

GREATER PHILADELPHIA

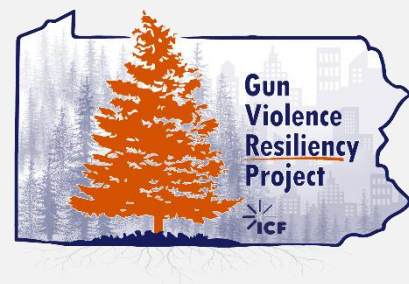
INTRODUCTION

Philadelphia is the largest city and county in Pennsylvania, with more than 1.5 million residents as of 2023. As in many large cities across the United States, Philadelphia experiences high rates of gun violence. In 2022 alone, there were 506 gun-related homicides and 1,831 gun-related injuries (City of Philadelphia, 2023). In 2024, firearm violations, shooting homicides and non-fatal shootings were all on the decline (Philadelphia Police Department, 2024). While the statistics reflect a downward trend, the number of deaths or injuries averages 4,600 Pennsylvanians per year; double the firearm death rate in the region (PCCD, 2025).

ADDRESSING GUN VIOLENCE

The City of Philadelphia's Office of Safe Neighborhoods "implements strategies and initiatives to prevent, reduce, and end violence in Philadelphia," with an emphasis on addressing gun violence. The City uses a multi-faceted approach involving:

- Partnering with other Philadelphia agencies and the community to support the Philadelphia Roadmap to Safer Communities.
- Using data to inform funding.
- Providing resources to promote resilient Philadelphia communities through programs like the Community Crisis Intervention Program, Violence Prevention Partnership, Targeted Community Investment Grant Program, Group Violence Intervention, and Rapid Response Teams.



THE CURRENT NEEDS ASSESSMENT

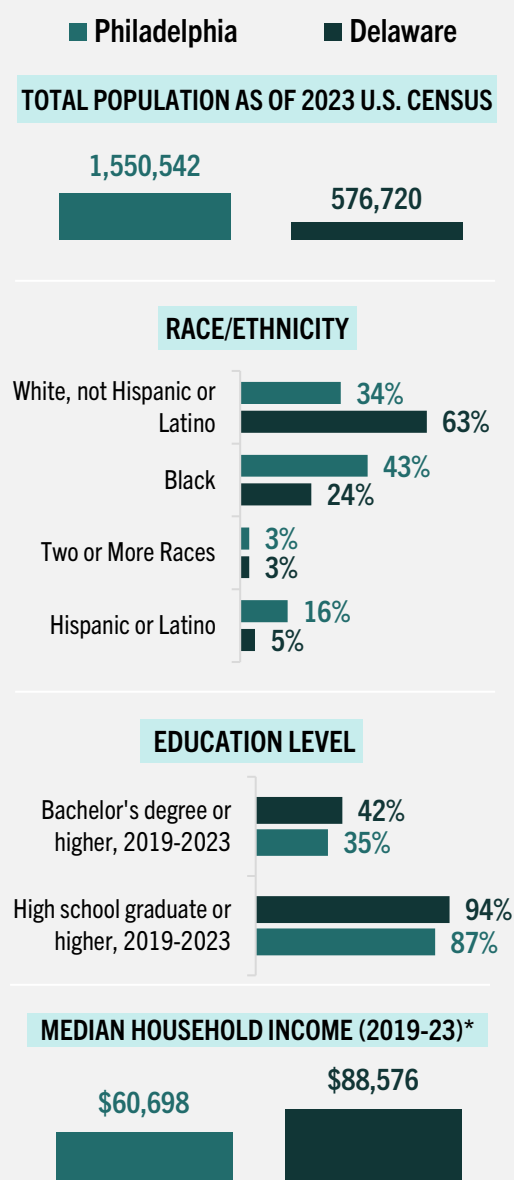
ICF, on behalf of the **Pennsylvania Commission on Crime and Delinquency (PCCD)**, conducted a needs assessment from Fall 2024 to Spring 2025 to better understand resources available to support individuals exposed to or who have experienced gun violence. We conducted an online survey and focus groups 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 in Philadelphia and surrounding areas. 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

In this chapter, we present data from Philadelphia County and neighboring Delaware County. Both counties have high rates of gun violence and overlap in service provision. **Figure A** provides an overview of population characteristics between these two counties.

Figure A: Characteristics of Philadelphia and Delaware Counties



*in 2023 dollars

Source: [U.S. Census Bureau QuickFacts](#)

We received 108 responses from Philadelphia and Delaware County residents to the Survey of Individuals Who Have Experienced Gun Violence, with the vast majority (97%) reporting from Philadelphia County. ICF facilitated 14 focus groups with 67 adults in the Philadelphia area (5 in-person groups with 39 participants and 9 virtual groups with 28 participants). Demographic information was provided by 62 of the focus group participants.

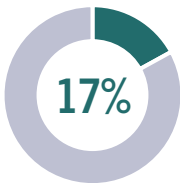
Table 1: Demographic Characteristics of Individuals Who Have Experienced Gun Violence – Survey Participants compared to Focus Group Participants

Age	Survey (n = 108)	Focus Groups (n = 59)
Average Age	37	42
Sex	Survey (n = 92)	Focus Groups (n = 62)
Male	60%	37%
Female	39%	55%
Race and Ethnicity	Survey (n = 91)	Focus Groups (n = 62)
Black	89%	81%
White	<5	10%
Mixed Race	9%	<5
Hispanic/Latino/Spanish origin	12%	<5
Housing Status	Survey (n = 90)	N/A (was not asked)
Owns own property	41%	-
Rents property they live in	31%	-
Temporary housing or unhoused	21%	-
Other living situation	<5	-
Indicated multiple housing situations	<5	-
Current Household Income	Survey (n = 90)	Focus Groups (n = 31)
No current income	32%	<5
<\$20,000	19%	16%
\$20,000 - \$39,999	10%	16%
\$40,000 - \$59,999	21%	<5
\$60,000 - \$79,999	7%	<5
\$80,000 - \$99,999	6%	<5
\$100,000 or more	6%	18%
Prefer not to say	N/A (not an option)	<5

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:
One-fifth feel “very unsafe” or “unsafe” walking alone in their neighborhood (*n* = 108)

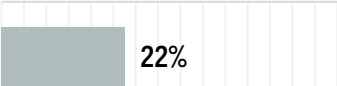
EXPOSURE TO VIOLENCE: (*n* = 105)

71%	Have seen someone attacked, stabbed, or shot in their neighborhood
63%	Think that violence occurs in their neighborhood at least multiple days each month
44%	Are exposed to gun violence at least monthly

NEED FOR SUPPORT: (*n* = 93)

Did you or someone in your household need support for gun violence experiences in past 12 months?

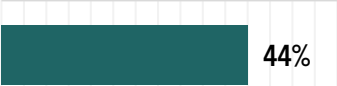
I needed support.



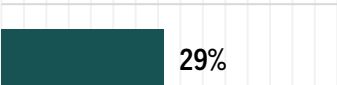
Someone in my household needed support.



I experienced violence but did not need support.










I did not experience gun violence in past 12 months.



0% 20% 40% 60%

GUN VIOLENCE EXPERIENCES:

Check all that apply

	Survey (<i>n</i> = 104)	Focus Groups (<i>n</i> = 31)
 Wounded by a gun	19%	16%
 Threatened with a gun	41%	26%
 Witnessed gun violence	47%	26%
 Know someone who has been wounded, threatened, or witnessed gun violence	64%	48%
 Heard gun shots nearby	74%	19%
 Know someone who has attempted/died by suicide with a gun	37%	16%
 None of these options apply	7%	<5

We received 139 responses to the Understanding Services and Service Providers Survey (referred to as the "service provider survey" from this point on) in Philadelphia. Most (93%) of the Philadelphia provider participants indicated they receive some sort of funding for their organization. The top three sources of funding were from the State of Pennsylvania (79%), private donations (66%), and local government (63%). Nearly half (42%) of provider participants indicated that they currently receive funding from the PCCD.

Figure B: Types of Service Providers Among Survey Participants (n = 127)

Non-Profit Service Provider	58%
Community-Based Victim Service Provider	12%
Health and Recreation Service Provider	6%
School, College, or Other Educational Provider	5%
Community Outreach Provider or Prevention Specialist	5%
Healthcare Provider	<5
System-Based Service Provider (Government)	<5
Faith-Based Provider	<5
Prosecutor-Based Victim Service Provider	<5
Violence Interrupter/Intervener	<5
Family Justice Center/Child Advocacy Service Provider	<5
Legal Service/Assistance Service Provider	<5
Peer Support or Mentorship Service Provider	<5
Not listed	<5



REFLECTING LIVED EXPERIENCE

While service provider survey responses and focus group participant information is captured separately throughout the report, it is important to note that many focus group participants represent both individuals who have experienced gun violence and service provision. The findings are presented based on where their contributions were made and distinctions presented by participants.

DEFINITIONS OF RESILIENCE

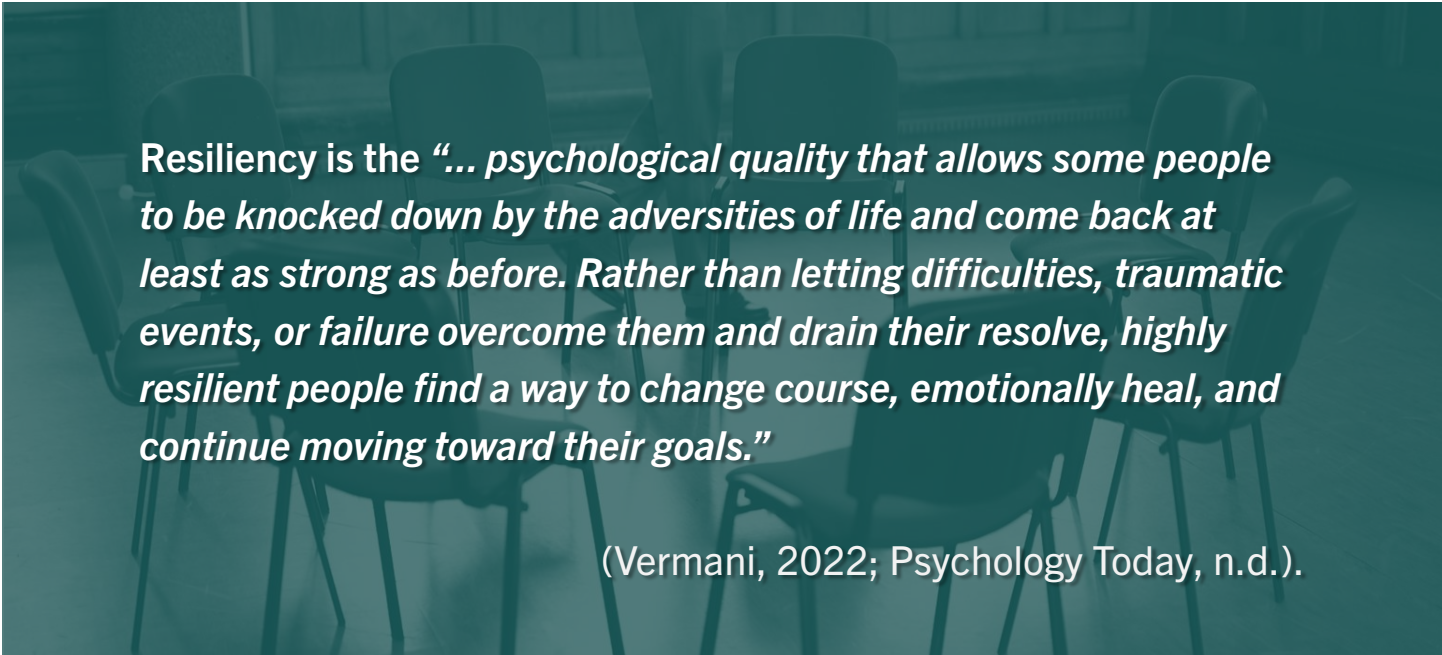
The overarching goal of this needs assessment was to inform the development or enhancement of resiliency resources in the state of Pennsylvania. Given that goal, it is critical to first understand the definition and perceived goal of resiliency and how that compares to communities and individuals who are living with experience and exposure to gun violence.

Through focus groups, individuals who have experienced gun violence defined resilience in a variety of ways. For them, resilience is:

- A process that is different for everyone.
- Not a choice, but something that is necessary for survival (e.g., continuing daily tasks like getting out of bed in the morning or attending school, work, or church).
- Recovering quickly and moving forward despite directly experiencing gun violence or repeated exposure to gun violence.
- Refraining from seeking revenge or retaliation.
- Protecting oneself from harm, which may include owning a gun for safety.

- Talking openly about personal experiences with violence and grief as well as about violence within the community.
- Accepting help through formal services and informal support systems that promote healing.
- Maintaining hope and believing in a better future.
- Building a support system and community that consistently helps each other – and finding a way to transcend the impact the gun violence together.

Most notably, multiple Philadelphia participants had a negative reaction to the term “resiliency center” and expressed a desire to reframe the focus toward healing. Many participants felt that “resilience” implied that they should be able to recover quickly after experiencing gun violence and there was a way to “fix them”, rather than encompassing the life-long journey of survival, adversity, and healing.



Resiliency is the “... psychological quality that allows some people to be knocked down by the adversities of life and come back at least as strong as before. Rather than letting difficulties, traumatic events, or failure overcome them and drain their resolve, highly resilient people find a way to change course, emotionally heal, and continue moving toward their goals.”

(Vermani, 2022; Psychology Today, n.d.).

SERVICE AVAILABILITY

TYPES OF SERVICES

We asked focus group participants and service provider participants about the types of services available to individuals after experiencing gun violence.

Figure C: Top 10 Current Services of Provider Respondents and Focus Group Participant Descriptions of Those Services in their Communities (*n* = 91). Note: % = Percent of Providers offering Service

1	NEIGHBORHOOD/COMMUNITY EVENTS (55%): Programs and initiatives implemented in Philadelphia area neighborhoods as part of general community resources and efforts (e.g., street patrolling, health screenings, a community fridge, free community concerts, resource fairs).
2	MENTAL HEALTH (54%): Services for adults and youth (e.g., counseling, peer support, support groups).
3	MENTORSHIP (52%): Helping youth avoid situations involving gun violence and/or teaching skills to prevent violence.
4	CASE MANAGEMENT/NAVIGATION (47%): Coordinating care across multiple phases of service provision and ongoing communication. Helping individuals understand and work through the process of accessing services (e.g., filling out paperwork, providing support through investigation or trial).
5	EMPLOYMENT ASSISTANCE/JOB SKILLS (47%): Helping individuals find a job or a new career (e.g., help with job applications, connections to training programs).
6	INFORMATION AND REFERRALS (44%): Providing connections to other services. Community leaders like pastors, activists, or teachers can help with referrals and support.
7	PEER SUPPORT (44%): Connecting individuals with similar experiences to one another.
8	HEALTH AND WELLNESS ACTIVITIES (43%): Participants did not mention health and wellness activities often, although a few described health screenings as part of events happening within their communities.
9	CRISIS INTERVENTION/SUPPORT (40%): Participants described a law enforcement mental health response team, the national crisis hotline, and providing educational materials to individuals in crisis.
10	PREVENTION (40%): Addressing the root causes of gun violence and providing services, strategies, or activities that enhance individuals' and communities' ability to prevent violence. Participants discussed the ways that gun safety can prevent harm to bystanders, conflict mediation programming, police patrols, and meeting basic needs as prevention efforts within their neighborhoods.

Service providers were asked how frequently they were able to refer/connect individuals to other services ($n = 106 - 112$, depending on item). The numbers below reflect the percentage of providers who made these referrals at least once per month or more.

Figure D. Top 5 Consistent Service Referrals

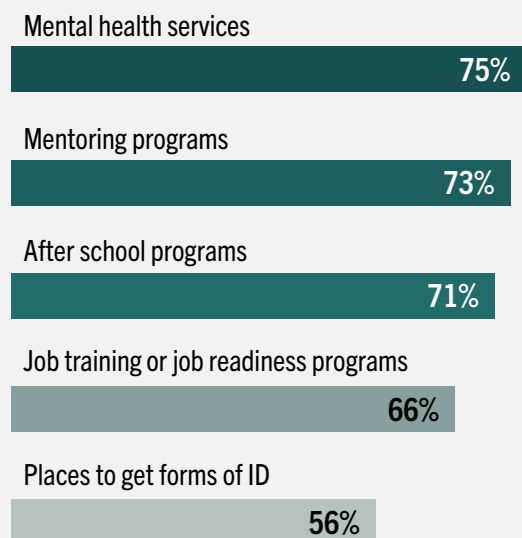
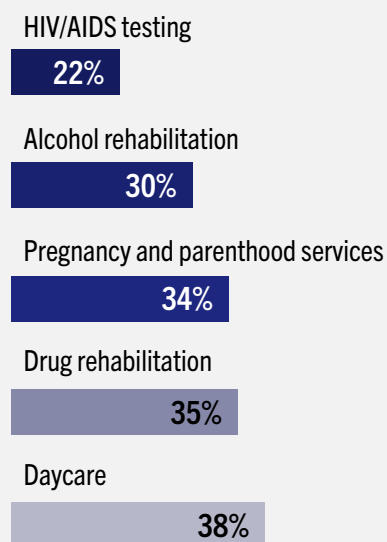


Figure E: Lowest 5 Service Referral Types



IMMEDIATE CRISIS RESPONSE

Almost one-third (31%) of the 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, providers said they are most frequently contacted by community members, the police, victim/witness programs, violence interrupters, and schools. When describing the process of their response, they said they send different types of staff members to respond in person (e.g., community outreach teams, credible messengers, crisis units, mentors, mental health providers, mobile care coordinators, and healthcare providers) and tailor the crisis response needs of the client. These responses may include:

- **Mental/behavioral health supports** (e.g., connecting individuals with therapists or behavioral health consultants),
- **Crisis and trauma support** (e.g., going to the site of the incident or hospital bedside of the victim),
- **Medical care** (e.g., transporting individuals to emergency medical services),
- **Advocacy** (e.g., follow-up visits with families to ensure that services have been received and connecting with families or victims when an arrest is made),
- **De-escalation** (e.g., talking to community members, trying to promote a sense of calm, continuing to work in the community to prevent retaliation),
- **Case management services** (e.g., conducting needs assessments and making referrals to other community agencies), and
- **Youth-specific services** (e.g., responding to incidents in schools or providing socio-emotional support to students).

LOCATION OF SERVICE PROVISION

Nearly half of providers (43%) reported providing services in satellite offices and 18% of providers said they offer services through mobile units (i.e., services that move to different locations in communities, such as pop-up events, mobile health services, etc.). Providers offered the following services through mobile units:

- **Mental health services** (e.g., counseling for caregivers, peer support groups, grief support groups, therapy, and family-focused therapy).
- **Youth-specific services** (e.g., arts and music programs, school-based prevention, post-intervention services in schools, transportation, and mental health services).
- **Education support for adults and youth** (e.g., parenting workshops, LifeSkills Transitions programming, workshops, and other training programs).
- **Assistance with victims' compensation and victims' rights enforcement.**
- **Healthcare services.**
- **Provision of basic needs** (e.g., clothing, food).

“So they try to give you a therapist years along the line when I had talked to someone, but I felt like that therapist couldn't connect with me because they didn't live that life. They was there listening, but do you really know about this trauma and you know, the life of a drug dealer ... a black man in a inner city, going through street war, seeing dead bodies and beside itself and, you know, really going through it?”

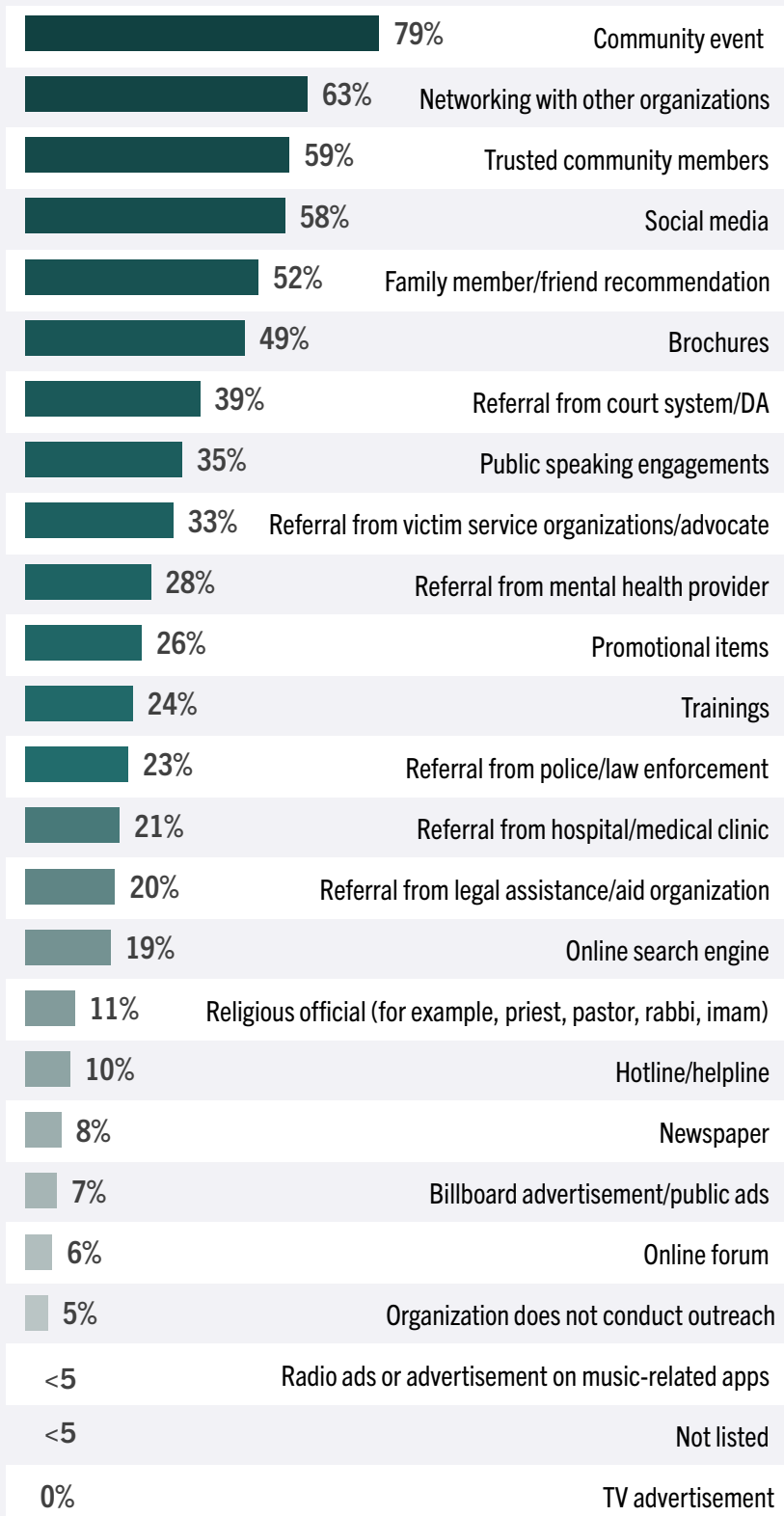
MOBILE LEARNING LAB

One survey participant described their “mobile learning lab”, which provides computers, printers, and Wi-Fi; allows for adult education intake and class registration; and provides individualized career coaching and goal planning.



OUTREACH AND AWARENESS

Figure F: Methods used by service providers ($n = 92$) to inform and notify individuals who have experience gun violence of their services



Through surveys and focus groups, service providers provided information 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.

Figure G: How individuals who experienced gun violence ($n = 99$) learned about available services:

1. Through a family member or friend recommendation (49%)
2. Community events (38%)
3. Community leaders (35%)
4. Social media (34%)
5. Online search engines (33%)

Figure H: How service providers ($n = 96$) come into contact with people who have been exposed to gun violence:

1. Word of mouth (71%)
2. Organization does outreach (63%)
3. Referrals from other organizations (62%)
4. Individuals contact them directly (48%)
5. Family or friend connections (45%)



Providers said they could improve their organization's outreach by:

- Using different modes, such as:
 - Increasing social media presence.
 - Implement marketing efforts (newsletters, text alerts).
 - Conduct local canvassing.
 - Attend outreach events, table at community events, conduct speaking engagements.
 - Post advertisements (billboards, ads on public transit).
- Increasing funding for outreach.
- Collaborating with other organizations.
- increasing staffing to conduct outreach.

Some participants indicated that their organization has successful outreach, so they do not **want or need to conduct additional** outreach.

INCREASING OUTREACH AND AWARENESS OF SERVICES

In focus groups, individuals who have experienced gun violence stated that they get connected to service providers in a variety of ways:

- **Word of Mouth:** Most participants learned about services from other people who have accessed services after experiencing gun violence, a person who knows someone who has accessed services, or a community leader (e.g., religious, teacher, community activist).
- **Provider Contact:** Many focus group participants learned about services when a provider contacted them directly. For example, family members will sometimes call a provider they are familiar with after their loved one experiences gun violence and asks that provider to contact their family member directly. Some people described being contacted in the hospital after being wounded by a gun. A service provider visited their hospital room, talked with them and “raised their spirits”, then shared a list of resources with the individual to access on their own after discharge. Sometimes a service provider will learn about an incident of gun violence and continuously reach out to individuals who were involved to connect them to services.
- **Online:** Many people search for services online, which can lead them to provider websites and lists of resources on social media.
- **Support Groups:** Some individuals attended support groups and learned about services as the group talked to each other about their experiences.
- **Canvassing:** Some participants learned about services from providers who engaged in canvassing (i.e., sharing information door to door either verbally or by leaving pamphlets).

METHODS FOR INFORMATION SHARING

In focus groups, individuals who have experienced gun violence shared that they were generally unaware of available services. They expressed a desire for more open dialogue with law enforcement and policymakers, as well as the need for more information about gun violence prevention and responses at the neighborhood level, available services in their specific community, and proposed solutions to neighborhood violence. They made the following recommendations about how to improve information sharing with the community:

- **Hyperlocal Newsrooms:** Several participants want to hear from local authorities about decisions impacting the community, the status of criminal investigations, mechanisms for informing policymaking, and reporting violence. One participant strongly recommended developing more hyperlocal newsrooms, which focus on sharing in-depth news and information associated with a small geographic area (e.g., a neighborhood or town) through newsletters. The information shared in existing Philadelphia hyper-local newsrooms is typically broad, but includes gun violence, services, resources, and civic engagement. Hyperlocal journalism ensures that news that otherwise would not be covered by mainstream media outlets is shared with local residents (Rogers, 2020).
- **Public Service Announcements (PSA's):** Several participants recommended developing and disseminating a series of PSA's. The content of PSA's should include different types of content (e.g., available services, gun safety, reducing gun violence), be tailored to different age groups, and be delivered in different mediums (e.g., television, radio, TikTok, Snapchat, Facebook, YouTube, computer or video games). Participants recommended using storytelling techniques and recruiting social media influencers (both locally and nationally) to share PSA's.
- **Resource Fairs:** Several participants learned about services through resource fairs. One participant described their process for setting up a resource fair. They bring together 15 to 25 vendors representing a wide variety of services in a specific neighborhood impacted by gun violence. Vendors provide information about their services. The host provides food, games for children, face painting, gift card raffles, and security personnel to ensure the safety of attendees.
- **Community Events:** Host monthly free community events to bring people together in fun ways (e.g., concert, cookout, block party, basketball game) while also sharing information about services.
- **Community Buildings:** Many participants recommended sharing information and resources through community centers, the YMCA, schools, food distribution centers, beer stores, delis, laundromats, metro stations, gyms, and other locations where a wide variety of community members come together.
- **Lists of Resources:** Individuals who have experienced gun violence want access to detailed lists of services provided by different organizations. They recommended providing information in print (e.g., a "guidebook") and online in multiple locations (e.g., centralized website, social media accounts). Organizational information should be updated frequently, including contact information, types of services provided, and whether the organization is accepting new clients. Some participants shared that existing websites are difficult to navigate, confusing, and are not updated (i.e., making them a "dead end").
- **Messaging:** Participants recommended explaining how to access services and what it means to receive a specific service (i.e., what therapy entails and how it helps people).
- **QR Codes:** They recommended using QR codes to share information in as many public places as possible (e.g., on police cars, business windows, gun magazines).

Service providers also made suggestions about how they could improve their organization's outreach efforts. Most providers expressed the need to enhance and diversify their modes of outreach including increasing social media presence, implementing marketing efforts (e.g., newsletters, text alerts), conducting local canvassing, attending outreach events (e.g., tabling at community events, conducting speaking engagements), and posting advertisements (e.g., billboards, ads on public transit). They also discussed the need to increase funding that can be used for conducting outreach and to hire staff to conduct the outreach. Providers also shared that developing connections and partnerships with childcare centers, schools, other direct service providers, and local government systems (e.g., courts, Department of Human Services) would help expand their organizations' reach. Other providers indicated that their organization has successful outreach, so they do not want or need to conduct additional outreach.

FACTORS INFLUENCING SERVICE ENGAGEMENT AND RETENTION

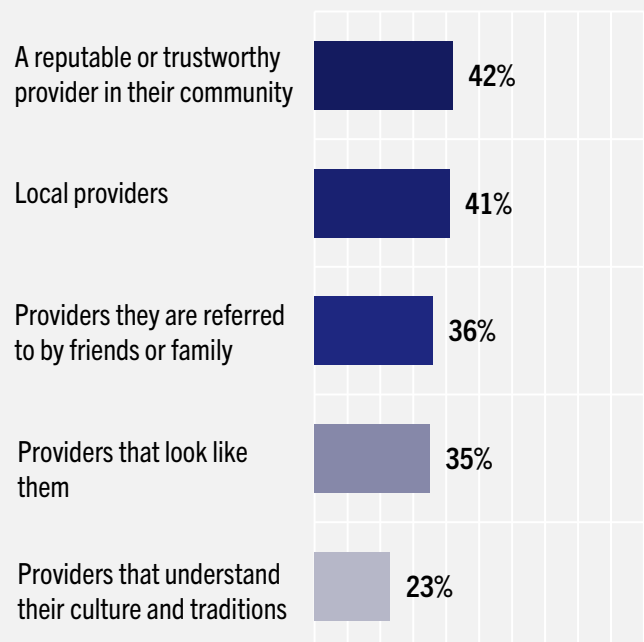
Through survey questions and focus groups, individuals experiencing gun violence explained why they initially chose to engage with services in their community, as well as what made services helpful and comfortable. Individuals who have experienced gun violence who did engage with services said they accessed them because:

1. They believed the services would help them.
2. They were aware of services because they are a service provider themselves.
3. They believed that accessing services can help others.

Figure I: Participants ($n = 94$) said that the most helpful service providers:



Figure J: Participants ($n = 92$) said they feel most comfortable seeking help from:



Some survey participants who did not seek help ($n = 19$) said that it was because they felt they did not need help. Other reasons given by participants included feeling “brushed off” by providers, being uncomfortable talking to someone new, feeling unsafe going to the physical location of service providers, not knowing about available services, and not having the time to access services.

In focus groups, individuals who have experienced gun violence said they are more comfortable seeking help from service providers who make them feel “safe” and do not require extensive paperwork or assessments. However, their primary discussions focused on two main themes.

Relatability, Lived Experience, and Trust: Most participants said they want a service provider who they can “relate to”. They described relatability as a provider who is physically representative and situationally from the same neighborhood, understands the dynamics of the neighborhood, and has lived experience with gun violence. Being able to relate to this person and know that they have knowledge through lived experience helps build trust in the person providing the service, as well as trust in the referrals that person makes to other providers. Participants described a desire for PCCD to build a deep knowledge of the local community’s unique needs and strengths when developing the center’s services and purpose. This includes hiring staff that live in or grew up in the neighborhood to ensure the service provider is “relatable” and understands the unique experiences of the people who live there. Participants shared that people will not continue seeking services from a provider who makes them uncomfortable, no matter how close by they are.

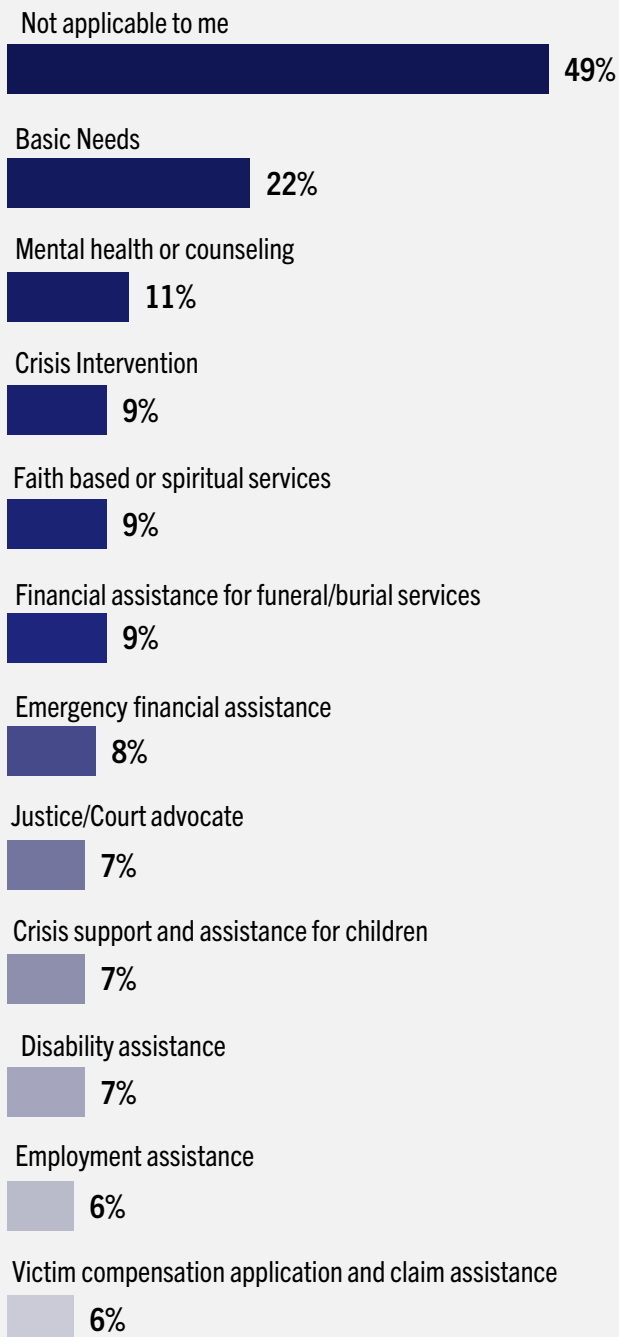
Compassion and Attitude Toward the Client: Most participants said they want a service provider who is compassionate, empathetic, loving, and caring. They described this as having a good “bedside manner”. They will not continue seeking services from providers who are “insensitive”, “jaded”, “do not take their jobs seriously”, or are “burned out”. Many participants recognized that service providers and teachers begin their careers being compassionate but become burned out because they are expected to do too much with too little funding. This has an impact on their clients. They want service providers to follow up with them and make them “feel seen”. Some participants said they prefer a provider they can relate to but can also trust someone who does not look like them or come from the same neighborhood when they are compassionate and kind.

“We’ve seen or heard about [certain organizations] and the people with stank attitudes who are overworked and underpaid and got a huge caseload and they haven’t been on lunch ... and it’s just all these other layers that don’t allow them to show up for the person that they’re serving.”

PERCEPTIONS OF GAPS IN SERVICES

We asked individuals who have experienced gun violence and service providers about gaps in services.

Figure K: Top services that individuals experiencing gun violence NEEDED but felt were NOT available (*n* = 88).



In focus groups, individuals who have experienced gun violence provided additional context about some of these gaps in services.

- Basic Needs:** Several participants stated that individuals who have experienced gun violence are unable to access services that meet their basic needs (e.g., food, housing, hygiene, clothing). Without meeting basic needs, they are often unable to focus on accessing the other services needed to help with healing after experiencing gun violence. Service providers reported that their clients express a need for housing and relocation services. They shared that shelters are at capacity, there is a lack of relocation assistance to help move clients to safe areas, and affordable housing options are limited. One participant recommended using Maslow's Hierarchy of Needs (see Figure L, next page) to guide holistic and wraparound services. Individuals who have experienced gun violence have different journeys to recovery and providers should focus on providing the services needed at a specific point of time, when people are ready to accept help. One service provider with lived experience said it is important to meet the needs of the whole family, even if only one person experience gun violence in that family.

“They are engaging in gun violence because they are fending for themselves. Creating their own means for getting food and money. And having to resort to the limited options that are in their face.”

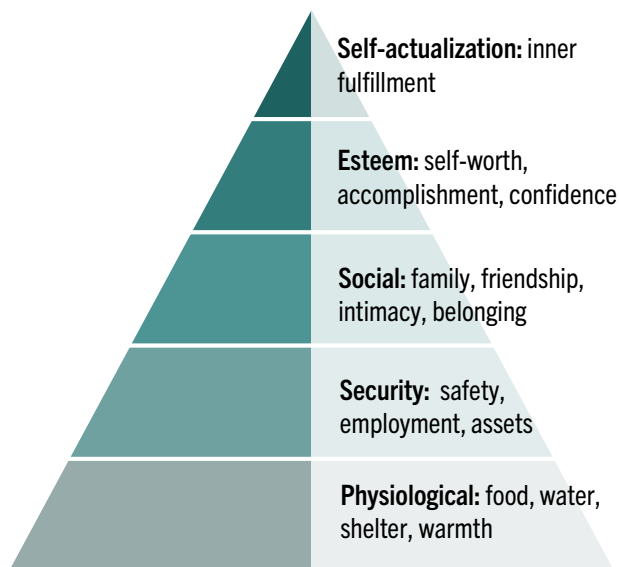


Figure L: Maslow's Hierarchy of Needs (Maslow, 1943)

- **Mental Health or Counseling:** Some participants stated that gun violence can affect everyone who lives on a specific block that was impacted by gun violence (e.g., drive by shooting, stray bullets that enter houses, children who witnessed or were harmed by gun violence, the death or wounding of a neighbor). They would like grief counseling to be offered to everyone who was impacted. Service providers shared that their clients express a need for mental health services that are culturally sensitive and mental health providers that reflect the community (e.g., more BIPOC and male mental health providers). Several participants highlighted the need for more non-traditional mental health programs. They requested creative programs (e.g., writing workshops, art therapy, theater, music production) that encourage storytelling, emotional processing, and discussions around feelings as people engage in the creative process. Others highlighted the need for physical activities (e.g., boxing lessons, axe throwing, yoga) to help individuals experiencing gun violence address the physical manifestations of stress, grief, and anger. Some participants recommended expanding programs that focus on giving back to the community (e.g., volunteer groups, tree planting, community gardening) to promote a sense of purpose and fulfillment as well as teach people new skills.

- **Crisis Intervention:** One participant stated that the 988 Suicide and Crisis Lifeline does not work well for their community. They believe that the type of crisis that individuals who experience gun violence go through is different than what the 988 service is meant to address. They recommended either creating a crisis line specifically for individuals who have experienced gun violence or providing training to 988 call handlers on how to assist individuals who have experienced gun violence. They also recommended deploying someone to meet the caller in-person immediately.

- **Faith Based:** Participants highlighted the importance of faith-based institutions in their communities and called for more resources to go to those spaces so they could help additional people. Some participants noted that in some households, seeking mental health services is stigmatized, but faith-based institutions can play a vital role in providing resources and support.
- **Financial Assistance for Funeral/Burial Services:** One participant said they were unable to access funds for funeral expenses.

“Gun violence is something I’ve come to learn to accept as a normal thing in my neighborhood, and that is what worries me. That it’s become normalized for me, that I’ve become desensitized. I no longer flinch when I hear gunfire but it impacts me in a way that I feel detached from, as I am sure it does everyone who’s regularly exposed to it in Philadelphia. As a survivor of violence, I know that if you’ve been ... impacted by violence, counseling and community supports are critical.”

- **Emergency Financial Assistance:** Many participants highlighted the need for financial assistance for victims of gun violence as well as for those whose loved ones were perceived to be committing a crime (who may be ineligible for compensation). These funds could support the restoration of one's property where the crime took place but also support people who are unable to work because of victimization. Service providers indicated their clients express a need for financial assistance to pay for basic needs like housing/rent, utilities, and food.
- **Justice/Court Advocate:** Focus group participants talked about the importance of advocacy (having one person support an individual as they navigate victim services), with multiple people highlighting the need for more awareness of what local victim advocacy agencies can do.
- **Crisis Support And Assistance For Youth:** A major theme throughout focus groups in Philadelphia is the need for more resources and support for children who experienced gun violence, such as emotional education, counseling support, and peer support groups to help children cope with grief. Participants described a need for more community-based mental health resources, especially for young people who experience language barriers and cultural differences that make it difficult to seek help at school. According to some participants, some schools are only able to offer a few appointments before referring students to external therapists.
- **Employment Assistance:** Many focus group participants described existing employment assistance programs in their communities but also highlighted the need for more employment opportunities, especially among young adults. Service providers emphasized the lack of employment opportunities that pay "living wages" and suggested paid employment training opportunities.
- **Victim Compensation Application and Claim Assistance:** Very few participants spoke specifically about victim compensation assistance, more often talking about access to financial assistance broadly. They mentioned eligibility requirements (e.g., their loved one was perceived to be involved in criminal activity) making it difficult to receive compensation.

"... someone's car or home window or door get shot and they don't have money to get that fixed. if someone gets killed inside the home, sometimes they family don't have money for crime scene clean up. the city has a program to clean the crime scene on the street but inside the home the family is on their own to pay or clean it up themselves."

"I was a victim of gun violence when I was three years old. And I was so deeply traumatized and nobody knew it because I couldn't communicate it.... Looking back, I wish that someone had known and gotten me some help, you know, when I was too little to be able to express myself. And I don't know how that could happen, but I definitely wanted to share that experience because kids don't know sometimes how to tell you sometimes that they are struggling with something."

- **Support Groups:** Participants described support groups as useful and non-stigmatized. 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. One criticism that arose about support groups is that they are overly focused on having people re-live their tragedy and do not help people develop the skills needed for healing and recovery.
- **Need for Outreach at Hospitals or Through Mental Health Providers:** A few participants recommended implementing additional hospital-based outreach efforts, where people who are being treated for injuries at hospitals are connected to services and emotionally supported while they are in the hospital.
- **“One Stop Shop”:** Many participants highlighted the need for a place where people could access many resources or reach multiple service providers in one space. Others discussed the need for mobile units or satellite offices to reach people who lived further away from the central location of service provision or multiple locations offering the same services. Some participants described characteristics of the space that would be useful (e.g., ensuring that it’s staffed with people from the community, the types of services provided).
- **Prevention Programming:** Although Philadelphia-area residents said there are a few existing prevention programs, many participants highlighted the need for additional prevention programming.
- **Gun Safety Programming:** Several participants said that people are often harmed by guns due to a lack of proper gun knowledge. They advocated for gun safety classes and outreach that teach respect, responsibility, accountability, and unintended consequences (e.g., accidental shootings involving children).

“Victims are not bad people... You might be shot accidentally; you’re not a target and you might get the shot. If that happens, I think it should be somebody that can tell you this is what’s going on and this is what you’re going to do. And if the head of family the family will need financial support so it’s not easy.”

“I think it would be easier to have everything in one space and feel more comfortable going to that place for support. If I had to go a different doctor's office for every issue I’d have, I’d be really frustrated so it’s nice to have that familiarity with everything in one space.”

“I would like to have some type of non-partial gun safety bus that just hops out on corners that says, ‘I’m not saying you have a gun, but if you do, we just wanna show y’all real quick some gun safety stuff and then give you a gun lock and a safe’... How many of their friends and all that are carrying and don’t really know gun safety?”

- **Law Enforcement Responses:** Many participants want a stronger relationship with the police in their community and a faster, more thorough, response from police. Participants would like to see more conversations with law enforcement agencies, highlighting the need for spaces where people can ask law enforcement about why violence continues to be an issue and what efforts are being made to combat it. They expressed frustration with the police response to gun violence, with people describing slow response times, lack of follow-up, and insufficient investigations.
- **Safe Places For Youth And Safe Service Locations For Adults:** Service providers and individuals who have experienced violence highlighted the need for additional physical locations where youth and adults can feel physically safe from violence and victimization, emotionally safe, and able to share their experiences and feelings. Programs like after-school activities, technical support, music, and learning how to make podcasts were described as effective ways to engage young people and keep them occupied in a supervised setting, especially during the hours when they are out of school but their parents may still be at work. One participant recommended creating “neutral zones” for rival gang members to engage in conflict resolution and de-escalation. They want a safe space for gang members to meet, engage with credible messengers and violence interrupters, and refrain from engaging in any violent activity.

Service providers described areas of expertise needed, but unavailable, within their communities. The top five areas of needed expertise included:

- ✓ **Trauma expertise:** Expertise in serving individuals who have experienced all forms of trauma, including complex trauma, racial trauma, and post-traumatic stress disorder.
- ✓ **Culturally responsive care:** Expertise in providing services that acknowledge historical and systemic practices that contribute to racial trauma, honor the beliefs and norms of individual cultures, and in the individual's preferred language.
- ✓ **Trauma-informed, person-centered, and survivor-led care:** Expertise in understanding social determinants of health and experience working with individuals who have experienced trauma across the spectrum of service settings.
- ✓ **Holistic services:** Expertise in collaboration that enables a holistic approach to service provision, holistic healing practices addressing all factors impacting an individual, and whole-family approaches to providing support to individuals who have experienced gun violence.
- ✓ **Mental health:** Trained therapists who have expertise in Eye Movement Desensitization and Reprocessing (EMDR) treatment, cognitive behavioral therapy, grief management, anger management, and conflict resolution.

“A couple of years ago, my neighbor was shot right. We were all at home. We just heard it was 3:00 in the afternoon. And we hear gunshots. We all came outside, and my neighbor was there. In the middle of the street. We call 911. Nobody came. It took like, 30 minutes before a police truck came and they literally picked him up like a piece of meat in front of his mom out. Mom was crying in the middle of the street. And then just put him, no stretchers nothing, threw him in the back of the of the police car and then like that happening, and there were kids around, right.”

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 shared their insight on why individuals who have experienced gun violence do not seek services in Figure O. Many participants (n = 58) reported they were aware of people or places that help individuals who have experienced gun violence in their community, but only about half (53%) shared that they have previously sought help from those entities. Less than half of participants (41%) said 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 (n = 90)*

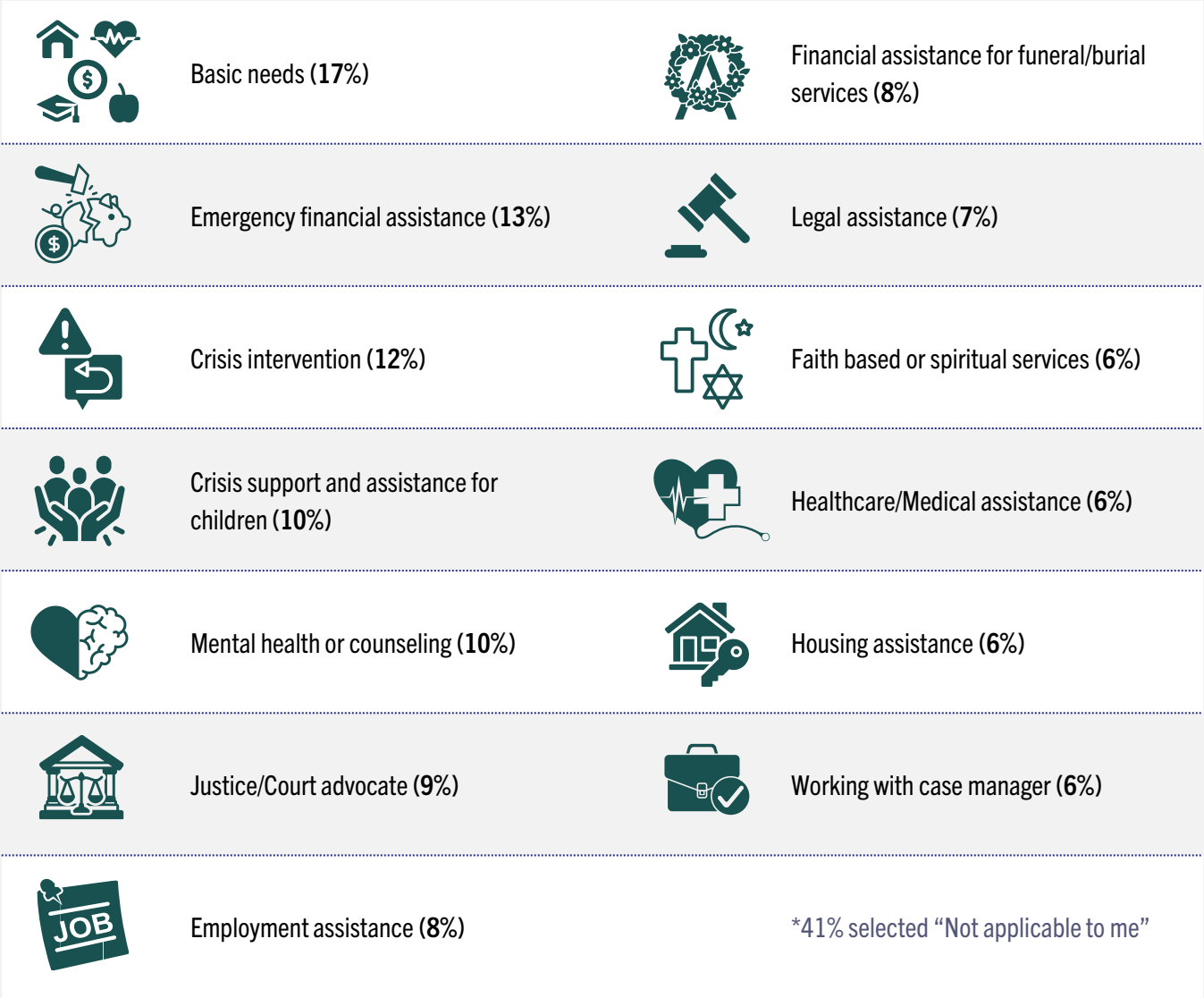


Figure N: Top reasons for not seeking support in the prior 12 months (*n* = 22)

Did not know services were free	36%
Unable to get there because lacking transportation	23%
No specific reason	<5
Cost was too high/no insurance coverage	<5
Not enough time with work schedule	<5
Embarrassed/didn't want to be seen asking for help	<5
Did not want anyone to know	<5
Did not have good experiences when asking for help in the past	<5

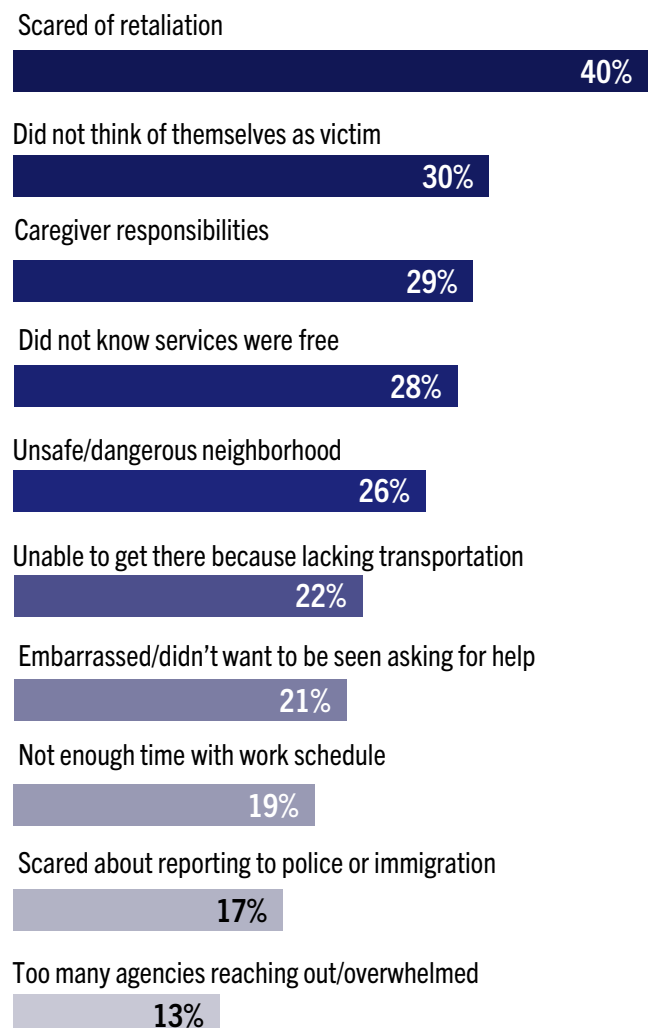
In focus groups, individuals who have experienced gun violence provided additional context about some of these barriers.

- **Lack of Awareness of Services:** Several participants said they were not aware of any services in their community. One participant stated that illiteracy may contribute to lack of awareness because most information about services and other resources are shared in written format. Individuals with limited reading proficiency may be unable to understand the information being presented.

- **Affordable Services:** Providers indicated that the cost of services can be a barrier and called for free/low-cost mental health programming. Some individuals who experienced gun violence shared that not all services are free or covered by health insurance. The copays are too high for services that are covered by health insurance, which makes those services unaffordable.
- **Feelings of Discomfort, Fear, or Shame:** Some people are uncomfortable seeking services from providers they cannot relate to (e.g., different race or ethnicity, not from the same neighborhood, lack similar life experiences). Some people finding it difficult to ask for help generally (especially for financial assistance) or due to the stigma surrounding specific types of services (e.g., mental health). Individuals who have been previously involved with criminal activity or incarcerated (or have family members with these experiences) may be embarrassed, scared to ask for help, or feel judged.
- **Feeling Overwhelmed:** Many participants described feeling overwhelmed by the process of seeking services, especially in the first year after the incident occurred. They expressed frustration with having to go to multiple locations for services, especially when dealing with grief, depression, Post Traumatic Stress Disorder (PTSD), and/or anxiety. Many participants who contacted service providers for help were told that those organizations were not accepting new clients or did not receive a call back after requesting services. They shared that if someone cannot access services immediately, they will often give up. They also highlighted that the paperwork required to access services can feel overwhelming after experiencing a loss.

Several focus group participants said that people will not travel outside of their community to access services for a variety of reasons. Many people do not have access to a personal vehicle, public transportation, or childcare. Some services are too far away and people cannot get there before the organization closes for the evening. Some participants said that services are “out of sight and out of mind” if they are not located in the community, or that people feel unsafe traveling to other unfamiliar communities for services. They recommended offering free services in every community, free transportation to access services, and virtual services (e.g., through Zoom). Some participants questioned whether it is necessary to purchase or build a new location for a resiliency center. They recommended exploring whether PCCD could use trusted community centers, recreational centers, or schools and coordinate service provision.

Figure 0: Service providers’ perceptions of why individuals who have experienced gun violence do not seek services ($n = 98$):



TRANSPORTATION BARRIERS

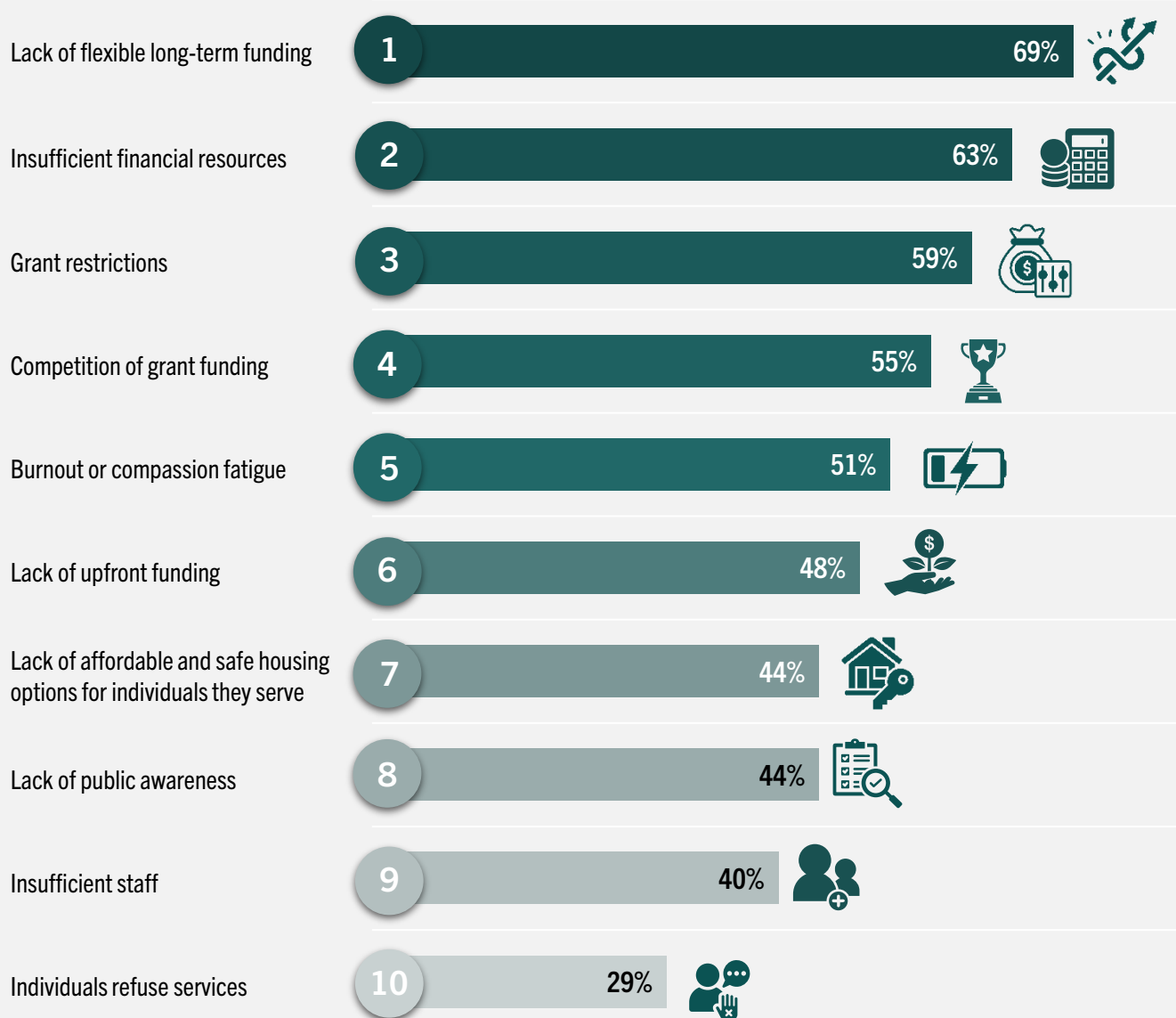
Among individuals who experienced gun violence ($n = 93$), available transportation most often involved a personal vehicle (47%), the bus (43%), and walking (34%). About one fifth of survey participants ($n = 18$; 19%) expressed that they do not have enough transportation to meet their needs for appointments because the transportation options in their area:

- cost more than they can afford (50%).
- are unpredictable (33%).
- require more travel time than they have available (22%).
- are unavailable when they need them (17%).



BARRIERS TO PROVIDING SERVICES

Figure P: Service providers ($n = 98$) were surveyed about barriers they experience trying to *provide* services to individuals who have experienced gun violence. The most common barriers include:



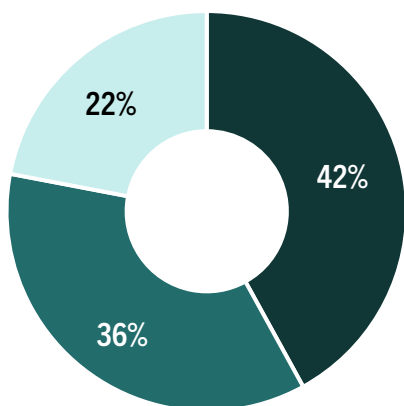
When asked to report on their capacity, 27% of service provider survey participants in Philadelphia indicated that they were "at capacity" and 16% said that there was a waiting list.

Focus group participants highlighted that the difficulty of receiving and keeping funding is major barrier to providing and sustaining services. They specifically noted that (1) services need to show that they are necessary so that they can bring in funding but sometimes lack support from community to demonstrate necessity of their services, (2) funding cuts have had a big impact on after school programs, providing food during events, and being able to properly staff services, and (3) competition for funding reduces motivation to collaborate to provide services.

COLLABORATION BARRIERS

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 Q: History of Collaboration and Cooperation ($n = 98$)



- Agreed or strongly agreed
- Neither agreed nor disagreed
- Disagreed or strongly disagreed

Service providers were asked two open-ended survey questions in which they reflected on the factors that enhance collaboration with other organizations ($n = 79$) and how agencies within their service areas could better coordinate to serve individuals who have experienced gun violence ($n = 76$). To enhance collaboration:

- ✓ Promote strong communication between providers such as networking opportunities, group events, participation in shared meetings and trainings, and ongoing and regular opportunities for communication (e.g., quarterly meetings).
- ✓ Agree upon a shared mission and goals.
- ✓ Facilitate awareness of other services available in their area and create a centralized directory of services.
- ✓ Provide funding for collaboration.
- ✓ Build and formalize relationships between providers.
- ✓ Developing joint funding opportunities.

Figure R: Reasons why collaboration is lacking ($n = 99$)

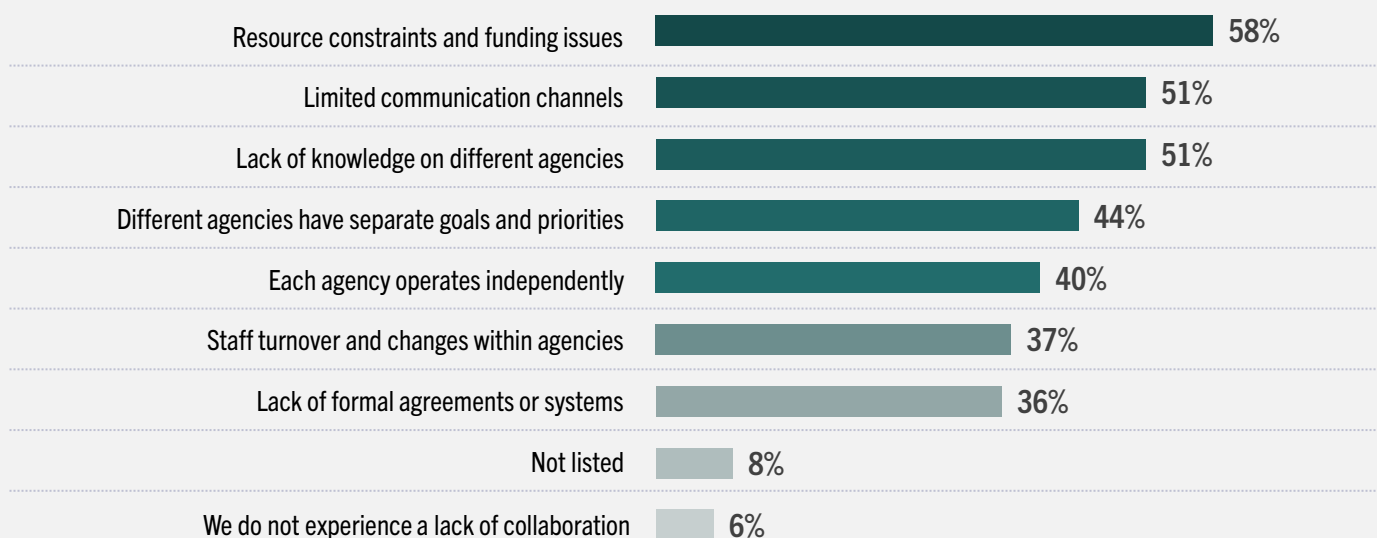
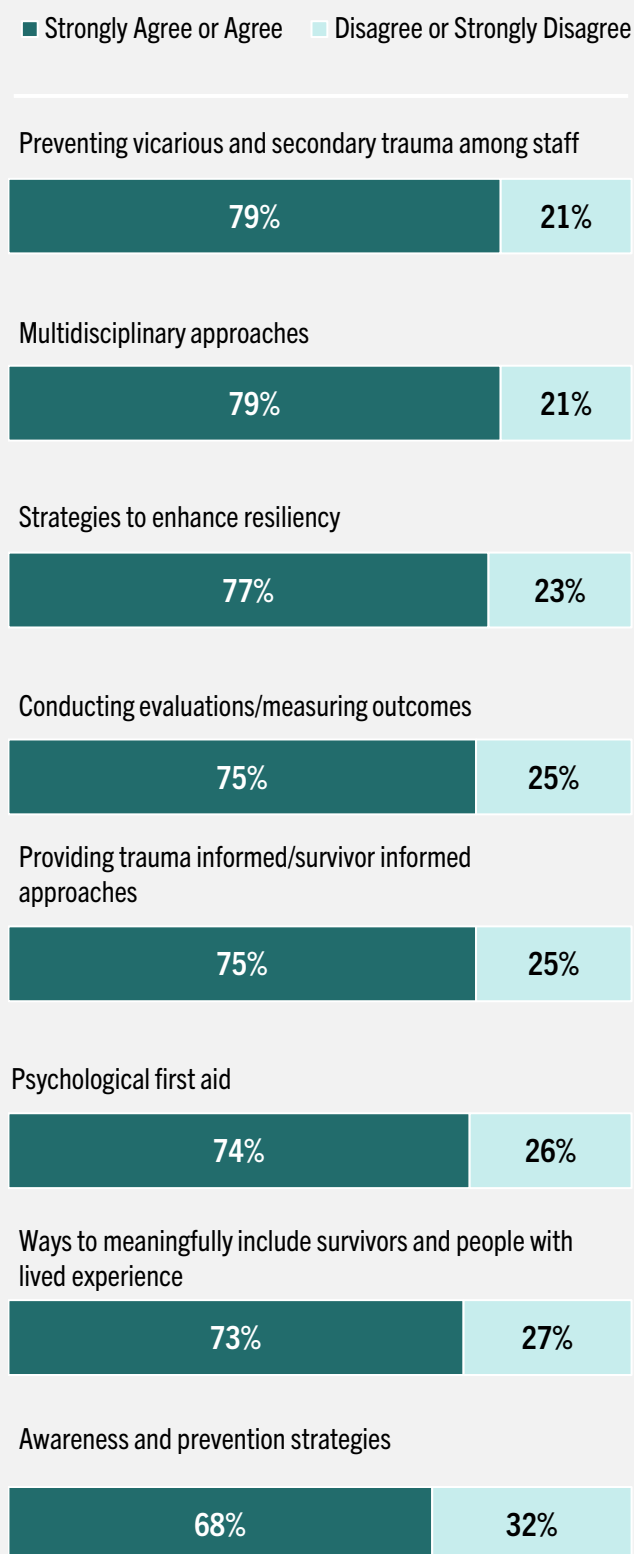


Figure S: Service providers ($n = 93$) agreed or strongly agreed that additional training and technical assistance (TTA) was needed on the following topics:



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

- Mental health services (e.g., self-image therapy, family counseling, supporting culturally sensitive and diverse mental health providers)
- Trauma response services (e.g., trauma-informed facilitation, trauma-informed therapy, trauma-informed safety planning, and culturally responsive care)
- Services for youth (e.g., socio-emotional learning, improving support for students in schools, reducing youth recidivism, reduce youth risk of gun violence, and addressing youth social media and violence)
- Housing assistance (e.g., safe and affordable housing, housing education, and relocation)
- Culturally responsive approaches including culturally responsive and sensitive counseling and training on systemic racism and gun violence
- Conducting community outreach (e.g., how to promote services, outreach and engagement strategies, community education)
- Financial management for organizations (e.g., how to manage grants, manage discretionary funds, working within funding restrictions)
- Collaboration among providers (e.g., developing strategic partnerships, multidisciplinary approaches, interdisciplinary care, regional collaboration, networking, collaborative care management)

Capturing the Youth Perspective on Gun Violence Exposure and Current Supports



Several groups of local teenagers met to discuss gun violence in their communities and share their perspectives on preventing and responding to violence. Most youth had directly experienced gun violence at multiple points in their life. Many youth carry weapons, often hear shots fired, or have lost loved ones to gun violence.

- Most youth had limited views of the future and asked the focus group facilitators about their pathways to studying gun violence. They wanted to learn more about possible educational and career opportunities, as well as learn about people who were not from their hometown.
- Exposure to violence was normalized among youth participants. They believed that most people in their community were in “survival mode”.
- Youth believe it is important for service providers to be present in the community, at schools, and at community events to build trust and network.
- Many youth said that school assemblies or assistance from providers often occurs after gun violence. They want to receive resources prior to experiencing violence and emphasized a desire to feel like people care about them.
- Many youth emphasized the importance of job placement, vocational skill building, and outlets that incorporate art, music, gaming, and as opportunities for both prevention and intervention. Other examples included integration of religion and spirituality, cooking, self-care, and somatic body-based activities.
- Youth said that guns provide a sense of safety, education around gun safety is missing, and guns are easy to access.
- Youth felt “alone” and like they could not talk to “friends”, “those they didn’t trust”, or their “parents” because they feel vulnerable, fear being judged, and/or lack understanding about the stressors they are experiencing.
- The top three connections that youth made to gaining their attention and building trust were through food, sports/arts, and social media.



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 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. 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

Participants in Philadelphia communities expressed a desire for more open dialogue with law enforcement and policymakers, as well as the need for more information about gun violence prevention and responses at the neighborhood level, its consequences, available services in their specific community, and proposed solutions to neighborhood violence.

- **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). 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, 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 Kingessing'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.

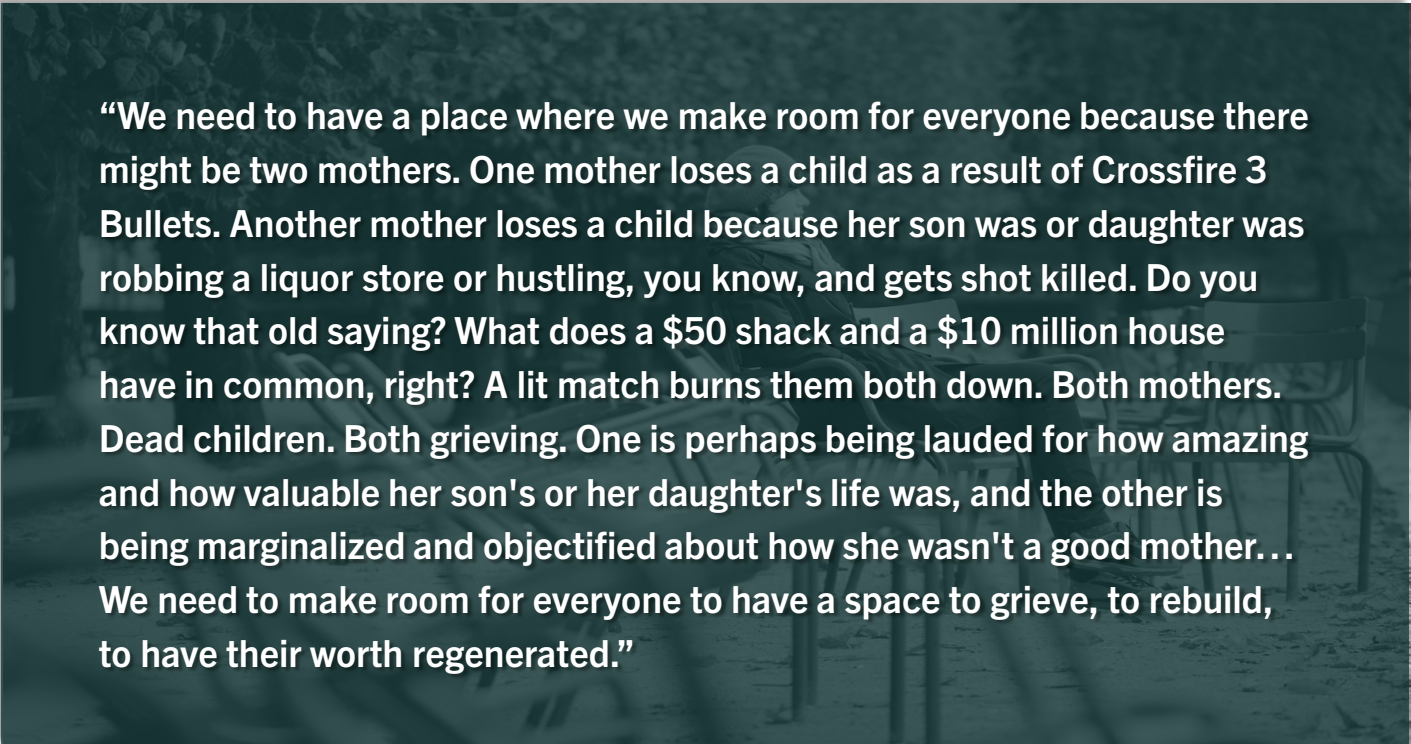
- **Provide grief counseling for entire neighborhoods.** Explore methods of providing grief counseling to everyone in a specific neighborhood or part of a neighborhood (e.g., specific blocks), perhaps by reaching out to neighborhood leaders, homeowners' associations, or hyperlocal news agencies to support 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 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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