

**Hate Crime Trauma Informed Care:  
A Transdisciplinary Approach**

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### **A Transdisciplinary Approach**

“You think I won’t f\*\*\*ing kill you”, the suspect asked a Black, Somali women. In a separate attack, an accused smashed the window of a car with two Somali women inside, struck one rendering her unconscious, chased the second away, yelled racist epithets, and tore their hijabs off. These are two of many hate crimes that occurred in the summer of 2021 which caused individual and community harm to the Somali community in Edmonton, Alberta (Wakefield, 2021; Wakefield, 2022). Compounding community fear was the 72% increase in police reported hate crimes between 2019 and 2021 (Moreau, 2022). Additionally, intergenerational trauma of Canada’s marginalized communities was in the foreground, due to increased awareness of historical state sanctioned hate, such as the genocide of Indigenous Peoples by way of residential schools and the sixties scoop (Austen, I., 2022; Monchalin, 2016). These policies emulated those directed at racialized communities, such as the internment camps of Japanese – Canadians during WWII (Yao, 2021); and the laws and norms barring Black and Jewish communities from commercial establishments, housing, health care, education, employment, and transportation (Abella & Troper, 2012; Canadian Race Relations Foundation, n.d.; Henry, 2019; Newyouth, n.d.; Walker, 1985). Hate and Hate crime are unique as they attack the fundamental nature and essence of one’s identity, causing disproportionate physical and emotional harm to individuals and communities. A transdisciplinary (TD), trauma informed strategy necessitates their recovery, and requires the understanding of concepts such as hate and hate crimes, individual and community harm, trauma and trauma informed care, socio-ecological and cultural factors, cultural competency, victim centricity, a community centered approach, and transdisciplinarity.

## Hate, Hate Crime and Hate Propaganda

The Supreme Court of Canada (SCC) (*R. v. Keegstra*, 1990) and Bill 36 (Mason & Walker, 2021) defined hate as detestation, vilification, enmity, ill will, and contempt which goes beyond dislike or disdain, and harms Canada's fundamental rights of freedom, safety, and security with its persuasive messages and intent. The SCC determined that hate places marginalized individuals, communities, and society at risk of physical or mental harm, as it perniciously progresses through stages of prejudice, stereotypes, discrimination, hate incidents, hate crimes, and genocide (Syed & Ali, 2020).

Hate can transition to hate crime; however, the magnitude and uniqueness of its harm is not reflected in the Criminal Code of Canada (CC). For example, with few exceptions (hate propaganda offences and Mischief to Religious Property), a standalone hate crime section does not exist (Camp, 2021). Therefore, police, community and academics are burdened with defining hate crime independently. The Alberta Hate Crimes Committee (AHCC, 2022) defines hate crime as a criminal offence committed against a person or property, which is motivated, in whole or in part, by the suspect's hate, bias, or prejudice towards an identifiable group based on, real or perceived race, national or ethnic origin, language, color, religion, sex, age, mental or physical disability, sexual orientation, gender identity or expression, or any other similar factor.

The hate propaganda offences under CC sections 318 and 319 are considered hate crimes, making it an offence to advocate or promote genocide, communicate statements in public that incite hatred, and willfully promote hatred in public against identified communities (Government of Canada, 1985). The research from Allwood et al. (2014) included hate propaganda as a trauma tool, as it spurred government policies and social norms targeting vulnerable communities. For example, the genocidal policies and attitudes against the Indigenous population (MacDonald, 2019; Monchalin 2016), or the racial policies and behaviors prohibiting Jewish immigration, sealing their fate to concentration camps in

eastern Europe (Abella & Troper, 2012). Furthermore, researchers, The Cohen Committee and case law, acknowledge that hate propaganda inflicts significant harm onto identified communities and are a clear and present danger to peaceful coexistence (Walker, J., 2018; Anand, S., 1998; R v. Keegstra, 1990).

### **Victim and Community Impact**

Hate crimes are unique because they perpetrate great harm onto individuals and communities (Paterson & Walters, 2015), and target their intrinsic, fundamental identity, essence and being. These identifiable characteristics are typically a permanent feature of the individual or group. The ripple effect and disproportionate harms of hate crimes are well documented, and include suspicion of others, distrust, unsafe feelings, vulnerability, fear, anxiety, anger, diminished well being, somatization, vigilance, a desire to retaliate, shock, sadness, and symptoms of PTSD. (Allwood et al., 2021; American Psychological Association, 2021; American Psychiatric Association, 2021; Fashola, 2011; Organization for the Security and Co-operation in Europe, 2018; Organization for the Security and Co-Operation in Europe, 2021; Paterson et al., 2018; Perry & Alvi, 2012; Roberts, 1995).

### ***Personalized Stories***

The impact of hate crimes comes to life when hearing stories directly from victims. For example, a Black, Somali woman explained to The Alberta Hate Crimes Committee (2022) that community members were targeted multiple times in Edmonton in the summer of 2021 for being different. These events resulted in worry, fear, trauma, disturbed thoughts, uncertainty, and hesitancy to go out in public. Also, she recognized that her intersectionality increased trauma response, which resembled research from Bohrer, (2019) and The Editors (2020) who demonstrated that oppression and exploitation intensified victimization because of the multiple at-risk and intersecting identities.

Intersectionality was at the foreground when a member of the Asian and LGBTQ2S+ community explained his nervousness before travelling with his partner at the height of COVID19 (personal

communication, September 29, 2022), due to media reports of anti-gay/ anti-Asian hate crimes (CTV News, 2021). While travelling, they observed graffiti which read, “LGBT VIRUS” spraypainted on a building next to a sign welcoming people to Airdrie, Alberta. He immediately felt unsafe, and experienced fear, risk, anxiety, paranoia, vigilance, desire to conceal identity, and was unsure if police would take them seriously, or would blame them if something happened. The awareness was exacerbated by the increase in anti-Asian hate crimes since the advent of COVID-19 (Moreau & Wang, 2022). The research and individual anecdotes highlight the harm hate crime inflicts onto victims and their communities.

### **Trauma**

Hate crime research on impact and their anecdotes have hallmarks of trauma. To demonstrate, the Substance Abuse and Mental Health Services Administration (SAMHSA) (2014) and Bryant-Davis and Ocampo (2005) defined trauma response as a physical or emotional harmful event, series of events or set of circumstances that affects a person’s functioning, and physical, social, emotional, or spiritual well being. The affects may be acute or long-lasting. Individuals may report a single event or have exposure to multiple or chronic traumatic events. SAMHSA noted that trauma affects go beyond the targeted individuals and includes families, groups, communities, cultures, and generations that know of the event. SAMHSA and Bryant-Davis and Ocampo stated trauma can cause psychological, physiological, emotional, cognitive, and social harm. The harms may include PTSD, mental health disorders and substance abuse, fear, vigilance, and anxiety – all trauma responses. Furthermore, the authors stated that it is not just the event that determines trauma, but a person’s experience of the event, which is influenced by cultural factors. The study is similar to research on hate crime impacts that indicate that hate crime inflicts trauma onto individuals and their affiliated communities.

## **Hate Crime Trauma**

Research revealed similarities between hate crime impacts and hate crime trauma at both the individual and community level. To illustrate, Altwood et al. (2021) researched trauma after a hate crime, and noted that, like impacts, the intention of hate crime is to impart fear, anxiety, psychological damage, exclusion, destruction of the community's core culture and values, and to assert the superiority of perpetrators over the marginalized. Furthermore, Allwood et al. and Bryant-Davis and Ocampo (2005), noted that trauma can occur because of a single event or multiple occurrences. Additionally, they demonstrated that hate crime responses can be long lasting and life threatening for the victim and their community, with emotional, behavioral, and physical responses such as PTSD, depression, psychological distress, low self esteem, psychophysiological disease, and poor health – all responses that match victim and community impacts.

### **Socio-cultural Factors Affecting Trauma Response to Hate Crimes.**

Socio cultural factors influence survivor trauma response because elements such as the survivor's environment, life context and experience, socio-economic position, education, and time in the country determines response. To illustrate, SAMHSA (2014) advocated to avoid viewing trauma narrowly, and consider factors such as the victim's environment, individual or community life history, cultural meanings, collective cultural values, and systemic perspectives of an event. Moreover, the authors noted that the socio-ecological framework is an important factor as it considers a) environmental influences b) sociocultural needs and resources available for individuals, and c) strategies that focus on individual, interpersonal and community systems. The research asserted the need to acknowledge life experiences and cultural backgrounds to understand trauma response through a sociocultural lens, and that culture interprets the meaning of trauma and the acceptability of support. Trauma response influences could include religion, language, worldviews, values, traditions, gender

roles and sexuality, immigration history, cultural identity, degree of acculturation, heritage and history, cultural strengths, and perspectives on health, illness, and healing practices.

Furthermore, SAMHAS and the Organization for Security and Cooperation in Europe (2018) advocated for a collaborative approach to client care and well being by including victims in the decision-making process. This indicates that incorporating trauma care within the client's environment is important. Similarly, an anti-oppressive approach (Chaudhry et al., 2022) requires an understanding that individual problems necessitating a trauma intervention are influenced by socio-political subjugation and inequalities of society and are not due to individual choices as purported by neoliberals (Hurlbert, 2018). Both socio-cultural factors and the anti-oppressive approaches influence community and individual response to trauma and should be considered.

### **Cultural Competency**

Due to socio-cultural and anti-oppressive factors, survivor service providers require cultural competencies because culture influences trauma response, and evidence base treatments require variation depending on the community. To illustrate, cultural competency means recognizing, acknowledging, and understanding why and how people from different lands and histories differ from one another, and that all people are not alike (Dana & Allen, 2008). Additionally, it means having the capacity to interact with people from different cultures and belief systems (DeAngelis, 2015). Dana and Allen stated that this includes understanding how people from different parts of the world respond to events such as poverty, war, immigration, pandemics, or crime, and that culture is both external (e.g., artifacts, roles, institutions) and internal (e.g., values, beliefs, perceptions, epistemologies, consciousness, patterns, a sense of personhood). It requires skills allowing one to respond accurately with awareness, acumen, and sensitivity to culture. Furthermore, DeAngelis asserted that culturally competent care requires altering evidence-based treatments for different communities, called "cultural

adaptations". This means treating victims differently based on their lived experience. These principles are like Hurlbert's (2018) substantive justice theory which advocated for unequal treatment of people in the realm of social justice, as not everyone, or their situation, is equal. Due to the diversity of identities and cultures in Canada, an understanding of the variety of trauma responses to hate crime is necessary, and that having cultural competency is essential when working with survivors and their communities.

### **Transdisciplinarity**

Integration of multiple disciplines, knowledge areas and fields are required when responding to hate crime trauma, and may include police, psychiatry, trauma informed care, socio-cultural understanding, cultural competencies, law, mental health, socioeconomics, social justice, social services, and immigration. Unilateral approaches to hate crime are less effective. For example, police responding independently will not decrease hate crimes from occurring. This is evident in the 72% increase in hate crimes in the past two years (Moreau, 2022), and the disparity between the 1946 police reported hate crimes (Moreau, 2021) and the 233,000 self reported hate crimes (Canadian Anti-Hate Network, 2021) that occurred in 2019. Therefore, the complex, multilayered and overlapping areas required to care for survivors and develop a strategic approach requires transdisciplinarity. To demonstrate, Leavy (2016) stated that disciplines typically research social problems within the confines of their expertise. They may collaborate, interact, and knowledge share; however, they maintain independence and results are less effective. Alternatively, Leavy stated that transdisciplinarity integrates and transcends disciplinary knowledge, developing untapped conceptual frameworks to mitigate social problems better. She defined transdisciplinarity as expertise and resources from disciplines, that breakdown borders to develop novice methodological, and evaluative constructs. She noted that the process is synergetic, innovative, iterative, flexible, and holistic. Root causes and solutions of hate crime trauma are complex and numerous; thus, considering a TD methodology would be worthy of consideration.

The success of TD strategies is observed in real life examples. To demonstrate, Bishop and Dzidic (2014) researched farming and land sustainability in Australia using transdisciplinarity. Many disciplines were involved such as environmentalists, climate change and agricultural scientists, economists, social workers, psychologists, and farmers. Their integration resulted in novice conceptual frameworks, better understanding, and solutions. Similarly, Fuqua et al. (2004) demonstrated that a TD approach in battling nicotine addiction proved beneficial by integrating, collaborating, and conceptualizing new frameworks, methodologies, and evaluation tools. Both examples provided promise that using a TD approach is superior to the status quo.

Further augmenting a TD strategy for survivor support was research by The Canadian Race Relations Foundation (Price Waterhouse Cooper, 2022), and The Organization for the Security and Cooperation in Europe (2018), which asserted that supporting hate crime victims requires a national framework, support hub or a system of state bodies and civil society organizations. The results stated that a multi-agency, collaborative, comprehensive and standardized plan is required to facilitate elevated quality services that could involve many entities and fields such as police, education, psychology, interpreters, civil society organizations, communication strategies, crisis management, funding, government, and cultural competency.

A contemporary and practical TD approach, titled the “reassurance protocol” is observed at Peel Regional Peel Service. Staff Sgt. Feras Ismail (personnel communication, October 28, 2022) explained that hate crime victims are supported by Diversity, Equity and Inclusion Bureau who, after an occurrence, will contact, and if needed, connect survivors to supports such as youth services, marginalized community supports, mental health, and counselling.

## **Trauma Informed**

A TD strategy for hate crime victims necessitates a contextualized, trauma informed understanding. To illustrate, Allwood et al. (2021) and SAMHSA (2014) stated that being trauma informed means recognizing that hate directed at diverse communities traumatizes individuals across many settings and populations. Consequently, the response requires service providers to acquire trauma education and awareness through an ecological and cultural lens, with the realization that context and perception play an essential role in processing survivor trauma. Thus, cultural competency and sensitivity is important to increase service providers effectiveness. Furthermore, SAMHSA identified three elements to enhancing a trauma informed approach: 1) recognition of its prevalence, 2) trauma affects all individuals, and 3) responding requires putting trauma knowledge into practice.

## **Trauma Informed Care (TIC)**

Being trauma informed while caring for hate crime survivors becomes advantageous because it provides understanding, safety, opportunities, input, empowerment, development, and humanity which facilitates recovery. To illustrate, SAMHSA (2014) and Levinson (2017) stated that TIC means understanding the affect trauma has on psychosocial functioning and that environment influences survivor's trauma response, while simultaneously acknowledging the nexus between oppression and trauma. They asserted that facilitating physical, psychological, emotional safety, respect and compassion should be emphasised in TIC, as this allows survivors to build a sense of control, empowerment, and self determination, while building their interpersonal skills and coping strategies. Also, the researchers emphasised the importance of including survivors in the development, delivery, and evaluation of the services while avoiding processes that may retraumatize. Similarly, the Office for the Victims of Crime (2022) promoted a victim centered approach within TIC, advocating for a systemic focus on victims which included objectively, compassion, avoiding re-traumatization, and engaging survivors in decision-

making. Additionally, the United Nations Refugee Agency (2022) defined TIC as prioritizing listening, and systematically focusing on victims' safety, rights, well being, needs, choices, and empowerment.

Moreover, Levinson (2017), as summarized by Chaudhry et al. (2022) goes further and promoted five principles for TIC: a safe environment, trust, collaboration between the client and service provider, facilitation of an informed victim led approach and finally, empowering clients by reframing behaviors in a strength-based way to build self-efficacy. The principles of trauma informed care and victim centrality requires many moving parts, integration and collaboration, and a TD approach should be contemplated.

### **Community Centered**

A key to implementing TIC for hate crime survivors is the community centered approach (Chaudhry et al., 2022) which is consistent with socio-ecological perspectives, cultural competencies and a victim centered plan. To illustrate, according to Public Health England (2020), community-centered strategies reduce health inequities by organizing resources within affected communities, promoting equity and community integration, thus empowering individuals with their own health and lives. Also, the research illustrated that to do this requires working in a holistic, flexible, integrated, collaborative way to ensure better public health and innovative frameworks. It indicated that many disciplines, elements, and areas of expertise would be involved within the affected community such as wellness services, community development and neighborhood resources, social workers, police, researchers, public health, strong leadership teams, volunteers, business, educators, project management, housing, employment strategies, mental health workers, politicians, and city officials. The research highlighted that the community centered approach requires many facets to be effective and necessitates a TD strategy towards TIC.

### **Train Community Members in TIC**

The community centered approach would be enhanced by training TIC to individuals within the targeted community because traditional institutions act as a barrier to marginalized groups. To demonstrate, The World Health Organization (WHO) (2016) recognized that specialized personnel for interventions are costly and rarely accessible in marginalized communities. The researchers identified the need for simplified, expedient, and efficient survivor support training to targeted communities without specialists. They stated that interventions can be taught and applied by lay-people to improve mental health and psychosocial well-being to survivors. The technique is designed to train community professionals who have no specialized disciplinary education; however, wish to support people affected by adversity. This unique and accessible approach is effective, feasible, efficient, economical, and worth consideration for implementation.

Supporting this strategy is the recognition that marginalized communities distrust government institutions, causing decreased participation of hate crime victims in reporting hate crime, and obtaining trauma support services (Erentzen & Schuller, 2020; MacEwan University, 2022; OSCE, 2018). Thus, applying socio-ecological perspectives, cultural competencies, victim centric approaches, and training targeted communities in TIC would augment survivor participation and healing. They would be supported by organizations they are familiar with, as opposed to colonial institutions, which could increase survivor participation in TIC and enhance trust in the system.

### **Implementation**

The consortium of fields required to collaborate, integrate, and implement a TD, trauma informed, community centered framework with cultural competencies requires teamwork and leadership. To demonstrate, Donorbox (2022) and Harroch (2018) asserted that building an agency, encompasses diverse elements and areas of knowledge such as mission, vision, and value statements;

research; business and operational plans; funding; capital; finances; internet technology; marketing; administration; community engagement; leadership teams, staff, and volunteers; and human resource management. Accordingly, a systematic, organized team approach is important since the volume and variety of fields bring challenges such as different processes, constraints, cultures, and rewards (Stokols et al., 2013). Therefore, strong team leadership is optimal according to Stokols et al. and Nancarrow et al. (2013), who emphasized the necessity of leadership to integrate and coordinate all moving parts, provide direction and vision, listen, support, and supervise. Leading disciplines to collaboration requires strong, objective management to ensure integration, coordination, and implementation of a TD strategy.

## **Conclusion**

Hate crime and the trauma it produces is a scourge on society and deserves a comprehensive response. The individual and community impacts inflict trauma onto marginalized and targeted communities and demand a trauma informed approach that considers socio-ecological factors, anti-oppressive principles, victim and community centered approaches, cultural competencies, and a holistic strategy to its implementation. Operationalization of a TIC response requires superior skill sets, subject matter expertise, decentralized training, considerations and resources from several practitioners, disciplines, and fields to integrate and develop a comprehensive plan. A TD strategy is recommended to implement and operationalize TIC to hate crime survivors.

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