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A Case Study in Volunteer Management: Volunteer Stress at a Northern California Rape Crisis Center

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California Rape Crisis Center

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TABLE OF CONTENTS

ABSTRACT

This research project is a case study of a rape crisis center's volunteer program. Because the volunteers respond to recent victims of sexual assault in hospital emergency rooms, the study was designed to examine the stressors arising from their confrontation of such emotionally volatile situations. The study focused on the stressors volunteers experienced, how they coped, how the rape crisis center's training program prepared volunteers for job stress, what rape crisis center employees did to mitigate volunteers' job-related stress, and how effective volunteers perceived these efforts to be. The research project also compared the stress experienced by rape crisis volunteers and the ways in which they coped with it to the stress and coping mechanisms of paid counselors in similar situations, as identified by two related studies

The study found many similarities between the stress and coping behaviors of the volunteers interviewed and those of paid counselors in the other studies. All faced emotional stress and stress related to interactions and operational factors in their work, and all dealt with stress through personal relaxation and social support. The differences between the two groups lay in factors related to the volunteer nature of the interviewees' job, which led to dread of the unknown and isolation, and in the political leaning of the rape crisis center which was both a source of conflict and an inspiration for volunteers.

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LIST OF APPENDICES

CHAPTER ONE: INTRODUCTION

Background

Millions of Americans volunteer for nonprofit organizations. They serve on boards, stuff envelopes, help in their children's classrooms, and more. A small percentage of volunteers invest an inordinate amount of training time and endure emotional or even physical vulnerability to become crisis volunteers. Crisis volunteer work is unique among volunteer opportunities. There is more at stake—in some cases, such as on suicide hotlines or disaster response teams, life or death. Yet thousands of people, most of whom are not mental health or nonprofit professionals, make the commitment on a regular basis.

Rape crisis centers rely almost exclusively on highly trained crisis volunteers to respond to people in need. Rape crisis centers began forming around the United States in the early and mid-1970s. They were products of both the women's movement and the societal alarm caused by a rapid increase in reported cases of sexual assault during this time. The centers differed from traditional mental health service providers by forming collectives comprised of mostly female volunteers, many of whom were themselves survivors of sexual assault. These ordinary women were not professional counselors or therapists; their purpose was to support, counsel, comfort, and advocate for recent victims of rape. By operating in this way, rape crisis centers sought to minimize the distinction between helper and help-seeker, thus establishing an informal and nonhierarchical rapport with their clients (Collins and Whalen, 1989).

In the years since the beginning of the rape crisis movement, independent research and practice has shown that properly trained and supervised volunteers, also known as lay

counselors or paraprofessionals, are effective in addressing a number of mental health concerns. Such volunteers help keep nonprofit costs under control. As a labor resource they also offer a myriad of other advantages. They provide services in communities where professional resources are unavailable. They can make a greater time investment in clients who might otherwise be served solely by professional social workers with already heavy caseloads (Golden, 1991). Volunteers may also specialize in rape crisis work, unlike professional counselors, who must use their limited time to become generally knowledgeable in a wide array of mental health issues (Mishara and Giroux, 1993). Although rape crisis centers have evolved from grass-roots, kitchen-table affairs to professionalized nonprofit agencies, they continue to use volunteers to respond to rape victims as soon after the assault as possible (Collins and Whalen, 1989).

Rape crisis volunteers typically staff hotlines, meet sexual assault victims at hospital emergency rooms for examination and evidence collection, and refer clients to more comprehensive mental health services. Because they spend hours counseling people who are in sensitive emotional states, rape crisis workers must complete a specialized training course. The violent issues that they must address and the immediate nature of their response to hospital emergency rooms make these volunteers' experiences potentially stressful. As a result, rape crisis centers must recognize that the incidence of volunteer burnout and subsequent turnover can be very high. Evidence suggests that specialized volunteer training such as that provided to rape crisis volunteers can reduce helper stress and burnout more effectively than professional training in overall crisis

handling (Paton, 1994). In order to run successful volunteer programs, nonprofits utilizing such volunteers must address the issue of stress inherent in rape crisis work.

Statement Of The Issue

This thesis takes an in-depth look at the volunteer crisis response program at a rape crisis center in the San Francisco Bay Area of California. The study uses qualitative methods to identify a variety of stressors volunteers encounter in the normal course of their rape crisis work and to examine the center's efforts to help them mitigate their resulting job stress. The results are compared to studies of stress among professional counselors to determine whether the causes and consequences of work-related strain are similar within the two groups.

Research Questions

The purpose of the research contained in this thesis is to answer the following questions and to compare the data with findings reported in existing research.

1. Do rape crisis volunteers experience stress as part of their volunteer work?
2. What do volunteers identify as the stressful aspects of rape crisis work?
3. How do volunteers cope with job-related stress?
4. How does the rape crisis center prepare potential volunteers for their roles as crisis workers?
5. What do the rape crisis center and its staff do to reduce volunteers' job-related stress?
6. How effective and valuable do volunteers perceive the center's volunteer program and its stress mitigation efforts to be?

7. How do rape crisis volunteers' experiences of stress and coping compare with those of paid counselors in similar occupations as represented in previous studies?

Definitions Of Major Concepts

For the purposes of this research, I will use the key terms as defined below.

Rape crisis work: Rape crisis volunteers respond directly to the hospital emergency room to help recent victims of sexual assault during the process of medical examination, physical evidence gathering (known as the rape kit), and initial interviews with law enforcement and medical personnel. They may also provide support to the clients' families and loved ones at the hospital. Although rape crisis volunteers may also staff hotlines or accompany rape survivors to court appearances or counseling sessions, this study deals specifically with volunteer response to emergency room calls.

Job-related stress: an individual's negative emotional and physical reactions to work conditions or events that he or she perceives as difficult.

Rape crisis center: in this paper, the particular rape crisis center being studied.

Volunteer coordinator: the rape crisis center's full-time staff member responsible for recruiting, cultivating, and retaining volunteers.

Training coordinator: the rape crisis center's designated educator for new rape crisis volunteers. The training coordinator, as well as the volunteer coordinator, may be a long-term, specialized volunteer but is considered to be a staff member for the purposes of this study.

Advocate: another name for a rape crisis volunteer. Also called medical advocate in this study.

Clients: survivors of sexual assault served by rape crisis volunteers. In this study, the term is interchangeable with either survivors or victims of rape.

Importance Of The Study

A great deal of research has been done on volunteer stress, crisis volunteering, and the history of the rape crisis movement, but few of the existing studies examine the particular experiences and stresses of rape crisis volunteer work. In their 1993 study comparing burnout among professional and volunteer counselors, Capner and Caltabiano noted the dearth of research on the stresses of volunteer counselors. This study will build on the existing literature regarding occupations similar to rape crisis work in order to identify similarities to and differences from the specific experiences of rape crisis volunteers. By examining one rape crisis center's ways of dealing with volunteer stress, the knowledge contained in this thesis may help other organizations to alleviate volunteers' psychological distress so that they may better serve clients during a very traumatic time. Greater knowledge of the sources of volunteer stress and what methods are effective or ineffective for dealing with it may help rape crisis centers prevent burn-out, improve retention, and thus preserve needed time and resources otherwise spent on constant retraining of new advocates.

CHAPTER TWO: REVIEW OF RELATED LITERATURE

Rape crisis volunteers work in conditions common to all crisis workers, whether volunteer or professional. They complete tasks that are usually considered to be the responsibilities of paid professionals such as therapists, disaster workers, and emergency medical personnel. Because of the relative lack of scholarly work on the unique stresses of rape crisis volunteers, this literature review examines research on job stress within similar professional and volunteer occupations. This review divides the literature into four major themes: 1) organizational structure and culture; 2) job structure; 3) psychological stressors; and 4) stress management.

Organizational Structure and Culture

Tension and burnout pervade the helping professions, and rape crisis work is no exception (Lafer, 1991; Ross, Altmaier, and Russell, 1989). Some researchers argue that although they vary widely in their structure, ideology, and service, anti-rape nonprofits are especially susceptible to conflict which leads to volunteer stress (Fried, 1991; Matthews, 1994). Fried points out that organizational conflict "does not simply happen, but is permitted or restricted by preexisting conditions." Fried's case study of an emerging anti-rape hotline uses an organizational theory perspective to argue that important structural features of rape crisis centers' organizational culture often includes lack of consensus over the organization's ultimate goals, potential for internal conflict, and high turnover among volunteers. The history of the anti-rape movement gives insight into the development of these characteristics.

Most existing rape crisis centers were founded between 1971 and 1978 in an atmosphere of confrontation. The anti-rape movement sought to change the way that medical, legal, and law enforcement institutions dealt with sexual assault (Campbell, 1998, Matthews, 1994). Radical feminists founded anti-rape organizations because they wanted to transform the power relations between men and women in society, and crisis response programs serving individual survivors of rape were only a small part of that larger goal (Matthews, 1994). The movement soon sought outside support to sustain the struggle for social change, and by the mid-1970s, private and government funders were contributing. To secure this funding, loose collectives of anti-rape advocates were compelled to restructure by abandoning their original ideal of consensus decision-making and by instituting boards of directors to govern and set policy. Mainstream boards and government funders who were uncomfortable with the early movement's confrontational politics preferred to bolster the organizations' social services at the expense of the political change efforts championed by radical feminist rape crisis volunteers.

Rape crisis workers with a desire to effect radical social change, who enter the field today, are bound to be disappointed as transformations in the social and political climate continue to force centers to become more conservative. Campbell (1998) points out that centers seem to find it necessary to "de-radicalize" in return for financial stability. As one executive director puts it, "Funding has its costs, too" (Campbell, 1998). Shifts in focus from political action ideals to service provision aims obscure organizational goals and cause internal disagreement over whether rape crisis centers should address the power discrepancy between men and women that feminist theory

blames for sexual violence, or simply provide comfort and care to rape victims without concern for the larger political implications or social causes (Matthews, 1994). Fried (1994) illustrates this confusion by detailing arguments within one contemporary center's volunteer group over the meaning of rape. Some consider it to be an oppressive product of male societal power, while others deem it a crime like any other, in which the role of gender is incidental. Mission statements crafted as compromises between the two views guide many rape crisis centers, but these overarching missions lead to vague organizational goals, fostering continued conflict between the adherents to the politicized model and advocates of the individual service orientation (Fried, 1994). Conflicts like these create job stress, contributing to the high volunteer turnover that characterizes organizational culture within rape crisis centers (Revicki, Whitley, and Gallery, 1997).

Social movement theory teaches that activist initiatives which form to address neglected issues eventually disappear as mainstream institutions meet their demands and appropriate their constituencies (Gornick and Meyer, 1998). By 1979 this process was occurring in the anti-rape movement. As rape crisis centers became well funded and well established community institutions, politically radical volunteers felt that they had lost their voice in the decision-making process. Those who left their organizations were often replaced with professional counselors and administrators from the social service realm. The newly professionalized rape crisis centers continued to supplement paid staff labor with volunteers, but the status of unpaid workers declined as "experts" were hired (Matthews, 1994).

The transformation of anti-rape organizations from consensus-based feminist collectives into hierarchical social service agencies is now almost universal (Campbell, 1998). Although a traditional organizational structure provides stability for rape crisis centers, the effect on volunteers has not been entirely positive. Early nonprofits serving sexual assault victims made no distinction between staff and volunteers, because all workers were unpaid. Professionalization created a new division between paid and unpaid workers. In a nation-wide study of rape crisis nonprofits, Campbell (1998) found that most place decision-making power solely in the hands of staff and board members, allowing their volunteers no say in organizational operation. Research shows that people who feel a lack of control over their work environments are more susceptible to tension (Revicki, Whitley, and Gallery, 1997; Maslach and Leiter, 1997). Paid employees who have meager experience working with volunteers add to the problem if they regard unpaid workers as inferiors (Hoff and Adamowski, 1998). Perceived differences in status between advocates and paid staff increase the likelihood of occupational tension among volunteers, and a paucity of communication between the two groups leaves them vulnerable to conflict and its accompanying stress (Lafer, 1991; Maslach and Leiter, 1997).

Job Structure

The structure of rape crisis work is another potential source of stress for volunteers. Black (1992) found that the characteristics of their work rape crisis volunteers dislike most are isolation and lack of support. In Cyr and Dowrick's (1991) research, 36% of crisis workers complained of the stress caused by lack of contact and discussion with

other volunteers. Volunteer counselors in Capner and Caltabiano's 1993 study felt "stressful loneliness" more often than the professional therapists in the same study. Hospice volunteers in Lafer's (1991) study suggested that the lack of a professional support system generates the feelings of exhaustion and disillusionment that characterize the phenomenon known as burnout. Advocates are vulnerable to these problems because they work alone in hospital emergency rooms far from rape crisis centers and their personnel. Isolation from other volunteers and staff produces a high incidence of occupational strain.

Separation from other volunteers and staff gives volunteers' experiences with clients even greater significance. Black (1992) found that only 38% of the rape crisis volunteers in her study rated staff acceptance as moderately or extremely important to their decision to continue volunteering, contrasted with 51% who rated acceptance by clients as moderately or extremely important. Black also discovered that advocates were less satisfied with their work than volunteers at battered women's shelters. She attributed this disparity to the crisis orientation of rape crisis work and the resulting lack of follow-up with clients. Advocates meet clients at the hospital, stay with them through medical exams and police interviews, and leave them with referrals to long-term care. Even if rape survivors take advantage of other rape crisis center services such as group counseling, further contact with crisis volunteers is unusual. Confidentiality rules preclude ongoing communication in most cases, and advocates rarely know what happens to their clients once they leave the hospital. Immediate, crisis-oriented responses to rape victims offer few overt signs of success for the crisis worker (Cyr and Dowrick, 1991). Thirty-one

percent of respondents in Cyr and Dowrick's 1991 study of rape crisis and suicide hotline volunteers cite their difficulty in seeing success and 28% cite the lack of closure as major sources of their job stress.

Psychological Stressors

Volunteers bring to their work preexisting psychological states which may either exacerbate or ameliorate the stress they experience as advocates. Volunteers who enter the field with unrealistic expectations feel the greatest strain (Mishara and Giroux, 1993; Beaton and Murphy 1995; Cyr and Dowrick, 1991; Lafer, 1991). Cherniss (1995) calls these expectations "professional mystique": a romanticized view of helping others that imagines quick success and clear gratitude from clients. Similarly, Beaton and Murphy (1995) describe the "god syndrome," in which a caregiver feels that he or she is or should be capable of helping everyone. The lack of clear goals and obvious closure in rape crisis work may lead many advocates to feel personally responsible for ambiguous or negative outcomes (Mishara and Giroux, 1993). When they lose faith in their own competence, volunteers become more vulnerable to stress (Cyr and Dowrick, 1991).

According to Revicki et al. (1997), extremely emotional aspects of caring for clients in crisis—suffering, fear, and uncertainty—produce job-related stress. Even under ideal organizational conditions, both professional and volunteer counselors identify "high emotional demands" as significant stressors (Capner and Caltabiano, 1993). Caregivers often tend to mirror their clients' fear, anger, uncertainty, and powerlessness; this assumption of a client's feelings and attitudes is known as secondary traumatic stress (Minden, 1991). Beaton and Murphy (1995) identify three components of secondary

traumatic stress: confronting serious injury or trauma; responding with fear, horror, and helplessness; and experiencing this response as an exceptional mental or physical stressor. These symptoms are also known as vicarious traumatization, in which repeated exposure to sexual violence disturbs counselors' basic beliefs about the trustworthiness of others and heightens their awareness of threats to their own physical safety (Schauben and Frazier, 1995). Schauben and Frazier report that professional counselors with a high percentage of rape survivors in their caseloads report disruptions in their beliefs about safety, their faith in themselves and others, and their capacity for intimacy. Rape crisis work also spawns feelings of anger and distrust toward suspected rapists, men in general, or society as a whole (Cyr and Dowrick, 1991). As one rape crisis worker stated, "I think I became a lot less trusting of men....I'm so aware of gender inequalities. I'm quite suspicious of men" (Carmody, 1997). These emotions isolate rape crisis volunteers who become hesitant to talk about their disturbing and frightening experiences working with sexual assault survivors. They sense that others do not understand their work, and they feel that they share in the stigma attached to rape (Carmody, 1997).

Advocates may respond to their identification with rape victims by making an even greater commitment to crisis work. Some well-meaning volunteers take this commitment to unhealthy extremes by immersing themselves, physically and emotionally, in the crisis work environment. Overcommitment is a common problem among social service personnel (Beaton and Murphy, 1995). Tenuous boundaries between life and work deteriorate when workers overcommit. Excessive enthusiasm for work is the first stage of burnout, followed by stagnation, frustration, and apathy when workers

perceive that their substantial input is not worth the limited return (Cyr and Dowrick, 1991). Individuals who cannot distance themselves from their work and establish greater balance in their lives are the most prone to burnout (Grosch and Olsen, 1994).

Volunteer Stress Management

Thoughtful organizational practices create productive volunteer environments. Volunteer training programs present ideal opportunities to address potentially stressful attitudes and situations. Schema theory holds that individuals' existing experiences and knowledge provide the basis for their reactions to new situations, even if the circumstances differ greatly from those of the past (Paton 1994). Through training, people develop the schemata—systems of knowledge, skills, roles, and attitudes—they need to meet occupational challenges. Training can also help them to "unlearn" inappropriate or obsolete schemata (Paton, 1994). Rape crisis volunteers assert that "sufficient training" is very important if they are to successfully manage occupational stress (Cyr and Dowrick, 1991). They also suggest that ongoing training, after the initial orientation to crisis work, can improve volunteer programs (Black, 1992).

Only specific and realistic training courses can prevent work-related stress. Paton (1994) highlights these criteria in a comparison of stress among professional firefighters and volunteer teams responding to a major disaster. The professional firefighters receive training on a range of topics related to general medical and technical skills, while the volunteer training focuses on the particular demands of major disasters. Paton attributes lower levels of stress among the volunteers to the specificity of their training. Research also pinpoints realism as a crucial component in crisis work training, especially given the

danger of unrealistic expectations among new volunteers (Lafer, 1991). Paton (1994) concludes that the success of the disaster volunteer education in his study is due in large part both to the participation of a trainer with experience in the field and to the use of role-playing during the course, both of which created more realistic rescue expectations. Rape crisis volunteers in research by Black (1992) also suggest more role playing as a way to lend realism to their training and thereby to improve volunteer programs.

Potential stressors lurk within every volunteer's efforts to help victims of sexual violence, but a variety of positive coping methods exist. Coping methods identified by researchers and volunteers fall into five categories. The first of these is detachment, in which volunteers distance themselves from rape crisis work by taking time off or decreasing their commitment in other ways (Cherniss, 1995; Cyr and Dowrick, 1991; Mishara and Giroux, 1993). Trainers can teach this coping mechanism by reassuring volunteers that a vacation from crisis work will not reflect badly upon those who need it, and volunteer coordinators can suggest this option if they are sufficiently familiar with the emotions and needs of their workers (Cyr and Dowrick, 1991). A second way of coping found in the job stress literature is active response to difficult emotions or situations. Volunteers actively respond by making plans for dealing with anticipated situations, taking political action on the issue of sexual assault, or seeking training to improve their skills in working with survivors (Cyr and Dowrick, 1991; Mishara and Giroux, 1993; Schauben and Frazier, 1995). Rape crisis centers can encourage this form of coping by creating opportunities for ongoing education or for social action. A third way volunteers cope with stress is through the development of personal relaxation

strategies, such as exercise, hobbies, humor, or spirituality (Cyr and Dowrick, 1991; Schauben and Frazier, 1995). Training courses could emphasize the need for volunteers to develop their own stress reduction habits, and various relaxation ideas should be discussed in volunteer meetings (Cyr and Dowrick, 1991). The danger presented by vicarious traumatization in sexual violence service accentuates the importance of a fourth way of coping: adjustment of attitudes and beliefs. This can be accomplished by recognizing personal limits, rooting out unrealistic expectations, or simply thinking positively (Cyr and Dowrick, 1991; Mishara and Giroux, 1993). Research shows that volunteers find it helpful to focus on the positive aspects of their volunteer work, such as opportunities for educational or emotional growth, the importance of rape crisis work, and the feeling that one can make a difference by participating (Black, 1992; Mishara and Giroux, 1993). Training could emphasize reasonable expectations and advise volunteers to avoid feeling personally responsible for all outcomes (Mishara and Giroux, 1993).

The fifth category of coping mechanisms, the use of social support to alleviate stress, is also the one most often cited in studies of occupational strain. Volunteers seek social support when they consult their supervisors on difficult cases, request evaluations from volunteer coordinators to enhance their performance, and vent their concerns or seek advice from other volunteers and staff (Cyr and Dowrick, 1991; Mishara and Giroux, 1993; Schauben and Frazier, 1995). By providing emotional validation and building solidarity within a shared social reality, supportive peers, staff members, and supervisors help advocates maintain their productivity in the face of the unforeseen tensions that inevitably arise (Grosch and Olsen, 1993; Ross et al, 1989). Only other rape crisis

personnel share advocates' unique social reality, and advocates suggest that more frequent contact with paid workers and fellow volunteers would reduce their isolation and frustration (Black, 1992; Cyr and Dowrick, 1991). Organizations can provide important opportunities for social support by bringing volunteer and staff together in regular meetings and special events.

Social support can come from almost any source, but it is most effective at preventing work-related stress when it comes from an individual's supervisor (Ross et al, 1989). The trust and respect of a concerned supervisor can make the difference between volunteer burnout and productivity (Cherniss, 1995). Cyr and Dowrick found that supervisor support and appreciation helped 67% of their volunteers manage job-related stress. Workers must feel that supervision is "safe and nurturing" if they are to freely express their problems (Grosch and Olsen, 1994). Volunteer coordinators may have an advantage over supervisors of paid employees, because unpaid workers are less likely to fear monetary or professional reprisals if they admit doubts or inadequacies to the person who oversees their work. Still, volunteers do not always take advantage of their superior's support. If supervisors are to alleviate volunteer concerns, they must actively create supportive environments, offer positive feedback, express appreciation, reassure volunteers of their competence, challenge workers to tackle difficult situations and improve skills, and encourage advocates to discuss their problems (Cyr and Dowrick, 1991). These actions necessitate diverse skills for volunteer coordinators, including counseling expertise for dealing sensitively with difficult emotions, educational knowledge for designing and implementing effective training programs, management

talents for facilitating communication between staff and volunteers, and diplomatic techniques for mediating and defusing conflicts (Lafer, 1991).

Only a supervisor who recognizes the different needs of supervisees can create an environment conducive to recovery from stress. Grosch and Olsen (1994) identify three stages of professional development through which workers must pass and the appropriate supervisory role for each level. New volunteers are dependent on their supervisors to provide the structure and support they need to establish confidence in their roles as advocates and avoid feelings of inadequacy. As volunteers gain more experience, they begin to develop their own styles. However, supervisors must recognize that workers at this second developmental level become easily discouraged and can lose productivity if their concerns are not addressed. Finally, experienced volunteers are mostly autonomous, but they need their supervisors' collaboration and consultation if they are to escape the disillusionment that plagues workers who are under frequent stress.

Ineffective supervision at any stage virtually ensures work-related tension, but when executed with finesse, effective authority can both prevent job stress and bring disillusioned volunteers back from the brink of burnout (Beaton and Murphy, 1995).

CHAPTER THREE: METHODOLOGY

Subjects/Respondents

The subject of this study is the volunteer program of a rape crisis center in the San Francisco Bay Area. Respondents were selected from the center's rape crisis volunteer pool and staff. A sample of 12 respondents were selected to be proportionally representative of characteristics exhibited by the center's work force of 24 active rape crisis volunteers, also known as medical advocates. Staff respondents included the volunteer trainer, the volunteer coordinator, and the program director, who supervises the other two.

Research Design

This thesis used a qualitative approach to gain a reasonably full understanding of the experiences of the center's rape crisis volunteers, with an emphasis on stressful aspects of their work. First, printed materials from the rape crisis center were gathered and analyzed for information about the administration of the volunteer program. Additional qualitative data were collected for a review of the methods that the rape crisis advocates and the rape crisis center use to address and alleviate volunteers' job-related stress. The data were coded and compared to findings on job stress among professional counselors in studies by Capner and Caltabiano (1993) and Schauben and Frazier (1995).

Instrumentation

The data collection portion of the study comprised two phases. In the first phase, the center's current strategies for recruiting, training, and retaining volunteers were reviewed through background information on the rape crisis center and its volunteer

program. This background material included organizational brochures and reports, volunteer training curricula, and resources used in ongoing volunteer meetings.

The second phase consisted of face-to-face interviews with individuals from two different groups: the center staff who implemented the volunteer program and a sample of rape crisis volunteers. Staff interviews were conducted first, so that the qualitative data gathered from them could supplement information from phase one and add to the background on the organization's structure, history, and practices. The bulk of the project consisted of interviews with half of the center's active advocacy volunteers, who were roughly representative of the entire volunteer labor pool in terms of age, ethnicity, and length of volunteer service. All questions were open-ended, allowing respondents to voice their experiences and views as fully as possible.

Procedures

Initial contact with the rape crisis center was accomplished with a letter (Appendix B) to the interim executive director introducing the researcher and including an overview of the project. After a telephone follow-up and further clarification of the project, the rape crisis center's agreement to participate was formalized in a memorandum of understanding. At that time, the researcher obtained written information and publications from the rape crisis center in order to complete the first phase of data collection and analysis.

In addition to half of the center's rape crisis volunteers, all three staff members responsible for the administration of the volunteer program were interviewed. All volunteer and staff interviews, which were conducted between October 2001 and March

2002, were recorded and transcribed verbatim. All respondents were assured of the confidentiality of their statements.

At the time of the face-to-face interviews, volunteers were also reminded of their responsibility to protect the confidentiality of rape crisis center clients, and told that the researcher would interrupt the interview if any threat to client confidentiality were perceived. No such situation arose during the interviews. Questions from both staff and volunteer interview guides (Appendix A) were designed to evoke answers to the thesis research questions stated in Chapter One. In order to determine whether rape crisis work was stressful and to identify what aspects of the work caused work-related strain, volunteers were asked to describe stressful situations they had experienced in the course of their advocacy work, including the experience that each considered her most stressful. They were also asked to explain their means of coping with the strain resulting from those experiences. Staff members and volunteers were questioned about the ways in which the organization's training programs and other resources prepared volunteers for rape crisis work and the stress it may cause. Other questions were designed to determine volunteers' perceptions of the volunteer program's value and its effectiveness in alleviating job-related stress. Volunteers were also asked for their own suggestions on how the volunteer program could be improved.

Operational Definitions Of Relevant Variables

Active volunteers: advocates completing an average of at least one volunteer shift per month for at least the past three months. Only active volunteers were included in the sample.

Operational stressors: sources of volunteer stress attributable to organizational culture or behavior. These include conditions caused by the structure of rape crisis work, including isolation from peers and lack of closure with clients.

Emotional stressors: sources of volunteer stress stemming from personal experience or individual emotion and having little or nothing to do with organizational actions.

Personal coping strategies: an individual's ways of lessening his or her own job-related stress. These can include coping methods developed through organizational training, and stress reduction habits learned by volunteers from prior personal experience.

Instrumental social support: As defined in Schauben and Frazier (1995), instrumental social support is feedback or advice which provides tools for improving job performance or coping with difficulties.

Emotional social support: feedback, validation, or support from an individual's social group. Rather than providing practical information, emotional social support reduces stress by soothing nerves and bolstering confidence.

Cognitive adjustments: adjustments in ways of thinking or philosophical views in response to new experiences. Cognitive adjustments may be negative, such as a lessening of trust in others, or positive, such as increased empathy for individuals in distress.

Secondary traumatic stress: A phenomenon in which an individual caring for trauma victims suffers emotional symptoms similar to those experienced by the victims. It is characterized by feelings of helplessness, fear, and anger. In contrast with burnout, which results in caregiver apathy towards the receivers of their services, secondary traumatic

stress represents an intense emotional engagement with clients (Figley, 1995). Secondary traumatic stress is also known as vicarious traumatization or vicarious traumatic stress. Burnout: a state of physical depletion and emotional disillusionment stemming from prolonged occupational and personal difficulties. Although burnout is related to on-the-job tension, it is differentiated from extreme stress by its persistence, its ability to pervade all parts of a sufferer's life, and its tendency to cause an initially idealistic volunteer to lose sympathy and compassion for clients (Grosch and Olsen, 1994; Maslach and Leiter, 1997). Workers who experience stress do not always progress to burnout, but all burnout victims have experienced work-related stress.

Treatment Of Data

An analysis of printed documents obtained from the rape crisis center was used as background information so that stress and coping behavior could be examined in the context of the nonprofit's volunteer crisis response operations. Special attention was given to factors that could reveal the organization's handling of volunteer stress, such as training curricula, volunteer meeting agendas, and descriptions of volunteer policies. Staff interviews were added to the background knowledge gathered from written materials and examined for organizational responses to volunteer stress.

Volunteer responses to interview questions about the emotional demands of rape crisis work, the rape crisis center's organizational practices, and the rape crisis volunteers' strategies for coping with stress were coded according to the operational variables listed above. The coded data from volunteer interviews were then compared to findings by Capner and Caltabiano (1993) and Schauben and Frazier (1995) about work-

related tension among professional counselors. Those studies' findings indicated that loneliness or isolation on the job and the emotional demands of clients added to job stress. If not addressed, these factors could lead to secondary traumatic stress or burnout. Other studies of paid counselors also indicated the importance of adequate training and supervision to prevent and alleviate job stress (Grosch and Olsen, 1994). The results of these comparisons of the data gathered in this study and those reported in the literature have been summarized in the concluding chapter.

Limitations

Although this study provides suggestions for rape crisis centers and other nonprofits on the alleviation of stress for their volunteers, it is not generalizable to the wider world of crisis organizations. It is intended as a descriptive case study of a single organization, in the limited geographical area of the San Francisco Bay Area. Because the research focused on the ongoing effects of stress, initial motivation to volunteer was not addressed although it could conceivably have an effect on the volunteers' experience of tension on the job.

CHAPTER 4: FINDINGS

All of the rape crisis advocates interviewed for this study reported that they experienced job strain of various types from a wide range of sources. Many of their stressors were similar to those of professional sexual assault counselors in Capner and Caltabiano's 1993 comparison of volunteer and paid rape crisis workers and Schauben and Frazier's 1995 research on professional counselors of rape survivors, although some were specific either to volunteers or to members of this particular rape crisis organization. Causes of work-related strain for the volunteers interviewed fell into three broad categories: emotional stressors, stressful interactions, and operational stressors.

Emotional Stressors

The most frequently cited stressful feeling in this group of rape crisis volunteers was the anticipation with which they faced medical advocacy work. They differed in this respect from paid counselors in the comparison studies, none of whom mentioned anticipation as an emotional stressor. Nine of the twelve interviewees in this study identified negative anticipation, or dread, as the first difficult aspect of rape crisis work to come to mind. They felt it at the beginning of each medical advocacy shift. "You never know what's going to happen," explained one volunteer. They also felt it when the phone rang, as they wondered whether a call was from the hospital's nurse examiner summoning them to the emergency room, or from a friend or telemarketer. They spent their shifts "prepared for the worst," worrying about what situation they would find in the emergency room. Adding to the stress was the little information that they did know about any call: it would always be a survivor of a traumatic sexual assault, someone who would depend on

them for a great deal of information and emotional support. Volunteers knew the big picture—they would be called upon to provide help and support for a survivor of a traumatic attack—but they remained ignorant of the details of each case until they were pressed into action immediately upon their arrival at the hospital. Under these circumstances, most volunteers found it difficult to relax during volunteer shifts even if they did not receive any calls.

The wide range of situations that advocates knew they may be called upon to address at the hospital's rape treatment center engendered fear of making a mistake. The resulting self-doubt was the second most common emotional stressor among this group of rape crisis workers. This comported with the experiences of professional counselors; 51% of Capner and Caltabiano's respondents reported a lack of confidence in their own ability leading to increased job stress (1993). Eight advocates experienced occasional doubts as to their own competency in dealing with clients. "Not knowing what to say" was often voiced as a concern. Advocates also expressed worry about their reactions to survivors of assault. They feared that they would seem judgmental, or that the shock or horror they naturally felt when faced with visible effects of violence would be too obvious to their clients. Some volunteers also doubted their ability to address all of a survivor's emotional demands. "My biggest concern is just me," shared one advocate, "am I providing the services this person needs?" This question was forefront in the minds of many other volunteers as they tried to deal effectively with the myriad of needs presented by any victim of rape. These advocates ended each visit to the hospital with lingering doubts, wondering if they could have done better or provided more. One considered the

possibility that her actions, far from helping, could cause harm to survivors. "Did I do the right thing?" she wondered aloud. "Am I going to say something that's going to screw somebody up?" Volunteers faced this burden of self-doubt repeatedly during their service as medical advocates.

The rape crisis center studied here was one of the few organizations of its type to have avoided the deradicalization common to most other anti-rape nonprofits. The organization saw itself as an agent for change in society, addressing all forms of oppression against women and other disenfranchised groups. As such, the center attracted volunteers who were concerned about broader social issues. Through "anti-oppression" education, the center either heightened existing concerns or evoked a new awareness of broad societal issues. Whether they were responding to organizational emphasis or to previous personal interest, more than half of the volunteers described frustration at the cultural environment of oppression that they saw as promoting sexual violence toward individual women. Volunteers for whom the frustration was a new and disturbing experience underwent stress during the training period when the center and its staff enumerated the societal underpinnings of sexual assault. One volunteer identified this process as her most stressful experience as an advocate, describing it as more difficult than any later contact with individual clients. She felt "depressed" after watching a training video on the media's portrayal of women and participating in a discussion of the racism, sexism, and classism behind the images. Another volunteer recounted similar overwhelming feelings of helplessness and hopelessness in response to other crisis workers' stories of difficult cases during monthly counselor support meetings. Specific

experiences with cultural or economic difficulties, such as one advocate's contact with a non-English speaking client raped by a coworker but unable to leave her job, compounded volunteers' frustration and sadness.

Advocates perceived that justice was unlikely for most of the women they served, and at least two expressed worry that their efforts to help clients were ineffective without more vigorous legal follow-up of rape cases. Such concerns are not confined to volunteers or to workers in politically focused organizations such as the center profiled here. Although Capner and Caltabiano's (1993) interviewees made no mention of parallel worries, over half of Schauben and Frazier's (1995) professional counselors reported that legal injustice and public apathy made their work more difficult.

Awareness of these social dilemmas sparked anger among some advocates. Their anger might be directed at society as a whole, toward systems that offer little comfort or justice to sufferers, or against male perpetrators of violence against women. "I get angry that there's so much pain out there," stated one advocate. She continued in a vein similar to that presented in Carmody's 1997 study of social workers who worked with survivors of rape, remarking that "men are getting away with so much." The same volunteer expressed antipathy toward the legal, medical, and mental health care systems which she saw as unresponsive to the needs of rape victims in particular and women in general. Details of individual clients' circumstances further provoked volunteer indignation. The aforementioned survivor raped by a coworker but unable to leave her job and a 12-year-old incest victim are examples of cases which infuriated advocates.

Some of the volunteers reacted to crisis work with heightened fear, either in addition to or instead of anger. The fear might manifest as a decrease in trust or an increase in caution. "It's made me a lot more aware of the fact that there are bad people out there," commented one advocate, expressing views shared by four others within this study. Rape crisis work could also create a generalized sense of personal vulnerability as women in a violent world. Some volunteers found themselves more sensitive to frightening media images of violence against women. One characterized her fearful reaction to her first medical advocacy call as the most stressful experience she had endured as a volunteer; she had been too "freaked out" to spend the rest of that day alone.

Paid counselors in the comparison studies were mixed in their emotional responses to contact with victims of sexual assault. Counselors in Capner and Caltabiano's (1993) research did not report increased fear. However, a significant number of Schauben and Frazier's (1995) respondents found it troublesome to contend with their own emotions while providing services to rape victims. They noted feelings of sadness, anger, fear, powerlessness, and helplessness. Schauben and Frazier referred to this emotional state as vicarious traumatization; it is also known as secondary traumatic stress, in which a service provider assumes her clients' feelings of fear, horror, or helplessness (Minden, 1991; Beaton and Murphy, 1995). The advocates interviewed here, like the professional therapists in Schauben and Frazier, showed signs of secondary traumatic stress in their expressions of identification with survivors' painful emotions and attitudes.

Feelings of identification with specific victims triggered additional insecurity within some volunteers. The advocates interviewed in this study were mostly young women, as were many of the rape victims they saw in the emergency room. Though they tended to differ in economic status from their clients, the volunteers often shared survivors' ethnicity or lifestyle. One volunteer advocate asserted that "it's not hard to picture yourself in that situation; it could have been me." In contrast, any identification paid service providers felt toward their clients went unremarked in the two comparison studies.

Stressful Interactions

Any interaction between two people or between a person and a group has as much potential for stress as for comfort. Many volunteers sought contact with others as a technique for reducing stress, but some interactions within the rape crisis center, with clients, and with police or hospital staff created tension for advocates.

The rape crisis center's social change or "anti-oppression" mission attracts many volunteers. A few of those interviewed identified it as a benefit to their volunteer work, and one reported choosing the center over a similar organization in her hometown fifty miles away because of its radical orientation. However, this broadly defined philosophy caused conflict within the organization by opening the door to a wide variety of controversial issues which some volunteers saw as related to anti-oppression work but which others decried as tangential at best and harmful at worst. Four volunteers characterized political dealings within the organization as stressful. One volunteer pointed out "a level of political correctness that I believe interferes with the actual

advocacy work because they're looking at oppression from such a multi-faceted viewpoint." Another advocate concurred, opining that some volunteers felt too intimidated by others' strong political commitments to speak out when they disagreed.

During the time of the interviews, a single incident within a volunteer meeting caused ripples of disturbance throughout the volunteer pool. In an argument over the conflict in Israel, one volunteer insisted on a pro-Palestinian leaning for the rape crisis center as a whole, offending some advocates to the point of doubt over their entire service to the organization. Two interviewees classified this occurrence as the single most stressful experience associated with their rape crisis work. "I felt somewhat attacked," clarified one advocate, whose point of view on the matter differed from the majority opinion. Another volunteer felt that special animosity had been directed toward Jewish women in the organization, and she lamented the destruction of her own view of the rape crisis center as "a safe space" for women of any cultural background.

Volunteers identified a few other politically based sources of tension. One advocate questioned the organization's commitment to equity for male-to-female transgendered volunteers (a few staff members at the center are female-to-male transgendered; male volunteers are not accepted as advocates). Another crisis worker pronounced her resentment of the requirement that all white volunteers participate in a monthly Anti-Racism Discussion Group. At least one interviewee also took issue with the center's reluctance to press for more vigilant prosecution of sexual offenders; she voiced a suspicion that the agency's disgruntlement with the politics of the prison-industrial complex precluded such action.

As previous literature in the field has shown, the isolated nature of rape crisis work adds significance to advocates' encounters with sexual assault victims. Interactions with survivors in the hospital emergency room were classified as potential stressors by nine volunteers, more than any other type of interaction. On the most basic level, close contact with someone who had just experienced severe trauma could disconcert even well-prepared volunteers. "You're face to face with their expressions and their body language and you're hearing their story," one volunteer explained. "Seeing them immediately post-crisis, the emotions seem more raw." Survivors' dependence on the advocate for comfort, their distress at telling their stories, their discomfort with the hospital exam, their tears or terror, all affected sexual assault crisis workers and added to their job stress.

Volunteers experienced additional strain if a survivor was in severe emotional or physical distress. Visibly severely distraught victims disturbed the volunteers who helped them, and evident physical injury exacerbated advocates' emotional turmoil. Three of the crisis workers noted emotional upheaval while serving clients with obvious physical injuries. One rape crisis worker reported increased stress when simply anticipating contact with a battered survivor, although she had never had such a case at the time of her interview.

Emotional and physical wounds aside, some survivors' multiple medical or social needs frustrated many advocates. Volunteers told of victims who were also homeless, under the influence of drugs, mentally ill, imprisoned, chronically sick, or abused by family members. Five advocates reported work strain from confronting the multiple

issues faced by survivors, and two identified such encounters as their most stressful experiences. "I was just emotionally drained from being with her," remarked one advocate while recounting such a case.

Additional tension accompanied volunteers' contact with male survivors. Because all of the rape crisis workers at this center are female, and much of their training focuses on the problems of violence for women, the advocates who described encounters with male victims felt uncertain of how to respond. One interviewee classified the drive to the hospital to meet a male survivor as her most stressful volunteer experience because she doubted her ability to relate to the feelings of a client who was not a woman.

This rape crisis center differs significantly from others described in the literature in that a great deal of follow-up information is available to volunteers about the clients whom they serve. Advocates complete paperwork with details of each hospital call, and if the survivor is amenable, staff use the forms to follow up later with additional referrals and counseling. Some medical advocates also volunteer to provide ongoing peer counseling for rape victims, and these volunteers and staff share details about clients' progress during counselor support meetings. If survivors refuse follow-up services, however, advocates who have seen them in the emergency room learn nothing about their future well-being. Rape crisis volunteers reported stress when additional information was unavailable. One cited "an incomplete feeling," and another reported "feeling ugly" when she was unable to determine the condition of a client she counseled. In spite of this, volunteers felt gratified by staff's efforts to keep track of survivors and report on their

progress. All of those interviewed who mentioned the quality of follow-up with survivors found it rewarding to know something of the outcome of their cases.

Often in the course of emergency room visits, advocates must work alongside hospital staff or police officers. When a victim of rape first arrives at the hospital, emergency room personnel contact a nurse practitioner who is trained in the collection of physical evidence of sexual assault. This nurse practitioner calls the rape crisis center's answering service, which notifies the on-call advocate. When the advocate arrives at the hospital, usually within half an hour of receiving the call, she presents a badge identifying herself as a volunteer, and then proceeds to an exam room to meet the client. Police detectives may or may not be present to interview the survivor.

The many players involved in any medical advocacy situation combine in sometimes confusing ways. One volunteer expressed frustration over the conflicting information given to survivors by different personnel. She acknowledged that all parties meant well, but asserted that as advocates, "our job is to provide services for this person, and sometimes people lose focus on [the fact that] we're here for this person, not for [our] own purpose."

Because police are not always present when the advocate arrives, volunteers' primary interaction after the survivor is with hospital staff. Some interviewees had heard of bad experiences from other volunteers—jaded, insensitive, or unhelpful hospital personnel—but only two recounted negative stories of their own. Four volunteers complimented the hospital staff, one even going so far as to describe herself as feeling less isolated and more confident in the presence of the nurse practitioner.

Police interactions were more often portrayed as a source of stress. Seven volunteers described tension associated with the police. However, as with the hospital staff, much of this stress stemmed from anticipation of difficulty rather than actual negative experiences. Four of the seven volunteers identifying police as a source of worry had never dealt with police officers directly. Nevertheless, they expected the worst from law enforcement personnel and feared that survivors would be harassed or that police would exhibit a lack of sensitivity. The three volunteers who reported direct stressful contact with police described incidents such as a police officer's inaccurate translation of a Spanish-speaking survivor's words, another policeman's insensitivity toward the emotional state of a male survivor; and a policewoman's pressure on a reluctant survivor to pursue legal action.

In contrast with volunteers, professional counselors were less likely to identify most types of interactions as stressful aspects of their work. They seldom if ever encountered hospital or police personnel in conjunction with their service to survivors of rape, and only a few reported problems with colleagues or supervisors as causes of tension.

One area in which professional counselors' experience of job strain coincided with the reports of volunteers was in their contact with victims of sexual assault. The top stressor for paid service providers in Capner and Caltabiano's (1993) research, mentioned by 72% of respondents, came from clients' emotional demands. Over half of the counselors in Schauben and Frazier (1995) also considered client emotions to be difficult; only therapy management, an issue not relevant to volunteers, rated as more stressful.

Lower in the list of stressors enumerated in Schauben and Frazier, but still significant, was the strain of treating survivors who were more than normally victimized or who became suicidal. Although the participants in that study did not refer directly to clients' physical condition, their stress over survivors' severe trauma paralleled volunteers' responses to visibly injured or distraught clients in the emergency room.

Operational Stressors

Some stressors noted by advocates are ingrained in the nature of volunteer rape crisis work or relates to the operation of this rape crisis center and are therefore not present in the work of paid counselors. Volunteers described the isolation of the job, the many hours that must be devoted to volunteer work in addition to their full-time careers, and various issues surrounding organizational training and communication as operational stressors.

Although advocates appreciated the organization's attempts to overcome volunteer loneliness by emphasizing social support and fostering strong ties between advocates within training groups, they were aware that no organizational activities could fully ameliorate the inherent isolation of rape crisis work. The isolating factor mentioned most frequently by the volunteers interviewed was the need for complete confidentiality in all matters pertaining to clients. Six volunteers highlighted the difficulty in sharing the stress of the work with friends or loved ones outside of the organization because of confidentiality policies. These advocates would have liked to share more about their work-related stress with their outside support systems, but felt that they could not do so without jeopardizing survivors' privacy.

Other volunteers pointed to their inability to adequately share their feelings about their work, but for other reasons. "When I talk to people outside the organization there's a lot of explaining to do before I get to the difficult parts," reported one volunteer. Others concurred, citing the complicated nature of the work or outsiders' lack of respect for the necessity of rape crisis advocacy as barriers to connecting with non-volunteers. "Having to explain why the work needs to be done can sometimes be an added stress," another advocate remarked, "So I'm sometimes cautious about who I choose to speak to and who I don't." Mainstream public insensitivity to the larger issues of oppression and women's place in society further isolated volunteers; they would rather not talk about such matters at all than experience criticism or insensitivity.

Physical isolation was another problem for some rape crisis workers, and four of those interviewed here spoke of the stress of being alone while at work. Even if they felt comfortable speaking to outside friends or to other volunteers and advocacy staff, a variety of factors conspired to prevent meaningful contact at the exact time that it was needed. Volunteers waited in their homes for medical advocacy cases to occur, and they went alone to the hospital when called. Shifts were six hours long, and advocates were required to work at least one overnight shift each month. Many volunteers identified the period directly after a difficult case as the most crucial time for support, but they hesitated to wake up friends when a case concluded late at night. Staff were also often inaccessible outside of business hours. After training, the only regularly scheduled group activity that most volunteers attended was the monthly counselor support meeting. Otherwise they might go weeks without any organizational contact unless they actively sought it out. "It's

hard to do this work in a bubble," one volunteer remarked, "and that's what I feel like sometimes."

Besides isolating volunteers, the time spent on crisis work added to schedules already full with 40-hour-plus-a-week careers, school, or other personal activities. The volunteers at this rape crisis center were required to make a nine-month commitment to 30 hours of on-call shifts per month. They were also required to attend one of the two counselor support meetings offered each month, and white volunteers were asked to participate in an additional Anti-Racism Discussion Group. Although only one interviewee specifically noted the number of hours required, two others obliquely referenced the issue by mentioning busy lives, the difficulty of night shifts, or the dilemma of scheduling shifts while working full-time. Two others complained that counselor support meetings were "long and unfocused"; one volunteer identified this as her greatest source of job stress.

Another stressor attributable to the center's operation was its training course, which at least three volunteers found to be inadequate. All center volunteers completed a 60-hour training curriculum prior to beginning crisis work. However, the course taken by the volunteers interviewed here only offered one day's worth of education specific to medical advocacy. The rest of the course was divided between training for hotline calls, which all volunteers were required to spend at least half of their volunteer hours taking, and anti-oppression training designed to connect rape crisis work with the larger social change mission of the organization. Advocates suggested that more focused training would have helped them in the beginning of their service.

Finally, five volunteers found that organizational communication shortfalls added stress to their crisis work. Although almost all volunteers praised staff's efforts to be available for support, two expressed frustration that individual employees were hard to reach, or that calls to staff were not returned. Two others pointed to staff shortages and turnover as contributors to "chaotic" conditions within the center, and one complained of "a gap between the organization and what it's going through and the volunteers and the work that we do." She suggested that the gap could be closed with more effective communication and a more prominent role for volunteers in the organization's operations.

Organizational Responses to Volunteer Stress

While some organizational activities such as long meetings, political discussion, training curricula, and communication methods may have added to advocates' stress, other organizational activities were designed to lessen work-related strain. Staff members who were interviewed for background information in this study were painfully aware of the stresses of volunteer advocacy work. Two of the three began their involvement with the rape crisis center as volunteers before moving into paid positions. The employees who worked closely with volunteers identified new awareness of societal oppression, the variety of issues faced by clients in addition to sexual assault, the time commitment necessary for volunteer work, and advocates' lack of confidence in their own abilities as the stressors they perceived as most prevalent among volunteers. This view matched the actual experience of advocates as detailed here, although the volunteers were less concerned about time constraints than staff had predicted. With these tensions in mind, center staff attempted to alleviate volunteer stress through three major strategies. First,

they put a great deal of energy and thought into initial and ongoing training. Second, they arranged opportunities for volunteer contact through meetings and social events. Finally, they strove to remain constantly available to any advocate who needed support of any kind.

Volunteer crisis workers rarely directly criticized organizational efforts to help them deal with stress, but they did express opinions on how those efforts could improve. Of the three organizational responses to volunteer stress, volunteers found the quality of training least helpful. The additional strain advocates felt as a result of inadequate initial training has already been discussed, and more than one volunteer suggested that training should be more finely tuned and focused on the actual work that they were expected to do. Three volunteers suggested that a post-training mentoring program, in which new volunteers could shadow experienced advocates on their first few hospital calls, would decrease their isolation and increase their confidence. Other changes in training suggested by volunteers included the addition of more detailed and varied case studies to the curriculum, greater emphasis on how to do medical advocacy, and a better organized training manual. Also, although volunteers appreciated in-service workshops on the multiple issues they were likely to encounter through their work, such as homelessness or drug use, a few would have preferred even more information. One suggested that the center hold an annual or semiannual day-long symposium with expert speakers and discussion forums. Two stated that more information on the center's legal advocacy work with survivors would be helpful.

Most of the volunteers interviewed here participated in at least some of the staff-led meetings and gatherings designed to promote information exchange among volunteers. Most rated these organizational efforts highly, with only a few detractors, who would prefer either shorter meetings or longer case management sessions. Volunteers were torn between their desire for additional social contact with volunteers and their need to spend time on activities unrelated to their crisis work. Four advocates suggested that the organization staff could do more to promote continued informal contact between members of training classes or between small social groups of volunteers, but they offered no details on how this would best be accomplished.

Many crisis workers expressed gratitude for staff members' accessibility and willingness to listen and help. Even the few advocates who had trouble reaching employees by phone acknowledged that communication shortcomings were due to heavy schedules and turnover rather than any lack of effort on staff members' part. Staff's prioritization of advocates' need for feedback, assistance, or a listening ear offered great comfort to volunteers. The center staff's willingness to defuse volunteer stress through personal attention at almost any time was the organization's most effective present means of addressing job stress from the volunteers' point of view.

That said, some volunteers felt that center staff could have invested more effort in defusing the internal political conflicts which rocked the center during the time that these interviews were conducted. One of the two advocates who named the heated exchange over Israel as their most stressful volunteer experience during their volunteer tenure would have preferred for the center to deemphasize political issues which had no direct

bearing on sexual assault services to individuals. The other advocate who found the conflict to be her most stressful experience felt that such discussions should not necessarily be avoided, but that employees who led meetings where conflict may arise should more vigilantly referee participants to be certain that individuals could express opinions that differed from the majority or from perceived center policy without feeling intimidated or attacked.

Social Support

To deal with the stressors detailed above, advocates employed a wide range of coping mechanisms. Although they used many of the same coping mechanisms reported by paid counselors, the frequency with which each strategy was reported differed within the volunteer pool studied here. Many of the interviewees' coping strategies were specific either to the volunteer nature of rape crisis work or to individuals' personal proclivities. These volunteers relied on social support, personal coping, and cognitive adjustments in their philosophical views to alleviate their job strain.

The volunteers in this study most often coped with stress by seeking support from members of their social group, either friends and family outside the rape crisis organization or volunteers and staff within. Whether sought by volunteers or by professional mental health workers, social support fulfilled one of two purposes. It either provided them with advice or skills for practically continuing their work, or gave them emotional comfort.

Practical advice or skills transfer is referred to in Schauben and Frazier's 1995 study as instrumental social support, and it was the third most frequently cited coping

mechanism for paid counselors. Because of confidentiality restrictions on discussing details of cases on which they need feedback, volunteers seldom sought instrumental support from people outside of the rape crisis center. Instead, such support came either from staff or from other volunteers. Employees of the organization who worked with volunteers strove to be as available as possible to advocates seeking support, and five of the volunteers interviewed reported contact with staff about medical advocacy as often as weekly. . They most often approached staff for support regarding their most difficult cases. One volunteer spoke frequently to staff when she was still new at medical advocacy; another had called to speak to an employee after every medical advocacy call she had had so far. Three other advocates remarked that although they had not spoken to staff about job stress, their tension was ameliorated by the simple knowledge that employees were accessible should they need to do so.

Volunteers sought further instrumental support at monthly counselor support meetings. These meetings consisted of three major topics: general organizational business, case management, in which details of medical advocacy calls were discussed, and a closing segment emphasizing "self-care" methods of coping with work-related strain. All but two of the volunteers interviewed attended meetings every month, and they drew a variety of benefits from contact with other volunteers. The most frequently named reason for attending was to receive feedback after sharing experiences or venting about difficulties. Volunteers reported saving their most stressful experiences to recount at meetings, and five interviewees felt better after "getting it all out," as one put it. Advocates also heard suggestions from other volunteers at the meetings on how best to

deal with future difficulties. By hearing other women's responses to stress, crisis workers learned new problem-solving and tension-reducing skills.

In addition to accumulating practical information, most of the paid counselors in Capner and Caltabiano's study looked to others for emotional support. All twelve of the volunteers interviewed for this study also sought emotional support either from friends and family or from other volunteers. Some advocates looked exclusively outside of the rape crisis organization for support from a friend, partner, parent, or coworker. Most also turned to their fellow volunteers, often from their training classes. Three qualified their search for support from sources outside the organization, pointing out that the friend or partner with whom they shared their emotions worked or volunteered in some capacity that gave them a greater understanding of crisis work than the population at large. Conversely, one volunteer explained that she preferred to talk to a family member who was "far away from it" and therefore offered a fresh perspective and allowed the advocate to distance herself from work stress.

Advocates enjoyed validation from people who listened to them and empathized with their work. They felt better when someone told them they were doing a good job, and knowing that other people understood their frustration at the social issues they were working against lessened the isolation that accompanied crisis volunteering. Speaking with others who agreed with their views on oppression and violence against women strengthened volunteers' sense of community.

Five of the advocates interviewed also described a sense of relief that came from venting their job–related feelings. "I have to get it out of my system," explained one

volunteer about talks with her partner and a close friend. Another expressed a similar feeling of release, saying, "I use people as a sounding board, [so] I don't have to be the keeper of all these terrible things."

Personal Coping

When they were not turning to other people for social support, rape crisis workers relied on inner resources for stress reduction. They coped with tension by participating in leisure activities, intellectually processing their experiences, preparing for challenges, and detaching from stressful situations.

The rape crisis organization studied here emphasized personal leisure and relaxation as coping mechanisms. They referred to such activities as self-care, and staff led volunteers in brainstorming sessions to identify stress reduction methods during training and in counselor support meetings. Advocates also devised their own activities for relaxing at home when they were not performing crisis work. In this way they were similar to over 35% of professional counselors in Schauben and Frazier's research, for whom participation in leisure activities was the fifth most frequently identified way to relieve stress. The actual activities chosen for relaxation differed slightly between professionals and volunteers. Volunteers reported reading, pampering themselves with pedicures or other luxuries, listening to music, creating art, socializing, or engaging in any other enjoyable pastime. Some volunteers relaxed by going to sleep, especially if they had completed late night calls. Professional counselors listed similar strategies, but were more likely to exercise or meditate than to take up hobbies or sleep.

Several volunteers described a need to rationally process their advocacy experiences and the resulting emotions. One volunteer felt tense after almost every call, and reported that she could only feel better after she had "processed and digested." At least one wrote about her experiences in a journal; another discussed volunteer work anxiety with her therapist. Another advocate attempted to work through her emotions immediately so that they did not return to cause further stress at a later time. "I deal with it by... letting myself feel it," she explained. "I try and let it hit me as hard as or as little as it wants to and then just sit with it."

Three advocates took comfort in the ritual of completing required paperwork. Far from seeing such activity as an additional burden on their time, these volunteers put great thought and detail into the statistic sheets which recorded the circumstances of each survivor's medical advocacy case. One volunteer said that by completing her account of the clients' experiences, she "feel[s] that I've done my job more completely." Another was only able to relax after the paperwork was done.

Most rape crisis workers recognized that they would face many unknowns in each call to the hospital, and they battled stress by preparing as best they could for any contingency. Three of those interviewed manipulated their schedules so that they could be as rested and ready as possible each time they were on call. They distributed shifts evenly throughout the month and planned their on-call schedule around other aspects of their careers or personal life to avoid overload.

Training was another form of preparation. One volunteer coped with every difficult call by thinking back through her training course curriculum. Another attended

almost every in-service offered by the organization, learning about homelessness, mental illness, acquaintance rape, and drug assisted sexual assault. Accumulating knowledge about the social issues surrounding sexual assault was a preparatory coping mechanism for at least two other volunteers as well. These advocates were especially attuned to the anti-oppression mission of the center, and they used their volunteering to add to their knowledge of psychology and evolutionary behavior as much as they used their knowledge to improve their volunteer work.

Other volunteers' preparations were specific and time-limited. As a crisis call came in, they readied themselves emotionally by focusing on their strengths and formulating plans of action for various potential situations. They might also prepare physically, laying out clothing, materials, paperwork, and other necessities at the beginning of a shift. These preparations took on the significance of ritual for some. One advocate called it "delineating a space to do that work, during that time." It helped her cope with stress by separating her volunteer activities from other aspects of her life, a distinction she found especially important because much of her volunteer on-call time was spent in her home waiting for crisis calls.

Some advocates leaned away from delineation toward detachment. Capner and Caltabiano (1993) characterized detachment as a defensive coping mechanism leading to a decrease in empathy, and they identified it as a sign of potential burnout. However, the rape crisis workers in this study distanced themselves from difficult situations in ways that seemed not to include reductions in empathy, and they found distractions, boundaries, or breaks to be helpful in coping with stress and staving off burnout. A third

of those interviewed referred to some sort of distraction as helpful in reducing stress. One immersed herself in her career so that she would not have to think about difficult crisis cases. Another asked friends to distract her when she became anxious or angry due to her volunteer job stress. "I just try to do the Zen thing where you take yourself out of it," explained a volunteer who also reported increased anger and distrust in response to crisis work.

Detachment in the form of boundaries was another coping mechanism taught by the organization and adopted by at least a third of the volunteers in this study. Most advocates did the work as an expression of their caring natures, but their desire to help in every way possible could lead to overinvolvement in clients' lives and ultimate frustration when they were unable to solve all the problems a survivor faced. Previous literature identifies this desire to be all things to all clients as a "god syndrome," and it is another precursor to burnout. Despite the availability of follow-up information on many clients, advocates were frank about their need to disengage at some point within the survivor's healing process. Boundary setting, though difficult, alleviated stress for many. The strain produced by 30 hours of crisis shifts each month, compounded by outside events or the emotional demands of clients, forced some advocates to withdraw temporarily through breaks in their volunteer commitment. Although volunteers and staff alike acknowledged the organization's need for around-the-clock advocacy coverage, the center's staff encouraged volunteers to take breaks when they felt they must. Two interviewees had taken advantage of this policy. One stopped volunteering for a while after the September 11 terrorist attacks. Another took a three-month vacation after a

particularly stressful case and returned with a renewed sense of commitment and confidence.

Cognitive Adjustment

The rape crisis organization highlighted in this research attracted volunteers who were already interested in social change. They wanted to effect at least some improvement in individual lives or in society, otherwise they would not have joined the center's efforts or continued to volunteer. It is therefore no surprise that many coped with the setbacks and strain of rape crisis advocacy by revisiting their original commitment to social or individual change, or by drawing inspiration from the incremental changes that are possible through this work. Paid counselors in the comparison studies were less likely to use commitment to social change as a way to cope with job stress, but they too named personal growth and the satisfaction of helping survivors to heal as benefits of their work with victims of sexual assault.

Cognitive adjustment manifested as a stressor when a crisis worker's feelings of trust and safety were compromised as a result of their encounters with rape survivors. Some paid counselors in the comparison studies, as well as some of the volunteers in this study, experienced some degree of negative cognitive adjustment associated with their work with survivors of rape. However, when counselors or advocates responded to stressful feelings by consciously turning their thoughts to the positive aspects of their advocacy experiences, cognitive adjustment became a means for alleviating stress.

When asked if their rape crisis work had changed them in any way, many volunteers exhibited positive cognitive adjustment, in which they emphasized beneficial

alterations in themselves rather than stressful changes in their capacity to trust others and feel secure. In this way they were similar to paid counselors in Schauben and Frazier (1995), over 45% of whom mentioned beneficial aspects of working with survivors, such as improved counseling skills or the satisfaction of witnessing rape victims' personal growth. Advocates in this research explained that by focusing on new skills learned or on improvements in character, they benefited from the work regardless of the outcome of individual cases. Two volunteers claimed to have become less judgmental over the course of their tenure at the rape crisis center. Several felt more capable, more aware, and even more optimistic. One interviewee said that her involvement with the rape crisis center "definitely helps me as an individual."

Volunteers often addressed their frustration or anger at social issues brought to light by their work with a renewed commitment to societal change in keeping with the organization's political orientation. In contrast, only a very small number of paid counselors in Schauben and Frazier's (1995) work used this means of coping. For several volunteer crisis workers, changes in their thoughts and feelings spawned further desires to change the outside world. "I like to consider myself a revolutionary," exclaimed one volunteer. Five interviewees coped with stressful revelations about oppression and violence against women by involving themselves with political action and working towards social change. Some of their activities were personal, such as efforts to educate friends or challenges to sexist comments. Others, such as political advocacy on women's health or monitoring of the legal system, were performed on a larger scale. "I want to

make the effort to change things," one advocate affirmed, "even if they seem unchangeable."

Other volunteers eschewed societal changes in favor of emphasis on the things that could be done by individuals for individuals. This was at least one volunteer's way of overcoming the stress caused by political conflict within the crisis center. She reported her efforts to change the way she thought of the job she did for the center, shifting her focus from a sick society to an individual in need of assistance. "The work we do here is important, but it's only important at the time we're dealing with the clients themselves. You hope that the little you can do will make the world a better place." Another advocate concurred, summing up her approach in this statement: "Once you realize you can make a positive impact on somebody's life, even if [it is] just to get them to sleep, they just want to talk to you and they say to you afterwards, 'Thanks.' It totally validates everything."

Whether committed to social change, or focused on individual service, sexual assault crisis volunteers also alleviated pessimism by drawing inspiration from their work. By finding reason for hope even in the face of evidence that evil existed in the community and that people confronted pain on a daily basis, a few volunteers made the ultimate adjustment in their thinking from despair to optimism. One advocate described the inspiration she drew from each survivor's strength in the face of great crisis and trauma. "Even though a lot of horrible things have happened to that person [she] still has the humanity to start the healing process. So I feel renewed to do this work, because it makes me feel like not everyone in the world is as evil as the perpetrators."

CHAPTER 5: SUMMARY AND CONCLUSIONS

Review of the Problem

Little previous research has been done on the stresses particular to volunteer rape crisis advocates and the means by which they cope. This study was conceived to gain a reasonably full understanding of the job strain faced and the coping mechanisms employed by volunteers at a San Francisco Bay Area sexual assault crisis center. Because most prior, related research was conducted on professional mental health care workers who counsel victims of rape, a comparison of crisis volunteer stress and coping to findings from studies of professionals in the same field was also included here. In addition, this study examined the efforts that the rape crisis center makes to alleviate volunteer stress, and the volunteers' views on the usefulness of those efforts.

Discussion of Findings

Many of the factors identified in previous literature as related to crisis workers' stress and coping either could not be measured with the small sample in this study, or did not appear to apply to this sample. It was difficult to determine whether volunteers' paid professions added to or alleviated stress, because all of those volunteers who revealed their professional careers were employed in the same field, that of nonprofit services. Similarly, no advocates were married, and only a few reported involvement in long-term relationships. It was therefore impossible to compare the stress levels of partnered and unpartnered respondents in order to determine whether there were differences as detailed in some earlier studies. Finally, prior research shows that stress often decreases as experience increases, and a few volunteers reported that they had become less anxious as

they gained more experience. However, although advocates had a range of crisis work experience, they reported similar sources of anxiety and means of comfort regardless of how long they had volunteered.

The emotions associated with anticipation—equally well characterized as dread—pervaded these volunteers' experiences. Advocates unanimously identified anticipation as a stressor, although paid counselors in the comparison studies made no mention of any similar worry. Many of the volunteer crisis workers who mentioned it described "a fear of the unknown," but it could also be characterized as concern over what they do know. They were acutely aware each time they were on call that they may be required to face a victim's immediate and painful trauma. They were also cognizant of the risk that they would face other stressful circumstances in an advocacy case, including homelessness domestic abuse, drug addiction, or mental illness.

In addition to concern over what they did or did not know about any given case, advocates experienced stress over what they thought they knew. A couple of the volunteers interviewed had personally experienced negative encounters with law enforcement or hospital personnel, but most who felt anxiety about these interactions were responding to potential conflict rather than actual occurrences. The worry with which they faced possible tension with police and hospital staff appeared out of proportion with their actual experience, and the source of their ambivalence toward professional medical and law enforcement providers was uncertain from the evidence gathered here.

In other ways, volunteers were very similar to paid counselors in the two studies selected for comparison. Both groups suffered job strain due to emotional changes in themselves and to the emotional demands made on them by clients. The altered feelings and attitudes described by several advocates indicated the presence of secondary traumatic stress, which was detailed in other research on paid counselors of sexual assault victims. Also known as vicarious trauma, secondary stress is evident in volunteers' identification with rape victims and the resulting increase in their fear and distrust. Still, despite other studies' identification of vicarious trauma as a possible precursor to burnout, these emotional changes and the occasional desire to detach from sources of stress were the only signs of burnout shown by most of these volunteers. Volunteers and professionals also shared a preference for social support as the most common coping method. Many in both groups sought instrumental support to improve their skills and bolster their confidence. All of the volunteers interviewed looked to friends and colleagues for emotional support as well.

Besides the anxiety of anticipation, the few other major differences in both groups' stress and coping behavior could be interpreted as stemming from the differences in the type of organization for which volunteers or professionals worked. Paid counselors in other research worked in organizations without overt political leanings, but the rape crisis center studied here was atypical in that it had retained a strong radical ideology. The organization's anti-oppression mission was not negotiable. All staff and most volunteers were true believers, irrevocably committed to the center's social change goals. Many joined the nonprofit's efforts for this reason alone, and some used their commitment to

radical politics as a way of coping. By reminding themselves that the repeated stressors of individual cases were part of a larger purpose, these advocates felt inspiration, empowerment, and a sense of community.

Nevertheless, the organization's radical bent had its drawbacks, and political conflict arose in many forms. Volunteers who were shocked by their new awareness of oppression in society, which was emphasized by organizational training and operations, experienced a great deal of initial job strain. Even advocates who were already politically aware found themselves bombarded by the many forms of oppression that the center and other volunteers encouraged them to address, and some found the number of cultural battles they were exhorted to join overwhelming.

Other less obvious ill effects may also have been partially rooted in political doctrine. The organizational focus on violence against women made encounters with male survivors surprising and difficult for some advocates. The expectation that interactions with police and hospital staff would be confrontational could stem from a view of law enforcement and health systems as oppressors. This assumption that mainstream institutions would be hostile fostered anxiety that individuals in less radically-minded organizations did not feel without directly experiencing conflict.

Conclusions

It was clear that the volunteers in this study did indeed feel stress as a result of their crisis work. Stressors that they experienced included emotional changes such as exacerbated fear, dread and anger; difficult interactions within the organization and with clients, hospital personnel, or police; and operational difficulties including isolation,

communication breakdowns, and scheduling dilemmas. Many showed signs of secondary traumatic stress stemming from their identification with clients, but none exhibited other overt symptoms of more advanced burnout.

The rape crisis center prepared volunteers for the stress of their work with training that addressed larger social issues related to the oppression of women, provided some specific instruction on advocates' hotline and medical advocacy job duties, and emphasized personal relaxation to relieve stress. Continuing in-service training on various relevant issues was also available. Monthly counselor support meetings and the availability of one-on-one staff contact offered instrumental support crucial to volunteers' ability to continue their work effectively and avoid burnout. Advocates were satisfied with most aspects of the organization's efforts to prepare them for job strain and help them through stressful periods, and they especially appreciated the personal staff support. However, they pointed out problems with the limited specificity of training and the administration of counselor support meetings.

Volunteer coping methods included emotional and instrumental social support from friends, family, colleagues, and staff; relaxation activities including participation in hobbies; and positive cognitive adjustments which led them to value the individual or societal benefits of their work and draw inspiration from their experiences.

In most ways, volunteers' stress and coping were similar to paid counselors'. The main discrepancies lay in operational and organizational details. Paid counselors cited stressors such as supervisory duties and therapy management which volunteers did not share. Volunteers identified stress from political dealings within the center and crisis

advocacy experiences such as immediate post-attack contact with victims or fear of the unknown when responding to a call, both of which were irrelevant to professional mental health care providers. The two groups also shared more similarities than differences in the realm of coping behavior; the only volunteer coping mechanism not shared by most paid counselors was increased commitment to societal change.

Recommendations for Action and Future Research

Some of the challenges faced by advocates cannot be eliminated. Sexual violence will always be traumatic to confront. The political orientation of the center, though stressful in some ways, is a tradition valued by staff and volunteers alike. Advocates will continue to work alone much of the time. They will continue to suffer anxiety and anticipation, even as experience alleviates their fear. However, the previous literature on crisis work shows that many stressors named by these volunteers can be alleviated by a number of organizational responses, including ongoing specific and relevant training (Cyr and Dowrick, 1992; Black, 1992), the provision of opportunities for social support (Grosch and Olsen, 1993; Black, 1992; Ross et al, 1989), and adequate supervision with effective authority (Beaton and Murphy, 1995).

Although advocates interviewed here were generally content with the rape crisis center's efforts to help them alleviate stress, they had suggestions of their own for improvement. Additional suggestions arise from this research. The area of training presents the first and most crucial opportunity for improvement. One fundamental improvement would be more frequent training classes, which, when combined with more

aggressive volunteer recruitment efforts, would increase the active volunteer pool and relieve some of the burden presented by long hours and onerous scheduling requirements.

Other changes in training classes have already begun; advocates and staff reported that the training course will soon be separated into two curricula, one of which will be solely focused on medical advocacy. The focus will allow new volunteers to prepare specifically for face-to-face contact with survivors in the hospital environment rather than through phone contact on the hotline. Volunteers praise this change, but it will not benefit those who have already completed their initial training course. Staff could extend an invitation to current volunteers to participate in the new training if they feel that certain portions would help them.

Other useful additions to training could include increased use of case studies and role playing. Advocates also suggested a formal mentoring program in which experienced volunteers accompany new trainees on their first few advocacy cases. This would extend the training process, add specificity, increase advocates' self-confidence, and decrease their isolation. If the mentor relationship becomes a long-term connection, trainees and mentors could provide ongoing emotional and instrumental support for each other. In this way, emotional and instrumental support could continue and isolation would dissipate further.

One difficulty identified by staff and volunteer interviewees was the unavailability of support immediately after medical advocacy calls that end late at night or outside of business hours. One possible solution would be a backup on-call system in which an experienced advocate or staff member volunteers to be available by phone for advocates

on night shifts. If scheduling for this is impractical, the program could be extended solely to new volunteers in response to interviewees' reports of greater stress earlier in their advocacy service. If the mentoring program is implemented, each mentor could remain available for her trainee to call after stressful experiences for a period of time after the initial few training calls.

More possible responses to volunteer isolation also lie within the organization's purview. Currently, social activities organized by the center include large-scale events such as the annual volunteer appreciation party and a "Poets Against Rape" performance. Volunteers enjoy and appreciate both, but would like more opportunities for social contact in smaller groups. Formalized training class reunions are one option for addressing this; more frequent optional small group gatherings focused on socializing rather than case management or political action are another possibility.

Training activities can defuse stress associated with police and hospital interactions as well. Currently, the single training day spent on medical advocacy includes a panel discussion with members of law enforcement and hospital staff. By cultivating allies from each group, staff could attempt to ensure that the messages shared with trainees emphasize cooperation rather than conflict. Advocates already hear about negative instances of contact with either police and medical personnel; the center staff could counter these with more numerous positive examples of professionals and volunteers working together. Another possibility is suggested by one volunteer's statement that the nurse practitioner made her feel less alone. Staff could encourage a greater sense of identification and connection with the paid personnel who share many of

the same concerns and tasks as advocates. A better orientation to the hospital environment, including introductions to medical staff at various times to ensure that new personnel are known to advocates if possible, would reinforce the connection and further relieve stress caused by isolation.

Although the center will rightly retain the political emphasis which both attracts and inspires so many volunteers, there are steps which staff could implement to relieve at least a portion of the inevitable tension that occasionally results. By accepting that controversy will arise from time to time, employees who lead volunteer meetings can become more vigilant about defusing conflict. They should make certain that all voices are heard and respected, elicit a variety of opinions, and put a halt to attacking language if it occurs. Their example of tolerance will guide volunteer behavior, so it is important for supervisors in their official roles to remain neutral in discussions which are unrelated to sexual violence and have the potential for controversy, such as the argument on the Middle East which caused such turmoil during the period in which interviews were conducted.

It may also be worthwhile to reexamine the requirement that white women attend monthly Anti-Racism Discussion Groups. Separation by ethnicity tends to increase feelings of isolation and resentment among some advocates, and the extra required hour may preclude those volunteers' participation in other important organizational activities for others. The groups could be held less often or made optional. Another alternative could be occasional in-services, inclusive of all volunteers and required if staff deems it

necessary, which offer opportunities for cross-ethnic dialogue on racial issues and anti-oppression concepts.

The small sample and limited geographic focus of this project leave ample room for further research. A larger sample of rape crisis volunteers or study in a different geographic area would add to the information presented here and confirm or disprove the generality of these findings. A comparison of stressors and coping mechanisms among volunteers in numerous rape crisis centers would elucidate the effects of differences between radical and service-oriented organizations on volunteer advocates. Quantitative research would also supplement these qualitative findings, and additional study is warranted to examine the role of other factors identified in related research as relevant to volunteer crisis workers' experiences of stress, such as age, experience level, marital status, and paid profession. Finally, comparisons between volunteer groups or with professionals in the field would be facilitated by the use of formal measures of stress, vicarious traumatization, and burnout utilized in previous research.

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APPENDIX A:

Interview Guides

Interview Guide A for Rape Crisis Center Staff

1. Please describe your position at [agency name].

2. How does your work relate to volunteers? *[Probe for: volunteer training, recruitment, supervision, or coordination; one-on-one contact with volunteers]*

3. What, if anything, do you perceive as the stressful aspects of rape crisis work for your agency's volunteers?

4. Do you think the stress of rape crisis work affects the operation of [agency name]? If so, in what ways? *[Probe for: retention, missed volunteer shifts, lower productivity]*

5. Please describe what you know about the training program potential rape crisis volunteers must complete. *[Probe for: length of program, topics covered, typical number of participants, teaching methods]* To your knowledge, how does the volunteer training address stress in rape crisis work and how to cope?

6. What ongoing support do you know of that [agency name] offers for volunteers? *[Probe for: support group meetings, in-service trainings, one-on-one contact with staff]*

7. If you could change something about [agency name]'s volunteer program, what would it be? Why?

8. If you could ask volunteers something about their rape crisis work, what would you ask? Why?

9. Is there anything else I should have asked you?

Interview Schedule B for Rape Crisis Volunteers

Background

1. Please tell me about your volunteer work with [agency name]. *[Probe for length of time as volunteer, frequency of volunteer shifts, reasons for beginning and continuing volunteer work, volunteer tasks]*

2. Have you ever done rape crisis work for any other agency? Please tell me about it. *[Probe for length of time as volunteer, frequency of volunteer shifts, reasons for beginning and continuing volunteer work, volunteer tasks]*

Organizational Practice

1. Please describe the training you received to become a rape crisis volunteer with [agency name]. What, if anything, about stress and coping in rape crisis work do you remember from your training? *[Probe for expectations regarding volunteer work, coping mechanisms, organizational programs designed to help volunteers experiencing strain.]*

2. About how often do you see or talk to other volunteers or to agency staff? Under what circumstances do you see or talk to other volunteers or staff? *[Probe for meetings, informal calls or visits, agency-sponsored social events, ongoing training courses.]*

3. What activities do you know of that the agency offers to help advocates with volunteer work after they have completed the initial training? *[Probe for support group meetings, in-service trainings, one-on-one contact with staff]* Which do you take part in?

4. If you could, what would you change about the volunteer program to make it better?

Emotional Demands

1. What, if anything, do you find to be stressful about your volunteer work for [agency name]? *[Probe for paperwork, time constraints, difficult emotions, interpersonal relationships, lack of support, fear of inadequacy.]*

2. Describe a stressful experience as a volunteer in this rape crisis center, and how you dealt with it.

3. Do you feel that your experiences as a rape crisis volunteer have changed you in any way? If so, how? *[Probe for new skills, gains or losses of self-confidence, solidarity with or isolation from other people, overall experience of stress, beliefs about crime or safety, interpersonal relationships.]*

Coping Methods

1. What strategies do you use to deal with the type of work-related stress you described earlier? *[Probe for detachment, active coping, personal relaxation, adjustment of attitudes or beliefs.]*

2. Which of these strategies were discussed in your training with [agency name] and which did you develop on your own?

3. Which of these strategies are do you find most helpful?

4. Is there anything else I should have asked you?

APPENDIX B:

Letter to Agency

Holly Tedford
57 Bradford Street
San Francisco, CA 94110
(415) 643-9198
htedford@hafci.org

[contact name]
Executive Director
[agency name]
[address]
[address]

Dear [contact name]:

I am a second year graduate student writing a thesis as a requirement for my Masters degree in Nonprofit Administration at the University of San Francisco. For my thesis, I would like to do a case study of a rape crisis volunteer program, examining how volunteers deal with work-related stress. I first became interested in the topic during my own four years as a rape crisis volunteer in San Antonio, Texas, and I believe that more research on the topic can benefit both volunteers and their agencies. Michelle Erai of the Santa Cruz Commission for the Prevention of Violence Against Women is acting as an advisor to my research, and she suggested that I contact you about participating in the study.

The project is designed to proceed in three stages. In the first stage, I would like to become familiar with the [agency name] through whatever written materials on the volunteer program you are able to share with me. Second, I would like to interview staff members who are involved with the volunteer programs, both to add to my background information and to get their input into what would be useful for them to know from volunteers. The bulk of the project will consist of one-on-one interviews with rape crisis volunteers who are willing to participate. Questions will examine the stresses that volunteers may face during their work with survivors of sexual assault, how they cope with any stress they may experience, and other volunteer-related issues as they arise.

All interviews will be less than one hour in length, and participation is, of course, voluntary. All information gathered will be kept completely confidential. I will not use any names or major identifying information within the thesis, either of volunteers, staff, or the organization itself. I plan to identify [agency name] as simply a San Francisco Bay Area provider of rape crisis services. Interviewees will be given numbers or aliases as needed in my final written study.

Of course, a copy of the thesis will be available to [agency name] as soon as it is complete. I am also willing to discuss any of my research findings with you or anyone else at [agency name]. I hope that my work will benefit your organization and its volunteers by identifying ways to support rape crisis workers and alleviate the stress that they may experience as part of their work.

I would really like the opportunity to speak to you further about this project. Please either contact me when you have had a chance to look this over, or I will follow up with you in a couple of weeks. I can be reached at my work phone, 202-7492, or at home, 643-9198. Thanks for your time.

Sincerely,

Holly Tedford