



Workplace Stressors

March 2023

Compiled by: Kelsey Conner

Edited by: Amy Woeller



Express permission from the Institute for Shelter Care is required prior to reproduction or distribution of any part of this report.

For more information contact: Jeanne L. Allert
jallert@instituteforsheltercare.org

Introduction

The Institute for Shelter Care seeks to serve sexual exploitation/trafficking shelters by providing them with research and decision supports for day-to-day operations. This study is a follow-up to our 2022 Staffing Challenges Report, where we found that a third of the participating shelters reported high levels of staff turnover and burnout, with the average staff tenure in these shelters at only 1.7 years. Other research has shown that human services work—the overarching category that anti-trafficking work falls into—is the largest risk factor of developing professional burnout.¹

It is not surprising that working with individuals who have endured multiple traumas is a high-stress career and can lead to compassion fatigue, burnout and/or secondary traumatic stress. Those phenomena are well established in professions such as law enforcement, emergency response, and healthcare. Similarly, in a 2019 study on staff providing support services to people experiencing homelessness, it was noted that, “the impact of helping traumatized homeless individuals can lead to the development of elevated rates of a combination of burnout, compassion fatigue, vicarious traumatization, and post-traumatic stress in those who work with the homeless.”² While that study looked specifically at those working with homeless individuals, the same can be readily applied to those of us who work directly with trafficking survivors, most of whom have experienced homelessness.

The goal of this study was to identify specific stressors within the shelter setting that staff deem to be prevalent and significant. Our hope is that shelter management will take the information and implement changes to policy or practice that might improve recruitment and retention, and foster reasonable, safe workspaces for all.

Methodology

The survey population for this report included employees and volunteers providing at least 5 hours of service per week in direct contact with survivors at the shelters in the Institute for Shelter Care’s database of operating residential shelters in the United States. This database was last updated January of 2023. The number of residential shelter care agencies in the database at that time was 235. A survey was developed in SurveyMonkey and emailed to each of these agencies with the instruction for it to be dispersed to staff who provided at least 5 hours of direct care to survivors each week. Those employees were invited to participate anonymously in the survey. No financial remuneration was provided to the participants.

The Institute for Shelter Care received 126 responses. Of those, 11 were ineligible for inclusion because they reported spending fewer than 5 hours per week with survivors, so the final survey sample was 115. The total number of employees at each agency is unknown, therefore we are unable to determine the total population represented by the sample size (n-115).

¹ Newell, Jason M., and Gordon A. MacNeil. “Professional Burnout, Vicarious Trauma, Secondary Traumatic Stress, and Compassion Fatigue: A Review of Theoretical Terms, Risk Factors, and Preventive Methods for Clinicians and Researchers.” *Best Practices in Mental Health* 6, no. 2 (2013): 57-68. Accessed March 3, 2023.

² Waagemakers Schiff, Jeannette, and Annette M. Lane. “PTSD Symptoms, Vicarious Traumatization, and Burnout in Front Line Workers in the Homeless Sector.” *Community Mental Health Journal* 55, (2019): 454-462. Accessed March 3, 2023.

Respondents

Disclaimers

This survey was conducted anonymously to protect the respondents' disclosure of potentially sensitive information; therefore, any personally identifiable information (e.g., location, shelter size) has not been recorded. It is also important to note that for many of the recorded data points, respondents belong to more than one category simultaneously, so amounts may equate to more than 100 percent.

Agency Type and Characteristics

Of 115 respondents, 8 identified their agency as an emergency shelter (1-5 days); 18 worked in a stabilization program (0-3 months); 92 worked in a restorative program (12+ months); and 22 operated independent housing with support.

Eighty-two percent of the shelters represented served female residents only, and 18% served any gender. Nearly all (90%) shelters served adults, while 43% served younger adults (ages 18-21); 11% served younger minors (ages 14 and younger); 12% served older minors (ages 15-17); and 16% served adults with children.

Only 2 respondents recorded that their agency is secular or does not provide support and/or accommodations for residents' faith expressions. Of the remaining 113 respondents, 7 (6%) identified their agency as religious or ascribing to a particular religious tradition in all of their operations; 82 (71%) claimed that they were faith-centered, where faith was central to the mission and staff; and 24 (21%) were faith-friendly, or supportive of residents in whatever their faith expression may be.

It is worth noting that we examined the data by agency type, population served, and faith expression to see if there would be significant variance in response and found no significance.

Respondent Roles

The most commonly cited role for respondents was Program Director (20%), followed by Daytime Residential Supervisor (17%), Case Manager (14%), and Overnight Residential Supervisor (14%). On average, respondents had been in their positions for 2.2 years, and reported spending an average of 28 hours per week in direct contact with survivors.

Stressors

Population Stressors

Participants were asked if there is anything about the service population that was particularly stressful to them. Seventy-five responses were received, and among those, 57% of shelter staff expressed that dealing with the trauma and/or complex mental health disorders is the most stressful part of serving survivors of human trafficking and/or sexual exploitation. It is well established that human trafficking and sexual exploitation can leave a myriad of effects on an individual, including mental effects, like depression, anxiety, dissociation, memory fragmentation, and attachment disorders, among others.³ Other common stressors included working with survivors who struggle with substance abuse and those who are disingenuous about seeking healing and/or manipulative in their behaviors. It was also noted that there is stress associated with having to manage the needs of multiple residents. In other words, each survivor brings into the shelter a complex set of issues, which can be exacerbated, and multiplied, when combined with other residents and their issues.

57% of shelter staff expressed that dealing with the trauma and/or complex mental health disorders is the most stressful part of serving survivors of human trafficking and/or sexual exploitation.

Organizational Stressors

Respondents faced a number of organizational stressors, which are defined as structural conditions of the work environment that may provoke a sense of being ill-equipped or unsupported in their tasks. The responses to organizational stressors clustered into three patterns:

1. **Staffing Levels and Hours.** Most notably, nearly a quarter of respondents reported that in the last week, they have had to work more than their scheduled/normal hours, and that number increases to nearly three-quarters of respondents in the last year. It is worth noting here that in our 2022 study on intakes and referrals, the Institute learned that upwards of 45% of agencies had to voluntarily reduce their number of available service beds because they were not able to maintain the staffing needed. One Program Director noted that, “There is always a stretch between having the necessary number of staff or volunteers to really support and care for the large amount of needs and support needed for the survivors in our care.” And yet another Program Director commented on, “the stress of non-profit where you [sic] role has many hats and you are doing the job of many due to limited staffing,” as being particularly stressful.
2. **Consistency of Practice.** Within the last year, 45% of direct care employees reported having to work alongside staff members who didn’t follow agency rules and policies consistently. In the last 3 years, 42% felt that management did not enforce documented policy, while more than a third (39%) of respondents reported feeling unsupported by management. One respondent noted, “Management has not listened to or taken into consideration the pushback and concerns that staff has [sic] expressed pretty consistently since I have been here.”

45% of agencies had to voluntarily reduce their number of available service beds because they were not able to maintain the staffing needed.

On the positive, the data shows that a majority of direct care staff (80%) believe they have a voice in how survivors are cared for, and many (71%) feel as though the work is distributed fairly. Note in the following table the green bars which reflect organizational stressors that respondents say they have not experienced.

³ Preble, Kathleen M., PHD, MSW, Andrea Nichols, PHD, and Ashley Cox, MS. “Working With Survivors of Human Trafficking: Results From a Needs Assessment in a Midwestern State.” *Public Health Reports* 137, (2022): 111-118. Accessed March 3, 2023.

Physical Stressors

By and large, physical stressors were rarely encountered by employees in direct care positions. Nearly all that were surveyed claimed that they had never experienced a physical injury that required medical attention or first aid, and only 19% of respondents reported having to exert oneself physically beyond normal duties. Of 115 surveyed, only 4 reported ever being physically struck by a resident.

While physical stressors are statistically less likely to present on the job, some reported experiencing a degree of physical stressors that are fairly unique to the job. For instance, one participant commented, “I have experienced severe physical pain at times due to the stress I carry within my body as a result of the mental/emotional toll of the job.”

Property Violence Stressors

Property violence does not seem to pose much of an issue for these agencies, though it is experienced by employees more than physical violence. For the purpose of this research, property violence stressors were defined as damaging, withholding, or absconding the property (including financial resources) of another. In the last year, 34% of those surveyed reported witnessing damage to shelter property, while 23% reported being aware of shelter property being stolen.

Conversely, 96% of respondents reported having never had property stolen at work, and 93% had never had personal items damaged at work. This suggests that when there is an incident involving property violence, it is more often directed at the agency than towards individual staff.

Psychological Stressors

Overall, psychological stressors may be the most relevant to the work of providing care to survivors of human trafficking or sexual exploitation, as working with traumatized individuals and those with complex mental health needs is an occupational hazard of the job.⁴ For the purpose of this research, psychological stressors were defined as harms to one’s thoughts/emotional well-being, and may include various forms of verbal aggression (name-calling, insults, threats, humiliation, manipulation, isolation, discrediting, intimidation, etc.).

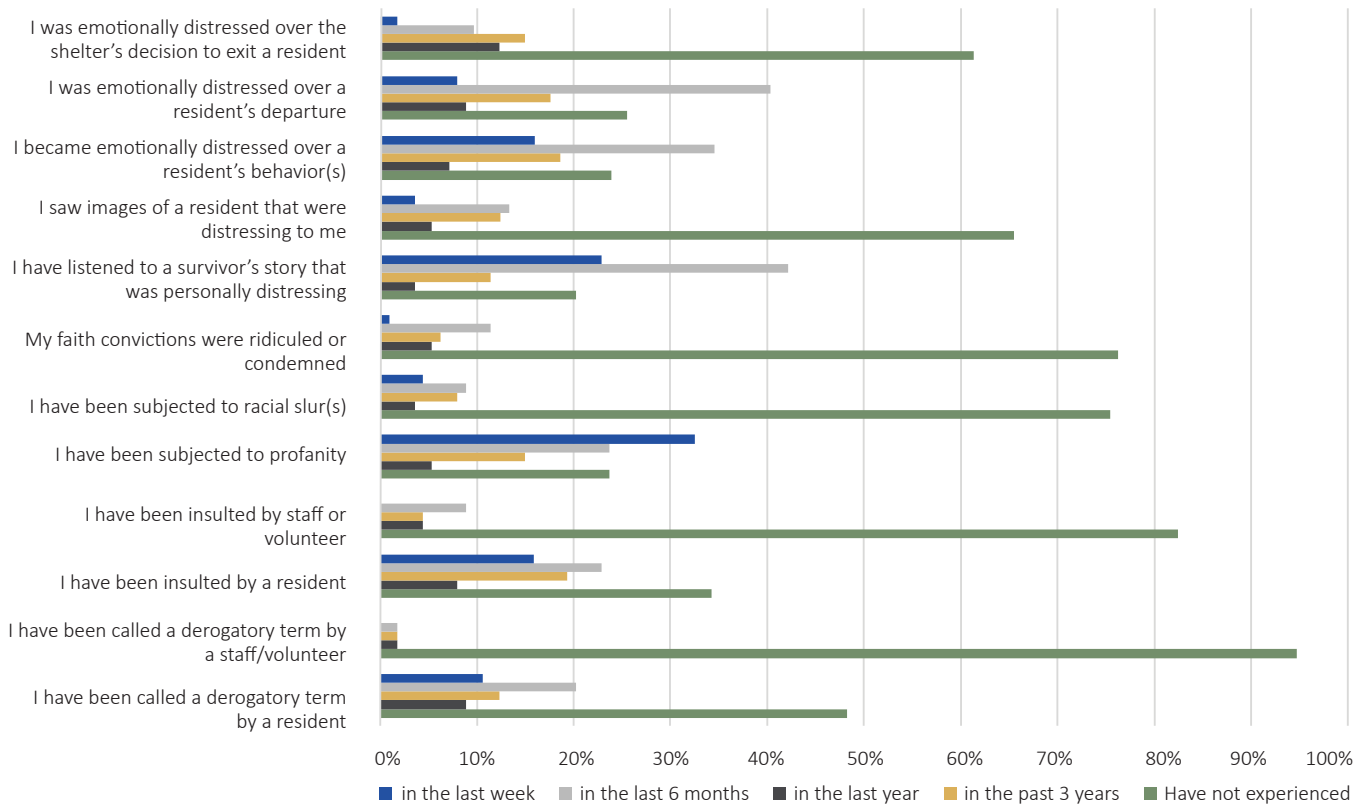
In the last 3 years, a majority of respondents (80%) reported having to listen to a survivor’s story that was personally distressing, while many (76%) reported being subjected to profanity. While management cannot abate the horrific nature of some of the survivor’s narratives, it can certainly define proper channels for those conversations and offer psychological supports to staff. The positive aspect of the finding about profanity in the workplace is a readily curable condition. Management need only establish and consistently enforce a culture of mutual respect. It is also worth noting that the conflicts where derogatory language is involved came largely from the dynamic between direct care staff and survivors, as 95% of respondents claimed that they had never been called a derogatory term by another staff member or volunteer. Here again is another opportunity for management to orient staff to the fact that some survivors will enter the program with a history of coarse language and by establishing a consistent culture of verbal respect, those behaviors can change over time. Emotional distress as a result of both residents’ behaviors and departures was also a common occurrence among those surveyed.

In the last 3 years, a majority of respondents (80%) reported having to listen to a survivor’s story that was personally distressing, while many (76%) reported being subjected to profanity.

Emotional distress as a result of both residents’ behaviors and departures was also a common occurrence among those surveyed.

⁴ Newell, Jason M., and Gordon A. MacNeil. “Professional Burnout, Vicarious Trauma, Secondary Traumatic Stress, and Compassion Fatigue: A Review of Theoretical Terms, Risk Factors, and Preventive Methods for Clinicians and Researchers.” *Best Practices in Mental Health* 6, no. 2 (2013): 57-68. Accessed March 3, 2023.

Psychological Stressors



Sexual Violence

For the purpose of this research, sexual violence was defined as actions that violate the right of the other person to decide voluntarily whether or not to engage in a sexual act. This can include sexual assault, sexual abuse and rape. Though the nature of human trafficking is, in and of itself, sexually violent, 100% of respondents reported having never been sexually assaulted at work. The majority of sexual violence stressors that staff encounter come from listening to stories that are sexually graphic in nature, with 79% of direct care workers having experienced this in the last 3 years.

A handful of respondents reported being exposed to graphic sexual content at work, and 20% claimed that they'd had their marital relations disrupted by the things they are exposed to at work in the last 3 years. One respondent noted that in her time as a direct care worker, she "experienced disturbing dreams where [they] witnessed sexual abuse in the dreams."

Trainings and Resources

In our previous research, we observed a discrepancy between what the work entails versus what employees thought the work would be. In this survey, 36% of respondents similarly disclosed that their expectations for the work, and the work itself, did not match. This is an opportunity for improvement. A realistic job description and thorough on-boarding/orientation for new hires can be effective in minimizing the dissonance between reality and perception, and to preparing staff for the difficult work that survivor care involves. As one respondent offered, giving candidates an opportunity to shadow a seasoned staff person can help paint a more realistic picture of the work.

Respondents were asked to provide the trainings and resources they have found helpful in preparing for the stressors of their work. Of 96 responses received, 39% stated that training in trauma-informed care was useful to their work. Other responses included training on burnout, crisis intervention, and compassion fatigue, among others.

36% of respondents similarly disclosed that their expectations for the work, and the work itself, did not match.

Trainings and Other Resources Respondents Cited as Helpful

- Addiction and recovery
- Boundaries
- Burnout prevention
- Compassion fatigue
- CPR
- Crisis Intervention
- De-escalation techniques
- HT 101
- Institute for Shelter Care trainings
- Job simulation
- Mental health
- Personality disorders
- Self defense
- Self-care
- TBRI
- Trauma-informed care

Of 96 responses received, 39% stated that training in trauma-informed care was useful to their work. Other responses included training on burnout, crisis intervention, and compassion fatigue, among others.

Staff Care Strategies

Respondents provided feedback regarding staff care strategies that are currently in place at their shelter. Of 108 respondents, 34 remarked that paid time off/mental health days have been effective. Additionally, 26 respondents cited self-care, and 22 cited counseling and/or therapy as helpful. One Executive Director noted: “We...offer spiritual retreats, massages, YMCA memberships, equine therapy all paid by the agency unlimited to the staff regardless of their status (PT, FT, contract). Leadership have unlimited paid time off and a sabbatical every four years. So far we’ve had very good feedback about our culture and wellness offerings.” Another respondent who did not list any areas of improvement at their agency positively remarked: “The shelter I am currently working in provides the best staff care that I have ever experienced, including weekly one-on-one check-ins with my director, team debriefings after a critical incident, staff retreats for both training and rest, yearly sabbatical days, financial assistance and encouragement towards having a personal counselor/therapist, and time off when needed/requested.”

Recommendations

Human trafficking survivors face a myriad of complex stressors: trauma, mental health, substance abuse, and the severity of sexual violence to name just a few. Those closest to survivors, in proximity and relationship, may bear the brunt of the stressors and this can be an occupational hazard. The stressors that are most often experienced by direct care workers were organizational and psychological in nature, as opposed to physical or sexual, though those stressors were not entirely nonexistent. As a result of this study, the Institute offers the following recommendations to shelter management to reduce stressors and improve staff resiliency.

- Examine your job description and staff recruitment process to ensure that it accurately reflects the expectations for the work and the emotionally/spiritually demanding nature of the job
- Offer shadowing of seasoned staff to orient new staff to the environment
- Intentionally build up a cadre of PRN (or “on call”) staff to address the inevitable need to cover schedule changes and emergencies
- Provide individualized outlets for staff to process (or obtain counseling for) the distressing narratives that they hear from residents.
- Impose clear and respectful guidelines on the use of profanity and other derogatory language within the shelter home
- Impress upon staff the need for consistent adherence to operational protocols
- Offer a variety of trainings that help staff understand and respond to survivor behaviors