beautynight

Trauma-informed practice

Applying the principles to a volunteer-led organization with limited resources

August 2022

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Dear Board of Directors,

Re: Research report on further developing trauma-informed practice

Enclosed is the completed research report that analyses Beauty Night's current practices against trauma-informed principles and research, and that provides recommendations for further development. The recommendations are intended to enhance what Beauty Night already does well rather than to suggest starting from scratch.

The key recommendations contained within the report are that:

- Beauty Night creates a written statement on its dedication to trauma-informed practice, including clear definitions of the terms "trauma" and "trauma-informed practice." Participants, volunteers, and other stakeholders should be involved in forming this statement.
- Team members develop and deliver trauma-informed practice training for volunteers. This should cover awareness of trauma and its impacts, trauma responses, and plans for how to manage exposure to trauma stories.
- Beauty Night finds further opportunities to involve participants in shaping the programming.
- Beauty Night creates a role description for frontline volunteers that can be used to clarify expectations and vet potential volunteers for suitability. The role description can focus on interpersonal skills, values, and attitudes.
- Board Members share responsibility for volunteer recruitment.
- A structure of supportive supervision is put in place for volunteers to address any concerns from either side and to consistently encourage self-care. Directors could conduct the supervision, and this could build stronger connections between the Board and frontline volunteers.

- Facilitators conduct short, intentional debriefs with volunteers after each Beauty Night event to allow for crucial acknowledgement of their own trauma histories and for developing emotional awareness.
- Beauty Night explores the expansion of programming that focuses on mindfulness, body-centred techniques, relationship building, and motivational interviewing.

Due to time restraints and limitations on the availability of stakeholders to participate in the research, exploring the full range of factors that could influence trauma-informed practice was not possible. For example, factors that lie outside of the scope of this research include:

- The influence of community partners and corporate sponsors on Beauty Night's environments and practices.
- The perception of volunteers with lived experience of support they received from Beauty Night and how it shapes their attitudes about the organization and their approach to supporting others.
- An in-depth analysis of clients' experiences of Beauty Night and the extent to which their feedback shows an alignment between Beauty Night and trauma-informed principles.
- The extent to which Beauty Night provides services in participants' preferred languages and in line with their cultural norms.

The factors that could be sufficiently explored are categorized within the report. Beauty Night has many clear strengths regarding trauma-informed care, and these are referenced throughout the report. The intent of this report is to help Beauty Night build from its strong foundations in this most vital area.

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Introduction

Purpose

Current literature shows that research on trauma-informed practice has focused heavily on exploring what makes for innovative practice; there is now a need to study and evaluate how effectively organizations can implement the principles (Wilson et al., 2015). Hopper et al. (2010) explain that there is a lack of knowledge about how existing services can define what trauma-informed care means for them and adapt their current practices to provide it (p. 81).

While trauma-informed care is becoming more widely known and practiced, more needs to be known about the challenges and considerations of applying it in grassroots community services that do not enjoy the same level of resource, governance, and funding as many publicly funded services and institutions. Those settings might be

the target audience of existing trauma-informed guides, which can assume a level of resource that does not exist in organizations such as Beauty Night. This report aims to explore how the key principles that underpin trauma-informed practice can be adopted into Beauty Night's working practices to enhance the experience of trauma-experienced participants.

Research question

How can a volunteer-run community organization with limited resources successfully integrate trauma-informed principles into its working practices?

Definitions

> "Viewing trauma as an injury shifts the conversation from asking 'What is wrong with you?' to 'What has happened to you?'"
>
> (Klinic Community Health Centre, 2013, p. 16)

Trauma is something that happens to someone that causes them to feel overwhelmed. It can result from any kind of event, and there are three elements that make it traumatic:

1. **It was unexpected**

2. **The person was unprepared**

3. **There was nothing the person could do to stop it from happening**

(Klinic Community Health Centre, 2013, p. 9)

Trauma leads to a loss of a person's sense of safety and of connection to self (Poole & Greaves, 2012, p. xiv).

Trauma-Informed Practice

Trauma-informed practice is an approach where an organization (or other group) recognizes that people engaging with them may have experienced trauma in their lives; the way they provide services and interact with them can either support them or retraumatize them. To be trauma-informed is to design all aspects of service delivery to minimize the risk of re-traumatization and to support recovery. Trauma-informed practice is:

Safe

Defined by survivors

Strengths-based

Focused on empowerment

Culturally inclusive

Trust-building

Based on mutuality

(Elliott et al., 2005; Hardy et al., 2013; Heffernan & Blythe, 2014)

A trauma-informed approach promotes an equal power balance between the supporter and the trauma-experienced person:

> "Trust that survivors are just as competent and capable as you are in every way, shape and form. How can we expect someone to trust us if we don't trust them?"
>
> (Sanders, 2015, p. 116)

Why trauma-informed practice matters

> "Clients with trauma histories can be the most in need of support, yet most difficult to connect with."
>
> (Poole & Greaves, 2012, p. xiv)

Trauma is common. Around **three quarters of Canadians have experienced at least one form of trauma** in their life

(Ameringen et al., 2008). While not all traumas lead to long-term problems, the true prevalence of life-altering trauma is likely underreported and routinely goes unrecognized by services and systems (Klinic Community Health Centre, 2013, p. 58).

Trauma is so closely associated with substance use problems, abuse, homelessness, violence, mental health issues, and even infectious diseases that "they should be considered expected" (Klinic Community Health Centre, 2013, p. 85). Pressly and Smith (2017) state that "Trauma informed services for vulnerable adults are severely lacking" (p. 151), but that where they do exist, they can have a significant impact on fostering more secure and healthy relationships (p. 151).

Organizations have a responsibility to respond to trauma-experienced people's needs; recovery can be influenced not only by individuals, but also by their social circles and community resources (Ungar, 2013).

While awareness of trauma-informed practice is growing, the focus of much literature has been limited to psychological or disaster response contexts (Kerig, 2017, p. 614). Given that trauma can hide "in plain view" (Klinic Community Health Centre, 2013, p. 15), it is vital to extend

the scope of research to as many settings as possible, particularly those such as Beauty Night that deal directly with vulnerable populations who are at more risk of complex trauma (Gerassi & Nichols, 2017, p. 107).

When working with trauma-experienced people, a risk of retraumatization is always present. Therefore, anything Beauty Night can do to mitigate the possibility of this will lead to better outcomes for those it is there to support and empower. A trauma-informed approach will also provide the best chance for participants to feel confident in accessing and continuing to engage with Beauty Night's services (Poole & Greaves, 2012, p. xiv).

Methods

A grounded theory approach was taken, where an understanding of Beauty Night's culture and working practices was built from in-depth, semi-structured interviews with five current volunteers (serving as Board Members and frontline volunteers). A Post-it Notes exercise was conducted with Beauty Night participants, with four out of a possible eight women choosing to take part. Responses were coded and analysed against secondary research to identify key strengths and possible areas where trauma-informed practice could be further enhanced.

Despite the low number of participants, the research is sufficiently reflective of the current pool of volunteers (under 40) and Beauty Night participants (around 15).

The research findings that follow are organized by themed headings; each section ends with a summary of Beauty Night's strengths, as well as ideas for development.

Knowledge and understanding

> "Not all participants and not all volunteers truly understand what defines trauma and what that could look like in our participants. So it's probably a bit of a missing piece in terms of educational components on both sides of the spectrum."
>
> Respondent

Respondents showed a mixed understanding of the terms **"trauma"** and **"trauma-informed practice,"** with most commenting that they had never learned specific definitions for them.

Two respondents thought that trauma would have a negative impact on someone's life for a long time, which is not necessarily true. Responses included important elements relating to the terms, such as emotions and behaviours that could be associated with trauma, and that trauma-informed practice would involve always asking for permission before touching someone. One respondent referred to giving people a sense of control, choice, and safety.

Two respondents showed an understanding of "trauma" as how someone copes with what they have experienced. Three respondents spoke about bringing awareness of trauma, and how to cope with its impacts, to Beauty Night participants.

> "In any organization aiming to become trauma informed, understanding the way trauma impacts people's thoughts and behaviors is key."
>
> (Gerassi & Nichols, 2017, p. 139)

Poole and Greaves (2012) make clear that, to successfully implement trauma-informed practice, people need to learn what trauma means and to be aware of its impacts (p. 364). As such, a basic, shared understanding of these terms within the Beauty Night team will directly influence the organization's success in using a trauma-informed approach.

Trauma-Informed Practice

Strengths:

- Several pieces of the puzzle are already in place; volunteers understand many of the elements associated with trauma and trauma-informed practice. The team appears to have a good understanding of the potential impacts of trauma on a person.

How to develop:

- Share clear definitions of trauma and trauma-informed practice as part of volunteer orientation and reinforce these through a written organizational statement.

Culture

When asked to describe the culture of Beauty Night, respondents used the following adjectives:

Some potential for bias exists, as volunteers who chose to participate in the research may generally feel differently to those who were not motivated to take part. However, from the data gathered, the perceived culture of Beauty Night fits strongly with many of the elements of a trauma-informed organization. Respondents spoke in terms that echo the elements of safety, inclusion, empowerment, and collaboration. There was a positive absence of labelling language; none of the respondents used terminology, such as "survivor" or "victim" that can make problematic assumptions about how someone wants to be seen

(Gerassi & Nichols, 2017, p. 17). The most commonly used term was "these people."

When discussing volunteers' self-perception and motivation for volunteering, one consistent belief across all respondents was that participants hold equal value to them; they do not see themselves as better than any person who receives Beauty Night services.

> "Being in the Downtown Eastside, it's normalized that way of life. It's not us versus them. You realize we're all the same, just born into different life paths."
>
> Respondent

Respondents spoke in terms of being there to support participants and to share their gifts, skills, and talents to provide moments of safety and calm in their lives. Two respondents talked about the community that Beauty Night forms with the women, and one spoke of how her own lived experience of multiple traumas led to a desire to support others. This foundation of safety and support could be developed into a culture where participants are

viewed not only as recipients of help, but as valuable sources of expertise and ideas for shaping Beauty Night programming.

> "Women are more likely to be satisfied with services, and to continue engagement in services, if they feel a sense of autonomy and group solidarity in organizational decision making."
>
> (Gerassi & Nichols, 2017, p. 145)

This approach could enhance the sense of an equal power balance that is crucial for trauma-experienced people who have often been on the receiving end of abusive power dynamics (Poole, 2013, p. 13). One respondent expressed the opinion that the dynamic between volunteers and participants is "not 50/50" because volunteers are the helpers, and the participants are those who are helped.

One respondent openly shared her personal beliefs about how people should handle their trauma. Success in embracing trauma-informed work relies on people having their own points of view acknowledged and understood

before moving forward with a shared approach (Giller et al., 2006, p. 20). Allowing space for such conversations with volunteers to develop organically can model an important example of the trauma-informed approach; people are less likely to feel guilty, or that they are "getting it wrong," if they get to take a lead in discussing trauma honestly and in working together towards a collective understanding and approach (Roepke et al., 2021, p. 41).

Strengths:

- Beauty Night's culture appears to reflect many key elements of trauma-informed practice. Volunteers avoid labelling language and consistently express a belief that participants and team members are of equal worth.

How to develop:

- Involve participants and volunteers in the development of a Beauty Night written statement on its trauma-informed values and approach.
- Provide opportunities—through training, supervision, and debriefs—for volunteers to have honest conversations about their opinions on trauma and to continue to reinforce shared organizational values and approaches.
- Develop participants' involvement in Beauty Night programming and decisions.

Training

> "I think it was kind of a one-and-done. I'm not sure…if we knew that somebody hadn't been there in a while, we could do a quick refresher of, like, this is the protocol or process right now…I would say that it was not standardized."
>
> Respondent

Every respondent voiced that Beauty Night would benefit from structured training about trauma-informed practice. The elements suggested were:

- **What trauma is**
- **How it affects the nervous system**
- **How it can impact participants**
- **Plans for volunteers to manage situations that trigger them**
- **Commitments and responsibilities**

Bloomenfeld and Rasmussen (2012) emphasize the importance of organization-wide training specific to trauma-informed practice as a critical early step in organizational change (p. 136). Planning for how to respond to and manage trauma exposure should form a key part of training (Howard, 2014, p. 7). This should include "how they would self-regulate" at the time (Kerig, 2019, p. 619).

Responses indicated that Beauty Night currently provides an in-person orientation session that covers the history of Beauty Night and what to expect during Beauty Night events. Role play and situational analysis are used to prepare volunteers and to model interactions that promote safety and connection. This final element echoes recommended practice in trauma-informed care, where the approach is taught through practice:

"It is the job of the trainer to 'model the model' by maintaining a respectful, understanding, and connected stance with all participants. The beauty of this use of self is that there is no need to defend the model, one has only to embody it, and that conveys its worth to others."

(Giller et al., 2006, p. 74)

There is currently no obligation for volunteers to refresh their training; all respondents confirmed that their training input was several years ago. As such, they may benefit from refreshers to keep key concepts and approaches front of mind.

One respondent felt that structured training might not be possible due to a limited budget:

"A bit of it is fly by the seat of your pants. If there was more funding, it would be lovely to have formal training sessions, but I just don't think that's possible."

Respondent

However, another respondent, who delivers trauma-informed practice training as part of her work, said she would be willing to deliver training to the Beauty Night team. Another respondent said that she learned from observing other volunteers who worked in healthcare or counselling. Conducting a skills survey within the team to identify who can help to develop a tailored in-house module could enable a sustainable resource to be created at no financial cost. Training Board Members and senior facilitators as a starting point could allow a cascade effect where they can train new volunteers. This could build some organizational resilience where the training is not dependent on one person. The Centre of Excellence for Women's Health could provide information on other available training and resources.

Strengths:

- Beauty Night provides in person training to all new volunteers. This includes important elements such as preparing them for what to expect and practising appropriate behaviours and interactions to ensure participants' safety and comfort.

How to develop:

- Survey volunteers' skills; involve them in developing in-house training specific to trauma-informed practice.
- Create plans with all volunteers for how to manage situations that may trigger their own trauma histories.
- As part of volunteer onboarding, communicate an expectation that volunteers complete short training refreshers in a timeframe workable for Beauty Night.

Approach

This is what participants wrote about Beauty Night:

How do you feel when you're at Beauty Night?	
Participant 1	"I feel relieved. I feel beautiful."
Participant 2	"I feel pampered and cared for. Thank you."
Participant 3	"I feel comfortable and relaxed. The women do an amazing job. I leave feeling refreshed and recharged. Thank you. 🤍"
Participant 4	"I feel pretty good ☺ at "Beauty Night" the ladies are very nice + what a nice treat to receive such lovely gifts of personal care items!"

What would make you more comfortable at Beauty Night?	
Participant 1	"A massage table."
Participant 2	"Cushy pillows but this is so nice! Thank you!"
Participant 3	"I think it's great how it is 🤍 Some soothing spa music could be lovely, maybe candles or anatomizer? (steam, essential oils)"

Participant 4	"What might make me feel more comfortable at "Beauty-Night" is maybe some soft music? Why not! Lol – it's "soothing" like Christian pop or maybe classical ☺ 🎵"

Is there anything you've learned from Beauty Night that you can use for yourself?

Participant 1	"Yes, foot soaks & scheduling self care (busy mom of 2)"
Participant 2	
Participant 3	"It reminds me to slow down and take time for me. 🤍 Self care and pampering is so important and I often forget about it. Thank you ladies 🤍"
Participant 4	"One thing I've learned from coming to "Beauty Night" is gaining more practice and experience doing safe healthy activities & social skills in a calm way! (+place)"

Participant feedback indicates that Beauty Night's current approach makes women feel safe, comfortable, and valued. Self-care and self-soothing appear to be successfully promoted, which are key elements of trauma-informed practice (Klinic Community Health Centre, 2013, p. 18).

Respondents consistently spoke of the need for permission-based touch and for checking participants' comfort levels at every stage of a treatment:

> "Part of the intention was reintroducing positive touch…you're telling me if this feels ok, what I can do to make it feel better, stopping if you want to stop. So even just that level of control is something that I think a lot of them either don't have or haven't always had in the past."
>
> **Respondent**

One respondent spoke of taking a participant-led approach, and another talked about the importance of providing choices:

> "They can come and go as they like within those few hours. They can select the services they want, which gives a sense of autonomy. Providing these additional services that are not just based on basic needs, like a soup kitchen, shows that they are valued."
>
> **Respondent**

Adopting participants' ideas for Beauty Night events, and adapting services to suit their hobbies and interests, can help to further an understanding of what makes them feel safe (Lloyd, 2015, as cited in Gerassi & Nichols, 2017, p. 142). Care must be taken to ensure that new additions to the environment, such as music and particular smells, do not serve as a trigger for another person (Gerassi & Nichols, 2017).

Strengths:

- Beauty Night promotes self-care and self-soothing activities, which can help people to recover from trauma.
- Permission-based touch and the introduction of choice can help participants to feel safe, to rebuild boundaries, and to be aware of—and communicate—their needs.

How to develop:

- Integrate more participants' ideas and interests into the environment and programming, so long as they do not serve as trauma triggers.

Service model

> "Caroline basically is Beauty Night. It obviously wouldn't exist without her, but it probably couldn't either, just with the way that she can bring together everybody who's involved— the participants, volunteers, donors...I think everybody associates Beauty Night with her pretty much."
>
> **Respondent**

Trauma-experienced people need services to be consistent, reliable, and predictable (Poole, 2013, p. 13; Giller et al., 2006, p. 66). Every respondent spoke of Beauty Night's dependency on one person—the Executive Director—to run. This person dependency places Beauty Night at greater risk of service interruption than if responsibilities were to be spread across the team. Lloyd (2016) notes that relationships should be built with multiple people across an organization so that responsibility does not lie with one person and relationships with participants can be sustained.

> "What I can see as challenging right now is the consistency. We're still figuring out what the future is going to look like. I feel we need to get a better handle on that before we're recruiting or retaining volunteers because we need to be a bit more clear what our expectations are to help them understand what they're signing up for."
>
> Respondent

Each respondent who serves as a Board Member commented that the COVID-19 pandemic has significantly changed the volunteering role. As Beauty Night looks to develop a new framework for volunteering, this is a timely opportunity to develop role descriptions that clarify the required soft skills, values, and attitudes that match trauma-informed principles. Bloomenfeld and Rasmussen (2012) recommend that applicants are vetted for their attitudes towards trauma-experienced people (p. 136). Forgeard et al. (2021) make the point that people's self-perception of how trauma-informed they are may be inaccurate (p. 236).

"Some volunteers were definitely less reliable...So I think there's a lot of variability there...Volunteer recruitment and retention is a vulnerability."

Respondent

One respondent said that they had never worked with a volunteer who they felt was inappropriate for the role. However, another respondent spoke of witnessing volunteers who tended to project their own experiences onto participants or to be too directive in giving advice. A set of written expectations can help Beauty Night leaders to screen potential volunteers and can extend the responsibility for recruitment beyond one person's knowledge and professional judgment.

The two respondents who do not serve on the Board both said that they have never met the Beauty Night Board Members:

> "There's a shadowy cloud of the Board who I've never met. I mean, they're all lovely people from what I understand, but the front-facing part of Beauty Night is Caroline."
>
> Respondent

Developing the visibility of the Board, and their relationships with frontline volunteers, may help to spread organizational responsibility and decrease person dependency.

Respondents with frontline experience mentioned Beauty Night services that engage the body and mind. These include Qi Gong, mindfulness sessions, and massage.

> "By using the body (rather than cognition or emotion) as an entry point for processing trauma, body-centred techniques directly treat the effects of trauma on the body, which in turn facilitates emotional and cognitive processing."
>
> (Hughes & Hyman, 2012, p. 90)

Teaching techniques from these practices to participants can help them to self-manage their recovery. Mindfulness can also help to rewire areas of the brain that have been affected by trauma (Klinic Community Health Centre, 2013, p. 89).

One respondent commented that measuring the long-term impact of Beauty Night's programming on participants' lives is difficult, given the brief and sporadic nature of most interactions:

> "You're asking about the impact we've had on previous participants, and it may be...are there ways we could tailor or change what Beauty Night is offering so that there were more takeaway skills for participants? Something to measure more of an impact in participants' lives?"
>
> **Respondent**

One respondent spoke about Beauty Night's more recent online counselling program, saying that she has observed tangible positive progress with one particular client over the course of the program. This program opens the possibility of building more established, consistent relationships with clients, and provides an opportunity to

use motivational interviewing, which can encourage self-directed and self-paced change in participants (Urquhart & Jasiura, 2012, p. 60).

Strengths:

- Beauty Night provides activities that give participants the chance to engage in healing mind and body work to process their trauma.
- The Executive Director has established a service that is highly valued by team members and participants.
- Board Members are motivated to review and develop Beauty Night frameworks, processes, and programming.

How to develop:

- Consider the expansion of mind, body, and counselling programs that can foster more established attachments with participants and can provide them with more takeaway skills.
- Write role descriptions for volunteer positions.
- Involve Board Members in volunteer recruitment and oversight to reduce person dependency and deepen relationships across the organization.

Secondary traumatic stress

Secondary traumatic stress, or Trauma Exposure Response, refers to the stress, or even trauma, that someone can experience from being exposed to the details of another person's trauma and/or suffering. Such exposure can also trigger someone's own trauma history (Klinic Community Health Centre, 2013, pp. 12-13). If not managed, such stress can lead to burnout and/or a loss of compassion for others (Kerig, 2019).

Respondents showed a high level of personal reward and motivation to volunteer:

These attitudes and beliefs indicate compassion satisfaction, and they can serve as important protective factors against secondary traumatic stress:

"Compassion satisfaction refers to the experience of energizing and uplifting emotions, perceived self-efficacy, and professional competence related to providing care to others."

(Kerig, 2019, p. 616)

Other factors that make compassion satisfaction–rather than burnout–more likely include witnessing people recover from trauma, specific training on trauma-informed care, and adopting research-based trauma-informed practices (Sprang et al, 2007; Craig & Sprang, 2010). One respondent spoke of witnessing the powerful effect of simple touch in one participant:

> "There was one woman, years ago, who said to me that I was the first person who had touched her in two years. She was crying, and it was a big deal. Of course, when we're doing a service, we just think, 'Well, it's no big deal.' They keep on saying 'Thank you so much.' It's just the small things."
>
> Respondent

The more opportunities volunteers have to witness positive progress in participants' trauma recovery, the more hopeful—and less at risk of burnout—they can be:

> "Helpers learn that by demonstrating growth-promoting relationships in their interactions with clients and with colleagues, they foster hope, and can more effectively help clients repair their disrupted ability to connect in nurturing ways. This relational framework empowers both the client and the care-giver to build therapeutic alliances, self-awareness and self-care skills."
>
> (Giller et al., 2006, p. 66)

The brief nature of many current Beauty Night interactions may leave volunteers without a feeling of resolution:

"You hear that information and never see them again, so never know what happened. So, you just have to compartmentalize what you know about them…the reality of, what can you actually do?"

Respondent

To be affected by other people's trauma stories may be inevitable:

"Trauma Exposure Response can be seen as an occupational hazard that is almost unavoidable when hearing about traumatic experiences…This is normal and is completely manageable with strong workplace and social supports."

(Klinic Community Health Centre, 2013, p. 123)

In terms of respondents' experiences at Beauty Night, this is what they had to say:

"Definitely some of our places we would go are very tense, and it definitely makes my heart hurt a bit too much to get out and volunteer all the time."

"Even I struggle, and I've been part of the organization for five years, so you can't expect everybody just to be okay with it."

"When I joined, I didn't recognize and realize my empathic abilities quite yet, so I was getting affected quite a bit...I won't say I wasn't aware. I was aware, but I didn't know how to handle it so well."

"You just start to see everything really firsthand and then you feel what they're feeling and holy fuck. Some of it is just insane."

"Your heart breaks for every single person. Feeling what they feel. Seeing their state. It's absolutely soul crushing."

"Some of the stories that you hear from participants...you hear it, and it might stick with you for a few days. On that empathetic level, just imagining how you could just as easily be in the situation if something happened to you. It takes a bit of emotional toll over time."

"If something does go wrong or there's a conflict... you're not equipped to handle the situation. That trauma you're left with afterwards of, 'Why am I even doing this?'"

"To see women suffer every day...even though I want to support them and change the world for them, I can't, because there's a system above me. There's clients here, the system here, and I'm in the middle."

"Some of the conditions are shocking. The first time I went to the shelter, I thought I was pretty aware of what's going on in this neighbourhood–nothing could have prepared me for that."

> "It's frustrating to see people having to live in tents and outside and having filthy feet–like, filthy, beat up, blistered feet, because they're walking all the time, because they're getting kicked out of doorways. It's frustrating that people don't have enough food, and it's ridiculous."

From the responses, trauma exposure seems to be commonplace at Beauty Night. Empathic people, many of whom are drawn to helping roles, are particularly vulnerable to secondary traumatic stress (MacRitchie & Leibowitz, 2010). Self-care should be built into the structure of volunteer support (Gerassi & Nichols, 2017, p. 149), and supervisors should encourage volunteers to examine their own experience with trauma and to understand the impact it has on their role (Klinic Community Health Centre, 2013, p. 99).

Strengths:

- Beauty Night volunteers show high levels of compassion satisfaction and are aware of the positive impact of their volunteering.
- Volunteers have had some opportunities to witness moments of trauma recovery and healing in participants.

How to develop:

- Extend programming that fosters longer-term relationship building where positive change, and the deeper impacts of support, can be observed.
- Build self-care guidance and strategies into volunteer support.
- Encourage supervisors to debrief with volunteers after each event, to acknowledge situations that are distressing, promote self-care, and encourage emotional awareness and reflection on how trauma impacts them.

Supervision

Structured supervision is a necessary part of a trauma-informed model:

> "A trauma-informed organization places a high regard on staff health and wellness and in helping staff to develop the same self-soothing, self-regulation, self-compassion and self-care skills as is being offered the people to whom they are providing services. Adequate levels of supervision is essential, especially from supervisors who are knowledgeable about trauma."
>
> (Klinic Community Health Centre, 2013, p. 125)

Giller et al. (2006) explain that those in helping roles require "the same therapeutic components that are healing for survivors" (p. 71). Scheduled supervision can provide the space and focus for building such supportive and attuned relationships. It can also provide an opportunity to regularly emphasize the importance of self-care, which is an organizational responsibility (Klinic Community Health Centre, 2013, p. 126). If Board Members were to complete training in trauma-informed care, they could provide supportive supervision and build deeper relationships with frontline volunteers.

Respondents all spoke in terms of feeling valued and supported by the Executive Director, but one noted an absence of structured supports beyond this:

> "For personal care, it's up to you. There's no real supports. On nights where Caroline's present, it's a lot more smooth."
>
> **Respondent**

Beauty Night contends with limited resources and capacity. However, to be truly trauma-informed, volunteer wellbeing must be prioritized. Supervision is a key way to promote and reinforce this. Beauty Night could identify how regularly Board Members can be available to meet with volunteers, then plan to offer scheduled supervisions in a timeframe that matches this capacity.

Strengths:

- Beauty Night Board Members have voiced an enthusiasm for developing the organization's framework and structures.
- Beauty Night team members have several years of expertise that can be used to support new volunteers.
- The Executive Director has effectively modeled deeply supportive relationships with the volunteer team.

How to develop:

- Introduce a schedule of structured supervision sessions for volunteers. Use Board Members to conduct sessions, so that responsibility is shared and the model is sustainable.

Conclusion

The analysis from this research provides significant insights into Beauty Night's culture and practices. It is evident that trauma-informed values are threaded into the foundation of the organization, and that the Executive Director has established and modeled relationships with volunteers and participants that contain key therapeutic elements of trauma-informed care. The challenge for the organization now is to build upon this strong foundation and enhance the sustainability of its programming by integrating these principles into processes and structures that share the responsibility across the team, and that can be taken up by successors. The recommendations are intended to help the Beauty Night Board of Directors to think creatively about meeting this challenge and to not be discouraged by limited resources. Beauty Night's greatest assets are its dedicated and compassionate volunteers and its participants–a community of real experts who hold skills that can help to shape the future of the service in new and exciting ways.

References

Ameringen, M., Mancini. C., Patterson, B., & Boyle, M. H. (2008). Posttraumatic stress disorder in Canada. *CNS Neuroscience & Therapeutics*, *14*, 171-181. https://doi.org/10.1111/j.1755-5949.2008.00049.x

Bloomenfeld, J. & Rasmussen, T. (2012). The evolution of trauma-informed practice at the Jean Tweed Centre. In *Becoming trauma informed* (pp. 135-144). Toronto, Ontario, Canada: Centre for Addiction and Mental Health.

Craig, C.D. & Sprang, G. (2010). Compassion satisfaction, compassion fatigue, and burnout in a national sample of trauma treatment therapists. *Anxiety, Stress and Coping, 23*, 319-339. https://doi.org/10.1080/10615800903085818

Elliot, D. E., Bjelejac, P., Fallot, R. D., Markoff, L. S., Reed, B. G., & Slavin, S. (2005). Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women. *Journal of Community Psychology, 33*(4), 461– 477.

https://doi.org/10.1002/jcop.20063

Forgeard, M., Bayer-Pacht, E., Silvia, P. J., Roepke, A. M., & Bjorgvinsson, T. (2021). Openness to experience and post-traumatic growth. In *Redesigning research on post-traumatic growth* (pp. 225-241). New York: Oxford University Press.

Gerassi, L. & Nichols, A. J. (2017). *Sex trafficking and commercial sexual exploitation: Prevention, advocacy, and trauma-informed practice.* New York: Springer Publishing Company, Incorporated.

Giller, E., Vermilyea, E., & Steele, T. (2006). Risking connection: Helping agencies embrace relational work with trauma survivors. *Journal of Trauma Practice*, *5*(1), 65-83. https://doi.org/10.1300/J189v05n01_05

Hardy, V. L., Compton, K. D., & McPhatter, V. S. (2013). Domestic minor sex trafficking practice implications for mental health professionals. *Affilia, 28*(1), 8– 18. https://doi.org/10.1177/0886109912475172

Heffernan, K., & Blythe, B. (2014). Evidence-based practice: Developing a trauma-informed lens to case

management for victims of human trafficking. *Global Social Welfare, 1,* 169– 177. https://doi.org/10.1007/s40609-014-0007-8

Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The Open Health Services and Policy Journal, 3,* 80-100. Retrieved June 12, 2022, from https://www.homelesshub.ca/sites/default/files/attachments/cenfdthy.pdf

Howard, M. (2014). *Human trafficking and survivor leadership* . Presentation for Anti-Trafficking Initiative Lecture Series, Washington University in St. Louis, St. Louis, MO.

Hughes, S., & Hyman, P. (2012). Trauma-informed body-centred interventions. In *Becoming trauma informed* (pp. 89-98). Toronto, Ontario, Canada: Centre for Addiction and Mental Health.

Kerig, P. K. (2019). Enhancing resilience among providers of trauma-informed care: A curriculum for protection against secondary traumatic stress among non-mental health professionals. *Journal of Aggression,*

Maltreatment, & Trauma, *28*(5), 613-630.

https://doi.org/10.1080/10926771.2018.1468373

Klinic Community Health Centre. (2013). *Trauma-informed*:
The trauma toolkit (Second Edition). Retrieved from
The Manitoba Trauma Information Centre:
https://trauma-informed.ca/wp-
content/uploads/2013/10/Trauma-
informed_Toolkit.pdf

Lloyd, R. (2015). *Victim survivor leader* [Webinar]. Girls
Education and Mentoring Services. Retrieved from
Girls Education and Mentoring Services:
www.gems-girls.org/get-trained/webinars

Lloyd, R. (2016, December 13– 14). *Victim, survivor, leader*
training . Anti-trafficking Initiative, Washington
University in St. Louis, St. Louis, MO.

MacRitchie, V. & Leibowitz, S. (2010). Secondary traumatic
stress, level of exposure, empathy and social
support in trauma workers. *South African Journal of
Psychology, 40*(2), 149–158.
https://doi.org/10.1177/008124631004000204

Poole, N., & Greaves, L. (Eds.). (2012). *Becoming trauma informed.* Toronto, Ontario, Canada: Centre for Addiction and Mental Health.

Poole, N. (2013). *Trauma informed practice guide*. Retrieved from the Centre of Excellence for Women's Health: https://cewh.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

Pressley, J., & Smith, R. (2017). No ordinary life: Complex narratives of trauma and resilience in under-resourced communities. *Journal of Aggression, Maltreatment & Trauma*, *26*(2), 137–154. http://dx.doi.org/10.1080/10926771.2016.1246500

Roepke, A. M., Zikopoulos, A., & Forgeard, M. (2021). Post-traumatic growth interventions. In *Redesigning research on post-traumatic growth* (pp. 28-46). New York: Oxford University Press.

Sanders, S. (2015). *Sex trafficking prevention: A trauma-informed approach for parents and professionals.* Scottsdale, AZ: Unhooked Books.

Sprang, G., Clark, J. J., & Whitt-Woosley, A. (2007). Compassion fatigue, compassion satisfaction, and

burnout: Factors impacting a professional's quality
of life. *Journal of Loss and Trauma, 12*(3), 259–280.
https://doi.org/10.1080/15325020701238093

Ungar, M. (2013). Resilience, trauma, context, and culture.
Trauma, Violence, & Abuse, *14*(3), 255-266.
https://doi.org/10.1177/1524838013487805

Urquhart, C. & Jasiura, F. (2012). Collaborative change
conversations: Integrating trauma-informed care
and motivational interviewing with women. In
Becoming trauma informed (pp. 59-70). Toronto,
Ontario, Canada: Centre for Addiction and Mental
Health.

Wilson, J.M., Fauci, J.E., & Goodman, L.A. (2015). Bringing
trauma-informed practice to domestic violence
programs: A qualitative analysis of current
approaches. *American Journal of Orthopsychiatry,
85*(6), 586-599.
https://doi.org/10.1037/ort0000098