

From clinic to community: Physicians bring trauma-informed practices to policing

Although physicians and police officers work in different systems, their roles intersect in important ways. Both professions regularly encounter individuals experiencing distress, and both must make decisions that affect these individuals' safety and well-being.

These shared realities brought the two professions together in May 2025 in Surrey,¹ when police officers gathered for a crucial conversation about trauma.

At a day-long workshop hosted by the Surrey Police Service, physicians and law enforcement explored how trauma-informed principles can shape interactions with vulnerable youth. Physicians were invited to lead the session for officers, civilian staff, and community partners. The training was organized following previous collaboration with psychologist Dr Jennifer Mervyn, also one of the presenters, who was identified as a strong fit to support training in trauma-informed principles for the Surrey Police Service Youth Services team, which frequently works with vulnerable populations.

Police officers are often the first point of contact when someone experiences a mental health or substance use crisis. Officers can become *de facto* gatekeepers, helping determine whether an individual needs to connect with health supports or when they enter the justice system. Greater awareness of trauma may help officers recognize distress earlier, help de-escalate situations, and support appropriate referrals.

Funding support from the Shared Care Committee (SCC), a partnership between Doctors of BC and the Government of BC, made this learning session between the SCC's Child and Youth Mental Health and Substance Use Community of Practice (CYMHSU CoP) and the Surrey Police Service Youth Services team possible.

Trauma-informed principles can shape interactions with vulnerable youth.

The workshop began with the Adverse Childhood Experiences (ACEs) working group, within the CYMHSU CoP. ACEs² are potentially traumatic experiences in childhood such as abuse, neglect, or household dysfunction that can have long-term effects on an individual's physical and mental health. Participants recognized an opportunity to share clinical knowledge about the neuroscience of trauma with professionals who frequently interact with youth in crisis.

Understanding this context can change how behavior is interpreted. Actions that appear as aggression, withdrawal, or non-compliance may instead reflect trauma responses. ACEs and historical trauma can influence brain development and how individuals perceive threat or authority. Encounters with uniformed officers may, therefore, trigger fight, flight, freeze, or fawn responses.

Shared ground between medicine and policing

Workshop presenters drew parallels between policing and the approach in clinical care.

Establishing trust, recognizing triggers, and understanding a person's history are central to effective patient care. Research also shows that positive individual, family, and community supports can mitigate the potential impacts of ACEs.³ Similar principles can guide police interactions during stressful encounters.

For officers responding to a crisis call, a trauma-informed approach may involve slowing the interaction, using calm communication, and acknowledging the individual's emotional state. Clearly explaining next steps or offering reassurance can help reduce fear and de-escalate tense situations.

Participants reflected on their own responses during difficult encounters. Rather than relying solely on enforcement, trauma-informed practice emphasizes self-awareness, empathy, and understanding the broader context behind behavior.⁴

Expanding collaboration across sectors

The workshop also brought together multiple sectors working with youth and families, including youth probation workers, school district staff, community youth mental health workers, victim services representatives, and Fraser Health staff. This format helped participants better understand each other's roles in supporting individuals who are experiencing crisis.

The workshop generated significant interest, and a similar session was scheduled for other policing jurisdictions in April 2026.

For physicians, the collaboration highlights how pervasive trauma is and how evidence-based trauma awareness can guide responses beyond clinical settings.

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Through sharing expertise across sectors, collaboration can strengthen coordinated crisis responses and support compassionate care for vulnerable populations and providers. ■

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