

Trauma Informed Community Building

Trauma in the East End:

In 2012, the rate of violent crime (a category encompassing homicide, rape, robbery, and aggravated assault) in Richmond City was the highest reported rate among large Virginia cities, and was 1.3 times the average of U.S. cities of comparable size. Richmond has a historically high homicide rate compared to national averages, and has at times been measured as 5 to 11 times the national rate. Growing up in crime-ridden areas has implications for the mental health of children and adults, as those who witness traumatic events on a regular basis can have short- and long-term mental health and behavioral problems.

Exposure to trauma increases children's risk for problems at school, poor mental health, and behavioral problems, and can have cumulative and long-lasting effects on health, development, and functioning in later life. Service providers in the East End reported concerns about the consequences of trauma, including children's loss of a sense of safety, as well as the "normalization" of crime in the community such that residents do not even recognize trauma. An ongoing challenge in treating these individuals is service providers' lack of understanding and appreciation of the profound impacts of trauma on the community.

Trauma-Informed Community Building and the East End:

Trauma is a set of normal human responses to stressful and threatening experiences (National Center for PTSD, 2007). **Residents in low-income and public housing are more prone to experiencing post-traumatic stress disorder (PTSD) and/or cumulative trauma as a result of daily stressors from violence, concentrated poverty, as well as historic structural conditions of racism and disenfranchisement** (Collins, et al., 2010). Adults, children, and families are often overwhelmed with trauma **as a result of their living conditions**. Indeed, in the East End, an overwhelming mistrust and skepticism exists surrounding the redevelopment process, due in part to its ambiguous timeline and lack of concrete information about whether people may be displaced or not allowed to move at all. Stress from an unstable housing situation can exacerbate the aforementioned traumas and take a profound toll on residents' emotional well-being.

Pervasive -- current and historical -- trauma in neighborhoods such as the East End requires community building and revitalization that takes into account residents' emotional needs as well as practices to mitigate the possibility of re-traumatizing triggers. Many "traditional" models of community building sometimes ignore or even exacerbate these triggers, making processes such as revitalization, rehabbing, and relocation traumatic for adults and children. The Trauma-Informed Community Building (TICB) model uses "strategies that de-escalate chaos and stress, and build social cohesion and foster community resilience over time" (Weinstein et al., 2014). The TICB model is an acknowledgement of the profound history of trauma in the East End and an awareness that our approach to redevelopment needs to accommodate the residents' increased risk of trauma.

The TICB model addresses five challenges that trauma-impacted communities face during transformation efforts:

1. **Lack of trust and social cohesion:** social cohesion is an instrumental element of community building that is absent when trauma has depreciated trusting relationships among adults and children.
2. **Lack of stability, reliability, and consistency:** Engaging and sustaining participation of residents in community building activities is difficult if their capacity is overwhelmed by their need to cope with trauma challenges and survive in poverty.
3. **Disempowerment and lack of a sense of community ownership:** Lacking a sense of community ownership or desire to invest in the collective good are immediate barriers to traditional community building strategies of collaborative planning and vision setting.
4. **Inability to vision the future:** While the involvement of residents in setting goals and strategies is a core principle of “traditional” community building, communities affected by trauma have fewer opportunities to invest in planning their future due to persistent barriers to personal and economic growth.
5. **Breadth and depth of community needs:** Community building progress depends on the strength of social support, which can only develop if individuals receive the support that they need to deal with their own trauma. The many effects of trauma - inability to focus, low self-esteem, shame, or guilt - may inhibit many residents to step up in leadership roles.

The outcomes of the TICB model are the conditions for sustainable individual and community change. To address the challenges and reach these outcomes, TICB incorporates four principles:

1. **Do no harm:** The TICB model encourages practitioners and service providers to be aware of past and current trauma and promote activities, programs, and services that avoid re-traumatizing individuals and families in the community.
2. **Acceptance:** The TICB model encourages practitioners and service providers to meet residents where they are and accept the realities of their community conditions. This process allows practitioners and service providers to set expectations accordingly.
3. **Community Empowerment:** Recognize the importance of self-determination to encourage community investment and that everyone can play a supportive role.
4. **Reflective Process:** The TICB model encourages its users to take a sustained approach over multiple generations to improve outcomes in a trauma impacted community.

Existing services in Richmond:

- The **Office of Community Wealth Building** has expressed interest in developing a set of TICB principles.
- Input from **The Informed Neighbors Corps** would be an asset in developing this model.
- The **Creighton Court Tenant Council**