



Reactions to Trauma at the Community Level

Findings from Participatory Research in
Four Ottawa Neighbourhoods

Executive Summary

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In partnership with Crime Prevention Ottawa (CPO), Pinecrest-Queensway Community Health Centre (PQCHC) conducted research in four west end Ottawa Community Housing (OCH) communities on reactions to traumatic incidents at a neighbourhood level. The purpose of this research was to better understand how trauma affects residents' interactions with each other, with their neighbourhood, and with service providers. We also wanted to know how individual and neighbourhood level traumas interact. For example, does neighbourhood trauma aggravate trauma that occurred earlier in a person's life, or affect the residents' responses to neighbourhood trauma? What can service providers do to minimize the impact of neighbourhood trauma? And how can service providers grow resilience, wellbeing and connectedness at individual and community levels, knowing that many residents have experienced some type of personal trauma in their lives?

What did we do? We took a trauma-informed approach to this study. We worked hard to keep all participants safe and minimize the risk of harm. We worked with experts in the community to decide what to ask and how to ask it. The project was also guided by an Advisory Committee made up of PQCHC staff and other experts (see Appendix 1 for list of Members). Four priority neighbourhoods were chosen from within the PQCHC catchment. All four had experienced multiple traumatic events within the last 12 months. To get to know the strengths and challenges of each neighbourhood, researchers interviewed 17 staff members working in the four neighbourhoods in the summer of 2015. Between August and November 2015, researchers interviewed 20 residents from the same four neighbourhoods. Service providers and residents interviewed are diverse. People live in different types of housing (apartment buildings and town homes) and family groups (families, singles, seniors). They come from different cultural, linguistic, and religious backgrounds, and have experienced different kinds of trauma. For more information on our approach and methodology, ethical considerations, and sample, please see Appendix 2.

What is trauma? Traumatic events are experiences or situations that are emotionally painful and distressing. They overwhelm a person's ability to cope, and leave them feeling powerless or out of control. Trauma can be a single event (shooting), or repeated events (ongoing domestic abuse). It can affect an individual or a group (genocide). Trauma can also be passed down through generations (residential school survivors). In this study, we use the term trauma to talk about a continuum of stressors. These range from acute traumatic stressors as a result of life threatening incidents, to chronic ongoing toxic stressors. We asked respondents to identify the neighbourhood events or

situations that they experienced as traumatic. Interviewers then explored how these events affected residents' feelings of safety, belonging and connectedness. Some residents shared how neighbourhood events brought up previous personal trauma, and how this affected how they live in their neighbourhood. Finally, residents talked about what changes they would make in their neighbourhood to help them feel safer and more connected.

What did we hear? We heard similar things when we spoke with residents and service providers. Our findings can be used to improve the work of systems and supports that respond to acute neighbourhood traumatic events. They can also be used to improve services that develop individual and community-level resiliency and wellbeing in the face of chronic stressors and cumulative trauma.

- 1. Acute traumatic events and chronic stressors explain individual behaviours and neighbourhood dynamics.** Participants found shootings and illicit drug activities to be most traumatic. This was the case even for those people who were not traumatized by these events over the long-term. Surprisingly, chronic “toxic” stressors were also commonly identified as traumatizing, and as triggering previous personal trauma. Stressors most often mentioned are interpersonal conflict and gossip, and systems and services that stigmatize and dehumanize. Respondents want services and supports that are more responsive and more sensitive to them as human beings: less judgmental, less stigmatizing, and quicker to respond.
- 2. Reactions to trauma are complex and call for individualized, trauma-informed systems responses.** The connection between neighbourhood violence, personal trauma, and community connectedness is complex. There are many factors that shape the kinds of incidents that take place, how the neighbourhood reacts, and how individuals react. Each neighbourhood is unique; every individual is unique. Although a small sample, the people interviewed in this study show a range of coping strategies that people use to deal with neighbourhood and personal trauma. We see that some residents are more vulnerable because of exposure to multiple risk factors (poverty, addiction, unemployment, mental and physical disability, previous trauma), and low protective factors (especially low social support). Others are ‘flourishing’: they use typically healthy coping strategies to deal with stressors, are employed, socially connected, in good health, and capable of supporting those around them. Systems-level responses to traumatic events need to reflect the unique ways that people respond, and be able to adjust and react appropriately. This includes drawing on the strengths of those who are flourishing to help build the capacities of those who are struggling.

3. **Support for current community development work: build on strengths.** Study participants talk about deep strengths in their neighbourhoods. Many feel very connected, and are very proud of their neighbourhood. Residents want to build on these existing community strengths and shift the atmosphere in the neighbourhood to focus on positives and mutual support. Respondents are also looking for opportunities for personal development and meaningful involvement in community. Due to their personal histories, residents have varying levels of personal resiliency to draw on. Findings from this study point to the need for more training and ongoing opportunities to “fill their resiliency cup”. The need for all involved to acknowledge personal history, take self-care measures, and manage ongoing exposure to prevent vicarious trauma, emerged as an important theme for residents and service providers alike. There are opportunities to leverage individual skills, as well as neighbourhood strengths. Community development work that builds personal skills, including through peer initiatives, can help build resiliency in those at risk. These activities are important both as part of an immediate response to a neighbourhood incident, as well as over the longer-term.
4. **Targeted needs.** Respondents who are socially isolated tend to be at risk for other challenges, including physical and mental health problems. Respondents who are survivors of extreme abuse continue to feel the effects of this abuse ripple through their lives unless healing takes place. Newcomers to Canada are another group that needs particular attention: many are working multiple jobs, while also attending school to upgrade their skills or learning English. If they also have children, families have to make difficult choices as to where to place their attention and time. Even when there are opportunities to connect at the Community House, some newcomers may not have the time to invest. Finally, maximizing healthy opportunities for children and youth to grow, especially building positive social connections and a vision for the future, came up in many interviews. For all of these sub-groups, our findings suggest the importance of taking a trauma-informed approach to enhance existing initiatives, or design new activities, in order to meet these very diverse needs. This is especially true for those who fall into multiple at-risk groups.

What is next? The issue of neighbourhood violence and trauma is complex, and requires a coordinated, collaborative, multi-partner response. Immediately following a traumatic incident, residents need to be supported using a trauma-informed approach. This immediate response needs to be complemented by longer-term community development work that focuses on building individual and community resiliency. To be successful, the work of residents, local service

providers and trauma response teams needs to be supported by policies and programs at the municipal, provincial and federal levels. In keeping with best practices, interventions need to be targeted at the Individual, Interpersonal, Community, and Systems levels.



First and foremost, residents need to have access to trauma-informed appropriate supports, including mental health and addictions services. Trauma-informed approaches meet people 'where they are at'. They are non-judgmental and focus on people's safety. These approaches build trust by treating people with respect and dignity, and offer clients choice. Work on supporting resilience with vulnerable people also suggests emphasizing "low-cost, accessible strategies" that develop individuals' presence, compassion, gratitude, forgiveness, justice and temperance. Developing these capabilities strengthens residents' abilities to process, manage and respond to traumatic incidents in positive ways. These growing abilities can in turn help people be more resilient in the face of challenging circumstances. When residents cannot get timely access to mental health and addictions services, we see negative outcomes cascade from the affected individual into the lives of people closest to them, and then into the neighbourhood.



Residents also need opportunities to develop interpersonal skills, including building trust and social connections. Residents impacted by personal trauma may cope by isolating themselves in response to neighbourhood traumatic events. Unfortunately this response also cuts them off from positive supports that may be available in the community. Examples of how a trauma-informed approach can be applied following a neighbourhood traumatic event include: (1) creating opportunities for residents to see healthy behaviours being modeled by community leaders; (2) developing positive peer to peer relationships; and (3) group activities that allow residents to share, make sense of the traumatic event, and to offer and receive support.



Just as individuals need opportunities to make sense of events, similar opportunities are needed at the neighbourhood or community level. Giving communities ownership and control over how they are perceived is an important aspect of the trauma-informed approach. The stories that a community tells about itself are key to its identity, and to the identity of its members. Creating ways for the community as a whole to come together, to make sense not only of past and current traumatic events or challenges, but also to plan for the future, can support healing following a traumatic incident. This includes giving residents space to name their challenges and also identify solutions. Community-based planning needs to build on strengths; include opportunities for community ownership and leadership; take a phased approach that builds on concrete, specific successes over time; and be sustainable.



Systems and services intended to help can re-traumatize. Trauma-informed best practices emphasize the importance of neighbourhood-level work to address pre-existing risk factors and toxic stressors, and to build individual and community resilience. They also point to the importance of effective post-incident response. CPO's Post-Incident Response Network Framework has many elements that are in keeping with trauma-informed principles. For example, it focuses on developing multi-level partnerships, clear communications, and targeted responses to incidents. The Framework gives communities a template to assist in identifying the range of partners, responsibility areas, and specific actions that are appropriate when responding to an acute neighbourhood incident. The Framework highlights the importance of good communication, including making sure that community voices and priorities are heard, and reflected back to community members, in a timely way. Finally the Framework is also clear about the need for post-incident responders to work with ongoing community development work that work with the community's strengths. The Framework could be applied using the principles of trauma-informed service delivery so that these principles are reflected across the system, and within its component organizations.



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