BETWEEN A BULLET AND ITS TARGET:

STREET INTERVENTION, TRAUMA EXPOSURE, AND PROFESSIONAL IMPLICATIONS

RESEARCH TEAM

KATHRYN BOCANEGRA, PHD, LCSW, PRINCIPAL INVESTIGATOR
NATHAN AGUILAR, LCSW
JEANETTE LEE, JD, LCSW
KATHRYN KELLY CARROLL, LCSW
HYUN-SEOK (EDWARD) CHEON

STOPPING BULLETS WITH BARE HANDS:

STREET INTERVENTION WORK

In 2021 there were **797 homicides** in Chicago and **3,677 non-fatal shooting victimizations.** Although black residents represent approximately 30% of Chicago's population, **81.4% of homicide victims in 2021 were Black.**[1] Violence is spatially and racially concentrated in Chicago in communities impacted by systemic racial inequality.

The 2021 violent crime stats are notable increases from 2020 (772 homicides, 3,383 non-fatal shootings), and markedly higher than the alarming violent crime rates of 2016.

In 2016 Chicago's leaders mobilized a response to a spike in violence. In that year 762 homicides were recorded in Chicago, an 83% increase from three years prior. The Chicago philanthropic community supported the development of Communities Partnering for Peace (CP4P), a city-wide coalition of violence prevention organizations. READI Chicago (Rapid Employment and Development Initiative), a company of Heartland Alliance, also launched one of the most comprehensive anti-violence initiatives combining cognitive behavioral therapy, transitional employment, and outreach services for the highest-risk men in 3 of Chicago's neighborhoods. A few years later the City initiated the Mayor's Office of Violence Reduction. Central to these violence reduction efforts is **street intervention work.**
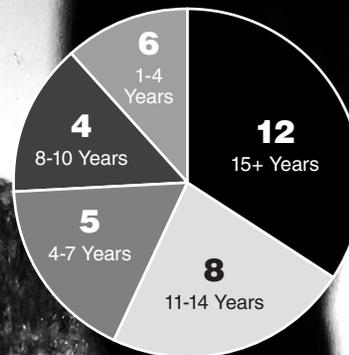
Street intervention work proactively engages with individuals in gangs or other street organizations to reduce their risk of violence. Workers leverage insights gained through their own experience—many were street involved, gang affiliated, and involved in the criminal justice system.

This lived experience, however, and the work of reducing community violence involves high levels of stress and trauma. Street intervention workers are first responders—frequently responding to homicide scenes, mediating conflicts, and attending funerals. And unlike other first responders, they often have shared histories with their clients.
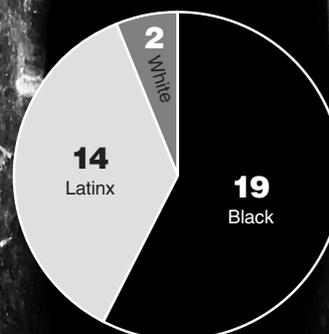
---

1. These statistics were obtained from the City of Chicago's Office of Violence Reduction Dashboard, which can be viewed here: https://www.chicago.gov/city/en/sites/vrd/home.html

6 1-4 Years

4 8-10 Years

12 15+ Years

5 4-7 Years

8 11-14 Years

SURVEY PARTICIPANTS'
RACE

2 White

14 Latinx

19 Black

THIS RESEARCH EXPLORES OCCUPATIONAL STRESSORS EXPERIENCED BY 35 STREET INTERVENTION SPECIALISTS AND SUPERVISORS, THE FORMS OF TRAUMA THEY ARE EXPOSED TO, AND BEST PRACTICES TO SUPPORT THEM.

SURVEY PARTICIPANTS'
GENDER

2 Female

33 Male

CHICAGO NEIGHBORHOODS
REPRESENTED

- Little Village (12)
- North Lawndale (9)
- Back of the Yards (5)
- Garfield Park (3)
- Austin (2)
- Pilsen (2)
- Englewood (1)
- Brighton Park (1)
- Roseland (1)

"WE PAY PEOPLE FOR THEIR TRAUMA"

A CLOSER LOOK AT TRAUMATIC STRESS

PTSD, CPTSD, AND CTS

Post-traumatic stress disorder (PTSD) is recognized as a condition that can arise after a traumatic event. More recently, complex PTSD (cPTSD) has emerged to describe trauma arising from exposure to chronic stressors including family or community violence.

cPTSD acknowledges that trauma is a social condition, frequently occurring within interpersonal contexts.

Continuous traumatic stress (CTS) is characterized by an ongoing threat that is faceless yet pervasive and substantive.

"A colleague had her car shot up and ended up losing one participant...I think that was the first time I actually even let into my head about the danger of the job."

"I didn't realize how much this job takes a toll on you. I was actually driving to work one day… and I had heard of nervous breakdowns, right? But man, I just started shaking and crying. I had to pull over… Even though I knew some stuff about trauma, when it happens to you… everything goes out the window."

In recruiting street intervention workers, organizations seek out those with personal experience of violence exposure, street involvement, and incarceration, who can build rapport with individuals at high risk of violence.

Study participants described life with a backdrop of historical trauma arising from community divestment and racism, as well as extensive personal trauma. They shared experiences of child maltreatment, domestic violence, street involvement, and traumatizing systems. Participants have witnessed violent events in their personal lives, then witness a multitude of violent events through the course of their work.

Previous examinations of trauma exposure in violence reduction work have narrowly focused on the presence of symptoms associated with PTSD that result from exposure to shootings and homicides. This study reveals that the trauma exposure of street intervention work is much more expansive.

- **Intervening in violent conflict,** acting as first responders and mediating conflicts with a potential to escalate. Workers are always aware of the possibility of being shot and regularly described grisly scenes witnessed through their work.
- **Attending to the immediate aftermath of a violent event,** offering mediation, working to mitigate retaliation, coordinating vigils, and providing resources to surviving family members. They put aside their own grief to engage with others.
- **Disrupting community-to-prison pathways** As they seek to disrupt cycles of perpetual punishment, workers must often interface with police, parole officers, and the legal system—a source of their own past and present trauma. Being approached or stopped by police while engaging with or transporting clients can be problematic—one-third of participants described police misconduct from verbal harassment to false arrests.
- **Organizational trauma,** such as delegitimization of street-level workers who lack the means to advocate for themselves, or having the rewarding nature of the work used to justify low pay or overfunctioning.

"Something as simple as employment, but they're [participant] on electronic monitoring. That whole process of having to call the 1-800 number, being on the line for two hours, and then the phone call getting cut off, and you having to call back. I just don't get all these different barriers that are put in place, but in the back of my mind I know exactly why. The system is supposed to be working this way, it's not meant for people that are formerly incarcerated…. I think a lot of the trauma impact comes from this, having to constantly deal with that."
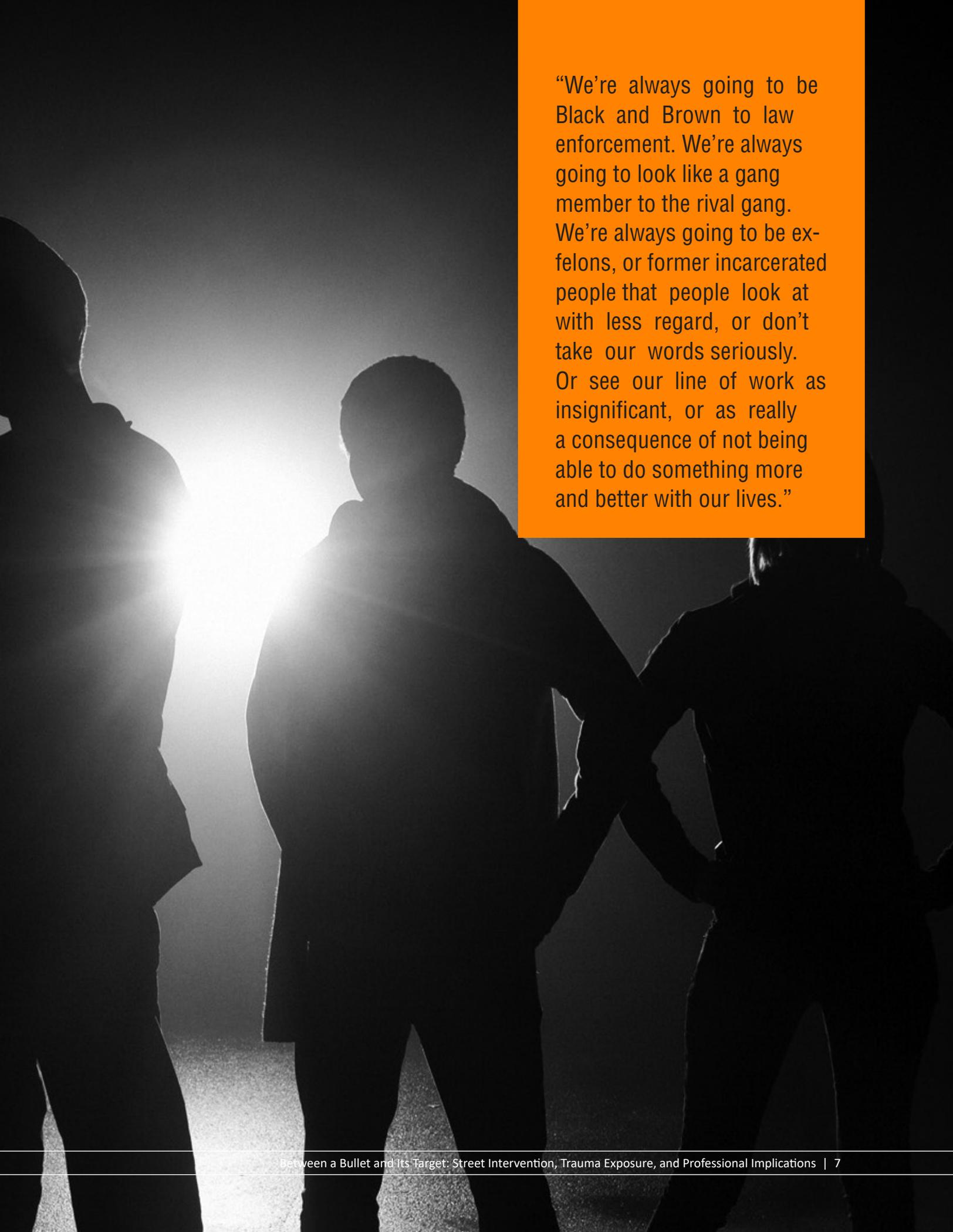
"I work with a lot of educated people and because they are educated people, they belittle us. Especially if you have the word 'outreach' associated to your title."

FURTHER RESPONSES TO TRAUMATIC STRESS

Street intervention workers told us they experience fear of violence or death every day they work. In addition to the emotional, cognitive, and behavioral effects already discussed, street intervention workers described additional ways trauma affects them.

"I was MIA from work for maybe two months . . . the nightmares were kicking in real hard—very violent nightmares. Blood. Lots of blood, lots of death."

- **Identity threat—**Street intervention workers' professional role is often part of redefining how they view themselves. However, they are often working with people in circumstances similar to their own pasts. They may be resurfacing past traumas, and narrating their experiences can evoke shame and remorse. Thus, trauma exposure at work can call their emerging identity as a community leader and violence prevention specialist into question.
- **Moral crisis—**Beyond typical workplace dissatisfaction, moral injury occurs when a worker risks their life with perceived little regard. Street intervention workers sometimes felt used by supervisors and organizations when placed in roles without appropriate support, preparation, or pay. Some struggled to believe in the goodness of others, the possibility of change, and even in the existence of God.
- **Relational distress—**Traumatic stress may lead to distrust of coworkers, an adversarial mindset toward staff, or lack of regard for supervisors' understanding. Participants also shared transferring negative emotions to their family members.
- **Compromised work performance—**Exposure to traumatic stress was tied to workers' inability to perform tasks, absenteeism, and detachment. Study participants noted falling behind with administrative tasks due to the urgency of client needs.

"We're always going to be Black and Brown to law enforcement. We're always going to look like a gang member to the rival gang. We're always going to be ex-felons, or former incarcerated people that people look at with less regard, or don't take our words seriously. Or see our line of work as insignificant, or as really a consequence of not being able to do something more and better with our lives."

BEST PRACTICES

AND ORGANIZATIONAL RESPONSIBILITY FOR EMPLOYEE WELLNESS

"Maybe if you're really lucky, at like the next staff meeting, there'll be some time to decompress, but pretty much you were expected to keep going."

The impact of traumatic stress among intervention workers can manifest in PTSD, complex PTSD, or continuous traumatic stress (CTS) syndrome.

Viewed through the lens of CTS, primary treatment goals include differentiating between real and perceived threats, and coping with symptoms and stressors.[2] Most recommendations include four components for meeting these goals.

CREATING SAFE SPACES

While absolute safety may never be guaranteed, pockets of safety may be achieved through relaxation and visualization, investing in safe relationships, creating safe havens, and strategic planning for threatening situations.

In addition to developing procedures for realistic threat appraisals, organizations can create authentically safe, healing spaces based around trustworthiness and transparency, peer support, collaboration and mutuality, empowerment and choice, and being culturally, historically, and gender affirming.

PSYCHOEDUCATION

Understanding trauma's impact on the mind and body can be powerful, as it normalizes reactions, validates individual's experiences, and helps predict emotional and physiological responses. This can increase a person's sense of control and empower them to use coping skills to manage distress or problematic behaviors.

---

2. Diamond, A. (2013). Executive functions. *Annual Review of Psychology, 64*, 135–168.

Organizations can infuse psychoeducation into onboarding and annual training to ensure a baseline grasp of trauma theory. This can also serve as a jumping off point for training in coping skills to manage stress and trauma reactions. Resiliency skill-building training should be part of all staff and leadership workloads.

Small group sessions with individuals from various teams or levels can reduce stigma, facilitate interpersonal connections, and build more effective teams. Contracting with external mental health professionals may reduce any negative power dynamics that might hinder group cohesion.

BUILDING COPING SKILLS

Living and working in an environment characterized by a looming threat of harm induces a sense of extreme anxiety and vulnerability, resulting in hypervigilance, difficulty trusting, and potentially extreme avoidance behaviors.

Interventions focused on building coping skills, managing intense emotions, and problem solving are beneficial for dealing with post-traumatic symptoms and the impact of ongoing threat, as well as discriminating between real and perceived threats. These may include mindfulness and acceptance-based practices, relaxation training, stress inoculation training, cognitive restructuring, and skill building for interpersonal effectiveness and conflict resolution.

> "It's a 24/7 job. I can be laying in my bed at three o'clock in the morning, I can get a phone call about a shooting and I just got done working 12-hour shifts on a critical incident."

SOCIAL SUPPORT

Healthy social support is the number one protective factor against the negative impact of trauma. Safe connections restore hope and belief in humanity, calm the nervous system, and activate the prefrontal cortex. Safe social support increases a sense of solidarity, connection, belonging, and hope that people are still good, all of which are necessary for restorative healing.

Organizations that operate from a healing-centered framework will inevitably facilitate supportive relationships. Violence intervention organizations should be a source of support for communities as well as their own teams.

"You're just helping me become better and dealing with my trauma and I'm helping you. 'Cause they always ask me about prison. I do not like talking about prison all the time because I just did all my life in prison. But I understand that me breaking down my barriers too, and my trauma to he-help them understand what that life is in thereto--for them not to go there. I realized like when I talked to them . . . it relieved me, it relieves a burden on my shoulder . . . It really helped me heal from being in prison because I started believing that I went through that so I can be here today to help you not go through it."

CULTIVATING
TRAUMA-RESPONSIVE HEALING-CENTERED ORGANIZATIONAL PRACTICE

RESOURCE DEVELOPMENT

In Chicago nonprofits, street intervention workers are primarily employed as contractors, or positions may be dependent on a single grant. This instability leads to ongoing stress.

In addition, the idea of reacting to available funding rather than seeking opportunities that align with the mission was discussed. Workers feel that they are rarely consulted regarding programming or innovation that could be pursued through grants, nor are they involved when funding that implicates their work is pursued.

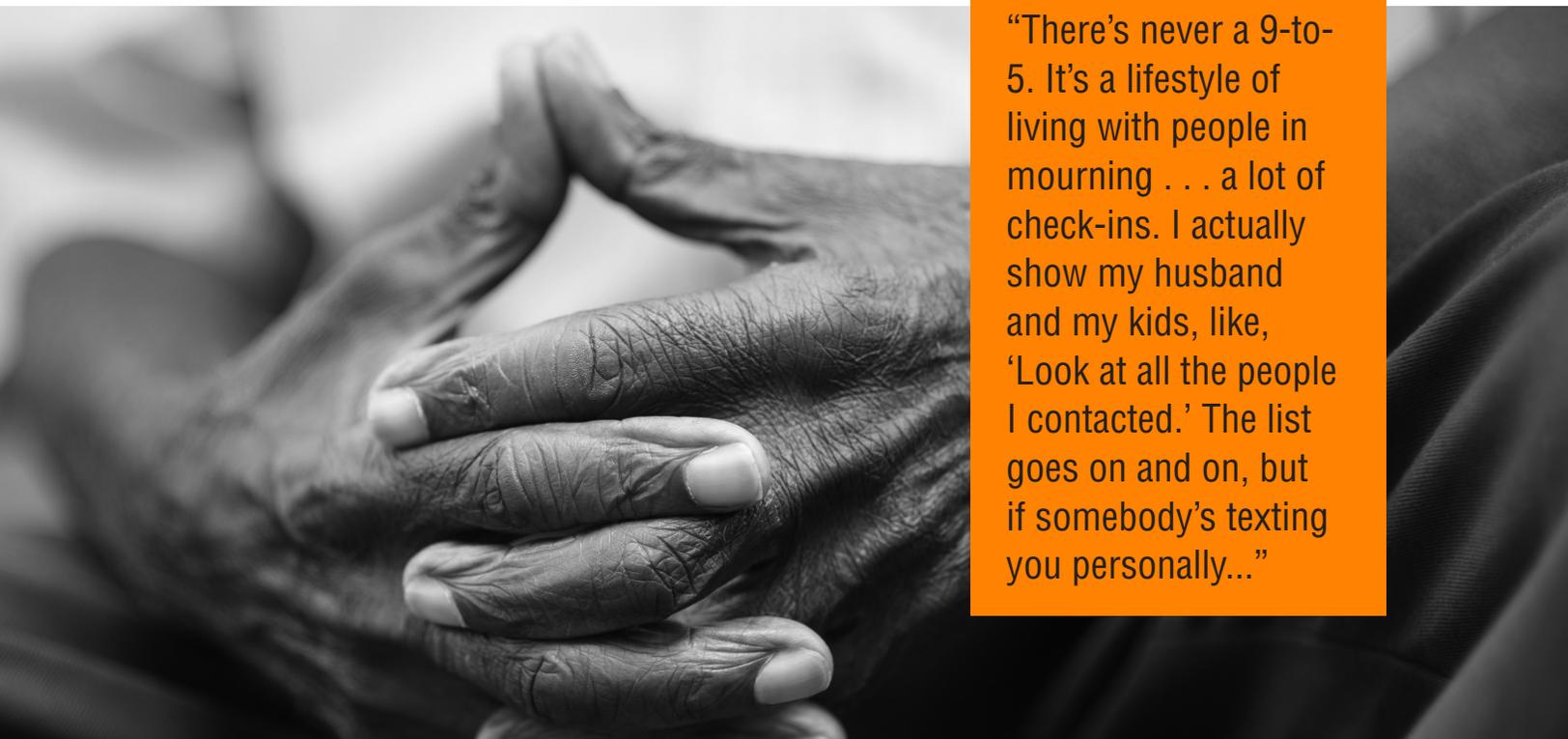| Perceived Goal	Workers' Experiences	Participants' Recommendations	Ideal Goal	Margins for Change
Organizations chase any funding opportunity associated with violence reduction to impose more work on existing street intervention programs.	Development activities are heavily disconnected from street intervention workers' experiences and programmatic needs.	Funding opportunities should focus on clients' needs as well as professional and personal development of street intervention workers and support staff.	Development strategies are informed by community needs and street intervention workers' perspectives. Development strategies incorporate programmatic needs beyond salaries for staff.	Is street intervention workers' employment stability comparable to other employees? What is the process for applying for grants, and to what extent are street intervention workers integrated into grants pertaining to their work? How are grant opportunities vetted? How familiar with street intervention work are development staff? Have they met one-to-one, visited sites, attended community meetings, etc.? How attuned are development staff to the needs of street intervention workers? Is there a mechanism for transmitting program needs to development staff?

> "Not-for-profits are yearly, quarterly funded. So, this is not a long-term source of income for these individuals. And majority of them . . . they feel used. They feel used like, 'Man, you know, I was used for this much time, and now they leave me no more, you know.'"

FINANCE

When asked what would mitigate the effects of traumatic stress, pay was frequently mentioned. While a higher salary would not prevent exposure to violence, it could increase access to resources that contribute to overall well-being.

Furthermore, awareness of unequal pay across nonprofits and compared to other street-level workers, such as community organizers or health workers, suggests pay practices should be examined. Considering how street intervention occurs in tandem with other outreach could uncover opportunities to braid funding streams.

Perceived Goal	Workers' Experiences	Participants' Recommendations	Ideal Goal	Margins for Change
Employment as a street intervention worker is highly precarious, as funding sources are unstable.	Due to perceived instability of employment and funding, workers normalize overworking without sufficient compensation.	Build ample funds into the budget for team building, physical and mental health support, and paid time off.	Street intervention workers and finance staff collaborative to develop an understanding of one another's roles and needs. This can result in the effective allocation of resources to staffing and programming.	Are street intervention workers' salaries commensurate with other street-level employees? How informed of street intervention work are finance staff? Have they met one-to-one, visited sites, attended community meetings, etc.? How informed are street intervention workers of nonprofit financial management? Do they know the finance staff, have they seen a budget, etc.?

"There's never a 9-to-5. It's a lifestyle of living with people in mourning . . . a lot of check-ins. I actually show my husband and my kids, like, 'Look at all the people I contacted.' The list goes on and on, but if somebody's texting you personally..."

> *"The carnage . . . everybody's traumatized by it . . . you feel like you got blood on your hands. Our outreach workers have been caught in crossfires. I've seen it. I've seen them lose people, get attachments to participants that's making strides, and then they ended up getting killed."*

OPERATIONS

Perceived Goal	Workers' Experiences	Participants' Recommendations	Ideal Goal	Margins for Change
Organizational operations prioritize the well-being of staff who work primarily 9–5 office jobs.	Operations are largely disconnected from the reality of those working in community settings outside the 9–5 window.	The well-being of all staff should be prioritized. When staff work on the streets or in other settings, at any hour, should know they have support.	Operations proactively anticipate and respond to programmatic and staffing needs.	Specific recommendations and guided questions follow regarding: Crisis preparedness Time management Healing operative frameworks Meetings and accountability Operationalizing worker wellness Integrating street intervention Training and professional development Measuring impact

Crisis preparedness

Crisis response is an inevitable component of street intervention work, yet most organizations discussed did not have protocols to support workers after an event. For homicide incidents, the following were seen as helpful:

- Individual check-ins with a direct supervisor within 24 hours
- Team meetings to process the event
- Creating a physical space to remember those who lost their lives
- Provision to take paid time off for a few days

Guided questions:

- What forms of crisis response are occurring?
- What individual- and team-level supports are helpful within the first 24 hours?
- Are there sufficient internal resources?

OPERATIONS (CONTINUED)

Time management

As a 24/7 job with porous boundaries, street intervention takes a toll on workers and can undermine service quality. Several suggestions could generate a healthier work-life balance.

- Shift timing based on the day of week, when there is a higher probability of services needed
- A rotating on-call person for crisis calls
- Collaboration and caseload familiarity across workers
- Paid time off, differentiated from vacation or sick time, after an incident

Guided questions:

- How many hours do workers average on site? How many more are they working from home or responding to calls?
- Do staff have separate work and personal phones?
- Could the organization benefit from a crisis line or phone?
- How are healthy boundaries modeled by administrators and supervisors?
- What recovery time is permitted following an incident?

> "Honestly, it has to be anywhere between 65 to 80-hour weeks, man. That includes, like being at home and getting a phone call from the joint. 'Hey, bro. I need a ride, I'm stranded in the wrong neighborhood.' Right? Like, 'Can you come pick me up?'"

Healing operative frameworks

Many community-based nonprofits have adopted trauma-informed practice, healing-centered engagement, and restorative justice practice frameworks that guide program development and how staff work together. Positive experiences suggest that these should be widespread to sustain healing and well-being.

Guided questions:

- Do we have a framework centered on well-being and healing?
- Are we partially using a framework, perhaps with participants but not staff?
- Where is the greatest need for healing?

Meetings and accountability

Even within a dynamic work environment, workers overwhelmingly expressed the need for a consistent support structure. This would likely involve regular supervisor check-ins and team meetings to allow information sharing, team strategizing, and staff care, as well as opportunities for feedback on grants, professional development, and acknowledging accomplishments.

Guided questions:

- Does each staff member check in with a designated supervisor?
- How are check-ins structured—is a supervisor assessing for performance, wellness, growth opportunities, and support needs?
- Are there regular team meetings?
- Is there space to discuss challenges, accomplishments, and future growth?

Operationalizing worker wellness

Worker wellness has largely been seen as practicing self-care on an individual's own time. There is opportunity to operationalize worker wellness by integrating it into onboarding and orientation, supervision, workload management, and ongoing training and professional development.

Guided questions:
- How do we define worker wellness?
- What resources are available?
- How do we present collective responsibility for worker wellness across all areas?

Integrating street intervention

Street intervention work is often siloed—one of many forms of community engagement performed by a nonprofit. Integrating street intervention workers with other outreach staff can enhance support and cohesion as well as employment stability, if positions can be funded by multiple grants. This can also reduce unemployment claims and staff turnover.

Guided questions:
- How many forms of community outreach do we engage in?
- Do our teams collaborate across program areas? Are there opportunities?
- Can other program staff lend support to street intervention clients?
- What are the obstacles to collaborative work?

Training and professional development

Metropolitan Family Service's Peace Academy training is seen as an important benefit, including its education around trauma. Beyond that, only some participants received additional training. What's more, little thought has been given to develop workers once they are employed, leaving many feeling stuck in their roles.

Guided questions:
- What kinds of professional development opportunities are available?
- Does our organization provide promotions and other opportunities for upward mobility?
- What mechanisms do we have for identifying opportunities for growth?
- Is this a regular part of supervision and performance evaluations?
- Are supervisors trained in how to facilitate growth?

OPERATIONS (CONTINUED)

Measuring impact

As street intervention work has grown, research partnerships have expanded to evaluate impacts. However, research designs and metrics may not fully incorporate all elements of a program's impact. Street intervention workers described research as a numbers game with little ownership over impact statements, and instances where performance benchmarks were used against them. There is an opportunity to reexamine the indicators of success and their ability to adequately reflect impact.

Guided questions:

- What internal capacity do we have to measure impact?
- What unmet needs exist?
- How are external research partnerships and the collaborative framework for research established?
- Do street intervention workers receive training on program evaluation?
- How are metrics defined and how are they used in performance evaluations?

HUMAN RESOURCES

Perceived Goal	Workers' Experiences	Participants' Recommendations	Ideal Goal	Margins for Change
Street intervention workers are risks to be managed, not assets to be developed.	From the point of hiring to eventual release, street intervention workers experience minimal investment in their professional success.	Create opportunities for street intervention workers to learn skills and responsibilities of other staff. This can create a pathway for team development and transition for those who want to stay in the field but in a new capacity.	Street intervention workers are a critical part of neighborhood public safety infrastructure. Organizations intentionally support and develop workers to promote personal and professional growth.	Specific recommendations and guided questions follow regarding: Onboarding and orientation raining and development Compensation strategies and employee benefits Managing performance issues Staff supervision

"There was this idea that you're giving of yourself for the sake of others. I remember actually being questioned when I said that people needed to be paid more, because they're like, 'Well, they're doing this for, like, their faith.'"

Onboarding and orientation

From hire to departure, many workers sense that organizations only see value in their personal histories. Onboarding is a key opportunity to communicate that the organization sees them as much more.

Guided questions:
- What is the onboarding process and which members of the organization play a role? Who coordinates?
- What is the content and how is it delivered? Are we reaching a variety of learning styles?
- What ongoing opportunities are there to become familiar with various program areas and staff?

Training and development

Systemizing staff training can contribute to workers' long-term employability and facilitate an off-ramp into other roles within the organization and beyond.

Guided questions:
- What ongoing training and development opportunities exist? How often are they made available?
- To what extent do staff inform the identification of learning activities that would benefit them?
- Does the program provide skills beyond those needed for one's current work?
- Are there opportunities to expand training into other areas of social services?

Compensation strategies and employee benefits

Performance-based incentives for employee excellence did not exist at any nonprofits in our study. These should be created and clearly articulated, along with basic benefits, during orientation and ongoing training. These can include salary increases or other financial incentives, as well as incentives that may help mitigate traumatic stress, such as gym memberships, educational programs, or access to organization vehicles.

Guided questions:
- Are staff fully informed of existing benefits? How well do they utilize them?
- What additional benefits could address workers' needs?
- Can we partner with external agencies, such as a university, to provide benefits?

Managing performance issues

Street intervention workers' personal histories, plus the traumatic stress of the job, creates a perfect storm for performance issues. When staff struggle to fulfill responsibilities, instead of punitive responses, organizations can embody a healing-centered framework and respond in a way that minimizes risk without further harming the worker.

Guiding questions:
- Do we have a protocol for managing performance issues? Or are issues addressed more informally?
- Does this protocol focus on wellness and healing-centered accountability?
- To what extent are supervisors trained and supported in adhering to this protocol?

HUMAN RESOURCES (CONTINUED)

Staff supervision

Supportive staff supervision is arguably the strongest measure in mitigating the traumatic stress of street intervention work. Motivational interviewing, active listening, restorative justice, conflict mediation, and trauma-informed care skills can benefit supervisors and teams, as well as supervisors who embody balance, self-care, and worker wellness themselves.

Guided questions:
- Is professional development offered to supervisors to prepare them for leadership?
- How are supervision sessions structured? What is their frequency and length?
- Is there a balance between work-related and informal questions?

- How is performance discussed?
- Do supervisors document sessions? Is follow-up required?

"You feel it, you take on it. I always say this to my coworkers and whatnot, but I'm not here to prune shrubs. I'm not here to, you know, cut off dead leaves of trees. I'm here to put my hands in the dirt and make something positive grow out of it. That's the only way to really nurture something is to put your hands in the dirt and, you know, make sure you get those roots in there too."

MARKETING AND COMMUNICATIONS

Nonprofit marketing and communication may involve websites, newsletters, social media, and more. As they convey the organization's mission and services to the public, these activities can also support street intervention workers through promoting their success in the community and contributing to their positive self-regard as a peacemaker.

Communications can also build up communities and change public perceptions of individuals who were formerly street involved or incarcerated. However, misinformation about outreach work may further strengthen stereotypes and not all may be comfortable taking part. Media attention may compromise their credibility or safety, or make it seem that they are taking credit for collective impacts.

> "I don't like being stigmatized and the stereotypes of, 'you're just a thug with a job.'"

If street intervention workers are asked to engage with the media, the organization must help them prepare and work with the media outlet to craft the story so it does not further contribute to the stigmatization of street intervention workers. For example, headlines such as "Ex-offender gives back to his community" perpetuates deficit-based narratives of street intervention work.

Perceived Goal	Workers' Experiences	Participants' Recommendations	Ideal Goal	Margins for Change
Street intervention workers are under-recognized or sold out through external communication strategies.	Leadership operates off of one of two extremes—no external communication or communication that largely contributes to preexisting negative stereotypes about violence reduction work.	Organizations empower street intervention workers to share their stories in ways that transform public narratives around violence reduction and those impacted by violence.	Community-based organizations play a significant role in reshaping the narrative around people who were formerly street involved or incarcerated.	How comfortable are workers with sharing their lives and work via communications such as newsletters or annual reports? How comfortable are workers conversing with newspapers and other media outlets? What stories do our workers feel are important to be shared and with whom? How can we support the sharing of these stories? What opportunities are there for sharing our team's work within our communities?

> "There definitely needs to be like some type of affirmation where street intervention workers are recognized for the work that we do."

UIC **UNIVERSITY OF**
ILLINOIS CHICAGO

Jane Addams College
of Social Work