Essential Yet Excluded: The Emotional Toll of America's Unrecognized First Responders

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Source: Tarik Dennie, University of Chicago CVILA

"How is it that systems depend on CVI workers to reduce violence, yet they fail to invest in sustaining them?"

The Problem

Not only in Illinois, but across the country, there is a persistent gap in how "first responder" is defined in policy and how support is allocated to those doing frontline public safety work.

Several states recognize first responders not only with much deserved appreciation for the life-saving work they engage in, but also through appropriated funds and formal legislative efforts focused on behavioral health and wellness. In recent years, there has been a visible policy shift toward addressing the cumulative trauma experienced in emergency response occupations. Pennsylvania, for example, expanded access to workers' compensation for post-traumatic stress injury (PTSI), removing the requirement to prove "objective abnormal conditions," which had historically created barriers to care. New Jersey enacted protections through the First Responders Post-Traumatic Stress Disorder Protection Act, which prohibits employer retaliation against workers who take PTSD-related leave. And in Illinois, the First Responder Mental Health Grant Program Act operates within this same broader policy trend by creating a state-funded mechanism to support wellness programming for first responders.

While these efforts reflect an important acknowledgement of the trauma endured, they also share a structural limitation: they rely on a narrow and traditional definition of who qualifies as a first responder. Unfortunately, because of this, there are consequences that are associated with how resources are distributed, and more importantly, for who is recognized as deserving of protection and care.

Under federal law, "first responder" is defined broadly to include firefighters, law enforcement officers, paramedics, emergency medical technicians, and other individuals who respond to fire, medical, hazardous material, or similar emergencies in the course of their duties. By contrast, Illinois' First Responder Mental Health Grant Program Act defines first responders more narrowly as law enforcement officers, firefighters, emergency medical services personnel, and public safety telecommunicators.

The definition is specific, but it does not meaningfully engage the range of roles that respond to crises and emergencies.

This results in a policy framework that is precise in language but limited in scope. It creates a category of protection that excludes a growing component of the public safety ecosystem that is equally embedded in emergency response contexts, frequently exposed to trauma, and often working in environments where there is the highest prevalence of violence.

Illinois' First Responder Mental Health Grant Program Act

Illinois' First Responder Mental Health Grant Program Act establishes a state-level grant fund within the Department of Human Services, financed through general revenue appropriations. The program is designed to support behavioral health services for eligible first responders, including counseling, psychiatric care, peer support programs, suicide prevention initiatives, wellness programming, and training intended to reduce stigma and increase access to care.

The legislative intent is explicitly rooted in recognition of occupational harm. The General Assembly acknowledges both the difficult nature of first responder work and the trauma experienced in the line of duty, while also recognizing longstanding barriers such as stigma and lack of confidentiality when seeking care. Eligible grant recipients include units of local government, law enforcement agencies, fire protection districts, school districts, public and private hospitals, and ambulance services that employ first responders. In practice, this creates a funding pipeline that flows primarily through institutional employers rather than directly to individuals or community-based workforces.

Although the statute authorizes a structured funding mechanism, it is explicitly "subject to appropriation." This means the program does not operate as a permanently funded system; it functions only when the General Assembly allocates resources through the state budget. To date, approximately $10 million has been associated with implementation, with the vast majority, about $9.3 million, directed to Chicago-based initiatives focused on embedded mental health and wellness services.

While this reflects meaningful investment, it also leaves significant gaps in who can access these supports, including those who are actively working to make the City of Chicago safer.

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America's Unrecognized First Responders: Community Violence Intervention Workers

One of the most significant omissions in current first responder policy frameworks is the exclusion of Community Violence Intervention (CVI) professionals. CVI is a public safety strategy focused on reducing gun violence through trained, non-law enforcement professionals who engage directly with individuals and communities at the highest risk.

CVI has proven to be an effective evidence-based approach across the country. Cities that are experiencing sustained declines in homicide rates share a common factor: investment in CVI. Since 2021, Baltimore has seen both homicides and shootings decline by nearly 60 percent alongside the expansion of its CVI infrastructure (Giffords, 2026). Chicago recorded approximately 416 homicides in 2025—a nearly 30 percent decrease and the lowest total since 1965—with the greatest gains concentrated in neighborhoods receiving the highest levels of CVI investment (Giffords, 2026). Research from Northwestern University further found that these neighborhoods in Chicago experienced stronger public safety improvements and increased access to services for those at the highest risk (Giffords, 2026). Similarly, Los Angeles neighborhoods participating in the CVI efforts saw roughly a 27 percent drop in homicides (Giffords, 2026).

These outcomes make clear that CVI professionals are essential to modern violence reduction strategies. Yet, they remain excluded from the very policy frameworks designed to support those responding to violence.

Exposure to Violence and Occupational Trauma

CVI professionals operate under conditions of extreme and ongoing exposure to trauma. In Chicago, 20 percent of outreach workers report being shot at while performing their duties, and 2 percent report being shot (Scientific American, 2023). By comparison, even in a record year, less than 1 percent of police officers reported being shot at while on duty (Scientific American, 2023).

This is not incidental exposure; it is embedded in the work. Approximately 80 percent of CVI workers report responding to scenes of violence before emergency services arrive. Sixty-five percent have known someone through their work who was killed, 52 percent have experienced the death of a client due to violence, and 20 percent report knowing someone through their work who died by suicide (Hureau et al., 2022). The psychological toll is equally significant. Nearly all outreach workers—94 percent—report at least one indicator of secondary traumatic stress, including emotional numbing, avoidance, and cognitive disruption (Scientific American, 2023). This reflects both direct trauma and the emotional burden of supporting individuals and families through repeated cycles of violence.

Researchers have been explicit: as investment in CVI increases, so must investment in caring for those who are doing the work. Improving working conditions, reducing exposure to harm, and strengthening support systems are not optional; they are necessary for both program effectiveness and community safety (Hureau et al., 2022).

Structural Funding Barriers

Despite their impact, CVI programs operate within inconsistent, constrained, and often inflexible funding systems. Research identifies three primary barriers: the narrowness of funding, lack of operational support, and restrictions on how funds can be used—particularly when it comes to workforce needs (Illinois Health and Justice Equity Project, 2024).

These constraints are similar to challenges seen in other sectors that are serving high-need populations. Funding is frequently earmarked, which can also limit the ability to address broader social determinants of health or provide holistic support. Organizations are expected to deliver complex, relationship-based interventions while lacking the flexibility to invest in the well-being of their own staff. How is it that systems depend on CVI workers to reduce violence, yet they fail to invest in sustaining them?

Equity, Recognition, and Policy Failure

This gap extends far beyond a policy oversight; it becomes an issue of equity and justice.

Data shows that the CVI workforce is overwhelmingly composed of Black men, many of whom enter this field with lived experience of violence, trauma, and systemic disadvantage. In one study of Chicago violence interventionists, 84 percent were male, and over 80 percent were Black, with the majority having no more than a high school education (Hureau et al., 2022). These are individuals who have often survived the very conditions they are now tasked with interrupting.

They are asked to return to the same environments, engage the same risks, and absorb ongoing trauma—often without healing from their own. They build genuine relationships, prevent retaliation, support grieving families, and intervene in moments where violence is imminent. In doing so, they are helping to produce the very public safety outcomes that policymakers now point to as evidence of progress. Yet, despite this, they remain excluded from formal recognition as first responders.

This exclusion reinforces a broader pattern in which Black men, particularly those with lived experience, are relied upon to solve deeply rooted social problems without being afforded the same protections, resources, or institutional support as other public safety professionals. Violence reduction is treated as a priority, but the people doing that work are not.

Failing to extend first responder protections to CVI workers is not just a gap in policy design; it is a continuation of inequitable systems that undervalue Black labor, overlook trauma, and limit access to care. If policy is to reflect reality, then it must expand to include those who are already and have been functioning as first responders in practice. Anything less is not just inefficient, it is unjust.