



CANADIAN FRAMEWORK

For Trauma Informed
Response In Policing



AUGUST 2024

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This framework was developed as a collaborative effort of police services from across the province of Ontario, Quebec and alongside the Royal Canadian Mounted Police.

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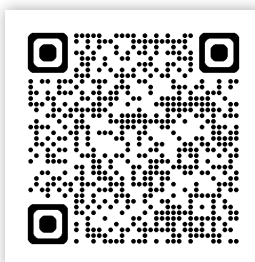




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Introduction

The Canadian Association of Chiefs of Police (CACP) developed the National Framework for Collaborative Police Action on Intimate Partner Violence (2017) and the Canadian Framework for Collaborative Police Response on Sexual Violence (2019) to ensure a consistent and strengthened police response.^{1,2} During the creation of these frameworks, it was clear that a trauma-informed approach to policing is vital to ensure equitable service to our respective communities. Building upon these existing structures, the CACP Victims of Crime Committee expressed support in the development of a trauma-informed framework for Police Services to enhance service delivery for everyone that any police service interacts with.³

Following these discussions, a working group comprised of Police Service personnel, academics, and trauma advocates was developed. Extensive background research was conducted into trauma and specific contextual considerations for police services to develop appropriate response recommendations. Internal and external resources were reviewed throughout the development of this document. Data was collated and comprehensively reviewed by a contracted neutral third-party, who then presented findings to the CACP Trauma Response Framework Working Group. Multiple revisions were applied to this dynamic framework to ensure it is inclusive of all populations and adaptable for all Police Services within Canada to best assist victims of crime.

From this research, and knowledge gained through past frameworks, findings identify that police often engage with individuals who have experienced trauma. This is applicable to all individuals involved in police responses including but not limited to victims, offenders, and witnesses. An individual's response to trauma is affected by their environmental context, such as their emotional, social, and physical well-being. Therefore, individuals can vary widely in how they experience and express traumatic stress, relative to the environment they are in. Trauma is a veiled national and global epidemic and public health concern.⁴

Understanding trauma and ensuring an appropriate police response is integral in strengthening and maintaining the four building blocks of police legitimacy, those being: lawfulness, effectiveness, distributive justice (fair decision making), and procedural justice.⁵ Procedural justice is of particular importance as its implementation ensures quality of decisions applied by encompassing an individual's voice/participations, identification and understanding of trustworthy motives, respect/dignity, and impartiality, as shown in Figure 1. There is an opportunity for a teachable moment at every point of contact from which both victims, survivors, offenders, public and police service members can learn and evolve. This framework refers to police service members as a collective reference to sworn and civilian employees.

Figure 1: Four Pillars of Procedural Justice

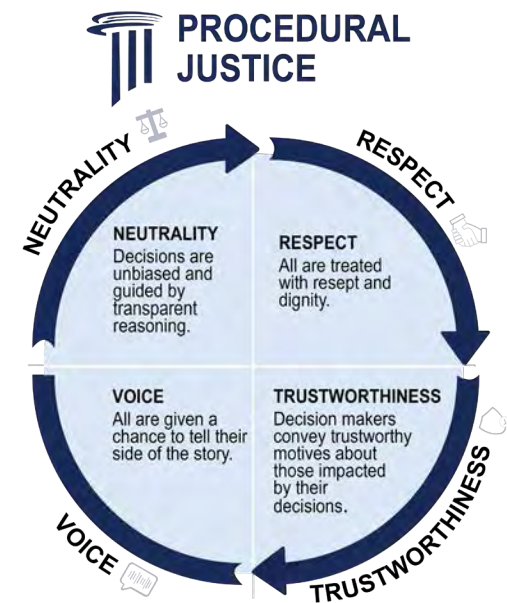
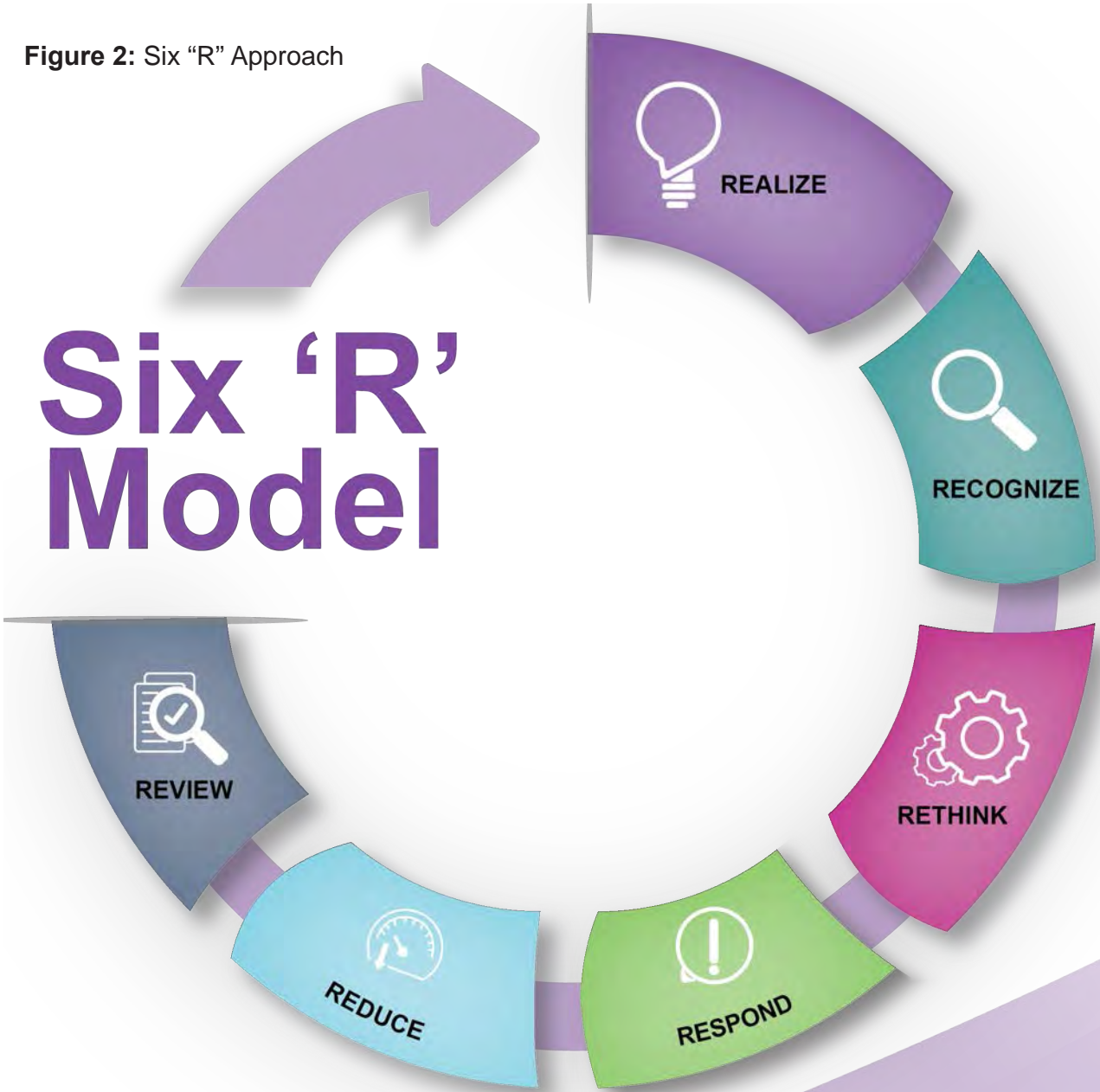


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This framework is a call to action for police services and police leaders to embed trauma-informed policies, standards and practices that would help police members be prepared for and manage traumatic situations in an effective and appropriate manner from both a personal and professional perspective.⁶ This framework follows a Six “R” approach (Figure 2). This approach was adapted for a law enforcement context from the Substance Abuse and Mental Health Administration’s (SAMHSA) Four “R’S” Model.

Figure 2: Six “R” Approach



Statement of Principles

The following principles are for a law enforcement context:

-  Prioritize physical and emotional safety for all individuals, through the creation of environments where people feel secure and/or protected from re-traumatization.
-  Choice and empowerment, that respects individual autonomy and choices, and empowers an individual to make decisions about their own lives, treatment, and recovery.
-  Cultural humility and responsiveness, through which one acknowledges and respects cultural differences and diverse backgrounds and strives to provide culturally responsive care that is sensitive to individual needs and/or experiences.
-  Accountability and continuous improvement, through which police services hold themselves accountable for upholding these principles and continually strive to improve trauma-informed principles and practice through feedback and evaluation.

These principles are derived from the Six “R” approach and serve as core Framework that will guide Police Services across Canada as they navigate advancing trauma-informed responses throughout their organizations. This framework is intended to be grounded in core principles and responsive to the ever-changing policing environment that will continue to inform the development and adoption of trauma-informed responses. It must be recognized that some aspects of this response model will continually evolve due to changing technology and environmental factors. However, the core principles as presented here will always remain grounded and inform the ongoing growth of best and appropriate practices in trauma-informed response development.

This framework suggests that police services should apply the following approach:



Realize the widespread impact of trauma and the individual and collective responsibility in law enforcement to be trauma-informed and collaborate with justice and community partners on trauma-informed approaches.



Recognize signs, symptoms, and intersectional impacts of trauma on individuals, families, communities, first responders, and others involved in the criminal justice system.



Rethink how police services are delivered and be open to individual and organizational change required to imbed trauma-informed principles in our organizational culture.



Respond by integrating knowledge of trauma into policies, procedures, and practices that reflect the needs of the individuals and communities we serve.



Reduce re-traumatization through adopting a ‘do no more harm’ approach.



Review police policies, procedures, and practices on an ongoing basis to ensure they are responsive to the evolving needs of individuals and communities we serve.

An overview infographic of the principles and framework can be found in Appendix A.



REALIZE

Defining Trauma & Trauma-Informed Policing

Realize: the widespread impact of trauma and the individual and collective responsibility in law enforcement to be trauma-informed and collaborate with justice and community partners on trauma-informed approaches.

Defining Trauma

The Canadian Centre on Substance Abuse (CCSA) defines trauma as an experience that “overwhelms an individual’s capacity to cope”.⁷ Trauma refers to both a person’s experience of an event and their response to traumatic events. It significantly impacts a person’s sense of personal safety and their ability to regulate emotions, and can often cause feelings of “shame, helplessness and powerlessness”.⁸

Moreover, it is estimated that over half of Canadians have experienced at least one traumatic event over their lifetime, and this is further compounded in populations facing additional adversities such as intergenerational and historical trauma.⁹

Referred to as the Three “E’s,” trauma often has three aspects:

- 🕒 **Exposure** to harmful and/or overwhelming events;
- 🕒 The **Experience** of these events, and;
- 🕒 **Effects** which may be adverse and long-lasting.¹⁰

Trauma impacts everyone differently. Individual experiences and the effects of trauma vary from person to person. An individual’s response to trauma can be impacted by their environmental context, such as their emotional, social, and physical well-being. Therefore, individuals widely differ in how they experience and express trauma.

There are varying types and causes of trauma. Specifically, the three types of trauma discussed in literature are:

- 1) **Acute:** which results from a single incident.
- 2) **Chronic:** which is repeated, multiple and/or prolonged trauma, such as violence or abuse.
- 3) **Complex:** which is exposure to varied and multiple traumatic events, often of an invasive, interpersonal nature.¹¹

It is important to understand and recognize that trauma can develop from a single event or a cumulative result of various events and may occur at any stage of life.

When trauma is experienced in childhood, it is often caused by Adverse Childhood Experiences (ACEs), and include experiences of abuse, neglect, as well as having parents/guardians who experience mental health challenges, addiction, and incarceration.^{12:13} Research demonstrates that ACEs can result in “early mortality related to mental health and cardiovascular, pulmonary, and liver disease,” as well as increased substance misuse, risk of offending behaviour,

and victimization.¹⁴ Moreover, studies have demonstrated that male offenders experienced four times more ACEs/traumatic experiences in childhood than non-offending males.¹⁵ This relationship between trauma, victimization and offending will be further discussed in the ‘Recognize’ section under ‘Victim-Offender Overlap’.

Trauma can occur due to experiences at any stage of an individual’s life due to experiences of events such as, but not limited to:

- 🕒 Natural disasters.
- 🕒 Serious vehicle accidents.
- 🕒 Sexual or physical abuse or assault.
- 🕒 Unexpected death of loved ones.
- 🕒 Warzone/combat exposure.¹⁶

It is important for police services to **realize** that many individuals who they come in contact with, either as a victim, offender, witness or more, have experienced trauma. To deliver equitable and just policing, Services must understand trauma and how to respond to our communities in a trauma-informed way.

Trauma experienced in childhood (Adverse Childhood Experiences [ACEs]) can increase risk of future offending behaviour and future victimization.

Trauma-Informed Policing

This framework guides police services to embed trauma-informed policies, standards and practices into day-to-day practice and organizational culture. It is a dynamic approach that would help police services be prepared for encountering and managing traumatic situations in an effective and appropriate manner from both a personal and professional perspective.¹⁷

“Trauma-informed practice means integrating an understanding of trauma into all levels of care, system engagement, workforce development, agency policy and inter-agency work.”

- Trauma-Informed Practice Guide for Working with Children, Youth And Families, Ministry of Children and Family Development, Government of British Columbia (2017)

Trauma-informed police responses should be grounded in the **realization** of the varying effects of trauma on individuals that encounter police services. Police should consider and prioritize not only the physical, but the “psychological and emotional safety” of individuals they encounter.¹⁸ Understanding trauma and its role in victimization and offending behaviour can also help police services better plan for various response and crime prevention approaches, such as joint-response teams and strength-based resilience-focused youth programming.¹⁹

Although police are often the first line of response when a traumatic event occurs and/or is reported, the responsibility of trauma-informed support cannot solely rest on police. The effects of trauma can be seen across multiple sectors and is the “root cause of many public health and social problems that challenges our society”.²⁰ It is not isolated to one specific service and requires a multi-sector response to ensure wrap-around support, of which a trauma-informed police response is one element. Police should work collaboratively with agencies in their communities to deliver policing excellence through equitable and just approaches to trauma in communities. A collaborative response to trauma-informed and procedurally just policing ensures that a person’s emotional, mental, and physical health concerns are addressed, while working towards creating a supported experience for all involved in the criminal justice system.

This framework considers six principles to become trauma-informed from SAMHSA’s Trauma and Justice Strategic Initiative. As shown in Figure 3, this framework considers these principles, as well as considerations for police services to **realize** and understand the first steps towards being trauma-informed. These concepts will be further expanded upon throughout the framework document.^{21:22}

Figure 3: Six Principles to Become a Trauma-Informed Organization

TRAUMA INFORMED PRACTICE PRINCIPLES	DEFINITION	CONSIDERATIONS FOR POLICE SERVICES	OPERATIONAL EXAMPLES
SAFETY	Throughout the organization, everyone should feel physically and psychologically safe.	Flexibility of police response to accommodated subjective aspects of safety.	Consideration of where interviews are conducted, and reporting options – e.g., virtual, off-site, or in-person.
	Physical and interpersonal interactions should promote a sense of safety.	Dynamic and trauma-informed wellness procedures that allow member input.	
	Safety is subjective	Understanding that trauma-informed approaches are required for everyone police meet, not only victims. This is further explored in the Rethink section.	

TRAUMA INFORMED PRACTICE PRINCIPLES	DEFINITION	CONSIDERATIONS FOR POLICE SERVICES	OPERATIONAL EXAMPLES
TRUSTWORTHINESS AND TRANSPARENCY	Organizational operations are conducted with transparency with the goal of maintaining trust.	Police services must provide procedurally just responses, policies, and practices both internally and externally to be trauma-informed.	Make sure victims/survivors are advised of each stage of the investigation and any court process – e.g., inform victims of their rights regarding publication bans.
PEER SUPPORT	Supports and mutual self-help from individuals with lived experiences of trauma can establish safety, hope, trust, and support recovery and healing.	Police services must identify subject matter experts within their communities and collaborate with them to deliver trauma-informed services.	Consider collaboration with community partners at the onset of a traumatic occurrence/event – e.g., invite advocates into the interview process.
COLLABORATION AND MUTUALITY	Understanding that everyone within the organization has a role to play in a trauma-informed approach.	Police services should deploy a trauma-informed approach from first contact with individuals; this requires trauma-informed responses from all levels of the organization.	Provision of trauma-informed training for all members of a Police Service who are front-line, and interacting or likely to interact with an offender, victim, or survivor of trauma, and internally listen to subject matter experts. Formal feedback-loop with partner agencies.
	Importance placed on leveling of power dynamics.	Police services should recognize power-dynamics involved in internal ranking structures.	
		Police services should recognize power-dynamics involved when dealing with members of the public.	
EMPOWERMENT, VOICE AND CHOICE	Operations understand that trauma impacts people differently and the importance of fostering an environment of empowerment for everyone.	Police services should recognize the historic suppression of an individual voice and choice in any interactions with police (whether internal or external).	Fully informing individuals on the various courses/stages of investigations and respecting their decisions, and/or course of action, while also considering their unique environmental contexts.
	Understand how power differentials impact interactions, and that individuals who have experienced trauma historically have had their voices and choices diminished.	Police should recognize the power differentials when encountering individuals who have experienced trauma and must work to be flexible and adapt services based on perceptions of safety for the individual.	
CULTURAL, HISTORICAL AND GENDER ISSUES (INTERSECTIONAL CONSIDERATIONS)	Organizations must actively move past cultural stereotypes and biases and offer culturally/gender appropriate responses. Organizations must incorporate policies, protocols and processes that are culturally appropriate and recognize/address historical trauma.	Police services must recognize their role in systemic racism and colonialism, and how this has oftentimes contributed to trauma of certain groups. Police services must explore and offer culturally appropriate services, when possible, in collaboration with community subject matter experts.	Collaborate with diverse community partners to explore the possibility of including subject matter experts in the interview process. Explore education opportunities for members to recognize conscious and unconscious bias and understand cultural differences.



RECOGNIZE

Signs & Symptoms of Trauma in a Policing Context

Recognize: the signs, symptoms, and intersectional impacts of trauma on individuals, families, communities, first responders, and others involved in the criminal justice system.

A police officer or 9-1-1 call-taker are often the first point of contact for a victim, and it is important to recognize the exposure, experience, and effects of trauma within these first moments, through an understanding of:

Referred to as the Three “E’s,” trauma often has three aspects:

- 🔍 **General Signs and Symptoms of Trauma**
- *Sexual Assault Signs and Symptoms of Trauma*
- 🔍 **Memory Recall**
- 🔍 **Victim Offender Overlap**
- 🔍 **Intersectionality of Trauma**
- *Intergenerational/Historical Trauma*

General Signs and Symptoms of Trauma

It is important to understand that all forms of trauma (acute, chronic, and complex) alter an individual’s state of mind and brain chemistry. Trauma can occur at any point of an individual’s life, and their environmental context may affect their emotional, social and physical behaviours. Signs and symptoms may or may not be identifiable, and it is important to have a foundational understanding regarding the neurobiology of trauma, as this provides insight on how the human body’s response to trauma can vary.

Research has found trauma impacts specific areas of the brain. It creates a disruption in the limbic system of the brain (particularly the hippocampus and amygdala), which is the neural network that mediates emotion, memory, and response.²³ The hippocampus is responsible for memory storage and recall, while the amygdala is the fear-centered emotional processing section of an individual’s brain.^{24:25} When the amygdala is activated during a traumatic event or experience it impairs the ability of the hippocampus to function and results in a fragmented memory.

This further influences the initial reactions a person may exhibit to a traumatic event. This may include, but is not limited to anxiety, agitation, confusion, dissociation, exhaustion, sadness and/or numbness.²⁶ When the human-mind identifies a person is in a situation of threat and/or danger, the body initiates an automatic self-protection response through one of four methods, freeze, fight, flight, or fawn (Figure 4). The four methods are different nervous system states a person’s body will automatically respond with, based on what it considered the best strategy to retain the individual’s safety.

Figure 4: Neurobiological Responses to Trauma

RESPONSE TO TRAUMA	DEFINITION	OPERATIONAL EXAMPLES
FREEZE	“In this state, the body stops in its tracks, in order to “play-dead” and to effectively wait for the danger to pass. Body cues for the freeze state include numbness, dissociation, and the feeling of being ‘stuck’ and not being able to move.” ²⁷	Not moving during the experience or witnessing of a violent assault.
FIGHT	“In this state, the body activates in preparation to fight off the danger. Some of the body cues that signal one is in the fight state include a racing heart, dilated pupils, hearing loss, and quicker, shallower breathing.” ²⁸	This could be an example of a police traffic stop of a racialized people that is then demonstrating signs of heightened aggression. An individual is showing signs of aggression including, but not limited to tension of the body, posturing and/or wide eyes.
FLIGHT	“Similar to the fight state, the body will activate in order to run away or avoid danger. Body cues for the flight state are very similar to those for the fight state.” ²⁹	A victim, offender or witness of a crime will run from a traumatic event and/or occurrence – e.g., avoidance of the scene of the event/occurrence.
FAWN	“In this state, the body will abandon its own needs and the person will serve others to avoid danger. This is often also called the ‘please and appease’ response. The fawn state often involves feelings of shame and guilt.” ³⁰	A victim complying to an offender’s sexual desires and demands during a sexual assault.

Full list of definitions provided in Appendix B: Definitions

Special Considerations: Sexual Assault Signs and Symptoms of Trauma

It is vital to recognize that studies have shown additional symptoms of trauma should be considered for occurrences involving a sexual assault.³¹ Freeze, fight, flight, and fawn are not necessarily accurate or scientifically sound terms to understand how a person’s body and brain respond when being sexually assaulted, because these terms are focused on psychology and not human behaviour.³² In a situation of stress and trauma, the brain stops working in rational and deliberate processing and will switch into an automatic and involuntary mode (defense circuitry) to launch survival reflexes and habit behaviours, as outlined in Figure 5.³³

Figure 5: Neurobiological Responses to Sexual Violence

RESPONSE TO SEXUAL ASSAULT TRAUMA	DEFINITION
SURVIVAL MODE	"...can refer to brain functioning in chronically stressful conditions, but also to a temporary state of brain and body in response to being attacked or otherwise in immediate danger." ³⁴
REFLEXES AND HABITS	"accurately covers the most common behaviours that people actually engage in when they're being attacked, including sexually." ³⁵

Full list of definitions provided in Appendix B: Definitions

These instincts are implemented in a fraction of seconds. It has been found to fight or flee while being sexually assaulted is unusual and by failing to recognize this when speaking with sexual assault survivors this may prove to be harmful, because they may be misunderstood, judged and/or blamed for the violence having taken place.³⁶ The survivor may even place or project this blame upon themselves. They may perceive a sense of failure of behaving in what are perceived to be normal reactions (fight or flight) when they were being assaulted.³⁷ Studies have further shown the human body has evolved to have an initial instinctive response of freeze, much as animals in the context of a predatory attack will pretend to be immobile when there is a perception that additional attacks from a predator are provoked by movement or immobility will increase chances of a victim escaping, because a predator thinks the prey is dead.³⁸ This form of response and impacts send disruption in the limbic system of the brain holds significant repercussion on an individual’s retention of memory.

Memory Recall

Victims of trauma will experience fragmented and disjointed recall, as explained in this section of the framework. Members need to be aware of this and ensure credibility is not negatively impacted. Research in memory science, has identified there are central and peripheral details in memory, as identified in Figure 6.

Figure 6: Memory Recall Definitions

MEMORY	DEFINITION
CENTRAL DETAILS	"...parts of an experience that get substantial attention and/or significance". ³⁹
PERIPHERAL DETAILS	"...parts that get little attention and/or significance". ⁴⁰

Full list of definitions provided in Appendix B: Definitions

A traumatic experience can result in tunnel vision, and narrow attention which results in some details (especially peripheral) never being encoded into memory. Moreover, peripheral memories may be lost within 24-hours, unless the survivors recall and then re-encode and re-store the memory.⁴¹ Studies have further identified an individual cannot remember everything regarding any experience, and what is recalled will always be subject to what the individual's brain paid attention to and provided emotional significance to at that time of the experience.⁴² Memories can improve over time, though these core principles are imperative for policing professionals to understand so they can set realistic expectations and implement a trauma-informed approach.

Victim Offender Overlap

Research strongly suggests a link between trauma and higher risks of both offending behaviour and victimization.⁴³ Moreover, research also suggests that a relationship exists between victimization and offending. The victim offender overlap is when an offender is also victimized, or a victim also offends. Further, the relationship between victimization and offending does not appear to be dependant on age, race, gender, or nation as the correlates of victimization and offending appear everywhere to be similar.⁴⁴

Figure 7: Factors That Influence Victimization and the Perpetration of Violence

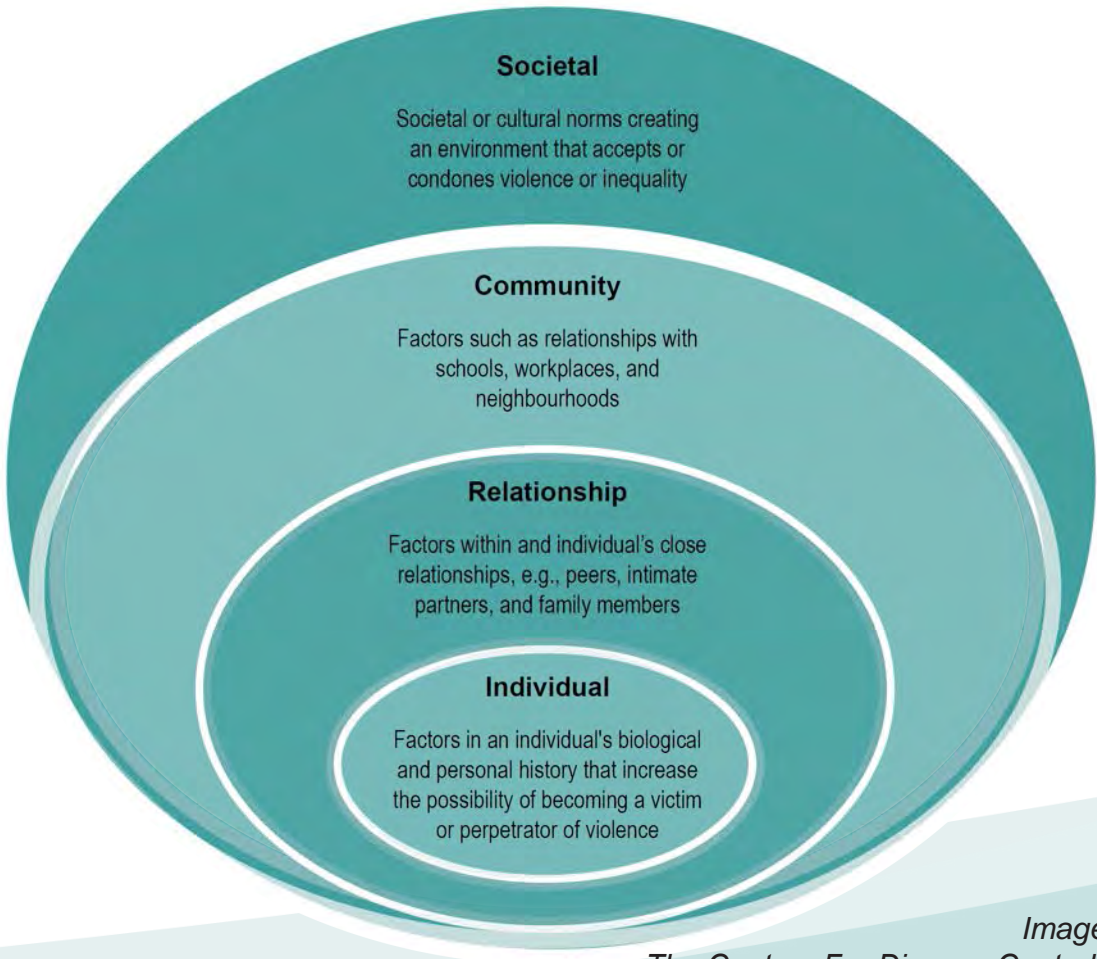


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The challenge with using trauma-informed practices with offenders mainly lies in the views of society. The lack of acceptance of trauma-informed practices for offenders remains a challenge within policing culture. A trauma-informed response that acknowledges the victim-offender overlap recognizes the impact police interactions may have on any person who has experienced trauma, including those who have commit crimes and are arrested by police.

According to research conducted in Canada, 97% of incarcerated women and 95% of incarcerated men experienced violent or sexual victimization, often as children and prior to their first involvement with the criminal justice system as an offender.⁴⁵ Further, it is noted that many individuals with offending behavior have a history of adverse childhood experiences (ACEs) and trauma, hence their criminality could be symptomatic of the traumatic injury.⁴⁶ Police are the entry point to the criminal justice system and therefore the importance of implementing trauma-informed practices that address not only police involvement with victims, but also offenders cannot be overstated. Better police understanding of ACEs and trauma experienced by offenders will result in greater compassion and transparency. Implementing trauma-informed practices, particularly with offenders, will require a significant shift in police attitudes.

An understanding of the victim-offender overlap is significant to police because it shapes legitimacy of the police, which increases citizen compliance and support for police services even during an interaction with negative outcomes such as arrest or use of force.⁴⁷ Police should treat all citizens, not only those who have experienced trauma, using the pillars of procedural justice. This includes treating everyone with respect and dignity, as well as ensuring citizens feel heard and are given a voice during interactions with police. This framework provides best practices for police when interacting with victims, however research on the victim-offender overlap demonstrates that police should be doing the same in their interactions with offenders as well. It is imperative to recognize the signs and symptoms of trauma in all individuals police interact with as this allows grounding for trauma-informed police responses to realize, understand and acknowledge the varying effects of trauma on individuals that encounter police services.

Intersectionality of Trauma

It is important for police services to understand and acknowledge the intersectional impacts on an individual’s experience of trauma. Intersectionality refers to how societal inequalities and discrimination through the overlap of multiple elements of an individual’s social identity.⁴⁸ For example, the intersections of identifying both as Indigenous, and as a woman. Indigenous women can have unique intersectional experiences, especially of trauma, compared to women from other races and cultures. This is amplified when reviewing matters that involve trauma. The effects of trauma continually accumulate over time, and different forms of oppression interact, amplify, and shape an individual’s sense of well-being, health, and resilience.⁴⁹

Intersectionality is comprised of three foundation elements, social identities, systems of oppression and the ways in which both aspects intersect, shown in Figure 8.⁵⁰

Figure 8: Building Blocks of Intersectionality

BASIC BUILDING BLOCKS OF INTERSECTIONALITY	DEFINITION
SOCIAL IDENTITIES	The groups or communities an individual belongs to, (e.g., race/ethnicity, gender, sexual orientation) which are multi-dimensional as a person will often belong to multiple groups or communities at once. ⁵¹
SYSTEMS OF OPPRESSION	Structures and/or forces that are built around what are considered societal norms by dominant societal group(s) and operate in a manner that creates inequalities and reinforce exclusion (e.g., colonialism, heterosexism, ableism, gender inequality). ⁵²
SOCIAL IDENTITIES AND SYSTEMS OF OPPRESSION	Social identities and systems of oppression intersect and interact with one another, which shape the way an individual experiences and perceives society and themselves, (e.g., a person can be a black elderly woman, and therefore may be faced with racism, sexism, and agism in daily life). ⁵³

Full list of definitions provided in Appendix B: Definitions

Intergenerational/Historical Trauma

A trauma-informed approach recognizes how trauma can be experienced differently by diverse and/or vulnerable populations. Trauma-informed service delivery must be done in a way that is sensitive to the traditional, cultural, and spiritual needs of all individuals. Police services need to understand both the colonial, historical, and current reasons for strained relationships between Indigenous, Black and Racialized Peoples and the police, and how that impacts interactions with these groups. The ‘Building Blocks of Intersectionality’ (Figure 9) offers an introduction into the complexity of intersectionality, and this is further amplified by applying a lens of awareness regarding intergenerational trauma, also referred to as transgenerational and/or historical trauma. This impacts not only an individual but an entire community or multiple groups at once. Intergenerational trauma is defined as a reference, “to collective complex traumas inflicted on people who share a specific identity or affiliation,” and includes past, present as well as future events.⁵⁴

In the Canadian policing landscape, intergenerational trauma is specifically pertinent to understand when engaging with various groups. The following are examples within the current Canadian context, including Indigenous, Black and Two-Spirit, Lesbian, Gay, Bisexual, Trans and Queer Identified (2SLGBTQ+) populations, however this is not an exhaustive list.

Indigenous Population

The Canadian residential school system has resulted in multi-generational trauma to Indigenous individuals and families. Spanning a period of many years residential school systems were designed to assimilate Indigenous Peoples into the dominant society and eroded all aspects of well-being through disruption of Indigenous structure, cultural identity, quality of family life.⁵⁵ This has resulted in intergenerational impacts on the health and well-being of Indigenous people, family, culture, and communities. Furthermore, the traumatic impacts of these actions have been felt by those who directly experienced them and have been transmitted through social and psychological process to subsequent generations.⁵⁶ The experience of victimization over the life course is often an unfortunate reality, especially for Indigenous women. Indigenous women, girls, young women, and lesbian and bisexual women are more at risk of experiencing violence and the trauma that is associated with it.⁵⁷

This trauma, specifically using the lens of the victim-offender overlap, can be seen systemically through the overrepresented of Indigenous Peoples in Canada’s criminal justice system as both victims and as people accused or convicted of crime. In 2020-21, Indigenous Peoples represented 32% of those in federal prisons, but only accounted for 5% of the general population. Indigenous youth are overrepresented in custody and community supervision, making up 48% of custody admissions and 39% of community admissions in reporting jurisdictions. Indigenous women made up a greater proportion of custody admissions than their male counterparts, accounting for 42% of the women admitted to custody.⁵⁸ A trauma-informed response recognizes that the over incarceration of Indigenous, Black, racialized, and marginalized people is a high indicator of trauma experiences in offenders belonging to these groups, particularly in Indigenous women.

Police services must recognize their involvement in intergenerational trauma of Indigenous Peoples; as the enforcers of the Indian Act, police were often involved in removing children from their communities.

Black Population

There has been a historic disadvantage experienced by Black populations. The Black community has been subject to, “trauma through enslavement, oppression, colonialism, racism, and segregation”.⁵⁹ The direct effects of slavery and dismantling of Black culture has resulted in Black individuals continuing to endure traumatic injury through oppression, racism, and inequity, perpetuated by society, which has spanned across multiple generations.⁶⁰

In 2022, Statistics Canada released a report on Black and Indigenous population perspectives and experiences with police and the justice system. It was found one in five Black individuals have little or no confidence in police, and one in three individuals indicated police were performing poorly in at least one aspect of their job.⁶¹ It is important to recognize and understand a Black individual’s concerns and/or actions may be compounded by the impact of historical, race-based, and intergenerational trauma.⁶²

Emerging research surrounding the impact of racial trauma, also known as race-based traumatic stress, stress the significance of understanding racial discrimination as a psychological trauma.⁶³ The experience of racial trauma is an additional layer to consider when policing communities of colour, particularly how trauma may impact police-citizen interactions.

Two-Spirit, Lesbian, Gay, Bisexual, Trans and Queer Identified (2SLGBTQ+) Population

In 2018 Statistics Canada conducted a Survey of Safety in Public and Private Spaces (SSPPS) and identified individuals of a sexual minority are almost three times more likely to report they had been physically or sexually assaulted than heterosexual Canadians.⁶⁴

According to the Canadian Mental Health Association (CMHA), those who identify as 2SLGBTQ+ face higher risks for some mental health issues due to impacts of discrimination and stigma across their life and are targets of hate crimes, harassment, physical assault, and sexual violence.⁶⁵

Having the ability to identify the exposure, experience, and effects of trauma at the first point of contact with a victim of crime is integral to ensure appropriate police response. Police Services need to be innovators and recognize the application of a trauma-informed approach, strengthens the four building blocks of police legitimacy, those being: lawfulness, effectiveness, distributive justice (fair decision making), and procedural justice. Moreover, this ensures Police Services apply the four pillars of procedural justice by including an individual’s voice/ participations, identification and understanding of trustworthy motives, respect/dignity, and impartiality.

Transgender people are almost four times more likely to experience police violence than cisgender people — people whose gender identity corresponds with their birth sex.

- University of California, Williams Institute School of Law



RETHINK

Flexibility and Adaptability in Trauma-Informed Police Responses

Rethink: how police services are delivered and be open to individual and organizational change required to imbed trauma-informed principles in our organizational culture.

Every point of contact has a teachable moment from which victims, survivors, offenders, public and police service members can learn and evolve. Police Services need to be innovators and **rethink** how to perform duties in a trauma-informed way. This can often require a large organizational and cultural shift from traditional policing methods and ways of doing business to a flexible, dynamic, and proactive approach. Traditional policing practices often solely focus on reactive incident response and investigation. Reactive only responses limit Police Services from becoming active public safety agents in their local communities. Modern policing demands more from Police Services than incident response. Police Services should embrace the opportunity for dynamic growth with a victim focused approach offering wrap-around supports.

As stated previously, Police Services need to be innovators and rethink how to perform duties through proactive means. This is where Services act on their own initiative to develop information about crime to create and implement strategies for its suppressions.⁶⁶ One example of this is through an officer responding to a civil dispute by mediating between parties or applying informal action, versus reactively detaining all involved. This form of flexible and adaptable response can be embedded into a Police Service through organizational and operational restructuring; however, it can also be organically adopted into a Service's organizational culture through training and education.

The performance of duties in a trauma-informed manner needs to be embedded within Police Service specific training programs, strategic business plans, equity, diversity, and inclusion (EDI) specific initiatives, communication strategies and the organizational culture. Application of a trauma-informed lens is an advancement that ensures police services implement an informed victim-centred approach at every opportunity.

Victim-Centred Approach is a way of engaging with victims that prioritizes listening, avoids re-traumatization, and systematically focuses on their safety, rights, well-being, expressed needs and choices.

A victim-centred approach. UNHCR. (n.d.). <https://www.unhcr.org/what-we-do/how-we-work/tackling-sexual-exploitation-abuse-and-harassment/victim-centred-approach>

It is crucial to understand and acknowledge that trauma and an individual's sense of safety are both objective and subjective, as outlined below:

- **Objective:** elements of a traumatic event that are tangible.⁶⁷
- **Subjective:** meaning characteristics, and perceptions of traumatic experiences are intangible and will be internally processed by a victim of trauma.⁶⁸

Officers must recognize the importance and impact of their role when interacting with a victim of crime and be adaptable to a victim's needs to ensure minimal risk of re-traumatization. In daily lives, information is received through seven senses (awareness, balance and movement, hearing, sight, smell, taste, and touch), however these are affected through trauma and impacts behaviour.⁶⁹ To successfully implement and maintain a trauma-informed approach, officers need to be aware of these effects and be adaptable in their approach to address a victim or witness of crime. Considerations may include using a soft interview room, exploring crime prevention through environment design (CPTED) options, or meeting an individual in an environment they specify and feel greatest comfort within.

A trauma-informed victim-centered response cannot be completed solely by a Police Service alone. Every community is uniquely different, and Police Services must acknowledge and understand the demographics they serve, as well as the supports locally accessible within their jurisdiction. This is paired with considerations on individual quality of life (well-being), which, "refers to the wealth and comfort of individuals, communities and society based on both material and non-material factors that are important to people's lives, such as health and social connections," as shown in Figure 7.⁷⁰

Police Services must evaluate and re-think to whom and how they are reaching out as a Service for additional supports. This is an approach that requires collaboration with local community partners and subject matter experts to ensure a victim can receive wholesome and timely wrap-around support.

"...a team of professionals (e.g. educators, mental health workers) and key figures in a person's life (e.g. family, community members, etc.) create, implement and monitor a plan of support."

Wrap-around delivery and other team-based models. Wrap-around Delivery and Other Team-based Models | The Homeless Hub. (n.d.). <https://www.homelesshub.ca/solutions/systems-approach-homelessness/wrap-around-delivery-and-other-team-based-models>

Figure 9: Canada's Quality of Life Framework



Image sourced from - Statistics Canada Quality of Life Framework



RESPOND

Implementing a Trauma-Informed Approach/Response

Respond: by integrating knowledge of trauma into policies, procedures, and practices that reflect the individuals and communities we serve.

Trauma-informed policies are built upon a foundational understanding of the impact of trauma on people's lives, health, and behaviours.⁷¹ The complexities of serious traumatic events and their impact on persons encountering police must always warrant full and thorough trauma-informed responsiveness by Police Services in Canada. By integrating understandings of trauma into all elements of policy and practice, a trauma-informed approach prioritizes emotional and physical safety with common police practices, interventions, and responses. Trauma-informed responses move beyond sexual assault investigation and victim/survivor focuses as discussed in past frameworks. A true trauma-informed police response means that all individuals, victims, offenders and beyond, are dealt with using this approach. As mentioned above, the prevalence of Adverse Childhood Experiences (ACEs) and research surrounding the victim-offender overlap demonstrate that trauma is prevalent in many individuals who come into contact with police.

Figure 10 further examines the roles and some of the responsibilities of Police Service roles through the lens of a trauma-informed response.

Figure 10: Roles and Responsibilities of Police Service Roles

ROLE	RESPONSIBILITIES
DISPATCH / CALL TAKERS	<ul style="list-style-type: none">• Understanding of the neurobiology of trauma reactions including memory and behaviour during traumatic incidents.• Appropriate questions and information gathering.• Initial facts and immediate safety of the individual.• Vital information to gather for responding officer(s).• Supportive response.• Explain to the individual, steps regarding evidence preservation (if applicable).• Communicating with individuals.• Identifying, and addressing any language or communication barriers.

ROLE	RESPONSIBILITIES
RESPONDING OFFICER DUTIES	<ul style="list-style-type: none">• Emergency/initial response.• Assisting the victim and victim interactions using a trauma-informed approach to investigative interviewing.• Determining the resources needed and request assistance.• Evidence collection and crime scene processing (i.e., DNA considerations, document the appearances of the suspect and victim including any visible injuries, medical assistance for signs/symptoms of strangulation, forensic medical examination procedures etc.).• Documentation using a trauma-informed report writing guidelines, sample provided in Appendix C: Additional Report Writing Guidelines.• Clearly explain the reporting process including the roles of the first responder, investigator, and anyone else with whom the victim will likely interact.• Identifying potential witnesses, securing perishable data (i.e., camera footage, data messaging etc.).
SUPERVISOR DUTIES	<ul style="list-style-type: none">• Assisting officers.• Report review for accuracy, consistency, and trauma-informed response and approval measured in comparison to the trauma-informed report writing advice as found in this framework.• Officer mentoring and accountability.• Conduct after action reviews and sexual assault audits to ensure officers and investigators are conducting comprehensive, victim-centred, perpetrator-focused, trauma-informed investigations.
INVESTIGATIONS: (NOT LIMITED TO)	<ul style="list-style-type: none">• Evidence Considerations: Chain of custody, drug and alcohol facilitated assault testing, DNA, technology, digital evidence, data collection, evidence considerations of non-stranger and stranger assault, identifying evidence of reoccurring and/or interconnected crimes.• Sexual Assault Medical Forensic Examinations: Role of the investigating officer, role of the forensic / medical examiner, coordination with the forensic examiner, and/or considerations for drug-facilitated sexual assault.• Suspect Forensic Exams: Warrant versus exigent search, protocol for examination, role of the forensic examiner, and/or evidence collection.• Sexual Assault Supports and Resources: Protocols for supported disclosure and follow-up, mental and physical health supports, confidentiality, privacy, transparency, participation in the investigation.
INTERVIEWS	<ul style="list-style-type: none">• Preliminary/Initial interview:<ul style="list-style-type: none">- Victim Interview Protocols.- Initiating the interview.- Impact of trauma and recognition of the impact of trauma on memory and behaviour.- Interview questions and techniques.- Investigative strategies including pace of disclosure.- Victim advocates including the role of the advocate.- Location of interview.• Recognizing the signs of trauma, including fragmented memory, gaps in memory, or an exhibition of a range of behaviours.• Addressing suspect statements with a victim in an appropriate and trauma-informed manner including suspect denial, consent issues, delayed reporting etc.• Address recantation interview procedures.• Safety planning with the victim.• Resources and follow-up.• Psychological and medical safety needs.• Follow up interviews.

Trauma-Informed Considerations for Police Member Wellness

Police services must recognize the experience of a traumatic event impacts all people involved, whether directly or indirectly, including its own members. A trauma-informed police service should be linked to, or integrated with trauma-specific human services and practitioners that incorporate their knowledge of trauma and its impacts into their support and intervention systems.

Policing in general creates an unavoidable context with risk factors that can increase the likelihood of members experiencing secondary trauma. Police services can lessen the impact of the risk factors associated with working in trauma-informed organizations by:

- ① supervising exposure to investigations with trauma-related issues,
- ① supporting ongoing member training,
- ① providing access to peer and professional supports, and;
- ① offering an empowering work environment in which members share in the responsibility of wellness and can offer input into wellness program policies that affect their life and well-being.

Providing members with the resources to help them build resilience and prevent feeling overwhelmed should be a high priority for the police service with a focus on:

- ① Member Supports and Protective Factors
- ① Recognizing Secondary Traumatization
- ① Strategies for Preventing Secondary Traumatization
- ① Trauma-Informed Policy

Member Supports and Protective Factors

Police Services can support members by incorporating a trauma-informed lens for their own members by providing trauma exposure education to enhance positive personal coping styles, find meaning in their work, and reduce trauma-related stress reactions. Services should support member well-being by providing wellness opportunities, peer, and professional supports.

Recognizing Secondary Traumatization

Some member behaviours or work performance may be outward signs of secondary traumatization, and they should be viewed through a trauma-informed lens. It is imperative that supervisors provide a non-judgmental, safe context in which members can discuss these feelings and behaviours without fear of reprisal or reprimand. Leadership should work collaboratively with members to help them understand their own trauma reactions and cooperatively engage them in work performance and established support programs to assist member wellness.

Strategies for Preventing Secondary Traumatization

The key to prevention of secondary traumatization in a trauma-informed Police Service is to reduce risk and enhance protective factors. SAMHSA (2014) notes that organizational strategies to prevent secondary traumatization include:

- ① Accept/Recognize secondary trauma stress as a risk factor for all employees, throughout all levels of the Police Service to help members feel safe and respected, enhancing the likelihood that they will talk openly about their experiences and the impact.
- ① Increase the availability of opportunities for supportive professional relationships.
- ① Implement policies and practices that allow supervisors to recognize trauma-related exposures and the risk for secondary traumatization. Supervisors should be experienced and trained in trauma-informed and trauma-specific symptoms and provide a competence-based model of regular supervision that is not solely focused on work performance but also promotes personal development and mitigation of harm.⁷²

Policy Development

Organizational process and policy must consider a trauma-informed approach through the policies it implements. According to the Government of Canada Public Health Agency (2018), policies establish the rules that govern an organization, and should be based on the following key policy and practice principles:

- ① Understand trauma and violence, and their impacts on peoples' lives and behaviours.
- ① Create emotionally and physically safe environments.
- ① Foster opportunities for choice, collaboration, and connection.
- ① Provide a strengths-based and capacity-building approach to support internal members and community members with coping and resilience.⁷³

Further, SAMSHA notes organizational policies, procedures, and cross-agency protocols (including working with community-based agencies), establish, and reflect a trauma-informed approach, which should be embedded into an organization.

Strategies for developing a trauma-informed policy are further explored in Figure 11.

Figure 11: Strategies for Developing a Trauma-Informed Policy

TRAUMA-INFORMED PRACTICE GUIDELINES	DEFINITION	ORGANIZATIONAL STRATEGIES	STRATEGY EXAMPLES	TRAUMA-INFORMED PRACTICE GUIDELINES	DEFINITION	ORGANIZATIONAL STRATEGIES	STRATEGY EXAMPLES
SAFETY	Physical and interpersonal interactions must promote a sense of safety.	Provide a safe service environment, including intake procedures, physical spaces allowing for consideration of safety and confidentiality, interview spaces and alternative options for in-person contact.	Allow for safe and supportive disclosure through location flexibility, by offering offsite locations in partnership with community services.	COLLABORATION AND MUTUALITY	Understand that everyone within the organization has a role to play in a trauma-informed approach.	Recognize that community collaboration is the process that makes it possible to reach a goal that cannot be achieved by one person or agency alone.	Build relationships, partnerships, and collaborate with organizational members, relevant educational and social service organizations, and key external stakeholders in the development of strategies and practices.
	All persons must feel physically and psychologically safe both internally and externally.	Recognizing and minimizing barriers to reporting and engagement; physical, psychological, and social barriers.	Provide access/ referrals to confidential mental health services to ensure the environment is psychologically safe for everyone.		A co-ordinated response is essential to facilitate the development of a network of inter-agency service providers, provide a mechanism for sharing information and expertise, and to provide individuals with trauma-informed supports.	Community partners work together by sharing expertise, resources, and responsibility for achieving the goal.	Create a system with service providers to avoid overlap or gaps and increase access for high need persons in the community.
TRUSTWORTHINESS AND TRANSPARENCY	Understanding the impact of lived experiences and seeks to reduce the impact of traumatic experiences and reduce barriers to engagement.	Create and maintain a work environment that is both physically and psychologically safe and provides support for confidential mental health services consultation.		EMPOWERMENT, VOICE, AND CHOICE		Identifying community issues, sharing respective subject matter expertise, fostering programming with a collaborative goal of willing to learn from one another, share risks, and take on challenges.	Look at setting up formal feedback mechanisms for collaboration. These work best if they are community led and police supported.
		Police Services must adopt a “do no more harm” or harm prevention mindset and ensure that it allows victims/survivors to feel physically and psychologically safe, heard, supported, and believed/understood.				Receive community input on practices, policies and service environments considering populations and cultures.	Consider opportunities for police to co-locate with social service providers to provide a comprehensive and seamless approach to the community.
PEER SUPPORT		Incorporating best practices for trauma-informed interactions, interviews and report writing standards.	Ensure tenants of procedural justice are present in all interactions with individuals.	CULTURAL, HISTORICAL AND GENDER ISSUES (INTERSECTIONAL CONSIDERATIONS)		Recognizing the important role of trauma-informed subject matter experts and removing barriers to their involvement.	
	Organizational operations are conducted with transparency with the goal of maintaining trust with all persons.	A coordinated, multi-level organizational response to foster trusting relationships and mitigate harm to individuals.	Importance of building relationships and rapport with individuals and service providers to build trust.		Understand that trauma impacts people differently and the importance of fostering an environment of empowerment for all persons.	Provide flexibility in service delivery preferences and consider choices collaboratively.	Provide opportunities for choice and control over the pace of disclosure and process of involvement in the criminal justice system.
		Investigation policies speak to ethical transparency, are thorough, unbiased, and seek to reduce traumatic impacts.	Develop opportunities for collaborative review of investigative practices (e.g., Sexual Violence Review Tables; Peer review Tables).		Understand how power differentials impact interactions, and that individuals who have experienced trauma historically have had their voices and choices diminished.	Incorporate non-judgmental communication language and responses, active listening to privilege the persons’ voice and choices and implicit bias awareness and overcoming bias strategies in training curricula.	Respect the decision to “not report” or wish that “criminal charges not be pursued.
		Policy development should include providing individuals with realistic expectations of the breadth, depth, speed, and pace of the investigation.				Recognize the importance placed on leveling of power dynamics and differences as well as and amongst organizational staff.	
		Develop policy and provide comprehensive trauma-informed training for liaison officers.					
	Support and mutual self-help from individuals with lived experiences of trauma can establish safety, hope, trust, and support recovery and healing.	Provide support for individuals at risk of vicarious trauma and facilitate their wellness through collaborative approaches, including but not limited to: <ul style="list-style-type: none">- peer support initiatives- supervisor check-ins- documentation of exposure to traumatic events- psychiatric care programs	Establish internal trauma-informed specialist teams as part of a trauma-informed management response; including response to critical and mass casualty incidents. (e.g., Victim liaison teams).			Acknowledge the effects of historical and current contact conditions.	Education programming on the historical trauma impacting local and all Indigenous community members.
		Trained subject matter experts, ensure the strongest supports and services are provided in a timely manner to individuals exposed to a crime and/or traumatic incidents.	Embed trauma-informed training programs within the organization.		Organizations must actively move past stereotypes and biases and offer culturally/ gender appropriate responses.	Support an organizational culture of, and train staff in, emotional competency and empathy, cultural intelligence, and social learning during all contact with all persons.	Develop partnerships with agencies in your community that can assist in providing a culturally relevant response; examples include but are not limited to Newcomer and/or LGBTQ2S+ specific organizations.
			Develop trauma-informed response specialist programs through, crisis intervention, assessment, and/or referrals to appropriate community resources justice partners.			Cultural knowledge must be respected and reflected in the development of policy and practice specific to Indigenous persons.	
					Organizations should incorporate policies, protocols and processes that are culturally appropriate and recognize/address historical trauma.	Provide equal investigative integrity and incorporate, advocate, and strive to meet the needs of the unique experiences and diversity among people, recognizing how culture, community and history can impact an individual.	

Trauma-Informed Interviewing

Police officers often interact with individuals who have experienced trauma. It is crucial to approach these interactions with sensitivity, understanding, and empathy. Past literature has focused on the importance of trauma-informed interviewing in the context of sexual violence.⁷⁴ While still extremely important and relevant, the scope of this framework aims to build upon past work to create trauma-informed interview tools that can be applied in a all contexts. Trauma-informed interviewing should be used with all individuals subject to a police interview. This challenges traditional thinking, particularly with the offender context. However, to truly be trauma-informed Police Service and deliver trauma-informed responses to community, Police Services must consider the pervasiveness of trauma amongst all individuals they deal with.

The following interview guideline (Figure 12) has been adapted from the Canadian Framework for Collaborative Police Response on Sexual Violence to provide a more general guide that applies to victims, offenders and any other individuals who may be subject to an interview by police.

Figure 12: Trauma-Informed Guideline

AREA OF FOCUS	CONSIDERATIONS
UNDERSTANDING TRAUMA	<ul style="list-style-type: none">• Recognize that trauma is subjective, and its impact varies from person to person.• Familiarize yourself with common trauma reactions, such as hyperarousal and dissociation.
BUILDING TRUST	<ul style="list-style-type: none">• Create a safe and non-threatening environment for the interview.• Clearly explain the interview process, its purpose, and the individual’s rights.• Use active listening and empathetic communication to build trust.
AVOIDING RE-TRAUMATIZATION	<ul style="list-style-type: none">• Be mindful of the language used and avoid judgmental questions.• Allow the individual to share their experience in their own words, without interruption.• Be patient and understanding, even if the individual’s recollection is fragmented or emotional.
RESPECT FOR AUTONOMY	<ul style="list-style-type: none">• Recognize that the individual has the right to make choices about their participation in the interview.• Avoid retraumatizing techniques, such as pressure or coercion, and respect their decisions.
EMOTIONAL REGULATION	<ul style="list-style-type: none">• Be aware of your own emotions, bias, and reactions during the interview.• Maintain a calm and composed demeanour.
TRAUMA-INFORMED QUESTIONING	<ul style="list-style-type: none">• Ask open-ended, non-leading questions to allow the individual to share their experiences.• Use neutral language and avoid making assumptions.• Respect the individual’s boundaries and pacing during the interview.
EMPATHY AND VALIDATION	<ul style="list-style-type: none">• Express empathy and understanding by acknowledging the individual’s feelings and experiences.• Validate their emotions and reactions without judgment.
CULTURAL SENSITIVITY	<ul style="list-style-type: none">• Consider cultural differences and how they may impact the individual’s experience.• Respect cultural practices and beliefs during the interview.
MULTIDISCIPLINARY COLLABORATION	<ul style="list-style-type: none">• Collaborate with professionals, such as social workers or mental health experts, when necessary.• Understand the resources available to support individuals and provide appropriate referrals.

A trauma-informed approach to interviewing individuals is essential in ensuring that their needs are met. Police must be mindful that each situation is unique, and flexibility in approach is crucial to effectively address the needs of individuals who have experienced trauma.

The International Association of Chiefs of Police (IACP) released a quick reference guide to trauma-informed interviewing in cases of sexual violence. Below (Figure 13) is an adapted quick reference trauma-informed interview guide aimed at all contexts beyond sexual assault that is applicable to victims and offenders; please note not all question will be applicable in every situation.

Figure 13: Quick Reference Interview Guide

❌ QUESTIONS TO AVOID	✅ OPTIONAL QUESTIONS
“Why did you” or “why didn’t you”	When (specific event happened), what were your feelings and thoughts? Are you able to tell me more about what happened when...?
“Start at the beginning and tell me what happened” “How long did the incident last last?” (for crimes of violence) And Other questions asking for a chronological account.	Where would you like to start? Or “Would you tell me what you are able to remember about your experience?” “What are you able to tell me about what was happening before/during/after the incident?”
What were you wearing?	“Sometimes we can get valuable evidence from the clothes you were wearing, even if you have put them through the laundry. We would like to collect the clothes your were wearing at the time of the incident as evidence. Can we pick up those items at a time and place that is convenient for you?” This is an important question for sexual assault victims but can also be relevant for victims of violent crimes as well.
Why did you go with the suspect?	Can you describe what you were thinking when you went with the suspect? Or when the suspect approached you? Did the suspects behaviour change after you went with them? How did this make you feel?
Why were you out at this time and at this location?	What are you able to tell me about what brought you to the location, at this time of day/night?
Why didn’t you leave?	Are you able to describe what was happening, while you were in (the room, the car, the house etc.)? What were your thoughts and/or feelings, while you were in (the room, the car, the house etc.)?
Did you say no?	What are you able to recall doing or saying during the incident? How did the suspect react to your words or actions? Do you remember how that made you feel?
Did you fight back?	What did you feel like during the incident? What was going on in your mind when you realized you were in danger?
Why didn’t you report right away?	Did anything in particular cause you to come tell us about this incident today? Was there someone you trusted to tell about the incident after it occurred? When you told them, what were you thinking and/or feeling? What were you feeling – physically and/or emotionally – after the incident?
Did anyone see this happen?	Can you tell me about any people or witnesses who might have seen you and the suspect together who might have seen the incident? Can you tell me about any people or witnesses who might have seen you after the incident? Can you share information with me on any friends/ colleagues / peers that might have noticed a change in your physical appearance or behaviour after the incident?
Do you know the suspect?	Have you interacted with this individual before?

Scan the QR Code to download and print Figure 13



Trauma-Informed Report Writing

This framework guides Police Services to embed trauma-informed policies, standards and practices that would help police officers be prepared for and manage traumatic situations in an effective and appropriate manner from both a personal and professional perspective.⁷⁵ Police Services should adapt procedures on report writing and documentation that are bias free, trauma-informed and consistent, not only in policy, but in practice. As part of an overall trauma-informed response, interviews, follow-up, and documentation procedures should seek to reduce and understand the police impact and adopt a, 'do no more harm' perspective.

Throughout Canada, investigations involving traumatic incidents are captured according to inconsistent criteria using varied terminology and language which can result in confusion and miscommunication amongst criminal justice partners. The goal in addressing report writing is to establish consistent, impartial, trauma-informed response as part of a comprehensive response to all persons whether they be victim/survivors, witnesses, or offenders. Report writing needs to exemplify impartiality and ensure myths and misunderstandings are not created at the process level using language. These myths, biases, assumptions, and false expectations can impact intake, priority screening, and investigations and could interfere with how statements and evidence about experiences is understood. This affects how legal partners in the criminal justice system assess a person's credibility that can impact procedural fairness and contribute to a traumatic experience. Procedural fairness concerns the rights of individuals affected by a decision to participate in that decision making process. These procedural rights include the right to be heard and right to be judged impartially.⁷⁶ Occurrence reports must be written without creating assumptions and include a detailed narrative and detailed descriptions of observations without the use of language that could imply judgement or impact investigation integrity.

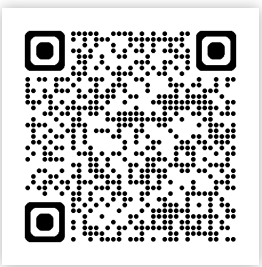
Advice on Trauma-informed Report Writing

- ① Develop a trauma-informed policy that includes a format/template and specific trauma-informed language for reports and use it consistently across all policies, not just for crimes of violence against persons.
- ① Develop standard language for commonly misinterpreted words (i.e.: alleges) and use it consistently.
- ① Ask your member to think about who will read their reports and how that impacts what decisions will be made.
- ① Communication is vital to an effective change management strategy and the use of tools that measure if communications about policy have made impactful change, such as tracking word use and language in occurrence reports, can measure if reporting officers are using appropriate language and reporting guides.

Initial Reports Should:

- ① Summarize all evidence and context discovered during the investigation using words that describe facts; the report is the only place where all of the evidence can be summarized and placed in the entire context of the police report as it unfolded over time.
- ① Recreate the reality of the incident from the individual's perspective.
- ① Use of direct quotes from the individual.
- ① Record known or stated historical trauma.
- ① Using a trauma-informed lens, record observations of what could be described as trauma-related behaviours, including but not limited to:
 - Being easily startled or frightened.
 - Hypervigilance.
 - Hyper arousal and sleep disturbances.
 - Intrusive thoughts.
 - Irritability, angry outbursts, or aggressive behaviour.
 - Overwhelming guilt or shame.
 - Trouble concentrating.⁷⁷
- ① Document any changes in individual's statements, especially as additional details are recalled following the initial trauma of the event.
- ① Document factors that may affect the person's perspective and response considering unique factors like specific vulnerabilities including age, culture, abilities, gender(s), language and lived experience (see definition of Vulnerable Populations).

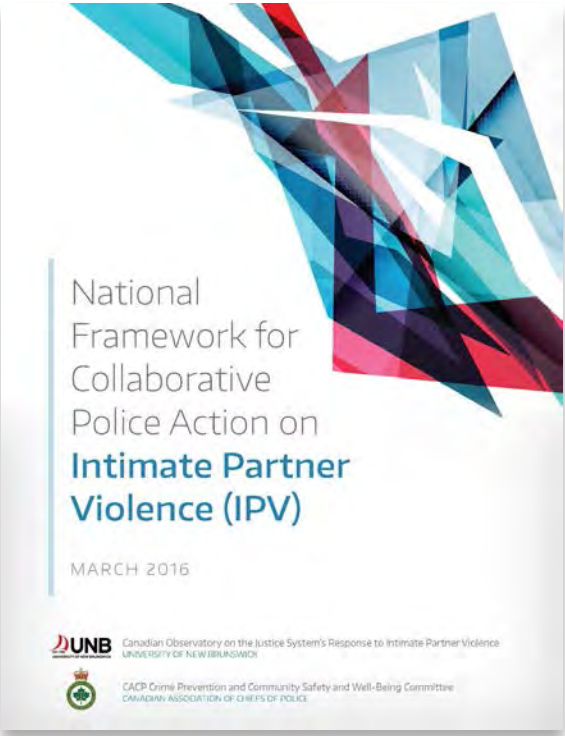
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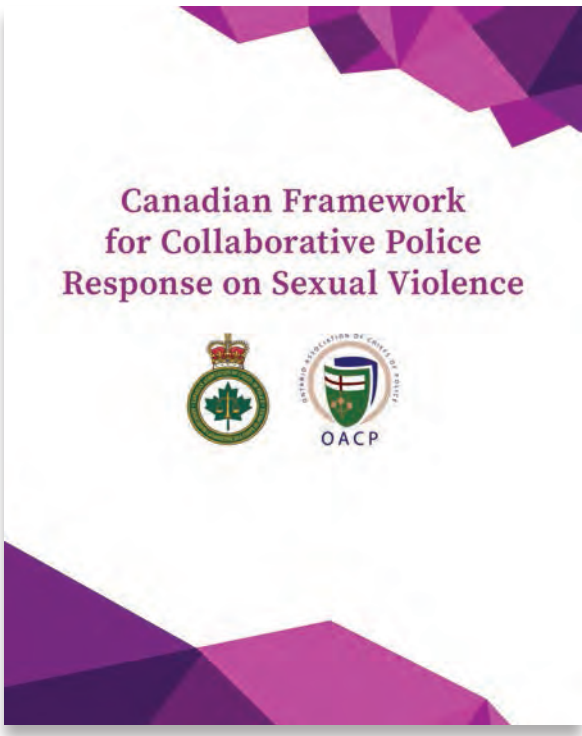
Special Considerations: Sexual Violence, Intimate Partner Violence, Hate Crime, Bias Motivated Crime, and Gender-Based Investigations

Globally, sexual, intimate, hate and gender-based violence are highly stigmatised crimes and we must ensure violence is not overlooked or trivialised by those who may not always recognise such acts.⁷⁸ Reporting may also be influenced by language barriers, issues of trust or confidence in the police, or fear of further victimization or stigma.⁷⁹ Several researchers have noted that victims may be reluctant to report bias motivated or hate crimes because of fear of secondary victimization and/or fear of the reaction of the police or other responders.⁸⁰ Even members of the public might blame the victim for “bringing the crime upon themselves”.⁸¹

For further information specific to sexual violence and intimate partner violence, please review the Canadian Framework for Collaborative Police Response on Sexual Violence (2019).⁸²



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Training

Everyone within police services have a role to play in a trauma-informed approach. This includes public-facing and internally facing members. Training is truly the foundation of adapting a trauma-informed service delivery. All members should receive ongoing training that specifically addresses the realities, dynamics and trauma related impacts pertaining to all calls for service and internal member wellness.

Police Services are encouraged to collaborate with recognized experts in the delivery of trauma-informed response training that represents the needs of their community to develop comprehensive protocols to address the needs of varied populations effectively and thoroughly. Police organizations are encouraged to partner with resources in their jurisdiction to create and implement ongoing training development and effective plans to address a commitment to continual learning. Resources could include various shelters, cultural-specific organizations, educational institutions, and more.

Training should also include:

- 1 Adopting a trauma stewardship approach to employee wellness, addressing the impact on employees and volunteers who are exposed to trauma and developing a trauma-informed wellness program. Trauma stewardship recognizes the difficulties that are faced by those who interact with people who experience trauma or face traumatic incidents themselves.
- 1 De-escalation approaches with specific consideration of cultural and intersectional responses to trauma.
- 1 Developing training that includes building responder competencies for appropriate response to trauma behaviours, including vicarious or secondary trauma.
- 1 Ensure training informs members of the diverse range and presentations of trauma.
- 1 Tenants of police legitimacy and procedural justice including: voice, respect, neutrality and trustworthiness.
- 1 Understanding historical trauma and its impacts on peoples’ lives and behaviours including generational impacts.
- 1 Understanding a community’s range of services and interventions that respond to people’s needs and contexts.

Training on trauma-informed approaches to policing should begin prior to deployment. Police provincial training facilities should adopt a trauma-informed lens towards all materials delivered. Moreover, university and college programs geared towards policing, criminology, and law should also consider the consider adding trauma-informed approaches to curricula, including educating students on the impacts and prevalence of trauma within individuals that encounter all aspects of the criminal justice system.

Training and education resources can be found in Appendix D.



REDUCE

Do No More Harm' Approach

Reduce: Reduce re-traumatization through adopting a 'do no more harm' approach.

Police services must adopt a 'do no more harm' approach to embrace a trauma-informed response. As police services, we are mandated to serve and protect our communities. However, the involvement of the police itself can often illicit and compound experiences of trauma.

The "do no more harm" approach is a crucial paradigm shift in law enforcement. Acknowledging the potential for police involvement to cause or compound trauma is a significant step toward building more empathetic and community-centered policing. Collaborating with individuals who have experienced trauma and engaging community experts can greatly inform policies and practices that aim to minimize harm.

Recognizing the subjective nature of psychological and physical safety is vital. Trauma affects individuals differently, and what might feel safe for one person might be triggering for another. Building this understanding within police services can lead to more tailored responses that prioritize the well-being and safety of everyone involved.

Implementing trauma-informed approaches involves ongoing education, training, and a commitment to empathy and understanding. It's about fostering an environment where officers can recognize signs of trauma, respond appropriately, and actively work toward reducing harm in their interactions with the community.

As mentioned previously, police services must adopt procedurally just principles. Procedural justice in policing is fundamentally tied to the "do no more harm" approach, as it emphasizes fairness, transparency, and respectful treatment in police interactions. By embracing procedural justice principles, law enforcement agencies can inherently align with the goals of minimizing harm. When officers engage with individuals in a manner that prioritizes fairness, listens to their perspectives, and demonstrates unbiased decision-making, it fosters a sense of legitimacy and trust within the community. This approach acknowledges the potential harm caused by the mere presence of police and strives to mitigate it through respectful engagement, active listening, and fair treatment. Ultimately, procedural justice becomes a foundational framework for the "do no more harm" approach, guiding police responses toward actions that protect and respect the well-being of all individuals involved in an incident.

The "do no more harm" approach is about reevaluating the traditional role of law enforcement in various situations and acknowledging that the mere presence of police can sometimes exacerbate trauma or escalate tensions. Listed are some suggested strategies police services can consider adopting this approach:

- 1. Assessment and De-escalation:** Prioritize assessing the situation before direct intervention. Understand that the presence of uniformed officers might escalate stress or anxiety for individuals involved. Attempt de-escalation techniques that prioritize dialogue and empathy over authoritative presence.
- 2. Trauma-Informed Training:** Equip officers with comprehensive training in trauma-informed practices. This involves recognizing signs of trauma, understanding the impact of trauma on behavior, and learning de-escalation techniques that minimize re-traumatization.
- 3. Crisis Intervention Teams (CIT):** Establish specialized teams explicitly trained to handle mental health crises or situations involving individuals who might have experienced trauma. These teams often consist of officers and mental health professionals working collaboratively.
- 4. Community Partnerships:** Collaborate with mental health professionals, social workers, and community organizations to create joint response protocols. A diverse team of responders can provide a more holistic approach to complex situations.
- 5. Active Listening and Empathy:** Train officers in active listening skills and empathy-building techniques. Sometimes, the most helpful response might involve listening and validating the experiences of those involved rather than immediate action.
- 6. Alternative Response Models:** Consider alternative response models for non-violent or non-criminal situations. For instance, sending mental health professionals or social workers instead of police officers in situations where their expertise might be more suitable.
- 7. Continuous Evaluation and Learning:** Encourage a culture of constant learning within the police service. Regularly evaluate responses and incidents to understand what worked well and where improvements can be made to reduce harm.
- 8. Transparency and Accountability:** Foster transparency within the community by being open about the challenges, successes, and ongoing efforts to adopt a "do no more harm" approach. Establish mechanisms for accountability and feedback from the community.

Embracing a "do no more harm" approach within police services is not just an aspiration; it's an imperative commitment to our communities. This paradigm shift acknowledges the potential trauma caused by police involvement and emphasizes the need for empathy, understanding, and continuous learning within law enforcement. By prioritizing procedural justice, actively seeking collaboration with community experts, and implementing tailored strategies like trauma-informed training, crisis intervention teams, and alternative response models, we can strive to minimize harm and build trust. This isn't a static goal but an ongoing journey of re-evaluation, transparency, and accountability—a journey that aims to redefine policing as a force for healing and safety in our communities.



REVIEW

On-Going Evaluation and Reinvigoration of Approach

Review: police policies, procedures, and practices on an ongoing basis to ensure they are responsive to the evolving needs of individuals and communities we serve.

When embedding a trauma-informed approach, it is important for police services to measure their starting point, as well as their progress. Evidence-based policing principles not only aim to embed the best available research into police practices, but also advocate for on-going tracking of projects to determine effectiveness. Trauma-informed efforts should be measured and assessed at the organizational, program/policy, and individual level.⁸³ Police services must be open to critical evaluation of strategies and be willing to adapt when measurements demonstrate ineffectiveness. If a strategy is not working, police services can consult with subject matter experts (community organizations, individuals with lived experience, etc.) to find and test an alternate solution. However, it is impossible to know if an approach is working if there is no tracking and measurement; Figure 14 explores strategies for measurement.

Strategies for Measurement

Figure 14: Strategies for Measurement

LEVEL OF MEASUREMENT	EVALUATION STRATEGIES
ORGANIZATIONAL LEVEL	<ul style="list-style-type: none">• Feedback from community agencies (stakeholder interviews/focus groups).• Annual community safety-focused surveys.• Station Trauma-Informed CPTED.• Scorecard.
PROGRAM/POLICY LEVEL	<ul style="list-style-type: none">• Key-word searches of policies.• Assess community complaints.• Quality assurance position to assist with those measurables.• Random samples of reports.• Embed in current quality assurance processes.
INDIVIDUAL LEVEL	<ul style="list-style-type: none">• Measure impact of training; baseline knowledge measurement and continuous evaluation; scenario based; pre-post measures.• Implementing trauma-informed soft skills through in-service yearly training scenarios; resulting in a yearly assessment of members.

TRAUMA-INFORMED POLICE RESPONSE SCORECARD

Score Card Purpose

To establish an initial organizational evaluation in the Trauma-Informed Police Response, which can be further customized to the needs of any police service and serve as a standardized re-assessment tool.

Score Card Objective

- Provide insight into the organization's awareness, understanding, integration and implementation of trauma-informed police response.
- Serve as a standardized assessment tool to help Police Services determine and measure awareness, understanding, integration and implementation of trauma-informed police response.

Score Card Use/How to Use It

Review each of the Score Card areas and each specified goal(s). Assess your organization's level of implementation for each based on the Score Card Legend shown below.

SCORE CARD LEGEND	
COLOUR	MEANING
GREEN	Goal is completely established (e.g., Off-Site Trauma-informed Interview Room) Score Card Points Assigned = 2
YELLOW	Goal is partially established or similar programs/practices in place to address goal. (e.g., Internal Soft-Interview Room) Score Card Points Assigned = 1
RED	Goal is not started, established or non-existent. (e.g., Only a Regular Interview Room) Score Card Points Assigned = 0

Review each of the Score Card areas and each specified goal(s). Assess your organization's level of implementation for each based on the Score Card Legend shown below.

SCORE CARD MEASUREMENT SYSTEM		
SCORE	PERCENTILE	STATUS
20-25	80-100%	The police service is currently applying a trauma-informed police response.
13-19	50-79%	The police service is taking proactive steps and working towards a trauma-informed police response.
12 and below	49% and below	Significant work needs to be done to ensure the police service implements trauma-informed practices.

Please note this tool is intended to serve as an initial starting point and can be further expanded upon as needed for your organization.

Trauma-Informed Police Response - Scorecard					
Area	Goal	Points			
		2	1	0	
Training	All members (sworn and relevant civilian) trained on trauma-informed practices. Examples include: 1. Trauma-informed report writing and interviewing. 2. Non-judgmental communication language and responses, active listening to privilege the persons' voice and choices and implicit bias awareness and overcoming bias strategies. 3. Emotional competency and empathy, cultural intelligence, and social learning. 4. Recognition and understanding of Adverse Childhood Experiences (ACEs). 5. How identity, culture, community, and oppression can affect a person's experience of trauma, access to supports and resources, and opportunities for safety.				
	All members (sworn and relevant civilian) aware of the signs and symptoms of trauma and their different biological presentations				
	Training is annually evaluated and audited to ensure most up-do-date research is included and training is effective.				
	Training developed collaboratively with relevant community partners.				
	All police service members received training and have a strong understanding on police legitimacy and procedural justice.				
	All police service members have a strong understanding of evidence-based policing principles and concepts - including victim-offender overlap concepts.				
	Focus on assessment and de-escalation training, with a strong understanding that police involvement or attendance alone can cause a trauma response.				
Policies / Procedures	All policies and procedures have been reviewed using a trauma-informed lens. <ul style="list-style-type: none">• Focus on trauma and issues of safety and confidentiality.• Pervasiveness of trauma in the lives who work and interact with police services.				
	Changes to language and approaches in policies in procedures have been corrected and re-published.				
	Quality assurance plan in place for on-going review of policies and procedures to adapt to new information regarding trauma-informed approaches.				
	All corporate communications and documentation, such as strategic plans, consider trauma-informed practices as a priority.				
	Human resource policies consider the impact of members working who have experienced trauma.				

Area	Goal	Points			
		2	1	0	
Reports and Interviewing	All occurrence reports follow the trauma-informed report writing guidelines. 1. Impartial and ensure myths and misunderstandings aren't created.				
	Quality assurance/evaluation process in place with supervisors to ensure compliance.				
	Trauma-informed report writing template created and used by officers.				
	Identify commonly misinterpreted words and develop a standard language to use consistently.				
Partnerships	Create formal feedback loop between police service and local partners to promote on-going evaluation and evolution of trauma-informed practices.				
	Co-location of specialized investigative units with relevant community partners.				
	Co-response teams, such as crisis intervention teams and other alternative response models, in place.				
	Partnerships in place with a diverse range of service provides to ensure culturally relevant care.				
	Involvement in proactive programming in partnership with community agencies to build relationships with vulnerable populations and police in a non-emergency setting.				
Trauma-Informed Practices	Establish streamlined referral systems to ensure all individuals in contact with police have rapid access to wrap-around services.				
	Address aspects of the physical environment that may be re-traumatizing, and work with people on developing strategies to deal with this				
	Access to an off-site, trauma-informed interview room.				
Member Wellness	Adopting a trauma stewardship approach to employee wellness, addressing the impact on employees and volunteers who are exposed to trauma and developing a trauma-informed wellness program.				
	Ensure wellness strategies and programming are trauma-informed and easily accessible for members of your Police Service.				
	Ensure wellness representatives of your Police Service understanding secondary trauma for first responders.				
	Provide support for individuals at risk of vicarious trauma and facilitate their wellness through collaborative approaches.				

SECTION SCORES

Training			
Policies/Procedures			
Reports and Interviewing			
Partnerships			
Trauma-Informed Practices			
Member Wellness			

FINAL SCORE

Scan the QR Code to download and print the Score Card!



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**CANADIAN FRAMEWORK
FOR TRAUMA INFORMED RESPONSE IN POLICING**

This framework was developed as a collaborative effort of Police Services from across the Province of Ontario, and Quebec alongside the Royal Canadian Mounted Police. This guides Police Services to embed trauma-informed policies, standards and practices that would help police officers be prepared for and manage traumatic situations in an effective and appropriate manner from both a personal and professional perspective.¹ This framework follows a Six “R” approach, which is adapted for a law enforcement context from the Substance Abuse and Mental Health Administration’s (SAMHSA) Four “R’S” Model.²

REALIZE

Realize the widespread impact of trauma and the individual and collective responsibility in law enforcement to be trauma-informed and collaborate with justice and community partners on trauma-informed approaches.

RECOGNIZE

Recognize signs, symptoms, and intersectional impacts of trauma on individuals, families, communities, first responders, and others involved in the criminal justice system.

RETHINK

Rethink how police services are delivered and be open to individual and organizational change required to imbed trauma-informed principles in our organizational culture.

RESPOND

Respond by integrating knowledge of trauma into policies, procedures, and practices that reflect the needs of the individuals and communities we serve.

REDUCE

Reduce re-traumatization through adopting a ‘do no more harm’ approach.

REVIEW

Review police policies, procedures, and practices on an ongoing basis to ensure they are responsive to the evolving needs of individuals and communities we serve.

PROCEDURAL JUSTICE³

- NEUTRALITY**
Decisions are unbiased and guided by transparent reasoning.
- RESPECT**
All are treated with respect and dignity.
- VOICE**
All are given a chance to tell their side of the story.
- TRUSTWORTHINESS**
Decision makers convey trustworthy motives about those impacted by their decisions.

Scan the QR Code to access the online version.

1. Lee, E., Kourgiantakis, T., Lyons, O., & Prescott-Cornejo, A. (2021). A trauma-informed approach in Canadian mental health policies a systematic mapping review. *Health Policy*, 125 (7), 899-914.

2. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.

3. Procedural justice. Yale Law School. (2019, December 11). <https://law.yale.edu/justice-collaboratory/procedural-justice>

Appendix B: Definitions

The following is a general list of terms and definitions used throughout this Framework, and for strengthened understanding of a trauma-informed police response.

2SLGBTQI+: This acronym represents Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, and additional people who identify as part of sexual and gender diverse communities. The “2S” at the front recognizes Two-Spirit people as the first 2SLGBTQI+ communities. The “I” for intersex considers sex characteristics beyond sexual orientation, gender identity and gender expression. The “+” is inclusive of people who identify as part of sexual and gender diverse communities, who use additional terminologies.⁸⁴

Abuse: is a behaviour that frightens, isolates, or controls another person. Abuse may be a pattern or a single incident. Abuse includes several forms: physical (including assault and forcible confinement), sexual (including harassment and sexual contact without consent), psychological (including threats and intimidation), financial (including fraud and extortion) and neglect (consisting of the failure to provide the necessities of life) which can cause serious harm.⁸⁵

Adverse Childhood Experiences (ACEs): are potentially traumatic or stressful events occurring in the first 18 years of life. The list of commonly recognized ACEs includes emotional, physical, or sexual abuse; emotional or physical neglect; growing up in a household with a parent or caregiver who uses alcohol or substances; has a mental health problem; exposure to intimate partner violence; separation or divorce; and criminal behaviour resulting in incarceration.⁸⁶

Bias: there are two types of bias:

*i. **Conscious bias (also known as explicit bias):*** this is the result of conscious thoughts. It occurs when we are aware that we are being biased and doing it intentionally.

*ii. **Unconscious bias (also known as implicit bias):*** is an unfair belief, assumption, or generalization about an individual or group of people based on personal characteristics that occurs without one's knowledge. They are learned stereotypes that are unintentional and deeply ingrained. Unconscious biases are subtle, hidden, because they are activated automatically without being aware of them, and are often incompatible with an individual's conscious values.⁸⁷

Child Sexual Abuse: an assault or touching, directly or indirectly, or invitation to touching of a sexual nature which violates the sexual integrity of the child. Authority and power enable the perpetrator, implicitly or directly, to impose sexual acts on the child or coerce the child into sexualized compliance.⁸⁸

Complex or Repetitive Trauma: over a period of time an individual has experienced repeated instances of the same, or multiple types of trauma.⁸⁹

Cultural Safety: is an approach to working across ethnic and other differences to make systems and organizations responsible to ensure that service environments are safe for everyone—regardless of their expressed or assumed culture. This approach to policy and practice is compatible with, and often an embedded component of, trauma and violence-informed approaches. For example, service providers support cultural safety when they reduce power differences between themselves and clients, stop making assumptions based on people's appearance or presumed ethnicity, avoid actions which demean, disrespect, or disempower clients.⁹⁰

Cultural Humility: is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.⁹¹

Developmental Trauma: refers to the complex and pervasive exposure to life-threatening events that:

1. occur through sensitive periods of infant and child development,
2. disrupts interpersonal attachments, compromises an individual's safety and security operations,
3. alters foundational capacities for cognitive, behavioural, and emotional control, and;
4. often contributes to the development of complex Post Traumatic Stress Disorder (PTSD) in adulthood.⁹²

Equity-Seeking Group (equity-denied group, equity-deserving group): group of people who, because of systemic discrimination, face barriers that prevent them from having the same access to the resources and opportunities that are available to other members of society, and that are necessary for them to attain just outcomes. In Canada, groups generally considered to be equity-denied groups include women, Indigenous people, people with disabilities, people who are part of 2SLGBTQI+ communities, religious minority groups and racialized people. The types of equity-denied groups may vary based on factors such as geography, sociocultural context, or the presence of specific subpopulations.⁹³

Hate Crime: are criminal acts done by a person who is motivated by an extreme bias or hatred towards a particular social group.⁹⁴

Historical Trauma: is a cumulative emotional and psychological wounding over the lifespan and across generations emanating from massive group or community trauma. These collective traumas are inflicted by a subjugating, dominant population. Examples of historical trauma include genocide, colonialism (i.e., residential schools), slavery and war. Intergenerational trauma is an aspect of historical trauma.⁹⁵

Human Services (Social Services) Agencies: are publicly or privately provided services intended to aid disadvantaged, distressed, or vulnerable persons or groups.⁹⁶

Intergenerational Trauma: refers to the ways that multiple generations are impacted by trauma both through the effects of one generation of people on the next, as well as by the ongoing conditions in which people live. Intergenerational trauma describes the psychological or emotional effects that can be experienced by people who live with trauma survivors. Coping and adaptation patterns developed in response to trauma can be passed from one generation to the next.⁹⁷

Intersectionality: a term coined by legal scholar Kimberlé Crenshaw that refers to how sources of discrimination overlap and reinforce each other. It also refers to the reality that every individual has many identities that intersect to make them who they are.⁹⁸

Intimate Partner Violence (IPV): refers to behaviour by an intimate partner or ex-partner that causes physical, sexual, or psychological harm, including physical aggression, sexual coercion, psychological abuse, and controlling behaviours.⁹⁹

Post-Traumatic Stress Disorder (PTSD): is a diagnosable, mental health disorder that may occur after exposure to psychological stressors during a specific, severe, potentially psychologically traumatic event or series of events, and has specific psychological symptoms and can affect people of any age, culture, or gender.

This may involve any different combination of:

- triggers.
- Flashbacks.
- sleep disturbances.
- Intrusive memories.
- persistently negative thoughts.
- low mood, anger, or feeling emotionally numb.
- regular, vivid recall of the psychologically traumatic event.
- trouble remembering parts of the psychologically traumatic event.
- having difficulties feeling emotionally connected to family or close friends.
- avoiding reminders or thinking about the psychologically traumatic event.¹⁰⁰

Psychological Safety: A psychologically safe workplace is one that allows no significant harm to employees' mental health in negligent, reckless, or intentional ways and where every reasonable effort is made to protect the mental health of employees through harm reduction strategies based on due diligence.¹⁰¹

Racialized Group (Racialized Minority): A group of people categorized according to ethnic or racial characteristics and subjected to discrimination on that basis.¹⁰²

Rape Culture: used to describe a society or environment whose prevailing social attitudes have the effect of normalizing or trivializing sexual assault and abuse. Common behaviours associated with rape culture include victim-blaming, sexual objectification, trivializing sexual violence, denial of widespread sexual violence or refusal to acknowledge its harms, or combinations thereof.¹⁰³

Secondary-Trauma/Vicarious-Trauma/Indirect-Trauma: is a trauma-related stress reaction and set of symptoms resulting from exposure to another individual's traumatic experiences rather than from exposure directly to a traumatic event. The terms compassion fatigue, vicarious traumatization, secondary traumatization, and burnout are used, sometimes interchangeably and sometimes as distinct constructs but are broadly captured as STS or Secondary Trauma Stress Reactions.¹⁰⁴

Sexual Assault: Any unwanted act of touching or threat of touching, directly or indirectly that violates the sexual integrity of any person. It is sexual assault regardless of the relationship of the victim/survivor to the perpetrator.¹⁰⁵

Sexual Harassment: Any behaviour, comment, gesture or contact of a sexual nature that could be considered objectionable or offensive. It consists of a single or repeated incident(s) and unreciprocated action(s), comments or looks of a sexual nature which treat the recipient as a sexual object. It may threaten a person's safety and security or prejudice the recipient's job security or promotion prospects while creating a stressful working environment. It may also prejudice a user of services or housing needs. Sexual harassment is a form of sexual violence and is considered an offence under the Ontario Human Rights Code and may constitute sexual assault as defined.¹⁰⁶

Sexual Violence: includes Child Sexual Abuse, Sexual Assault, Sexual Harassment, and related sexual offences.¹⁰⁷

Single Incident Trauma: can involve a single event, numerous or repeated events, or sustained/chronic experiences, and is limited to a single point in time. A rape, an automobile accident, the sudden death of a loved one, are examples of a single trauma. Some people who experience a single trauma recover without any specific intervention, however for others (especially those with histories of previous trauma or mental or substance use disorders, or those for whom the trauma experience is particularly horrific or overwhelming) a single trauma can result in traumatic stress symptoms and trauma, and stress-related disorders.¹⁰⁸

Supported Reporting: means stigma reduction and removal of barriers to accessing justice participants and victim/survivor services through initiatives rooted in innovative approaches to encourage and support sexual violence reporting; with changes to historical reporting options with enhanced comfort levels for victims/survivors.¹⁰⁹

Systemic Barrier: A barrier that results from seemingly neutral systems, practices, policies, traditions, or cultures, and that disadvantages certain individuals or groups of people. Systemic barriers are those that disadvantage minority groups, racialized groups, people with disabilities, people from 2SLGBTQI+ Communities, Indigenous people and other marginalized people and groups.¹¹⁰

Trauma: refers to the experience of an overwhelmingly negative event or series of events. These often involve violent crimes that can take many different forms, and that can be experienced once or many times. Trauma generally refers to a deeply distressing or disturbing experience or physical injury. People exposed to trauma or extreme stress can develop various disorders including post-traumatic stress disorder (PTSD), depression, anxiety, panic, and various forms of dissociation.¹¹¹

Trauma-Informed Lens: refers to the importance of taking into consideration the physical and mental impacts of traumatic experiences on individuals and developing environments and approaches that are responsive to those impacts.¹¹²

Trauma-Informed Response to Sexual Violence: means a neurobiology science and evidence-based investigative approach that is cognizant about how specific experiences impact victim/survivor trauma, memory, reactions, and behaviour.¹¹³

Victim/Survivor: means a person who has suffered physical or emotional harm, property damage, or economic loss as a result of a crime committed by another person.¹¹⁴

Victim – Offender Overlap: The victim offender overlap is when an offender is also victimized, or a victim also offends.¹¹⁵

Victim Services: refers to services, often co-located with police services, offered to survivors of sexual violence and other violent crimes, particularly those who report to police. Victim services may include crisis response, community referrals for counselling and other services, crime-scene clean-up, bail notification services, and high-risk safety programs.¹¹⁶

Vulnerable Populations: means those individuals who are at a higher risk of being targeted for violence, and/or exploitation and/or at a higher risk of experiencing trauma. Response involving traumatic incidents on vulnerable populations must consider issues that may face certain populations (i.e., age, culture, abilities, gender(s), language and lived experience) and how this might affect the way a victim/survivor is traumatized, makes decisions, and responds to law enforcement.¹¹⁷

Appendix C: Additional Report Writing Guidelines

Ambiguous quantitative words: are descriptors to be avoided in a report unless recorded verbatim; words that describe vague amounts or quantity, “a lot, lots, many, some”, that can be understood in more than one way and are open to misinterpretation.

Belief (or disbelief): can be unintentionally reported by the use of words that carry connotations of deceit or incredulity. Using words like the victim, witness or person claims or alleges instead of recording what the person said can be misconstrued as an assessment of credibility. Avoid language like their story is, they reported or words that could convey dishonesty like they believed.

Conclusory statements: reports should avoid use of conclusory statements that describe inferences made based on what could be limited knowledge, training and experience, such as “the subject was having a mental health crisis.” or “the person didn’t appear affected by the incident”. These conclusions may be not factually accurate and documentation should only include objectively observed facts and circumstances. Conclusory statements may subsequently lead the reader to the same biased or inaccurate conclusion.

Gaps: a trauma-informed response recognizes that it is not unusual for a person affected by trauma to not know or remember complete details; it is important that the reporting officer does do not try to fill in the gaps for them.

Language: if English is not the person’s first language, exact words used by the person should be recorded and the words or intended meaning should not be “self-translated” unless information is provided from an unbiased, independent translation.

Memory: reactions to traumatic events has led to a deeper understanding of the neurobiological impacts on memory, encoding and recall Most persons are unable to demonstrate perfect or near perfect recall, including a consistent and linear narrative of “what happened” and may exhibit blanks in or inconsistencies in memory. Judgemental descriptors about memory; ‘doesn’t seem to remember, has blanks in memory, appears inconsistent, struggles with decision making, doesn’t recall a serious event’, can change the context of evidence that is consistent with a typical, predictable, and normal way of responding to trauma-inducing events and coping with traumatic experiences.¹¹⁸

Minimalizing or trivializing: some people are better equipped to deal with trauma than others and some people will be affected more by trauma a traumatic event than others. Details about the experience should be recorded in the manner described by the person in ways that do not minimize or trivialize it; “they said they thought they were going to die even though there was no force used”, “the allegations are minor in nature”. Minimalizing or trivializing is a form of invalidation that denies, rejects or dismisses a person’s feelings and can inaccurately relay the message that a person’s subjective emotional experience is insignificant, and/or unacceptable.¹¹⁹

Opinions: every effort should be made to exclude opinion in a police in the occurrence report. This can compromise the integrity of the entire report and the credibility of the person as well as the victim/ survivor and reporting investigating officer.

Police jargon: or common police language is highly impactful and can alter factual context. For

example, instead of writing “uttered,” officers should use “said“, “I made contact with the victim” should be reported as “I spoke to ..”, “verbal altercation” is better described as an argument.

Sensory Descriptors: are words associated to a description aimed at helping a person’s understanding. It is important to document details in the person’s own language as sensory details can help explain behaviour and emotion. Using words like “the person never made any attempt to flee” changes the accuracy of the exact statement “I felt like I couldn’t move or escape.. I felt like I was frozen”.

Subjective descriptors: like opinions, when something is described as subjective, it means that it is an interpretation that has been influenced by personal feelings or emotions and should not be included in police reports; “acted strange, seemed upset, not normal, looked okay, acting oddly, appeared reluctant...”

Suppositions: a belief or idea that you think is true although you may not be able to prove. A report should not contain labels like “false”(reporting that an offence has been committed when it has not been committed), “unsubstantiated” (in that there is no clear evidence to identify or proceed on whether a criminal offence did or did not occur) or “unfounded” (if it has been determined through thorough police investigation that the offence reported did not occur, nor was it attempted) unless careful analysis of all evidence and thorough and complete investigation has been concluded.¹²⁰

Victim blaming: a devaluing act that occurs when the victim(s) of a crime are held responsible, in whole or in part, for the crimes that have been committed against them. Persons can be wrongfully portrayed in police reports as passive participants or responsible, in part, for their circumstances; “the person willingly used intoxicants with the subject after agreeing to meet them alone”, “the person knowingly sent money via a wire transfer to someone they had never met before”, “the person waited two weeks to report the incident”, “the person regularly goes missing from their group home and stays with people they met on the street...”



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Appendix D: Trauma-informed Literacy

The following items are additional trauma-informed resources for consideration:

Canada, P. H. A. of. (2018, February 2). Government of Canada. Canada.ca. <https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html>

Communications. (n.d.-a). Document, monitor, collaborate: A Primer on domestic violence risk assessment & management. Centre for Research & Education on Violence Against Women & Children - Western University. https://www.learningtoendabuse.ca/online-training/doc_mon_collab/index.html

Communications. (n.d.). Online training. Centre for Research & Education on Violence Against Women & Children - Western University. <https://www.learningtoendabuse.ca/online-training/index.html>

Rise 360. (n.d.). <https://rise.articulate.com/share/lqQaO7T9LYt-N4gLC0I5oQ2Gurwg68Nh#/>

Speak Out. (n.d.). <https://www.speak-out.ca/home>

Appendix E: Figures

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References

1. Canadian Observatory on the Justice System's Response to Intimate Partner Violence. (2019). National Framework for Collaborative Police Action on Intimate Partner Violence (IPV). Canadian Association of Chiefs of Police. Retrieved from https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjurru4fiDAXukIkEHRWaDZQQFnoE-CAoQAQ&url=https%3A%2F%2Fwww.cacp.ca%2Fcrime-prevention-committee.html%3Fasst_id%3D2059&usg=AOvVaw1dbdWUYKnoC9HLeIPBmCA&opi=89978449.
2. Canadian Association of Chiefs of Police. (2019). Canadian Framework for Collaborative Police Response on Sexual Violence. Retrieved from https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjurru4fiDAXukIkEHRWaDZQQFnoE-CAoQAQ&url=https%3A%2F%2Fwww.cacp.ca%2Fcrime-prevention-committee.html%3Fasst_id%3D2059&usg=AOvVaw1dbdWUYKnoC9HLeIPBmCA&opi=89978449.
3. Canadian Association of Chiefs of Police. (2022). Resolution 2022-03: Development of a Trauma-Informed Framework for Police Services to Support Victims of Crime. Victims of Crime Committee - CACP.
4. Magruder KM, McLaughlin KA, Elmore Borbon DL. Trauma is a public health issue. *Eur J Psycho-traumatol*. 2017 Oct 9;8(1):1375338. doi: 10.1080/20008198.2017.1375338. PMID: 29435198; PMCID: PMC5800738.
5. Procedural justice. Yale Law School. (2019b, December 11). <https://law.yale.edu/justice-collaboratory/procedural-justice>
6. Lee, E., Kourgiantakis, T., Lyons, O., & Prescott-Cornejo, A. (2021). A trauma-informed approach in Canadian mental health policies: A systematic mapping review. *Health policy (Amsterdam, Netherlands)*, 125(7), 899–914.
7. Canadian Centre on Substance Use and Addiction. (2014). The Essentials of Trauma-informed Care Series.
8. Canadian Centre on Substance Use and Addiction. (2014). The Essentials of Trauma-informed Care Series.
9. Center for Substance Abuse Treatment (US). Trauma-Informed Care in Behavioral Health Services. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. (Treatment Improvement Protocol (TIP) Series, No. 57.) Chapter 1, Trauma-Informed Care: A Sociocultural Perspective.
10. British Columbia Ministry of Children and Family Development. (2017). Healing Families, Helping Systems: A Trauma-Informed Practice Guide for Working with Children, Youth and Families.
11. Missouri's Early Care & Education Connections. (n.d.). Trauma-Informed Care. Trauma-Informed Care | Early Connections. <https://earlyconnections.mo.gov/professionals/trauma-informed-care>
12. Merrick, M. T., Ports, K. A., Ford, D. C., Afifi, T. O., Gershoff, E. T., & Grogan-Kaylor, A. (2017). Unpacking the impact of adverse childhood experiences on adult mental health. *Child abuse & neglect*, 69, 10-19.
13. Cronholm, P. F., Forke, C. M., Wade, R., Bair-Merritt, M. H., Davis, M., Harkins-Schwarz, M., ... & Fein, J. A. (2015). Adverse childhood experiences: Expanding the concept of adversity. *American journal of preventive medicine*, 49(3), 354-361.
14. Freeze, C. (2019). Adverse Childhood Experiences and Crime. <https://leb.fbi.gov/articles/featured-articles/adverse-childhood-experiences-and-crime>
15. Reavis, J. A., Looman, J., Franco, K. A., & Rojas, B. (2013). Adverse childhood experiences and adult criminality: how long must we live before we possess our own lives?. *The Permanente Journal*, 17(2), 44.
16. International Society for Traumatic Stress Studies. (2020). Trauma During Adulthood: Fact Sheet.
17. News release: The CACP membership adopts four new resolutions in 2022. Canadian Association of Chiefs of Police. (2022, July 25). <https://www.cacp.ca/news/news-release-the-cacp-membership-adopts-four-new-resolutions-in-2022.html>
18. British Columbia Ministry of Children and Family Development. (2017). Healing Families, Helping Systems: A Trauma-Informed Practice Guide for Working with Children, Youth and Families.
19. Bateson, K., McManus, M., & Johnson, G. (2019). Understanding the use, and misuse, of adverse childhood experiences (aces) in trauma-informed policing. *The Police Journal: Theory, Practice and Principles*, 93(2), 131–145. <https://doi.org/10.1177/0032258x19841409>
20. Magruder, K. M., McLaughlin, K. A., & Elmore Borbon, D. L. (2017, October 9). Trauma is a public health issue. *European journal of psychotraumatology*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5800738/>
21. British Columbia Ministry of Children and Family Development. (2017). Healing Families, Helping Systems: A Trauma-Informed Practice Guide for Working with Children, Youth and Families.
- 22.
23. D'Anniballe, J. (2012). Understanding the Neurobiology of Trauma: Implications for Working Effectively with Adults and Adolescents. Safe House Partnerships.
24. AbuHasan, Q., Reddy, V., & Siddiqui, W. (2019). Neuroanatomy: Amygdala.
25. The Sexual Trauma & Abuse Care Center. (n.d.). Neurobiology of Trauma. <http://stacarecenter.org/handouts-downloads>
26. Center for Substance Abuse Treatment (US). Trauma-Informed Care in Behavioral Health Services. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. (Treatment Improvement Protocol (TIP) Series, No. 57.) Chapter 3, Understanding the Impact of Trauma.
27. Chivers-Wilson, K. A. (2020). Sexual assault and posttraumatic stress disorder: A review of the biological, psychological and sociological factors and treatments. *McGill Journal of Medicine*, 9(2). <https://doi.org/10.26443/mjm.v9i2.663>
28. Hopper, J. (2021). "Reflexes and Habits" Is Much Better Than "Fight or Flight." <https://www.psychologytoday.com/us/blog/sexual-assault-and-the-brain/202102/why-fight-or-flight-doesnt-reflect-the-response-sexual>
29. Hopper, J., Lonsway, K.A., Archambault, J. (2020). Important Things to Get Right About the "Neurobiology of Trauma." End Violence Against Women International.
30. Hopper, J. (2021). "Reflexes and Habits" Is Much Better Than "Fight or Flight." <https://www.psychologytoday.com/us/blog/sexual-assault-and-the-brain/202102/why-fight-or-flight-doesnt-reflect-the-response-sexual>

31. Hopper, J. (2021). "Reflexes and Habits" Is Much Better Than "Fight or Flight." <https://www.psychologytoday.com/us/blog/sexual-assault-and-the-brain/202102/why-fight-or-flight-doesnt-reflect-the-response-sexual>
32. Hopper, J. (2021). "Reflexes and Habits" Is Much Better Than "Fight or Flight." <https://www.psychologytoday.com/us/blog/sexual-assault-and-the-brain/202102/why-fight-or-flight-doesnt-reflect-the-response-sexual>
33. Hopper, J. (2021). "Reflexes and Habits" Is Much Better Than "Fight or Flight." <https://www.psychologytoday.com/us/blog/sexual-assault-and-the-brain/202102/why-fight-or-flight-doesnt-reflect-the-response-sexual>
34. Schmidt, N. B., Richey, J. A., Zvolensky, M. J., & Maner, J. K. (2008). Exploring human freeze responses to a threat stressor. *Journal of behavior therapy and experimental psychiatry*, 39(3), 292-304.
35. Hopper, J., Lonsway, K.A., Archambault, J. (2020). Important Things to Get Right About the "Neurobiology of Trauma." *End Violence Against Women International*.
36. Hopper, J., Lonsway, K.A., Archambault, J. (2020). Important Things to Get Right About the "Neurobiology of Trauma." *End Violence Against Women International*.
37. Hopper, J., Lonsway, K.A., Archambault, J. (2020). Important Things to Get Right About the "Neurobiology of Trauma." *End Violence Against Women International*.
38. Hopper, J., Lonsway, K.A., Archambault, J. (2020). Important Things to Get Right About the "Neurobiology of Trauma." *End Violence Against Women International*.
39. Hartinger-Saunders, R. M., Rittner, B., Wieczorek, W., Nochajski, T., Rine, C. M., & Welte, J. (2011). Victimization, psychological distress and subsequent offending among youth. *Children and Youth Services Review*, 33(11), 2375–2385. <https://doi.org/10.1016/j.chilcyouth.2011.08.009>
40. Berg, M. T., & Schreck, C. J. (2022). The meaning of the victim–offender overlap for criminological theory and crime prevention policy. *Annual Review of Criminology*, 5, 277-297.
41. Bucerius, S. M., Oriola, T. B., & Jones, D. J. (2022). Policing with a public health lens—Moving towards an understanding of crime as a public health issue. *The Police Journal*, 95(3), 421-435.
42. Jones, D. J. (2021). Universal precautions: A methodology for trauma-informed justice. *Journal of Community Safety and Well-Being*, 6(3), 156-159.
43. Mazerolle, L., Bennett, S., Davis, J., Sargeant, E., & Manning, M. (2013). Procedural justice and police legitimacy: A systematic review of the research evidence. *Journal of experimental criminology*, 9, 245-274.
44. Mant, M., de la Cova, C., & Brickley, M. B. (2021). Intersectionality and trauma analysis in bioarchaeology. *American Journal of Physical Anthropology*, 174(4), 583–594. <https://doi.org/10.1002/ajpa.24226>
45. Center for Research & Education on Violence Against Women & Children. (2015). Issue 15: Intersectionality. Learning Network - Western University. https://gbvlearningnetwork.ca/our-work/issue-based_newsletters/issue-15/index.html
46. Center for Research & Education on Violence Against Women & Children. (2015). Issue 15: Intersectionality. Learning Network - Western University. https://gbvlearningnetwork.ca/our-work/issue-based_newsletters/issue-15/index.html

47. Center for Research & Education on Violence Against Women & Children. (2015). Issue 15: Intersectionality. Learning Network - Western University. https://gbvlearningnetwork.ca/our-work/issue-based_newsletters/issue-15/index.html
48. Center for Research & Education on Violence Against Women & Children. (2015). Issue 15: Intersectionality. Learning Network - Western University. https://gbvlearningnetwork.ca/our-work/issue-based_newsletters/issue-15/index.html
49. Center for Research & Education on Violence Against Women & Children. (2015). Issue 15: Intersectionality. Learning Network - Western University. https://gbvlearningnetwork.ca/our-work/issue-based_newsletters/issue-15/index.html
50. Seto, C. (2020). What is intergenerational trauma and how do you heal from it?. United Way Greater Toronto. <https://www.unitedwaygt.org/issues/what-is-intergenerational-trauma-and-how-do-you-heal-from-it/>
51. Aguiar, W., & Halseth, R. (2015). Aboriginal Peoples and Historical Trauma: The Process of Intergenerational Transmission. National Collaborating Centre for Aboriginal Health.
52. Aguiar, W., & Halseth, R. (2015). Aboriginal Peoples and Historical Trauma: The Process of Intergenerational Transmission. National Collaborating Centre for Aboriginal Health.
53. Government of Canada (2012). (Not all) Hurt people hurt people: Re-thinking the Victim-Offender Overlap. Office of the Federal Ombudsperson for Victims of Crime. <https://www.victimsfirst.gc.ca/res/pub/ROV-ROV/index.html>
54. Department of Justice Canada. (2023). Indigenous overrepresentation in the criminal justice system. JustFacts. <https://www.justice.gc.ca/eng/rp-pr/jr/jf-pf/2019/may01.html>
55. Mental Health Commission of Canada. (2021). Shining A Light On Mental Health In Black Communities. Retrieved from <https://mentalhealthcommission.ca/resource/shining-a-light-on-mental-health-in-black-communities>
56. Lee, A. T., Chin, P., Nambiar, A., & Hill Haskins, N. (2023). Addressing intergenerational trauma in Black families: Trauma-informed socioculturally attuned family therapy. *Journal of marital and family therapy*, 49(2), 447-462. <https://onlinelibrary.wiley.com/doi/full/10.1111/jmft.12632>
57. Cotter, A. (2022). Perceptions of and experiences with police and the justice system among the Black and Indigenous populations in Canada. Statistics Canada.
58. Lee, A. T., Chin, P., Nambiar, A., & Hill Haskins, N. (2023). Addressing intergenerational trauma in Black families: Trauma-informed socioculturally attuned family therapy. *Journal of marital and family therapy*, 49(2), 447-462.
59. Polanco-Roman, L., Danies, A., & Anglin, D. M. (2016). Racial discrimination as race-based trauma, coping strategies, and dissociative symptoms among emerging adults. *Psychological Trauma: Theory, Research, Practice, and Policy*, 8(5), 609.
60. Statistics Canada. (2020). Sexual minority people almost three times more likely to experience violent victimization than heterosexual people. *The Daily*. <https://www150.statcan.gc.ca/n1/daily-quotidien/200909/dq200909a-eng.htm>
61. Canadian Mental Health Association. (n.d.). Lesbian, Gay, Bisexual, Trans & Queer identified People and Mental Health. <https://ontario.cmha.ca/documents/lesbian-gay-bisexual-trans-queer-identified-people-and-mental-health/>

62. Department of Justice Canada. (2021). Police Discretion with Young Offenders. <https://www.justice.gc.ca/eng/rp-pr/cj-jp/yj-jj/dscre/org/styles.html>
63. Center for Substance Abuse Treatment (US). Trauma-Informed Care in Behavioral Health Services. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. (Treatment Improvement Protocol (TIP) Series, No. 57.) Chapter 2, Trauma Awareness
64. Center for Substance Abuse Treatment (US). Trauma-Informed Care in Behavioral Health Services. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. (Treatment Improvement Protocol (TIP) Series, No. 57.) Chapter 2, Trauma Awareness
65. Watson, R. (2018). How trauma impacts the seven senses. Family Futures. <https://www.familyfutures.co.uk/trauma-impacts-seven-senses/>
66. Statistics Canada. (2022). Quality of Life Hub. <https://www160.statcan.gc.ca/index-eng.htm>
67. Center for Substance Abuse Treatment (US). Trauma-Informed Care in Behavioral Health Services. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. (Treatment Improvement Protocol (TIP) Series, No. 57.)
68. Public Health Agency of Canada. (2018). Trauma and violence-informed approaches to policy and practice. <https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html>
69. Canadian Association of Chiefs of Police. (2019). Canadian Framework for Collaborative Police Response on Sexual Violence. Retrieved from https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjuorru4fiDAXukIkEHRWaDZQQFnoE-CAoQAAQ&url=https%3A%2F%2Fwww.cacp.ca%2Fcrime-prevention-committee.html%3Fasst_id%3D2059&usg=AOvVaw1dbdWUYKnoC9HLeIPBmCA&opi=89978449.
70. 73 <https://www160.statcan.gc.ca/index-eng.htm>
71. Canadian Charter of Rights and Freedoms
72. Center for Substance Abuse Treatment (US). Trauma-Informed Care in Behavioral Health Services. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. (Treatment Improvement Protocol (TIP) Series, No. 57.)
73. 2019. The Hague Principles on Sexual Violence.
74. Statistics Canada. (2022). A comprehensive portrait of police-reported crime in Canada, 2021. The Daily. <https://www150.statcan.gc.ca/n1/daily-quotidien/220802/dq220802a-eng.htm>
75. Herek et al. 2002; Peel 1999; Wolff and Cokely 2007
76. Herek et al. 2002; Peel 1999; Wolff and Cokely 2007
77. Canadian Association of Chiefs of Police. (2019). Canadian Framework for Collaborative Police Response on Sexual Violence. Retrieved from https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjuorru4fiDAXukIkEHRWaDZQQFnoE-CAoQAAQ&url=https%3A%2F%2Fwww.cacp.ca%2Fcrime-prevention-committee.html%3Fasst_id%3D2059&usg=AOvVaw1dbdWUYKnoC9HLeIPBmCA&opi=89978449.
78. Champine, R. B., Lang, J. M., Nelson, A. M., Hanson, R. F., & Tebes, J. K. (2019). Systems measures of a trauma-informed approach: A systematic review. *American Journal of Community Psychology*, 64(3-4), 418-437.

79. Women and Gender Equality Canada. (2023). What is 2SLGBTQI+? <https://women-gender-equality.canada.ca/en/free-to-be-me/what-is-2slgbtqi-plus.html>
80. Immigration, Refugee and Citizenship Canada. (2019). Abuse: Types of Abuse. <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/operational-bulletins-manuals/service-delivery/abuse/types-abuse.html>
81. Public Health Ontario. (2020). Adverse Childhood Experiences (ACEs): Interventions to Prevent and Mitigate the Impact of ACEs in Canada.
82. Immigration, Refugees and Citizenship Canada. (2023). Unconscious Bias Training Module for Panel Members and Their Clinic Staff. <https://www.canada.ca/en/immigration-refugees-citizenship/news/video/unconscious-bias-training.html>
83. Canadian Association of Chiefs of Police. (2019). Canadian Framework for Collaborative Police Response on Sexual Violence. Retrieved from https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjuorru4fiDAXukIkEHRWaDZQQFnoE-CAoQAAQ&url=https%3A%2F%2Fwww.cacp.ca%2Fcrime-prevention-committee.html%3Fasst_id%3D2059&usg=AOvVaw1dbdWUYKnoC9HLeIPBmCA&opi=89978449.
84. Center for Substance Abuse Treatment (US). Trauma-Informed Care in Behavioral Health Services. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. (Treatment Improvement Protocol (TIP) Series, No. 57.) Section 1, A Review of the Literature. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK207192/>
85. Varcoe, C., & Browne, A. J. (2015). Culture and cultural safety: Beyond cultural inventories. In C. D. Gregory, L. Raymond-Seniuk, L. Patrick, & T. Stephen (Eds.), *Fundamentals: Perspectives on the Art and Science of Canadian Nursing*, 216-231. Philadelphia: Lippincott.
86. First Nations Health Authority . (2021). Anti-Racism, Cultural Safety & Humility Framework.
87. Cruz, D., Lichten, M., Berg, K., & George, P. (2022). Developmental trauma: Conceptual framework, associated risks and comorbidities, and evaluation and treatment. *Frontiers in Psychiatry*, 13, 800687.
88. Department of Justice. (2003). Public Service Employment Act. <https://laws-lois.justice.gc.ca/eng/acts/p-33.01/page-1.html#:~:text=in%20alphabetical%20order%3A-,equity%2Dseeking%20group,groupe%20en%20qu%C3%AAte%20d%27%C3%A9quit%C3%A9>
89. Ndegwa, A., & McDonald , S. (2023). Hate Crimes in Canada. *Victims of Crime Research Digest* No. 16. <https://www.justice.gc.ca/eng/rp-pr/cj-jp/victim/rd16-rr16/p1.html>
90. Sotero, M. (2006). A conceptual model of historical trauma: Implications for public health practice and research. *Journal of health disparities research and practice*, 1(1), 93-108.
91. Social Service. *Encyclopedia Britannica*. (2024). <https://www.britannica.com/topic/social-service>
92. Public Health Agency of Canada. (2018). Trauma and violence-informed approaches to policy and practice. <https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html>
93. Public Health Agency of Canada. (2022). How to integrate intersectionality theory in quantitative health equity analysis? A rapid review and checklist of promising practices. Retrieved from <https://www.canada.ca/en/public-health/services/publications/science-research-data/how-integrate-intersectionality-theory-quantitative-health-equity-analysis.html>.

94. Canadian Association of Chiefs of Police. (2019). Canadian Framework for Collaborative Police Response on Sexual Violence. Retrieved from https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjurru4fiDAXukIkEHRWaDZQQFnoE-CAoQAAQ&url=https%3A%2F%2Fwww.cacp.ca%2Fcrime-prevention-committee.html%3Fasst_id%3D2059&usg=AOvVaw1dbdWUYKnoC9HLeIPBmCA&opi=89978449.
95. Public Health Agency of Canada. (2023). Posttraumatic stress disorder (PTSD). Government of Canada. Retrieved from <https://www.canada.ca/en/public-health/topics/mental-health-wellness/post-traumatic-stress-disorder.html>.
96. Canadian Centre for Occupational Health and Safety
97. Government of Canada. (2023). Guide on Equity, Diversity and Inclusion Terminology. Retrieved from <https://www.noslangues-ourlanguages.gc.ca/en/publications/equite-diversite-inclusion-equity-diversity-inclusion-eng>.
98. Canadian Association of Chiefs of Police. (2019). Canadian Framework for Collaborative Police Response on Sexual Violence. Retrieved from https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjurru4fiDAXukIkEHRWaDZQQFnoE-CAoQAAQ&url=https%3A%2F%2Fwww.cacp.ca%2Fcrime-prevention-committee.html%3Fasst_id%3D2059&usg=AOvVaw1dbdWUYKnoC9HLeIPBmCA&opi=89978449.
99. Bride, B. E. (2007). Prevalence of secondary traumatic stress among social workers. *Social work*, 52(1), 63-70.
100. Canadian Association of Chiefs of Police. (2019). Canadian Framework for Collaborative Police Response on Sexual Violence. Retrieved from https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjurru4fiDAXukIkEHRWaDZQQFnoE-CAoQAAQ&url=https%3A%2F%2Fwww.cacp.ca%2Fcrime-prevention-committee.html%3Fasst_id%3D2059&usg=AOvVaw1dbdWUYKnoC9HLeIPBmCA&opi=89978449.
101. Canadian Association of Chiefs of Police. (2019). Canadian Framework for Collaborative Police Response on Sexual Violence. Retrieved from https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjurru4fiDAXukIkEHRWaDZQQFnoE-CAoQAAQ&url=https%3A%2F%2Fwww.cacp.ca%2Fcrime-prevention-committee.html%3Fasst_id%3D2059&usg=AOvVaw1dbdWUYKnoC9HLeIPBmCA&opi=89978449.
102. Canadian Association of Chiefs of Police. (2019). Canadian Framework for Collaborative Police Response on Sexual Violence. Retrieved from https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjurru4fiDAXukIkEHRWaDZQQFnoE-CAoQAAQ&url=https%3A%2F%2Fwww.cacp.ca%2Fcrime-prevention-committee.html%3Fasst_id%3D2059&usg=AOvVaw1dbdWUYKnoC9HLeIPBmCA&opi=89978449.
103. Center for Substance Abuse Treatment (US). Trauma-Informed Care in Behavioral Health Services. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. (Treatment Improvement Protocol (TIP) Series, No. 57.)
104. Canadian Association of Chiefs of Police. (2019). Canadian Framework for Collaborative Police Response on Sexual Violence. Retrieved from https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjurru4fiDAXukIkEHRWaDZQQFnoE-CAoQAAQ&url=https%3A%2F%2Fwww.cacp.ca%2Fcrime-prevention-committee.html%3Fasst_id%3D2059&usg=AOvVaw1dbdWUYKnoC9HLeIPBmCA&opi=89978449.

105. Government of Canada. (2023). Guide on Equity, Diversity and Inclusion Terminology. Retrieved from <https://www.noslangues-ourlanguages.gc.ca/en/publications/equite-diversite-inclusion-equity-diversity-inclusion-eng>.
106. Public Health Agency of Canada. (2018). Trauma and violence-informed approaches to policy and practice. <https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html>
107. Canadian Association of Chiefs of Police. (2019). Canadian Framework for Collaborative Police Response on Sexual Violence. Retrieved from https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjurru4fiDAXukIkEHRWaDZQQFnoE-CAoQAAQ&url=https%3A%2F%2Fwww.cacp.ca%2Fcrime-prevention-committee.html%3Fasst_id%3D2059&usg=AOvVaw1dbdWUYKnoC9HLeIPBmCA&opi=89978449.
108. Canadian Association of Chiefs of Police. (2019). Canadian Framework for Collaborative Police Response on Sexual Violence. Retrieved from https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjurru4fiDAXukIkEHRWaDZQQFnoE-CAoQAAQ&url=https%3A%2F%2Fwww.cacp.ca%2Fcrime-prevention-committee.html%3Fasst_id%3D2059&usg=AOvVaw1dbdWUYKnoC9HLeIPBmCA&opi=89978449.
109. Canadian Victims Bill of Rights, 2015
110. Reingle, J.M., 2014. Victim–offender overlap. *The Encyclopedia of Theoretical Criminology*.
111. Canadian Association of Chiefs of Police. (2019). Canadian Framework for Collaborative Police Response on Sexual Violence. Retrieved from https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjurru4fiDAXukIkEHRWaDZQQFnoE-CAoQAAQ&url=https%3A%2F%2Fwww.cacp.ca%2Fcrime-prevention-committee.html%3Fasst_id%3D2059&usg=AOvVaw1dbdWUYKnoC9HLeIPBmCA&opi=89978449.
112. Canadian Association of Chiefs of Police. (2019). Canadian Framework for Collaborative Police Response on Sexual Violence. Retrieved from https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjurru4fiDAXukIkEHRWaDZQQFnoE-CAoQAAQ&url=https%3A%2F%2Fwww.cacp.ca%2Fcrime-prevention-committee.html%3Fasst_id%3D2059&usg=AOvVaw1dbdWUYKnoC9HLeIPBmCA&opi=89978449.
113. Haskell, L., & Randall, M. (2019). The impact of trauma on adult sexual assault victims. *Justice Canada*.
114. Zielinski, M. J., & Veilleux, J. C. (2018). The Perceived Invalidation of Emotion Scale (PIES): Development and psychometric properties of a novel measure of current emotion invalidation. *Psychological assessment*, 30(11), 1454.
115. Uniform Crime Reporting Survey (UCR) Manual; FEBRUARY 2021



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