



Best Practices for **Supporting Frontline Violence Intervention Workers**

Violence prevention and intervention programs have been at the forefront of addressing violence, trauma and victimization in communities of color. These programs work to identify individuals who are at highest risk for involvement in violence and provide them with resources and support to prevent future conflict, injury, and trauma. Programs employ a range of evidence-informed strategies and are typically housed either in community-based organizations, hospitals or city health departments. All work to reduce instances of community violence and improve access to culturally relevant and trauma informed support services.

A key component of these programs are the frontline workers. Frontline workers are often credible members from the communities they serve and they provide an important bridge between violence-impacted individuals and organizations. Their credibility stems from the respect they have earned in the community, the connections they have developed and the fact that they often have similar life experiences to the individuals they work with. The use of trained credible staff is a central tenet of public health practices, as these individuals are most likely to influence change within difficult-to-reach populations. Without support, these valuable frontline workers cannot do this work, and do not stay in this career long term.

Frontline Violence Intervention workers perform a wide range of functions including responding to the scene of violent incidents, responding to injured individuals at the hospital bedside, mediating high stress conflicts, case management, and mentoring. Performing these job functions can be extremely demanding and without adequate training support, the demands of the role can become overwhelming. Investing in frontline workers requires that organizations take into account the many ways in which staff can be impacted by the work.

The communities that frontline workers are often from, and now serve, have a long history of disinvestment and concentrated poverty. These are often communities of color that have experienced alarmingly high rates of violent victimization and trauma. The chronic exposure to violence that both the frontline workers and those they serve experience can have a long lasting impact on their well-being and quality of life.

Research indicates that young men of color experience violent crime, especially robbery and physical assault at a rate higher than their peers. The large number of young people of color who are victims of, or witnesses to violent and traumatic events highlights the significant need for relevant services and resources. Communities disproportionately affected by violence often do not have the infrastructure and capacity to comprehensively respond to this issue. Many communities lack violence reduction strategies that consider the impacts of poverty, unemployment, structural racism, and other factors contributing to trauma and victimization. Additionally, attitudes and behaviors symptomatic of trauma often go unrecognized and unaddressed. As a result, adequate services and interventions are not developed or implemented to help heal the effects of trauma. For example, if a young person is a non-critical victim of a gunshot wound, professionals will often treat the physical injury without addressing the mental, emotional, and environmental (i.e. safety) needs associated with the injury.

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These crippling effects of violence in communities of color highlight the need to support frontline workers. Many frontline workers have experienced trauma and victimization directly or through a family member or loved one and they know the devastating and lasting impacts it can have on a person's life. Unaddressed trauma can have a range of effects on professionals, many of which are similar to those experienced by trauma survivors. Frontline staff working closely with survivors of trauma can be affected in significant ways that require care and support that is often not provided in many organizations.

As the Violence Intervention Prevention field continues to grow, training and support for frontline workers cannot be neglected. Frontline workers are the backbone of these programs; organizations must invest in their care, support, professional growth and development. The passion and commitment that frontline workers bring to the work should be enhanced through organizational investment that not only increases the capacity to reduce violence, but also the growth and development of the frontline worker.

Providing adequate training and support to staff working in this challenging field is essential to promoting a healthy and productive work environment that allows for staff to flourish and grow. When frontline staff are adequately supported, they are better able to respond to the needs of the community and the individuals they serve. This brief explores the role of frontline workers, common challenges they may face in the field, and provides recommendations for supporting their growth and development.

In order to deepen our understanding of the role that frontline workers play in Violence Intervention work and the support they need to be successful, we interviewed practitioners in Boston, Kansas City, Oakland, and Sacramento. Their reflections informed this brief, and are sprinkled throughout.

OCCUPATIONAL CHALLENGES FOR FRONTLINE VIOLENCE INTERVENTION WORKERS

Trauma and Frontline Violence Intervention Workers

Inherent in frontline Violence Intervention work is persistent exposure to trauma and traumatic events. This is particularly true for frontline staff who work closely with individuals in the community who are struggling to cope with complex and traumatic life experiences. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) “trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.” For frontline workers, addressing an individual's complex and traumatic needs increases the risk of trauma, specifically, vicarious trauma.¹

Vicarious trauma is “the transformation that occurs in the inner experience of the therapist [or worker] that comes about as a result of empathic engagement with participants’ trauma material.”² Over time, this can lead to changes in staff psychological, physical, and spiritual well-being.³ Understanding the potential impact of vicarious trauma can be useful for developing organizational strategies and policies to ensure that the health and well-being of frontline staff is prioritized. These potential impacts may include reduced feelings of sympathy or empathy, impaired decision-making, problems in personal relationships, depersonalization and poor work-life balance.⁴

“Most of the folks that we hire are close to the actual work or in some cases, the frontline staff have been injured themselves and I feel like within that it has its own challenges. The folks who want to do the work and have been affected are the perfect folks to do the work although there are so many things that can come up to actually trigger them.”⁵

Frontline workers are often motivated by their own personal experiences. However, while their personal experiences play a significant role in their ability to develop relationships with program participants, it also creates potential vulnerability to vicarious traumatization.

“ Frontline workers typically remain in their role for a few years before they experience burnout. ”

The propensity for workers in this field to have experienced personal trauma themselves and therefore be at a higher risk for experiencing vicarious trauma, underscores the responsibility of organizations and agencies to provide support to staff.

Burnout

The job responsibilities of frontline workers often entails increased exposure to stressful situations that often require immediate problem solving. These stressful demands of the frontline worker role create challenges that can significantly impact performance, job satisfaction, and their overall wellbeing. Due to their passion for the work and close ties to the community, staff often overextend themselves ultimately leading to burnout. Burnout describes a condition of persistent exhaustion and decline in overall investment and commitment to one's work due to work related stress.⁶

Frontline workers typically remain in their role for a few years before they experience burnout.⁷ This typically manifests as lower job satisfaction and a decrease in a sense of personal accomplishment. Although the passion and love for the work and the community remain, staff struggle to remain motivated and emotionally invested in the work. Burnout amongst frontline workers can also be attributed to having large caseloads with participants who are at a high risk for involvement in violence or who are in acute crisis and need intensive support. Such caseloads are particularly taxing for staff if there aren't sufficient mechanisms in place to ensure that their workload is manageable.

“A challenge for programs is trying to find the right pace for frontline workers who have also been through traumatic situations. Many of them start very ready to go but it's about finding a pace or a balance for them out the gate is very important which could mean a limited caseload, maybe those that have also been traumatized or being shot or stabbed, having a lower caseload – sitting down and having a conversation with them about where they are.”⁸

When staff experience burnout, the demands of program participants can become overwhelming. In these cases, the ability to connect and empathize with the experience of participants becomes compromised and staff can become detached from the work and from their participants. To be successful, programs must consider the many ways in which the work impacts staff and develop appropriate policies and strategies to ensure that staff are supported.

Training and Development

Frontline Violence Prevention and Intervention work requires a specific set of skills. While many programs provide formalized training to staff, this is not a consistent practice across the field. Frontline workers are usually hired because they have lived experience and credibility in their community and with those who are at highest risk for involvement in violence; however, they often required job specific training in order to perform at the highest level. They are rarely equipped with the adequate training that prepares them for the demands of the work, the level of trauma exposure, and the skills needed to develop and cultivate relationships with partner organizations.

“People come in with a lot of heart, but don't necessarily realize how demanding the role can be. When doing this work, we aren't equipping the actual workers with the tools they need to successfully do what they are doing. Also, many have the experience in the community but don't have a lot of formal work experience. The initial training that we do has to cover some of these components around correspondence, and what the work place is going to look like.”⁹



Image from 2017 Healing Justice Alliance Conference, photo credit: Move Photography

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For many frontline workers, this work is their first form of professional employment. It is common for new frontline staff to struggle with managing a caseload, scheduling sessions with participants, documenting participant notes and other administrative functions of the work. Documentation data collection analysis plays in work. Performing these tasks is often new for many frontline workers and organizational support and training is often needed to assist with this adjustment.

In addition to the administrative functions of the job, frontline workers also need training to navigate many other aspects of the work such as maintaining personal and professional boundaries with participants, conflict mediation, and trauma informed care.

LESSONS FROM THE FIELD

Invest in Self-Care

Self-care is critical for long term program sustainability because it safeguards the health and wellbeing of frontline workers. Managers must be trained on how to promote and implement self-care practices. Sometimes, this will entail making self-care mandatory in order to normalize it. Self-care practices will differ significantly for every individual. For some it could be journaling, meeting with a counselor, music, or working out. Ultimately, it is important that staff have accessible tools they can utilize to deal with violence and trauma so that they can perform their jobs well.

*“The self-care piece is just as important as the hard skills needed to do this work. We need to do better to help frontline workers identify when they are in a situation that may cause those burnouts and reinforcing that it is okay to check-in with yourself, take a day off, and let out some of those emotions.”*¹⁰

The Sacramento Violence Intervention Program (SVIP), found that establishing a trusting relationship with staff in a safe and supportive manner is an important part of developing healthy behaviors at work.

They make it a point to have regular self-care outings as a team. Monthly or bimonthly, the team engages in a group activity such as hiking, going to the river, heading to a bowling alley, a movie – something that gets them away from the daily grind of the work. These outings serve as an opportunity to decompress and build team camaraderie.

From an advocacy standpoint, the Boston Violence Intervention Advocacy Program (VIAP) has focused on the lack of financial investment for the support and care of the frontline workforce. Program staff stated:

*“There should be a section in all grants, similar to indirect costs, goals and objectives – that mandates funding for staff self-care. It is absurd to think that we keep adding expansion of services and quality client care, and aren't investing in supporting the health and wellness of our frontline staff.”*¹¹

EFFECTIVE STRATEGIES TO INCORPORATE SELF-CARE

Mental Health Support

Mental health is a significant component of self-care but is often unaddressed because of the negative stigmas associated with accessing mental health services. This stigma makes it difficult for staff to ask for help and engage in genuine conversations about their health and wellbeing. Additionally, it can be challenging to identify mental health services that are responsive to the specific needs of frontline workers and are culturally responsive. Creating an organizational culture that normalizes the role that mental health plays in violence prevention work goes a long way in improving staff response to work related stressors. The longer and more intensely frontline workers are exposed to traumatic circumstances, both personally and through their participants, the greater the odds that they may experience vicarious trauma or secondary traumatic stress. Managers should be trained on the common symptoms and indicators associated with vicarious trauma and secondary traumatic stress such as exhaustion, avoidance of work, and social withdrawals so they can provide support to frontline staff when needed.¹²

“ Staff meetings are a great opportunity for organizations to reinforce the importance of self-care and wellness. ”

Supervisors should also seek to create a therapeutic setting designed to prevent the development of negative symptoms. This might include regular group/team meetings where frontline staff can safely discuss traumatic and emotionally draining experiences, support one another, and address their feelings about these experiences openly with people who understand. It may be necessary to have these meetings facilitated by a therapist or a professional with experience in mental health counseling.

Kyndra Simmons, Intervention Director at Youth ALIVE! had this to share about frontline staff accessing mental health supports:

“I learned very early on that with doing this type of work, you need a place to put it. You hold a lot of heavy things for people; all day your job is focused on helping people fix their problems and at the end of the day you don't have the energy to deal with your own stuff? You need to be able to let it out instead of holding it in.”¹³

Frontline workers should be encouraged to seek counseling or some form of therapeutic intervention without being stigmatized. If resources permit, it is recommended that there be a mental health professional on staff that dedicates part of their time to regularly scheduled sessions with frontline staff.

Staff Meetings

Staff meetings are a great opportunity for organizations to reinforce the importance of self-care and wellness. Meetings can provide a safe space for managers and staff to discuss team moral and assess the pulse of the team. Consider staff meetings as an opportunity to innovate and introduce team self-care activities by setting aside time during each meeting to focus on personal wellness. These activities can be as short as five minutes and may include guided meditation, breathing exercises, journaling and grounding techniques. Self-care activities should be identified by the team to ensure participation and buy-in. This reinforces the organization's investment in staff wellness and promotes the importance of practicing self-care consistently.

Staff meetings are also a great time to discuss staff caseloads to ensure that no one team member is feeling burned out. In these cases, managers and other team members can offer support and encouragement when needed. If a redistribution of caseloads or staff responsibilities is needed, it can be discussed and agreed upon by the team. In this way, staff meetings help foster a sense of community and collaboration.

Staff Retreats

Engaging staff in organization-wide retreats provides an opportunity for the team to leave the intensity of their responsibilities and devote uninterrupted time to self-care, team building, program planning, and professional development in a relaxed environment. This also serves as an effective medium for staff to stay integrated with organization leadership and staff from other departments in the organization. This provides frontline staff with an opportunity to contribute to the direction of the organization which creates a high level of investment in the organization.

Self-Care Plans

Self-care plans can help enhance health and wellbeing and stress management. Plans promote practices that sustain long term positive self-care. There is no “one-size-fits-all” self-care plan, but there is a common thread, making a commitment to attend to one's physical and psychological health, emotional and spiritual needs, and relationships.



Image from 2017 Healing Justice Alliance Conference, photo credit: Move Photography

“ Trauma specific education can play a significant role in decreasing the impact of vicarious trauma and burnout. ”

Self-care plans can serve as an effective tool to help staff stay engaged in those moments when they are feeling triggered or overwhelmed. Ideally, these plans are to be tangible, such as on a note card or piece of paper, so that they are readily accessible. There are numerous resources and toolkits available online that programs can access to support staff in developing effective self-care plans.^{14, 15} As a point of emphasis, managers and supervisors should discuss self-care plans routinely with staff during staff meetings and during individual supervision. When staff share their plans with the larger team, the team is then able to provide support and encouragement in the use of those identified techniques.

Training and Education

Trauma specific education can play a significant role in decreasing the impact of vicarious trauma and burnout. Information can help staff name their experience and provide a framework for understanding it. Teaching staff about trauma and vicarious trauma can begin as early as the interview stage. Organizations have a responsibility to educate potential staff about the potential risk associated with trauma work and assess their resilience. It is important that new workers are educated about the effects of trauma as they are likely to experience the most impact.

Connect Staff to a Peer Learning Community

Peer learning communities are a method for fostering collaborative learning among colleagues within a particular field of work. Generally, the main focus of these groups is improving skills and knowledge through collaborative study, expertise exchange, and professional dialogue.¹⁶ Identifying and connecting staff to a peer learning community that has shared personal and professional experiences can serve as an added support system. Peer learning communities provide an opportunity for frontline staff to process trauma material with peers. These communities can serve as a space to meet other frontline staff, troubleshoot common issues, concerns and challenges, and receive further training and development.

The National Network of Hospital-Based Violence Intervention Programs (NNHVIP) convenes a bi-annual Northern California HVIP Frontline Workers' meeting in an effort to bring together frontline staff from Northern California HVIP programs to network and share best practices around frontline staff development, training, and support for work.

Past meeting topics have included:

- **Developing professional standards for frontline workers.**
- **Professional development needs and personal boundaries around the work.**
- **Non-violent communication strategies and self-awareness techniques for working with participants in order to acknowledge the impact of their trauma, identify needs and strategies to repair harm, and develop an effective care plan.**

The annual Healing Justice Alliance (HJA) conference also features a track of presentations specifically focused on supporting frontline workers. These sessions highlight different programs and strategies being implemented around the country that promote the health and wellbeing as well as the professional development of frontline workers.¹⁷

Past conference sessions have included:

- **The Role, Challenges and Best Practices of the Credible Messenger/Violence Intervention Specialist**
- **Voices from the Frontlines**

Invest in Staff Training and Skill Building

Providing training and skill development to allow staff to perform their jobs effectively and with confidence. Frontline worker positions are often the first step towards a higher-paying professional job.¹⁸ Yet, the demands of the job and hurdles to advancement, including licensing and education requirements, often act as barriers to this advancement. Thus, frontline workers often remain in entry level positions and experience burnout after a few years. High attrition rates can lead to decreased program stability, increased training costs due to the need for continuous replacement, and can significantly impact long term program sustainability.

“ It is important that organizations provide opportunities for frontline worker to develop and learn new skills...”

It is important that organizations provide opportunities for frontline worker to develop and learn new skills and see the many ways in which they can contribute to healing their communities beyond frontline violence intervention work. This allows staff to grow in the organization or pursue other employment.¹⁹ The provision of career development opportunities acknowledges the value of frontline workers and demonstrates a commitment to their long term professional growth and development.

Violence Intervention and Reduction Training

(VIRT), is a 5-7 day training developed by Cure Violence for outreach workers, violence interrupters, and other administrative staff. It includes a mix of core concepts and skill development through demonstration and practice. The curriculum is organized around four core areas: 1) Introduction to interruption and outreach, including roles and responsibilities with an emphasis on boundaries and professional conduct; 2) Identifying, engaging and building relationships with participants and prospective participants, assisting participants to change their thinking and behavior as it relates to reducing risk for injury/re-injury and/or involvement in violence; 3) Preventing the initiation of violence or retaliatory acts when violence occurs through mediation and conflict resolution; and 4). Working with key members of the community, including residents, faith leaders and service providers through public education, responses to violence and community building activities. The training also includes conflict mediation, identifying the highest risk among other elements.

Frontline workers should also be trained on how to navigate different system based agencies. This training and knowledge helps to build their skillset and enables them to better respond to the needs of program participants. If a client is seeking Crime Victims Assistance funds, the frontline worker should not only be able to help the client fill out an application, but should also be knowledgeable of the eligibility criteria. Failure to comply with law enforcement, for example, can be a disqualification factor when applying for Victims of Crime Assistance (VOCA) funds.²⁰ Frontline workers should be able to explain to the client, family members, and friends how the VOCA process works and how decisions are made.

The New York State Office of Victim Services

provides training and technical assistance to victim service providers across the state.²¹ Trainings cover a wide range of topics and helps organizations to understand the policies and processes that clients must navigate when applying for financial support. Similar training and technical assistance is offered in many states across the country.

Supporting the professional development of frontline workers requires more than a single program or initiative. Organizations should develop policies that makes investing in skill building and career advancement, organizational culture and practice. Examples of supportive HR policies and benefits include training stipends that cover participation in workshops and conferences, and full or partial paid time for participation in education and training related to their work.

Organizations should also provide regular professional development opportunities such as having staff lead trainings and community meetings to develop leadership skills and connect them to advanced training opportunities focused on transferable skills, including professional writing and case management. With increased skills and knowledge, organizations can also confidently promote from within and seek to identify additional advancement opportunities. It is important to note that organizations should not feel responsible for developing and maintaining expertise in all aspects of workforce development. Rather, these resources and trainings should be made available through the organization's network of local and national partners.²²



Image from 2017 Healing Justice Alliance Conference, photo credit: Move Photography

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An example of a program that has found an effective way to connect workers to additional training and skill development, is Aim4Peace based out of the Kansas City, MO Health Department, a Cure Violence replication program focused on reducing shootings and homicides. Aim4Peace uses trained violence interrupters and outreach workers to mediate conflicts and work with individuals who are considered at highest risk of committing offenses due to their living or employment situation.²³

Through a grant awarded to Metropolitan Community College, Aim4Peace Outreach workers received training and certification as Community Health Workers. The six-week curriculum trained staff on the impact of culture and social determinants on community health outcomes. Other training topics included understanding public health systems, practicing personal safety, motivational interviewing, case management, conflict resolution, documentation skills, effective communication and working with the community to promote health.²⁴

In addition to the Community Health Worker certification, staff receive ongoing training on conflict mediation, de-escalation, and vicarious trauma. Frontline workers also engage in various other professional development opportunities such as public speaking engagements, presentations with Health Department leaders and media interviews.

Professionalizing Violence Intervention work increases long term professional outcomes for Frontline workers. Certifications legitimizes the work and can open numerous career opportunities would not traditionally be available.

Violence Prevention Professional (VPP) Certification Training is a training and certification developed by the National Network of Hospital-Based Violence Intervention Programs (NNHVIP) to professionalize the violence intervention community by making those who successfully complete it eligible for reimbursement for their peer-counseling services and to standardize the training for people doing violence prevention work . This capacity

building effort is meant to decrease strains on the mental health field, increase capacity of survivors of violence to become leaders in prevention efforts state-wide, and increase organizational capacity to serve communities impacted community violence.

Training Topics include but not limited to:

- Trauma-informed care practices
- Boundaries, ethics and relationships with clients
- Hospital bedside visit best practices
- Case management and advocacy
- Crisis intervention and conflict mediation

Invest in Personal Development

The commitment that frontline workers make to helping their community eradicate violence and heal from trauma does not mean that they have fully addressed their own personal trauma. As previously mentioned, frontline workers often come to Violence Intervention work with their own history and experience with trauma and violence, and many of these individuals are often still struggling with the effects of these experiences. This can include PTSD, strained family relationships, substance abuse, financial hardships, and criminal justice obligations such as probation and parole. Organizations should acknowledge that staff may be dealing with these challenges and devote resources to support them in their personal healing journey.

There are numerous steps that organizations can take to ensure that staff have the resources and support they need to succeed both personally and professionally.



Image from 2017 Healing Justice Alliance Conference, photo credit: Move Photography

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Below are a few ways in which organizations can provide support to staff.

Reduce barriers to housing: Finding housing can be a challenge for many program participants; however, many frontline workers also face similar challenges when it comes to finding affordable housing. Justice system involvement and financial challenges can create many barriers that make it difficult for staff to find suitable housing. Organizations should be aware of this potential barrier and provide support to staff who may be struggling to find housing. Supportive assistance can include first time home buyer incentives and housing vouchers.

Flexibility with Justice System Obligations: Justice system obligations can create irregular and inconsistent requirements that conflict with staff responsibilities. In these instances, organizations should be flexible in supporting staff. It is important that organizations communicate with staff to manage their outside obligations and develop schedules that allow them to satisfy these obligations without disrupting their professional work responsibilities. This support and understanding demonstrates a commitment to their long term personal growth and development.

Implement non-punitive sanctions: Organizations should develop non-punitive responses for when staff relapse or engage in behaviors that are in conflict with policies and expectations. These responses should be trauma informed and focused on staff accountability while reinforcing support from the organization. Further, it is important in these instances that staff are not ostracized but that supervisors quickly address the behavior and help chart a positive path forward for the worker.

Increased individual supervision, mandatory trainings, and a change in work schedule are examples of effective non-punitive sanctions. These sanctions hold the worker accountable but also provides increased organizational supervision and support.

Conclusion

Frontline workers are critical to reducing incidents of violence and victimization in some of the most impacted communities. The services they provide fill a significant gap by connecting individuals and families to culturally relevant and trauma informed resources and services that are typically non-existent. While most organizations recognize the important role that frontline workers play in violence prevention and intervention work, training and support for these workers is often not a top priority.

As this brief illustrates, investing in frontline workers is an important step toward limigitizing the work and building professional, credible, and well trained staff. Investment in frontline workers reduces turnover, improves job quality and overall job satisfaction. Further, investing in frontline workers helps to ensure that they are not negatively impacted by their exposure to trauma and traumatic situations.

Most importantly, the recommendations in this brief provide a framework for building strong successful programs with healthy, motivated, and passionate staff.



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THANK YOU

Special thanks to the following practitioners and programs who contributed to the content of this brief:

**Elizabeth Dugan, Clinical Director,
Violence Intervention Advocacy Program**

Boston, MA

Boston Medical Center's Violence Intervention Advocacy Program (VIAP) assists victims of community violence and their families through physical and emotional trauma recovery by using a trauma-informed care model focused on providing services and opportunities. VIAP provides participants with crisis intervention, support, and advocacy as well as ongoing case management, connections to community resources and family support services. This is all done in an effort to provide immediate and long-term 360 degree care to prevent future injuries and assist with the healing process. VIAP is a Department of Justice, Office for Victims of Crime, Supporting Male Survivors of Violence grantee.

**DeAngelo Mack, Coordinator Sacramento
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Sacramento, CA

The Sacramento Violence Intervention Program (SVIP) is a peer violence intervention program serving the greater Sacramento region. The program serves violently injured youth ages 14 to 26 while reducing their chances for re-injury and recidivism. With the support of, Kaiser South Sacramento, SVIP has expanded to work in school settings with schools and youth who are at risk for getting involved in violence and/or on probation for violence.

SVIP trains and employs young adults from the community who have overcome violence in their own lives. SVIP staff members have grown up in communities similar to those of the program participants and understand the conditions their clients and their families face every day. Staff serve as case managers and mentors, working closely with youth and their families to assist them in leading a successful life without violence. These "intervention specialists" promote positive alternatives to violence and coordinate wrap-around services for youth and their families by providing information, referrals, and intensive follow-up services for up to one year.

**Kyndra Simmons, Intervention Director,
Youth ALIVE!**

Oakland, CA

Youth ALIVE!'s Caught in the Crossfire Program, operating out of three local trauma centers, is a hospital-based violence intervention program operated by Youth ALIVE! The program's Intervention Specialists, young adults from the same communities as the clients who have had similar experiences, respond to the hospital within an hour of being notified that a young person has been admitted to the hospital with a violence related injury. They work with the client, their family members and friends to provide emotional support, work to prevent retaliation, promote alternative strategies for dealing with conflicts, identify short-term needs, and develop a plan for staying safe. This case management and mentorship continues for six months to a year after the patient is discharged from the hospital.

ABOUT THE SERIES

The Healing Justice Alliance

The [Healing Justice Alliance](#) is a partnership between Youth ALIVE!, Cure Violence, the National Network of Hospital Based Violence Intervention Programs (NNHVIP) and Berkeley Media Studies Group. HJA has over combined 60 years of experience in training private and public sector agency leadership and staff members that are part of comprehensive, multi-system efforts that respond to crime victims and address violence as a health issue.

Based in Oakland, California, Youth ALIVE! works to help violently wounded people heal themselves and their community. Their overarching mission is to prevent violence and create young leaders through violence prevention, intervention and healing.

Cure Violence stops the spread of violence by using the methods and strategies associated with disease control – detecting and interrupting conflicts, identifying and treating the highest risk individuals, and changing social norms. Cure Violence is guided by clear understandings that violence is a health issue.

With over 30 member programs across the U.S. and beyond, the National Network of Hospital-based Violence Intervention Programs (NNHVIP) seeks to connect and support hospital-based, community-linked violence intervention and prevention programs and promote trauma informed care for communities impacted by violence. Its vision is that all patients and families impacted by violence will receive equitable trauma-informed care through their hospital and within their community.

Berkeley Media Studies Group (BMSG) helps community groups and public health professionals practice media advocacy and the strategic use of mass media to advance policies that improve health. Ultimately, BMSG aims to help reshape how news, entertainment, and advertising present health and social issues.

“ Frontline workers are critical to reducing incidents of violence and victimization... ”

The Supporting Male Survivors of Violence initiative In 2015, the Office for Victims of Crime (OVC) awarded the Healing Justice Alliance (HJA) 16 a grant to provide training and technical assistance (TTA) to FY 2015 Supporting Male Survivors of Violence grantees. A collaboration between OVC and the Office of Juvenile Justice and Delinquency Prevention (OJJDP), the grant initiative aims to help improve responses to male survivors of violence and their families. In 2013, OVC released its Vision 21: Transforming Victim Services Final Report. At the core of the report, OVC identified key priorities for providing services to victims of crime.²⁵

These priorities include:

- **The need to make services accessible for all victims in all communities.**
- **Development of expansive, flexible, and innovative service models.**
- **And a holistic approach to addressing the historical institutional, geographic, and cultural barriers.**

OVC recognizes that in order for crime victims to gain physical, emotional, and financial recovery from the effects of their victimization, there needs to be a significant shift in the way in which services are provided. This is particularly evident when looking at services available to young men of color who have experienced harm.

Twelve demonstration projects across the country – from Baltimore, Maryland to Santa Cruz, California – were selected to create and implement culturally relevant and trauma informed programs and interventions to engage male survivors of violence, specifically, young men of color (YMOC) and their families impacted by trauma and violence.

The overarching goals of the initiative include:

1. **Creating a multi-disciplinary network of partners to provide coordinated services and support for male survivors of violence and their families.**
2. **Conducting outreach and training to educate stakeholders on the adverse effects of trauma and violence; and, developing methods to overcome barriers that prevent male survivors of violence and their families from accessing services and support.**²⁶

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