2,860
Statistics	Reported Incidents	Memphis/100k people	Tennessee/100 k people	National/100 k people
Murder	135	21	6	5
Rape	5530	81	41	39
Robbery	3,131	476	113	102
Assault	7,653	1,163	452	238
Violent Crimes Total	11,449	1,740	612	373
Burglary	10,272	1,561	655	491
Theft	24,049	3,655	2,086	1,775
Vehicle Theft	2,726	414	195	220
Property Crimes Total	37,047	5,631	2,936	2,486

Table 2: Reported annual crime in Memphis.



and physical assault. The chance of being a victim of property crime (e.g., burglary, theft, and auto theft) is 1 in 48. Statistical information below is retrieved from the Federal Bureau of Investigation Uniform Crime Reports. Table 2 provides an overview of annual crime reported in Memphis, TN. These figures are based on individual reported crimes per 100,000 citizens, and are compared across disparate categories of violent and property crimes, and against state and national data. According to these data, the overall crime rate in Memphis is 108% higher than the Tennessee average, and 158% higher than the national average. With respect to violent crimes, the crime rate in Memphis is 184% higher than the Tennessee average, and 367% higher than the national average. Property crimes in Memphis are 92% higher than the Tennessee average, and 126% higher than the national average (Table 2).

Figure 3 below illustrates the average number of crimes committed each day in Memphis per 100,000 residents. Also included are daily crime statistics for Tennessee and the nation. In Memphis, the total number of daily crimes is 2.08 times more than the average daily crimes

in Tennessee, and 2.58 times more than the national average. Violent crimes in Memphis occur 2.84 times more than the Tennessee average, and 4.67 times more than the national average. Also in Memphis, daily crime rates committed against personal property is 1.92 times more than the Tennessee average, and 2.26 times more than the national average.

Crime Plus Violence Equals Trauma

According to SAMHSA, trauma is defined as “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning” (Paragraph 2). Buka, Stichick, Birdthistle and Earles found that living in impoverished urban environments increases the risk of exposure to violence and ensuing trauma. In fact, one-fourth of low-income, urban youth have witnessed an unlawful killing. Approximately three-fourths of inner-city 7-year-old reported hearing gunshots in their neighborhoods, while 60% had observed drug deals. Moreover, 18% of these youth have observed a dead body, while 10% have observed a shooting or stabbing at home. Simply put, the prevalence of crime and violence is strongly linked to long-term experiences of trauma [8].

The Birth of an Idea: “Challenge or Opportunity?”

The Shelby County Office of Early Childhood and Youth (SCOECY) coordinates programs, advises policymakers, and promotes community understanding that all children deserve to be healthy, safe, and nurtured. In so doing, the Office does not provide any direct services. Rather, SCOECY advocates for, coordinates, and works to ensure the quality, accountability, and the linkage of resources for all children and their families with the most need. SCOECY demonstrates a commitment to children and families by accessing community resources that address pressing community needs.

A Strategy Emerges

With more than 50 years of collective experience working with African American men across the United States and internationally, combined with an additional 20 years of experience working in the Memphis and Shelby County area, the authors of this report and chief architects of MHMCN assembled a core team of committed professionals and community volunteers. We facilitated three focus groups to plan the launch of the then unnamed initiative. During this process, we teased out and identified our assets, interests, and needs based on frontline feedback. Together we developed a training curriculum to address the following concerns:

- Trauma across individual, youth, family and community levels.
- Need for support to address compassion fatigue (burnout and secondary trauma).
- Need for peer training and support from fellow professionals and community volunteers.
- Additional knowledge of human development.
- Request for new knowledge, skills, and tools to identify, measure and address trauma.

Through a consensus building process, the initial group agreed to provide technical support, including training to African American male helping professionals and volunteers working in Memphis and Shelby County. Ultimately, MHMCN sought to fundamentally change the way African American male helping professionals think about

crime, violence, and trauma; and commit to eliminate or significantly reduce the impact of these social problems on personal and community functional. Community members, human service professionals, and social work faculty members from the University of Memphis and Rust College developed and planned the initiation of a series of integrated training and strategic planning sessions. These activities targeted African American male professionals with a vested interest in improving and building trauma-impacted communities in Shelby County. MHMCN trainings included content in the following areas:

- Understanding how trauma impacts males and human development.
- Culturally appropriate values and value clarification: Nguza Saba, Kwanzaa, and Maat.
- African-centered symbols and proverbs.
- Understanding mentoring: The pyramid mentoring model, umoja mentoring, and african drumming circles.
- Asset mapping: Asset-based personal and community development.
- A call for collective action in Memphis.
- Selecting and implementing evidence based practices.
- Rites of passages experience for African-American males.
- Strategic planning for the future of MHMCN.

Results

MHMCN sought to increase the trauma informed knowledge and skills of African American men involved in the above trainings; and subsequently build the capacity of the organizations, agencies, and institutions they represented. Trauma-informed approaches and frameworks involve a broad understanding of traumatic stress reactions, common responses to trauma, as well as, recovery from and growth after traumatic experiences. Trauma, including one-time, multiple, or long-lasting repetitive events (historical), affects everyone differently. The impact of trauma can be subtle, insidious, or outright destructive. How an event affects an individual depends on many factors, including characteristics of the individual, the type and characteristics of the event(s), developmental processes, and sociocultural factors. Social workers, human service professionals, and community volunteers need to understand how historical trauma can impact a community’s culture of violence. When asked, “What did you learn from the training content?” 25.8% (n=8) of participants gave an answer that discussed the history of African Americans (Post Traumatic Slave Syndrome, less sanitized history, true origins of oppression in the African American community). Seven respondents (22.6%) gave a response that discussed healing. Four participants (12.9%) gave a response that included compassionate accountability. Other responses were how to advocate through the community (3.2%, n=1), resource development (3.2%, n=1), I’m going to look into some of the people stated in the PowerPoint (3.2%, n=1), to be aware of yourself and trauma (3.2%, n=1), and be patient (3.2%, n=1). Seven respondents (22.6%) gave no response (NR).

MHMCN evaluation questionnaires yielded the following data related to the trainings offered to and targeting African American male social workers, human and social service professionals, and community volunteers. When asked to “Please indicate your position,” the highest percentage of respondents described their position as Direct Service

Position	Frequency	Percent
Direct Service Professional	31	40.8%
Educator	11	14.5%
Supervisor	2	2.6%
Community Advocate	10	13.2%
Clergy	2	2.6%
Administrator	4	5.3%
Other	13	17.1%
No Response/Missing Data	3	3.9%
Total	76	100%

Table 3: Positions held by training participants.

Position	Frequency	Percent
Family Therapist	1	7.7%
Government Human Resources	1	7.7%
Graduate Student	1	7.7%
License Professional Counselor Intern	1	7.7%
Teen Parent Aide	1	7.7%
Child Welfare Worker	1	7.7%
College Students/Interns	5	38.4%
Juvenile Court Probation Counselor	1	7.7%
Mentor Coordinator	1	7.7%
Total	13	100%

Table 4: Other positions.

Ways to implement training	Percentage	n
Better address clients	18.8%	9
Share information	12.5%	6
Be mindful dealing with trauma	4.2%	2
Provide more psycho-education	4.2%	2
NA	4.2%	2
During outreach	2.1%	1
Giving more focus to trauma based clients	2.1%	1
Writing paper for class; will use information	2.1%	1
During individual counseling and groups	2.1%	1
Integrate learned information into my conference	2.1%	1
Use it in my practice and training interns	2.1%	1
Currently a clinical mental health grad student and will connect to my studies	2.1%	1
Incorporate resources in individualized approaches with clients	2.1%	1
Read, study, and attend more trainings	2.1%	1
Use daily, will be useful identifying patients who need referrals	2.1%	1
Unsure	2.1%	1
No Response	33.3%	16
Total	100%	48

Table 5: How to implement the information from this training.

Professional (40.8%, n=31). The second highest frequency of selection was other (20.3%, n=16) and will be explained in Table 3. The third most selected response was Educator (14.5%, n=11). The fourth most frequent response was Community Advocate (13.2%, n=10). Remaining response items were Administrator (5.3%, n=4), Clergy (2.6%, n=2), and Supervisor (2.6%, n=2). Two questionnaires had No Response/Missing Data (3.9%, n=3).

Of the five respondents that selected “Other” when asked to “Please indicate your position,” one participant (7.7%) responded in each of the following “Position” categories: Family Therapist; Government Human Resources; Graduate Student; License Professional Counselor Intern; Teen Parent Aide; Child Welfare Worker; Juvenile Court Probation

Counselor; and Mentor Coordinator. In addition, 5 participants (38.4%) responded as college students/interns (Table 4).

Recognizing participants’ assets, MHMCN sought to improve upon their already existing knowledge base and transfer new skills to build or increase participants’ ability to do their health promotion and trauma recovery work more competently. When asked, “How will you implement the information from this training?” 18.8% of the participants (n=9) responded “better address clients” and 12.5% of the participants (n=6) responded “by sharing information”. Two participants (4.2%) responded “be mindful dealing with trauma”, two participants (4.2%) responded “provide more psycho-education” and two participants (4.2%) responded Not Applicable”. Other responses included “during outreach” (2.1%, n=1), “giving more focus to trauma based clients” (2.1%, n=1), “will use information when writing paper for class” (2.1%, n=1), “during individual counseling and groups” (2.1%, n=1), “integrate learned information into my conference” (2.1%, n=1), “use it in my practice and training interns” (2.1%, n=1), “currently a clinical mental health grad student and will connect to my studies” (2.1%, n=1), “incorporate resources in individualized approaches with clients” (2.1%, n=1), “read, study, and attend more trainings” (2.1%, n=1), “use daily, will be useful identifying patients who need referrals” (2.1%, n=1), and “unsure” (2.1%, n=1). Sixteen participants (33.3%) gave “No Response” (NR) (Table 5).

Strategic Planning Results (excerpts from the MHMCN November 2015)

Our mission

We are African American Men committed to healing and empowering our youth, families, and communities. We work together to build and empower healthy communities, prevent violence, and to reduce and ultimately eliminate trauma among our youth, families, and communities.

Our vision

We understand that violence and trauma are chronic conditions that can be successfully prevented and treated. Our vision is healthy communities--thriving, safe, and secure.

- A place where “We are not afraid of our neighbors.”
- A place where we feel safe and comfortable.
- A place where we participate in social, educational, and cultural activities together with our neighbors.
- A place where we live, play, work, and recreate.
- A place where we enjoy a sense of ownership.
- A place where we can experience a shared cultural identity.
- A place where we can maintain and honor our uniqueness and diversity.
- A place where, “We know our neighbors”.
- A place where we work together cooperatively to identify and solve our problems!

SWOT analysis strengths

Communicate effectively with diverse audiences: MHMCN participants work daily with diverse populations and have developed superior communication skills with children, youth, adults, seniors,

gang members, students, persons with a wide range of religious beliefs, and persons of different gender or sexual orientations. MHMCN are expert multi-cultural communicators.

Experience in healing, mentoring, and a wide variety of community-based programs: MHMCN members have a great deal of experience in mentoring youth, working in re-entry programs, creating, developing and leading community-based job training and job readiness programs, community health and trauma prevention initiatives, violence and gang prevention programs in schools, mental health social work, and higher education focusing on community wellness.

Our elders possess valuable wisdom, knowledge, and experience resulting in insight and foresight: MHMCN has a critical mass of Elder brothers with more than 20 twenty years of experience working in community improvement, violence reduction, community safety, crime prevention, mentoring, criminal justice, and higher education. This cumulative experience converts to valuable knowledge, in fact “wisdom” and is accompanied by a significant number of contributions over time to individuals, families, and communities.

We genuinely care, we are concerned and empathetic: MHMCN members are genuinely invested out of a sense of responsibility and duty. Many of the participants are volunteers and some work for much lower wages and salaries than if they worked in other industries. Also, members very often willingly put their lives and safety on the line to work in crime-ridden and dangerous communities.

We are united: MHMCN members collectively and unanimously agree to work together to identify and to solve the problems faced by their youth, their families, and their communities. The Network members are unified on the importance of culture as a community asset and the importance of maintaining that unity in order to achieve the goals of the Network and the community.

We represent diverse programs, approaches and communities: MHMCN members are leaders of and are associated with a wide range of community efforts addressing different problem areas in different localities in Memphis and Shelby County including: community improvement programs, educational attainment initiatives, violence reduction projects, community safety programs, crime prevention projects, mentoring and youth development activities. These programs are implemented in North Memphis, Frayser, South Memphis, Soulsville, and Hickory Hill.

Weaknesses

Lack of financial resources: While the Network has “good” ideas, the members are acutely aware that there are no funds presently dedicated to the work of the Network or its sustainability.

Unfamiliarity with network members: While Network members have been working in communities in Memphis, many of the members are unfamiliar with one another. They have been separated by space and geography while their work has been closely related given their respective missions and activities. Their work is disconnected and uncoordinated leading to less than optimal results.

Identity confusion: Given the “newness” of the Network, the Networking is in the “forming” stage where the identity of the group is being created and developed.

Emotional instability of service recipients: It is expected and projected that a considerable number of potential or real service/program participants have been and/or are currently experiencing

emotional instability. It is understood by Network members that this emotional state is an appropriate response to the trauma and violence experienced by community members. It is also projected that the emotional instability is mostly undiagnosed and perhaps more widespread than we think.

Time constraints: The time is now! There is a very clear sense of urgency among Network members to begin implementing and coordinating training, trauma and violence response, intervention, and prevention activities.

Broken or dismantled families: An anecdotal survey of Network members resulted in total agreement that one of the most significant issues facing the African American community and directly related to the violence and trauma experienced by youth, families, and communities is “Fatherless” and broken families.

Lack of political power: In spite of their history of relationships, with local, city, county, and state political officials, Network members feel as if they do not possess political power.

Opportunities

We can make an impact in violence and trauma reduction: Network members are convinced that together by coordinating activities, providing training to professionals and community members, and participating in violence and trauma response activities, the Network members strongly believe that they can make a difference.

We can work together with (public and private partners) to make positive change: MHMCN offers participants to work cooperatively with numerous partners to identify and solve the problems related to violence, crime, and trauma reduction and all of the citizens/residents of Memphis will benefit. Working together in partnership creates a “Win-Win” situation for everybody. Finally, working together is synergistic. Together one plus one plus does not equal three. It equals four, five, or even six. The ability and power to get things done is multiplied. MHMCN members understand the value of working cooperatively in collaborative activities to get the job done. Simply put several members echoed that, “Alone we can do so little; together we can do so much”.

We can change and improve the public image of African-American Men: By working together to solve our problems, changing the destiny and reality of our communities and intentionally telling our own stories in the media, we can change the public image of African American Men and African Americans.

We can and must create an organization that will make a difference and keep the network going: Members are well aware of the importance of creating an organization that will provide the structure needed to guide and support the activities and efforts of the Network. Creating an organization is critical and requisite to the success and sustainability of the Network.

We can educate our community about our cultural heritage: The members of MHMCN are committed to integrating and infusing culturally appropriate strategies and approaches to address violence and trauma among youth, families, and communities. By educating community residents and service providers about our cultural heritage, we can reach people through non-traditional approaches. It is evident that previous approaches have been unsuccessful in making significant progress in reducing trauma and violence.

Threats

Lack of vision: Community leaders, government officials, faith-

based leaders, public and private funders, as well as community residents do not possess the vision to see violence and trauma reduction and resultant community improvement.

Five focus areas

After a careful review of the strengths, weaknesses, opportunities and threats analysis of the MHMCN, the review of the Community Assessment Report, and the results and recommendations from the stakeholder discussions yielded the following initial five focus areas:

1. Technical assistance and support to professionals, organizations, and communities (training, program evaluations, and consultation).
2. Trauma and violence response for victims.
3. Peer support for practitioners.
4. Trauma and violence intervention programs.
5. Policy and program development with partners.

Goals/Future Projects

1. Formalize the organizational structure of MHMCN through the formation of a not-for-profit organization with a staff of minimally two persons (a Director and a Technical Assistance Coordinator).
2. Finalize the strategic plan to include: sustainability, funding, marketing, geo-targeted implementation complimenting DCI efforts, and asset mapping.
3. First Inaugural Conference.
4. Create healthy social activities for communities (2015) Pre Kwanzaa.
5. Establish and maintain MHMCN (Support group meetings).
6. Support existing healthy and positive social activities in communities (NGOMA 2015).
7. Network with public and private partners to influence policy and programs locally and nationally (Washington University, St. Louis).

Our Objectives “This Is How We Do It!”

1. We promote and provide Community-based Wellness Informed, Culturally Appropriate Responses to Trauma through leveraging resources for direct contact with individuals, families, and organizations.
2. We conduct culturally appropriate psycho-social-emotional support activities for African American male community leaders, servants and healers.
3. We challenge African American male community leaders, servants and healers to work together to address, through intervention and prevention, the violence and trauma that plague our communities.
4. We provide training, technical assistance, support, policy and program development and implementation, linkages and coordination of resources, assets, and services.
5. We utilize evidence-based, strengths, and asset-based models to heal and empower our youth, families, and communities.

Executive Summary and Conclusion

“Coming together is a beginning, staying together is progress, and working together is success.” Henry Ford National policing efforts

have long encouraged and supported a collaborative approach to crime prevention and reduction through a variety of models including Weed and Seed (community-based), Project Safe Communities (agency-based), and Meth Collaborations (issue-based). The Men Healing Men and Communities Network (MHMCN) recognize the importance of collaboration, and rejects luck and serendipity as viable strategies. In birthing MHMCN, we recognize the importance of tremendous effort and commitment. From the beginning, we have benefitted from organizational support at the highest levels. We have developed a strategic, rather than an ad hoc approach, with goals and objectives, and a clear understanding of what we are attempting to achieve. We realize that our work is not done. In fact, “We have just taken the first steps of a thousand-mile journey!”

At this moment in the history of the communities in Memphis, Shelby County, Tennessee, the importance of innovation to our communities’ future is unquestionable. We need to reduce and ultimately, eliminate violence and trauma, which plague our youth, families and communities. Energized by Shelby County’s Office of Early Childhood and Youth’s leadership and subsequent funding support, we have embarked on a training and strategic planning effort. A broad-based collaborative of African American men are creating and guiding a Network to empower youth, families, and communities to address the violence and trauma that are endemic to our communities.

During this collaborative planning process, we utilized culturally appropriate Rites of Passages trainings to facilitate community trust and cooperation, openness, and to encourage input into the initial development of the plan.

“Collaboration is the ability to work together toward a common vision; the ability to direct individual accomplishment toward organization objectives. It is the fuel that allows common people to attain uncommon results.” - Andrew Carnegie.

In this plan, we provide the background information in the form of the Defending Childhood Initiative (DCI), the Network for Overcoming Violence and Abuse (NOVA), and the Community Assessment Report (CAR). Our Mission and Vision statements are clearly stated; thereby providing reference for a thorough SWOT analysis to inform the development of the Network’s Five Focus Areas and strategies moving forward. Finally, the plan concluded with the introductory goals, objectives, and future projects.

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