Southern Volunteering (SA) Inc

Involving and Supporting Volunteers with a Trauma Background



What is Trauma?

The Australian Psychological Society (APS) describes trauma as very frightening or distressing events that may result in psychological harm. This harm is called trauma, and can affect a person's ability to cope or function normally.
Everyone's reaction to potentially traumatic experiences is different. Most people recover well with the help of family and friends and do not experience long-term problems.
Some people experience problems directly after the traumatic event or much later. They are usually experiences which are life threatening or pose a significant threat to a person's physical or psychological wellbeing.

Situations and events that can lead to psychological trauma include:

- Acts of violence such as an armed robbery, war, or terrorism
- Natural disasters such as bushfires, earthquakes, or floods
- Interpersonal trauma such as rape, domestic violence, or child abuse
- Traumatic loss of a loved one, including the suicide of a family member or friend
- Experience of a life-threatening illness or injury
- Involvement in a serious motor vehicle or workplace accident
- Finding out that a close family member or close friend was involved in a traumatic event

How Does Past Trauma Influence or Show Up in a Person's Present Life?

Symptoms

Many people have strong emotional or physical reactions following experience of a traumatic event. For most, these reactions subside over a few days or weeks.

For others, the symptoms may last longer and be more severe. This may be due to several factors such as the nature of the traumatic event, the level of available support, previous and current life stress, personality, and coping resources. Symptoms of trauma can be described as physical, cognitive (thinking), behavioural (things we do) and emotional (how we feel).

- **Physical symptoms** can include excessive alertness (always on the look-out for signs of danger), being easily startled, fatigue/exhaustion, disturbed sleep and general aches and pains
- **Cognitive (thinking) symptoms** can include intrusive thoughts and memories of the event, visual images of the event, nightmares, poor concentration and memory, disorientation and confusion
- **Behavioural symptoms** can include avoidance of places or activities that are reminders of the event, social withdrawal and isolation and loss of interest in normal activities
- **Emotional symptoms** can include fear, numbness and detachment, depression, guilt, anger and irritability, anxiety and panic

Engaging a volunteer with a background of trauma

Individuality

Everyone's reaction to potentially traumatic experiences is different. Most people recover well with the help of family and friends and do not experience long-term problems. Some people experience problems directly after the traumatic event or much later. A minority of people will develop more serious conditions such as depression, post-traumatic stress disorder, anxiety disorders, or alcohol and drug problems.

The most practical support is often simply asking the person what support works best for them and responding with assured confidentiality, flexibility and respect. For general good practice volunteer management, is it helpful to include a question in your recruitment process that asks how you might offer additional support to make someone's volunteering experience the best it can be. For example “Is there anything you would like us to be aware of, so you can have a rewarding volunteering experience with us?” This gives people the opportunity to express any support needs they may have.



Engaging a volunteer with a background of trauma (cont.)

Someone with a background of trauma may wish to volunteer for the same reasons as anyone else. However, their motivation may also be connected to their experiences of trauma. For example, they may volunteer:

- To share their lived experience or honour the memory of someone they care about who experienced trauma
- To build confidence and skills that support a future goal, such as returning to paid employment or developing trust and positive relationships with others
- To regain a sense of control following experiences that may have left them feeling powerless or overwhelmed
- To contribute in a supportive, lower-stress environment or connect with people who share similar interests, values or experiences

Where a volunteer wishes to work in a service that is directly connected to their own experience of trauma, particularly where the role involves a shared lived experience, it may be important to have clear and supportive processes for assessing whether the role is appropriate for the volunteer and whether their involvement is likely to be beneficial to the people they are supporting.

This should be approached with sensitivity and without assuming that a person's trauma history will prevent them from volunteering safely or effectively. The focus should remain on the requirements of the role, the volunteer's readiness and preferences, appropriate boundaries, and the needs and safety of the people they are supporting.

Examples – drawn from real-life experiences

Linda (59) had worked as a bank teller for most of her career. She visited her local Volunteer Resource Centre looking for a volunteer role one day a week. During her initial conversation, Linda disclosed that she wanted to rebuild her confidence following a traumatic incident in her workplace.

While working at the bank, Linda had been approached at the counter by a man armed with a knife who demanded that she empty cash into a bag. Linda followed his instructions while her colleague activated the panic button to alert the police. No one was physically injured during the incident, and the assailant was subsequently caught and arrested.

Following the incident, Linda accessed psychological support through her employer but found that she was unable to return to work. Her psychologist suggested that volunteering might be a positive step in supporting her recovery and helping her gradually rebuild her confidence.

Linda was clear that she wanted to utilise her skills and volunteer in an administrative capacity. However, she explained that she could not work in an open reception area or in a space accessible to members of the public. She also preferred a workplace with a clearly separated exit so that she could feel safe and have an easy way to leave if needed.

With Linda's permission, her requirements and relevant background were shared when approaching organisations about potential volunteer opportunities. Linda gave her consent for this information to be communicated for the purpose of finding a suitable and safe volunteer placement.

A suitable role was identified providing finance administration support at a local community centre. The centre was able to provide Linda with a private office located behind the reception area, with access to a separate back-door exit leading directly to the car park.

This arrangement provided Linda with the privacy, physical space and sense of safety she needed to participate in volunteering while gradually rebuilding her confidence.

Examples – drawn from real-life experiences

Jodie (28) began volunteering at a local op shop and quickly became a valued member of the team. After a few months, one of the volunteers decided to create a video for social media to help attract more volunteers. She pulled out her phone and began recording on the shop floor.

Jodie immediately left the shop floor and returned a short time later, explaining that she had received a call from her daughter's school and needed to leave to pick her up. When her next shift came around, Jodie did not turn up. As this was unusual for her, the Volunteer Manager called to check that she was okay.

During the conversation, Jodie explained that she would not be returning to volunteer. When the Volunteer Manager asked whether something had happened, noting that Jodie had appeared happy and had become a valued part of the team, Jodie explained that she had panicked when the other volunteer began recording the video.

Jodie disclosed that she was a survivor of domestic and family violence. She had escaped an extremely abusive relationship and relocated to the area to rebuild her life. She was terrified that being recorded could result in her image being shared online and that her former partner might find her.

The Volunteer Manager reassured Jodie that her circumstances would be treated confidentially. She also committed to putting clear protocols in place regarding volunteers taking and sharing photographs and videos, particularly on social media.

The Volunteer Manager asked Jodie whether there was any other support she could provide to help her feel safe and comfortable returning to the organisation. Jodie explained that, although she had worked on the shop floor during her previous months of volunteering, she felt much more comfortable working in the stockroom at the back of the shop, where there was less risk of being seen or recognised.

Jodie also shared that she was seeing a counsellor who was supporting her to rebuild her confidence. While she did not feel ready to return to the shop floor at that time, she said she would not rule it out in the future.

The Volunteer Manager worked with Jodie to identify adjustments that could help her continue volunteering in a way that supported her safety and wellbeing, while also meeting the operational needs of the shop and enabling Jodie to continue making a valued contribution to the team.

Building psychological safety in volunteer teams

In South Australia, employers have a legal duty under the Work Health and Safety Act 2012 (SA) to manage psychological health and safety by identifying and controlling workplace psychosocial hazards just as they would physical risks. This legislation also covers volunteers in a workplace.

Creating psychological safety requires people to override basic instincts; the instinct to stay silent, the instinct to avoid conflict, the instinct to not be negative and challenging, and the instinct to mask vulnerability. **People living with trauma often experience a heightened state of basic survival instincts.**

Offering Support

- Set clear expectations and boundaries about the volunteer role
- Allow volunteers to make mistakes without fear of repercussions
- Be consistent and reliable (critical for trust)
- Avoid re-traumatisation
- Have inclusive and respectful communication practices. Make sure there is equality in listening and conversational turn-taking
- Provide regular check ins and supervision
- Encourage self-care
- Make sure staff and volunteers who work alongside volunteers with a trauma background are supported

Responding to Distress

- If volunteer discloses trauma, ask about potential triggers or boundaries for them
- Risk assess the volunteer role for potential triggers

If an incident occurs and the volunteer is distressed

- Recognise triggers and respond calmly
- Employ de-escalation techniques
- After the event actively listen and give non-judgemental responses
- Manage any disclosures appropriately
- Know when to engage or offer external professional support
- Make a record of the incident if required
- Risk assess the volunteer role again with the volunteer
- Ask the volunteer if they wish to continue in the role and if not, see if you can offer alternative roles that will not cause them to become re-traumatised or distressed

The value of involving volunteers with a background of trauma

People with a background of trauma bring the same diverse range of skills, interests, strengths and motivations to volunteering as anyone else. For some, their lived experience may also bring valuable insight, empathy and understanding to their volunteer role.

When people are supported to volunteer in roles that are appropriate for them, with clear boundaries and the right level of support, volunteering can be a positive and meaningful experience for everyone.

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