ARCvi Actionable Resources for Change in Violence Intervention

Temple University College of Liberal Arts | Public Policy Lab

Field Guide: Supporting the Career Growth of Credible Messenger Frontline Staff

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An ARCvi Field Guide for community violence intervention programs

✓ **The main idea:** Credibility and lived experience are essential assets, but they should not become a ceiling. CVI organizations should create paid, supported pathways that help frontline staff deepen their skills, protect their well-being, assume leadership, and build sustainable careers.

Transformative work deserves transformational care

Credible messengers do more than connect participants to services. They work through sustained, voluntary relationships built on lived credibility, cultural fluency, trust, and deep knowledge of the communities they serve. Their work may involve relentless engagement, crisis stabilization, conflict mediation, advocacy, case management, community engagement, and helping participants imagine and move toward new identities, relationships, and opportunities. These responsibilities often unfold over months or years and in settings where violence risk remains active, making the work more relationally intensive, flexible, and emotionally demanding than conventional case management.

Career development, trauma-informed supervision, fair compensation, opportunities for leadership, and meaningful organizational support protect both the worker and the relational expertise on which CVI depends. Investing in frontline staff strengthens retention and program quality while building pathways for credible messengers to become senior practitioners, supervisors, trainers, and field leaders. Program leaders should treat these supports as core components of the intervention rather than optional add-ons by building them into program design, grant proposals, budgets, staffing plans, and performance expectations from the outset.

These investments become meaningful when they are translated into individualized opportunities for growth. A practical starting point is a structured career conversation that helps each staff member identify where they want to go, what strengths they already bring, and what support the organization can provide.

Begin with a career conversation

1. **Ask about goals.** What kind of work does the staff member want to be doing in one, three, or five years?
2. **Identify strengths.** Name the relationship, technical, leadership, and administrative skills the person already demonstrates.
3. **Identify growth areas.** Choose a small number of skills, experiences, or credentials that would open the next opportunity.
4. **Create a written plan.** Agree on specific steps, organizational support, timelines, and how progress will be reviewed.

Build a Visible Career Pathway

→ **Make advancement concrete:** Staff should be able to see what roles exist, what each role requires, how pay changes with responsibility, and what support is available to prepare for the next step.

A sample pathway within an organization

Frontline Practitioner	Outreach worker, violence interrupter, credible messenger mentor, navigator, or case manager. Focus: trust-building, engagement, mediation, referrals, documentation, and participant support.
Senior Practitioner	Carries complex assignments, models strong practice, coaches newer staff, supports field decisions, and contributes to training and quality improvement.
Team Lead or Supervisor	Provides reflective supervision, manages workflow and safety, reviews documentation, supports staff wellness, and coordinates with partners.
Program or Training Manager	Oversees implementation, staffing, data use, partnerships, training systems, and continuous improvement.
Organizational or Field Leader	Shapes strategy, policy, funding, public communication, and systems change while ensuring frontline expertise remains central.

Create more than one route upward

Not every strong frontline worker wants to supervise people. Programs can create parallel advancement tracks so staff can grow as:

- senior practitioners or master mentors;
- training and onboarding specialists;
- community partnership or policy advocates;
- data, quality-improvement, or program-operations specialists;
- peer wellness leads; or
- supervisors and managers.

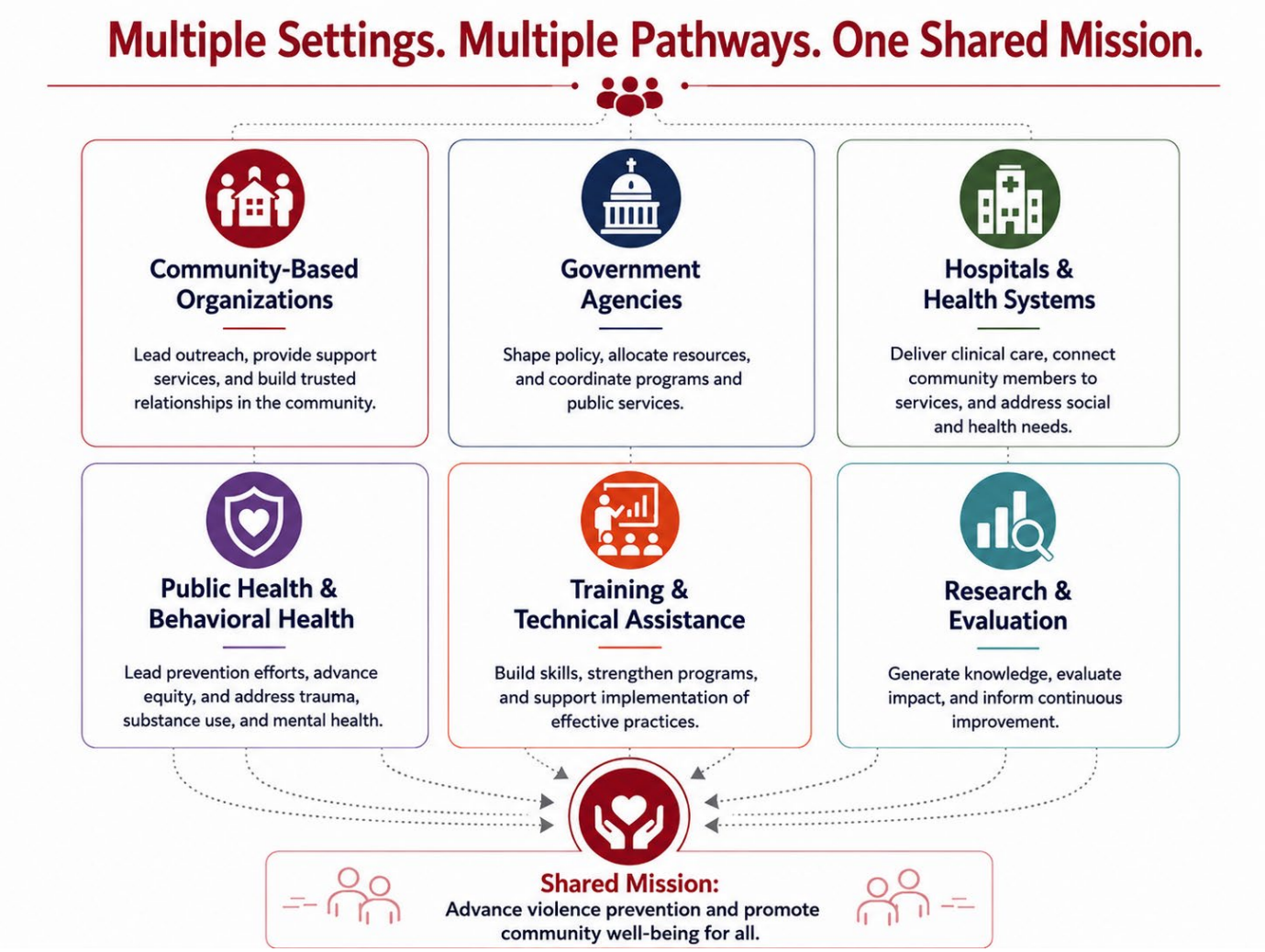
i **Promotion does not have to mean complete removal of interaction with participants:** Some staff want greater pay and recognition while remaining connected to participants and neighborhoods. Senior frontline roles can preserve direct practice while adding mentoring, training, or specialized responsibilities.

Clarify what advancement requires

- Written job descriptions with realistic duties, required skills, decision authority, and salary ranges.
- Competency-based promotion criteria that recognize demonstrated skill and community expertise, not only formal degrees.
- Opportunities to gain leadership experience before promotion, such as leading a case review, training, event, or partnership meeting.
- Regular performance and development conversations, rather than discussing growth only when a job opens.
- Transparent decisions and feedback when a staff member is not selected for advancement.

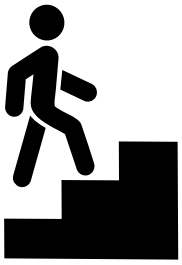
Look Beyond the Organization & Across the Ecosystem

Career growth does not always mean moving upward within the same agency. Credible messengers develop expertise in relationship-building, crisis response, conflict mediation, case management, community engagement, trauma-informed practice, and navigating complex service systems. These skills can create opportunities across the broader violence prevention and public health ecosystem.



How Programs Can Support External Pathways

- Talk openly about opportunities beyond the organization
- Share information about jobs, fellowships, training, and certificates
- Encourage informational interviews and job shadowing
- Offer letters of recommendation that highlight skills and impact
- Celebrate staff who move to new roles



Invest in Skills, Learning, and Leadership

Match learning to the work

Training should be ongoing, paid, applied, and connected to job responsibilities and career goals. *The skills in the table below are meant to be illustrative, not exhaustive.*

Core CVI practice	Conflict mediation and de-escalation; violence interruption; outreach; relationship-building; participant engagement; safety planning; risk/lethality assessment; credible messenger engagement; informal network/group mapping; rapid incident response and hospital/scene mobilization; retention and re-engagement strategies; life coaching and mentorship; cultural and neighborhood-specific credibility-building
Case management	Goal planning; service navigation; housing and relocation; legal system advocacy; documentation; boundaries; motivational communication; benefits enrollment; employment and education navigation; individualized service plan development; family reunification support; transportation coordination; cross-system collaboration (probation/parole, schools, hospitals, courts).
Trauma-responsive practice	Trauma-informed care and wellness planning; grief counseling/groups; handling disclosures; secondary and vicarious trauma; recognizing triggers; crisis response; referral to clinical support; ACEs framework knowledge.
Professional skills	Writing, technology, data entry, time management, meeting and event facilitation, public speaking, storytelling, budgeting, project management; active listening; community and social media messaging.
Leadership skills	Coaching; reflective supervision; feedback; conflict management; team decision-making; strategic planning; running events; partnership development; staff recruitment and hiring; burnout prevention and team wellness; DEI and culturally responsive leadership; fundraising and donor/funder relations; crisis leadership; mentoring emerging credible messengers. Exposure to leadership positions in coalitions and intentional modeling of these skills.
Research and data	Risk and needs tools; performance measures; interpreting data; evaluation basics; using findings for program improvement; qualitative data collection (interviews, focus groups); GIS/hot-spot mapping; data-sharing agreements and working with academic/research partners.
Teaching and higher education	Guest lecturing; co-teaching university courses; translating lived experience and field knowledge into classroom instruction; developing lesson plans, case examples, and applied exercises; facilitating discussions; building relationships with faculty that may lead to adjunct teaching, community scholar, practitioner-in-residence, or field-instructor roles.

Use multiple ways to learn

- Initial training followed by regular refreshers and skill practice.
- Field shadowing with experienced practitioners and structured debriefs afterward.
- Role plays based on realistic situations, followed by supportive feedback.
- Peer learning, case reviews, communities of practice, and cross-program exchanges.
- Conferences, certificates, college courses, or professional training when they fit the person's goals.
- Opportunities to co-train others, present at meetings, testify, contribute to reports, or represent the organization.

! **Training should open doors, not create new barriers:** Formal credentials can strengthen careers, but requiring degrees or certificates for every role may exclude experienced practitioners. Use credentials only when genuinely needed and provide paid time, tuition support, tutoring, technology, and help navigating enrollment.

Create an individual development plan

Career goal	The role, responsibility, skill area, or type of work the staff member wants to pursue.
Current strengths	Skills, relationships, knowledge, and accomplishments the person already brings.
Development priorities	Two or three specific areas for growth rather than an overwhelming list.
Learning activities	Training, shadowing, mentoring, stretch assignments, education, or practice opportunities.
Organizational support and review	Paid learning time, tuition, transportation, technology, coaching, workload adjustments, and a scheduled date to review progress.

Make Career Growth Trauma-Informed

Training alone is not enough

A trauma-informed career system treats staff wellness, supervision, role clarity, and organizational responsibility as part of professional development—not as optional self-care left to individual workers. Furthermore, an organization itself may be trauma-informed, but it is important to advocate for and encourage the development of a trauma-ready integrated ecosystem, where supervision, wellness, partnerships, and career mobility are coordinated across organizations. Organizations can learn from each other and help enable workforce development to be better connected to the broader systems that support long-term retention and impact.

¡ **Credit to the NYC Criminal Justice Agency:** NYCJA's 2024 Trauma Training Curriculum for Those with Lived Experience was developed with a steering committee and partners to build trauma knowledge and skills among credible messengers and help community-based organizations create supportive, trauma-informed workplaces. The curriculum directly informs several recommendations below.

Build learning in a sequence

Foundational knowledge	Understand direct, secondary, collective, historical, and complex trauma and how trauma can affect the body, thinking, relationships, identity, and work.
Practice skills	Use trauma-informed communication, persistent engagement, safer environments, person-first language, and careful responses to disclosures and grief.

Worker well-being	Recognize traumatic stress, compassion fatigue, retraumatization, burnout, and vicarious trauma; develop resilience and individualized wellness plans.
Supervision and systems	Set boundaries and expectations; use reflective and recovery-oriented supervision; create peer and group support; and establish organizational policies that support staff.

Use trauma-informed training practices

- Use a private, quiet, comfortable training space and allow staff to step out when needed.
- Co-create group agreements that protect confidentiality while allowing learning to leave the room.
- Build in short breaks and avoid overloading a single training day with emotionally heavy material.
- Tell participants before difficult content is introduced and identify available support resources in advance.
- Use scenarios, reflection, role play, and discussion without pressuring staff to disclose personal histories.
- Respect each person's self-identified language and use person-first language unless the individual prefers otherwise.

Strengthen supervisors—not only frontline staff

- Train supervisors to recognize signs of trauma, burnout, and changing performance without automatically treating them as misconduct.
- Use reflective supervision that asks what the work is bringing up, what support is needed, and what can be changed organizationally.
- Provide supervisors with referral options, employee assistance information, peer supports, and procedures for critical incidents.
- Pair staff with leaders or mentors who respect lived experience and can model growth, boundaries, and recovery.
- Include professional-development planning in supervision, including conference attendance, presenting, training others, and advancement opportunities.

Explore a range of resources to draw from

Some sample resource links:

NYCJA Trauma Training Curriculum for Those with Lived Experience |
OVC Vicarious Trauma Toolkit |
NCDVTMH Promising Practices Report |
Texas Council on Family Violence ReCentering Toolkit |

The ARCvi team has also curated a list of relevant readings. See ARCvi webpages on Supporting the Frontline.

Translate resources into organizational action

1. **Assess readiness.** Use an organizational assessment or structured staff process to identify strengths and gaps in leadership, supervision, workload, training, peer support, and wellness.
2. **Choose priorities.** Select a small number of achievable improvements, assign responsibility, establish timelines, and revisit progress.
3. **Prepare for critical incidents.** Create a written response plan for events such as a participant's shooting death, threats to staff, or a shared traumatic incident. Identify who checks on staff, what leave and clinical supports are available, and how workload will be covered.
4. **Create multiple support options.** Offer confidential clinical resources, peer support, group reflection, individual supervision, and practical changes to workload or schedule. One form of support will not fit everyone.
5. **Measure organizational health.** Track turnover, vacancies, sick leave, critical incidents, supervision access, training participation, staff feedback, and whether workers believe it is safe to ask for help.

! **Use qualified guidance after critical incidents:** Some toolkits link to formal critical-incident debriefing approaches. Organizations should not assume that one mandatory group process is appropriate for every worker or event. Select post-incident supports with qualified trauma and clinical guidance, preserve choice, and avoid pressuring staff to recount the event.

Make Growth Sustainable

Compensation and benefits are career development

Mission cannot substitute for stable employment. Credible messengers often perform demanding and dangerous work while also supporting families and managing structural barriers related to prior system involvement. Competitive pay, predictable hours, benefits, paid leave, and job security make it possible for skilled staff to remain and advance in the field.

- Use full-time, benefited positions when ongoing work is being performed.
- Pay for on-call responsibilities, evening and weekend work, training, travel, and public representation.
- Review salaries for internal equity and against comparable case-management, public-health, and public-safety roles.
- Increase compensation when staff take on supervision, training, specialized expertise, or organizational leadership.
- Avoid relying on short grants to create responsibilities the organization cannot sustain.

Wellness and safety protect careers

- Regular reflective supervision that addresses both practice and emotional impact.
- Paid wellness days, group wellness activities, access to confidential clinical support, and peer check-ins.
- Realistic caseloads, clear boundaries, backup coverage, and permission to step away from unsafe or triggering situations.
- Safety protocols for outreach, conflict response, transportation, social media, and contact outside normal hours.
- Flexible schedules or temporary job modifications following critical incidents.
- Leadership that responds to warning signs without penalizing staff for asking for support or taking time off.

✓ **Retention is a program-quality strategy:** When experienced staff leave, programs lose relationships, local knowledge, trust, and hard-earned practice expertise. Supporting careers strengthens continuity for participants and the community, not only employee satisfaction.

Remove structural barriers

- Use fair-chance hiring and promotion practices.
- Help staff obtain identification, transportation, technology, licenses, education records, or other resources needed for advancement.
- Credit frontline staff for intellectual contributions to trainings, tools, presentations, research, and publications.
- Invite staff into decisions about program design, budgets, safety, data, partnerships, and policy advocacy.
- Create access to influential spaces and relationships. Bring frontline staff into meetings with policymakers, funders, researchers, agency leaders, and other credentialed professionals.

★ **Continue to champion the expertise of your frontline staff:** use organizational influence to ensure frontline staff expertise is recognized, their ideas are heard, and new professional opportunities become available.

★ **Add workforce metrics to program plans and performance dashboards:** track retention, promotion, supervision and training completion, and staff satisfaction to hold leadership accountable for credible messenger career development.

A sample organizational checklist

- ☐ Frontline roles have accurate job descriptions, reasonable workloads, and clear boundaries.
- ☐ Staff can see potential career pathways and the competencies associated with each role.
- ☐ Promotion criteria value demonstrated skill, community expertise, and leadership, not only degrees.
- ☐ Every staff member has access to regular career-development conversations.
- ☐ Training is ongoing, paid, applied to the work, and connected to career goals.
- ☐ Trauma training is paired with reflective supervision and organizational changes.
- ☐ Staff have choices among clinical, peer, supervisory, and practical supports after critical incidents.
- ☐ Workforce metrics for program operations and success include staff retention, promotion, training access and completion, and staff satisfaction.
- ☐ Compensation, benefits, and salary progression reflect the demands and risks of the work.

Investing in credible messenger careers is ultimately an investment in community safety and long-term violence prevention.

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2024 LISC Case Study by Bocanegra & Buggs

Bocanegra, K., Buggs, S., et al. (2024). Supporting the Frontline Through Community Healing: Advancing Science on Violence Intervention Outreach and Trauma Exposure—A Case Study of Kansas City, Missouri. Local Initiatives Support Corporation.

i **About the study:** Supporting the Frontline Through Community Healing is a Kansas City, Missouri case study led by Kathryn Bocanegra and Shani Buggs and produced through a collaboration involving LISC, the University of California, Davis, the University of Illinois Chicago, and the Giffords Center for Violence Intervention.

Methods

The research team first reviewed public safety plans and evaluations and then used referrals from local leaders and snowball sampling to identify participants. In 2022, the team engaged 53 Kansas City experts through individual interviews and focus groups, including nonprofit and CVI staff, people directly impacted by violence or the legal system, behavioral health providers, faith and neighborhood leaders, government officials, law enforcement, and health care providers. Most sessions were conducted in person, lasted about 60 minutes, were audio-recorded and transcribed, and participants received a $100 gift card. Researchers analyzed the transcripts using thematic analysis and constant comparison.

Three layers of frontline traumatic stress

Direct exposure to violence	Workers repeatedly witnessed shooting scenes, severe injuries, death, grieving families, and graphic social-media content. Emergency calls extended exposure into nights and personal time. Participants reported that current incidents could retrigger earlier traumas. The injury or death of a participant could be experienced as both personal grief and professional failure.
Working conditions	Low pay, unstable funding, limited benefits, long and unpredictable hours, 24/7 crisis responsibilities, staff shortages, and little time to rest or grieve compounded the trauma of the fieldwork. Some staff felt organizational leaders did not fully understand the weight of frontline responsibilities or provide adequate support.
Political and institutional stress	Workers described pressure to produce dramatic violence reductions with limited resources, defend CVI against better-funded law-enforcement responses, navigate public scrutiny, and protect community trust when pressured to share information. Feeling doubted or politically vulnerable added chronic stress.

How the trauma showed up

- Persistent anxiety about personal safety and the safety of participants, including disrupted sleep and intrusive thoughts.
- Emotional numbing or detachment used to remain functional, even though this could conflict with the empathy that makes the work effective and carry into family relationships.
- Secondary trauma, compassion fatigue, grief, burnout, reduced productivity, and difficulty maintaining documentation and other work demands.
- High turnover, isolation, overwork, and in some cases renewed reliance on alcohol or other substances.

→ **The larger message:** The report makes 14 recommendations on pages 54–58. Although several are aimed at Kansas City government, they also identify conditions that CVI organizations, funders, and partners can help create to sustain frontline workers and community-led violence reduction.

Summary of the recommendations

Sustain public-health leadership and funding	Adopt a long-term, multi-year violence and trauma strategy; fund CVI at a level proportionate to the problem; and build durable civilian violence-prevention infrastructure rather than relying on election cycles or short grants. The report also recommends equitable compensation, comprehensive benefits, paid leave, and investment sufficient to stabilize the workforce.
Define and strengthen CVI practice	Develop a shared understanding of CVI, provide resources to community practitioners to educate public safety partners, and expand street outreach. Community experts should define proactive engagement rather than having CVI repurposed or led primarily by law enforcement.
Concentrate comprehensive support	Direct trauma-informed wraparound services toward the relatively small number of people and families at highest risk of violence. Expand accessible, community-based behavioral health care and strengthen programs able to serve people facing overlapping mental health, substance use, and criminal legal system needs.
Center directly impacted leadership	Democratize violence reduction planning so residents, frontline practitioners, survivors, and other directly impacted people shape priorities/lead.
Protect worker wellness	Integrate wellness into daily operations through realistic time-management plans, crisis response protocols, bereavement leave, paid time off, rotating after-hours responsibilities, ongoing trauma training, and access to individual and group therapeutic care. Worker wellness should be funded as part of CVI delivery rather than treated as an optional add-on.
Build accountable partnerships and learning systems	Fund organizations for staff time required to collaborate; establish clear responsibilities and accountability for all partners; create confidentiality-protective data sharing agreements that preserve frontline judgment; and evaluate safety using community-defined outcomes as well as shooting counts.
Invest in innovation and healing	Fund culturally responsive, community-centric trauma-recovery models and research rather than assuming office-based clinical care will meet every need.

This ARCvi Field Guide is intended for practical planning and does not replace legal, human-resources, clinical, or safety advice.

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