SAFE
HOUSE
PROJECT

ADDRESSING STAFF BURNOUT

A STRATEGIC FRAMEWORK FOR THE ANTI-TRAFFICKING FIELD

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INTRODUCTION

The need to address high staff burnout rates in anti-trafficking organizations is founded on personal experiences — those of survivors, safe house program leadership, and former direct care staff members, including the authors of this white paper.

Three years into the operation of a residential safe house program, one author saw four staff members resign within two weeks following a particularly distressing client elopement. No structured debriefing was provided for staff after this event. No time was allotted for collective processing. The prevailing expectation from program leadership was that their staff would simply "bounce back" because the work needed to continue, despite the exit of previously dedicated employees. Six months later, with the introduction of mandatory restorative debriefing for staff after every critical client incident, turnover dropped to zero. The difference wasn't the incidents themselves; instead, it was how leadership responded to the team's need to process, heal, and move forward together.

This story reflects a broader crisis across the anti-trafficking field, sustained by professionals who provide critical, trauma-informed support to survivors of human trafficking in crisis shelters, residential programs, outreach teams, and survivor advocacy programs. Despite their essential roles in this work, these employees often operate in environments that lack the comprehensive organizational support necessary to maintain their well-being and effectiveness over time.

Large caseloads, unclear or variable role expectations, low pay, and chronic exposure to trauma contribute significantly to the prevalence of emotional exhaustion, secondary traumatic stress, and burnout throughout the anti-trafficking field. Turnover is frequent, especially among direct care staff, and exacerbated in organizations where employees have limited or no access to ongoing training, wellness support, or mental health support. These patterns in the field are not indicative of individual weakness; rather, they are predictable responses to unmet systemic needs.

Many collective years of experience working in and leading anti-trafficking programs have proven to the authors of this white paper that burned-out staff cannot provide the stable, trauma-informed care that trafficking survivors need to heal. When experienced advocates, case managers, and residential staff are forced out of the work by preventable burnout, the therapeutic relationships that anchor survivors' recovery are disrupted. Every time a survivor starts anew with a different case manager, their outcomes are affected. Every time an experienced staff member resigns because they cannot afford to continue in their role, survivor outcomes are affected.

This white paper addresses the problem of burnout in the anti-trafficking field and offers a comprehensive, trauma-informed framework to strengthen workforce well-being and sustainability. Evidence-based best practices to support the longevity of staff include establishing hiring and training protocols focused on practical competencies, ensuring regular training in trauma-informed care and vicarious trauma, and implementing frequent reflective supervision patterns and wellness reviews. Organizations should also focus on strengthening the accountability and participation of their leadership in ongoing training and wellness initiatives, as well as ensuring that all employees can depend on clear communication pathways and organizational structure. Prioritizing competitive compensation packages, including sufficient paid time off, sick leave, and mental health support, will help ease the financial burden that many anti-trafficking workers experience in addition to the daily weight of their jobs.

Addressing staff burnout and well-being should be an immediate concern for the anti-trafficking field. Organizations throughout the country are facing chronic turnover, loss of consistent survivor care, reduced quality of survivor care, and service capacities limited by staffing shortages. Burned-out employees are more likely to provide a lower standard of care, disengage emotionally from their work, or exit the field entirely — a considerable problem for many programs. The impact of staff burnout is a serious limitation for the anti-trafficking field's ability to respond to the growth in demand for trafficking-specific trauma care in the last few years.

Focusing on staff well-being and structured support is a core condition for effective, long-term survivor recovery. A stable, well-supported workforce improves the continuity and quality of care that survivors receive in anti-trafficking programs. By prioritizing internal investments in their teams, organizations in the field can actively reduce burnout rates, improve survivor outcomes, and build a resilient, mission-aligned workforce.

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THE WEIGHT OF THE WORK

By nature, the anti-trafficking field is both emotionally intense and operationally complex, especially as it demands continuous engagement with trauma. Direct care staff, case managers, advocates, and organizational leaders are routinely exposed to the realities of extreme violence, interpersonal abuse, sexual exploitation, and coercive control [1]. Survivors served by these staff members often also present with complex mental health conditions, such as post-traumatic stress disorder, clinical anxiety or depression, and other severe psychological conditions. In addition, the high rates of substance use disorders, self-harm, and suicidality bring other layers of emotional weight to caring for trafficking survivors. The frequency and severity of anti-trafficking staff's exposure to these traumatic experiences, coupled with systemic and structural challenges, make burnout, vicarious trauma, and secondary traumatic stress nearly universal experiences within the field [2] [3].

What is not widely recognized, however, is the ripple effect of program staff's vicarious trauma and secondary traumatic stress on survivors. One survivor's real experience in a residential program clearly demonstrates this impact: When she arrived at the program, she was paired with an experienced advocate who understood the rhythms of trauma recovery — when to push gently, when to step back, and how to recognize the more subtle signs of distress before a crisis occurred. Six months into their relationship, however, the advocate resigned due to burnout and left the anti-trafficking field entirely. The survivor was reassigned to a well-meaning but inexperienced advocate, and the trust she had slowly built in the program rapidly dissolved. Two weeks later, she eloped from the program.

This scenario has been played out many times in anti-trafficking programs across the country, but the link between staff burnout and survivor outcomes is rarely named explicitly. Research in mental health and trauma recovery consistently shows that high staff turnover is directly correlated to increased client instability, shorter stays in treatment, and elevated rates of treatment dropout [2]. In this field, where survivors enter programs with profound trust deficits and complex trauma histories, the stability of therapeutic relationships becomes a foundational and irreplaceable element of healing.

VICARIOUS TRAUMA & SECONDARY TRAUMATIC STRESS

Vicarious trauma occurs when service providers internalize the traumatic experiences of the survivors they serve, regularly resulting in changes in worldview or perspective, emotional dysregulation, and cognitive distortions [1]. Many anti-trafficking workers report both heightened emotional sensitivity or instability, as well as periods of numbness. Other common symptoms of vicarious trauma include compassion fatigue, emotional detachment, hypervigilance, insomnia, intrusive thoughts, and reduced empathy, which can closely mirror the emotional states of the survivors themselves [3] [4].

The frequency of trafficking survivor care staff experiencing vicarious trauma or secondary traumatic stress is widely accepted, but not well documented through clinical studies. According to one survey, at least 58% of anti-trafficking service providers met the clinical threshold for secondary traumatic stress, and 1 in 4 scored in the severe range [2]. Nearly half of workers had elevated levels of vicarious trauma, while 30% reported negative changes to their beliefs from interacting with trafficking survivors, such as diminished trust in others, hopelessness, and increased cynicism about the world as a whole. This survey found a clear correlation between high levels of vicarious trauma and greater turnover intent among anti-trafficking service providers — however, workers in organizations with strong trauma-informed cultures reported significantly lower turnover intent and were more likely to have a higher average tenure at those organizations when compared to the rest of the field [2].

Another study found that care staff in human service organizations are very likely to score highly in empathy and a drive to create system change [4]. However, these very qualities that equip these individuals to provide excellent care to survivors of human trafficking may also increase their likelihood of experiencing more severe vicarious trauma and secondary stress. Participants scored highly in emotional exhaustion, intrusive memories, and inability to disconnect from the traumatic experiences of clients. One service provider working in the severe mental health sector reported feeling emotionally distraught to the point of physical unwellness after extended

[1] Kenny, M., Staniforth, L., & Vernals, J. (2023). The impact of working with human trafficking survivors. Traumatology, 29(2), 265–276. https://doi.org/10.1037/trm0000390

[2] Hendrix, E. (2023). Vicarious trauma and turnover intent among human trafficking victim service providers. College of Social Work, the University of Utah. https://socialwork.utah.edu/research/projects/posts/hendrix_seed.php

[3] Schafhauser, J., Arntson-Kynn, J., Buttner, C., Johnson, L., Postmus, J.L., & Simmel, C. Secondary trauma and domestic minor sex trafficking (DMST). Center on Violence Against Women and Children, Rutgers University School of Social Work. https://socialwork.rutgers.edu/sites/default/files/2022-05/dta-research-brief2.pdf

[4] Kliner, M., & Stroud, L. (2012). Psychological and health impact of working with victims of sex trafficking. Journal of Occupational Health, 54(1), 9-15. https://doi.org/10.1539/joh.11-0125-oa

periods [5]. Others regularly experience disturbed sleep or insomnia, headaches, gastrointestinal issues, and flashbacks, demonstrating the strong link between psychological burdens and physical health problems.

THE PARADOX OF TRAUMA-INFORMED CARE

The connection between staff wellbeing and survivor outcomes becomes particularly evident when considering the essential structure of trauma-informed care: co-regulation, a process through which a regulated caregiver supports a dysregulated individual. However, when staff in anti-trafficking organizations experience burnout, emotional exhaustion, or unaddressed vicarious trauma, their capacity to provide calm and consistent co-regulation is significantly diminished. This limitation can lead to or exacerbate cycles of emotional instability, escalating behaviors, and disengagement by both staff and survivors from programming.

The attributes that make anti-trafficking staff excellent at providing trauma-informed care, such as empathy, perceptiveness, and emotional availability, also make them more vulnerable to experiencing vicarious trauma and secondary traumatic stress. When advocates and case managers become dysregulated due to chronic stress or unresolved secondary trauma, they may unintentionally mirror the chaos and unpredictability from which survivors are trying to heal.

Notably, many anti-trafficking service providers believe that they will only be able to participate in this type of work for a certain amount of time, openly acknowledging that prolonged exposure without adequate support and balance will inevitably lead to burnout, emotional detachment, or departure from the field entirely [5]. This shared sentiment is clearly represented in the quantitative findings of studies on service providers, which show that vicarious trauma directly influences the average employment tenure at anti-trafficking organizations, as well as overall organizational stability [6].

However, the existing research on vicarious trauma and secondary stress among anti-trafficking organizations also emphasizes the value of intentional supervision, peer support, and the availability of professional treatment. Workers with access to these services described them as vital in maintaining their well-being and effectiveness, especially over long periods of time. In contrast, workers without access to support reported a sense of isolation, frustration with organizational leadership, and fears about their long-term health and ability to continue in their careers [5].

The effects of vicarious trauma and secondary traumatic stress in direct care staff extend beyond their own well-being, directly impacting the healing of the survivors they care for. Trauma-informed care models emphasize the importance of co-regulation, the process by which a regulated caregiver supports a dysregulated individual. However, when staff in anti-trafficking organizations are experiencing burnout, emotional exhaustion, or unaddressed secondary trauma, their capacity to offer calm, consistent co-regulation to survivors is significantly reduced. This problem may result in or perpetuate cycles of emotional instability, escalating behaviors, and withdrawal by both staff and survivors from programming.

Vicarious trauma in the anti-trafficking field is not only extremely common but also multidimensional, encompassing emotional, cognitive, and physiological impacts. Without structured and intentional interventions like reflective supervision, regular training, mental health services, and organizational commitment to trauma-informed practices, vicarious trauma and secondary traumatic stress will continue to drive emotional disengagement, burnout, and high workforce turnover, jeopardizing the field's ability to respond effectively to the growing numbers of trafficking survivors in need of services.

AN UNADDRESSED LEADERSHIP DEFICIT

One of the most rarely acknowledged realities of anti-trafficking work is the widespread lack of formal leadership training among those in management roles. High-performing direct service staff are regularly promoted to management positions without formal leadership training or the development of organizational management or clinical supervision skills. This pattern exists throughout the human services sector and is especially prevalent in young, constantly evolving areas like the anti-trafficking field, where practical knowledge of direct survivor care can be prioritized in promotions over leadership ability.

This represents a classic example of the Peter Principle [7], a concept in sociology and organizational behavior that suggests that people working in hierarchies are often promoted without considering their competence or qualifications to perform effectively in a different role. While this practice does not always result in incompetent leadership, the Peter Principle posits that promotions are often based on the skills and abilities of an employee in one role, regardless of their qualifications or readiness for a leadership role. In anti-trafficking organizations, the Peter Principle is regularly demonstrated as leadership positions are filled with former direct care staff with limited or

[5] Kliner, M., & Stroud, L. (2012). Psychological and health impact of working with victims of sex trafficking. Journal of Occupational Health, 54(1), 9-15. https://doi.org/10.1539/joh.11-0125-oa

[6] Hendrix, E. (2023). Vicarious trauma and turnover intent among human trafficking victim service providers. College of Social Work, the University of Utah. https://socialwork.utah.edu/research/projects/posts/hendrix_seed.php

[7] Lazear, E. P. (2004). The Peter Principle: A theory of decline. Journal of Political Economy, 112(S1), S141–S163. https://doi.org/10.1086/379943

no formal training to provide sustainable team management or long-term strategic direction.

The consequences of this practice are felt throughout anti-trafficking organizations, including by survivors, non-management staff, and the promoted employees themselves. Reduced trust, effectiveness, and quality of care are among the most common effects of the Peter Principle, as employees take on different roles or additional tasks for which they are simply not equipped. Some leaders adopt a "martyr mindset" and operate under the belief that effective leadership requires personal sacrifice, including the well-being of staff if necessary, for the sake of survivor care. While these leaders are deeply committed to the mission, they lack the tools necessary to navigate the complex balance between survivor needs and staff well-being that are developed by formal leadership training. As a result, any initiatives to address staff burnout or vicarious trauma may be perceived as detracting from survivor-centered efforts, rather than being understood as complementary and interdependent goals.

This leadership development gap too often creates an organizational culture in which staff may feel guilty for expressing personal needs, self-care is stigmatized as indulgent, and burnout is mischaracterized as a symbol of commitment rather than systemic dysfunction. When adequate training in trauma-informed supervision, team development, and effective leadership is not prioritized throughout the organization's hierarchy, managers may unintentionally reinforce the structural and emotional challenges that undermine both staff sustainability and survivor outcomes.

DEFICIENT HIRING PRACTICES & TRAINING GAPS

Widespread and chronic staffing shortages in anti-trafficking organizations in the U.S. often result in expedited hiring processes, where availability may be prioritized over the psychological preparedness or clinical experience of a potential employee. When the hiring process is rushed in order to fill service gaps, new staff may not be adequately evaluated for their ability to manage emotional boundaries, navigate trauma disclosures or responses, or de-escalate crises — skills that are essential for intensive, survivor-facing roles [8]. Interviews may include hypothetical scenarios to gauge a candidate's crisis response, but these scripted exercises fall far short of capturing the intensity, unpredictability, and rapid escalation of a crisis

in trauma care. The disconnect between theoretical preparedness and actual field readiness is often substantial, and assuming that an interview question can fully evaluate a candidate's real-time response is naive. When staff are also insufficiently trained in trauma-informed practices, cultural humility, and survivor-centered communication styles, these gaps significantly elevate the likelihood of early burnout, role misalignment, and ultimately organizational turnover rates [9] [10].

Current research confirms that anti-trafficking program staff with insufficient onboarding and training are much more likely to experience vicarious trauma and report a desire to leave their role [10]. 6 in 10 service providers report symptoms of secondary traumatic stress, and many say they now understand that they were not emotionally prepared to begin their job responsibilities. In particular, workers who had not received formal clinical training in trauma care were more likely to feel overwhelmed, unsupported, and emotionally drained. While not every staff member in an anti-trafficking organization must have a clinical education, it is essential that all workers be equipped to encounter vicarious trauma and secondary traumatic stress to prevent burnout and turnover.

Role stress and a lack of organizational support structures play a highly predictive role in the rates of emotional exhaustion and intent to leave among mental health workers, including staff in anti-trafficking programs. Over 56% of participants in one survey report moderate to high levels of emotional exhaustion, with half saying they planned to quit [11]. The most commonly reported reasons for these responses were high levels of stress related to their jobs and the organization's inability to provide adequate support for their well-being, factors that are exacerbated when leadership hires without evaluating their staff's ability to handle vicarious trauma or fails to provide comprehensive training or support services. Emotional exhaustion, in turn, is directly related to both sustained levels of role stress and a strong intent to quit [11].

Another study found that poor job resources and high role demands strongly influence rates of burnout and turnover intention among survivor providers [10]. Specifically, a lack of preparation for emotionally complex caseloads was significantly associated with emotional disengagement, secondary traumatic stress, and early departure from the role. Among the most significant predictors of high emotional exhaustion is work-home interference, when staff are unable to disconnect from the demands of their roles when not working, either because of the mental/emotional weight or organizational expectations of

[8] Scanlan, J.N., & Still, M. (2019). Relationships between burnout, turnover intention, job satisfaction, job demands, and job resources for mental health personnel in an Australian mental health service. BMC Health Services Research 19(62). https://doi.org/10.1186/s12913-018-3841-z

[9] Acker, G. M. (2012). Burnout among mental health care providers. Journal of Social Work, 12(5), 475–490. https://doi.org/10.1177/1468017310392418

[10] Hendrix, E. (2023). Vicarious trauma and turnover intent among human trafficking victim service providers. College of Social Work, the University of Utah. https://socialwork.utah.edu/research/projects/posts/hendrix_seed.php

[11] Schafhauser, J., Arntson-Kynn, J., Buttner, C., Johnson, L., Postmus, J.L., & Simmel, C. Secondary trauma and domestic minor sex trafficking (DMST). Center on Violence Against Women and Children, Rutgers University School of Social Work. https://socialwork.rutgers.edu/sites/default/files/2022-05/dta-research-brief2.pdf

their availability when they are off the clock. Insufficient or inconsistent communication with management or leadership about job expectations has a similarly impactful effect on staff's emotional exhaustion [12].

These findings emphasize the critical importance of trauma-informed, competency-based hiring practices, structured onboarding processes, and intentional support from leadership. In anti-trafficking programs, the absence of these systems not only increases the risk of employee burnout, emotional exhaustion, and turnover, but it also compromises the quality of care provided by the program to survivors, disrupting the continuity of their care and eroding trust.

ORGANIZATIONAL CULTURE & STRUCTURAL DEFICITS

The internal structure and culture of an organization play an integral role in either mitigating or exacerbating employee burnout. In many anti-trafficking programs, unclear job responsibilities, fluid organizational charts, and a lack of formal supervisory structures contribute to the ambiguity of employees' roles and their performance [13] [14]. Staff may find themselves balancing overlapping duties, heavy caseloads, and escalating situations without support from leadership, which significantly increases their emotional and cognitive workload. This lack of organizational clarity often leads to heightened stress and emotional exhaustion, as well as decreased effectiveness in caring for survivors. Over time, unclear role expectations and overlapping duties may contribute to employees' vulnerability to vicarious trauma and secondary traumatic stress.

In addition to the established research linking role ambiguity and lack of control with emotional exhaustion [13], some studies cite employees' confusion about job expectations and insufficient support from organizational leadership as major contributing factors in high burnout rates. These findings are especially relevant in restorative care environments, where the emotional toll of the work is compounded by the severity, variance, and duration of survivors' traumatic experiences. Without structural safeguards, employees may become overwhelmed and feel disconnected from support.

Inconsistent presence or engagement of leadership with direct care staff is known to exacerbate burnout risk as well. One study on burnout predictors among human services workers found that a lack of organizational structure, limited communication, and insufficient recognition of staff needs were strongly associated with high levels of emotional exhaustion and disengagement with the work [14]. Workers in less organized settings reported significantly higher burnout scores and were twice as likely to consider leaving their roles than those in structured, communicative teams. Burnout risk also increases when staff believe that their roles are undervalued in comparison to other positions, particularly when leadership appears disengaged from difference-making tasks. In anti-trafficking programs, direct care workers can often feel that their own contributions receive less recognition than more public positions, despite the higher emotional demand of their work. This disparity, whether real or perceived, can lead to feelings of resentment, isolation, or futility, undermining morale and accelerating staff attrition.

In addition to the problems created by structural deficiencies, internal organizational culture, especially that shaped by long-tenured staff, can become rigid and resistant to change, inadvertently alienating new team members and failing to respond to their needs for support. One study identified that in anti-trafficking organizations, entrenched team dynamics and informal hierarchies regularly create barriers to successfully integrating new employees or implementing updated best practices for staff support [15]. New hires reported feeling isolated or unwelcome, particularly if they attempted to challenge established norms or introduce trauma-informed shifts in practice. Cultural rigidity of this kind risks compromising staff cohesion, as well as reducing improvement and adaptability in survivor care.

Other research emphasizes that effective, emotionally intelligent leadership and a positive organizational climate are among the strongest predictors of staff retention in trauma-related work [16]. Organizations with transparent communication, clear leadership styles, and a culture of recognition and support experience significantly lower turnover and improved staff well-being. In contrast, environments lacking these features are far more likely to foster burnout as a systemic issue rather than an individual response to trauma exposure.

Burnout is not simply a result of high caseloads or emotionally intense work, but also a function of poor organizational design and unsupportive workplace cultures. For anti-trafficking

[12] Hendrix, E. (2023). Vicarious trauma and turnover intent among human trafficking victim service providers. College of Social Work, the University of Utah. https://socialwork.utah.edu/research/projects/posts/hendrix_seed.php

[13] Acker, G. M. (2012). Burnout among mental health care providers. Journal of Social Work, 12(5), 475–490. https://doi.org/10.1177/1468017310392418

[14] Thomas, M., Kohli, V., & Choi, J. (2014). Correlates of job burnout among human services workers: Implications for workforce retention. The Journal of Sociology & Social Welfare, 41(4). https://doi.org/10.15453/0191-5096.3983

[15] Recknor, F., Mason, R., Jacobson, D., Kelly, C. E., Montemurro, F., Bruder, R., & Du Mont, J. (2023). Challenges to supporting domestically sex trafficked persons: In-depth interviews with service providers. Journal of Human Trafficking, 1–16. https://doi.org/10.1080/23322705.2023.2219224

[16] Coates, D., & Howe, D. (2015). Combatting staff burnout in mental health: Key managerial and leadership tasks that are fundamental to staff wellbeing and retention. Asia Pacific Journal of Health Management, 10(2), 24-32. https://esf.com.au/wp-content/uploads/2020/05/Meta-review.Key-leadership-tasks-for-ombatting-Staff-Burnout-in-Mental-Health.pdf

organizations to thrive and maintain highly effective staff with long tenures, they must prioritize structural accountability, role clarity, and a culture of psychological safety and support throughout their daily operations.

THE COMPENSATION CRISIS

Despite being the backbone of restorative care, direct care professionals in anti-trafficking organizations remain chronically undercompensated. These roles, including case managers, residential staff, clinicians, and crisis response staff, are both emotionally intensive and operationally essential. However, they frequently lack access to competitive wages, paid time off, sick leave, health insurance, clinical supervision, or mental health services. These benefits are critical to reducing the rate of burnout and maintaining the consistency and stability of the organization's workforce, and the consequences of a national deficiency in this area are clearly demonstrated in the field today.

Low compensation in anti-trafficking work has created a bifurcated workforce that ultimately undermines engagement for both staff and survivors. A significant proportion of the workforce is made up of socioeconomically privileged individuals, including many affluent white women who are able to take low-paying roles due to financial flexibility. While these individuals may be highly dedicated to the mission of serving survivors, they often lack the lived experience or cultural competence necessary to establish authentic, trust-based relationships with survivors. On the other end of the anti-trafficking staff spectrum are underqualified volunteers who are often driven by compassion rather than professional expertise. Both of these groups have made undeniable contributions to anti-trafficking work, but the field cannot progress without establishing higher standards for clinical competence and specialized training in its workforce.

The impact of inadequate compensation is disproportionately concerning for staff members with lived experience of human trafficking or other forms of exploitation. Often, the most effective advocates and case managers in the anti-trafficking field are survivors of abuse or exploitation themselves, whose firsthand knowledge and understanding significantly enhance the quality of care they are able to provide. However, these critical partners in the work often face increased financial challenges, including debt, generational cycles of poverty, and familial responsibilities, including dependent children. When an anti-trafficking organization's compensation fails to meet a living-wage standard, it places an unequal burden on staff with lived experience. However, many survivors continue in anti-

trafficking work despite inadequate compensation, which effectively pits their passion for justice and healing against their need for financial stability. This dynamic can constitute a form of secondary victimization — an unacceptable situation in a field dedicated to survivor protection and empowerment.

Too often, anti-trafficking organizations characterize low compensation structures as a form of ministry or personal calling, rather than a professional discipline. This narrative is both misleading and detrimental, despite its prevalence in the nonprofit sector. Residential care, crisis response, and case management are clinical interventions that require specialized training, ongoing supervision, and continuous professional development. Considering the complexity of trauma recovery, anti-trafficking programs must be staffed by qualified professionals equipped to deliver evidence-based care, rather than by well-intentioned volunteers without the necessary expertise. Achieving this staffing structure necessitates a different compensation structure.

In many programs, staff work long hours in emotionally stressful roles and may be expected to respond to crisis calls outside their scheduled work shifts without adequate compensation. This expectation of emotional labor without sufficient rest or recovery time only accelerates emotional exhaustion, disengagement, and decreased efficacy. Studies on workers in complex mental health care fields have shown that the cumulative effect of emotional fatigue, paired with financial insecurity, increases both turnover intent and absenteeism [17]. Given the weight of direct survivor care work in anti-trafficking organizations, the responsibility of establishing and respecting clear boundaries around working hours and minimizing job-related financial stress must fall to leadership, rather than staff members themselves, to protect against further job stress.

This dynamic of passionate staff working in demanding, exhausting roles without adequate organizational support or resources contributes directly to the high turnover rates in the anti-trafficking field. While many try to maintain professional boundaries and protect their mental and emotional health, the current state of direct care work is too often intensely overwhelming and exhaustive, forcing workers to choose between a mission they believe in and their own well-being, including financial stability.

One study found that burnout and job dissatisfaction are the two strongest predictors of turnover in human services fields, with a particular emphasis on the prevalence of these outcomes in under-resourced roles with little institutional recognition or professional growth opportunities [18]. Other research reported that low job satisfaction, high emotional exhaustion, and

[17] Scanlan, J. N., & Still, M. (2013). Job satisfaction, burnout and turnover intention in occupational therapists working in mental health. Australian Occupational Therapy Journal, 60(5), 310–318. https://doi.org/10.1111/1440-1630.12067

[18] Mor Barak, M. E., Nissly, J. A., & Levin, A. (2001). Antecedents to retention and turnover among child welfare, social work, and other human service employees: What can we learn from past research? A review and metanalysis. Social Service Review, 75(4). https://doi.org/10.1086/323166

inadequate compensation are the most reliable predictors of intent to leave [19]. Employees in roles with minimal professional recognition and high emotional labor were found to be twice as likely to have severe burnout symptoms and nearly three times as likely to say they intended to leave their job.

Beyond the ethical issues, low compensation creates practical problems for program effectiveness. Survivors regularly report feeling more connected to direct care staff who share aspects of their identity or background, including race, ethnicity, economic status, or lived experience. When programs do not prioritize compensation structures that allow them to hire and retain diverse staff, they severely limit their ability to foster these meaningful connections.

Universally, studies find that employees who perceive their organizations as unsupportive or demanding are significantly more likely to leave their job, and possibly the anti-trafficking field entirely, within one year [20]. By nature, direct survivor care roles in anti-trafficking organizations are emotionally intense and have a high risk of burnout and disengagement, making it incredibly important for leadership to make meaningful, intentional investment in these critical employees. Without it, organizations will continue to face constant turnover, undermining the continuity of survivor care, weakening organizational culture, and impeding long-term recovery outcomes for survivors.

[19] Scanlan, J. N., & Still, M. (2013). Job satisfaction, burnout and turnover intention in occupational therapists working in mental health. Australian Occupational Therapy Journal, 60(5), 310–318. https://doi.org/10.1111/1440-1630.12067

[20] Mor Barak, M. E., Nissly, J. A., & Levin, A. (2001). Antecedents to retention and turnover among child welfare, social work, and other human service employees: What can we learn from past research? A review and metanalysis. Social Service Review, 75(4). https://doi.org/10.1086/323166

CREATING FOUNDATIONS FOR SUCCESS

Because the emotional toll of working in the anti-trafficking field is both persistent and cumulative, designing a workforce strategy that extends beyond basic operational support is a necessity. Effective workforce development in this field requires a systematic approach that prioritizes ongoing education and training, structured clinical supervision, and organizational investments in staff wellness in the short and long term. These elements must be integrated into policies and funding strategies to support the long-term stability and emotional resilience of anti-trafficking professionals.

INVESTING IN ONGOING EDUCATION

While many professionals in the anti-trafficking field choose their careers because of a passion for helping survivors, their long-term effectiveness is largely determined by the development of their ability to navigate complex trauma through ongoing evidence-based training. Survivors often enter programs with co-occurring mental health conditions and symptoms of trauma, which may result in staff becoming overwhelmed or emotionally exhausted without proper preparation. It is critical for service providers to be clinically prepared to recognize and respond to the symptoms of trauma and mental health conditions with trauma-informed, survivor-centered approaches.

Research shows that regular engagement in evidence-based professional development improves both job performance and emotional regulation skills, key indicators of long-term retention [21]. Staff without ongoing training in trauma care are significantly more likely to experience vicarious trauma to a high degree, and access to regular trauma-informed education is a consistent predictor of which staff members will have long tenures [22]. Training should focus on helping employees understand the signs and symptoms of vicarious trauma and secondary traumatic stress, and provide tangible steps for addressing these challenges.

This type of professional development should include all staff, even management and leadership, to ensure alignment about the best approach for survivor care throughout the organization. When leadership consistently models trauma-informed behavior and encourages open communication with staff about their well-being, it fosters psychological safety and a culture of trust and support. As the research shows, a trauma-informed organizational climate is one of the strongest predictors of staff well-being and retention, even among those experiencing high levels of secondary trauma [22].

Incorporating structured professional development into an organization's regular schedule is a powerful tool for ensuring that all staff are clinically competent and emotionally prepared to manage regular exposure to trauma, thereby reducing the likelihood of rapid burnout [21]. Staff members who feel capable and effective are directly linked to better survivor outcomes, making ongoing education a key strategy for both a resilient workforce and high standards of survivor care.

ESTABLISHING FORMAL SUPERVISION

Supervision in anti-trafficking organizations for staff members is too often irregular, focused only on operational goals, or absent entirely, leaving employees without structured opportunities to process the pressure of their work on a frequent basis. In the emotionally intensive environments of most residential and crisis response programs, this absence of reflective supervision creates an organizational culture in which vicarious trauma, compassion fatigue, and emotional isolation may grow over time. As a result, staff may be left to navigate complex situations and overlapping responsibilities without the validation or guidance from management that they need to remain grounded and resilient [21] [23] [24].

Many nonprofits, especially those working in human services, hire employees into management positions without leadership experience or adequate training, which can worsen existing management problems and habits. Because so many workers in the nonprofit sector choose roles based on personal passion for the mission, they are more likely to tolerate unhealthy work environments longer and make self-sacrificial choices to continue the work. This is especially prevalent in the anti-trafficking field, where resource constraints, staffing challenges, and the ever-changing nature of the field can contribute to "die on the sword" dynamics, where staff feel pressure to minimize their own emotional and psychological health needs to sustain the program's progress.

[21] Schafhauser, J., Arntson-Kynn, J., Buttner, C., Johnson, L., Postmus, J.L., & Simmel, C. Secondary trauma and domestic minor sex trafficking (DMST). Center on Violence Against Women and Children, Rutgers University School of Social Work. https://socialwork.rutgers.edu/sites/default/files/2022-05/dta-research-brief2.pdf

[22] Hendrix, E. (2023). Vicarious trauma and turnover intent among human trafficking victim service providers. College of Social Work, the University of Utah. https://socialwork.utah.edu/research/projects/posts/hendrix_seed.php

[23] Kenny, M., Staniforth, L., & Vernals, J. (2023). The impact of working with human trafficking survivors. Traumatology, 29(2), 265–276. https://doi.org/10.1037/trm0000390

[24] Coates, D., & Howe, D. (2015). Combatting staff burnout in mental health: Key managerial and leadership tasks that are fundamental to staff wellbeing and retention. Asia Pacific Journal of Health Management, 10(2), 24-32. https://esf.com.au/wp-content/uploads/2020/05/Meta-review.Key-leadership-tasks-for-combatting-Staff-Burnout-in-Mental-Health.pdf

Reflective supervision has emerged as a particularly effective tool for fostering emotional regulation, professional growth, and psychological well-being among staff in anti-trafficking programs. This model creates a relational, strengths-based space for employees to review and evaluate their well-being and share any concerns about their work or interactions with survivors in a nonjudgmental and supportive environment. Studies show that service providers in the anti-trafficking field deeply value reflective supervision, describing it as a lifeline that helped them offload secondary trauma and process their emotional reactions and symptoms of vicarious trauma [25] [26].

Supervision not only improves employees' ability to regulate their emotions and manage stress, but also strengthens team cohesion and job satisfaction. Regular meetings that incorporate trauma-informed principles are also associated with strong survivor-centered values, increased confidence in decision-making, and a reinforced sense of shared purpose. Managers who practiced intentional leadership in reflective supervision had team members score significantly lower in burnout symptoms and turnover intention [27], highlighting the power of regular check-ins and leadership emphasis on staff well-being.

Additionally, studies show that intentional reflection time helps equip staff members to distinguish between their own emotional responses to survivors' stories and those of the survivors themselves, helping protect them against compassion fatigue [25]. Standard practices, such as debriefing after stressful events like a client's elopement and restorative circles, support employees' ability to process their own feelings and reactions, thereby stabilizing the organization's internal response to challenging situations and building resilience for future stress. When designed well and embraced by staff, reflective supervision acts as both a buffer against burnout and as a means of reinforcing ethical, effective, and sustainable care.

Beyond its critical role in an anti-trafficking organization's regular rhythms, supervision can also deeply affect the organization's resilience in unusual or challenging situations — which is also a predictor of staff retention. In the aftermath of stressful events like client elopements, safety threats, or emotionally charged family interactions, resilient programs prioritize structured opportunities for staff to process, debrief, and reconnect with their professional purpose. In contrast, programs that neglect this essential step have an increased risk

of staff members accumulating unprocessed trauma until it becomes unsustainable, resulting in burnout, compassion fatigue, and even departure from the field.

Mandatory debriefing sessions following clinical incidents are both compassionate and clinically essential for staff stability. Restorative circles, in particular, offer a structured approach that enables teams to process emotional responses, assess effective and ineffective aspects of their response, reinforce shared values and organizational mission, offer peer support, and mitigate the isolation that frequently precedes staff disengagement and burnout.

SUPPORTING STAFF WELLNESS

In the emotionally demanding landscape of anti-trafficking work, staff wellness must be recognized as a foundational element of organizational stability and high-quality survivor care. In addition to professional development and reflective supervision, organizations must prioritize their staff's overall well-being through intentional infrastructure, including access to mental health support, paid time off, and opportunities for meaningful rest.

Research consistently finds that the availability of emotional, psychological, and physical wellness resources is directly related to lower burnout rates, reduced turnover intent, and improved staff engagement and effectiveness. One study on mental health professionals reported that limited access to emotional support services and time away from work was a significant predictor of emotional exhaustion and intent to quit [28]. In addition, employees who lack access to mental health services, flexible leave policies, or protected off-hours time experience higher rates of burnout, as well as greater emotional disconnection from their organizational mission.

Another study reinforces these findings, noting that anti-trafficking service providers who were regularly exposed to the trauma of survivors were far less likely to express an intent to leave that role when they perceived their organizations as supportive and trauma-informed, even when experiencing high levels of vicarious trauma [29]. This suggests that the clear presence of wellness infrastructure, such as access to therapy, accommodations for rest, and emotional validation, can mediate the effects of chronic stress exposure. Conversely, the absence of these services or the difficulty of accessing them can make even the most dedicated and experienced providers more vulnerable to burnout and disengagement.

[25] Schafhauser, J., Arntson-Kynn, J., Buttner, C., Johnson, L., Postmus, J.L., & Simmel, C. Secondary trauma and domestic minor sex trafficking (DMST). Center on Violence Against Women and Children, Rutgers University School of Social Work. https://socialwork.rutgers.edu/sites/default/files/2022-05/dta-research-brief2.pdf

[26] Kenny, M., Staniforth, L., & Vernals, J. (2023). The impact of working with human trafficking survivors. Traumatology, 29(2), 265–276. https://doi.org/10.1037/trm0000390

[27] Coates, D., & Howe, D. (2015). Combatting staff burnout in mental health: Key managerial and leadership tasks that are fundamental to staff wellbeing and retention. Asia Pacific Journal of Health Management, 10(2), 24-32. https://esf.com.au/wp-content/uploads/2020/05/Meta-review.Key-leadership-tasks-for-combatting-Staff-Burnout-in-Mental-Health.pdf

[28] Acker, G. M. (2012). Burnout among mental health care providers. Journal of Social Work, 12(5), 475–490. https://doi.org/10.1177/1468017310392418

[29] Hendrix, E. (2023). Vicarious trauma and turnover intent among human trafficking victim service providers. College of Social Work, the University of Utah. https://socialwork.utah.edu/research/projects/posts/hendrix_seed.php

In addition, a lack of access to adequate wellness resources magnifies the risk that staff members are experiencing high levels of vicarious trauma without expressing it, or perhaps even without recognizing it. When workers are not encouraged to regularly assess their mental health and well-being, they may disregard symptoms of burnout or secondary traumatic stress, despite their considerable impact over time. This emphasizes the need for all programs to both offer and embrace therapy services for staff, whether or not the perceived or expressed need is currently present.

While emotional labor is unavoidable in trauma-related work, its impacts can be significantly mitigated by robust job resources — specifically role autonomy, restorative practices, and therapeutic access [24]. These resources help staff regulate the demands of their roles, avoid emotional depletion, and maintain professional boundaries for non-working hours or in relationships with survivors.

Beyond supporting the well-being of individual staff members, wellness infrastructure enhances the overall stability, cohesion, and performance of anti-trafficking organizations. Staff who feel supported and valued are more likely to stay in their roles for longer, collaborate effectively, and provide consistent, quality care to survivors. Ultimately, staff well-being must be viewed as a shared organizational responsibility and a non-negotiable pillar of ethical practice in the anti-trafficking field. It signals to staff that their health matters, that their emotional labor is seen, and that their passion for the work is not only valued but intentionally supported.

[30] Scanlan, J.N., & Still, M. (2019). Relationships between burnout, turnover intention, job satisfaction, job demands, and job resources for mental health personnel in an Australian mental health service. BMC Health Services Research 19(62). https://doi.org/10.1186/s12913-018-3841-z

BUILDING A RESILIENT WORKFORCE

To meaningfully reduce burnout and improve retention in the anti-trafficking workforce, organizations must adopt proactive, trauma-informed, and evidence-based wellness strategies. These approaches should be embedded throughout the hiring, supervision, and training processes, as well as modeled by leadership and compensation practices. By building a culture of support and sustainability, organizations in the anti-trafficking field can create environments where staff are equipped to thrive, and in turn, provide consistent, high-quality care to survivors.

TRAUMA-INFORMED HIRING & TRAINING PRACTICES

To reduce staff burnout and improve retention, anti-trafficking organizations must adopt trauma-informed hiring and training practices that prioritize emotional preparedness, ongoing learning, and survivor-centered care.

Implement Multi-Stage, Competency-Based Hiring

A trauma-informed hiring process should be thorough, structured, and centered on both the applicant's experience and emotional readiness for the work. Organizations should consider their technical qualifications alongside attributes that will influence their long-term role alignment and resilience.

The hiring process should evaluate the applicant's:

- Experience in anti-trafficking, crisis response, or other related intensive settings
- History of managing complex caseloads
- Time management and prioritization skills
- Cultural humility and responsiveness
- Conflict and crisis management strategies
- Stress management and self-care practices
- Personal and professional goals for growth
- Ability to establish boundaries and emotional regulation
- Responses to ethical and emotional challenges through scenario-based questions

Applicants should have an opportunity to voluntarily disclose any relevant lived experience, including a history of sexual abuse or exploitation, with clear assurance that such disclosures are optional, not penalizing, and will be met with appropriate support in the workplace [31] [32]. Many members of the anti-trafficking field develop a deep passion for the work from their own experiences of victimization. While all personal stories must be freely volunteered, it is important for organizations to follow up with open discussions around the applicant's level of healing and readiness for this type of work post-victimization.

This consideration is particularly crucial given that many of the most effective staff members are themselves survivors of human trafficking. These individuals bring invaluable lived experience and authentic connection to survivors in care, but they also carry additional emotional load that requires intentional support structures. Organizations must balance recognizing the value of lived experience with ensuring that adequate healing and professional boundaries are in place.

Implementing a multi-stage hiring process focused on both emotional and skill-based competencies reduces the risk that staff will be hired without adequate pre-assessment and thereby experience greater risk of developing secondary traumatic stress. By preventing rushed or incomplete hiring procedures, anti-trafficking organizations can help protect their staff members from burnout and vicarious trauma.

Require Orientation Education for All Hires

Before beginning survivor-facing work, all staff in anti-trafficking organizations should complete a trafficking-specific orientation training process, including in-depth materials to build foundational knowledge and ensure widespread understanding of trafficking dynamics. These trainings should cover trauma responses, common triggers, power dynamics, symptoms of common mental health conditions, and appropriate de-escalation techniques. This pre-service step helps correct misconceptions and proactively prepares staff to encounter behaviors that may otherwise be misinterpreted.

In addition to giving new staff a strong foundation of current trafficking knowledge, orientation education helps to build confidence in their ability to navigate complex situations — a

[31] Hendrix, E. (2023). Vicarious trauma and turnover intent among human trafficking victim service providers. College of Social Work, the University of Utah. https://socialwork.utah.edu/research/projects/posts/hendrix_seed.php

[32] Scanlan, J.N., & Still, M. (2019). Relationships between burnout, turnover intention, job satisfaction, job demands, and job resources for mental health personnel in an Australian mental health service. BMC Health Services Research 19(62). https://doi.org/10.1186/s12913-018-3841-z

[33] Willard-Grace, R., Hessler, D., Rogers, E., Dubé, K., Bodenheimer, T., & Grumbach, K. (2014). Team structure and culture are associated with lower burnout in primary care. Journal of the American Board of Family Medicine: JABFM, 27(2), 229–238. https://doi.org/10.3122/jabfm.2014.02.130215

necessary element in fostering emotional resilience, reducing burnout, encouraging collaboration, and establishing effective patterns of communication throughout the organization [27].

Mandate Regular Professional Development

Anti-trafficking organizations, especially those in direct survivor services, should require at least 20 hours of annual continuing education for all staff to support resilience and professional growth. This training should address the most updated best practices and recommendations for trauma care, including information on vicarious trauma, survivor-centered communication, emotional regulation, secondary stress prevention, and culturally responsive practices [34] [35]. Whenever possible, training should be interactive and practical, incorporating role-playing, reflective discussion, and scenario-based exercises to mirror the emotional and ethical challenges that staff regularly encounter.

Professional development training should also be responsive to staff feedback and work experiences to allow the content to evolve based on knowledge gaps or stress points within the organization. For example, teams struggling with maintaining healthy boundaries or effective communication with survivors may benefit from modules focused on assertiveness, trauma-informed supervision practices, or managing parallel trauma responses.

Additionally, ongoing training must address the neurobiological effects of trauma on both survivors and service providers. The symptoms of secondary trauma, such as hyperarousal, cognitive fog, and intrusive imagery, are often misunderstood, and staff members may misattribute their symptoms to personal weakness or incompetence, compounding feelings of shame or isolation [35]. Integrating training modules on vicarious trauma and secondary traumatic stress, as well as normalizing internal discussions about these issues, can help employees recognize the signs and equip them with strategies for self-regulation, stress recovery, and emotional resilience [36].

When anti-trafficking organizations offer consistent, timely, and high-quality training, staff members develop increased protective factors against burnout, particularly when the training addresses both clinical knowledge and emotional wellness and self-care [34].

Standardize Cross-Organizational Training

Effectively implementing trauma-informed standards in anti-trafficking organizations requires that training is not limited to frontline workers. Supervisors, directors, and executive leadership must also participate in foundational and ongoing training to ensure that trauma-informed principles are applied consistently across all levels of the organization. When leadership has less of an understanding of trafficking dynamics or trauma-related behaviors, their responses may inadvertently undermine their staff or contradict best practices.

Including all staff members in the same learning opportunities as direct care staff fosters shared commitment to trauma-informed processes, effective communication between staff levels, and increased trust and alignment to internal culture. Cross-organizational training also strengthens the strategies informing policies, supervision practices, and team expectations to better reflect a deep understanding of how trauma presents in both survivors and staff. Meaningful time spent together outside of normal work rhythms also fosters empathy between staff members, as they better understand each other's roles and responsibilities and the challenges associated with them. Prioritizing cross-organizational training can have a strong secondary effect of reducing biases, assumptions, and misunderstandings among the staff and supporting holistic health.

In organizations where staff of all levels, especially leadership, actively engage in ongoing training, direct care employees report greater trust, improved morale, and more meaningful relationships within the team [36], [37]. Staff teams that holistically understand trauma dynamics and foster emotional regulation skills rate much higher in team cohesion and much lower in levels of burnout [38].

Leadership participation in regular professional development training also communicates to their staff that wellness and continual growth are priorities across the board, not just expectations placed on direct care teams. This approach to increasing the competency of the staff as a whole supports the development of an internal culture of accountability, reflection, and emotional safety, which are essential in preventing rapid burnout and retaining committed, highly effective professionals.

[34] Hendrix, E. (2023). Vicarious trauma and turnover intent among human trafficking victim service providers. College of Social Work, the University of Utah. https://socialwork.utah.edu/research/projects/posts/hendrix_seed.php

[35] Schafhauser, J., Arntson-Kynn, J., Buttner, C., Johnson, L., Postmus, J.L., & Simmel, C. Secondary trauma and domestic minor sex trafficking (DMST). Center on Violence Against Women and Children, Rutgers University School of Social Work. https://socialwork.rutgers.edu/sites/default/files/2022-05/dta-research-brief2.pdf

[36] Kenny, M., Staniforth, L., & Vernals, J. (2023). The impact of working with human trafficking survivors. Traumatology, 29(2), 265–276. https://doi.org/10.1037/trm0000390

[37] Recknor, F., Mason, R., Jacobson, D., Kelly, C. E., Montemurro, F., Bruder, R., & Du Mont, J. (2023). Challenges to supporting domestically sex trafficked persons: In-depth interviews with service providers. Journal of Human Trafficking, 1–16. https://doi.org/10.1080/23322705.2023.2219224

[38] Willard-Grace, R., Hessler, D., Rogers, E., Dubé, K., Bodenheimer, T., & Grumbach, K. (2014). Team structure and culture are associated with lower burnout in primary care. Journal of the American Board of Family Medicine: JABFM, 27(2), 229–238. https://doi.org/10.3122/jabfm.2014.02.130215

SUPERVISION & REFLECTIVE MODELS

Supervision in anti-trafficking organizations is a powerful tool for promoting emotional regulation, clinical support, and burnout prevention, but only when it is integrated as an essential tool rather than simply as administrative oversight. Because staff are consistently exposed to secondary trauma, structured and intentional opportunities to process and reflect on their experiences are extremely valuable.

Establish Biweekly Clinical Supervision

Organizations should implement trauma-informed individual supervision sessions on at least a biweekly basis for direct care staff, led by trained supervisors who understand the emotional, psychological, and clinical demands of anti-trafficking work. These sessions should create opportunities for staff members to reflect on difficult situations, explore their emotional responses, and receive both validation and constructive feedback.

Although vital to periodically use performance metrics as an evaluation tool, it is imperative that clinical supervision does not solely focus on performance metrics, as this type of oversight generally leaves employees feeling disconnected, unseen, and emotionally unsupported [39]. Deeper engagement, stronger emotional regulation skills, and reduced burnout rates are cultivated through reflective supervision, where relational dynamics, emotional responses, and stress regulation are core topics. Many direct care workers describe reflective spaces as essential and rejuvenating, particularly when given the opportunity to process symptoms of secondary traumatic stress or overwhelm.

Regular clinical supervision also fosters emotional intelligence and workplace stability. Resilience, self-awareness, and vulnerability are all supported by these practices, especially when also demonstrated by supervisors [40]. Organizations that successfully implement structured reflective supervision models see significant improvements in retention, even among staff members who are frequently exposed to severe vicarious trauma [41].

Use Quarterly Individualized Reviews

In addition to more frequent supervision practices, anti-trafficking organizations should conduct quarterly reviews for each staff member that integrate feedback on their performance with wellness assessments, growth planning, and reflective discussion. These check-ins offer a vital opportunity for employees to understand the deep connection between their ability to succeed in their role and their experience with the work, including emotional fatigue, signs of burnout, and overall capacity to continue. This practice encourages staff to identify their natural strengths, set goals for improving their weaknesses, and identify opportunities for growth.

When organizations embed comprehensive quarterly reviews into their operational rhythm, they support a culture of continuous learning, self-awareness, and accountability. Leadership is better able to track workload balance, provide targeted support, and recognize the early signs of secondary traumatic stress, helping them act as both managers and mentors — essential roles in maintaining emotional safety and ethical standards in trauma-facing work [40].

OPERATIONAL & LEADERSHIP STRATEGIES

Strong operational systems and engaged, trauma-informed leadership are essential to effectively supporting the anti-trafficking workforce. In emotionally intense and complex direct survivor care environments, staff sustainability and a high standard of care are dependent on clear role delineations, cultural cohesion, and responsive leadership.

Provide Clear Organizational Charts

A well-defined organizational chart can be a foundational tool for reducing ambiguity and enhancing the stability of staff. When employees understand where they fit within a broader structure, including who they report to, how decisions are made for their role, and where to turn for support, they are far more likely to feel secure and effective in their roles. In contrast, unclear supervisory relationships and fluid role expectations often contribute directly to the emotional exhaustion and disengagement of staff in anti-trafficking organizations [42] [43].

Role ambiguity is one of the strongest predictors of burnout among workers in the mental health care space, often leading to conflict, inefficiency, and eventual exits from the work [42]. This includes vague or irregular responsibilities, unclear paths for escalating frustrations, and uneven caseloads, which can

[39] Kenny, M., Staniforth, L., & Vernals, J. (2023). The impact of working with human trafficking survivors. Traumatology, 29(2), 265–276. https://doi.org/10.1037/trm0000390

[40] Coates, D., & Howe, D. (2015). Combatting staff burnout in mental health: Key managerial and leadership tasks that are fundamental to staff wellbeing and retention. Asia Pacific Journal of Health Management, 10(2), 24-32. https://esf.com.au/wp-content/uploads/2020/05/Meta-review.Key-leadership-tasks-for-combatting-Staff-Burnout-in-Mental-Health.pdf

[41] Hendrix, E. (2023). Vicarious trauma and turnover intent among human trafficking victim service providers. College of Social Work, the University of Utah. https://socialwork.utah.edu/research/projects/posts/hendrix_seed.php

[42] Acker, G. M. (2012). Burnout among mental health care providers. Journal of Social Work, 12(5), 475–490.https://doi.org/10.1177/1468017310392418

[43] Mor Barak, M. E., Nissly, J. A., & Levin, A. (2001). Antecedents to retention and turnover among child welfare, social work, and other human service employees: What can we learn from past research? A review and metanalysis. Social Service Review, 75(4). https://doi.org/10.1086/323166

contribute significantly to the stress and dissatisfaction of teams. The strain of role ambiguity is particularly prevalent among under-resourced human services environments, such as anti-trafficking organizations [44].

When organizations clearly define the responsibilities and expectations of every role and maintain consistent communication pathways, they protect their staff from the psychological and operational strain of floating responsibilities [44] [45]. This clarity not only improves morale and efficiency but also enhances the quality of services provided to survivors, as each team member is empowered to act within their strengths and seek support when necessary.

Expect Leadership Participation

Organizational leadership plays a central role in establishing a trauma-informed, supportive workplace culture. Creating this environment requires leadership to participate in ongoing education, staff check-ins, and conversations about improving internal culture with direct care staff. This shared learning and wellness experience reinforces the organization's commitment to consistency and emotional safety throughout all levels of staff.

Leaders should also be equipped to respond to staff burnout with empathy, transparency, and accountability beyond a policy or procedure perspective. When leaders actively demonstrate emotional intelligence, clear communication, and an unwavering passion for the organization's mission, staff are far less likely to leave the organization [46].

Leadership visibility and involvement are especially important during team check-ins and high-stress periods. By regularly engaging in team meetings, listening sessions, and wellness-focused conversations, leaders can show that they are aware of and deeply value the emotional labor carried out by their staff. This level of presence and responsiveness helps reduce feelings of isolation, which is a key factor in preventing burnout among trauma-facing professionals [47] [48].

Create Pathways for Growth

One of the most challenging aspects of direct care work in anti-trafficking programs has historically been the lack of clear, attainable pathways for professional advancement. When advocates and case managers reach a point where continued growth is no longer visible or supported, they are often left

with limited choices: either transition to a different organization or exit the field entirely. This not only leads to the loss of highly skilled and passionate staff but also erodes the institutional knowledge that is essential to maintaining high-quality survivor care.

In response, forward-thinking programs should foster career mobility for their staff by establishing intentional structures for growth. These may include specialized training tracks in trauma-informed therapy, supervisory skills for case management, or program design and evaluation. Leadership development cohorts, tuition assistance for relevant graduate studies, cross-training across different program areas, and the implementation of transparent promotion criteria and timelines are all examples of how organizations can invest in staff development while reinforcing their long-term commitment to survivor-centered work.

To be effective, these pathways for growth must balance the potential of advancement with the preparation required to step into elevated roles. Advancement structures should be paired with robust professional development plans that ensure each staff member is both eligible for promotion and equipped with the competencies and qualifications to succeed. This approach helps organizations avoid promoting staff prematurely while also reinforcing a culture of excellence, accountability, and support. By prioritizing both readiness and opportunity, programs can ensure that leadership roles are filled by both capable and committed professionals.

When staff can envision a meaningful and achievable future within anti-trafficking work, they are far more likely to stay, grow, and contribute at a high level. Programs that cultivate pathways for growth retain talented employees, build resilient teams, strengthen institutional knowledge, and empower staff to become mentors and leaders who multiply impact across the field.

Establish Team-Oriented Communication

A supportive, team-focused environment with structured communication pathways and check-ins is a critical part of preventing burnout and sustaining staff morale in anti-trafficking organizations. Implementing weekly or biweekly team meetings, in addition to consistent one-on-one supervision sessions, creates space for collaboration, shared problem-solving, and emotional processing. These gatherings should go beyond logistics; rather, they should serve as regular

[44] Mor Barak, M. E., Nissly, J. A., & Levin, A. (2001). Antecedents to retention and turnover among child welfare, social work, and other human service employees: What can we learn from past research? A review and metanalysis. Social Service Review, 75(4). https://doi.org/10.1086/323166

[45] Acker, G. M. (2012). Burnout among mental health care providers. Journal of Social Work, 12(5), 475–490.https://doi.org/10.1177/1468017310392418

[46] Coates, D., & Howe, D. (2015). Combatting staff burnout in mental health: Key managerial and leadership tasks that are fundamental to staff wellbeing and retention. Asia Pacific Journal of Health Management, 10(2), 24-32. https://esf.com.au/wp-content/uploads/2020/05/Meta-review.Key-leadership-tasks-for-combatting-Staff-Burnout-in-Mental-Health.pdf

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[48] Hendrix, E. (2023). Vicarious trauma and turnover intent among human trafficking victim service providers. College of Social Work, the University of Utah. https://socialwork.utah.edu/research/projects/posts/hendrix_seed.php

opportunities for staff to reinforce each other's psychological safety, clarify expectations, and reduce feelings of role isolation.

Teams with frequent check-ins experience significantly lower rates of burnout, particularly in high-pressure survivor services [49]. These practices are most effective when combined with quarterly professional development reviews that assess performance along with wellness, workload, and opportunities for growth. Weekly or biweekly team check-ins help staff identify personal strengths or growth and share current challenges in their role between quarterly reviews, establishing a culture of continuous improvement and accountability for all staff members.

In addition, regular team meetings help to remove any perceived power dynamics, especially between administrative and direct care teams. Despite their essential role in the organization and their relationships with survivors, direct care staff may not hold decision-making power about individual survivors' progress or access to services. Making space for direct care staff to provide perspective and input into survivor care on a frequent basis helps them to feel valued and competent and increases the organization's ability to provide excellent care.

A strong team culture also requires that each staff member knows who to turn to for support and how to escalate challenges. It is essential for organizations to formalize internal processes, including the use of a clear organizational chart with defined management and supervision lines. Doing so reduces the risk of uneven caseloads or unaddressed barriers, clarifies roles, and enables more effective distribution of emotional and operational responsibilities within appropriate teams [50] [51].

Fostering an organizational culture where burnout is understood and communicated through training on vicarious trauma, therapy options, self-care practices, and reflective tools further reinforces a workplace where staff are valued beyond their contributions. A culture founded on compassion, shared mission, and consistent support ultimately leads to stronger staff retention, deeper engagement, and improved outcomes for all staff and the survivors they serve.

FINANCIAL SUPPORT & WORKFORCE SUSTAINABILITY

Compensation and wellness benefits are central determinants of staff retention, morale, and effective services in the anti-trafficking field. Organizations must recognize that emotional labor, trauma exposure, and caseload complexity require tangible financial and structural support, on top of clinical supervision and ongoing training, to reduce economic stress for staff and equip them to continue in their careers.

Provide Competitive Compensation Packages

Direct care professionals in anti-trafficking organizations shoulder a disproportionate share of the emotional burdens of survivor services. These roles are often filled by social workers, advocates, and crisis response workers and require a high level of emotional resilience and crisis management skills. Despite their specialized qualifications, direct care workers in anti-trafficking spaces are frequently underpaid compared to positions in similarly complex and intense human services organizations.

Undercompensation in these roles is directly tied to high turnover, low morale, and persistent staffing shortages throughout the field. Professionals in underpaid, high-stress roles are extremely likely to report burnout and intent to leave, particularly when compensation continually fails to reflect the intensity and personal cost of the work [52]. Fair pay and role recognition are significant predictors of employee commitment [51], especially in undercompensated trauma-facing roles, in which staff are twice as likely to actively consider leaving their jobs [53]. Many of these employees cite economic stress from low compensation as a compounding factor for their emotional fatigue and eventual burnout.

This is a significant problem for the anti-trafficking field. To address it effectively, organizations must evaluate their current ability to provide competitive compensation for their employees comparable to similar roles in other human services industries. If changes need to be made to meet this standard, organizations should prioritize restructuring their operating budgets to allocate adequate and stable funding for direct care roles and advocate for competitive pay as a core element of funding requests for their programs. Compensation should

[49] Willard-Grace, R., Hessler, D., Rogers, E., Dubé, K., Bodenheimer, T., & Grumbach, K. (2014). Team structure and culture are associated with lower burnout in primary care. Journal of the American Board of Family Medicine: JABFM, 27(2), 229–238. https://doi.org/10.3122/jabfm.2014.02.130215

[50] Mor Barak, M. E., Nissly, J. A., & Levin, A. (2001). Antecedents to retention and turnover among child welfare, social work, and other human service employees: What can we learn from past research? A review and metanalysis. Social Service Review, 75(4). https://doi.org/10.1086/323166

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[52] Scanlan, J.N., & Still, M. (2019). Relationships between burnout, turnover intention, job satisfaction, job demands, and job resources for mental health personnel in an Australian mental health service. BMC Health Services Research 19(62). https://doi.org/10.1186/s12913-018-3841-z

[53] Scanlan, J. N., & Still, M. (2013). Job satisfaction, burnout and turnover intention in occupational therapists working in mental health. Australian Occupational Therapy Journal, 60(5), 310–318. https://doi.org/10.1111/1440-1630.12067

reflect the level of emotional and clinical labor involved, and fair compensation is a powerful tool for reducing the demands and strain inherent to anti-trafficking work [54] [55].

Establish Minimum Wellness Standards

In addition to competitive wages, organizations should establish wellness benefits for their staff that include, at a minimum:

- At least 10 days of paid time off annually
- At least 5 sick days annually
- Paid holidays off, or rotating schedules to cover necessary services
- Access to wellness stipends, subsidized mental healthcare, or clinical supervision

These benefits are critical for staff in direct care positions to emotionally recover and protect their long-term sustainability. Limited access to PTO and recovery time is a primary contributor to emotional exhaustion, especially in trauma-facing roles [56]. Staff who report feeling supported by workplace policies around flexible scheduling and time off are significantly less likely to express feelings of overwhelm and burnout, even when managing secondary traumatic stress [48]. Employees who have predictable opportunities to rest and reset are also more likely to remain committed and emotionally engaged in the work.

Establishing minimum standards for direct care staff in anti-trafficking programs also directly supports survivor leaders, who are currently more likely to work in these roles than in positions of leadership. Because so many survivors face debt, financial strain, and/or a lack of generational financial wealth or stability, providing competitive wages and comprehensive wellness benefits must be a primary consideration for organizations employing survivors. This is not only a strong indicator of the overall health, effectiveness, and sustainability of the organization, but it is also an ethical imperative for anti-trafficking partners to empower survivors to engage in and lead the field as a whole.

Prioritize Staff Compensation in Program Budgets

Implementing competitive compensation for staff in anti-trafficking programs may require significant adjustments to organizational and program budgets. Strategically prioritizing staff investment in fundraising and grant applications can help

support these changes to program budgets through line items dedicated to:

- Salaries for direct care staff
- Healthcare benefits, including mental healthcare
- Wellness benefits, including PTO allocations

These budget line items can and should be explicitly linked to survivor outcomes in the program — without these critical staff members, organizations cannot sustain high-quality survivor care and these outcomes will not be achieved. Financial investment in an organization's workforce directly correlates with placement stability, trauma-informed responsiveness of services, and long-term survivor recovery [55]. Funding strategies and grant applications that clearly articulate this link will better resonate with funders who are focused on outcomes, sustainability, and ethical care delivery.

When anti-trafficking organizations do not prioritize competitive compensation, they risk the "revolving door" effect, where chronic staff turnover disrupts relationships with survivors and impedes their ability to heal [57]. By integrating workforce salaries and wellness benefits into funding strategies, organizations can commit to a proactive, fair, and outcomes-oriented approach to survivor care.

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CONCLUSION

Burnout among anti-trafficking professionals is not a foregone conclusion — it is a systemic response to persistent emotional demands and unmet organizational needs. Direct care staff in this field are asked to carry the weight of complex trauma, survivor stories, and the daily stress of survivor care, often without adequate compensation, wellness infrastructure, or emotional support from organizational leadership. The consequences of this imbalance are profound, as clearly shown in burnout, vicarious trauma, secondary traumatic stress, and high turnover rates among anti-trafficking workers. When these problems are unaddressed, the effectiveness and stability of anti-trafficking organizations may be compromised, but more importantly, survivor outcomes are directly impacted.

However, these outcomes are largely preventable. Intentional, trauma-informed strategies can meaningfully reduce burnout rates and improve workforce stability. These strategies must be implemented across the organization, from competency-based hiring and orientation training to reflective supervision, structured leadership engagement, and wellness-focused compensation models. When these support systems are available, staff report higher job satisfaction, lower intent to leave the organization, and greater resilience to trauma exposure.

Organizations that invest in their workforce through competitive pay, emotional support resources, ongoing professional development, and clear role expectations are not only protecting their staff's well-being but also improving outcomes for the survivors they serve. A stable, well-supported workforce is foundational for consistent, ethical, and effective care. A stable, well-supported workforce is foundational for consistent, ethical, and effective care. When survivors have consistent advocates who understand their trauma, when case managers have the training and support to navigate complex situations, and when residential staff feel valued and sustained in their work, survivor outcomes improve dramatically.

Funders, leaders, and organization decision-makers must prioritize staff sustainability as a primary concern and central to the mission of ending human trafficking and supporting long-term survivor healing. This means viewing competitive compensation not as a luxury but as a clinical necessity, understanding that staff wellbeing directly impacts therapeutic outcomes, and recognizing that sustainable organizations require investment in the people who do the work.

Building a resilient and effective anti-trafficking field requires us to commit to creating organizational cultures that value emotional health, recognize the toll of the work, and invest in the people who work with survivors every day. Through this shift, we can protect our partners in the work, honor their labor, and strengthen the systems that survivors depend on.