ARCvi Actionable Resources for Change in Violence Intervention

Temple University College of Liberal Arts | Public Policy Lab

Curated Reading for Community Violence Intervention (CVI) and Behavioral Health

Building A Trauma-Informed Workforce

Updated July 2026

This suggested reading list was curated by the Temple University ARCvi team to support trauma-informed practice among frontline workers in community violence intervention and behavioral health. It is not intended as an exhaustive bibliography, but rather a starting point drawn from the reports, guides, and texts our team has found useful and relevant to the field. If you know of a resource you believe should be included, please reach out through the "Contact Us" section at ARCvi.org.

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1. [website and resources by] **Bloom, Sandra L.**

   Philadelphia-based psychiatrist Sandra L. Bloom is a foundational figure in trauma-informed organizational practice and the creator of the **Sanctuary Model**. She is currently Associate Professor, Health Management and Policy at the Dornsife School of Public Health, Drexel University. Her work helped shift trauma-informed care from a focus solely on individual treatment to an examination of how entire organizations can become affected by chronic stress, fear, loss, conflict, and power imbalances. She argues that organizations serving traumatized populations must also attend to staff safety, relationships, communication, shared decision-making, supervision, and organizational culture. Her work is especially relevant to CVI because it treats workforce well-being not as an individual self-care responsibility, but as a core organizational condition for providing safe and effective services. Her website: https://sandrabloom.com/ has a wide range of resources and links to her publications and curricula.

   Key books
   - Bloom, S. L. (2013). *Creating sanctuary: Toward the evolution of sane societies* (2nd ed.). Routledge.
   - Bloom, S. L., & Farragher, B. (2010). *Destroying sanctuary: The crisis in human service delivery systems*. Oxford University Press.
   - Bloom, S. L., & Farragher, B. (2013). *Restoring sanctuary: A new operating system for trauma-informed systems of care*. Oxford University Press.

2. **Bocanegra, K., & Buggs, S. (2024).** *Supporting the frontline through community healing: Advancing science on violence intervention outreach and trauma exposure.* Local Initiatives Support Corporation. https://www.lisc.org/media/filer_public/84/e9/84e9bd73-de4d-4a65-969a-02009fdf9960/032924_final_supporting_the_frontline_through_community_healing.pdf

   Based on a detailed case study of Kansas City's Aim4Peace program, this report from CVI researchers Bocanegra (UIC) and Buggs (UC Davis) examines the trauma exposure profile of outreach workers and violence interrupters and lays out concrete recommendations for organizational and field-level supports so that, in the researchers' framing, workers are "protected from the same harms they work to prevent."

3. **Carrillo, P., & McLively, M. (2021). *On the front lines: Elevating the voices of violence intervention workers*. Giffords Law Center to Prevent Gun Violence.** https://giffords.org/report/on-the-front-lines-elevating-the-voices-of-violence-intervention-workers/

   Based on the experiences of frontline violence intervention workers, this report is particularly useful for ensuring that recruitment is connected to retention. It highlights challenges related to compensation, benefits, trauma exposure, professional recognition, workforce development, and organizational support—conditions that affect whether well-qualified staff can remain in the work.

4. **Center for Substance Abuse Treatment (US). (2014).** *Trauma-informed care in behavioral health services* (Treatment Improvement Protocol (TIP) Series No. 57, HHS Publication No. SMA 13-4801). Substance Abuse and Mental Health Services Administration (SAMHSA). https://www.ncbi.nlm.nih.gov/books/NBK207201/

   The foundational, field-standard reference for trauma-informed practice in the US behavioral health system. Written by a SAMHSA consensus panel, it defines trauma-informed care, lays out the sociocultural and clinical rationale for adopting it, and offers implementation guidance across service settings — the source most other TIC frameworks (including many CVI-adjacent ones) build on or cite directly. Note that Chapter 2 of SAMHSA's book, *Building a trauma-informed workforce* covers the organizational and individual conditions needed to sustain a trauma-informed staff, including hiring and training practices, supervision structures, and a detailed treatment of secondary traumatic stress, compassion fatigue, and burnout among direct-service workers, with a risk/protective-factors model drawn from the ecological framework SAMHSA lays out elsewhere in the TIP.

5. **Choitz, V., & Wagner, S. (2021).** *A trauma-informed approach to workforce: An introductory guide for employers and workforce development organizations.* National Fund for Workforce Solutions. https://www.nachc.org/wp-content/uploads/2021/05/NFWS_Trauma_Informed_Care_Guide_FINALWORKFORCE.pdf

   Written for employers and workforce development practitioners rather than clinicians, this guide walks through how trauma and toxic stress show up as workplace, summarizes the neurobiology of chronic stress, and lays out organizational strategies drawn from the National Fund's network of regional workforce collaboratives and partner employers. It also addresses the ethical dimensions of applying trauma-informed principles outside clinical settings — borrowing directly from the APA's ethics code (e.g., avoiding harm, boundaries of competence) and adapting it for HR and workforce-development staff who aren't clinically trained.

   This resource is a good complement to the Menschner & Maul brief (listed below) and the SAMHSA book (Chapter 2) in this list — where those are health-sector/clinical-workforce focused, this one extends trauma-informed workforce principles to general employers and workforce-development organizations, which could be useful for organizations who have partnerships with workforce boards or employment-focused CVI programming.

6. **Community Justice, Health Alliance for Violence Intervention, National Institute for Criminal Justice Reform, Community-Based Public Safety Collective, & Urban Peace Institute. (2024).** *Community violence intervention action plan: Mapping transformation for the field.* https://cvi-actionplan.org/

A field-wide, multi-organization strategic document produced by the major CVI coalitions (HAVI, NICJR, CBPS Collective). While not exclusively about trauma, it explicitly names trauma-informed support and workforce sustainability as core pillars of the CVI ecosystem and sets priorities for investment in worker wellbeing — useful for situating trauma-informed care within the broader CVI infrastructure conversation.

7. **Council of State Governments Justice Center. (2022).** *Trauma-informed approaches across the sequential intercept model.* https://csgjusticecenter.org/publications/trauma-informed-approaches-across-the-sequential-intercept-model/

   A practitioner-facing brief aimed at criminal justice and behavioral health professionals working with justice-involved populations. It walks through how trauma-informed practice can be applied at each point of system contact (policing, courts, corrections, community supervision), which maps usefully onto the points where CVI programs intersect with justice systems.

8. **Department of Behavioral Health and Intellectual disAbility Services (DBHIDS of the City of Philadelphia)** supports a Trauma Resource website that catalogs their trauma initiatives and resources. The site has facts and figures, tip sheets, infographics and many other resources relevant to building a trauma-informed workforce.
9. **Menschner, C., & Maul, A. (2016).** *Strategies for encouraging staff wellness in trauma-informed organizations* (Brief). Center for Health Care Strategies. https://www.chcs.org/media/Brief-Trauma-Informed-Care-Staff-Wellness-1.pdf

   This December 2016 brief is part of the *Advancing Trauma-Informed Care* initiative, funded by the Robert Wood Johnson Foundation and led by the Center for Health Care Strategies (CHCS). It argues that staff wellness is itself a core element of trauma-informed care — not an add-on — because chronic emotional stress among frontline staff (secondary traumatic stress, vicarious traumatization, and burnout) degrades both provider wellbeing and care quality, and drives costly turnover. The brief groups intervention strategies into four categories: general wellness (yoga, meditation, exercise), organizational (manageable caseloads, mental health benefits, a supportive culture), education (training staff to recognize chronic stress), and supervision (reflective supervision models).

   It closes with two brief case profiles illustrating these strategies in practice; both case profiles are from organizations in the wider Philadelphia area. The **Camden Coalition of Healthcare Providers** is based in Camden, NJ and offers a strong model on the funding and workload-boundary side — a third-party mental health benefit up to $2,000/employee/year, phone-off-after-hours policies, and a 40-hour clinical workweek enforced through team coverage. The **Stephen and Sandra Sheller 11th Street Family Health Services of Drexel University** (Philadelphia) employs a model that leans more toward embedded practice — mindfulness training woven into clinical and organizational culture, on-site mind-body classes, a monthly staff loss group for processing patient deaths, and a staff satisfaction committee.

10. **Office for Victims of Crime. (n.d.).** *Vicarious Trauma Toolkit.* U.S. Department of Justice. https://ovc.ojp.gov/program/vtt/what-is-vicarious-trauma

    A comprehensive, free toolkit built specifically for victim-service and first-responder-adjacent workforces (outreach workers, case managers, advocates). Includes organizational assessment tools, supervisor guidance for addressing vicarious trauma in supervision, and practical self- and family-care strategies — directly

transferable to CVI outreach worker programs.

11. **Ohio Domestic Violence Network. (2020).** *Trauma-informed approaches: Promising practices and protocols for domestic violence programs.* https://www.odvn.org/wp-content/uploads/2020/05/ODVN_Trauma-Informed_Care_Manual_2020.pdf

    Notable for its structure: this manual deliberately opens with vicarious/secondary trauma rather than treating it as an afterthought, reflecting the authors' argument that worker exposure and client-facing trauma-informed practice are inseparable. A useful model for how a CVI-specific manual might be organized, and directly applicable given the overlap between DV advocacy and CVI outreach worker exposure profiles.

12. The **Philadelphia ACE Project** preserves and extends the work of the Philadelphia ACE Task Force, the Philadelphia ACE Survey, and the TakeCarePHL initiative. Although the Task Force no longer meets, the website archives its major contributions and provides access to local research on adverse childhood experiences, including the Philadelphia ACE Survey and resources on secondary traumatic stress related to frontline workers. A 2025 commentary in the *American Journal of Preventive Medicine* also reflects on how this work broadened understanding of ACEs and influenced practice in Philadelphia.

13. ***van Dernoot Lipsky, L., with Burk, C. (2009).*** *Trauma stewardship: An everyday guide to caring for self while caring for others.* Berrett-Koehler Publishers.

    A widely cited trade book on sustaining oneself while doing frontline trauma-exposed work. Written by a longtime direct service trauma worker rather than a clinician, it's accessible and has been used in victim-services, and CBO training contexts as a shared-language entry point for staff. This book is available in paperback from Amazon and other sellers for roughly $10.