

Risk and Resilience in Urban Ministry: Stress, Spirituality, and Support



This report represents a partnership between the
Center for Youth and Family Ministry and the
Headington Program in International Trauma at
Fuller Theological Seminary

March 2007

Pasadena, CA

Risk and Resilience in Urban Ministry: Stress, Spirituality, and Support

Report of General Findings

March 2007

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Risk and Resilience in Urban Ministry: Stress, Spirituality, and Support: Executive Summary

Project Abstract:

The Risk and Resilience in Urban Ministry project was designed to extend organizational knowledge regarding current staff needs, staff members' experience of stressors, and staff functioning. A survey assessing stressors, spirituality, resource utilization, and personal functioning was sent to urban ministry organizations in 5 U.S. cities: Los Angeles, Phoenix, Chicago, Memphis, and Philadelphia. Surveys were returned between July 2006 and October 2006. Key findings include chronic and traumatic stressors existing in the urban ministry context, extent of adverse experiences in childhood reported by staff and volunteers, utilization of needed services, and levels of burnout and posttraumatic stress disorder (PTSD). Several variables have practical implications for the enhancement of urban ministry workers' support: (1) personal or vicarious exposure to community violence is commonplace, yet staff currently living in their ministry community report significantly more exposure than others; (2) over one third (36%) of staff and volunteers report clinically significant levels of PTSD; (3) the most frequently reported chronic stressors generally reflect internal/existential challenges; and (4) a unique aspect of burnout suggests that urban workers can experience higher levels of emotional exhaustion and personal accomplishment simultaneously.

Top Five Chronic Stressors

Type of Stressor	Volunteers % experiencing the stressor	Paid Staff % experiencing the stressor
Feeling powerless to change the situation of the people in the community	61%	71%
Frustration with portrayals of urban life in media	59%	71%
Difficulty finding time for rest and relaxation	48%	69%
Violence in the community	51%	67%
Encountering subtle racist attitudes	54%	64%

"Modifiable" Organizational Stressors

Type of Stressor	Volunteers % experiencing the stressor	Paid Staff % experiencing the stressor
Difficulty finding time for rest and relaxation	48%	69%
Expectations to stay in contact with others	59%	62%
Conflicts or misunderstandings between team members	39%	61%
Low or no salary, economic pressures	31%	60%
Difficulty maintaining healthy communication within the organization	30%	52%
Workload too high	24%	47%
Demands to be technologically up to date	29%	49%

Type of Stressor	% experiencing the stressor	% experiencing the stressor
Not feeling valued by the organization	22%	38%
Pressure to fundraise or submit grants	18%	37%
Lack of privacy and personal space	17%	36%
Housing difficulties	23%	31%
Loss of opportunities for career advancement due to urban ministry commitment	13%	31%

Most Frequent Direct Community Violence Exposure:

1. I have been away from home when someone broke in.
2. I have been threatened with serious physical harm.
3. I have been slapped, hit or punched by a non-family member.
4. I have been asked to use, sell, or help distribute illegal drugs.

Key Findings and Organizational Implications:

Key Finding 1: Trauma Exposure and Distress

1. Local leaders have higher levels of childhood adversity.
2. Local leaders have higher levels of exposure by direct community violence victimization in adulthood.
3. There is NO significant difference between local and relocated leaders in their exposure to community violence within the past year.
4. However, staff/volunteers living in the community where they work report significantly higher levels of recent community violence exposure.
5. In addition, there is NO difference between the local and relocated leaders, or between those living in their ministry community and those living outside of the community, in their report of emotional distress in either PTSD or burnout!

Implications: It is not “news” to say that urban ministry workers **will** be exposed to community violence, and that many come from homes where they experienced family adversity. However, it is noticeable that PTSD and burnout levels are consistent across the groups of local and relocated staff. We should not expect that the local leaders are more “at risk”; nor should we assume that those who come from a different background or those who are living in a “different” neighborhood do not develop posttraumatic or burnout reactions.

Key Finding 2: Stressors in Ministry

1. It is striking to note that several of the key stressors at the top of the chronic stressors list were issues that connect with the individual’s own ability to manage the challenge and the existential stresses of the work.

Implications: These issues may not seem like something that an organization can “change” for the staff member or volunteer. However, they are deeply imbedded in the culture of the organization!!! An organization creates the framework for staff/volunteers to take “breaks” and prioritize vacation. In addition, an organization communicates the value of boundaries by living them out through healthy administration, appropriate communication, clear expectations of the ministry goals, and encouragement to be part of a team and not be “indispensable.”

Key Finding 3: Emotional Exhaustion and Personal Accomplishment

1. The unusual relationship between a sense of accomplishment and emotional exhaustion seems to have a key place in understanding the experience of urban ministry.
2. The types of questions that make up the personal accomplishment subscale indicate that the participant feels able to understand and relate to another's problems; that she/he feels able to effect positive change in others' lives; and that she/he feels a sense of accomplishment and worthwhile progress.
3. It is important to consider the ways that these positive feelings can exist in tandem with fatigue, stress, and emotional drain!
4. Additional research will explore how both of these aspects of burnout are related to the chronic stressors listed above, as well as to the experience of community violence.

Implications: This is NEW! Typical ways of viewing burnout may not be easily translated to the urban ministry context. It is important for organizations to be aware of the success and exhaustion connection. This may be related to the concept of "involvement" in the lives of others... the more involved individuals are, the more individuals may feel that they understand, and the more they may be exhausted. Due to this connection, workers may have significant difficulty getting the rest they need, because they do not want to lose the feelings of accomplishment that also exist! Organizations may need to do a better job both modeling the need for and creating policies to support vacations, weekly breaks, and other means of inserting SABBATH into the staff and volunteer experience.

Key Finding 4: Spirituality and Religious Ideas

1. Spirituality is a highly utilized resource for both staff and volunteers.
2. The highest reported motivations for participating in urban ministry are related to faith!
3. However, 20.8% of the staff reported feeling that they needed to access support for a faith-related issue and DID NOT seek out that support (and stigma was one of the top 3 reasons why they did not).

Implications: We do not know what kinds of spiritual struggles the staff and volunteers were experiencing. But we do know that clergy and spiritual directors/mentors were an important resource for both emotional/relational challenges and spiritual challenges. The local church may provide a place to find healing, yet it may also be the place where the staff member/volunteer is always seen as a leader. The urban worker may not feel that suburban church leaders understand the context of urban ministry. Finding a spiritual support person within or outside the urban community requires an intentional effort. However, if the urban worker has an ongoing personal relationship with such a person, this may help her or him to move beyond some of the reported barriers. In addition, organizations can do staff and volunteers a service as they encourage discussions of the challenges of working in the urban context, the exhaustion they might feel, and the questions of why God allows the suffering and injustice they see.

Risk and Resilience in Urban ministry: Report of General Findings

Introduction

Robert¹ called shortly after we sent out the first informational letters about the Risk and Resilience in Urban Ministry project. He left a message saying that he was very interested in the project and wanted to know how to be involved. When I called him back it was hard to hear him over the sounds of clanging and loud echoing voices. He explained that he was in the process of being fingerprinted so that he could enter the jail to visit with community members who were imprisoned there. It was hard to hear each other, so we agreed that I would call back another time.

The next time that I called, Robert was very cordial, and he said that he was interested in the project. He let me give my “little speech” about how we were planning to do the survey and what we hoped to understand as a result of it. At the end of my speech, Robert said that people were beginning to arrive for a service. It was then that he explained that he was preparing to perform a funeral service for one of the young men in the neighborhood who had been shot.

Robert’s grace to me in the midst of an overwhelming moment and the glimpses that I had into his life of ministry were an important beginning to this learning project! His experience of challenge and loss had not created vindictiveness or angry isolation. He represented both the risks and the resilience that we wanted to understand!

Background of Ministry Stress and Trauma

It is commonly known that missionaries and cross-cultural workers minister in contexts of pain and suffering. In the choice to do this work, they face the risk of personal danger, and they are vulnerable to developing post-trauma reactions and symptoms of burnout (Eriksson, Bjorck, & Abernethy, 2003). However, there is limited understanding of how exposure to traumatic or violent environments, chronic daily stressors, and individual factors (such as prior trauma exposure, spirituality, and social support) influence the positive and negative adjustment of missionaries. In the meantime, decisions are made every day regarding missionary care and support.

Urban workers are paid missionary staff or volunteers who choose to work and/or live in the most violent and impoverished urban neighborhoods in the United States. They work with communities in a number of different capacities: after-school tutoring, mentoring, leadership development programs, sports camps, violence prevention education, computer training, mentoring, religious meetings, employment preparation training, and informal friendships. Urban workers attempt to improve the quality of life for under-served youth and facilitate change in urban communities by empowering individuals to be positive leaders (retrieved April 10, 2005 from www.uywi.org).

Urban ministry workers can be understood as part of the human service field, but are distinct from other conventional human service professions. Similar to urban

¹ Name changed to ensure anonymity.

secondary school teachers or social workers, urban ministry workers serve inner-city youth, adults, and families to mentor, educate, advocate, and teach. However, they are distinct from other human service professionals in that many choose to live in the same neighborhoods in which they work, similar to an overseas missionary lifestyle. Whether as paid or volunteer staff, urban ministry workers often have various roles, such as mentoring youth in after-school programs, advocating for rights and services in the community, providing resources for the homeless, and developing programs for the community, such as violence prevention education, employment and computer training, and food and shelter programs. Many are also serving as spiritual leaders or pastors in local churches and parachurch organizations.

Urban ministry organizations have a long history that can be traced back to faith-based groups such as the Catholic Worker Movement (founded in 1933; Forest, n.d.), and current colloquial terms also have described workers as “new friars” in the “new monasticism” movement (Moll, 2005). Through this lifestyle and profession, urban ministry workers attempt to improve the quality of life of residents in the community through local empowerment, social justice, and community transformation (Tiersma, 1994).

The urban-ministry-worker population is comprised of adults who either were raised in the communities in which they serve or moved to the urban inner-city from elsewhere (Conn & Ortiz, 2001). Conn & Ortiz describe some types of urban ministry workers: relocated and local leaders². Thus, urban ministry workers are often as ethnically diverse as the communities they serve. The relocated leader often enters the urban inner-city from a culturally different environment, such as a rural or suburban area. These workers may be most analogous to expatriate development personnel or missionaries, as they often leave families, lucrative careers, and their familiar cultural context for a “call” to work in the urban environment. Local leaders are raised in the community in which they work and identify with the culture of the community on both cultural and socioeconomic levels. Local leaders need to manage the personal and familial responsibilities in their “home town” while they develop a ministry identity. Thus, in addition to the chronic stress of living or working in inner-city urban environments, both local and relocated leaders may be in need of resources to help them cope with a multitude of factors.

Specifically, relocated leaders may have the additional stress of “culture shock” in their professional and personal transition to the inner-city urban environment. Research on cross-cultural migration indicates that relocation may be related to higher levels of psychological distress (Bhugra, 2004). Although urban ministry workers remain in the same national context (i.e., U.S.), relocation from homogenous, suburban areas to the densely populated, diverse inner-city context may be considered a type of cross-cultural migration. The situation of international relief and development personnel who have relocated overseas to field assignments is similar to that of these urban ministry workers, and international workers have been found to display moderate levels of PTSD symptomatology after direct and vicarious exposure to traumatic events (Eriksson, Vande Kemp, Gorsuch, Hoke, & Foy, 2001). Thus, the urban ministry worker’s relocation

² Conn & Ortiz (2001) actually use the term “indigenous leaders” rather than “local leaders.” However, the term “indigenous” may be seen to imply an oppressive neocolonial connotation. Therefore, the term “local leader” has been substituted.

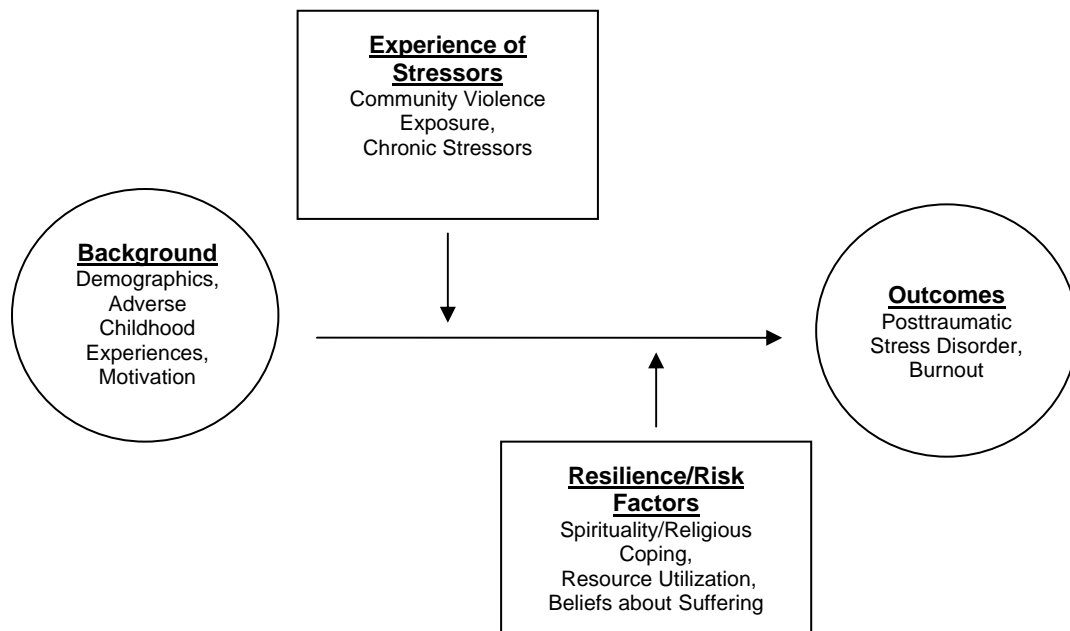
to communities in which there is high risk for trauma exposure also may be a risk factor for psychological distress.

Description of Risk and Resilience Survey Project

In order to serve the urban worker population, our goal is to understand the day-to-day experience of workers. What community violence are they exposed to directly or indirectly? What are the day-to-day hassles that impede their work? What is most satisfying about urban ministry? However, the work environment is just one component of the experience. Alongside, we plan to explore how intra-personal variables such as motivation, spirituality, and religious participation influence the worker’s adjustment in ministry. Finally, we believe that key support lies in relationships and community resources. We plan to assess how supported urban workers feel by friends, family, and community members, and we will inquire as to what community services/resources are utilized by the workers.

Research Model:

Other research that we have completed with humanitarian aid workers and missionaries has contributed to a model that outlines the ways that we see ministry experience and background variables related to emotional health and well-being. As you can see in the model below, we believe that there are characteristics and experiences of life that a worker or volunteer brings to their ministry setting. Then there are experiences that the individual has while doing the work, and the individual has opportunities to cope with these stresses and challenges through personal coping, support from outside resources, or other internal resources like spirituality. These all contribute to how the individual adjusts to doing the work.



You will notice that there are many factors not accounted for in the model above (i.e. team relationships, strength of marital relationships, personality factors, organizational factors, personal fit with type of ministry, etc.). We believe that there are many more

relevant and important factors in understanding urban ministry stress and resource. However, we needed to limit this first project to a more circumscribed model focusing on spirituality, motivation, stress, trauma, and resources.

Research Questions:

The model raises several specific questions that we aim to examine in the coming year. These questions represent the subjects that will be examined as manuscripts are completed and submitted for peer-review and publication. We will provide updates and reports on these questions in the coming months.

- 1) The relationship that community violence exposure and adverse childhood experience have on PTSD, and the prevalence of community violence exposure among youth workers
- 2) The relationship between motivation to do urban ministry and burnout
- 3) Differences in levels of burnout when comparing paid staff to volunteers and comparing local leaders to relocated staff (when controlling for length of service and violence exposure)
- 4) The relationship between resource utilization (both community and organizational) and burnout, and the differences in the types of resources utilized by local vs. relocated leaders
- 5) The complex relationships between trauma exposure, religious beliefs about suffering, religious behaviors, and adjustment (PTSD, burnout)

Procedure for Risk and Resilience Project Survey:

A panel of urban ministry experts associated with the national umbrella organizations Christian Community Development Association (CCDA) and Urban Youth Workers Institute (UYWI) first identified key U.S. cities that they believed represented the range of urban ministry happening in the U.S.. From this list of cities, 5 were randomly selected: Los Angeles, Phoenix, Chicago, Memphis, and Philadelphia. Key urban ministry informants in each of those cities were contacted. These local experts nominated between 15 and 20 agencies that they believed fit the following organizational criteria: (1) the organization has been in existence for at least 5 years; (2) the organization has at least 10 current staff and/or volunteers who are working in urban ministry settings; and (3) the organization ministers to youth and/or their families. Once the list of nominated organizations was compiled, these organizations were contacted with an introduction letter indicating their nomination, describing the study, and asking for participation.

Organizations that chose to participate were asked to supply the contact information (name, mailing address, and email address) for their current staff and volunteers who work in an inner city neighborhood. The information from ministry agencies indicated whether the individual was a paid staff member or a volunteer. Due to the limited number of organizations agreeing to participate, the research team decided to send questionnaires to all staff and volunteers, rather than using a randomly chosen sample. Organizations distributed the surveys in one of two ways. First, a number of organizations sent a list of staff names and addresses. Surveys were sent directly to those addresses. Second, other agencies requested that a certain number of surveys be sent to their main organization address. Then, contact people within the organization distributed surveys to all staff and volunteers.

Participation in the study was voluntary and confidential.³ As a token of appreciation for his or her time and investment in the study, each person who returned a survey (whether complete or incomplete) was sent a \$20 Target gift card.

Measures

Respondents provided information on age, racial group, gender, marital status, and education. In addition, they answered questions regarding the nature of their work, their organization, their length of time working in urban ministry, and whether they grew up in an inner city neighborhood (relocated staff vs. local leaders).

Survey measures included:

1. *The Survey of Exposure to Community Violence* (SECV; Richters & Saltzman, 1990) was used to measure direct and vicarious exposure to community violence. The SECV is a 50-item scale in which respondents indicate true or false to questions such as, "I have been beaten up or mugged," and "I have seen someone getting beaten up or mugged."

2. *The Los Angeles Symptoms Checklist* (LASC; King, King, Leskin & Foy, 1995), a 17-item scale, was used to assess current posttraumatic symptoms. Symptoms are divided into 3 categories: reexperiencing/intrusion, avoidance/numbing, and hyperarousal. An additional 4 items from the longer version of the LASC were included to screen for depression symptoms, and two items assessing substance abuse were included.

3. A history of family trauma and stress was assessed using Felitti and colleagues' (1998) 21-item questionnaire designed to measure multiple forms of *Adverse Childhood Experiences* (ACEs). The ACEs questionnaire contains questions about seven categories of childhood experiences: psychological, physical, and sexual abuse, substance abuse, mental illness, violence toward mother, or criminal activity by a caregiver or relative in the household. A recent adaptation of the measure was used for this survey (Dube, Anda, Felitti, & Williamson, 2002).

4. *Chronic Stressors/Daily Hassles* were assessed using a measure developed specifically for the study. A team of urban workers provided samples of situations or events that make their ministry work difficult.

5. Burnout was measured by the *Maslach Burnout Inventory: Human Services Survey* (MBI-HSS; Maslach & Jackson, 1996). This survey measured three components of burnout: emotional exhaustion, lack of personal accomplishment, and depersonalization (distancing from the people who are the focus of one's ministry).

7. A survey of *Motivation for Urban Youth Ministry* was developed by the co-investigators using input from a local urban ministry team.

8. Items from the *Brief Multidimensional Measure of Religiousness/Spirituality* (BMMRS; Fetzer Institute & National Institute on Aging Workshop Group 1999) were adapted to assess religious participation.

9. Both positive and negative religious coping were assessed using Pargament's *Brief R-Cope* (Pargament, Smith, Koenig, & Perez, 1998). This 6-item scale queries

³ Additional support was also offered to the participants. Once the cities and neighborhoods of participating agencies had been identified, the research team created a list of support referrals for each city involved in the study. Mental health centers and pastoral care services in the cities were contacted to clarify availability of services at low cost and sensitivity to issues of faith and trauma. The research team also ensured that the providers of these services were not in relationship with the participating urban ministry organizations.

participants as to how they do or do not utilize their faith and religion when confronted with difficult events.

10. The *Religious Beliefs about Suffering Scale* (RBASS; Webb, 1995) assessed the participant's agreement with statements about God and God's relationship to suffering. Three subscales have been derived through factor analysis to describe patterns of understanding suffering in a Christian theology: loving will, demand/punish, and necessity. A 12-item shortened version of the scale was used.

11. The *Spiritual Transcendence Index* (STI; Seidlitz, Abernethy, Duberstein, Evinger, Lewis, & Chang, 2002) is an 8-item scale that assessed the participants' sense of connection with a reality beyond the physical/material world.

12. *Resource Utilization* items were developed for this study to assess whether staff/volunteers have accessed both organizational and community resources for emotional/relational, physical, and spiritual health in the past 12 months (Jackson et al., 1999; Jaycox, Marshall, & Schell, 2002), as well as obstacles to utilizing resources (Steff & Proseri, 1985; Switzer et al., 1999).

General Results of Survey

Before we begin to report the preliminary results of the project, we want to clarify that each person who completed a survey was informed that they did not have to fill in every question on the survey. For some urban workers, completing questions about background, exposure to traumatic events, or the experience of emotional distress may have felt too personal. Or, some participants may have been concerned that certain information might have allowed fellow administrators or urban workers to identify them as participants. Therefore, most of the questions (variables in the survey) have some missing information. For this report we will only be reporting data that was provided by participants. There are statistical methods to "replace" missing data with appropriate values, and this will be done for future statistical questions.

Participating Agencies and Distribution of the Survey

Los Angeles

Bresee Foundation
Here's Life Inner City/ Campus Crusade for Christ
Neighborhood Student Mentoring at Lake Avenue Community Foundation
Young Life Central LA
Central City Community Outreach

Chicago

Sunshine Gospel Ministries
Mars Hill Baptist Church
Breakthrough Urban Ministries
Young Life-Chicago
Kids' Club
Uptown Baptist Church
Armitage Baptist Church

Phoenix

Neighborhood Ministries
South Phoenix Urban Young Life

Philadelphia

AYUDA Community Center
Calvary Baptist Ch. Youth & Young Ad. Min

Memphis

New Hope Christian Academy, Inc.
Memphis Athletic Ministries
Creative Life
J.I.F.F.
Urban Youth Initiative/Operation Hope
New Direction Christian Church

The distribution of the survey sample ranged across the 5 participating cities.

City	# Surveys Sent	# Surveys Returned	Response Rate
Chicago, IL	128	48	37.5%
Los Angeles, CA	186	52	27.9%
Memphis, TN	246	101	41.0%
Philadelphia, PA	11	4	36.4%
Phoenix, AZ	334	76	22.8%
Total	905	284 (3 missing city)	31.4%

Description of Participant Sample

The 284 urban workers who completed and sent back the survey represent a broad range of personal characteristics. Nearly two-thirds of the sample was women (65%), and 34% were men. Three participants chose not to identify their gender. The participants represented a wide range in ages, from 18 to over 65. The average age of the participants was 35 years, with 68% of the sample being between 24 and 46 years old. Just over half of the participants were married (53%), 39% were single, and the remaining 8% were separated, divorced, or widowed. Again, just over half of the participants had children (53%). The educational backgrounds of the participants were quite varied: 45% had a college degree, 24% had an Associates or technical degree or some college, 11% had some high school or a high school diploma, and 19% had a graduate degree (MA or doctoral degree). Five participants did not complete the education question.

The vast majority (90%) of the staff were born in the United States. The other ten percent represented a wide range of countries of birth all over the world. Forty-six percent of the urban workers were Caucasian; 34% were African American; and 12% were Latino/a. Four percent reported that they were of multiple racial backgrounds, and the remaining 4% were either of Middle Eastern, Asian American, or Native American descent. Only one individual did not identify race. The majority of the participants had grown up in a neighborhood different from the one where they were working/volunteering (63%). The smallest group (11%) were ministering in the same neighborhood where they grew up, and a quarter (25%) had grown up in a neighborhood similar to the one where they were working. Two individuals did not answer this question.

Regarding their current living and working situations, nearly two thirds (65%) of the participants did NOT live in the community where they did urban ministry. Slightly more than a third (34%) DID live in the neighborhoods where they ministered. Four individuals did not answer this question. Sixty-two percent of those completing the survey were being paid for their urban ministry work, and 34% were involved as volunteers. Twelve participants did not indicate paid or volunteer status, which may reflect that some were doing both paid and volunteer work.

Participants completed a question in the survey indicating what their “primary ministry activities” were. They could circle as many as applied. The types of ministry activities indicated by staff and volunteers included both ministry and practical service. The work responsibilities reported were:

1. Relational/Incarnational Ministry/Mentoring: 42%
2. Educational Programs (teaching, tutoring): 40%

3. Spiritual/Pastoral Care: 39%
4. After School Activities: 33%
5. Support Staff/Administrative Staff: 28%
6. Organizational Leadership: 22%
7. Community Minister: 12%
8. Community Development: 11%
9. Advocacy/Social Policy: 6%
10. Health Care/Health Education: 6%
11. Vocational Training: 6%
12. Church Planting: 5%

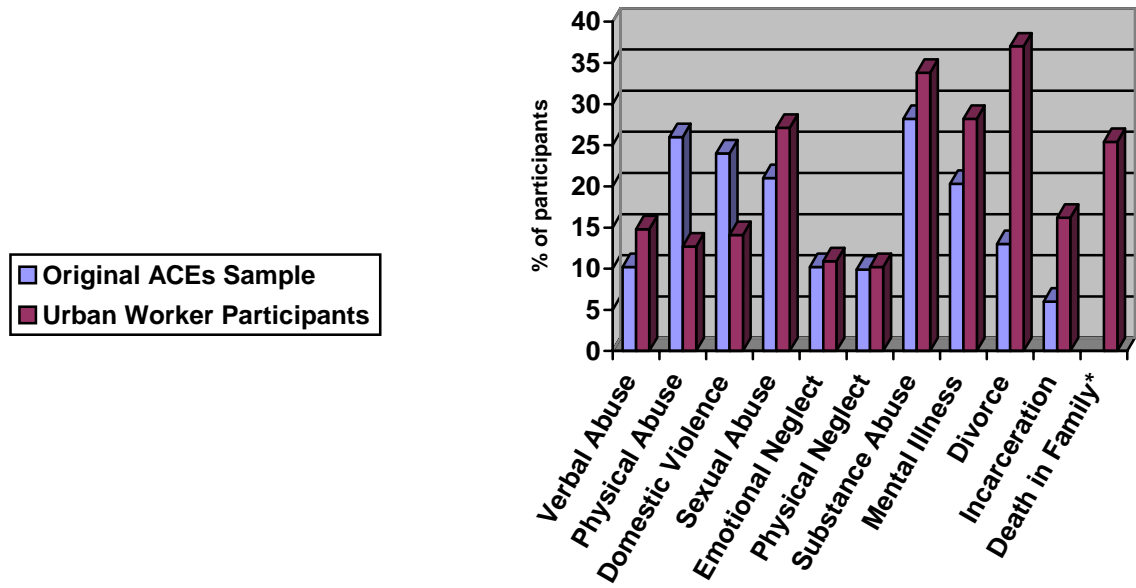
The amount of hours per week spent doing urban ministry work also varied: 44% of participants worked more than 40 hours; 10% spent between 31 and 40 hours; 12% worked between 11 and 30 hours; 13% worked between 6 and 10 hours; and 20% worked between 1 and 5 hours. The number of years working at the current urban ministry organization ranged from less than one year to over 20 years, and the average length of time at the current organization was 5 years. The total length of time spent in urban ministry in general ranged from less than one year to over 30 years, and the average number of years in urban ministry was 7. Looking at only paid staff, their average number of years at their current organization was comparable to the group as a whole (4.8 years), and they had worked slightly longer in the general field compared to the whole sample (7.9 years).

Background Exposure to Risk Factors

Adverse Childhood Experiences

Research has demonstrated that the experience of certain family and relational traumas can be risk factors for health-related problems. The large-scale San Diego based Adverse Childhood Experiences (ACEs) study examined ten interrelated categories: 1) verbal/psychological abuse; 2) physical abuse; 3) sexual abuse; 4) violence against mother; 5) substance abuse in the household; 6) living with mentally ill or suicidal individuals; or 7) living in a household with criminal activity (Felitti, et al., 1998). A second wave of research added three categories: 8) parental divorce and separation, 9) emotional neglect, and 10) physical neglect (Dube, Anda, Felitti, Edwards, & Williamson, 2002). Research on exposure to adverse childhood events has demonstrated relationships with a number of negative health and behavioral outcomes in adulthood, such as substance abuse (Dube, et al., 2003; Zlotnick, Tam, & Robertson, 2004), and poor medical outcomes such as: heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease (Felitti, et al., 1998).

The figure below displays the percentage of participants reporting the experience of the 10 adverse childhood experiences, as well as the experience of the death of a parent or another family member in the home. The urban worker participants are compared to the percentage of the original ACEs norming sample (Dong et al., 2004).



The original Adverse Childhood Experiences (ACEs) study was conducted by Kaiser Permanente, San Diego. The original study population differs from the urban ministry workers in a number of ways, most notably in age and ethnicity. The mean age was 55 (*SD* = 15) for women and 57 (*SD* = 14.5) for men, which is considerably higher than our mean age of 35 (*SD* = 12). This population was also less ethnically diverse; 75% of ACEs participants were white. Despite these demographic differences, the two populations report generally similar frequencies of adverse childhood experiences. However, there are some notable differences. The urban workers were much more likely to report parental divorce/separation and the incarceration of a household member, and urban workers reported less physical abuse or domestic violence.

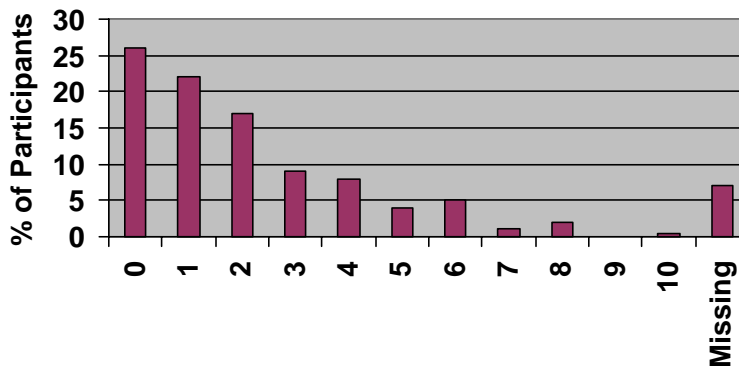
The most common adverse experience in the urban ministry participants was parental divorce (37%); the next most common was substance abuse by a parent or other family member living in the home (33.8%). Twenty-eight percent of the participants reported that a parent or family member living in the home was depressed, attempted suicide, or experienced other mental illness. A quarter of those completing the survey experienced the death of a parent or family member in the home before they turned 18. Between a quarter and a third of staff/volunteers (27%) reported experiencing at least one type of sexual abuse (e.g. fondling, attempted intercourse, or sexual intercourse by an adult). Twenty-one percent of the men experienced sexual abuse, and 30% of the women in the sample reported experiencing sexual abuse. These numbers are unfortunately comparable to national estimates.

Felitti et al. (1998) found a graded relationship between the number of ACEs categories and a number of diseases and high-risk adulthood health behaviors ($p < .001$). The likelihood of risky health behavior in adulthood increased in a stepwise fashion according to the number of ACEs reported. Compared to people with no ACEs exposure, those with 4+ ACEs were 2.2 times more likely to suffer from ischemic heart disease, 1.0 times more likely to have (had) cancer, 2.4 times more likely to have suffered a stroke, 3.9 times more likely to suffer from chronic bronchitis and 1.6 times more likely to have diabetes. Compared to people with no ACEs exposure, those who endorsed 4 or more ACEs were 2.2 times more likely to smoke, 1.6 times more likely to

be obese, 4.6 times more likely to be depressed and 12.2 time more likely to have attempted suicide. They were also 7.4 times more likely to consider themselves alcoholics, 4.7 times more likely to have used illicit drugs, 3.2 times more likely to have had 50+ sexual partners, and 2.5 times more likely to have had a sexually transmitted disease.

In the sample of urban ministry workers, the average number of ACEs identified was 2. When breaking the total sample into groups depending upon the neighborhood they grew up in, the average scores were as follows: $M = 3.5$ for staff/volunteers working in the same neighborhood where they grew up; $M = 2.4$ for those working in a similar neighborhood; and $M = 1.6$ for those ministering in a neighborhood different from where they grew up.

Total Number of ACEs reported



In light of the health risks described above associated with the comparisons between those who report no ACEs and those reporting 4 or more, it is significant to identify that 22% of the participants in the survey indicated that they had experienced 4 or more of the ACE categories.

Protective Factors

Spirituality

All of the organizations participating in the study identified themselves as religious or faith-based agencies. Several were churches, some were associated with larger parachurch organizations, and many were independent ministries serving only in the city where they were located. One of the most profound opportunities for support and positive coping in the face of stress for this sample is their connection to faith and spirituality.

Spiritual transcendence refers to the extent that the urban ministry worker experiences the “sacred” in his or her daily life. The authors of the Spiritual Transcendence Index developed the measure with the understanding that one’s subjective experience of the sacred affects one’s feelings, perceptions of oneself, future goals, and ability to cope with difficult situations (Seidlitz, et al., 2002). Four sample items included in the scale are as follows:

- My spirituality gives me a feeling of fulfillment.
- I try to strengthen my relationship with God.
- God helps me rise above my immediate circumstances.
- My spirituality helps me to understand my life's purpose.

Participants rated their extent of agreement to each statement using a Likert scale ranging from "1 = strongly disagree" to "6 = strongly agree." The score for the scale is derived by averaging the responses across the 8 items. The average score for the urban ministry sample was 5.37 ($SD = .59$), indicating strong agreement that spirituality and a sense of the sacred was important in their lives. This average score is slightly higher than the average score of a group of seminary students used to develop the measure ($M = 5.12$, $SD = .59$; Seidlitz, et al., 2002) In fact, 80% of the urban ministry workers completing the survey had an average score of 5 or higher (agree to strongly agree), and only 2% of the participants reported average scores lower than slight agreement.

Participation in Religious Practices or Activities

Overall, urban ministry participants were highly involved in religious activities. Most (51%) attend church every week, and 69% attend church one or more times per week. An additional 18% attend church "nearly every week." The average participant is also highly involved in additional church activities, engaging in them "nearly every week." On average, participants pray outside of church once a day. In fact, 17% stated that they pray once a day and 61% endorsed praying "more than once a day." The average participant reads religious literature and intentionally spends time with God a "few times a week," and watches or listens to Christian media about "once a week."

There were no significant differences between paid workers and volunteers in the extent of their religious involvement. Participants working in the same neighborhood in which they grew up, however, did report slightly lower religious involvement than those from similar or entirely different neighborhoods. In particular, the average urban worker ministering in the same neighborhood in which he/she grew up prays "a few times a week," reads religious literature "once a week," and listens to Christian media "a few times a month." Church attendance was comparable to their peers.

Coping with Stress through Religious Beliefs and Practices

Religious coping items represent ways in which individuals try to understand and deal with major problems in life. Participants rated their use of positive religious coping on three items, each with a score from 1, being used "not at all," to 4, used "a great deal." These items were: "thinking of one's life as part of a larger spiritual force," "working together with God as a partner," and "looking to God for strength, support, and guidance." Of twelve possible points, then, the mean positive religious coping score was 9.84 (indicating responses between "quite a bit" and "a great deal"), and 23% of the participants had a total score of 12, endorsing all items "a great deal."

Generally, participants preferred positive religious coping over negative religious coping. Negative religious coping was measured in the same manner, and included the following items: "feeling that God is punishing me for my sins," "wondering whether God has abandoned me," and "making sense of the situation and making decisions without God." Eighty percent of the sample stated that they believed "not at all" that God was punishing them for their sins or lack of spirituality, and only 2% endorsed this belief "a great deal." Wondering whether God has abandoned them was also low, as 72%

believed this “not at all,” and only 1% believed it “a great deal.” A slightly higher number of participants endorsed making decisions without God. Although 49% “never” used this, 37% “somewhat” used it, 10% used it “quite a bit,” and just under 5% used it “a great deal.” The overall mean for negative religious coping was thus 4.29 (indicating answers between “not at all” and “somewhat.”)

No significant differences were found in the use of positive religious coping when measured across neighborhood of origin. However, those working in the same neighborhood in which they grew up used slightly more negative coping mechanisms (mean = 4.97, $SD = 1.76$). No religious coping differences were found across age, work type, or by length of experience in this field.

Motivation to be Part of Urban Ministry

Motivation measures have been used with populations comparable to urban workers to help understand the factors that lead people to choose to act as volunteers or humanitarians. Clary et al. (1998) looked at a functional approach to motivation in a population of volunteers and proposed 6 motivational factors, including a protective motive, a helping others motive (value), a career-enhancement motive, a social motive, an understanding/learning motive, and a self-enhancement motive. In addition, a study on AIDS care volunteers showed that previous contact with a person with AIDS, a sense of altruism, and influences from faith communities were all motivational factors for participating in AIDS care organizations (Christensen, Reininger, Richter, McKweon, & Jones, 1999).

A study by Zondag (2000) classified pastoral motivation into four factors that included one’s relationship with God. The study showed that pastors were motivated by a “Christian way of life” above and beyond non-religious altruism. This suggests that a spiritual dimension, including view of God and relationship with God, should be included in a more comprehensive model of motivation.

For a community of people who are committed to enacting justice, improving the urban neighborhood, and living out a spiritual way of life, motivation can be a critical factor for sustaining a healthy lifestyle. The lack of a motivational theory that paralleled spiritual commitment as well as societal/political/personal motives necessitated a study outside of the traditional theories on motivation. In order to create a measure of “motivation” for urban ministry, the research team met with a group of urban ministry workers in Los Angeles. Each worker wrote down three “reasons” why people might choose to participate in urban ministry. These 50+ responses were sorted by the research team to identify specific themes. Each individual theme was written into a phrase which was included as an item in the measure. Then survey participants responded to these motivation items using a 6-point scale of “strongly disagree” to “strongly agree” to indicate their level of agreement as to whether that statement represented their own motivation for being involved in urban ministry.

Of the 17 motivations listed in the scale, the items that had the most frequent rating of “strongly agree” were: desire to fulfill God’s calling (71%), desire to be obedient to God’s leading (74%), and desire to see people’s lives transformed by the gospel (68%). In addition, more than half of the participants “strongly agreed” with the following 3 items: (1) having compassion for those who are suffering, (2) desire to live life differently and make it count, and (3) desire to give back to others what one has

received. See the table below for the percentage of strong agreement to each of the sixteen motivation items.

Preliminary factor analysis suggests that a component of spirituality **is** highly recognized by this population as a source of motivation. This factor of spirituality includes the three most frequently endorsed items listed above. This component of spiritual motivation also appears to be unaffected by the type of involvement in urban ministry (volunteer vs. staff), one’s decision to live among the community, or the community where one grew up.

Motivation Item	% Strongly Agree
I want to be obedient to God's leading.	74%
I want to fulfill God's calling on my life.	71%
I desire to see people's lives transformed by the gospel.	68%
I want to live my life differently and make it count.	59%
I want to give back to others what I have received.	57%
I have compassion for those who are suffering.	55%
I want to develop personally, become a stronger, better person.	55%
I enjoy the work that I do, and I find it rewarding.	50%
This work fits my gifts, skills, and personality.	47%
I have been inspired by others (mentors, role models, teachers, pastors, family members, etc).	46%
Doing this work makes me feel good about myself.	35%
I desire to live/work with people who share my values/beliefs.	31%
I want to have an adventure, challenge, and/or experience other cultures.	30%
I've been exposed to social injustice, and I feel compelled to do something about it.	23%
I need to get away from something, someone, or someplace.	5%
I have felt pressure from others to do this work.	4%

Religious Beliefs about Suffering

One area of unique investigation for this urban ministry study is the way that religious beliefs about suffering may be a protective factor or a risk factor for recovering from trauma. It is clear that there are many “big questions” embedded in the issues of theodicy. Working or volunteering in a context of hurt and violence creates an environment where those questions have daily relevance.

Religious beliefs about suffering were assessed using a measure developed by Dr. Marcia Webb, a Fuller Seminary, School of Psychology graduate. Her measure was adapted for this study by using the three items that loaded the strongest on the three factors that she identified in her research: (1) the **loving will** of God; (2) God’s response as **demand and punish**; and (3) suffering is a **necessity**. Then, the urban ministry advisory group noted that there were 3 ideas missing from these items that were then included: (1) Christ as victorious over suffering; (2) suffering as the result of evil; and (3) God suffering with us when we suffer. The table below contains the percentages of responses for each of the 12 items.

Belief about Suffering	Strongly Disagree 1	Disagree 2	Slightly Disagree 3	Slightly Agree 4	Agree 5	Strongly Agree 6
Loving Will Factor						
God will not let us suffer more than we can bear.	3.2	5.3	3.2	5.0	24.8	58.5
Suffering should be met with trust in God's control over human life.	2.5	3.6	2.5	8.9	39.6	42.9
God may allow suffering temporarily for an eternally good purpose.	2.5	2.9	2.9	12.2	33.8	45.7
Demand/Punish Factor						
People who try to please God and follow God's ways are protected by God from suffering.	48.0	26.9	6.5	5.4	6.5	6.8
Suffering indicates a failure in God's love and goodness.	80.9	15.6	2.5	0	0.4	0.7
When people suffer a tragedy, they deserve it.	73.2	20.0	3.9	2.1	0.4	0.4
Necessity Factor						
Having faith in God means suffering.	13.6	20.6	8.1	21.3	22.1	14.3
Suffering is necessary to grow.	3.9	7.1	7.4	17.7	34.3	29.7
Christians are called to finish Christ's work by suffering.	25.6	26.7	11.0	19.8	9.5	7.3
Additional Items						
Suffering exists due to the presence of evil in the world.	6.8	7.6	6.5	17.6	31.7	29.9
Christ has conquered suffering by his sacrifice on the cross.	11.3	13.1	6.5	8.7	20.4	40.0
God suffers with us when we suffer.	3.3	4.4	2.9	6.9	31.8	50.7

Additional statistical analysis is necessary to determine if the same three factors will be useful in the sample of urban ministry workers. It is interesting to note that the beliefs about suffering that demonstrated the strongest agreement for the sample were:

1. God will not let us suffer more than we can bear ($M = 5.18$)
2. God suffers with us when we suffer ($M = 5.12$)
3. God may allow suffering temporarily for an eternally good purpose. ($M = 5.09$)
4. Suffering should be met with trust in God's control over human life. ($M = 5.08$)

The two items showing the most disagreement were:

1. Suffering indicates a failure in God's love and goodness. ($M = 1.26$)
2. When people suffer a tragedy, they deserve it. ($M = 1.38$)

Urban Ministry Workers' Use of Resources

Resource Utilization Item Construction

Items for resource utilization were adapted from other measures of resource utilization to assess whether urban ministry workers had used emotional/relational,

physical, and spiritual health services in the past 12 months (Amaya-Jackson et al., 1999; Jaycox, Marshall, & Schell, 2002). They were asked what kinds of professional services they used (e.g., individual psychotherapy, crisis hotline) in the past 12 months for each of the three types of resources. Items also asked if participants experienced a need for those services but did not actually utilize them. If so, they were asked to report perceived barriers to utilization of the resources that were not used (e.g., accessibility, availability, stigma, affordability, time, cultural barriers). These items were based on barriers previously found to be issues hindering utilization of mental health services (Steffl & Prospero, 1985; Switzer et al., 1999). Participants were also asked about how they paid for the services (e.g., employee benefits, personal funds) and whether they were accessed through their organization.

Research assessing the rates of service utilization has identified factors that are associated with whether individuals seek out supportive services. First, racial and ethnic differences in the use of mental health services are more apparent in areas of high poverty. Ethnicity is also a factor in the type of referrals used, as is severity of the illness (Chow, Jaffee, & Snowden, 2003). Amaya-Jackson and colleagues (1999) demonstrated that individuals experiencing posttraumatic distress were more likely to seek medical and mental health services than a comparison group, and were also more likely to not get services, even when they felt they experienced a need for physical and/or mental health care.

Unfortunately it is impossible to compare the “rates” of service utilization across the studies with the rates reported by the urban workers. The questions of service types are not identical, and the length of time (e.g. “in the last 12 months”) differs across the studies. However, the general results reported below allow for an important glimpse into both the types of support services that are being used by urban workers and the potential barriers to getting needed care.

Resources Used

Emotional/Relational Support Services. Emotional/relational support services encompassed an array of professional resources that may have helped urban ministry workers psychologically and/or interpersonally. Such services included crisis hotlines, crisis centers, individual counseling/psychotherapy, group counseling/therapy, psychoeducation through seminars or conferences, pastoral counseling, lay counseling, or other. Of the participants who responded to the item regarding using medication for mental health conditions ($n = 269$), 7.4% confirmed using medication in the last 12 months. Of the participants who responded to the item regarding use of emotional/relational support services ($n = 263$), 23.6% report using this type of service in the past 12 months.

Physical Health Services. Physical health services included resources to address medical issues that ranged from hospitals to homeopathic services. Such services included hospital emergency room, general physician, dentist, optometrist, chiropractor, OB/GYN, alternative/homeopathic remedies, or other physical health specialist (e.g., podiatrist, dermatologist, etc.). Of the participants who responded to the item regarding use of physical health services ($n = 270$), 65.6% report using this type of service in the past 12 months.

Spiritual Health/Support Services. Spiritual support services involved resources that addressed participants’ spiritual well-being. Providers of spiritual support

services could be used formally, such as through churches or parachurch organizations, or informally, such as through internet forums. These resources included clergy, church ministry leader, trained lay counselor, personal spiritual director/mentor, Sunday school/Bible teacher, supervisor/team leader through their mission organization, teammate/coworker through their mission organization, religious small group or support group, religious internet forum, or other. Of the participants who responded to the item regarding use of spiritual health/support services ($n = 271$), 43.2% report having used this type of service in the past 12 months.

Type of Service Utilized	% Utilizing Top Six Services
Emotional/Relational Support	
Individual counseling/psychotherapy	13.5%
Clergy	7.7%
Lay counselor/spiritual director	7.7%
Other	4.4%
Group counseling/psychotherapy	2.9%
Mental health education	2.6%
Physical Health	
General physician	51.8%
Dentist	35.7%
OB/GYN	25.7%
Optometrist	13.9%
Other physical health specialist	13.9%
Emergency room	11.8%
Spiritual Health Support	
Personal spiritual mentor/director	22.3%
Clergy	17.6%
Teammate/co-worker through my organization	13.3%
Church ministry leader	11.2%
Religious-affiliated small group or support group	10.8%
Team leader/supervisor through my organization	8.3%

Barriers to Resource Utilization

Some participants reported having experienced a need to utilize resources for emotional/relational, physical, or spiritual well-being in the past 12 months but did not actually follow through with utilizing the resources. Among the people who reported this need, there may have been perceived barriers to service utilization.

Type of Service	% Needing Services in the Past 12 Months But Not Obtaining It
Emotional/relational support services	25.6%
Physical health services	19.0%
Spiritual health support services	20.8%

Based on the literature in service utilization, some common perceived barriers include accessibility of services (e.g., no transportation, inconvenient), availability (e.g., no services available, services unknown), acceptability (e.g., fear of what others might think about needing help), affordability (e.g., having to take time off work, finding childcare during appointment, too expensive), self-addressed (e.g., belief that one take care of it

oneself, feeling like no one understood/could help, feeling like one had to deal with it alone), lack of time, and cultural barriers (e.g., feelings of discrimination because of one's ethnicity, no one spoke my language at the clinic).

Type of Barrier	Emotional/Relational Support Services	Physical Health Services	Spiritual Health Support Services
Accessibility	1.5%	1.9%	2.6%
Availability	6.5%	3.0%	7.5%
Acceptability/Stigma	7.3%	1.1%	7.9%
Affordability	11.4%	10.1%	4.5%
Self-Addressed	12.1%	3.4%	9.4%
Lack of time	11.0%	11.6%	10.5%
Cultural barriers	0.4%	0.4%	1.5%
Other	4.5%	1.1%	4.2%

Payment and Access of Services

For those who utilized particular resources, services could be paid through out-of-pocket expenses, paid through the organization or employee benefits, or be provided to participants free of charge.

Payment and Access of Services	Emotional/Relational Support Services	Physical Health Services	Spiritual Health Support Services
Personal funds (personal insurance, help from friends/family)	12.1%	47.7%	2.9%
Organization's funds (employee benefits)	3.7%	25.6%	0.4%
Services were free/donated	14.3%	4.7%	40.1%
Services were accessed through one's organization	8.6%	16.0%	19.6%

Exposure to Stress in the Urban Ministry Environment

Chronic Stressors

The life of ministry holds stresses and challenges that may not always be obvious or large and "traumatic." Some of the most difficult parts of doing ministry can be the day-to-day "hassles" or "chronic stressors" that make it feel like an "uphill battle" to do the work that is God's call. In order to understand what the key day-to-day stressors are for urban workers, a measure of chronic stress was developed based on the survey used by Eriksson et al. (2003). The research team again asked the advisory group of L.A. based urban ministry workers to each write down three things that make it "more difficult" to do the work of urban ministry. Then, once these stressors were sorted and categorized, the research team went back to the advisory group to comment on the new scale of stressors.

The final measure of “chronic stressors” included 24 different stressful situations and an opportunity for a participant to write in an “other” stressor. For each item participants first marked whether they were currently experiencing that stressor, and then they indicated how much stress they felt related to that stressor on a 6 point scale: 0 “no stress,” 1 “little stress,” 2 “moderate stress,” 3 “substantial stress,” 4 “severe stress.” The original list of stressors was developed from feedback of urban ministry staff. Therefore the following table lists the frequencies of the chronic stressors reported by at least 50% of the staff, and the corresponding report of that stressor by volunteers.

	Volunteers	Paid Staff
Type of Stressor	% experiencing the stressor (% reporting moderate to severe stress)	% experiencing the stressor (% reporting moderate to severe stress)
Feeling powerless to change the situation of the people in the community	61% (41%)	71% (54%)
Frustration with portrayals of urban life in media	59% (35%)	71% (43%)
Difficulty finding time for rest and relaxation	48% (32%)	69% (44%)
Violence in the community	51% (35%)	67% (43%)
Encountering subtle racist attitudes	54% (29%)	64% (28%)
Negotiating the gap between urban ministry environment and family/friends/sending church	42% (28%)	63% (38%)
Expectations to stay in contact with others	59% (36%)	62% (40%)
Conflicts or misunderstandings between team members	39% (22%)	61% (38%)
Low or no salary, economic pressures	31% (21%)	60% (45%)
Struggle to maintain emotional boundaries	27% (20%)	58% (34%)
Adapting to different ethnic cultures	45% (19%)	53% (24%)
Difficulty maintaining healthy communication within the organization	30% (20%)	52% (25%)
Workload too high	24% (16%)	47% (41%)
Demands to be technologically up to date	29% (18%)	49% (20%)
Environmental stresses in urban living	30% (19%)	41% (22%)
Not feeling valued by the organization	22% (17%)	38% (27%)
Pressure to fundraise or submit grants	18% (8%)	37% (28%)

	Volunteers	Paid Staff
Type of Stressor	% experiencing the stressor (% reporting moderate to severe stress)	% experiencing the stressor (% reporting moderate to severe stress)
Lack of privacy and personal space	17% (13%)	36% (23%)
Housing difficulties	23% (22%)	31% (21%)
Experiencing direct acts of racism	31% (18%)	31% (14%)
Loss of opportunities for career advancement due to urban ministry commitment	13% (11%)	31% (19%)
Feeling misunderstood or ostracized by local churches	22% (13%)	25% (14%)
** Difficulty parenting in an urban environment (lack of educational opportunities, children's exposure to violence)	17% (14%)	18% (12%)
** Difficulty finding a marriage partner who shares the same priorities and passions	31% (21%)	23% (16%)

** Percentages are based on those who found the questions applicable to their life circumstances

It is interesting to note that the stressors with the highest frequency and associated stress levels represent existential and personal/internal stressors (with the exception of violence in the community). It is interesting to consider these in comparison with the types of stressors reported by humanitarian aid workers and missionaries. Other research on international missionaries (Carter, 1999) has identified issues such as management struggles and conflicts with other missionaries as consistent and stressful challenges to doing cross-cultural ministry. Research with international humanitarian aid workers (Eriksson, Bjorck, & Abernethy, 2003) showed that separation from family was the most commonly reported stressor; nearly 70% of the humanitarian workers experienced moderate to extreme stress related to being separated from family due to work. In addition, almost half of the aid staff indicated moderate to extreme stress related to: (1) feeling powerless to change the external situation; (2) travel difficulties, threatening checkpoints, rough roads; and (3) conflicts between team members.

Exposure to Community Violence

Direct exposure to community violence implies that the individual him or herself was the victim or direct recipient of a violent act. Many studies have examined rates of direct community violence exposure, and the reported rates vary depending on the age of the population, the urban area, and the specificity of violence exposure (i.e. whether or not violence among family members is included). Studies demonstrate high levels of direct violence exposure and victimization in children and young adults living in urban areas of low socioeconomic status.

The term "indirect" exposure to community violence implies that the event was witnessed or happened to someone known to the participant. Community violence extends beyond individuals and impacts entire neighborhoods and social networks.

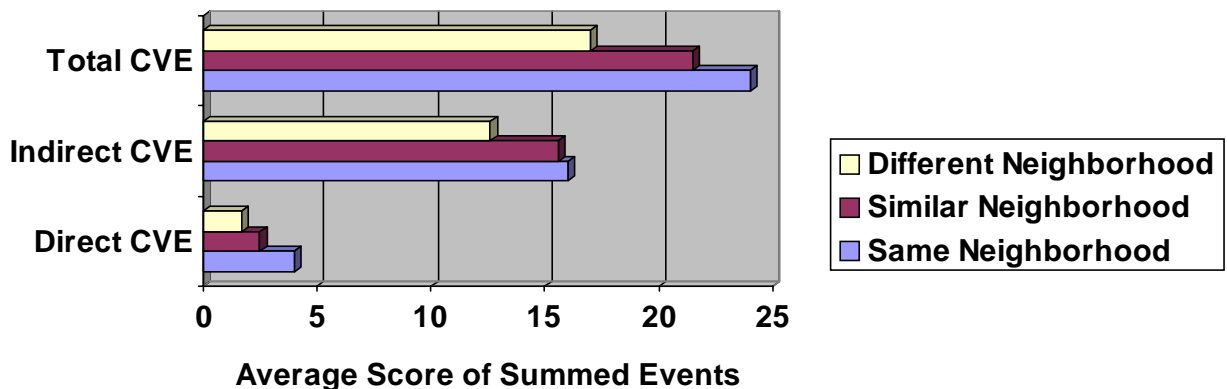
Everyone living, working and going to school in the surrounding area is at risk for exposure through witnessing acts of violence or knowing people involved in violent incidents. Indirect exposure, like direct exposure, can result in substantial psychological distress and impaired functioning. The following table illustrates rates of exposure to both direct and indirect community violence in samples in published articles using the Survey of Exposure to Community Violence as compared to the rates of the current study.

Study Reference	Population	Rates of Indirect Exposure (reporting at least one incident)	Rates of Direct Exposure (reporting at least one incident)
Current study	284 urban ministry staff/volunteers	98.9%	73.9%
Berman, et al. (1996)	96 Miami High School students	93%	44%
Cambell, et al. (1996)	209 Philadelphia 6 th grade students	96%	67%
Fitzpatrick, et al. (1993)	221 Birmingham children, aged 7-18	85%	70%

Urban workers are national, or “in country,” humanitarian aid workers striving for the alleviation of suffering and development of resources in inner city neighborhoods. In a study of violence exposure in international humanitarian aid workers, 31.9% reported being threatened with serious physical harm, 26.5% reported being within the range of gunfire, and 8% reported being beaten up or mugged. In addition to direct victimization, the respondents indicated high frequencies of witnessing violence or knowing victims (Eriksson, Vande Kemp, Gorsuch, Hoke, & Foy, 2001).

The average number of events reported of direct, indirect, and combined community violence compared across the groups representing the communities where workers/volunteers grew up demonstrated a significant difference across the 3 groups.

Community Violence Exposure (CVE) in Adulthood



There are 11 questions that make up the score for direct exposure to community violence. The following is a list of those items, and the percentage of staff or volunteers indicating that they had personally experienced that event in their adult life within the past year.

Event	% in past year	% in adulthood
Have been away from home when someone broke in	7.1	40.7
Have been threatened with serious physical harm	7.5	28.8
Have been slapped, hit, or punched by a non-family member	5.0	27.0
Have been asked to use, sell, or help distribute illegal drugs	8.5	25.9
Have been slapped, hit, or punched by a family member	2.8	23.4
Have been chased by gangs or individuals	2.5	17.4
Have been beaten up or mugged	0.4	12.8
Have been sexually assaulted or raped	1.1	12.2
Have been at home when someone broke in	1.4	11.9
Have been shot or shot at with a gun	0.7	7.5
Have been attacked or stabbed with a knife	0	5.0

In the past year 90% of the participants had been exposed to at least one event of community violence (direct and indirect). The average number of events reported within the past year was 7. Over a quarter of the staff/volunteers (27%) had been directly (personally) exposed to community violence in the past year.

Emotional Adjustment

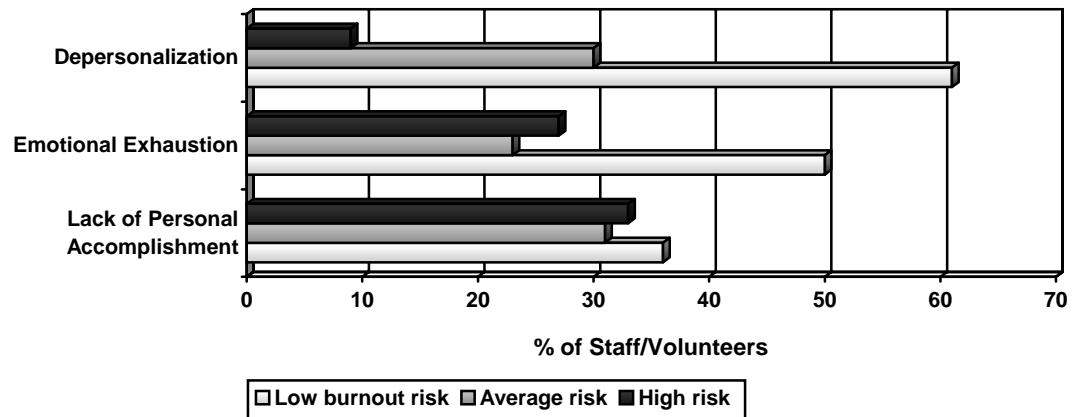
Burnout

“Burnout” and “stress” are common terms and concerns in ministry. The concept of “burnout” was developed to aid in understanding the occupational stress and distress experienced by individuals in “helping professions.” Christina Maslach and her colleagues identified that working in a role that requires consistent attention to the needs of a person or a group of people can create a situation of prolonged emotional investment, ambiguity, and frustration. In addition, working in a chronically stressful and emotionally charged environment can create burnout (Maslach & Jackson, 1996).

The Maslach Burnout Inventory is made up of 3 subscales to measure different components of the experience of burnout: (1) emotional exhaustion (EE), feeling overextended and emotionally drained by one’s work; (2) depersonalization (DP), feeling disconnected or calloused towards people you care for or manage; and (3) “lack of” personal accomplishment (PA), not feeling competent or successful in one’s work (Maslach & Jackson, 1996). Every working individual experiences moments of all three aspects of burnout. Maslach developed “cut off scores” from the large normative sample (including professionals such as teachers, mental health workers, medical workers, social service workers, and pastors) that indicate scores in the lower third of the norm group (low risk), the middle third (average risk), and the upper third (high risk). Therefore, the individuals of most concern are those who are experiencing high risk in all

three areas. In this sample, there were only 5 individuals (out of the 239 who completed all the MBI items) who reported high risk for burnout in EE, DP, and PA.

Reported Risk Levels for MBI Burnout Subscales



The results above suggest that the urban ministry workers who completed the MBI survey are quite similar to other service workers in their experience of a lack of personal accomplishment. Regarding emotional exhaustion, 27% of the workers were experiencing high risk for burnout in this area. A bit less than one third of the workers were at high risk, but this is still a considerable number in light of the fatigue and lack of energy this represents for those individuals. Most striking is the report of depersonalization; only 8% of the urban ministry sample scored in the high risk zone. Thirty percent (nearly 1/3) reported an average level of burnout in this area, but the majority of participants reported low levels of depersonalization. This suggests that the majority of workers in this urban ministry sample are able to feel connected to the kids and families they minister to, perhaps even when they are tired or do not see “results” in the short term.

In examining possible differences between volunteers vs. paid staff, or local leaders vs. relocated leaders, there were **no significant differences** across these group comparisons on any of total scores of the three MBI burnout subscales.

One surprising finding in the urban ministry sample is the way that the three MBI subscales related to each other. The normative sample shows that EE and DP are strongly positively correlated, both of which represent negative experiences and/or work distress. In the normative sample the relationship between PA (personal accomplishment) and EE is a moderate negative correlation. In contrast, in the urban ministry sample, the correlation between EE and PA is a significant positive correlation ($r = .11, p < .05$, one-tailed). This suggests that as individuals report higher levels of exhaustion, they are also reporting higher levels of competence and success!

Posttraumatic Stress Disorder

Posttraumatic Stress Disorder (PTSD) has become an area of interest and investment in missions and aid organizations. Psychosocial programs have been developed in international settings to care for victims of war, terrorism, and natural disasters. Mission agencies have recognized that staff themselves may develop

posttrauma symptomatology while working in environments of danger and suffering. It is critical to address these same concerns in contexts of crime and other violence in the urban setting.

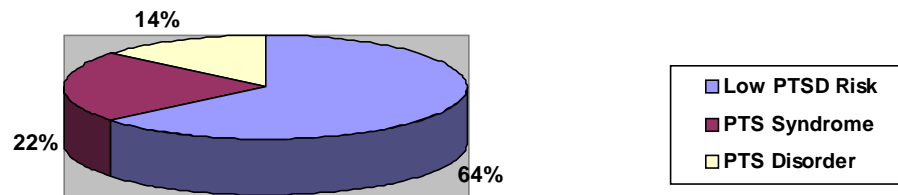
PTSD is a disorder that may develop after one experiences a traumatic event, and the experience may be either direct (e.g. one is the victim or an attack) or indirect (one witnesses an attack or a loved one is attacked). PTSD symptoms are both physiological and emotional. The symptoms fit into three clusters: (1) **reexperiencing** the event through nightmares, flashbacks, or intrusive images; (2) **avoidance** evidenced by withdrawal, numbing, or actively avoiding reminders of the event; and (3) **hyperarousal** demonstrated by jumpiness, irritability, tension, or sudden episodes of fear. In this survey The Los Angeles Symptom Checklist (LASC; King, King, Leskin, & Foy, 1995) was used to assess posttraumatic stress symptoms.

Those affected by community violence may suffer from trauma-related distress reactions such as posttraumatic stress disorder (PTSD). Rates of PTSD vary in community violence studies. For example, 14% of sampled urban adolescent girls met the diagnostic criteria for PTSD (Lipschitz et al., 2000), and 27% of sampled men aged 18-35 met the diagnostic criteria three months after they were hospitalized for injuries resulting from community violence (Jaycox, Marshall, & Schell, 2004).

Studies of PTSD conducted with populations from violent urban communities shower higher rates of PTSD than surveys of the general population. In a general survey, 9% of sampled HMO members in urban Detroit met the diagnostic criteria for PTSD (Breslau & Davis, 1992). A study of 4,008 adult American women, found that the lifetime rate of PTSD for the general population was 12.3%. The study found that the PTSD prevalence rate was three times higher among victims of highly traumatic crimes (crimes that included perceived life threat, actual injury, or completed rapes) than among non-crime victims; the lifetime rates were 25.8% and 9.4% respectively (Resnick, Kilpatrick, Dansky, Saudners, & Best, 1993).

Research with participants from 5 different Christian humanitarian aid agencies documented a rate of 10% of staff reporting “diagnosable” PTSD, and an additional 20% reporting moderate levels of symptomatology (Eriksson, et al., 2001). The adjacent pie chart illustrates the risk levels of symptomatology reported by the urban ministry participants. **Fourteen percent of the 271 participants who completed the LASC PTSD measure indicated symptom levels that put them in the range of a diagnosis of PTSD; an additional 22% reported significant symptoms in 2 of the three symptom categories** (which may be considered Posttraumatic Stress Syndrome; King, et al., 1995). Therefore, **36% of the urban ministry participants are reporting clinically significant levels of posttraumatic stress.** Please note that a true “diagnosis” cannot be made from a self-report survey.

Reported Posttraumatic Stress (PTS)



Looking at the total score for the severity of PTSD symptoms, there was **no significant difference** between volunteers and paid staff. In addition, there was **no significant difference** in levels of PTSD severity between those who were local leaders who grew up in the same neighborhood they were currently serving, those who grew up in a similar neighborhood, and those who grew up in a different neighborhood.

Key Findings and Concluding Comments

Key Finding 1: Trauma Exposure and Distress

- Local leaders have higher levels of childhood adversity.
- Local leaders have higher levels of exposure by direct community violence victimization in adulthood.
- There is NO significant difference between local and relocated leaders in their exposure to community violence within the past year.
- However, staff/volunteers living in the community where they work report significantly higher levels of recent community violence exposure.
- In addition, there is NO difference between the local and relocated leaders, or between those living in their ministry community and those living outside of the community, in their report of emotional distress in either PTSD or burnout!

Implications: It is not “news” to say that urban ministry workers **will** be exposed to community violence, and that many come from homes where they experienced family adversity. However, it is noticeable that PTSD and burnout levels are consistent across the groups of local and relocated staff. We should not expect that the local leaders are more “at risk”; nor should we assume that those who come from a different background or those who are living in a “different” neighborhood do not develop posttraumatic or burnout reactions.

Key Finding 2: Stressors in Ministry

- It is striking to note that several of the key stressors at the top of the chronic stressors list were issues that connect with the individual’s own ability to manage the challenge and the existential stresses of the work.

Implications: These issues may not seem like something that an organization can “change” for the staff member or volunteer. However, they are deeply imbedded in the culture of the organization!!! An organization creates the framework for staff/volunteers to take “breaks” and prioritize vacation. In addition, an organization communicates the value of boundaries by living them out through healthy administration, appropriate

communication, clear expectations of the ministry goals, and encouragement to be part of a team and not be “indispensable.”

Key Finding 3: Emotional Exhaustion and Personal Accomplishment

- The unusual relationship between a sense of accomplishment and emotional exhaustion seems to have a key place in understanding the experience of urban ministry.
- The types of questions that make up the personal accomplishment subscale indicate that the participant feels able to understand and relate to another’s problems; that she/he feels able to effect positive change in others’ lives; and that she/he feels a sense of accomplishment and worthwhile progress.
- It is important to consider the ways that these positive feelings can exist in tandem with fatigue, stress, and emotional drain!
- Additional research will explore how both of these aspects of burnout are related to the chronic stressors listed above, as well as to the experience of community violence.

Implications: This is NEW! Typical ways of viewing burnout may not be easily translated to the urban ministry context. It is important for organizations to be aware of the success and exhaustion connection. This may be related to the concept of “involvement” in the lives of others... the more involved individuals are, the more individuals may feel that they understand, and the more they may be exhausted. Due to this connection, workers may have significant difficulty getting the rest they need, because they do not want to lose the feelings of accomplishment that also exist! Organizations may need to do a better job both modeling the need for and creating policies to support vacations, weekly breaks, and other means of inserting SABBATH into the staff and volunteer experience.

Key Finding 4: Spirituality and Religious Ideas

- Spirituality is a highly utilized resource for both staff and volunteers.
- The highest reported motivations for participating in urban ministry are related to faith!
- However, 20.8% of the staff reported feeling that they needed to access support for a faith-related issue and DID NOT seek out that support (and stigma was one of the top 3 reasons why they did not).

Implications: We do not know what kinds of spiritual struggles the staff and volunteers were experiencing. But we do know that clergy and spiritual directors/mentors were an important resource for both emotional/relational challenges and spiritual challenges. The local church may provide a place to find healing, yet it may also be the place where the staff member/volunteer is always seen as a leader. The urban worker may not feel that suburban church leaders understand the context of urban ministry. Finding a spiritual support person within or outside the urban community requires an intentional effort. However, if the urban worker has an ongoing personal relationship with such a person, this may help her or him to move beyond some of the reported barriers. In addition, organizations can do staff and volunteers a service as they encourage discussions of the challenges of working in the urban context, the exhaustion they might feel, and the questions of why God allows the suffering and injustice they see.

Concluding Comments

The research results described above represent an overview of the Risk and Resilience in Urban Ministry project. We have laid out the general methodology of the project, an overview of the reported responses, and four of the areas we believe have critical concern for administrators and leaders working with urban staff and volunteers.

There are many more questions to ask, and we look forward to sharing the answers to these additional questions with you in the future. Thorough and careful statistical analyses are the best way to honor the lives that are represented in this data set. Each questionnaire represents a woman or a man who has committed to serving youth and families in one of five urban neighborhoods. They are the reason this report has been written. We are so grateful for their responses! We know what time and energy it took to complete the survey. Our hope is that in this report, their lives will speak in a way that can support the ministry of urban workers across the United States.

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