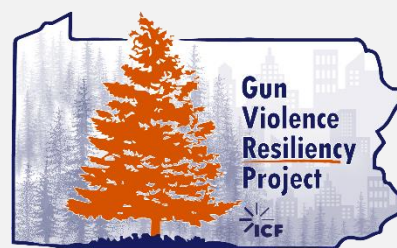


GREATER PITTSBURGH

INTRODUCTION

In this chapter, we present data from Allegheny County as well as two neighboring counties (Beaver and Westmoreland). We examined these counties together because each county has high rates of gun violence, similar demographics, and service provision across county borders.

Pittsburgh is the second largest city in Pennsylvania and is the county seat for Allegheny County, an economic hub of Pennsylvania. Gun violence in Pittsburgh is a significant concern. There was a rise in homicides due to gun violence in Pittsburgh, especially from 2020 to 2021. Firearms were used in 86% of homicides during this period (Allegheny County, 2022). Allegheny County's Health Department established an Office of Violence Prevention in 2016, which takes a public health approach to gun violence prevention. They use data-driven strategies that build on a solid understanding of underlying risk factors for violence and the development of community support initiatives in the form of specialized response and outreach teams (Allegheny County Health Department, 2025). The Allegheny County Department of Human Services developed [interactive dashboards](#) that are updated monthly to provide information on violence trends in the area.



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.

Beaver County is next to Allegheny County to the northwest and is characterized by both rural and suburban residential areas, with a little more than one-tenth of the population as Allegheny. In Aliquippa, Beaver County's largest city, at least 40 people have been injured or killed by firearms since 2020 (The Trace, 2025) while the county overall saw an increase in criminal cases involving a violation of Pennsylvania's Uniform Firearms Act from 2018 – 2022 (PCCD, n.d.(a)). Community members have been vocal about the impact of gun violence, with memorials and rallies held to honor victims of gun violence, calls for change (DelBel, 2023; Suttles, 2022) and an editorial from the mayor of Aliquippa calling for stronger gun laws (Walker & Fleitman, 2023).

Westmoreland County is Allegheny County's neighbor to the east and has a population about one-fourth the size of Allegheny County. Westmoreland is seeing an increase in youth gun violence (Vellucci, 2023) that parallels national trends as well as an overall increase in criminal cases involving a violation of Pennsylvania's Uniform Firearms Act from 2018 – 2022 (PCCD, n.d. (a)). Recent gun violence prevention efforts include public forums featuring community leaders and experts offering solutions to gun violence (United Way of Southwestern Pennsylvania, 2025) as well as coordinating violence prevention and threat assessment efforts with neighboring counties (PCCD, n.d.(b)).

Figure A provides an overview of population characteristics across the three counties represented in our sample.

Figure A: Characteristics of Allegheny, Beaver, and Westmoreland Counties		Allegheny	Beaver	Westmoreland
Total Population as of 2023 U.S. Census		1,224,825	165,631	351,163
Race/ Ethnicity	White, not Hispanic or Latino	77%	88%	93%
	Black	14%	7%	3%
	Two or More Races	3%	3%	2%
	Hispanic or Latino	3%	3%	2%
Socioeconomic Status	High school graduate or higher, 2019-2023	96%	95%	95%
	Bachelor's degree or higher, 2019-2023	45%	28%	32%
	Median household income (in 2023 dollars), 2019-2023	\$76,393	\$70,156	\$72,468

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

CHARACTERISTICS OF STUDY PARTICIPANTS

We received 33 responses from Allegheny, Beaver, and Westmoreland County residents to the Survey of Individuals Who Have Experienced Gun Violence, with the vast majority (94%) reporting from Allegheny County. ICF facilitated 7 focus groups with 22 adults in the Pittsburgh area (3 in-person groups with 12 participants and 4 virtual groups with 10 participants). Demographic information was provided by 19 of the focus group participants.

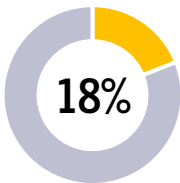
Table 1: Demographic Characteristics of Individuals Who Have Experienced Gun Violence – Survey Participants compared to Focus Group Participants

Age	Survey (n = 33)	Focus Groups (n = 18)
Average Age	46	54
Sex	Survey (n = 30)	Focus Groups (n = 19)
Male	23%	26%
Female	77%	74%
Race and Ethnicity	Survey (n = 29)	Focus Groups (n = 19)
Black	76%	74%
White	<5	0%
Mixed Race	<5	<5
Hispanic/Latino/Spanish origin	<5	<5
Housing Status	Survey (n = 28)	N/A (was not asked)
Owns own property	18%	-
Rents property they live in	71%	-
Temporary housing or unhoused	<5	-
Other living situation	<5	-
Indicated multiple housing situations	<5	-
Current household income is	Survey (n = 29)	Focus Groups (n = 16)
No current income	<5	<5
<\$20,000	41%	26%
\$20,000 - \$39,999	<5	26%
\$40,000 - \$59,999	31%	<5
\$60,000 - \$79,999	<5	0 %
\$80,000 - \$99,999	<5	0 %
\$100,000 or more	<5	<5
Prefer not to say	N/A (was 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* = 33)

EXPOSURE TO VIOLENCE: (*n* = 33)

82%	Have seen someone attacked, stabbed, or shot in their neighborhood
61%	Think that violence occurs in their neighborhood at least multiple days each month
55%	Are exposed to gun violence at least monthly

GUN VIOLENCE EXPERIENCES:

Check all that apply

	Survey (<i>n</i> = 33)	Focus Groups (<i>n</i> = 16)
Wounded by a gun	<5	0%
Threatened with a gun	49%	38%
Witnessed gun violence	52%	63%
Know someone who has been wounded, threatened, or witnessed gun violence	91%	<5
Heard gun shots nearby	82%	44%
Know someone who has attempted/died by suicide with a gun	36%	32%
None of these options apply	<5	0%

NEED FOR SUPPORT: (*n* = 29)

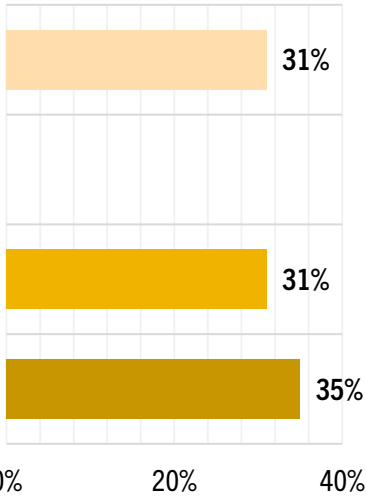
Did you or someone in your household need support for gun violence experiences in past 12 months?

I needed support.

Someone in my household needed support (<5).

I experienced violence but did not need support.

I did not experience gun violence in past 12 months.



We received 52 responses to the Understanding Services and Service Providers Survey (referred to as the “service provider survey” from this point on) in Pittsburgh. 79% of Pittsburgh survey participants (n = 42) indicated they receive some sort of funding for their organization. The top three sources of funding were from the State of Pennsylvania (91%), local government (70%), and private donations (52%). 46% of all providers (n = 50) indicated that they currently receive funding from PCCD.

Figure B: Types of Service Providers Among Survey Participants (n = 44)

Non-Profit Service Provider	46%
Community-Based Victim Service Provider	23%
System-Based Service Provider (Government)	<5
Community Member Providing Support	<5
Community Outreach Provider or Prevention Specialist	<5
School, College, or Other Educational Provider	<5
Healthcare Provider	<5
Health and Recreation Service Provider	<5
Law Enforcement-Based Service Provider	<5
Faith-Based Provider	<5
Violence Interrupter/Intervener	<5
Not Listed	<5

Several focus group participants detailed how gun violence in their communities negatively impacts day-to-day activities. One participant who conducted landscaping work described their experience being warned that there was a potential shooting about to occur in the area, but they would be written up at work if they did not cut the grass. They then described not being able to explain what happened to their supervisors because they have to “be careful” about telling on people. Another participant explained that they lived in an area where gun violence was so frequent the postal service discontinued delivering the mail in their community. These findings highlight service provider perspectives on the need for safe housing in these communities; in an open-ended survey question, providers mentioned that relocation and housing assistance is desperately needed in Pittsburgh to ensure that people are able to live in safe neighborhoods.



DEFINITIONS OF RESILIENCE

The overarching goal of this needs assessment was to inform the development of one or more resiliency centers in the state of Pennsylvania. Given that goal, it is critical to first understand the definition of resilience and how that compares to definitions of resilience provided by individuals who have experienced gun violence.

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

- Recovering quickly (“bouncing back”) and moving forward despite exposure to gun violence.
- Working with others as a “team” to overcome difficulties.
- Achieving feelings of comfort, safety, freedom from anxiety, and freedom from anger or a desire to retaliate.
- Taking action to prevent and intervene in gun violence by addressing the root causes of the violence and controlling access to guns.
- Hypervigilance — being aware of their surroundings to protect themselves and their loved ones.

An important theme that emerged from Pittsburgh focus groups is the notion of “false resiliency”. They described two stages of false resiliency, in which individuals experiencing gun violence appear resilient in the near term (by continuing to go to work, continuing to go to school, accomplishing daily tasks), but later experience challenges (like a lack of emotional self-regulation or emotional processing). Participants shared that these immediate coping mechanisms may disguise the need for services and supports that can help people become authentically resilient for the long term. These participants shared that the normalization of gun violence or desensitization to violence can create false resiliency because some people witness gun violence so often, they do not know how they are being affected or that they may need help. It also makes it challenging for service providers to identify which individuals need services.

“Sometimes in areas where it seems to be that the gun violence is so prevalent, it’s more of a norm and then it’s played down. . . . It’s like you get up and if you’re able to continue and look like you’re functioning, hey let’s keep moving, it’s another day in the neighborhood. Sorry for your loss but let’s keep going.”

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 survey 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 ($n = 32$). Note: % = Percent of Providers offering Service

1	CASE MANAGEMENT/NAVIGATION (76%): 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).
2	CRISIS INTERVENTION SUPPORT (73%): Focus group participants mentioned the presence of a crisis response team associated with a prominent victim service provider in the area.
3	INFORMATION AND REFERRALS (54%): Providing connections to other services, family members/friends and outreach from victim service providers (e.g., when responding to crisis incidents) help with referrals and supports.
4	NEIGHBORHOOD/COMMUNITY EVENTS (54%): Pittsburgh participants learn about service providers because of community events that the service organization put on themselves or at which they were tabling.
5	PREVENTION (54%): Prevention programs, such as programs started by Pittsburgh community members who lost loved ones to gun violence, seek to address the root causes of gun violence and provide services, strategies, or activities that enhance individuals' and communities' ability to prevent violence. There are also school-based prevention programs that provide students with social skills that support relationship building and how to regulate their emotions and support student leaders as potential violence interrupters.
6	ACCOMPANIMENT (46%): Accompaniment involves in-person support provided to victims of gun violence including attending court hearings, doctor's visits, and other-related meetings alongside a client.
7	MENTAL HEALTH (46%): Services for adult and youth (e.g., counseling programs, one-on-one therapy, grief support groups, and other support groups). There are also programs trying to increase access to mental health services (especially to Black community members) and who are offering preventative workshops focused on developing support systems and coping skills.
8	MENTORSHIP (46%): Helping youth avoid situations involving gun violence and/or teaching skills to prevent violence.
9	EMPLOYMENT ASSISTANCE/JOB SKILLS (43%): Helping individuals find a job or a new career (e.g., help with job applications, connections to training programs).
10	HEALTH AND WELLNESS ACTIVITIES (41%): Health and wellness services encourage individuals to engage in activities like physical exercise, mindfulness, healthy eating, and social connections, which seek to enhance emotional and psychological well-being. Although providers mention providing this, focus group participants highlighted this as a gap.

Service providers were asked how frequently they were able to refer/connect individuals to other services ($n = 38 - 41$, 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

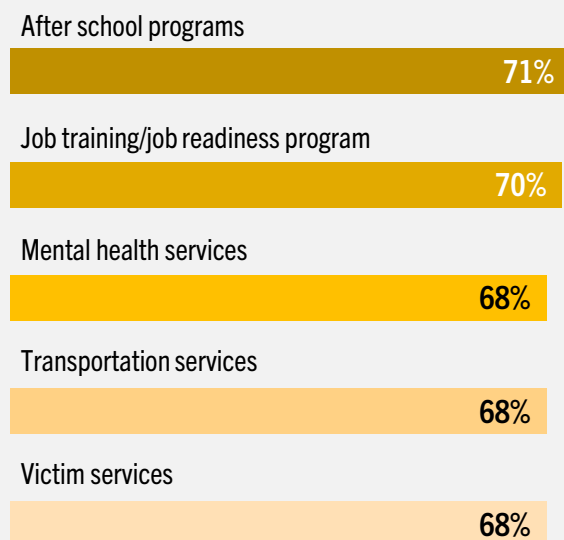
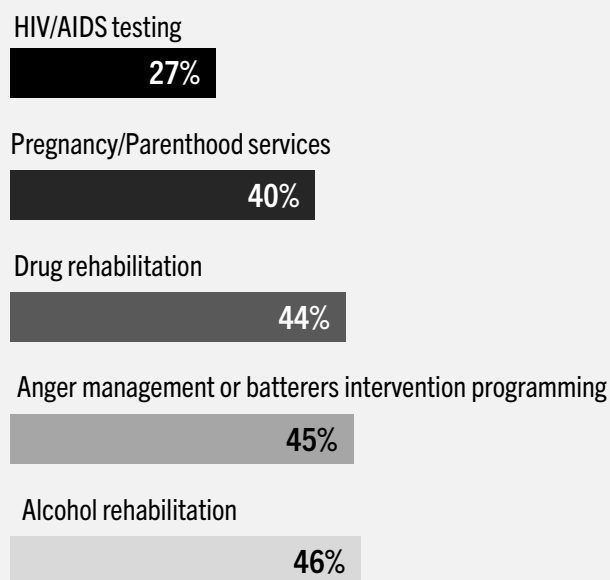


Figure E: Lowest 5 Service Referral Types



Focus group participants stated that individuals experiencing violence may **not** seek help from what may be considered more traditional service providers. Instead, many individuals rely on neighbors, friends, intimate partners, family members, or religious organizations **for informal social support**. Multiple participants noted that they found other people with similar experiences with gun violence as they went about their lives within their communities, like meeting people through social networks or joining in community marches.

“We went to churches. And that's where our support systems went through, the church, not go to see a therapist...”

IMMEDIATE CRISIS RESPONSE

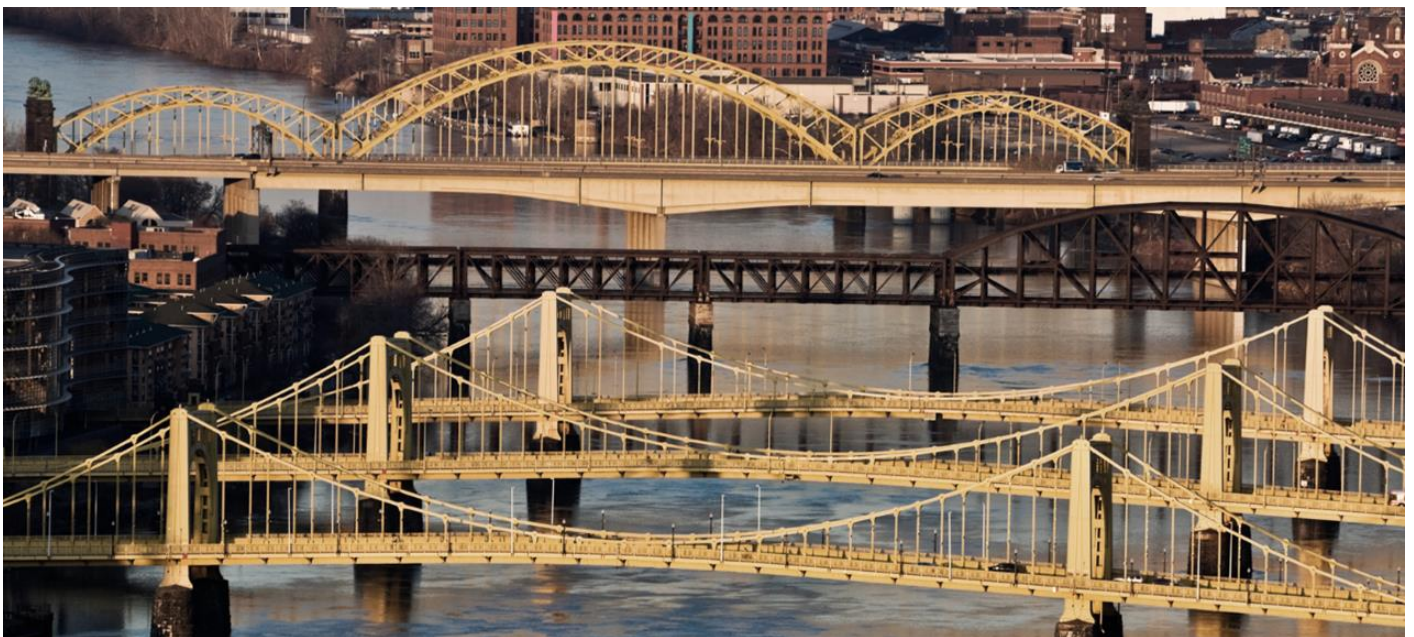
Less than half (44%) of the surveyed service providers ($n = 41$) said they immediately provide emergency (crisis/incident) assistance to individuals who have experienced gun violence. **When asked how they learn about these incidents, they said they are most frequently contacted by police, community members, schools, violence interrupters, and victim/witness programs.** When describing the process of their response, some said they are available to provide on-call crisis response 24 hours a day, 7 days a week while other participants indicated that they respond within 48 hours or 72 hours. All respondents respond in-person, including directly to the scene, to the locations of families/impacted individuals, or to support responders in police stations, hospitals, schools, or doctor's offices. During critical incidents, they provide crisis response, advocacy, and other resources.

LOCATION OF SERVICE PROVISION

Less than half of providers (39%) reported providing services in satellite offices and 15% 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:

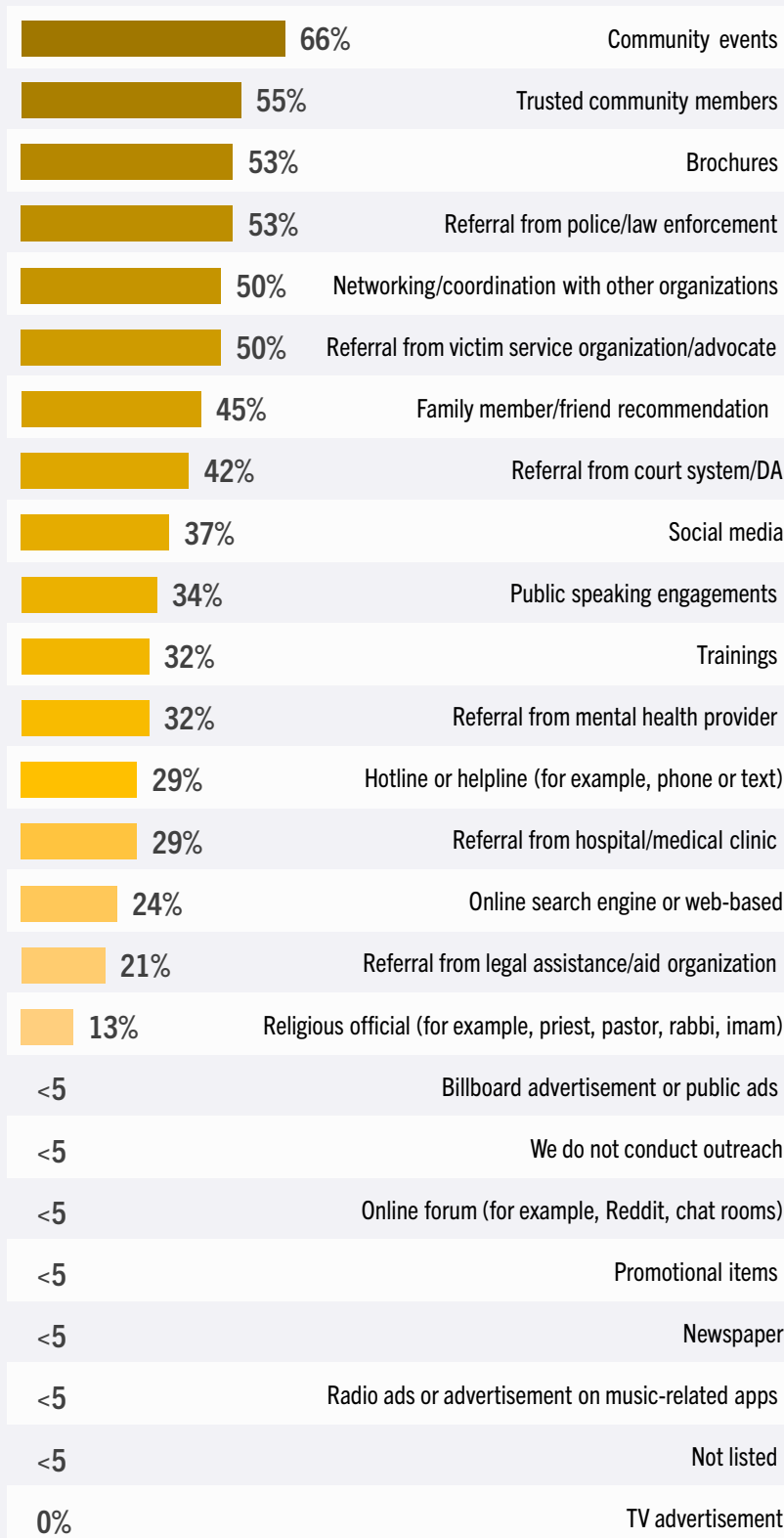
- **Through trauma response vehicles**, immediate assistance at the scene of a gun violence incident (e.g., psychological/mental health first aid, referrals).
- **Crisis response**, including in-person response to various locations in the community (schools, churches, neighborhoods).
- **Advocacy**, including in-person advocacy to various locations in the community (schools, churches, neighborhoods).
- **Mental and behavioral health support.**
- **Follow-up with individuals and communities that have experienced gun violence.**

“...I’ve learned through having a morning and after school program that my teachings matter... I had maybe five or six students that are now adults come to me at Walmart and say “Because of you I’m this and this; because of you, I’m a teacher. I took all your tips.”



OUTREACH AND AWARENESS

Figure F: Methods used by service providers ($n = 38$) 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 experienced gun violence shared how they learn about services.

Figure G: How individuals who experienced gun violence ($n = 31$) learned about available services:



Figure H: How service providers ($n = 38$) come into contact with people who have been exposed to gun violence:





Through focus groups and open-ended survey questions, individuals who experienced gun violence stated that they get connected to service providers in a variety of ways:

- **Word of Mouth:** Many participants learned about services from other someone they knew, including other people who accessed services after experiencing gun violence or someone in the organization with whom they had a pre-existing relationship.
- **Online:** Many people search for services online, which can lead them to lists of resources on social media, or they post a request for information on their social media space.
- **Canvassing:** Some participants learned about services from providers who engaged in canvassing (i.e., leaving pamphlets).
- **Traditional Media:** A couple of participants described getting connected to services because they saw something on the news, or they saw a billboard/poster in a public space (e.g., a bus stop).
- **Community Events:** One participant mentioned finding out about services while participating in community events.
- **Referrals:** Some focus group participants learned about services when a crisis response team connected them with a victim service provider.

INCREASING OUTREACH AND AWARENESS OF SERVICES

In focus groups, individuals who have experienced gun violence shared that they were generally unaware of available services. They described how important it is for service providers to consistently connect with people in the community and actively raise awareness about how they can help, not just when violent incidents occur. A common theme across focus groups is the need for more outreach, and more publicity generally, to show people what resources are available.

“But it's like that with a whole lot of things, you don't know about until you need it ... it shouldn't be that way, that it's so covered up that we don't know how to find it unless we have a problem. ... I think it should be something that's posted. Not hidden where people don't know where it's at. They need to know where their help is, like a life preserver...”

They made the following recommendations about how service providers can better share information about available services within the community:

- **Community Buildings:** Many participants recommended placing paper brochures and posting flyers in a wide variety of public spaces (e.g., bus stops, health centers, stores, coffee shops, libraries) and in areas where people who experienced gun violence are more likely to frequent (e.g., community centers, shelters).

- **Tailor Communications to Youth:** Participants had mixed opinions on disseminating written materials to youth. One participant stated that youth do not want brochures, noting that if it is not a game or a social media video, they are not going to read it. Others recommended sending brochures home with young students to provide to their parents because parents may not be aware of the resources available to them, so these pamphlets can inform them. However, one participant said the resources that *are* sent home with students from schools do not reach the parents, and if they do, the parents do not read them.
- **Build Partnerships with Local Organizations:** Facilitating partnerships with local school districts and other organizations may be a mechanism by which providers can enhance their outreach to youth as well as to impacted adults - “increasing collaborations with other organizations” was highlighted in responses to an open-ended service provider survey question. This is especially likely through increased referrals from schools or other places to providers, although referrals would necessitate improved information sharing. One focus group participant had an idea where doctor’s offices could screen people for needs and could provide them with information about available services.
- **Multimedia Approaches:** Participants described the need for more engaging outreach through media including public service announcements, radio advertisements, podcasts to share information with youth, and increasing social media presence (e.g., TikTok, Facebook, Instagram).
- **News Coverage:** One participant highlighted the potential impact of being mentioned in news stories covering violent incidents in the local community; the news could provide contact information for local service organizations during that coverage.

Service providers also made suggestions about how they could improve their organization’s outreach efforts. Most providers expressed the need for training and technical assistance to support diversification of their modes of outreach (e.g., increasing social media presence, implementing marketing efforts) as well as with finding centralized ways to communicate. They also discussed the need to increase funding that can be used for conducting outreach (e.g., funding for advertisements) and to hire staff to conduct the outreach.

“... so, like, when you're going to see your doctor. You know, ‘Are you struggling with this? We have these resources.’ And then they give you a pamphlet.”

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:

- Services were accessible in places like community centers.
- Services helped them cope with loss, including physical and emotional manifestations of trauma resulting from experiencing gun violence.
- They were employees at organizations serving individuals who have experienced gun violence, so they were aware of/comfortable with accessing services.
- Services can help communities heal and resolve trauma that leads to further violence.

“As soon as you come into the environment, don't pass me a piece of paper and ask me to fill this out - ‘I have this quota that I have to meet to give to my supervisor.’ I need you to deal with where I'm at. I'm hurting. And I came here to get your help, you're supposed to be able to help me.”

Figure I: Participants ($n = 30$) said that the most helpful service providers:

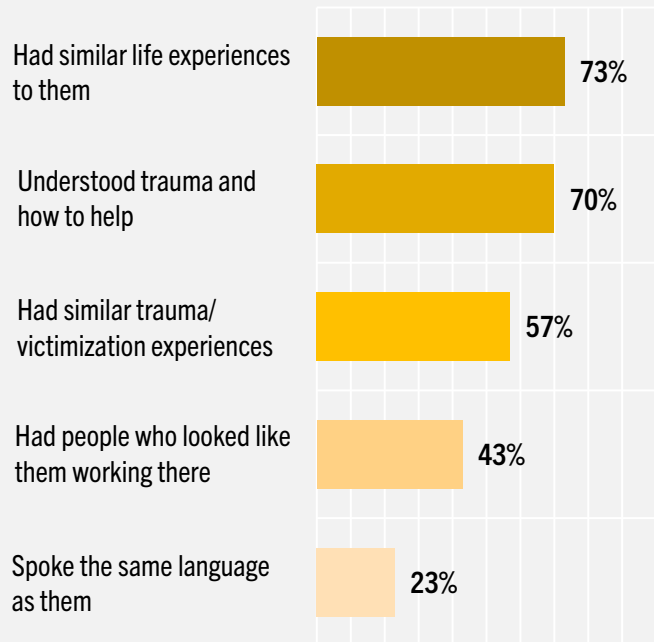
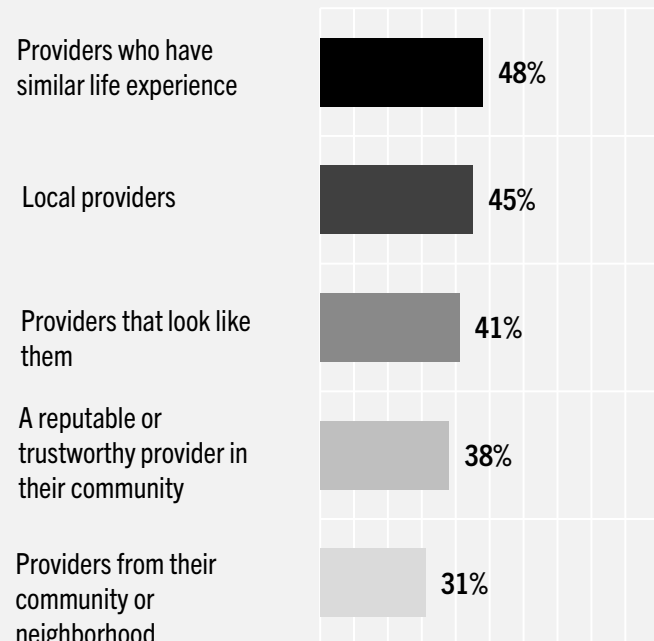


Figure J: Participants ($n = 29$) said they feel most comfortable seeking help from:



Survey respondents who did not seek help ($n = 9$) said it was because they:

- Did not feel like the services would be useful.
- Wanted to heal on their own.
- Felt uncomfortable opening up to service providers.
- Did not have locally available services.
- Felt like the services are only meant for individuals who experienced gun violence directly rather than indirectly (e.g., witnesses).

“Someone who knows my pain, someone who’s been through what I’ve been through...So when I get up and say that my soul is hurting that person knows what I’m feeling. Not someone who’s never really been through it and just doing book stuff. I like someone who’s been through it to help guide me through it.”

In focus groups, individuals who have experienced gun violence described in far more detail the importance of authenticity, trust, and connection with service providers. Simply having services available in their community is not enough; unless these providers have a strong relationship with (and seek authentic connections to) community members, people will not use these services. Building trust in the community and overcoming the reluctance of individuals to get help from formal service organizations is essential for building resilience. Their discussions focused on two main themes.

Relatability, Lived Experience, and Trust:

Participants described the need to feel comfortable with their provider, expressing that they seek providers who physically represent the community and who understands what is going on in their community. One participant suggested guiding local high school or college students into counseling fields to increase the number of providers who reflect the community.

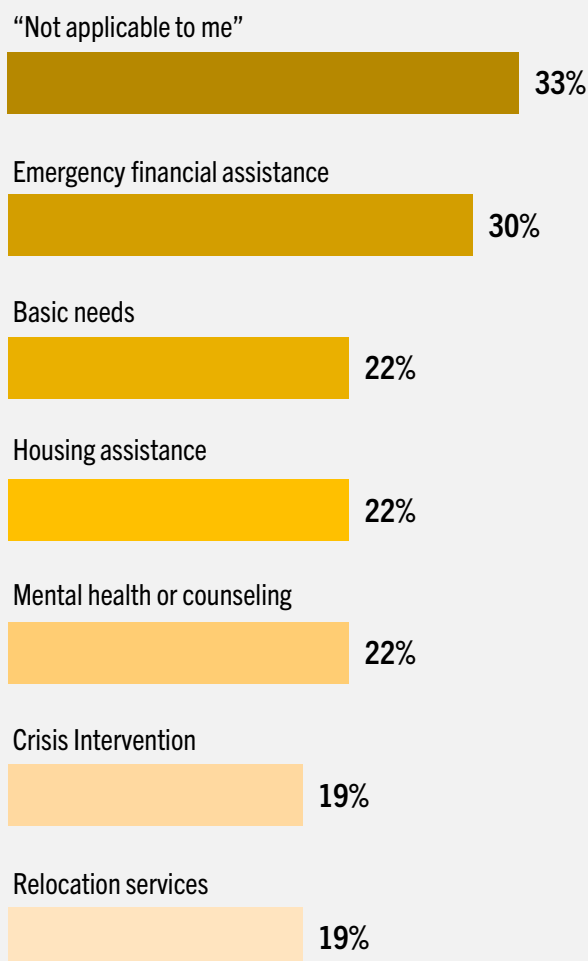
Compassion and Attitude Towards the Client:

When asked what matters most when deciding who to go to for help, multiple participants talked extensively about the need for someone who has true empathy for them, will listen and comprehend, and will take time to establish relationships. They shared that they seek providers who understand them, can feel their pain, and have their best interest in mind. Many participants described how alienating it is to be treated like “a number” and said that they need to be able to trust that the provider is authentically interested in their success. They want providers who are not just doing the job for money and are not looking for people to sign up to meet a quota to continue receiving funding for their organization.

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* = 27)**



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

- **One location where people can access multiple types of services**, or a mobile unit. Participants highlighted how difficult it can be to leave the house to access services, or to go to many different (and unfamiliar) communities when they are experiencing overwhelming grief or are afraid of community violence. Participants residing in the suburbs mentioned a lack of services overall in those areas. Participants suggested having services in locations that are convenient for people or offering transportation to help people get to services.
- **Services for people who are indirectly impacted by gun violence** (e.g., witnesses) as well as for people who are not immediate family members of individuals who have been harmed by gun violence. Focus group participants highlighted the need for services for people who may not be directly impacted on paper; this is particularly important since direct victims/immediate families often will not seek out traditional social services for assistance. They indicated that there is a need for service organizations to not only provide support for people indirectly impacted by violence, but also to empower the larger social circle in supporting those directly impacted.

"But if you make me leave my comfort zone to go to another community, to where I don't know what's going to take place over here ... what people don't realize is people have anxiety about going different places to seek help. You know because when you need help, you call the ambulance, they come to you. You call the police, they come to you. But when you go to get up and go find help... It's harder to do. Sometimes you don't have the energy, the power, the strength, the knowledge to go find it."

- **Transportation assistance or services that are locally situated.** This may become especially important with potential cuts to routes and fare increases by the Pittsburgh Regional Transit Authority (Linder, 2025).
- **Advocacy from the time an incident occurs through the entire process of receiving services,** including navigating the justice system. One participant shared a negative experience with being assigned five different advocates at one organization due to staff turnover, describing their experience as “horrible”.
- **More effective police responses,** including quicker responses, more punitive responses for people carrying guns, and more culturally sensitive responses to individuals experiencing gun violence.
- **In-home/family services,** including home visits to assess housing situations and provide tailored guidance to build parent’s skills with cooking and cleaning and provide other basic needs like clothing and food. Other participants recommended making parenting classes more available to address learned behaviors that may negatively impact future generations (including violence, drug use). Participants suggested that these services can help prevent violence by improving home life and exposing parents to supports they may not have sought out on their own because they were unaware services were available.
- **Additional mobile units** who bring supplies/basic needs to people who have experienced a loss and provide services to people who may fear leaving the community to seek services
- **Access to basic needs,** including food, clothing, hygiene products as well as support in finding housing.

“Of course, the parent is affected if it's a child, and the child is affected if it's a parent, but all those that have supported and have been around that family, whether it's a niece, a cousin, an aunt, an uncle...a friend, they're not given the resources or told where they can go to walk through this process... and how you... can help that family who's walking through that process. They don't really tell you how to help.”

In addition to gaps in services, focus group participants also mentioned a need for stronger legislation controlling access to guns and policies that protect people who report gun violence to the police.



Focus group participants also frequently discussed the need for **youth-specific programs**. They described a variety of programs that previously existed in the community, including pilot programs implemented by the mayor that lost funding and therefore went "stagnant" and other traditional youth-centered programming (e.g., Boys and Girls clubs, Big Brothers/Big Sisters, Boy Scouts, Girl Scouts) that lost funding.

"... having like Big Brother, Big Sister type of thing or just like a recreational center where you can just run away because even when you go through these things, people start not to like their houses. They don't want to be there anymore."

In particular, focus group participants said that there is a strong need for:

- **Mentorship Programs:** Many participants mentioned the need for community mentors to support youth, such as sports coaches who can serve as mentors as well as more formal programs like the Boys & Girls Clubs, Big Brothers/Big Sisters. In particular, participants expressed a need for more male role models in these communities.
- **After School Programs and Spaces for Youth:** Several participants described recreation centers or gyms as especially important after the defunding of camps and YMCAs/YWCAs in the area. One participant highlighted how important it is for children who have experienced gun violence to have a safe space outside of the home. This participant suggested locating these services (e.g., arts center, fitness center, library) all in one building. Participants also shared the importance of developing these programs strategically, to ensure the programs support healing and transformation rather than just "play".
- **Creative Arts and Physical Activities:** Participants highlighted the need for creative programs (writing workshops, art therapy) that encourage storytelling and emotional processing and generate discussions around feelings as young people engage in the creative process. Others highlighted the need for physical activities (like pick-up basketball games, boxing classes) to help individuals experiencing gun violence address the physical manifestations of stress, grief, and anger as well as connecting youth with coaches who might serve as mentors.
- **Prevention Programming in Schools:** Participants described participating in the DARE program in their schools, which is a program designed to educate students about and prevent drug use. They suggested implementing a similar program tailored to preventing gun violence, sharing that the program can "plant seeds" in a child's head and help children educate their parents on the subject.
- **School-based Mental Health Specialists:** In addition to school-based anti-violence and emotional education programming currently available in schools, participants emphasized the need for more mental health specialists in schools to build rapport with students to enhance their comfortability with seeking help and provide support.



- **Support Groups for Young Children Who Have Lost A Sibling to Gun Violence:** Participants emphasized the need for peer groups for young children, but that these spaces needed to be open to more than just talking about their situations. They should engage children in activities that encourage them to interact and create bonds but let the youth guide how much conversation they want to have about the violence that impacted them.
- **Youth-Specific Correctional Facilities:** One participant said youth who are arrested are sent to county jails along with adults, exposing them to people with more experience in the justice system while also isolating them from prosocial influences.
- **Providing Incentives to Youth to Discourage Gun Possession:** Participants shared that youth need to be incentivized to stay away from violence because youth feel that having a gun can get them “anything [they] want,” including money. Participants expressed two ways of incentivizing youth including (1) providing incentives to participate in violence education and prevention programming and (2) identifying a way to compensate young people for not participating in gun violence.

Focus group participants also shared the importance of evaluating services for individuals who have experienced gun violence, suggesting that service providers should offer their clients a survey to complete after receiving services to provide feedback on their experiences. They also suggested using those evaluation findings to identify training opportunities for service providers.

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

1. **Trauma Expertise:** Expertise in serving individuals with complex trauma, generational trauma, racial trauma, and PTSD.
2. **Culturally Responsive Care:** Expertise in providing services that acknowledge historical and systemic practices that contribute to racial trauma, especially “trainings on culturally applicable trauma-informed care”. Participants also cited the need for increased diversity among first responders and justice system personnel.
3. **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.
4. **Mental Health:** Trained therapists to provide additional mental health services generally and reduce waiting times for services.
5. **Trauma-Informed, Person-Centered, and Survivor-Led Services:** Expertise in understanding social determinants of health and in working with individuals who have experienced trauma. Participants also highlighted the need for service providers with lived experience and training for first responders on trauma-informed care.

Focus groups with individuals who have experienced gun violence offered some different perspectives about the availability of services, compared to what was reported by service provider survey respondents. Specifically, focus group participants mentioned gaps in after-school programs, mentorship programs, prevention programs and health/wellness activities while most service providers indicated that these services were provided by them or were something they could consistently refer their clients to.

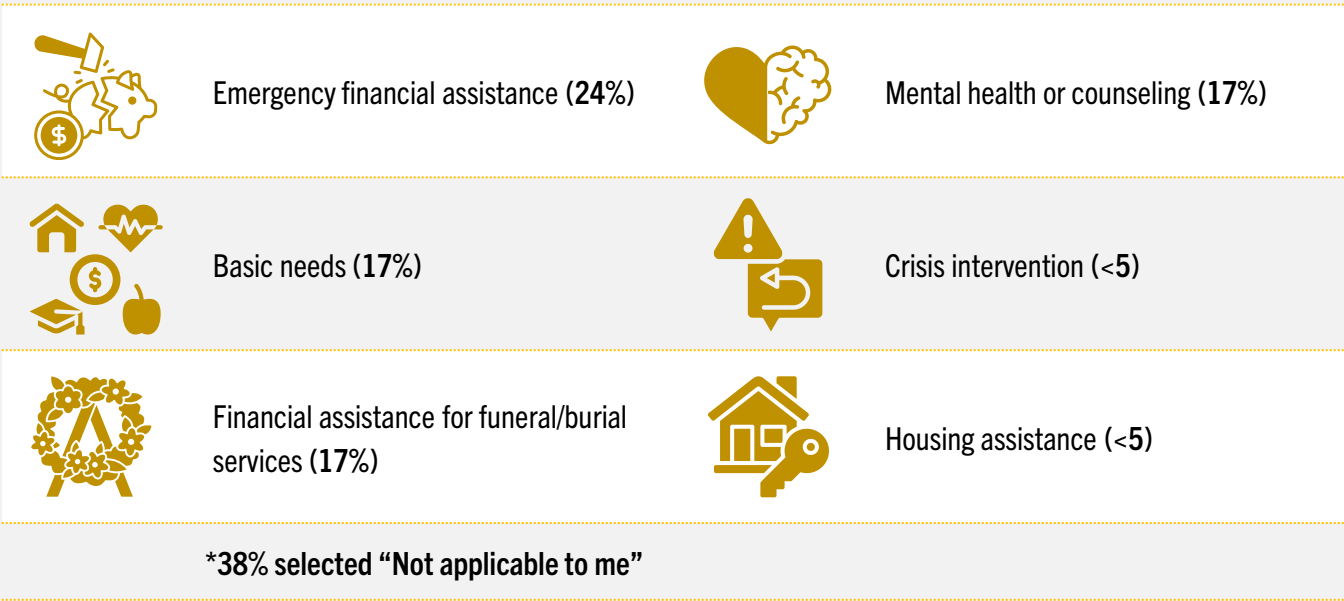
CHALLENGES ACCESSING AND PROVIDING SERVICES

BARRIERS TO SERVICE SEEKING

We asked focus group and survey 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 L) and reasons for not seeking support in the past 12 months. Service providers provided their insight on why individuals who have experienced gun violence do not seek services. Many participants reported they were aware of people or places that help individuals who experienced gun violence in their community, but only half (50%) shared that they have previously sought help from those entities. Almost 40% of participants indicated that the question did not apply to them, implying that they were able to access the services they needed or did not need services after experiencing gun violence.

Figure L: Most difficult to access services (n = 29)*



We asked people who indicated that they or someone in their family needed support related to gun violence whether they decided not to seek help for a variety of reasons. Of those eight survey participants who responded to this question, multiple people indicated that they did not seek help because:

- Cost was too high/no insurance coverage.
- Scared of retaliation.
- Did not have positive experiences when asking for help in the past.
- Did not think of myself as victim.
- Did not know services were free.
- Person trying to help made me feel uncomfortable.

In focus groups and open-ended survey questions, individuals who have experienced gun violence provided additional context about some of these barriers.

- **Poor Interactions with Previous Service**

Providers: Participants in focus groups expressed significant discomfort when accessing services, often due to interactions with service providers that felt ineffective, inauthentic, or dismissive. Many participants shared frustrations with service providers who failed to address their immediate concerns, appeared indifferent to engaging in follow-up with them outside of court case updates, or seemed unprepared and lacking in knowledge. Additionally, some providers were overly focused on discussing past trauma, dismissive, made inappropriate jokes, or were unrelatable, further exacerbating the participants' reluctance to engage with them. Survey participants said they could not trust service providers. They described perceived violations of trust (for example, being reported to child protective services after disclosing something to a service provider). Participants recommended hiring more providers with lived experience and whose individual characteristics reflect the communities they serve and creating a feedback mechanism (e.g., survey) so clients can provide input on the quality of the service they receive. They also discussed the need for training on conducting their work in a culturally sensitive manner and understanding the local community (e.g., what it is like to live in an urban or rural environment, what is the legacy of violence in the area).

- **Being Afraid to Seek Services Outside of Familiar Areas:** Many participants described being so afraid and hypervigilant of violence in their communities that it was difficult to leave the house to seek resources, or they were afraid of going into unfamiliar neighboring communities.
- **Competition Among Service Providers:** Service providers may discourage individuals from going to other organizations, as they need to demonstrate their impact.
- **Lack of Awareness of Services:** Some participants said they did not know what to do after experiencing gun violence, especially participants who were indirectly impacted or were not immediate family members of someone who experienced gun violence. Others said that it was difficult to know which providers were able to provide various types of services.
- **Feeling Overwhelmed or Not Ready For Services:** Many participants said that, initially, they felt unable to overcome mental health issues like depression, anxiety, and grief to seek out support. As one participant said: “One of barriers that I had was just getting out the bed. . . How many people have to peel their self out the bed, let alone go get these resources and be organized enough to have everything down that you need to do so then your whole life is falling apart in front of you.” Multiple participants stated that they needed some time after the incident before they were receptive to outreach from service providers.
- **Closed Service Providers:** Participants expressed difficulty in accessing services that are only offered between the hours of 9 AM and 5 PM because they need to be at work during those hours.

- **Burdensome Paperwork and Eligibility**

Requirements: One participant described how seeking support from formal service organizations required “jumping through hoops” to demonstrate eligibility, causing them to feel overwhelmed while also struggling mentally with the aftermath of their experience with gun violence. Others discussed barriers to accessing mental health services including not appearing to experience enough distress to be eligible for services. One participant described this experience: “You’re not one of the people that we need to service, so you have people in the Black community that’ll go to mental health facilities and act as if they’re more mentally disabled than they actually are, just to get services.”

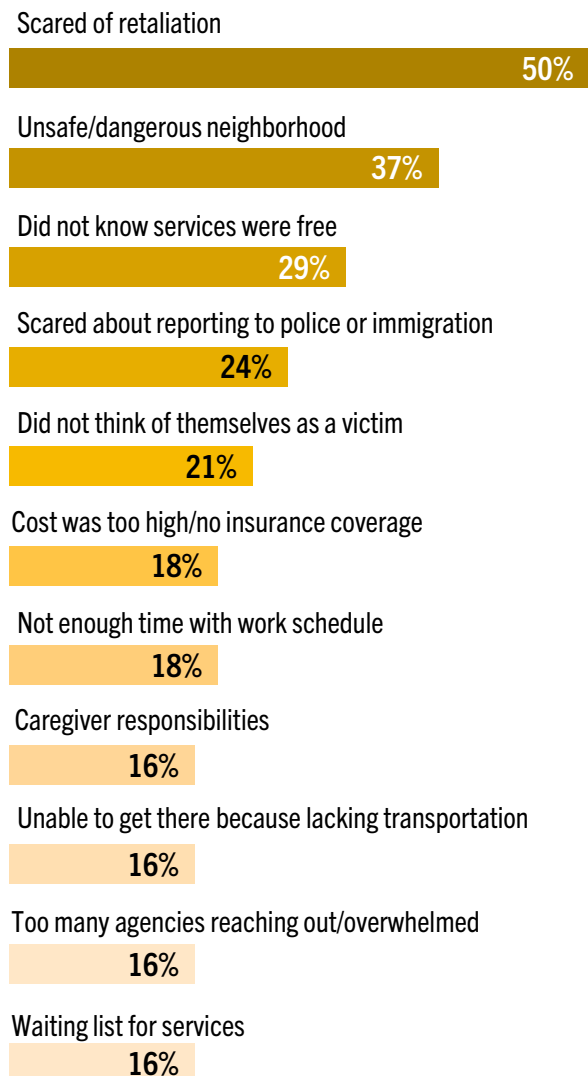
- **Desensitization:** Participants said they know of people who have normalized their experiences to the point where they do not realize that they need support. One participant discussed working with many kids who had become desensitized to violence. They have seen and heard gunshots so frequently that they do not recognize the impact it has on them.

- **Youth-Specific Barriers:** Participants described barriers to service-seeking specific to youth, including youth not wanting to be a burden, a lack of awareness because service providers are conducting outreach in ways that do not reach youth, and youth not wanting to travel to other communities for services.

Service providers said in an open-ended survey question ($n = 25$) that a primary need in Pittsburgh was expertise on trauma-informed, person-centered, and survivor-led services; culturally-responsive care (especially “trainings on culturally applicable trauma-informed care”); and trauma (including generational trauma and racial trauma). These need becomes clear when talking about the experiences of individuals seeking services in Pittsburgh.

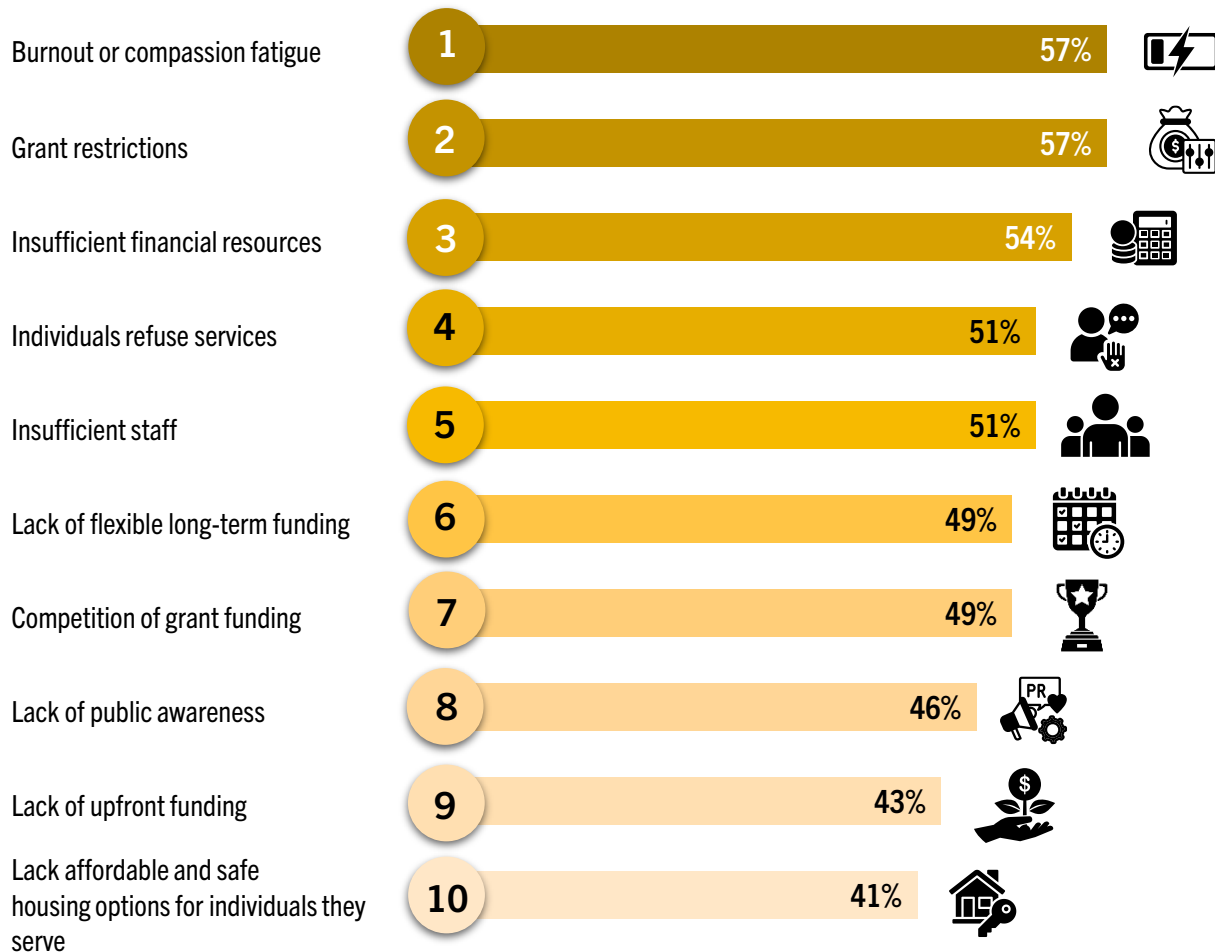
Among individuals who experienced gun violence ($n = 29$), available transportation most often involved a personal vehicle (62%) or the bus (28%), with walking, borrowing a vehicle, and taxi services (<5) all being the third most used transportation options. More than one quarter of survey participants (28%) expressed that they do not have enough transportation to attend appointments, with several individuals indicating that transportation is often unavailable in their area, costs more than they can afford, is unpredictable, or requires more travel time than they have available.

Figure M: Service providers' perceptions of why individuals who have experienced gun violence do not seek services ($n = 38$):



BARRIERS TO PROVIDING SERVICES

Figure N: Service providers ($n = 37$) 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, 26% of service provider survey participants in Pittsburgh indicated that they were "at capacity" and 10% said that there was a waiting list.

Many provider survey respondents described barriers to providing services in an open-ended question, including:

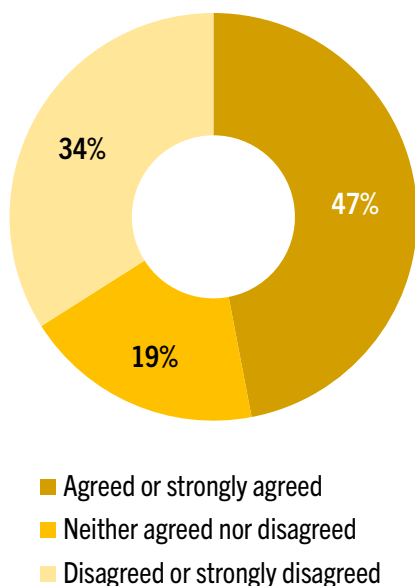
- **Funding:** Participants explained that funding streams are inconsistent and that funding restrictions impact their organization's ability to provide services.
- **Staffing:** They also reported that they need more staff to meet demand and that they need a larger pool of "qualified" staff (e.g., staff educated in trauma-informed service provision) to hire from in order to more effectively support the populations they work with.
- **Unfamiliarity and reluctance:** Providers also discussed individuals who have experienced gun violence are unaware of services available to them or are unwilling to participate in available 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.

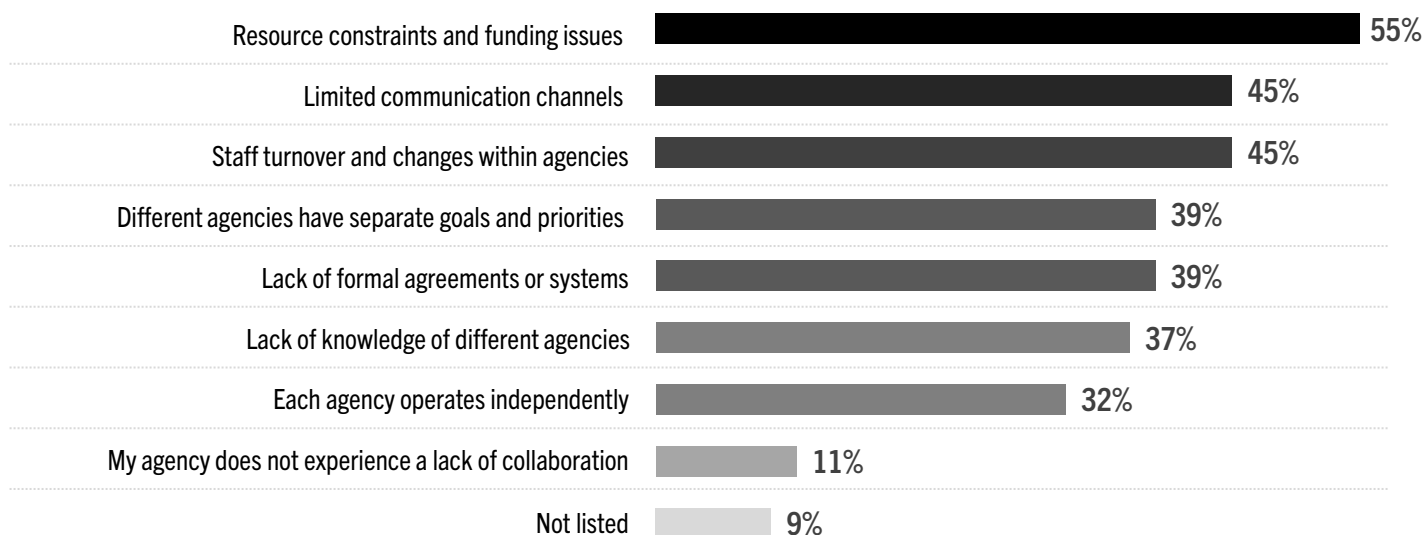
Figure O: History of Collaboration and Cooperation
(*n* = 38)



Service providers were asked two open-ended survey questions in which they reflected on the factors that enhance collaboration with other organizations (*n* = 24) and how agencies within their service areas could better coordinate to serve individuals who have experienced gun violence (*n* = 24). We also asked them more generally about recommendations to improve services (*n* = 15), in which enhancing collaboration emerged as the primary theme. To enhance collaboration:

- **Promote strong communication between providers** such as frequent community meetings and events, group networking meetups, and developing additional methods that enable communication between providers (e.g., regular meetings among partner organizations, scheduled check-ins with providers offering similar services). Participants recommended coordinating a local conference to convene providers in the area and trainings to facilitate an understanding of different agencies and how best to collaborate with them (e.g., law enforcement, district attorney's office, judges, schools, community violence interruption programs, and victim service agencies).

Figure P: Reasons Why Collaboration is Lacking (*n* = 38)



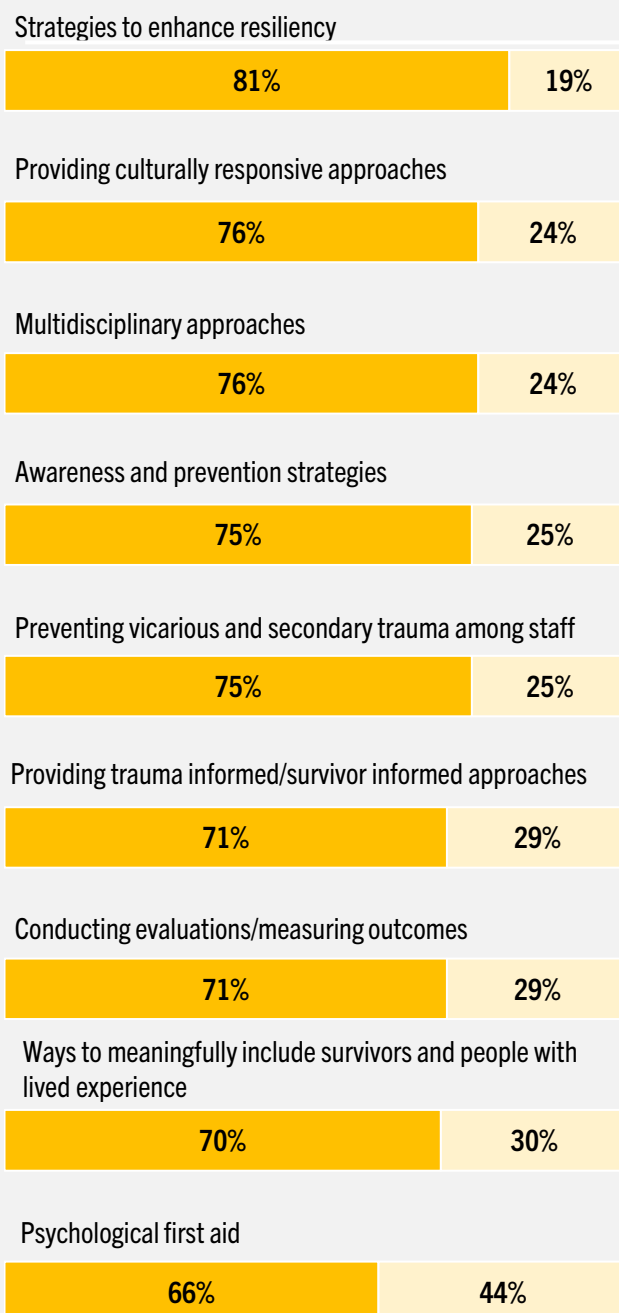
- **Facilitate awareness of other services available in their area and create a centralized directory of services:** Develop out mechanisms to show “who does what and what programs they offer” – for example, monthly presentations by organizations about the services they provide or a directory list describing what each organization does and linking to their website and contact information.
- **Build and formalize relationships between providers,** including task forces, coalitions, collectives, and using written agreements (e.g., Memorandum of Understanding or contracts that outline responsibilities and funding allocations) to set out the terms of a partnership. One individual suggested that:

"The many small organizations need to be incentivized to operate under a common umbrella and there should be formalized networking between all victim serving organizations."

- **Develop joint funding opportunities.**
- **Reduce barriers to sharing resources and information across organizations:** One participant recommended incentivizing collaboration through increased capacity and resources (in addition to collaborative funding mechanisms).
- **Agree upon a shared mission and goals to ensure alignment in values.**

Figure Q. Service providers ($n = 36 - 38$, depending on item) agreed or strongly agreed that additional training and technical assistance (TTA) was needed on the following topics:

■ Strongly Agree or Agree ■ Disagree or Strongly Disagree



When asked to provide more detail on TTA needs or additional resources, service providers discussed needing additional support focused on:

- Providing free and accessible services, including mental health services.
- Providing psychological first aid (i.e., helping people immediately after a traumatic event to reduce stress, promote coping, and connecting them with social supports).
- More financial resources and additional support in finding funding, including assistance in obtaining funds through grant writing.
- TTA and resources focused on helping clients secure safe and affordable housing.

Providers offered a range of additional TTA needs including TTA on program outcome measurement; increasing prosecution; hosting listening sessions with individuals with lived experience; intimate partner violence; increasing supportive services for men, children, and young adults; understanding trauma; effective interagency collaboration; and increasing wraparound services for individuals who have experienced gun violence.

“... they come in there and they don't give you any of the information that you ask. That's first. And then they tell you about a whole bunch of other stuff that you didn't even ask about.”

“I felt like she was not relatable. And I'm not saying she needed to be a black woman, but she needed to be culturally related. She knew nothing about the culture. She knew nothing about that environment. She could tell me how to cope, how to tap out things, to take my mind off of it. But, she didn't have a heart of a mom. Say even if she was an aunt, I would know she would still have some type of compassion.”

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 Pennsylvania 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. 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 Pittsburgh, many participants 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. Pittsburgh-area participants also 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. 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. 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. 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. 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. 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. 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. However, participants also described gaps in crisis responses. 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 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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