

MAY 28, 2025 | CLAYTON HALL, SURREY

Child and Youth Mental Health and Substance
Use Community of Practice

Surrey Police Service: Trauma-Informed Practices

POST-EVENT REPORT





Event Summary

Surrey Police Service attended a session led by physicians from the Shared Care, Child and Youth Mental Health and Substance Use Community of Practice (CoP) ACEs working group.

Attendees

Representatives from the Surrey Police Service (Youth Team, Office of the Chief Constable, Youth Probation, Sex Crimes, Wellness Team), Doctors of BC, Ministry of Child and Family Development, School District 36 (Safe Schools), Sources Community Resources Society, Pacific Community Resources Society, Restorative Justice Association of BC, BC Victim Services, Ministry of Public Safety & Solicitor General Victim Services, Surrey District Parental Advisory Council, Fraser Health Authority.



Key Learning Objectives

- ▶ Understand the neuroscience of intergenerational trauma.
- ▶ Recognize the impacts of trauma through the presenters' lived experience.
- ▶ Develop ways to identify and assess mental health risks in the community.
- ▶ Learn practical tips from the Forensic team on how to mitigate risks.
- ▶ Manage crisis through self-regulation and co-regulation.

Key Learnings

Lived experience presentation: Steve Pelland, Peer Support Worker with BC Mental Health and Substance Use Services Community Transition Team

- ▶ Growing up on a farm in Abbotsford, he felt like a social outcast. In high school, he gravitated towards the group that would accept him most—the groups that were using substances.
- ▶ Experimentation quickly evolved into a heroin addiction. Eventually, Steve was kicked out of school and his home, landing in police custody for shoplifting.
- ▶ Public safety doesn't have to be done cruelly. Compassion, understanding, and seeking to learn are helpful approaches.
- ▶ Steve noted that while police often handled their interactions with him well, the few bad experiences stand out.



Ragnar, a fully-trained Occupational Stress Intervention dog, helps police officers take off their mental body armour in addition to their physical armour.

“Addiction is a disease. It’s not my fault that I have this disease, but it’s my responsibility to do something about it,” reflects Steve Pelland. “Most of us that are out there doing that kind of stuff, they’re sick people trying to get better. I wasn’t a bad person, I didn’t want to be doing what I was doing, but it was a force larger than my own making.”

— Mr Steve Pelland

Adverse childhood experiences (ACEs) and trauma-informed care for newcomers: Dr Shirley Sze

- ▶ Refugees, particularly, are at higher risk for PTSD, depression, and other mental health challenges.
- ▶ Factors that can induce or exacerbate mental health challenges include social isolation, living in a high-crime area, lack of opportunities, discrimination, and past, ongoing, and intergenerational trauma.
- ▶ Police become the de facto gatekeepers to mental health supports or criminalization. This puts police in an especially privileged position to support those vulnerable populations they encounter.
- ▶ Adverse childhood experiences can include exposure to **abuse, neglect, violence, incarceration, and substance abuse.**
- ▶ **Remember the four Cs of trauma-informed care:** stay **calm**; **contain** the interaction; emphasize **care** and **coping** skills.
- ▶ For vulnerable populations in particular, the sense of being **seen, heard, held, and valued** is crucial, before we can pass that along to others.

💬 “Adopting a trauma-informed approach isn’t a treatment, or a technique; it’s a paradigm shift.”
— Dr Shirley Sze





The neuroscience of trauma and human responses: Dr Linda Uyeda

- ▶ Half of all people in prisons in Canada have had adverse childhood experiences.
- ▶ The sympathetic nervous system does not distinguish between physical and emotional threats.
- ▶ The amygdala, the alarm or danger receptor in our brains, can become enlarged through trauma.
- ▶ When humans go into fight/flight/fawn/freeze mode, they're no longer thinking, they're reacting.
- ▶ Repetition strengthens neuronal pathways. Repeated trauma can cement a trauma response in a person.

Example: During a police interaction, the officer may believe that they are polite, professional, and calm. But small things such as speed of movement, speed of speech, volume level, and even just the uniform can trigger trauma in others, during which time their blood pressure climbs.

💬 "If my patients don't trust me, they won't move forward with me. They won't trust my advice, they won't walk with me. So, I need to recognize what may be triggering to my patients."

— Dr Linda Uyeda

- ▶ **Attachment theory:** A young person uses an adult as a scaffold. In times of stress, infants use their caregiver as a source of comfort and security to co-regulate their emotions.
- ▶ Insecure attachment in infancy can result in mental health disorders (depression, anxiety, major mental illness, personality disorders), physical health problems (asthma, chronic obstructive pulmonary disease, hypertension, cardiovascular disease), and relationship difficulties.
- ▶ Benefits of a trauma-informed approach: increased emotional intelligence and sense of agency; fulfillment and satisfaction in resolving challenging situations; healthier relationships in all areas.

Impacts of intergenerational trauma: Dr Terri Aldred

- ▶ Cultural humility and awareness require reflecting on one's own cultural identity and recognizing its impact on one's professional practice.
- ▶ Cultural competence is the set of behaviours, attitudes, and policies that come together to enable a system, agency, or professional to work effectively in cross-cultural situations.
- ▶ When we offer public services to people from another culture, especially when there's a power imbalance, systemic or personal pressures may allow our biases to influence our actions.
- ▶ For centuries, Indigenous communities governed themselves and had their own cultural and wellness practices, which were eroded or dismantled through colonization.
- ▶ Biases exist, perhaps imperceptibly, in access to resources and care. The over-representation of Indigenous people living in poverty or unhoused is a symptom of the systems of oppression they've faced.
- ▶ Being strong in who you are and in your cultural practices often gives you what you need to reconnect with yourself.
- ▶ Indigenous teachings often recognize the interplay between the health of an individual and the health of the community.

💬 "Learn about Indigenous brilliance and success as much as you learn about Indigenous suffering and trauma."
— Dr Terri Aldred quoting Len Pierre



💬 “Policing is easy when all you do is show up, arrest someone who committed a crime, take them to jail, that’s it. It’s emotionally disconnected. Our officers that are doing more of that connection, especially our youth officers, it’s a lot more difficult. You’re invested, you make connections. But ultimately, while it’s more work, it is what’s going to be the best thing for the present and future safety of the community.”

— Sgt Mike Grandia



Mitigating trauma factors with positive supports: Dr Lawrence Yang

- ▶ One in 20 people meets the criteria for PTSD or complex PTSD. For refugees, it's one in five. For people in prison, it's as high as one in two.
- ▶ Positive childhood experiences include: a safe caregiver, supportive friends, belonging in school, a nonviolent home, predictable routines, feeling capable, and opportunities to help others.
- ▶ We want to avoid the enforcement mentality, which focuses on "deserved" punishment and retribution.
- ▶ Working from a place of ego leads to lapses in self-awareness and judgment.
- ▶ A trauma-informed approach means speaking to ourselves as we'd speak to a friend going through a negative experience.

▶ Why it matters in Surrey:

- + Violent/repeat offenders and aggression reflect deeper wounds. Police can either widen or help close these wounds.
- + Fight, flight, freeze, and fawn responses might look like disrespect or defiance. Some violent words and actions look like fully committed choices, but they are survival instincts.
- + Adverse childhood experiences predict poor outcomes. Positive childhood experiences buffer against them.
- + Consistent respect and calmness in interactions can heal, not just contain, trauma.
- + Simple phrases regulate, not escalate. For example, "You're safe now" or "I'm here to help you."
- + Proximity, Predictability, Power-Sharing
 - ▶ Explain what's coming next.
 - ▶ Offer small choices.
 - ▶ Respect personal space as much as possible.
- + Micro-interactions can build safety: Use names, eye contact, and be curious without judgment.
- + When policing goes right, there is a reduced escalation to injury.
- + Helping to heal one youth impacts families, neighbourhoods, and future generations.
- ▶ Staying calm and level-headed is crucial when working with a person exhibiting signs of trauma, stress, or other emotional distress. When someone else's storm meets someone's calm, **co-regulation** happens.



Practical approaches, part 1: Dr Jennifer Mervyn

- ▶ Adverse childhood experiences have strong correlations to substance use and alcoholism.
- ▶ If we all approached people recognizing their trauma, it would lead to more positive, safe, and compassionate interactions.
- ▶ There's a lot of confidentiality and privacy emphasized in youth work, but what people never say is, there are benefits to sharing what you're going through with your family.
- ▶ Being careful about blame and being careful about the information we share can drastically improve interactions.
- ▶ Officers are often more focused on legality and criminality than on what might be a healthy approach for the community. At the same time, it's not the opposite; it's not about sending kids back to their parents, especially without knowing what you're sending them into.
- ▶ People with trauma can behave a bit like an overactive smoke detector. Because most of the time, a police interaction for them has been a negative experience. An officer saying "hello" can put someone with past trauma completely on edge, even if, for the officer, it was a benign interaction.
- ▶ Punitive/isolating approaches typically further stigmatize our most vulnerable youth:
 - + We don't forget about discipline, but we choose how and when we discipline wisely.
 - + Kids need boundaries and discipline; it helps them feel safe.
 - + Kids who are labelled a "problem child" feel shame.

Practical approaches, part 2: Dr Robin Routledge

- ▶ Dr Routledge explained the importance of being observant during home visits.
- ▶ Police reporting can have a huge impact on victims, especially those who have gone through deeply traumatic experiences.
- ▶ As the official statement of events, police reports can allow victims to keep their dignity, but they can also create long-term trauma.
- ▶ Dr Routledge particularly emphasized the importance of accurate word choice and not falsely equating events. For example, boxing is not violence, it's sport; rape is not sex, it's forced on someone. Words have the power to re-tell the events while safeguarding those involved from further trauma.



Tips from the Forensic Team: Manjit Singh, David Maciazek

- ▶ Forensic Services Officers shared insights into how they de-escalate situations and take a trauma-informed approach to supporting patients.
- ▶ We need to apply the mental health concepts we learn from physicians and other experts to law enforcement.

“We’re not concerned with the past and what folks may have done, we’re concerned with the person being safe and the community being safe.”
— Manjit Singh

- ▶ David shared that even something as seemingly innocuous as his appearance can be a trigger for some patients in the facility. With experience, he’s become sensitive to the fact that some patients may have had traumatic experiences in the past with men of similar builds. Recognizing potential triggers helps maintain control and ensure patients aren’t inadvertently and unnecessarily re-traumatized.
- ▶ They shared that their approach isn’t one of prejudice or making assumptions. While police in the community might be making more split-second decisions, there is value in staying calm, actively listening, and de-escalating situations for the safety of all concerned.



How to self-regulate and co-regulate in crisis: Dr Rob Lehman

In a crisis:

- ▶ **Be Safe:** Our brains are wired for safety as a survival mechanism, and our bodies automatically prepare to react. Your profession is creating safety for others, the public, and yourself. In your protection role, you are vigilant for any sense of danger or threat, which primes you for reacting to a threat.
- ▶ **Be Calm:** Your sympathetic nervous system is designed to help you survive. Real-life threats in your job, plus your own history, lead to automatic thoughts and reactions. With self-awareness, you can take a moment to reflect on your own perception and any triggers that may be affecting you, and then you can choose your reaction.
- ▶ **Be Patient:** Being aware of our own histories, biases, and triggers allows some space before we react. It also helps us understand others' fears, impairments, and their possible trauma histories, which are affecting their behaviours and reactions. This understanding allows for compassion, an opportunity to co-regulate with them, and a better outcome.

“Dr Lehman, the accuracy of what you described resonated with us, 9-1-1 operators. Patient with lived experience with schizophrenia described to operators in the past that despite their episode having taken place a long time ago, they remember most of that moment how they were treated by first responders.”

— Event attendee from E-Comm 9-1-1



- ▶ **Take a deep, thoughtful breath:** Activate your dorsal vagal response (freeze, rest) and reflect on your biases, automatic thoughts, and triggers. Turn judgment to compassion, give space to alter the automatic response, and facilitate co-regulation.
- ▶ **Respond:** Create safety for all. Match agitation, escalation, and fear with calmness, kindness, and understanding, creating a culture of compassion that the other person may never have experienced.
- ▶ **Always remember to STOP:** Stop, take a breath, observe what is happening, and proceed.
- ▶ A police officer interacting with a member of the community who is in distress and behaving erratically can help that person co-regulate by maintaining a calm, relaxed demeanour.



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