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FAST (First Aid Stress & Trauma) Response for Communities Affected by Violent Crime

Recommendations / Guidance for Local Authorities, Schools, First Responders and Community Leaders

Introduction

Violent crime—such as knife attacks, gun violence, and assaults—leaves lasting trauma on individuals and communities. Beyond physical harm, survivors, witnesses, and communities experience psychological distress, often leading to posttraumatic stress (and/or PTSD), anxiety, and long-term social consequences.

The **FAST model (First Aid Stress and Trauma)** provides an immediate, structured response to mitigate trauma, restore safety, and support recovery. This document outlines:

1. The effects of violent crime at different levels (individual, community, and system).
2. The FAST best-practice framework for trauma-competent services.
3. Recommendations for implementation, training, and policy integration.

Impact of Violent Crime

1. Individual Impact

- **Immediate Effects:** Shock, fear, dissociation, panic, reactive distress and confusion.
- **Physical Responses:** Hypervigilance, sleep disturbances, increased heart rate.
- **Long-term Risks:** PTSD, anxiety, depression, social withdrawal, substance dependency.

2. Community Impact

- **Immediate Impact:** Fear, distrust, social fragmentation, increased tensions.
- **Long-term Risks:** Increased crime rates, economic decline, intergenerational trauma.

3. Systemic Impact

- **Challenges in Immediate Response:** Overburdened emergency services, lack of trauma-informed support and unresourced vulnerable frontline staff at risk of secondary trauma.
- **Long-term Strain:** Increased healthcare demand, law enforcement pressure, policy stagnation and unemployment (related to the effects of stress and trauma).

Short- and Long-Term Consequences

Effect	Short-Term	Long-Term
Psychological	Acute stress, shock, avoidance, fear	PTSD, self-harm, suicidal ideation
Social	Mistrust, polarization, social tensions	Gang involvement, cyclic violence patterns
Institutional	Overwhelmed services, fragmented response	Increased policing/healthcare demand, policy inaction

FAST Best-Practice Trauma Response

The FAST model is designed for rapid crisis response and long-term community recovery. Implementation may be adapted to organisational capacity, but best practices include:

1. First Aid for Trauma

- Immediate responsive frontline Psychological First Aid (PFA) for victims and witnesses.
- Provision of emotional regulation techniques for survivors and frontline staff.
- Peer/professional debriefing and After Action Review (AAR) for responders.

2. Accessible Crisis Support

- Guidance on the creation of safe centres for immediate emotional support.
- Culturally sensitive mental health services.

3. Strengthening Community Resilience

- Community-led recovery initiatives and peer support networks.
- Trauma-informed training for educators, law enforcement, and local leaders.
- Restorative justice programs to support long-term rehabilitation and reintegration.

4. Trauma-Informed Systems Integration

- Training for emergency responders, healthcare providers, schools and police.
- Multi-agency coordination for a unified response.
- Policy recommendations for sustainable trauma recovery programs.

5. Equipping communities with resources to aid response capacity

- Specialised online resources.
 - Access to further FAST training and mentoring.
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Building Trauma-Competent Services

To ensure an effective response, we advocate:

1. Training & Capacity Building

- Trauma-competency workshops for first responders.
- Law enforcement training in de-escalation and victim-sensitive approaches.
- Psychological resilience programs for frontline workers.

2. Policy and Systemic Capacity Building

- Trauma-informed public health and safety policies.
- Community-based trauma recovery centres (including economically viable pop-up structures in the aftermath of disasters).

3. Community Empowerment & Engagement

- Survivor-led advocacy and peer support groups.
- Community support events for trauma recovery.
- Youth intervention programs to prevent violence cycles.

Guidance from NICE & Other Expert Bodies

NICE (National Institute for Health and Care Excellence) guidelines highlight:

- **Psychological debriefing is not recommended** in the immediate aftermath of trauma.
- Many people experience temporary distress post-incident **without requiring professional intervention**.
- Trauma support should focus on safety, stabilisation, and gradual recovery.

Relevant Resources:

- NICE PTSD Guidelines: [NICE NG116](#)
- The Royal College of Psychiatrists: [Coping After Trauma](#)
- BPS: [Crisis, Disaster and Trauma Psychology](#)

For further guidance, please contact: fastresponse@peacefulheartnetwork.se

Conclusion

The **FAST model** offers an evidence-based, structured approach to addressing violent crime's immediate and long-term effects. By integrating trauma-informed care across **individual, community, and systemic levels**, we can **reduce harm, promote healing, and strengthen community resilience**.

Our experts are available to discuss support strategies for your organisation. Let's ensure that **no community faces trauma alone**.

Link to FAST online Field Manual [[HERE](#)]

About Us

Peaceful Heart Network is a non-profit organization that provides simple **first aid tools for psychological trauma** that anyone can learn. We believe that social and political stability depends on helping as many people as possible in an affected community to process trauma.

Founded by **Gunilla Hamne and Ulf Sandström in 2010**, we have developed the **Tapping and Trauma Technique (TTT)** – a simple, non-verbal method for self-regulation. We offer **training, mentorship, materials, support for local projects, and certification in First Aid Stress & Trauma (FAST)**, which includes **Tapping, Havening, and other self-regulation techniques**.

FAST has reached over 300,000 people in more than 45 countries.

Anyone who is an **affiliate** with us is capable of offering these **materials and trainings**.

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