

Introduction

Nonprofit Work Is Killin' Me is written for nonprofit community-based professionals on the front lines, carrying out their responsibilities for triaging and healing the challenges that stem from racism and classism. For professionals who walk alongside community members such as teen parents, families who are unhoused, persons returning from prisons, and so forth, we often experience unmitigated chronic stress and vicarious trauma through the course of fulfilling what we are hired to do. However, this book will also be useful for friends and family who would like to better understand the requirements and barriers of such transformative work. It can be seen as a cautionary preview for those who are considering a path in such challenging yet necessary settings. And this book is written for managers, executive leaders, board members, and anyone else who would like to use their influence to help edit the norms and beliefs that create unmitigated chronic stress and vicarious trauma in our organizations.

The honest conversation inside of these pages focuses on the chronic stress and vicarious trauma that is running unchecked in nonprofit community-based organizations, especially for those who are in direct service job roles. Primarily, these professionals work inside of what are referred to as nonprofit community-based social services organizations, but also include organizations with delineated programming that is social services in its design but for which that programming is only one strategy surrounding larger movement-building plans.

This conversation is vital for understanding how the high rates of burnout and suffering in the nonprofit sector came to be and the need to transform the sector norms and beliefs that perpetuate the problem. The science and conversation are presented with earnestness for turning around the difficult experiences of, particularly, nonprofit community-based social services teams which also requires that we counter racism and classism central to the nonprofit sector culture. Ultimately, committing to and implementing solutions for mitigating chronic stress and vicarious trauma allows these teams to function coherently by

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addressing social inequities in the community and addressing the ways that these same inequities are alive inside of our organizations.

Chronic stress and vicarious trauma are weaved into the very fabric of the jobs, priorities, and settings of nonprofit community-based social services organizations. Yet, outside of consideration of the contexts of serving in emergency rooms, battlefields, classrooms, and domestic violence shelters, we do not hear about the ways that many other job roles carry the responsibility of braving chronic stress and vicarious trauma. For example, meet Lee. He works with families who are unhoused with the ultimate goal of bridging them first to temporary and then to permanent housing. Lee's job title, *screening specialist*, is nondescript, and when he shares the goal that guides his work, few in his life actually understand what it takes to fulfill his job duties in terms of the pace he moves each day as well as the impact of job tasks on his biology and quality of life.

It is important to understand the reality of Lee's responsibilities because the general public often interprets nonprofit topics in overly simplistic ways. For example, heavy attention is sometimes placed on the families' dire circumstances; of course it is very important to cultivate awareness about unhoused families. On the other end, suspicions are placed on the effectiveness of Lee and his work from donors and popular media; crude questions misplace attention about the value and accomplishments of nonprofit work with catch phrases about "overhead." Many of us have heard questions such as "Is his salary too high?" "Why are so many families still homeless if we're paying nonprofits to fix the problem?" "Will this program still exist after grant funding runs out?"

Supposed concern about overhead and the general value and accomplishments of nonprofit work in actuality reflects cultural commitments to racism and classism that permeate this country. The questions, like Lee faces, are not misplaced. Rather, they intentionally draw the public's support for diminishing the pay associated with jobs that are focused on addressing social inequities; emphasizing the assumed need for overworking the professionals who are tasked with addressing systemic oppressions like unhoused families; and suspecting that the populations directly impacted by the social inequities are in some way deserving of them.

Activating our collective drive to mitigate chronic stress

Getting on the Same Page

In order to address unmitigated chronic stress and vicarious trauma in nonprofit community-based social services organizations, we must also transform the racism and classism built into the structures and practices of our precious organizations.

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and vicarious trauma, supported by this book, entails taking on the fundamental webbing shared among the following:

- unmitigated chronic stress and vicarious trauma;
- racism and classism in the nonprofit sector and the U.S. more widely; and
- demonstrations of mission impact and movement-building.

In order to address unmitigated chronic stress and vicarious trauma in nonprofit community-based social services organizations, we must also transform the racism and classism built into the structures and practices of our precious organizations. The shared webbing referenced here is the focus of an entire chapter so that we can all be on the same page about what is needed for curbing the blowback of unmitigated chronic stress and vicarious trauma in relation to racism, classism, missions, and movement-building.

Lee's exhaustion and exposure to chronic stress and vicarious trauma are not an individual's problem; they mirror a larger umbrella issue that is given center stage in this book because it represents the core experiences of nonprofit professionals. While the questions posed to professionals like Lee are largely treated as essential, timeless, inevitable, and reasonable questions, they actually reflect white supremacy cultural values that fixate on squeezing every ounce of production from human beings. That is, the European industrial revolution and colonization model makes it appear natural to overwork and squeeze historically oppressed populations. This culture, obviously, also invests minimally in the well-being of teams like in the case of the failure to mitigate chronic stress and vicarious trauma in nonprofit community-based social services organizations. The white supremacy cultural focus within such organizations assumes that it is natural and inevitable for organizational teams to exhibit efficiency, individualism, fear of conflict, defensiveness, and urgency no matter an organization's mission and plans (Okum, n.d.).

As a researcher and anthropologist, I know that there are few things, if any, that are essential, timeless, and inevitable, but short-term memory might have our attention easily diverted to assume these things, employment models designed in the reflection of white supremacy culture, are true. It makes it unsurprising, then, that after almost two decades of working in nonprofit community-based social services roles, I have seen countless teams experience the constant hum and rhythmic beats of unmitigated chronic stress and vicarious trauma.

The overemphasis on Lee's salary and performance shows that many

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do not understand the magic that Lee and his colleagues make happen every day. When he finished his college degree in sociology, he went right into this job. During his college years he worked in literacy programs, serving children in under-resourced schools. He knew conceptually that working with unhoused families would prove challenging, but he was deeply passionate about the ultimate goal of generational healing that can happen with stable housing and he entered this career path with great enthusiasm.

In Lee's daily job tasks, he engages families who are referred to his program by a range of entities like schools and overflowing temporary shelters. He also engages families by doing weekly canvassing tours of encampments and parking lots that are known for staging families who are currently living in automobiles and tent-like contraptions. Whether referred to or directly recruited by Lee, Lee's top two challenges are to build rapport with families who are deathly afraid that if they share too much information then their children will be removed from them and then to face the challenge of finding open beds for the families within cities that underinvest in such housing options. To meet both of these challenges, he spends many hours thoughtfully hanging out with families to get to know them and earning their trust. For example, Lee cannot get families into shelters unless he gets their names, ages, and sexes of their children, but many parents tend to stop talking if Lee pushes too hard to get that information. Lee also spends countless hours building trusted relationships with intake staff at every shelter within the county boundaries in order to get the latest updates on open beds; this requires many conversations, tokens of appreciation like birthday gifts and surprise coffee deliveries, and meaningful exchanges like sharing program resources with another program's enrollees.

As the third largest employer in the U.S., the nonprofit sector has a large population of chronically stressed and traumatized professionals. There are some 12 million Lees out there who are making community transformation happen. Lee, like most nonprofit community-based social services professionals, is smart, creative, and driven. And like all nonprofit community-based social services professionals, and those in other types of nonprofit organizations with social services programming, the very job role that Lee fulfills consumes more than his talents and energy. The gradual pace of building rapport, human-to-human connections, is rarely measured or considered for the way it mentally, physically, and emotionally wears on a professional in this sector.

Lee's grind is physically and mentally exhausting because he is

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constantly on the move, strategizing solutions, skipping meals and restroom breaks, and he pours his brain and biological power into every detail. However, Lee's exhaustion is only one layer as to how his biology is taxed. Chronic stress is defined as consistent exposure to stressors with psychological consequences that "result in serious health conditions including anxiety, insomnia, muscle pain, high blood pressure and a weakened immune system" (Baum & Posluszny, 1999). Additionally, building human-to-human bonds with populations facing tremendous barriers, such as unhoused families, means that he is enmeshed in a ripe setting for vicarious trauma. When professionals experience a client's trauma through listening to their stories, reading legal case notes, and being in dangerous residential spaces (e.g., encampments), they experience what is called *vicarious trauma*. That is, vicarious trauma is defined as psychological and biological strain from exposure to a person who has, or continues to experience, trauma and/or post-traumatic stress (Hernandez-Wolfe et al., 2014).

Consider these realities of Lee's job:

- Lee sees and hears about the emotional suffering of parents who must endure the humiliation of not being able to provide for their children.
- Lee sees the quickness with which the children consume the snacks that he brings to them, recognizing their constant hunger and malnourishment.
- Lee hears about the preceding events that led to the homelessness, including domestic violence, deaths, incarcerations, layoffs, addictions, and unlucky conditions.
- Lee knows that the families are stressed about the potential of being separated, having their children taken by child protective services if they remain homeless for too long.
- Lee hears that the children are experiencing bullying at school based on peer judgment with regard to their dirty clothes and constant hunger.
- Lee drives away at the end of visiting with families emotionally struck by the contrasts that he will pick up his favorite dinner on his way home to his safe and comfortable apartment.

Notice that Lee cannot fulfill his job responsibilities unless he is exposed to the stress and trauma of the families. While arguments can be made about unnecessary job pressures that drive Lee's exhaustion such as working 50-plus hours per week with limited resources, there is no structural change that can occur to his job role to *prevent* Lee from conditions

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of vicarious trauma. He must walk into the world that the families live in and that movement into their spaces brings on vicarious trauma. But what of *mitigating* that exposure and its direct impact on Lee's well-being?

In many ways, this book is a love letter to Lee and those like Lee. The nonprofit job sector includes a range of diverse roles, including formalized therapeutic roles such as *therapists* and *social workers* as well as roles that supply similar social services without formal recognition such as Lee's job as a *screening specialist*. More nonprofit community-based professionals like Lee carry titles such as *case manager*, *workshop facilitator*, and *mentor*

Many Ironies

These organizations serve stressed and traumatized community members through the course of asking professionals themselves to suffer chronic stress and vicarious trauma.

(Baines et al., 2002; Rzeszutek et al., 2015). The community members who are served by these professionals—children, teens, families, the elderly, the disabled, the incarcerated, and so forth—often experience post-traumatic stress from surviving strained conditions like food insecurity, violent neighborhoods, relocating as refugees from conflict zones, and surviving abuse so common in the U.S. (Sumner et al., 2015). Nonprofit community-based social services organizations are designed to resolve

human suffering and the social inequities that systemically and systematically drive that suffering. The organizational teams do this by directly serving the community through triaging and/or by changing systems that create and/or enable the suffering. Ultimately, teams inside of these organizations serve stressed and traumatized community members through the course of asking professionals themselves to endure chronic stress and vicarious trauma. Hence the name of this book, *Nonprofit Work Is Killin' Me*.

Lee and his colleagues across the U.S. are driven to resolve the stress and trauma experienced by the community members. They see a way forward and many of them understand the theories and methods of social transformation at their organization's level and movement-building through strengthening their collaborations across entities so collective coordination lines up. Many of these professionals, including you, know deep in your bones that solutions exist for each community member though, frequently, systems and practices create barriers to enacting these solutions. Your drive keeps you in contexts where there is a biological toll to be paid and chronic stress and vicarious trauma engulfs your body.

Studies on the impact of chronic stress and vicarious trauma from the therapeutic and social work professions inside and outside of nonprofit

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contexts include such job roles as working in domestic violence centers and serving survivors of sexual assault and sex trafficking (Ludick & Figley, 2017; Lipsky, 2018). The toll paid by such therapeutic and social work professionals includes long-term mental health issues, deteriorating personal relationships, and an increasingly hopeless worldview (Aparicio et al., 2013). Further, advocacy nonprofit professionals have received some attention from researchers on the experiences of job-related chronic stress and vicarious trauma (Gorski, 2015; Lipsky, 2019). Similar to non-therapeutic nonprofit professionals like Lee, advocacy professionals are exposed to dynamics that involve chronic stress and vicarious trauma such as frequent exposure to traumatic visuals and written content as well as to adversarial opponents (Gorski & Erakat, 2019). Importantly for the message in this book, non-licensed nonprofit community-based professionals get little attention in the public and academic realms for the ways that they are exposed to and experience chronic stress and vicarious trauma. Professionals who are not formally designated with therapeutic or emergency job titles still carry out social services job roles with exposure to stress and trauma.

Further, few studies carefully examine the experience of nonprofit professionals working in social services organizations (Baines et al., 2002). Social services are, in fact, job tasks that reflect therapy and social work-related responsibilities like Lee's case management efforts that support the transitions of families into safe housing options. A 2018 study that I conducted on nonprofit community-based social services organizations, chronic stress, and vicarious trauma borrowed insights from research in adjacent fields such as social work and healthcare where these job-based factors have already been studied at great length. Asking questions about the existence of chronic stress and vicarious trauma in nonprofit community-based social services job roles for non-social workers, non-therapists, and non-medical personnel is an important addition to the research. The study's findings inform Chapter 2 and fuel the three chapters focused on individual, organizational, and sector level tools. Chapter 2 is framed around these two questions:

- Is it possible to distinguish characteristics of chronic stress and vicarious trauma among nonprofit community-based social services professionals and correlate them to job roles?
- Which solutions to chronic stress and vicarious trauma already exist that can be used by nonprofit community-based social services organizations to mitigate chronic stress and vicarious trauma?

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While readers should check out more about this 2018 study, mentioning it at the outset of the book is important because research from adjacent sectors only allows a general understanding about the ways that nonprofit community-based jobs are tied to the psychological and biological suffering among professionals like Lee. This understanding focuses the conversation in this book without essentializing individual professionals as solely responsible for their own well-being. That is, so much popular rhetoric about well-being in the contemporary American context is framed around white bodies and commercially informed *self-care*. Self-care social media posts are frequently parroted without possible application to contexts like those of nonprofit professionals who engage in traumatizing job duties in order to contribute to social transformation. Sandwiched between their drive for solutions to social inequities and their friends' posts about soothing bubble baths to relieve the stresses of the day, nonprofit community-based social services professionals keep their heads down with no easy answers for surviving their careers (Kisner, 2017; Mitchell, 2018).

Self-help and *self-care* are predominant themes in health and well-being publications geared for professionals, including the promotion of *self-care* plans (Skovholt & Trotter-Mathison, 2011) that include encouraging more sleep, better nutrition, deep breathing, and exercise (Kanter & Sherman, 2017; Lipskey, 2018). The spectrum of formal studies and professional tips around *self-care* like these, however, often misrepresent the distinct characteristics involved in the coercive contexts that drive unmitigated chronic stress and vicarious trauma. This rhetoric shows that effective solutions exist for responding to the biological effects of chronic stress and vicarious trauma, but does not synchronize well with the job requirements imposed on nonprofit community-based social services teams. Ain't no deep breathing going to resolve the foundational white supremacy culture that ensures unmitigated chronic stress and vicarious trauma are ignored.

Many books and resources for professionals to use for releasing some of the work-based pressure tend to encourage solutions that are research backed only for some of the ways that professionals suffer. This science is important and brings legitimacy to the experiences of the professionals with chronic stress and

What This Book Is Not About

Suggesting exercise, baths, and nutrition—as many available wellness resources for professionals do—is a misrepresentation of the communal stress and trauma that is part of nonprofit community-based social services job roles.

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direct or vicarious trauma. For too many decades, people, especially women, were framed as faking the very real high blood pressure, sleep challenges, never ending fatigue, body pain, and other aspects of experiencing chronic stress and vicarious trauma. That is why a chapter in this book focuses just on the scientific findings around chronic stress and vicarious trauma.

The unfolding of chronic stress and vicarious trauma is fundamentally about the accumulation of tension to the point of biological overwhelm. Suggesting exercise, baths, and nutrition—as many available wellness resources for professionals do—is a misrepresentation of the communal stress and trauma that is part of nonprofit community-based social services job roles. For example, among mental health disciplines, the terms *emotional detachment* and *emotional regulation* refer to training for professionals where they are to simultaneously serve clients, protect themselves, and apply disciplinary standards (i.e., for clients to get what they paid for with a high degree of fidelity and safety). It is argued that when professionals can regulate their emotions in the face of chronic stress and vicarious trauma scenarios, then they are protected from the biological fallout. But is this actually possible among the nonprofit community-based social services teams? The many professionals who readers meet in the pages of this book have no choice in the matter. Emotional regulation does not increase Lee's safety when he is canvassing in dangerous areas of the city. His job description says to canvas and so he does.

You may be familiar with the term *compassion fatigue*. It is understood as the physical and psychological exhaustion experienced by people, most typically assumed to be professionals, associated with serving clients where the professional can no longer empathize or build rapport with clients because of the exhaustion (Hunsaker et al., 2015). Compassion fatigue is a potential consequence of job tasks that involve chronic stress. For example, a housing coordinator might experience compassion fatigue after years of working with numerous teens who were sexually assaulted by family members and had to find emergency housing. The in-your-face daily challenges that amount to chronic stress and vicarious trauma is what the research shows is linked to compassion fatigue; fulfilling the job tasks are linked to compassion fatigue.

Further, a workshop facilitator might experience compassion fatigue along with vicarious trauma. For instance, with every workshop series that includes curriculum and activities with participants working through how to apply *community justice* values to their experiences as violent crime survivors, such a workshop facilitator has the role to listen and learn

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along with the survivors. Professionals who experience vicarious trauma, like in this instance, may reach compassion fatigue at some point in their careers even if that compassion fatigue is resolved. However, the opposite does not necessarily happen; a professional who experiences compassion fatigue may or may not experience vicarious trauma. The research suggests that when we want to explore these various terms and dynamics, most often when there is a directional link, it is vicarious trauma → compassion fatigue and/or chronic stress → compassion fatigue. These are the definitional distinctions to help clarify and that will be discussed further in Chapter 2. For example, when I worked in youth prisons in social services programming, I was gradually on my way to compassion fatigue with no knowledge of what awaited me. After six years, I could not work in the setting anymore. I stopped being able to care about the work, the colleagues, and the precious young people. A series of health issues made it hard to make it through the day. I got to this point via vicarious trauma. Now I understand that constant exposure to a locked facility with weapons, direct and indirect violence on the young people's bodies, and a losing battle to get the youth meaningful services brought on palpable chronic stress and vicarious trauma and led to what can be identified as compassion fatigue.

The experience of compassion fatigue is especially worrisome in that research shows a link between compassion fatigue and the quality and effectiveness of job duties. No longer empathizing with community members or clients creates obvious barriers to serving them. Nonprofit community-based social services organizations are bursting with talent and innovation, yet even the greatest talent is not immune to the biological impact of chronic stress and vicarious trauma.

To round out an understanding of the differences and linkages among chronic stress, vicarious trauma, and compassion fatigue, the term *burnout* should be specifically used as it is intended. *Burnout* is the last stop on the train; it equates to a great amount of unhappiness with one's job and is shown by emotional exhaustion, depersonalization of clients, loss of interest in job duties, and a desire to stop going to work (Lampert & Glaser, 2018; Seti, 2008). When team members cannot show up to work anymore, that is the culmination of long-standing factors like unmitigated chronic stress and vicarious trauma.

Lee's college friend who works in the same region, Alice, facilitates child abuse prevention workshops with parents who are flagged by child protective services for compulsory preventative support. Alice is not a family therapist, rather, her title is *workshop facilitator*. She completed her

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undergraduate degree in recreational studies and in the future plans to complete a master's degree in nonprofit management. Alice faces job circumstances similar to Lee that create chronic stress and vicarious trauma, including the following:

- Alice sees and hears about the suffering of parents who must endure the humiliation of a court order to attend parenting workshops.
- Alice sees the embarrassment on the faces and timidity in the bodies of the children who play in the next room while the workshops are underway.
- Alice hears fragments of the life stories of workshop participants, sprinkled throughout the eight weeks of twice-a-week sessions.
- Alice reads the court documentation that outlines the causes for parent referrals.
- Alice hears some of the children in the next room struggling to communicate without violence.
- Alice leaves these nightly workshops and her long days drained and knowing that there are countless more families to serve in a society with such high rates of child abuse and neglect [Cecil et al., 2017].

Lee and Alice rarely speak at any length about the chronic stress and vicarious trauma in their job tasks, in their bodies, and in their futures, but they and their nonprofit peers instinctually know the reality of what toll their jobs take. These experiences of chronic stress, vicarious trauma, compassion fatigue, and burnout, and in any combination, depend upon the specific job responsibilities, persons being served by the professionals, organizational structures (Rodrigues et al, 2017), and possibly organizational leadership (Shanafelt et al., 2015).

Lee and Alice keep their mouths shut about the internal workings of their organizations because they do not want to be accused of badmouthing any organization that carries an important mission. Yet from their daily responsibilities, it makes sense that Lee and Alice experience chronic stress in the course of fulfilling their job tasks as well as vicarious trauma in the course of building human-to-human connections with the community members who they serve. Both are at risk of burnout should their job setting stay unchanging. Recall that burnout is the last stop on the train and that, long before reaching burnout, professionals like Lee and Alice face so much suffering because their job roles require it and most organizations do nothing to mitigate it.

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In a 2011 study, 45 percent of nonprofit professionals reported planning to leave their employer within the next two years in proportion to the stress they experienced (Word et al., 2011). This same study found that 30 percent of nonprofit professionals were already experiencing burnout with another 20 percent of them at risk of burnout. In the study referenced earlier that I conducted in 2018, among nonprofit community-based social services professionals specifically, many were experiencing chronic stress, 15 percent to 52 percent of them, and 13 percent to 24 percent of them were experiencing vicarious trauma. Again, visit Chapter 2 for more discussion on these rates.

Why should we explore the rates of chronic stress and vicarious trauma in nonprofit community-based social services work? Since the 1990s, increasing attention has been placed on these factors by tracking them across therapeutic contexts and even in schools, but not among the Lees and Alices in the nonprofit sector. Therapists and counselors (Graham, 2012), social workers (Aparicio et al., 2013; Branson, 2019), hospice caretakers (Hotchkiss, 2018), and even teachers (Grise-Owens et al., 2017; Skovholt & Trotter-Mathison, 2011) are recognized for the job-based conditions that create this type of suffering. In nonprofit community-based organizations, there is little to no attention to the correlation between exposure to the traumatic life experiences of those we serve and the professionals' experiences with vicarious trauma. These other sectors have insights on who, how, and when chronic stress, vicarious trauma, compassion fatigue, and/or burnout show up among their employees in large part because of the health consequences that impede employer success benchmarks. By assessing and responding to employee experiences with chronic stress, for example, employers find that they can lower the rates of non-communicative diseases, reduce medical costs and sick time, and improve productivity and outputs (Abegun & Stanciole, 2006; Page & Nilsson, 2017; Beemsterboer et al., 2009; Bubonya et al., 2017).

This book, and its focus on the talent of nonprofit community-based professionals who widely experience chronic stress and vicarious trauma, does not promote employer success benchmarks and a focus on white supremacy cultural values like productivity and outputs. Yet, much of the available research that exists on these experiences focuses on the Euro-centric industrial revolution and colonizing paradigm of production. For example, unchecked chronic stress, vicarious trauma, compassion fatigue, and/or burnout among employees across diverse occupations is linked to a myriad of problems for the employer. Employee stress levels are directly linked to absenteeism and temporary use of disability leave (Lazaridis

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et al., 2017; Marzec et al., 2015). For those working in chronically unsafe scenarios, such as police officers, many studies have shown the distinctively high rates of divorce, suicide and thoughts of suicide, anxiety, and depression (Sollie et al., 2017); in the area of research on those in unsafe scenarios, the focus is, thank goodness, equally about the outputs *and* the human cost.

When chronic stress and vicarious trauma are studied in, or tangential to, the nonprofit sector, light is shown on the fact that this context can reduce the quality of social services provided to community members or clients (Graham, 2012). We see the production paradigm applied here, too. When financial return and/or loss becomes part of the conversation, nonprofit leadership and philanthropic entities are all about it (Morrisette, 2016; Timm, 2016). The hit taken to the quality control inspires some sort of action for many nonprofit organizations, though often only when there is public awareness of such issues. And quality control becomes a really big deal to executive leaders and board members when it is publicly indicated through various, and sometimes embarrassing, channels.

The nonprofit sector culture and values incubate racism and classism within the organizations, yet the official organizational mission and values create a distraction by framing organizations as primarily a force for good. The data on chronic stress and vicarious trauma as well as the widespread refusal to mitigate the negative impact of such shows that organizations are not primarily about “doing good.” And the fixation on doing good was birthed through racist and classist notions anyhow; more on that later. Little consideration is provided to the well-being of the teams and also the irony of organizational values focused on resolving social inequities, while commonly these nonprofit community-based social champion these values, they are not inwardly turned to benefit their own teams. The conversation in this book wants to amplify our shared commitment to social transformation through the nonprofit sector in order to light a fire of change that shines on the mutuality of well-being for the people we serve and ourselves who are committed to the transformation.

Let’s Agree to Agree

Prevention of chronic stress and vicarious trauma in nonprofit community-based organizations is probably impossible. As described earlier, organizations with social services programming focus on resolving human suffering through directly partnering with community members

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who are facing oppressions of various kinds. The Lees and Alices serve stressed and traumatized populations and then suffer stress and vicarious trauma akin to those who they serve. The Lees and Alices walk into the world where the community members live and their movement into these strained spaces brings on chronic stress and vicarious trauma. We must also not underestimate the pulsing chronic stress and trauma that is part of other dimensions of our lives beyond our careers such as our very personal challenges with domestic violence, layoffs, and family members who transition, but that is beyond the scope of this book.

Let us agree that chronic stress and vicarious trauma stemming from serving people and transforming social issues that we care a lot about is the consequence and requirement for being in nonprofit community-based social services organizations, especially those of us with direct service jobs. What we can do is *mitigate* the negative impact of job-based chronic stress and vicarious trauma. The cultural norm to grind until we are depleted, brought to a crawl, does not mean that these job experiences must inevitably be this way. Mitigating job-based chronic stress and vicarious trauma means decreasing some types of exposure and adding organizational and sector level strategies to heal the negative impact on our biology.

Let's also agree that compassion fatigue and burnout are preventable and/or reduceable (Duarte & Pinto-Gouveia, 2017; Demerouti, 2015; Kim & Sekol, 2014). Many studies across other sectors show that this type of prevention is possible, including for professionals working in emergency rooms, shelters, and schools. Further, organizational studies from the for-profit business sector show that non-client related stressors can be reduced, improving the work climate and experience of professionals through the implementation of best practices in terms of workloads, personnel support, and non-monetary compensations.

There are two major roadblocks to mitigating the negative impact of chronic stress and vicarious trauma in nonprofit community-based organizations. These are also roadblocks to adding meaningful strategies for resolving deeply set norms in the nonprofit sector. We have to agree that, as a sector, we want to air and eradicate these roadblocks. The first roadblock is the romanticizing of suffering in nonprofit jobs. The second

We Can Mitigate

Mitigating job-based chronic stress and vicarious trauma means decreasing some types of exposure and adding organizational and sector level strategies to heal the negative impact on our biology.

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roadblock compliments this romanticizing by essentializing *financial strain* and *limited time* as reasonable arguments against implementing tools for mitigating the negative impact of chronic stress and vicarious trauma in our organizations.

Films with famous actors serve as useful examples of how much the romanticized suffering and supposed limited monies and time permeate the expectations for nonprofit community-based organizations. The celebration of suffering often shows up in representations such as responding heroically to emergency needs, working long and worried hours, and all at the cost of their personal well-being. Movies like *Short Term 12* (CBS News Productions, 2013), starring Academy Award–winner Brie Larson, shows the psychological and biological toll on professionals working in these organizations. Larson and other actors in these roles illustrate the grueling work involved in walking in the shoes of the community members who they serve and the ways that the human-to-human connection required to fulfill their jobs negatively impacts them. And even when nonprofits get marginal attention in major films, like *Spotlight* (McCarthy et al., 2015), we also receive the message that nonprofit organizations are small, lean, and have exhausted operations facing losing battles to make the mission impact that they intend. The losing battle theme reinforces that there's no time and space for mitigating chronic stress and vicarious trauma. The romanticizing and supposed limits to monies and time distract us from a willingness to alter the white supremacy culture norms and beliefs underlining it all.

Documentaries bring viewers even closer to the existence of stress and trauma experienced by oppressed populations and the nonprofit community-based professionals dedicated to resolving social inequities. For example, the award-winning investigative documentary work of PBS' *Frontline* takes on topic areas that many of these professionals call their day jobs. The more recent *Trafficked in America* (Infobased, 2019) shows the difficulty in identifying and serving children and adults from countries trafficked into the U.S. for slave labor. The difficulty and victims are the focus of the documentary. In fact, there is a nonprofit community-based social services organizational team working on human trafficking issues just a 15-minute drive from where I am writing this book. You will learn more about this organization, and their approaches to mitigating the negative impact of chronic stress and vicarious trauma, when you get to Chapter 3.

Further, pay and operating budgets for many nonprofit community-based organizations reflect our society's level of value placed on the

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populations served and the professionals doing the serving. The widely popular, international short lecture series called TED Talks and TEDx have several lectures by Western specialists who speak specifically to the issue of the dynamics around romanticizing suffering and supposed limited funds and time in the nonprofit sector. For example, Nat Ware's (2013) talk titled *Free Charities from the Idea of Charity* points to the public perception and aligning pressure that nonprofit organizations should operate with a small budget and specifically with low pay for the staff teams. Further, Juanita Wheeler's (2015) Australian TEDx speech on *Busting the Charity Overhead Myth* speaks to the paradigm used by the news media and governments which places pressure on nonprofit organizations by restricting funding to them and their important work. Ultimately, both roadblocks are rooted in white supremacy values. A detailed history of the interconnectedness of racism and classism in the nonprofit sector's widespread dismissal of mitigating chronic stress and vicarious trauma is discussed in Chapter 3.

A Shared Blunt Hit

What counts as demonstrations of mission impact and movement-building must also be presented side by side with the sufferings of teams. When 52 percent and 24 percent of our nonprofit community-based social services teams are suffering with chronic stress and vicarious trauma, let's report that immediately next to the evidence of mission accomplished. There is evidence that even while experiencing terrible suffering, teams can deliver measurable social impact, and I know many of them. However, this is shown to be widely risky, cruel, and slows our transformation of the forces that create the social inequities that are central to our organizations.

We must agree to agree that there is equal relevance for services to triage real social issues (i.e., hunger, safety, and health) and for mitigating how nonprofit community-based social services professionals experience chronic stress and vicarious trauma from their jobs. This book is written for Lee, Alice, and all who are making social transformation possible through their commitments to partnering with community members to navigate historical social trauma for which we are all the heirs. You are partnering with community members to unearth and co-create solutions. For this reason, the chapters in this book are a conversation with you, an exploration of the story of suffering in nonprofit community-based organizations as well as the solutions that exist.

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In Chapter 1, readers explore the nonprofit sector, surveying major terms, organizational specialties, job types, and job settings. The sector is huge and not everyone knows everyone else. This chapter helps us to focus our attention on community-based organizations with social services programming and attempts to simplify a taxonomy for the range of specializations that community-based organization lead. Chapter 1 is also educative for the new college graduates and the curious spouse who is wondering what their partner is doing in dedicating their life to social transformation. This information prepares readers for exploring the crux of the problem in future chapters.

Focusing attention on how chronic stress and vicarious trauma unfold in job roles, Chapter 2 explains the reality of nonprofit community-based social services job tasks and demands. Even seasoned professionals will read this chapter and gain an understanding of the nuances of their circumstances; reflect on their own stories; and access a little reprieve from the frequent loneliness that comes with not speaking of our shared experiences with health challenges. Those outside of the sector, as well as those in nonprofit leadership roles who have never worked in direct service jobs, will get from this chapter sobering stories that illustrate the importance of mitigating the negative impact of chronic stress and vicarious trauma.

Next, Chapter 3 further contextualizes the nonprofit sector. Non-profit professionals will see their circumstances depicted and gain insights on the who, what, and how of sector culture issues. That's right: The nonprofit sector has a culture with thriving beliefs and norms. While there is no one Darth Vader to point the blame at for unmitigated chronic stress and vicarious trauma, there are cultural beliefs and norms that need light shown on them so that we can choose otherwise. Readers will think to themselves, *Ah ha, that's how these problems continue!* Ultimately, this chapter brings insights about the ways that the nonprofit sector fulfills white supremacy cultural beliefs and norms, making them appear normal and inevitable.

Chapters 4, 5, and 6 take readers into practical solutions that exist for them at the individual, organizational, and sector levels. Chapter 4 guides readers through curated tools for addressing the negative impact of chronic stress and vicarious trauma on the body. These are a collection of indigenous and/or science-backed tools that will interest many. Chapter 5 is geared towards organizational leaders, introducing tools for nonprofit community-based teams to address the barriers to mitigating chronic stress and vicarious trauma inside of their organizations. Chapter 6 provides

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sector level tools that all readers can implement. Spreading the data and amplifying calls to resolve unmitigated chronic stress and vicarious trauma is everyone's responsibility. For all three of these chapters focused on tools, there are supports provided to readers for priming one's self and one's team for meaningful tool adoption and implementation.