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The Unintended Consequences of Community Violence Interruption Programs: Secondary Trauma Among Program Staff

Miltonette Olivia Craig, J.D., Ph.D. & Cristal N. Hernandez, M.A.

To address the gun violence in the United States—considered a public health crisis, especially among young men—and growing demands for alternative approaches to community safety, several municipalities and local nonprofits have established violence interruption programs to serve high-need areas (Braga, 2022; Chwalisz, 2023; Hureau & Papachristos, 2024; Thomas et al., 2022). The violence interruption program model centers trusted community members called "violence interrupters" (also known as "violence prevention specialists," "violence interventionists" or "outreach workers") as the primary responders to conflict, rather than law enforcement personnel (Aldrich, 2015; Hucke, 2024; Lund et al., 2024). Individuals who work as violence interrupters (VIs) are positioned within specific high-risk areas, and use their specialized training and lived experience to provide mentorship and mediate emerging conflicts between groups and individuals, with the goal of disrupting and defusing cycles of violence (Bonevski et al., 2014; Bocanegra & Aguilar, 2024; Butts et al., 2015; Papachristos & Hureau, 2022).

Although community violence interruption programs have shown much promise, research within the public health, behavioral health, and criminal justice fields has also highlighted unintended consequences of such programs—namely, secondary or vicarious trauma experienced by VIs and other program staff (Bourgeois et al., 2025; Hureau et al., 2022b; Hucke, 2024; Ren et al., 2023; Singh, 2023). As discussed by Davis and colleagues (2025), "frontline violence prevention workers are often celebrated for their resilience, yet little attention is given to the emotional toll of their work" (p. 4). Individuals tasked with preventing violent victimization and/or providing supportive care following incidents of violence frequently experience secondary trauma due to the demands of their engagement and interaction with the community, and such trauma can have substantial consequences for VIs and program staff as well as their organizations and the people they serve (Bourgeois et al., 2025; Hureau et al., 2022a; Hureau et al., 2022b).

Program Origins and Key Models in the U.S.

Violence interruption programs utilize proactive and preventive strategies to mediate and defuse conflicts before they escalate into shootings or retaliatory violence. Drawing inspiration from disease control models, particularly the strategies used to interrupt the spread of infectious illnesses, these initiatives consider violence as contagious (Butts et al., 2015; McVey et al., 2014; Slutkin et al., 2018). Many programs are based within urban areas disproportionately affected by characteristics of concentrated disadvantage, such as high poverty, unemployment, and disinvestment (Santos Moreno, 2023; Webster et al., 2023).

The success of the programs rests on building trust and legitimacy with community members and intervening in conflicts at the street level. For instance, Hureau and Papachristos (2024) explain that central to "violence prevention work is what outreach [workers] call canvassing: walking or driving around a neighborhood, visiting corners and streets known to be violence hot spots, and trying to connect with people they know to be involved in ongoing violent disputes" (p. 431). VIs may also offer a wide range of services and resources for the communities they serve. For example, in a profile on violence interruption programs in the U.S., a VI in Stockton, California, explained that in addition to

mediating conflicts before violence, his work also involves visiting hospitals and crime scenes, guiding survivors and their families away from retaliatory violence immediately after a shooting, and assisting community members with relocating, enrolling in school, and securing employment (Singh, 2023).

One of the most prominent and longest-running violence interruption programs is *Cure Violence* (formerly called *Chicago Ceasefire*), which was launched in Chicago, Illinois, in 2000 by epidemiologist Dr. Gary Slutkin (Hucke, 2024; Ransford et al., 2013). The model identifies individuals at highest risk of violence involvement, intervenes through trusted "messengers" or VIs, and connects them to supportive services, including prosocial recreation, job training, and other resources to mitigate and prevent violence involvement (Ransford et al., 2013; Santos Moreno, 2023). Evaluations of *Cure Violence* have indicated significant reductions in firearm violence and fatalities in targeted areas, including program versions in other cities such as New York (Butts et al., 2015; Delgado et al., 2017; Whitehill et al., 2014). In Los Angeles, California, the *Gang Reduction and Youth Development* (GRYD) program has deployed VIs to mediate gang conflicts and facilitate community well-being in areas with high rates of violence (Ren et al., 2023). The *Safe Streets* program in Baltimore, Maryland, which is modeled after *Cure Violence*, utilizes outreach, mediation, and service connections in its efforts to reduce firearm violence (Webster et al., 2023).

Violence Interruption Programs in Texas

In recent years, large cities in Texas have adopted violence interruption models tailored to their unique social and cultural contexts. Houston launched the *Relentless Interrupters Serving Everyone* (RISE) program in 2022 under the Harris County Health Department. Built on a public health framework, RISE employs formerly incarcerated individuals and survivors of violence as street outreach workers who identify potential conflicts, offer mediation, and connect people to resources. Early assessments suggest that RISE has contributed to localized reductions in violence and has positively influenced community perceptions of safety (Perumean, 2024; Rice, 2023). In collaboration with Youth Advocate Programs, Inc., the City of Dallas implemented *Dallas Cred* in 2021, an intervention grounded in restorative justice principles. The program's credible messengers, such as those with lived experience of incarceration or former gang affiliation, served as mentors, conflict mediators, and advocates (Vaughn, 2023). Although *Dallas Cred* demonstrated promise in shifting community norms around retaliation and violence, it formally ceased operations in early 2025 due to funding challenges (Jones, 2025). The City of Austin's *ATX Peace initiative*, which was established in 2022, has received attention for its grassroots, community-driven approach. Program staff regularly engage with youth, arbitrate disputes, and work closely with families affected by gun violence (Cha, 2024). The initiative emphasizes healing and holistic support, and leaders have called for sustained investment to expand its reach (Thompson, 2025).

Program Effectiveness: Evaluations and Outcomes

The existing literature suggests that violence interruption programs have relative success in reaching the target population, although results vary based on program design, implementation fidelity, and contextual factors (Delgado et al., 2017; Hucke, 2024; Lund et al., 2024; Santos Moreno et al., 2024; Thomas et al., 2022; Webster et al., 2023). For instance, evaluations of *Cure Violence* in Chicago and New York found statistically significant declines in shootings, with reports of a 40% reduction in gun violence in areas where interrupters were active (Butts et al., 2015; Whitehill et al., 2014). In Baltimore, the *Safe Streets* program has achieved local reductions in shootings, as an evaluation found that some program sites saw as much as a 32% decrease (Webster et al., 2023).

Beyond traditional metrics, some research notes that violence interruption programs often foster intangible benefits, including improved community relationships, decreased fear of retaliation, and increased civic participation. Though these factors are more challenging to operationalize and measure, they are nevertheless vital for long-term community transformation (Hureau & Papachristos, 2024; Ren et al., 2023; Santos Moreno, 2023; St. Julien, 2022). Still, other reports note that while many violence interruption programs experience initial success, what follows are challenges in longevity largely due to funding instability, bureaucratic delays, and employee turnover, which ultimately impact efficacy (Bocanegra

& Aguilar, 2024; Chwalisz, 2023; Hucke, 2024; Hureau & Papachristos, 2024).

Risks to Violence Interruption Program Staff

Although violence interrupters play a critical role in public safety, their work exposes them to high levels of psychological and emotional stress (Bourgeois et al., 2025; Gun Violence Initiative, 2021; Hureau et al., 2022a). However, such risks to their psychological and emotional well-being do not frequently receive coverage when discussing violence interruption program needs. Firstly, interrupters often live in the same neighborhoods where they work, and many have personal histories of violence, incarceration, or trauma (Jany, 2022). This physical and personal proximity heightens their risk for secondary traumatic stress (STS), burnout, compassion fatigue, and emotional exhaustion (Hureau et al., 2022b; National Child Traumatic Stress Network, n.d.; Rhoden-Neita et al., 2023; Singh, 2023).

Furthermore, in Chicago, Hureau and colleagues (2022a) found that 60% of violence prevention workers had witnessed someone being shot at in the past year, and more than 70% had seen someone get threatened with a gun. The researchers also noted the following troubling finding: "Although less common, it is important to highlight the occurrence of direct gun violence victimization among [workers, as more than 2% were] nonfatally shot while on the job" (Hureau et al., 2022a, p. 2). These frontline exposures, coupled with deep empathy for victims, contribute to intense emotional strain for VIs.

Bocanegra and Aguilar's (2024) research discusses the ways in which interrupters may face unrealistic expectations to resolve entrenched structural issues like poverty, housing insecurity, and systemic community neglect. For instance, a worker featured in the research stated the following: "We're not miracle workers ... we need the public to understand that. 'Cause there's always this outcry of 'why aren't we doing enough?'" (Bocanegra & Aguilar, 2024, p. 382). The researchers also noted that program staff may become so consumed with the moral weight of expectations (e.g., serving individuals and protecting the entire community) that they engage in self-neglect or unhealthy coping, which can contribute to disillusionment and burnout (Bocanegra & Aguilar, 2024).

Violence interrupters also describe feelings of helplessness when they are unable to prevent a shooting or when a community member is killed. This emotional burden is exacerbated by inadequate mental health support within many organizations (Keegan et al., 2024). Furthermore, research has identified that the culture of stoicism in male-dominated outreach environments can discourage expressions of vulnerability, further intensifying distress (Davis et al., 2025). Compounding these risks is the issue of high staff turnover. Turnover disrupts trust with clients and communities, weakens program continuity, and undermines the long-term effectiveness of violence prevention efforts. If not properly addressed, the cumulative impact of secondary trauma on workers can jeopardize program integrity and sustainability (Hucke, 2024; Lund et al., 2024).

Recommendations for Program Staff Safety and Well-Being

To sustain violence interruption programs, organizations and municipalities must prioritize the mental health and well-being of their staff. Below are five key strategies to accomplish this—informed by the literature:

1. **Implement Trauma-Informed Organizational Practices**: Organizations and municipalities should embed trauma-informed principles into all aspects of their staff-focused operations, from onboarding to supervision. This includes training all program staff on trauma awareness in oneself, promoting psychological safety, and normalizing mental health care (Davis et al., 2025; Harmon-Darrow, 2020). For instance, researchers have partnered with violence interruption staff to implement the Fostering Optimal Regulation of Emotion to prevent Secondary Trauma (FOREST) program, which includes a toolbox model of positive emotion skills to help minimize burnout and improve coping practices related to indirect violence exposure (Jany, 2022; Samuelson, 2022).

2. **Offer Regular Supervision and Mental Health Support**: One recommendation is to offer trauma-informed supervision to program staff—which involves creating safe, supportive, reflective, and collaborative work environments—in order to mitigate the effects of secondary traumatic stress

(Knight, 2018; National Child Traumatic Stress Network, n.d.). VIs and other program staff should also have timely access to mental health professionals who understand the nuances of community violence. Agencies should provide on-site or subsidized therapy, debriefing sessions after critical incidents (e.g., deaths of community members), and confidential mental health referrals. Group therapy can also cultivate mutual resilience (Keegan et al., 2024; Rhoden-Neita et al., 2023).

3. **Foster a Culture of Healing and Peer Support**: Agencies should regularly celebrate staff resilience, encourage reflection, and build peer mentoring structures. For instance, the "wounded healer" model reframes lived experience as a source of strength and empathy (Davis et al., 2025). Having consistent team check-ins, restorative retreats, and healing circles can also create spaces for healthy emotional processing (Samuelson, 2022). Agencies should also access the resources and trainings provided by the Health Alliance for Violence Intervention and Self-Care for Advocates, which are both committed to the well-being of anti-violence workers.

4. **Provide Reasonable Compensation and Opportunities for Professional Development**: The dangerous and stressful nature of the work, and the relatively poor level of monetary compensation, contribute to stress and high turnover of VIs and other program staff. To address this, organizations and municipalities should offer competitive salaries, hazard pay, reasonable leave policies, and clear career pathways to demonstrate appreciation for staff contributions (Jany, 2024; Keegan et al., 2024). Training opportunities, credentialing, and advancement structures help retain experienced workers and affirm their value (Bonevski et al., 2014; Santos Moreno et al., 2024).

5. **Develop Organizational Policies and Practices that Address Structural Barriers to Program Longevity**: Agencies must advocate for broad change in how violence interruption programs can stay afloat (e.g., securing stable funding) while also protecting staff from overexposure. Policies should include manageable caseloads, continual reevaluation of safe(r) working conditions, effective crisis response protocols, and equitable division of labor (St. Julien, 2022; Vaughn, 2023).

Conclusion

Violence interruption programs represent a significant paradigm shift in public safety, as they center community wisdom, restorative justice, and prevention over traditional punitive approaches. However, these programs' success and vitality depend on the well-being and safety of the individuals doing the work. Violence interrupters operate on the frontlines of conflict and trauma, and their emotional labor deserves the same attention as the outcomes they help achieve. Addressing secondary trauma, preventing burnout, and cultivating organizational care are ethical imperatives as well as prerequisites for long-term program success. By supporting violence interrupters holistically, cities can build safer, more resilient communities for all.

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Author Bios:

Miltonette Olivia Craig, J.D., Ph.D., is an Assistant Professor in the Department of Criminal Justice and Criminology at Sam Houston State University (SHSU) and the Research Coordinator for the CVI. Her research examines decision-making across sociolegal institutions, such as vehicle stops and community supervision outcomes, as well as the lived experiences of intimate partner violence victim-survivors and system-involved individuals.

Cristal N. Hernandez, M.A., is a Ph.D. candidate in the Department of Criminal Justice and Criminology at SHSU and the Graduate Research Assistant for the CVI. Her research broadly focuses on victimology and carceral studies.