

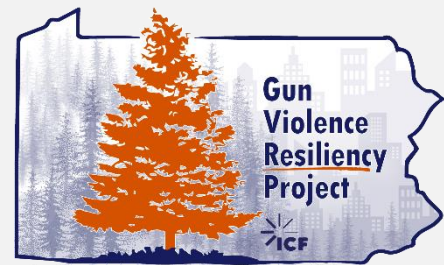
PENNSYLVANIA - STATEWIDE

INTRODUCTION

Between 2010 and 2019, 28,990 people in Pennsylvania died from firearm-related injuries and the overall rate of gun homicide increased by 12% (Everytown for Gun Safety Support Fund, 2021).

Approximately 1,500 Pennsylvanians die from gun violence and 3,000 more individuals are injured each year (CeasefirePA, n.d.; Everytown for Gun Safety Support Fund, 2020). Since January 2024, Pennsylvania has experienced 33 mass shootings (in which 4 or more people were killed or injured) (Gun Violence Archive, n.d.). In 2022, firearms were the leading cause of death among children and teens. In the same year, individuals who are Black were more than 31 times as likely and individuals who are Latino/Hispanic were 7 times as likely to die by gun homicide than individuals who are White (Center for Gun Violence Solutions, n.d.). Almost 60% of homicides committed by an intimate partner involved firearms in 2021 (Center for Gun Violence Solutions, n.d.).

Eight of the ten counties with the highest rates of gun deaths per 100,000 are located outside of the Pittsburgh and Philadelphia metropolitan areas (CeasefirePA, n.d.). However, Philadelphia has the highest rate of gun-related deaths in the state, with a rate of 30.4 gun deaths per 100,000 people (CeasefirePA, n.d.). From 2015 through March 2025, there were more than 16,670 individuals who experienced gun violence in Philadelphia (Philadelphia Center for Gun Violence Reporting, 2025). Almost three-quarters (73%) of these individuals were Black males and 11% were Hispanic males (Philadelphia Center for Gun Violence Reporting, 2025). There is also a concentration of gun violence in Pittsburgh, where homicides increased by 43% between 2019 – 2021 in the city and by 27% in Allegheny County; 86% of homicides in the county involved firearms (The Allegheny Department of Human Services, 2022). More recent data shows a decline in homicides and non-fatal shootings since 2022 (Vellucci, 2025). From 2018 through 2024, 94% of all violent crimes in Pittsburgh involved a firearm (Pittsburgh Bureau of Police, 2025).



THE CURRENT NEEDS ASSESSMENT

ICF, on behalf of the **Pennsylvania Commission on Crime and Delinquency (PCCD)**, conducted a needs assessment from Fall 2024 to Spring 2025 to better understand resources available to support individuals exposed to or who have experienced gun violence. We conducted an online survey and focus groups with individuals who have experienced gun violence and an online survey of a variety of services and programs. Surveys and focus groups explored (1) what services are needed by individuals who have experienced gun violence, (2) what resources are currently available in each community, and (3) what resources are not available, misaligned, or are hard to access. PCCD will use the needs assessment findings to inform the enhancement of resiliency resources across the Commonwealth. This effort aims to build long-term support and safety, offer trauma-informed and culturally-responsive resources, and address impacts across the lifespan of communities experiencing high rates of gun violence.

Disclaimer: This report contains direct information from participants who spoke about violence and trauma. Please read with caution as this may be traumatic for readers.

CHARACTERISTICS OF STUDY PARTICIPANTS

We received 175 responses to the Survey of Individuals Who Have Experienced Gun Violence, with most participants representing Philadelphia County (59%), followed by Allegheny County (17%), Erie County (9%), and Dauphin County (6%). We had less than 5 participants from the following counties: Beaver, Blair, Delaware, Elk, Lancaster, Lehigh, Luzerne, Montgomery, Potter, and Westmoreland. To compare geographic areas to one another, we aggregated data from Philadelphia County and Delaware County into one category (hereafter called “Greater Philadelphia”), data from Allegheny, Beaver, and Westmoreland counties into one area (hereafter called “Greater Pittsburgh”), and data from all other counties into one area (hereafter called the “T Zone”).



Table 1: Demographic Characteristics of Individuals Who Have Experienced Gun Violence

	STATEWIDE		PHILADELPHIA		PITTSBURGH		T ZONE	
AGE	Survey (n = 177)	Focus Group (n = 94)	Survey (n = 108)	Focus Groups (n = 59)	Survey (n = 33)	Focus Groups (n = 18)	Survey (n = 36)	Focus Group (n = 12)
Average Age	41	44	37	42	46	54	47	42
SEX	Survey (n = 156)	Focus Group (n = 103)	Survey (n = 92)	Focus Groups (n = 62)	Survey (n = 30)	Focus Groups (n = 19)	Survey (n = 34)	Focus Group (n = 15)
Male	52%	37%	60%	37%	23%	26%	56%	53%
Female	47%	49%	39%	55%	77%	74%	44%	33%
RACE	Survey (n = 154)	Focus Group (n = 96)	Survey (n = 91)	Focus Groups (n = 62)	Survey (n = 29)	Focus Groups (n = 18)	Survey (n = 34)	Focus Group (n = 14)
Black	84%	83%	89%	81%	76%	74%	74%	79%
White	6%	6%	<5	10%	<5	0%	18%	0%
Mixed Race	9%	5%	9%	<5	<5	<5	<5	<5
ETHNICITY	Survey (n = 155)	Focus Group (n = 98)	Survey (n = 91)	Focus Groups (n = 62)	Survey (n = 30)	Focus Groups (n = 18)	Survey (n = 34)	Focus Group (n = 14)
Hispanic/Latino/ Spanish origin	9%	7%	12%	<5	<5	<5	<5	<5

Table 1: Demographic Characteristics of Individuals Who Have Experienced Gun Violence (continued)

	STATEWIDE		PHILADELPHIA		PITTSBURGH		T ZONE	
HOUSING STATUS	Survey (n = 152)	N/A (was not asked)	Survey (n = 90)	N/A (was not asked)	Survey (n = 28)	N/A (was not asked)	Survey (n = 34)	N/A (was not asked)
Owns own property	40%	-	41%	-	18%	-	53%	-
Rents property they live in	38%	-	31%	-	71%	-	32%	-
Temporary housing or unhoused	14%	-	21%	-	<5	-	<5	-
Other living situation	5%	-	<5	-	<5	-	<5	-
Indicated multiple living situations	3%	-	<5	-	<5	-	<5	-
HOUSEHOLD INCOME	Survey (n = 154)	Focus Group (n = 65)	Survey (n = 90)	Focus Groups (n = 31)	Survey (n = 29)	Focus Groups (n = 16)	Survey (n = 34)	Focus Group (n = 14)
No current income	20%	8%	32%	<5	<5	<5	<5	<5
<\$20,000	23%	17%	19%	16%	41%	26%	21%	<5
\$20,000 - \$39,999	13%	22%	10%	16%	<5	26%	24%	<5
\$40,000 - \$59,999	21%	14%	21%	<5	31%	<5	<5	<5
\$60,000 - \$79,999	9%	9%	7%	<5	<5	0%	18%	<5
\$80,000 - \$99,999	7%	8%	6%	<5	<5	0%	<5	<5
\$100,000 or more	7%	14%	6%	18%	<5	<5	<5	<5
Prefer not to answer	N/A (was not an option)	9%	N/A (was not an option)	<5	N/A (was not an option)	<5	N/A (was not an option)	0%

Table 1: Demographic Characteristics of Individuals Who Have Experienced Gun Violence (continued)

GUN VIOLENCE EXPERIENCES:	STATEWIDE		PHILADELPHIA		PITTSBURGH		T ZONE	
	Survey (n = 173)	Focus Group (n = 66)	Survey (n = 104)	Focus Group (n = 31)	Survey (n = 33)	Focus Groups (n = 16)	Survey (n = 36)	Focus Group (n = 14)
Wounded by a gun	16%	9%	19%	16%	<5	0%	<5	<5
Threatened with a gun	40%	35%	41%	26%	49%	38%	25%	50%
Witnessed gun violence	46%	38%	47%	26%	52%	63%	36%	43%
Know someone who has been wounded, threatened, or witnessed gun violence	70%	38%	64%	48%	91%	<5	67%	50%
Heard gun shots nearby	73%	24%	74%	19%	82%	44%	61%	<5
Know someone who has attempted/died by suicide with a gun	35%	14%	37%	16%	36%	32%	31%	<5
Hunting Accident	<5	<5	<5	<5	<5	<5	0%	<5
None of these options apply	7%	<5	7%	<5	<5	0%	<5	0%
Prefer not to answer	N/A - not an option	<5	N/A - not an option	<5	N/A - not an option	<5	N/A - not an option	<5

The service provider survey participants represented 44 counties: 42% of participants ($n = 139$) served Greater Philadelphia, 15% ($n = 50$) served Greater Pittsburgh, 33% ($n = 108$) served the T zone (representing 39 counties), and 4% ($n = 13$) served more than one region in the state. For 6% of organizations ($n = 21$), we were unable to code the locations because (1) it was not self-reported, (2) the individual explicitly asked not to have their survey responses associated with their organization name, or (3) the organization was not the one that received PCCD funding.¹

Among funded organizations, the top three sources of funding were from the Commonwealth of Pennsylvania (85%), local government (60%), and private donations (58%). Approximately half (55%) of all participants indicated that they currently receive funding from PCCD.

¹ Provider location was assigned based on self-reported responses to three open-ended questions. However, this information was often not reported by all respondents. Some responses were imputed based on publicly available information to remedy the volume of missing information and provide a reasonably close approximation.

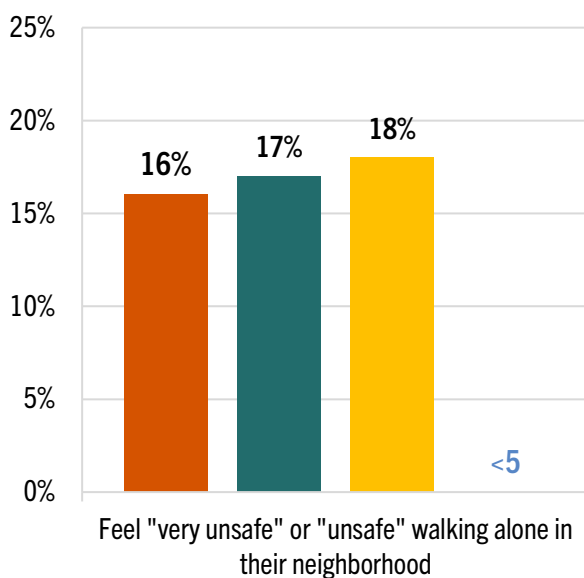
PERCEPTIONS OF SAFETY AND EXPOSURE TO VIOLENCE

SURVEY PARTICIPANTS

Note: Throughout this report, we conceal data when fewer than 5 people responded to protect their privacy. When there are very few individuals in a dataset, it is easier to figure out who they are, even without their names. This practice helps keep their personal information safe and confidential.

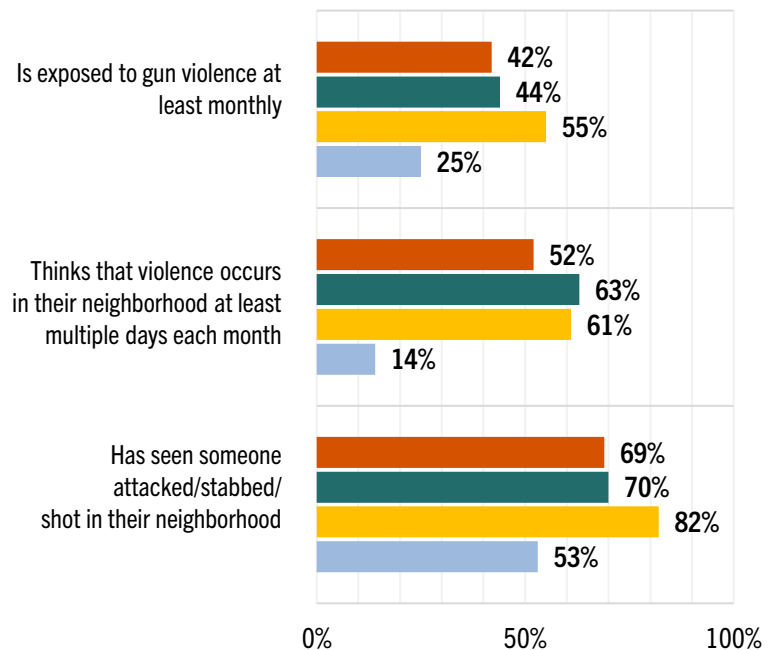
PERCEPTIONS OF SAFETY:

Statewide (n = 175) Philadelphia (n = 107)
Pittsburgh (n = 33) T Zone (n = 36)



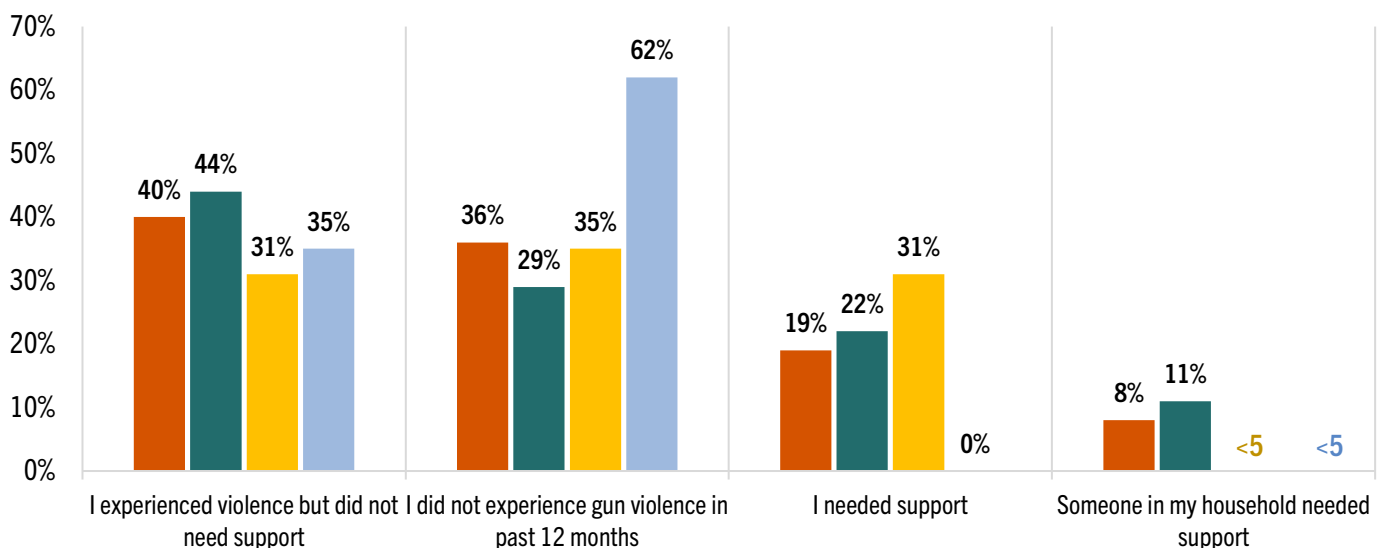
EXPOSURE TO VIOLENCE:

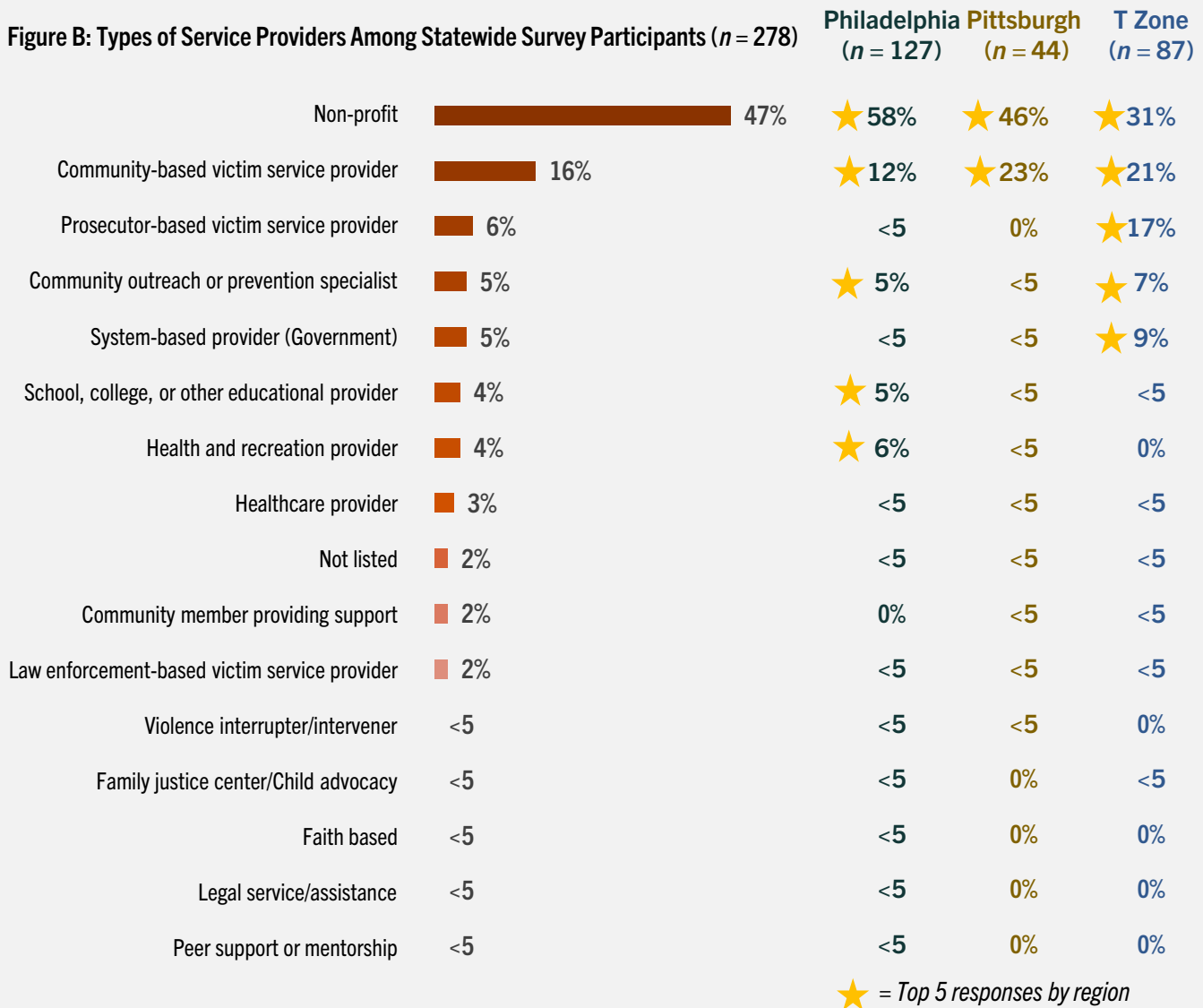
Statewide (n = 170-172) Philadelphia (n = 102-104)
Pittsburgh (n = 33) T Zone (n = 36)



NEED FOR SUPPORT:

Statewide (n = 154) Philadelphia (n = 93) Pittsburgh (n = 29) T Zone (n = 34)





LOCATION OF SERVICE PROVISION

Less than half of providers (40%) across Pennsylvania reported providing services in satellite offices and only 19% of providers said they offer services through mobile units (i.e., services that move to different locations in communities). Across the state, providers frequently reported offering the following services through mobile units:

- Mental and behavioral health services
- Victims' advocacy, including support in obtaining compensation, victims' rights, victims' services
- Basic needs
- Medical/health care services
- In Philadelphia and the T Zone, providers describe mobile services focused on youth programming (e.g., mentorship, arts programming)

Service providers in Philadelphia also reported providing education support and basic needs through mobile units. In Pittsburgh, service providers said they provide crisis/trauma response through their mobile units. Service providers in the T Zone said some of their mobile units provided accompaniment services, case management, and housing assistance.

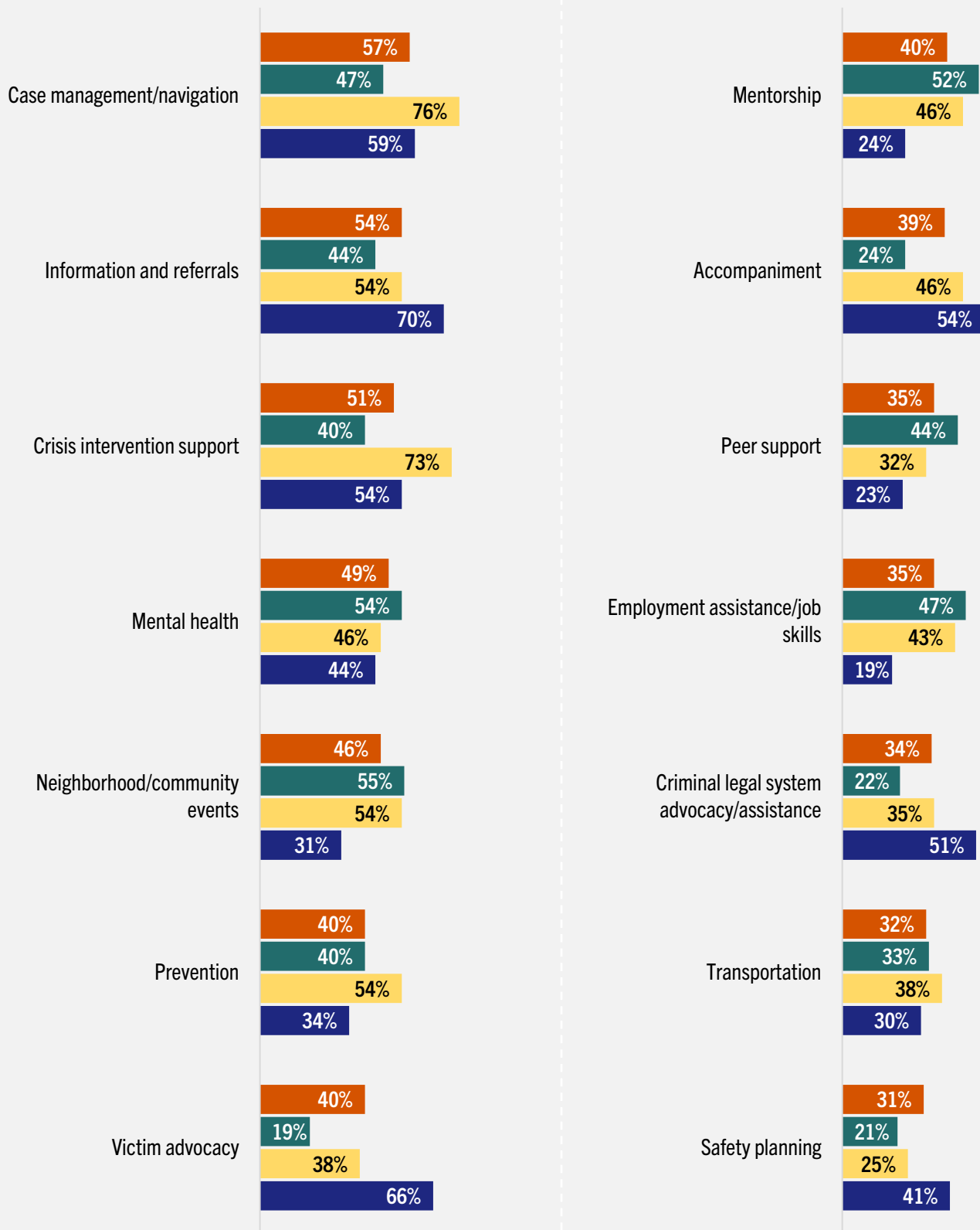
SERVICE AVAILABILITY

Statewide (n = 211)

Philadelphia (n = 91)

Pittsburgh (n = 32)

T Zone (n = 70)



Service providers were asked how frequently they were able to refer/connect individuals to other services. The numbers below reflect the percentage of providers who made these referrals at least once per month or more.

■ Statewide (*n* = 236-246) ■ Philadelphia (*n* = 106-112)
■ Pittsburgh (*n* = 37-41) ■ T Zone (*n* = 76-78)

Figure D. Top 5 Consistent Service Referrals

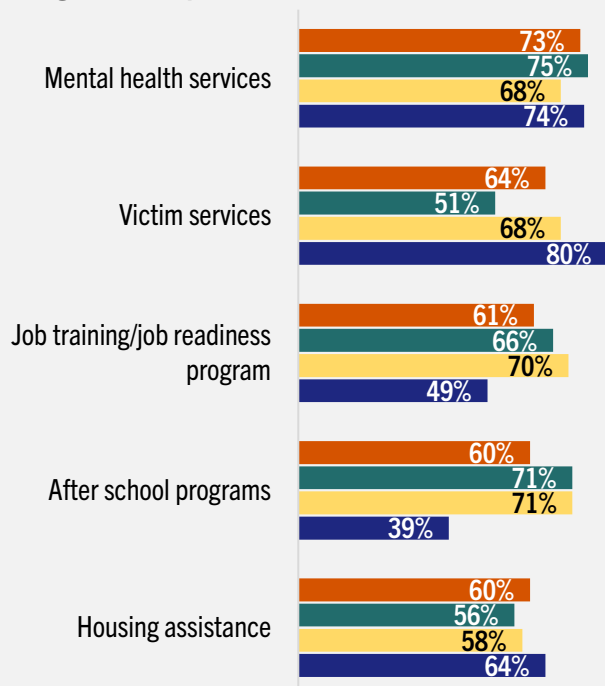
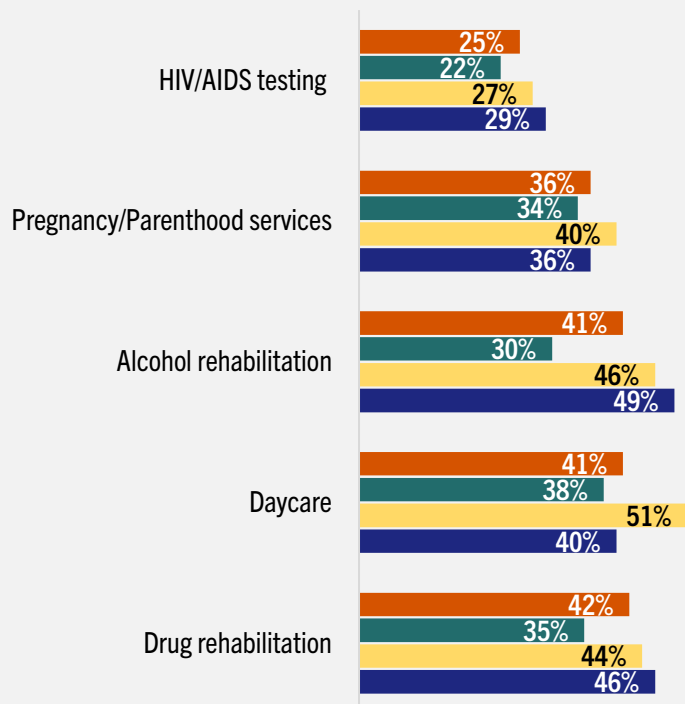


Figure E: Lowest 5 Service Referral Types



REFERRALS ACROSS PENNSYLVANIA

Service providers (*n* = 236-246, depending on item) were asked how frequently they were able to refer/connect individuals to other services – these are the top 5 that survey participants connect people with at least once a month:

- Mental health services (73%)
- Victim services (64%)
- Job training/job readiness (61%)
- After school programs (60%)
- Housing assistance (60%)

The top 5 services providers are not able to refer or connect individuals who have experienced gun violence to at least once a month included:

- HIV/AIDS testing (only 25% are consistently able to refer people to this)
- Pregnancy/Parenthood services (36%)
- Alcohol rehabilitation (41%)
- Daycare (41%)

IMMEDIATE CRISIS RESPONSE

Over one-third (36%) of surveyed service providers said they immediately provide emergency (crisis/incident) assistance to individuals who have experienced gun violence. When asked how they learn about these incidents, they said they are most frequently contacted by police, community member, violence interrupter, victim/witness program, and schools. Across the state, service providers described crisis responses that are highly individualized to the needs of the people experiencing crises.

OUTREACH AND AWARENESS

Figure F: Methods used by service providers (n =217) to inform and notify individuals who have experience gun violence of their services. Check all that apply

		Philadelphia (n = 97)	Pittsburgh (n = 38)	T Zone (n = 68)
Community event	<div><div></div></div> 71%	★ 79%	★ 66%	★ 63%
Networking with other organizations	<div><div></div></div> 59%	★ 63%	★ 50%	★ 60%
Brochures	<div><div></div></div> 55%	49%	★ 53%	★ 65%
Social media	<div><div></div></div> 52%	★ 58%	37%	53%
Trusted community members	<div><div></div></div> 50%	★ 59%	★ 55%	38%
Family member/friend recommendation	<div><div></div></div> 47%	★ 52%	45%	44%
Referral from court system/DA	<div><div></div></div> 46%	39%	42%	★ 56%
Referral from victim service organizations/advocate	<div><div></div></div> 44%	33%	★ 50%	53%
Referral from police/law enforcement	<div><div></div></div> 41%	23%	★ 53%	★ 57%
Public speaking engagements	<div><div></div></div> 38%	35%	34%	41%
Referral from mental health provider	<div><div></div></div> 33%	28%	32%	38%
Trainings	<div><div></div></div> 29%	24%	32%	37%
Referral from hospital/medical clinic	<div><div></div></div> 28%	21%	29%	37%
Hotline/helpline	<div><div></div></div> 23%	10%	29%	35%
Referral from legal assistance/aid organization	<div><div></div></div> 22%	20%	21%	24%
Promotional items	<div><div></div></div> 22%	26%	<5	22%
Online search engine	<div><div></div></div> 21%	19%	24%	21%
Billboard advertisement/public ads	<div><div></div></div> 10%	7%	<5	12%
Religious official	<div><div></div></div> 10%	11%	13%	7%
Newspaper	<div><div></div></div> 9%	8%	<5	10%
Online forum	<div><div></div></div> 6%	6%	<5	<5
Radio ads or advertisement on music-related apps	<div><div></div></div> 5%	<5	<5	<5
Not listed	<div><div></div></div> 4%	<5	<5	<5
TV advertisement	<div><div></div></div> 3%	<5	<5	9%

★ = Top 5 responses by region

OUTREACH AND AWARENESS

Figure G: How individuals who experienced gun violence learned about available services:








		Statewide (n = 165)	Philadelphia (n = 99)	Pittsburgh (n = 31)	T Zone (n = 35)
	Through a family member or friend recommendation	52%	49%	65%	51%
	Community leaders	42%	35%	55%	49%
	Community events	41%	38%	42%	49%
	Social media	37%	34%	36%	49%
	Online search engines	34%	33%	29%	40%

Figure H: How service providers come into contact with people who have been exposed to gun violence:

		Statewide (n = 219)	Philadelphia (n = 96)	Pittsburgh (n = 38)	T Zone (n = 71)
	Word of mouth	61%	71%	71%	44%
	Deliberate outreach	59%	63%	66%	52%
	Referrals from other organizations	58%	62%	55%	52%
	Individuals contact them directly	51%	48%	58%	51%
	Family and friend connections	41%	45%	45%	35%

More than one-half (60%) of individuals who have experienced gun violence ($n = 164$) reported being aware of places that help individuals experiencing gun violence in their community, with a higher percentage of Pittsburgh participants reporting awareness of service providers (80%) than participants in Philadelphia (58%) or the T zone (49%). Figure G illustrates how participants most often learned about available services, while Figure H depicts information from service providers on how they conduct outreach to inform their communities about available services and individuals who have experience gun violence shared how they learn about services.

FACTORS INFLUENCING SERVICE ENGAGEMENT AND RETENTION

Individuals experiencing gun violence explained why they initially chose to engage with services in their community, as well as what made services helpful and comfortable.

Statewide, individuals who have experienced gun violence who engaged with services said in open-ended survey responses that they accessed them because they:

- Believed that the services would give them the help they needed to heal.
- Believed that seeking services can help them help others in the community.
- Were service providers and were aware of and comfortable seeking services.

In Pittsburgh, participants also said that they accessed services because they were located close by and in easily accessible building like community centers.

Most survey participants who said that they did not seek help said that it was because they felt uncomfortable talking to someone outside of their social/family circle about their experiences. In Philadelphia and the T Zone, common reasons for not seeking help included not needing formal help and not being aware of available services.

Philadelphia survey participants discussed feeling “brushed off” by service providers, feeling unsafe traveling to certain service providers’ offices, and not having time to access services for themselves. In Pittsburgh, participants shared that they did not think services would be useful to them, they wanted to engage in the healing process on their own terms, there were no locally available service providers, or they thought the available services were only meant for people who were directly impacted by gun violence (i.e., people injured or immediate family members). Individuals in the T Zone said that they did not seek help because they were not directly impacted by or had not experienced gun violence, services were not accessible, or that they felt desensitized to the violence.

Figure I: Participants said that the most helpful service providers:

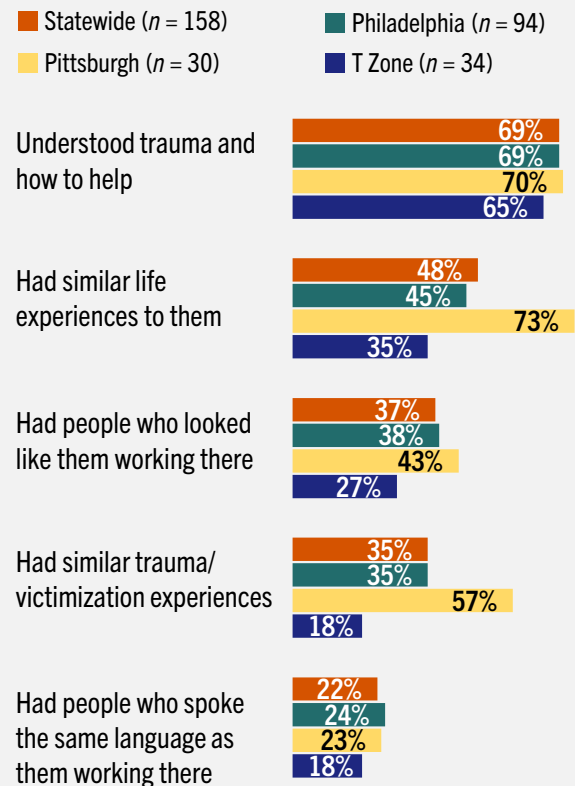
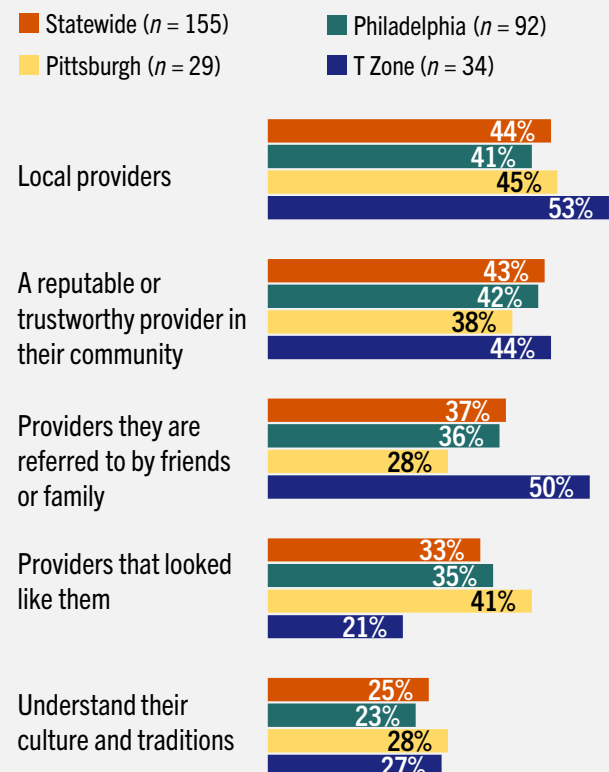


Figure J: Participants said they feel most comfortable seeking help from:



PERCEPTIONS OF GAPS IN SERVICES

Figure K: Top services that individuals experiencing gun violence ($n = 149$)
NEEDED but felt were NOT available

		Philadelphia ($n = 88$)	Pittsburgh ($n = 27$)	T Zone ($n = 34$)
Not applicable to me	50%	★ 49%	★ 33%	★ 65%
Basic Needs (such as clothing, food, shelter)	19%	★ 22%	★ 22%	<5
Mental health or counseling	15%	★ 11%	★ 22%	★ 18%
Crisis Intervention	10%	9%	19%	<5
Emergency financial assistance	10%	8%	★ 30%	<5
Faith based or spiritual services	9%	★ 9%	<5	<5
Crisis support and assistance for children	8%	7%	<5	<5
Justice/Court advocate	6%	7%	<5	<5
Disability assistance	6%	7%	<5	<5
Financial assistance for funeral/burial services	6%	9%	<5	<5
Housing assistance (such as shelter or a new home)	6%	<5	★ 22%	<5

★ = Top responses by region

In an open-ended survey question, service providers described areas of expertise needed, but unavailable, within their communities. The top five areas of needed expertise were the same across the state and included:

- **Trauma expertise**, including expertise in serving individuals with all forms of trauma (e.g., complex trauma, intergenerational trauma, racial trauma, and PTSD). In the T Zone, participants discussed the need for specific forms of trauma therapy and additional training on trauma for law enforcement and first responders.
- **Culturally-responsive care**, including expertise and understanding in the historical/structural factors contributing to racial trauma within entire communities; language-accessible, culturally-informed, and gender-specific supportive services for adults and youth; and increasing diversity among mentors, service providers, first responders, and justice system personnel.
- **Trauma-informed**, person-centered, and survivor-led services, including experts who understand the social determinants of health, work with individuals who have or have personally experienced traumatic events.
- **Holistic services**, including expertise in collaborative efforts to provide complete care that addresses all needs of an individual, healing methods that take a multifaceted approach to care, and supporting the whole family (not just one individual) to help individuals who have been impacted by gun violence.
- **Mental health**: In Pittsburgh and the T Zone, providers described a need for more providers to address shortages and long waitlists. In Philadelphia, providers described a need for more mental health specialists (e.g., expertise in Eye Movement Desensitization and Reprocessing (EMDR) treatment, cognitive behavioral therapy, grief management, anger management, and conflict resolution).











CHALLENGES ACCESSING AND PROVIDING SERVICES

BARRIERS TO SERVICE SEEKING

We asked participants about barriers and challenges that people experience when seeking services and providing services.

We asked survey participants who had experienced gun violence to describe existing services that were the most difficult to access (see Figure M) and reasons for not seeking support in the past 12 months (see Figure N). Service providers gave their insight on why individuals who have experienced gun violence do not seek services in Figure N. Many participants (60%) reported they were aware of people or places that help individuals who have experienced gun violence in their community, but only about half (46%) shared that they have previously sought help from those entities. Almost half of participants (46%) replied “Not Applicable”, which may mean they were able to access the services they needed or did not need services after experiencing gun violence.

Figure M: Most difficult to access services*

	Statewide (n=152)	Philadelphia (n= 90)	Pittsburgh (n= 29)	T Zone (n= 33)
 Emergency financial assistance	14%	★ 13%	★ 24%	<5
 Basic Needs	13%	★ 17%	★ 17%	<5
 Crisis Intervention	13%	★ 12%	<5	★ 15%
 Mental health or counseling	11%	★ 10%	★ 17%	<5
 Crisis support and assistance for children	9%	★ 10%	<5	<5
 Financial assistance for funeral/burial services	9%	8%	★ 17%	<5
 Employment assistance	7%	8%	<5	<5
 Faith based or spiritual services	7%	6%	<5	<5
 Justice/Court advocate	6%	9%	<5	<5
 Housing assistance	6%	6%	<5	<5
*Selected “Not applicable to me”	46%	41%	38%	64%

★ = Top 5 responses by region

CHALLENGES ACCESSING AND PROVIDING SERVICES

Figure N: Individuals who have experienced gun violence reported reasons for not seeking support in the prior 12 months, and service providers reported their perception of why individuals who have experienced gun violence do not seek services.

		STATEWIDE	PHILADELPHIA	PITTSBURGH	T-ZONE
		(n = 31)	(n = 22)	(n = 8)	(n = 1)
REASONS REPORTED	Did not know services were free	36%	36%	<5	<5
	Cost was too high/no insurance coverage	29%	<5	<5	<5
	Did not have good experiences when asking for help in the past	26%	<5	<5	<5
	Unable to get there because lacking transportation	19%	23%	<5	<5
	Not enough time with work schedule	16%	<5	<5	<5
	Did not want anyone to know	16%	<5	<5	<5
		STATEWIDE	PHILADELPHIA	PITTSBURGH	T-ZONE
		(n = 220)	(n = 98)	(n = 38)	(n = 71)
PROVIDER PERSPECTIVES	Scared of retaliation	45%	40%	50%	51%
	Did not think of themselves as victim	27%	30%	21%	25%
	Caregiver responsibilities	27%	29%	16%	25%
	Unable to get there because lacking transportation	26%	22%	16%	34%
	Unsafe/dangerous neighborhood	24%	26%	37%	13%
	Did not know services were free	22%	28%	29%	14%
	Scared about reporting to police or immigration	21%	17%	24%	27%
	Not enough time with work schedule	17%	19%	18%	14%
	Embarrassed/didn't want to be seen asking for help	17%	21%	<5	16%
	Did not want anyone to know	14%	9%	<5	23%

CHALLENGES ACCESSING AND PROVIDING SERVICES

Among individuals who experienced gun violence ($n = 155$), available transportation most often involved a personal vehicle (55%), bus (34%), walking (30%), taxi service (25%) or a borrowed vehicle (8%).

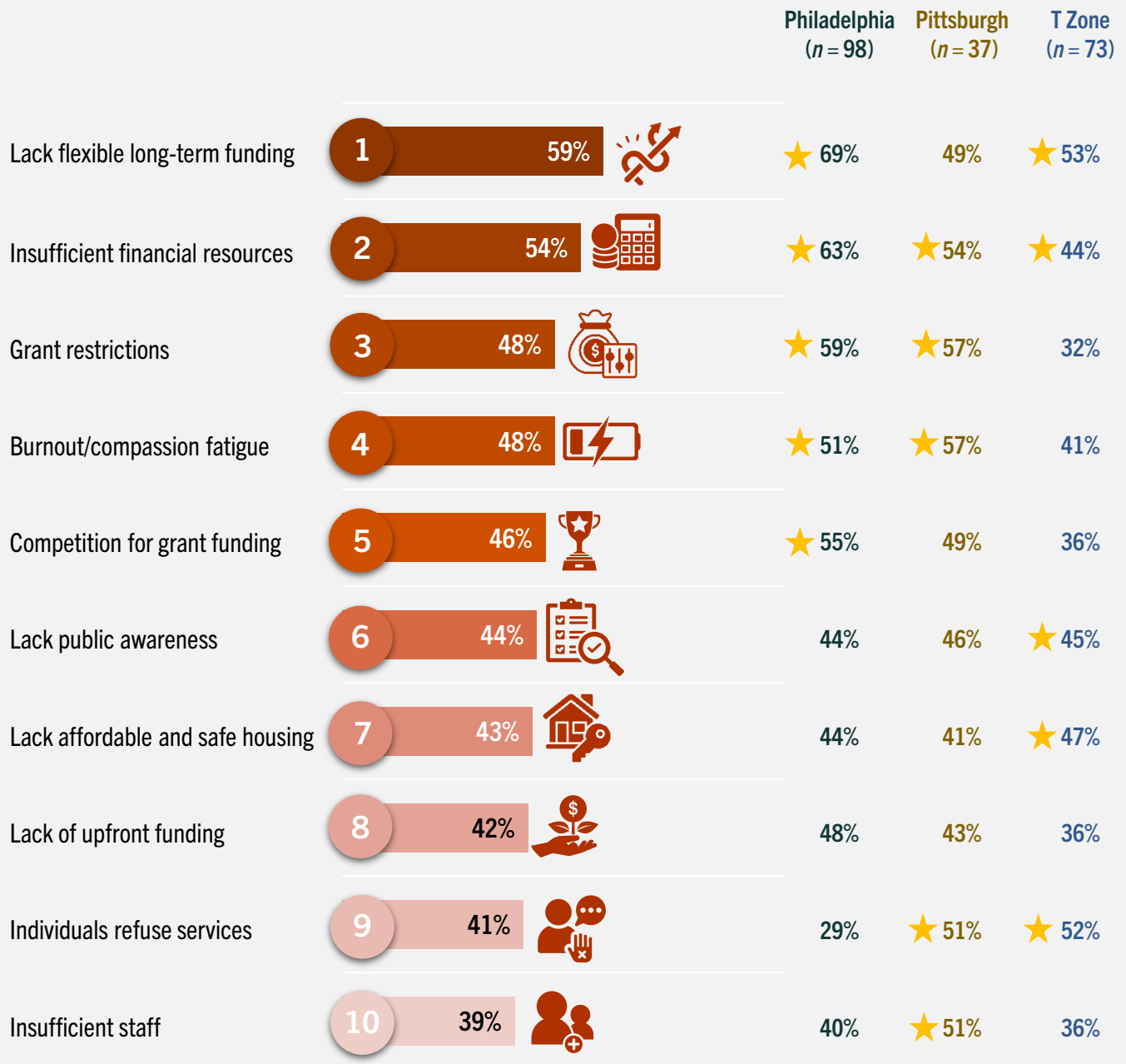
More than 20% of participants ($n = 154$) expressed that they do not have enough transportation to meet their needs for appointments, with multiple of those individuals indicating that transportation options in their area cost more than they can afford, are unpredictable, are unavailable when they need them, or require more travel time than they have available .

“Again, based on how rural we are, provision of services is difficult at best. Most of the people will ‘just deal with it’ as opposed to traveling long distances to receive services.”



BARRIERS PROVIDING SERVICES

Figure 0: Service providers ($n = 223$) were surveyed about barriers they experience trying to provide services to individuals who have experienced gun violence. The most common barriers include:



★ = Top 5 responses by region

Across Pennsylvania, 23% of service provider survey participants indicated that they were at full capacity when supporting the current demand for services and 13% said that they had a waiting list.

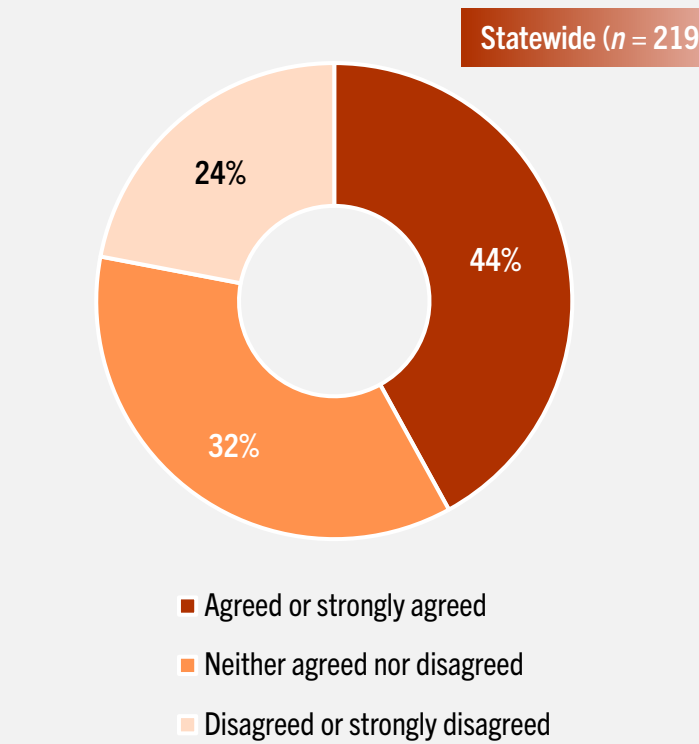
COLLABORATION BARRIERS

Service providers were asked two open-ended survey questions in which they reflected on the factors that enhance collaboration with other organizations and how agencies within their service areas could better coordinate to serve individuals who have experienced gun violence. To enhance collaboration, providers across the state recommended facilitating strategies that:

- **Promote communication between providers:** Finding opportunities to increase communications among providers, such as community meetings/events, local conferences or workshops, and networking opportunities.
- **Facilitate awareness of other services available in the area and create a centralized directory of services:** Many participants expressed a need for active learning about the services provided by other organizations in their communities and how they might be able to complement each other. Example efforts could include creating and maintaining a centralized directory that provides contact information, a detailed description of services provided, or hosting monthly presentations by organizations to a community-wide audience.
- **Build and formalize relationships between providers:** Create written agreements (e.g., memorandums of understanding, data sharing agreements), establish task forces or coalitions under a governmental entity, develop other mechanisms to build trust and accountability to one another, and reduce barriers with information sharing.
- **Develop joint funding opportunities:** Many participants discussed competition for funding as a major obstacle to service provision. Participants noted that motivating organizations to apply for joint funding could reduce competition and help formalize partnerships.

Service providers were asked about the extent to which they agreed or disagreed that there is a history of collaboration and cooperation among organizations serving individuals who have experienced gun violence in their service area.

Figure P: History of Collaboration and Cooperation



	PHILADELPHIA	PITTSBURGH	T-ZONE
	(n = 98)	(n = 38)	(n = 70)
Agreed or strongly agreed	42%	47%	47%
Neither agreed nor disagreed	36%	19%	29%
Disagreed or strongly disagreed	22%	34%	27%

COLLABORATION BARRIERS

- Agree upon shared mission and goals:** Many participants described how organizations need to partner with organizations that share a similar mission to ensure that they are striving for the same goals.
- Provide funding for collaboration:** In Philadelphia and the T Zone, participants recommended providing funds to build capacity for collaboration (e.g., funding a coordinator position, providing resources for a shared space).

Figure Q: Reasons why collaboration is lacking

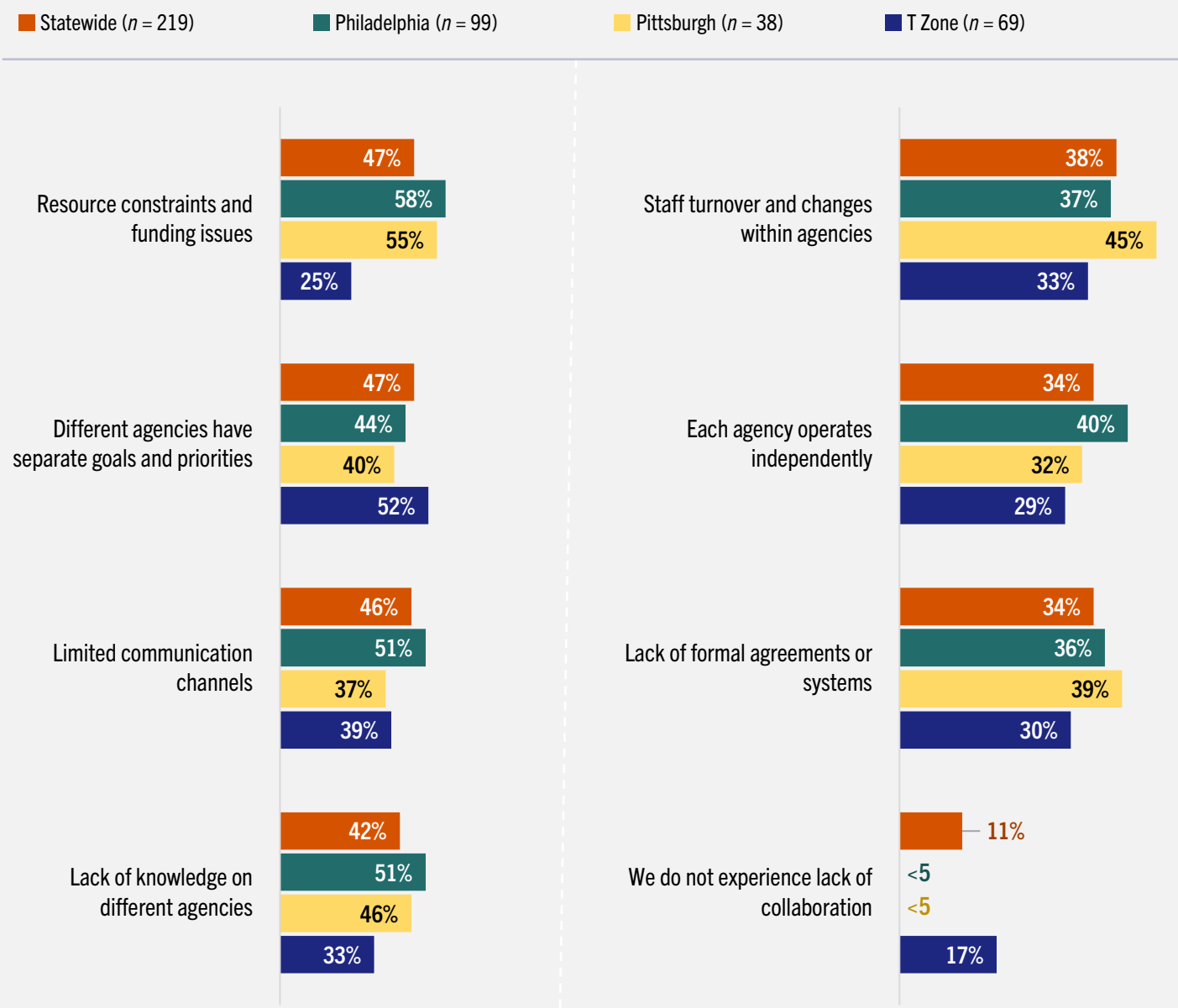
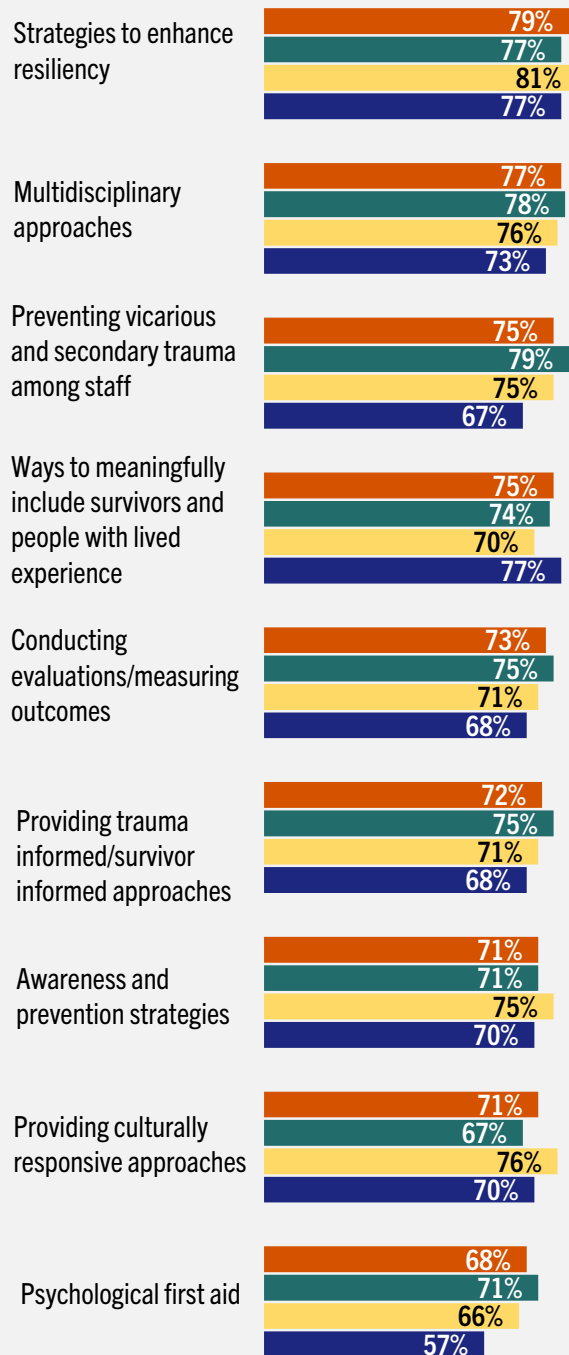


Figure R: Service providers agreed or strongly agreed that additional training and technical assistance (TTA) was needed on the following topics:

■ Statewide (n = 210-213) ■ Philadelphia (n = 92-93)
■ Pittsburgh (n = 38) ■ T Zone (n = 68-70)



When asked to describe on TTA needs or additional resources, service providers discussed needing additional support around:

- **Mental health supports**, including self-image therapy, counseling, emotional regulation training, long-term counseling, street outreach, support groups, psychological first aid training, grief supports, culturally appropriate providers, and emotional support animals.
- **Trauma supports**, including therapists trained to handle complex trauma, post-traumatic stress disorder (including in children), co-occurring traumas, and residual trauma care for families, partners, and children of those who have experienced gun violence.
- **Increasing person-centered, trauma-informed care** through trainings/resources for individuals who provide social services, law enforcement, and first responders. One provider suggested hosting survivor led support groups and service collaboration among those with lived experience.
- **Housing assistance**, including relocation, safe and affordable housing, emergency housing services, shelters, and housing education.
- **Collaboration among providers**, including forming strategic partnerships; enhancing collaboration between providers; improving communication; and using multidisciplinary approaches to service delivery.
- **Funding**, including that is flexible, increased, and aligns with community needs.
- **Youth services**, including addressing school truancy, youth access to guns, supporting students, increasing after school programs, working with young children, intersections between social media and youth violence, addressing the complex needs of youth exposed to gun violence, and interventions for youth who are at risk of experiencing gun violence.



RECOMMENDATIONS

Findings from the needs assessment provide insights on how to better provide services to individuals who have experienced gun violence. The recommendations below build on the inspiring work Pennsylvania communities have done to support individuals experiencing gun violence and can serve as a foundation from which service providers, state and local government officials, law enforcement, and community partners can build stronger relationships with one another as well as with the communities they serve.

PUBLIC AWARENESS AND COMMUNICATION

Many participants throughout the Commonwealth highlighted the need for increased awareness around gun violence as well as services available for the individuals and communities who have been impacted. This message was consistent even in areas saturated with programs. Statewide, individuals who have experienced gun violence frequently said they connect to service providers through word of mouth, online or social media outlets, door to door canvassing, community events, and community advertising. They recommended sharing information about victim services with the community by posting information in publicly accessible community buildings, at community events, through partnerships with local organizations, through increased canvassing efforts, and through multimedia marketing with messaging tailored to the community's needs (e.g., what therapy looks like, what a victim advocate might be able to help with).

Service providers recommended improving outreach by diversifying modes of outreach, obtaining funding to pay for outreach materials as well as for staff devoted to outreach efforts, and developing relationships with other organizations (e.g., justice system actors, healthcare providers, school district staff) who can share information about their organization. In the T Zone, providers suggested developing clearer and more concise outreach materials. In Philadelphia, providers were more likely to say that their organization was doing enough outreach and that they did not need to make improvements in their efforts.

Developing wide-reaching and engaging content can support prevention efforts and community engagement. Recommendations for improving public awareness and communication include:

- **Conducting research on local public awareness campaigns.** Ensuring that people know about available services requires a multifaceted approach, an understanding of whom the audience is (e.g., age, education level, race/ethnicity, neighborhood), and how to best reach that audience. Explore approaches for developing campaigns that raise awareness about gun violence, services, and resources. This should include listening sessions with new or non-traditional service providers about raising awareness of their services and creating directories or lists of community-specific providers and disseminating that information to community members through various platforms. Awareness campaigns should be assessed for effectiveness and potential improvements, including testing messaging content, method of delivery, whether the messaging reached the intended audience (e.g., a specific neighborhood, youth, gang members), and whether the messaging resulted in intended outcomes (e.g., increasing knowledge of services or demand for services). Use research findings to develop campaigns to raise awareness of services and other key messages about gun violence.
- **Collaborating with diverse groups of community members to create messaging.** Ask adult and youth community members, violence interrupters, and social media influencers to develop public service announcements (PSAs) and other types of content. Consider hiring promotion companies and/or marketing strategists to develop a cohesive and comprehensive messaging campaign. Explore topics to prioritize in PSAs, such as promoting resiliency centers; sharing information about services, resources, gun violence prevention and response, conflict resolution, impact of trauma, why it is okay to ask for help, what it is like to receive mental health services, and gun safety; and personal stories about how services or gun violence have impacted local communities.
- **Include content development for outreach as part of service delivery.** Consider including outreach and public awareness raising within grant funding (e.g., hiring outreach staff, marketing consultants, purchasing outreach materials). Employ individuals who have experienced gun violence for content creation as part of service delivery. This could serve as a creative outlet, seeks input from credible sources with lived experience, and provides a way to collaborate with the community in a sustainable way.
- **Diversify the methods of disseminating information.** Share videos through social media platforms like TikTok, Snapchat, Instagram, Facebook, YouTube, and Reddit. Youth engage in social media through videos, chats, blogs, pictures, and live feeds regularly to learn about experiences and social support. Leverage the networks of credible messengers, youth and community leaders, and social media influencers to help disseminate messaging. Use QR codes to share written information about services and resources throughout communities, including on police cars, in business windows, gun magazines, parking meters, streetlights, schools, community and recreation centers, and sports venues. Share commercials on television and radio, as well as through computer and video games. Host podcasts. Make sure content is placed on the right platform for the right audience at the time they are most likely to see it. Using multiple modes of message delivery can help ensure that individuals with different reading levels and learning styles access information.

ACCESSING SERVICES AND RESOURCES

Although there are many services available for individuals experiencing gun violence throughout Pennsylvania, participants said they are often not aware of any services within their community or were overwhelmed by the process of having to seek out services. In Philadelphia, participants highlighted the importance of learning about services by “word of mouth” and other sources such as support groups, hospital-based programs, direct outreach by services providers – they tended to be aware of the services available in their community, as well as what services were missing. In Pittsburgh, many participants also discussed the absence of services within their local neighborhoods, which required them to obtain transportation and travel to neighborhoods they were unfamiliar with or uncomfortable visiting. In both Pittsburgh and the T Zone, participants frequently discussed the importance of informal social supports and their preference for relying on those supports rather than seeking out formal services immediately after experiencing gun violence. Many participants from the T Zone did not know what services were available. Developing or encouraging the use of user-friendly resource directories, advertising available services, streamlining connections between service providers, and improving access to resources may increase awareness of services to individuals who need them.

- **Improve access to PCCD’s interactive map of victim service programs or develop community-specific versions of this resource.** Encourage community organizations and local governments to promote [PCCD’s interactive map](#), perhaps by having the link clearly visible on their webpages, posting informational fliers in spaces frequented by the public, or connecting the map to existing local service directories. Service providers could also benefit from using the interactive map to find potential partners and updating their own directory information in the system, making it easy for potential clients and partners to find them.
- **Explore methods of compiling information about service providers and making it available to community members.** Many community members and leaders compile their own lists of resources and share them on their social media pages. We recommend that local entities explore quick and easy ways to collaborate on compiling and sharing information on additional services that may be lesser known, non-traditional, or brand new with community members.
- **Adopt a “navigator model” to help connect individuals with the services they need.** Some individuals want service providers to reach out to them after experiencing gun violence. Explore the development of a network of service providers and community partners who provide easier access to services through collaboration, as well as coordination of referrals and services. For example, consider developing an online platform for community members to request help from a variety of service providers at once. An approach like the Victim Legal Network of DC may provide guidance for developing a webpage that is easy to navigate for community members who need to find immediate help, provides an intake form to request help that is distributed to the full network of providers, and provides opportunities for community organizations to join the network. Some participants recommended automatically and immediately reaching out to children and parents of children who have experienced gun violence to offer services.

- **Make it easier to apply for, and keep, PCCD funding.** Continuously applying for grant funding is time consuming, overwhelming, and intimidating for many service providers and non-traditional support service organizations. Consider simplifying the process of applying, providing support to organizations on grant-writing and applying for PCCD funding, and lengthening the period of performance.
- **Explore alternate performance measures and de-emphasize the number of people served.** Many participants across Pennsylvania discussed the competition among service providers and impact on service coordination and in turn the quality of care. For example, some organizations feel the need to focus on increasing the number of clients to obtain and maintain funding. Providers even “reinvent themselves” with each solicitation to match their program to the goals of the funding because resources are constrained and programs need to chase funding sources. We recommend that potential funders focus more heavily on whether and how the program is meeting the needs of the community. For example, asking for examples about how programs are building trust in the community and seeking real-world examples of how the program helped people.
- **Create funding cohorts based on type and past performance with similar funding.** Allowing like programs to be assessed together provides an equitable selection process that considers the value of new awardees and those with longevity. This can be done using a tiered grant review system, whereby non-traditional and/or new programs can be assessed compared to one another, consistently-funded victim service organizations in another group, and similarly sized organizations’ applications are compared to one another.

SHARING INFORMATION WITH COMMUNITIES

- **Improve communication between the community and government representatives, including law enforcement.** Explore opportunities to increase transparency and accountability and for community members to inform policymaking and law enforcement efforts on topics that affect their neighborhood, ask questions about what is being done to prevent violence in their communities, and provide input on law enforcement responses to incidents of violence. This could include hosting regular meetings and/or listening sessions between policymakers, law enforcement, and community members (as well as during critical incidents); being present at community gatherings in a non-official capacity (e.g., hosting community basketball tournaments); coordinating training with victim service providers to elevate trauma-informed practices; and maintaining an active social media presence for more frequent interactions with community members. In rural areas, where law enforcement support may be provided by state or county entities, local government officials will need creative solutions to ensure community members have opportunities to meet with state or county law enforcement agencies on a regular basis.

- **Develop hyperlocal news services for neighborhoods and provide training on trauma-informed reporting.** Develop a website, newsletter, and/or social media account that specifically covers local news for specific neighborhoods. Provide training on trauma-informed reporting and interactions with individuals experiencing violence. Such efforts could provide residents with valuable information about community issues and events, available resources and services when violence occurs, and could encourage readers to provide input into neighborhood issues. Hyperlocal news services can engage in a variety of journalistic methods, but recent innovations include automating news by pulling data from public data repositories (e.g., construction permits, first responder incident data) in addition to traditional reporting and investigations into neighborhood concerns. Hyperlocal news agencies in Philadelphia (to name a few) include the *Chestnut Hill Local*, *Kensington Voice*, *West Philly Local*, *Northeast Times*, *South Philly Review*, *Passyunk Post*, *Germantown InfoHub*, *The Local* (focusing on Northwest Philadelphia), *East Falls Now*, *Uptown Standard*, *Parkside Journal*, *Southwest Globe Times*, and *The Hook* (focusing on Fishtown). In the Pittsburgh area, hyperlocal news agencies include *The Homepage* (focusing on Greater Hazelwood), *Print* (focusing on Squirrel Hill, Shadyside, East Liberty, Point Breeze, and Homewood), and the *South Pittsburgh Reporter* (focusing on Pittsburgh's southern neighborhoods). This focus on small areas allows them to communicate information directly impacting residents within those communities.
- **Be present and accessible in the community.** Both adult and youth participants want to see service providers, first responders, and policymakers in the community (e.g., at schools and community events) to raise awareness about their services, build trust, and demonstrate that they care for individuals before gun violence occurs. Youth said offering food at events will help increase attendance. Engaging with youth can be an important mechanism for getting information to parents or to encourage engagement.

HARM REDUCTION FOR GUN VIOLENCE

In alignment with PCCD's Office of Gun Violence Prevention's 2025 Initial Report and Strategic Plan and based on feedback from study participants throughout Pennsylvania, we recommend developing a harm reduction approach to gun violence that focuses on promoting gun safety. This approach would accept that people carry guns and focus on practical solutions to reduce harm.

- **Raise awareness about and teach gun safety.** Enhance access to education about the fundamental principles of gun safety. This could include improving understanding of the power associated with owning a gun, responsibilities of gun owners, impacts of handling guns unsafely, and accountability for using guns unsafely. Participants recommended providing training on safe gun use and storage in community locations (e.g., pop-up classes), through planned events in specific community organizations, and at sporting events.
- **Enhance access to devices that secure firearms and training on how to use those devices.** Engage in non-judgmental discussions about gun access in the home, provide free or low-cost gun locks and gun safes, and provide educational resources to prevent unintentional deaths.

- **Educate people on responsible and safe gun handling.** Ensure that people know how to properly use guns and accuracy with their intended target. This may help avoid bystander deaths and property damage. Participants recommended providing transportation to training events to increase participation.

MULTIDISCIPLINARY COLLABORATION AND COORDINATION

Across Pennsylvania, many individuals who experienced gun violence described competition among service providers in their area. They expressed a desire for enhanced collaboration among providers, more providers who were physically representative of their communities, as well as providers with lived experience. Statewide, service providers indicated that collaboration could be improved through better communication and increased awareness of other providers in their areas, formalizing relationships between providers in the community, and seeking out funding to support collaboration.

- **Develop employment opportunities and skill-building programs for individuals with lived experience in victim service field.** Consider providing skill-building, training, and apprenticeship programs for individuals who have experienced gun violence. Many participants said they want to receive services from lived experience experts and many individuals who have experienced gun violence want to provide support to their community (e.g., as victim service providers, navigators, peer support specialists, mentors). Expand engagement of individuals with lived experience with gun violence serving as liaisons to service providers or as service navigators, perhaps following a “Certified Peer Recovery Specialist” credentialing model increasingly seen in the substance use recovery or mental health domains. Elevate more co-responder models that deploy teams directly to the scene of gun violence alongside police to provide immediate connections to available services. These individuals will enhance feelings of trust between the community and service providers.
- **Improve multidisciplinary teams (MDTs).** Continue to find opportunities to enhance MDTs and prioritize collaboration, as modeled in Philadelphia by the “Big 6” program and the Southwest Philadelphia’s Office of the District Attorney, Anti-Violence Partnership, and University of Pennsylvania partnership. In the Pittsburgh area, grassroots partnerships are increasingly common. MDTs should consider conducting “agency tours” whereby meetings are held in different locations on a rotating basis, showcasing innovative programs, and discussing mechanisms for evaluating and addressing gaps. Memorandums of Understanding can formalize partnerships, build commitments, and provide practical details like ongoing meeting schedules and cross-training components. Within MDTs, encourage psychological safety to increase participation by including organizational representatives of diverse background and experiences, focusing on shared values, being aware of biases and working to mitigate them, valuing all opinions and ideas, encouraging people with different ideas and opinions to speak up in meetings, and encouraging healthy disagreement and debate.
- **Seek informal networking opportunities.** To build trust and cohesion between service providers,

local community organizations would benefit from meeting with one another regularly to better understand priorities, constraints, and capacity.

VICTIM SERVICE PROVISION

Findings from this needs assessment indicate that service providers feel constrained by a lack of resources while community members expressed a desire for more community representation, a wider variety of services, and increased accountability among service providers to ensure that they are providing quality and necessary services to the community. Statewide, individuals experiencing gun violence said believing that services would help them heal and support others in the community motivates them to seek help. Most participants who did not seek support said they felt uncomfortable talking to someone outside of their social/family circle about their experiences. Many participants (especially in the Pittsburgh area) discussed previous experiences with service providers and first responders that were unhelpful or detrimental to their mental health.

- **Increase person centered, trauma informed, and survivor led services.** Across Pennsylvania, individuals who experienced gun violence highlighted the need for providers who are relatable, have lived experience with gun violence, are trusted, and have compassion for their clients. We recommend providing training and technical assistance for service providers as well as community members who are outside of the system on trauma-informed and person-centered care. For example, in collaboration with other community organizations, the Community Resilience Center in Kingessing is coordinating training for community members on providing psychological first aid (i.e., methods for alleviating acute psychological distress) after crisis events. Efforts to recruit and hire staff that have experienced similar situations continue to be important (e.g., “peer recovery specialist” models, paraprofessional educational credentialing).
- **Find new mechanisms to meet the demand for services.** Across the state, participants continued to recognize and emphasize the need for increased funding to hire additional staff and reduce waitlists. Some participants discussed hiring specialists (e.g., expertise in working with survivors of domestic violence or individuals returning to the community after being incarcerated, youth mentors). Many participants discussed the need for administrative staff and infrastructure resources, counselors, case managers, and other staff. Some participants described partnership or staff “rotations” whereby a center is staffed by a diverse group of specialists who are available at different times of day to provide greater access to services and reduce the burden on a single provider to work long hours.
- **Explore gaps in programming and participation in programs for youth.** As described in Goal 4 of PCCD’s Office of Gun Violence Prevention’s 2025 Initial Report and Strategic Plan, youth programming is a high priority for PCCD, and Pennsylvania has dedicated significant resources to a variety of programs to support youth development such as their Building Opportunity through Out-Of-School Time Grants. However, it appears that many youth and community members are unaware of these programs and there may be low program participation, especially in Pittsburgh and the T Zone. Consider exploring gaps in programming and make mid- course adjustments to improve

program outcomes and awareness of programs. Many adult community members want youth programs focused on mentorship, employment, after-school recreation, and gun violence prevention for younger children. Some participants recommended exploring programs facilitated by youth where they can feel safe in the presence of caring adults without the pressure to talk about topics that make them uncomfortable. Youth said that trust was paramount and hard to earn; surprisingly, they were more trusting of adults than peers. Many youth said they trust athletic coaches the most. Youth talked about the importance of peer programs, mentorship programs, job placement and vocational skill building opportunities, and healthy prevention and intervention efforts that incorporate art, music, gaming, and sports. They also want programming to help facilitate conversations with their parents and build a better understanding of the problems they experience. Many youths felt “alone” and like they did not have anyone to talk to, not even their friends.

- **Develop and expand existing restorative justice programming.** Restorative justice brings together victims, offenders, and the larger community to foster healing and strengthen social ties. Many participants in Philadelphia discussed wanting restorative justice programming within their communities, which they described as meetings where individuals who engage in gun violence can hear about the consequences of their actions and individuals impacted by gun violence can hear the perspectives of the person who harmed them. Some of the efforts found online for Philadelphia include the Defender Association of Philadelphia’s “Restorative Response Program”, Impact Justice’s “Healing Futures” program for youth, WOAR Philadelphia Center Against Sexual Violence’s Restorative Justice Program, and the Healing Communities/Metropolitan Christian Council’s Restorative Cities Initiative. Participants from the other areas of Pennsylvania did not discuss restorative justice, although restorative justice programs can be found in Pittsburgh through the Center for Victims and statewide from Pennsylvania’s Office of the Victim Advocate. We recommend organizations consider exploring the outcomes and definitions of success determined by individuals who have experienced gun violence and whether restorative justice approaches should be used. Provide training for service providers to implement restorative justice programs and evaluate existing restorative justice approaches used for individuals who have experienced gun violence.
- **Ensure that services are located close by and are consistently available.** A common theme among focus group participants statewide was the need for services to be easy to get to – either located within the community, provided via mobile outreach, or accessible through virtual services. Supporting existing service providers in expanding their reach to a larger geographic area could encourage additional people to connect with them. Additionally, focus group participants highlighted the need for organizations to consistently “show up” in the community, even if engagement appears low in the initial stages – it takes time to build trust with community members.

THERAPEUTIC SUPPORT

Study participants frequently discussed formal and informal mental health services within their communities, obstacles in seeking or receiving mental health support, and recommendations for enhancing access to services.

- **Explore opportunities for reframing the term “mental health services”.** Many individuals who have experienced gun violence stated that there is a stigma associated with seeking mental health services. This was more prominent among Philadelphia participants than in other areas of Pennsylvania. Such stigma prevents people from seeking the mental health services they need. We recommend hosting listening sessions with community members and service providers to explore how the language used to describe mental health services can be adjusted and softened to encourage people to seek and engage with services.
- **Reduce the stigma associated with mental health services.** Collaborate with community members and service providers to explore options for reducing the stigma associated with mental health services. For example, develop public service announcements that address stigma, use storytelling developed to appeal to specific groups (e.g., by age or other demographics), and build trust between community members and service providers.
- **Expand support groups.** Participants across the state described support groups as useful and less stigmatized than other forms of mental health support. They would like to see more support groups in their area (especially for specific groups of individuals). They also recommended using support groups as a way to gently introduce individuals who have experienced gun violence to mental health services, as well as a place to share additional resources. We recommend developing different types of support groups, like those that are peer-led, facilitated by a trained mental health professional, or facilitated by a certified peer support specialist. As much as possible, these support groups should be low- or no-cost. Set transparent ground rules about how the group will function so people can choose the best group for their needs (e.g., whether the group will share personal experiences with gun violence; use a curriculum, semi-structured, or unstructured format; share resources; focus on a specific problem). Explore how participating in support groups can help make people more comfortable with accessing mental health services and reduce the stigma associated with mental health services.
- **Identify and strengthen opportunities for informal support.** Many participants shared that they first asked family and friends for support after experiencing gun violence, often because they were uncomfortable seeking formal services. Consider educating and supporting families and friends of individuals experiencing gun violence as they provide informal forms of support (e.g., talking about experiences and emotions, supporting someone experiencing grief, providing hot meals). These individuals could also share information about formal services available in the community.
- **Expand the provision of non-traditional mental health services.** Develop and enhance existing non-traditional mental health programs that leverage different ways of processing grief and trauma. Examples include art therapy, religious/spiritual programming, writing workshops, theater, musical activities, cooking workshops, self-care activities, boxing lessons, axe throwing, yoga, gardening, and volunteering. Youth focus group participants highlighted the need for more services and supports within schools, including “chill out” spaces they can visit when they feel overwhelmed.
- **Improve crisis responses.** Across the state, service providers described crisis responses that are

highly individualized to the needs of the people experiencing crises. All areas also reported providing advocacy, navigation, and referrals to other providers as part of their immediate crisis response. In Philadelphia and the T Zone, providers shared about having youth-specific crisis services. However, participants also described gaps in crisis responses (especially among Philadelphia participants). We encourage exploring opportunities to develop a comprehensive crisis response. Some participants called for a specialized hotline (an alternative to 988) for individuals, with staff who are specially trained on the unique circumstances of gun violence in Pennsylvania neighborhoods and experiencing gun violence. Explore crisis responses such as a confidential hotline and online chat that provides 24-hour crisis counseling and support services for victims of crime, witnesses, and people who are impacted by community violence. For example, in Kingsessing's Community Resilience Center, grief doulas are available to support families experiencing a violent incident. In alignment with Goal 6, Objective 6.1 and Goal 7., Objective 7.1. of PCCD's Office of Gun Violence Prevention's 2025 *Initial Report and Strategic Plan*, we also recommend sustaining, expanding and enhancing LOSS Teams (in which trained survivors of suicide loss respond to suicide scenes to provide support to families), other forms of co-responder programs (i.e. in which mental health professionals are paired with first responders to respond to incidents of gun violence either during the incident or soon after) or other community violence intervention programming in crisis incidents.

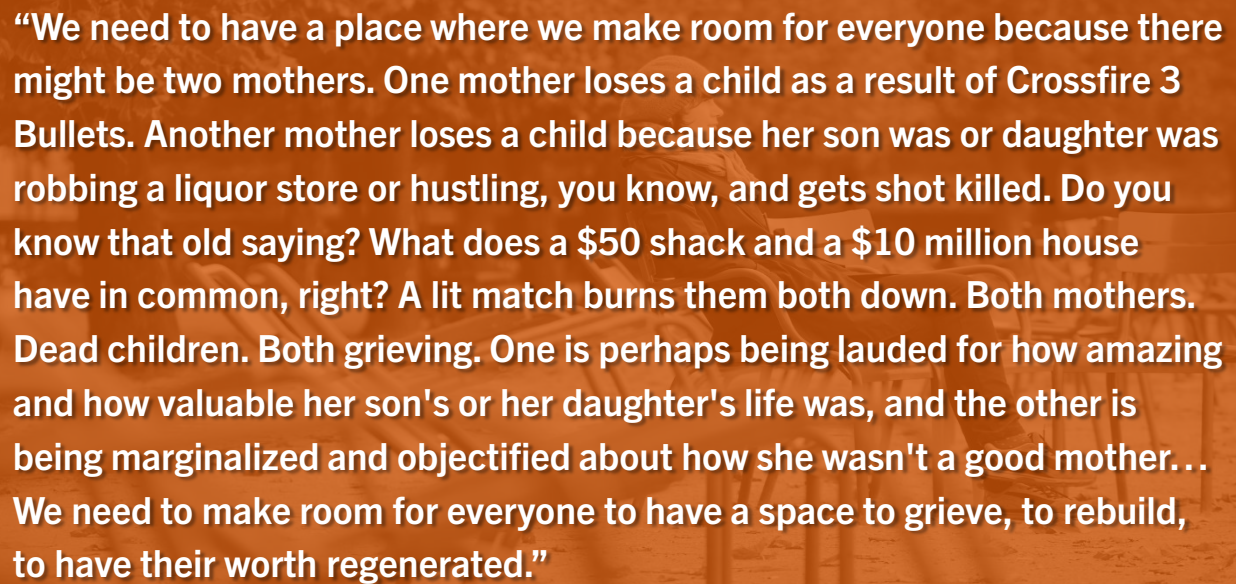
- **Provide grief counseling for entire neighborhoods.** Explore methods of providing grief counseling to everyone in a specific neighborhood or part of a neighborhood (e.g., specific blocks), perhaps by reaching out to neighborhood leaders, homeowners' associations, or hyperlocal news agencies to support coordination and outreach. Offering grief counseling to everyone in the impacted community could help build trust with the mental health system and encourage seeking other services.
- **Make services available long term, beyond the initial crisis period.** Expand mental health service provision beyond a limited number of sessions or limited number of weeks. Many focus group participants (especially in the T Zone) said they were not ready to receive services during the first year and often felt overwhelmed by the number of service providers reaching out in addition to the informal support being received. When they were ready seek formal services, they said those services were often hard to find.

RESILIENCY RESOURCES

Individuals who have experienced gun violence provided the following insights and recommendations for building resiliency centers in their community and the utility of providing one location with multiple service providers available to help people.

- **Reconsider using the word “resilience” or “resiliency center”** when supporting individuals who have experienced gun violence. Host additional listening sessions with community members and service providers to identify a naming convention for the center that resonates with the people in that neighborhood.

- **Provide services in each neighborhood.** Most participants recommended building a resiliency center (i.e., one stop shop) in each neighborhood to ensure that services are easy to access. This may be difficult to achieve in the short term. We recommend exploring opportunities for providing services within each neighborhood through multiple modes, such as satellite offices, pop-up clinics, mobile services (e.g., in a recreational vehicle or van), and/or virtually. One neighborhood could be chosen to pilot multiple methods of service provision and conduct research to explore the demand for services, satisfaction with services, and client outcomes after accessing services through these different methods.
- **Location of resiliency resources.** We recommend ensuring that resiliency centers are housed in a neutral location that most community members feel safe traveling to and comfortable accessing. Explore whether service navigators should be placed within existing organizations that are already accessed by a wide range of community members (i.e., place one navigator in a community center). Choose a location near public transportation.
- **Include community members in the planning process.** To maximize the impact of a resiliency center, engage community members in planning and decision-making to enhance the likelihood of community support, feelings of inclusivity, and ensuring the needs of the community are reflected in the services offered by the center. Continue hosting listening sessions and strategic planning sessions with community leaders to obtain their feedback. Part of these listening sessions may include an understanding of why individuals experiencing gun violence delay support-seeking behaviors and how resilience centers can help overcome reluctance.
- **Streamline access to services.** Make it as easy as possible to access services. This includes providing free and low-cost services; reducing the amount of paperwork associated with obtaining services (e.g., simplify intake forms, provide online forms, create databases to share and store paperwork); provide assistance with filling out paperwork and collecting necessary documentation to access services; and ensure that the center is open outside of normal business hours, on the weekends, and during holidays. It would be beneficial to consider how the needs of entire families could be met at similar times, such as ensuring that older youth have their own space and supports to talk about their experiences at the same time as having a space for parents and younger children, couples, and other family members.
- **Ensure client comfort through design.** Make resiliency centers as comfortable as possible. This includes exterior and interior design (e.g., welcoming atmosphere, soft colors, comfortable seating); accessibility (e.g., ramps, elevators, support bars, single use bathrooms, large print, braille); and including individuals from the neighborhood in choosing décor that reflects the vibe or spirit of the neighborhood. Provide free food to encourage people to drop in (e.g., a community fridge). The goal is to encourage community members to feel welcome and “show up as their authentic self.”



“We need to have a place where we make room for everyone because there might be two mothers. One mother loses a child as a result of Crossfire 3 Bullets. Another mother loses a child because her son was or daughter was robbing a liquor store or hustling, you know, and gets shot killed. Do you know that old saying? What does a \$50 shack and a \$10 million house have in common, right? A lit match burns them both down. Both mothers. Dead children. Both grieving. One is perhaps being lauded for how amazing and how valuable her son's or her daughter's life was, and the other is being marginalized and objectified about how she wasn't a good mother... We need to make room for everyone to have a space to grieve, to rebuild, to have their worth regenerated.”

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