

THE PENNSYLVANIA “T ZONE”



INTRODUCTION

Gun violence is a systemic issue across the Commonwealth of Pennsylvania, including outside major urban areas (CeaseFirePA, n.d.). Figure A (see next page) demonstrates that firearm sales are higher in counties outside of the major urban areas of Philadelphia and Allegheny Counties. For example, residents in rural Pennsylvania who have experienced intimate partner violence (IPV) express concern over perpetrators’ continued ability access to firearms due to a lack of legal protections (Strohacker, 2024), which is notable given higher rates of IPV in rural areas of the United States (Peek-Asa et al., 2011) and that firearms are used in more than half of homicides related to IPV (CeaseFirePA, 2023; Gold, 2020). Throughout rural areas, individuals experience higher firearm-related death rates, mostly due to deaths by suicide. Rural areas across the country are also characterized by higher levels of gun ownership and at younger ages than more urban areas (Igielnik, 2017; Reeping et al., 2023).

Data from CeaseFirePA shows that — aside from Philadelphia and Fayette counties — the 10 counties with the highest rate of gun deaths were outside of Pittsburgh and Philadelphia metropolitan areas (see Figure B, next page).



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 a 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.

Figure A: Top 10 Pennsylvania Counties with Most Firearm Sales

COUNTY	2023 POPULATION	TOTAL SALES (2023)	FIREARM SALES (PER 1,000 PEOPLE)
WYOMING	25,868	6,078	235
CLEARFIELD	78,381	17,252	220
WAYNE	51,404	11,243	219
ELK	30,221	5,697	189
CLARION	36,964	6,512	176
TIOGA	40,747	6,963	171
PERRY	46,367	7,770	168
BRADFORD	59,700	9,310	156
POTTER	16,040	2,385	149

Sources: Pennsylvania State Police, 2023; U.S. Census Bureau, 2024

Figure B: Pennsylvania Counties with Highest Average Rate of Gun Deaths per 100,000 People Between 2018 – 2022

COUNTY	GUN DEATHS (2018 – 2022)	RATE PER 100,000 PEOPLE
PHILADELPHIA	2396	30.4
WAYNE	59	23.0
CARBON	72	22.3
BEDFORD	50	20.9
FAYETTE	123	19.2
ELK	26	17.2
VENANGO	43	17.1
CLARION	32	16.8
SUSQUEHANNA	33	16.7
LAWRENCE	71	16.6

Source: CeaseFirePA, n.d.

Note: Rates could not be calculated for Juniata, Potter, Snyder, Union, or Wyoming Counties.

CHARACTERISTICS OF STUDY PARTICIPANTS

We received 36 responses from residents in Blair, Dauphin, Elk, Erie, Lancaster, Lehigh, Luzerne, Montgomery, and Potter Counties (hereafter referred to as “the T Zone”) to the Survey of Individuals Who Have Experienced Gun Violence, with most coming from Erie (44%) and Dauphin (28%). ICF facilitated 6 focus groups with 15 participants (4 in-person groups with 4 participants and 2 virtual groups with 11 participants) across these areas of Pennsylvania. Demographic information was provided by 14 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 = 36)	Focus Group (n = 12)
Average Age	47	42
Sex	Survey (n = 34)	Focus Group (n = 15)
Male	56%	53%
Female	44%	33%
Race and Ethnicity	Survey (n = 34)	Focus Group (n = 14)
Black	74%	79%
White	18%	0%
Mixed Race	<5	<5
Hispanic/Latino/Spanish origin	<5	<5
Housing Status	Survey (n = 34)	N/A (was not asked)
Owns own property	53%	-
Rents property they live in	32%	-
Temporary housing or unhoused	<5	-
Other living situation	<5	-
Indicated multiple housing situations	<5	-
Current Household Income	Survey (n = 34)	Focus Group (n = 14)
No current income	<5	<5
<\$20,000	21%	<5
\$20,000 - \$39,999	24%	<5
\$40,000 - \$59,999	<5	<5
\$60,000 - \$79,999	18%	<5
\$80,000 - \$99,999	<5	<5
\$100,000 or more	<5	<5
Prefer not to say	N/A (was not an option)	0%

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:
Feel “very unsafe” or “unsafe” walking alone in their neighborhood (*n* = 36)

EXPOSURE TO VIOLENCE: (*n* = 36)

53%	Have seen someone attacked, stabbed, or shot in their neighborhood
25%	Are exposed to gun violence at least monthly
14%	Think that violence occurs in their neighborhood at least multiple days each month

NEED FOR SUPPORT: (*n* = 34)

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

I needed support.

0%

Someone in my household needed support.

<5

I experienced violence but did not need support.

35%

I did not experience gun violence in past 12 months.

62%

0% 50% 100%

GUN VIOLENCE EXPERIENCES: Check all that apply

	Survey (<i>n</i> = 36)	Focus Groups (<i>n</i> = 14)
Wounded by a gun	<5	<5
Threatened with a gun	25%	50%
Witnessed gun violence	36%	43%
Know someone who has been wounded, threatened, or witnessed gun violence	67%	50%
Heard gun shots nearby	61%	<5
Know someone who has attempted/died by suicide with a gun	31%	<5
Hunting accident	0%	<5
None of these options apply	<5	0%

We received 108 responses to the Understanding Services and Service Providers Survey (hereafter referred to as the “service provider survey”) in the T Zone. Nearly all (93%) of these survey participants indicated they receive some sort of funding for their organization. The top three sources of funding were from the Commonwealth of Pennsylvania (87%), the federal government (54%), and local government (52%). Three-quarters (75%) of all providers indicated that they currently receive funding from PCCD.

Figure B: Types of Service Providers Among Survey Participants (*n* = 87)

Non-profit Service Provider	31%
Community-based Victim Service Provider	21%
Prosecutor-based Victim Service Provider	17%
System-based Service Provider (Government)	9%
Community Outreach Provider or Prevention Specialist	7%
Law Enforcement-Based Victim Service Provider	<5
Not Listed	<5
Healthcare Provider	<5
Family Justice Center/Child Advocacy Service Provider	<5
Community Member Providing Support	<5
School, College, or Other Educational Provider	<5



REFLECTING LIVED EXPERIENCE

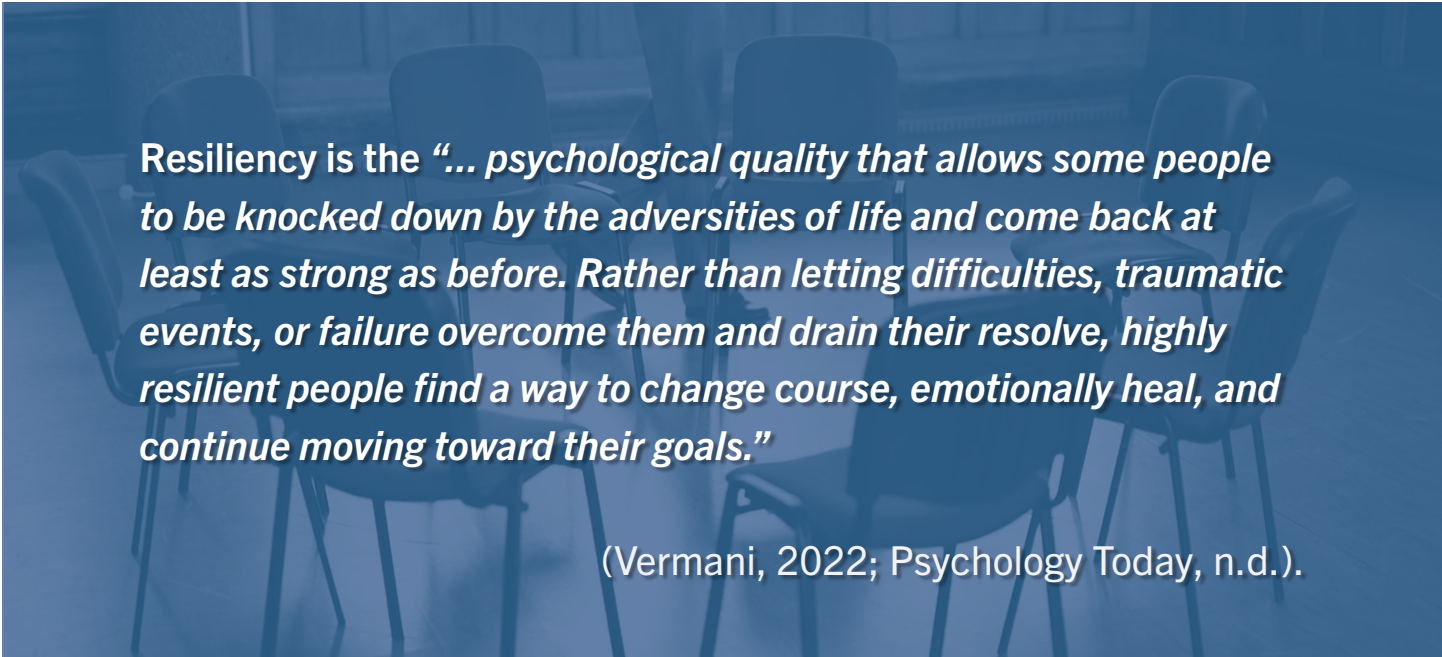
While service provider survey responses and focus group participant information is captured separately throughout the report, it is important to note that many focus group participants represent both individuals who have experienced gun violence and service provision. The findings are presented based 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 across the Commonwealth 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:

- Recovering and moving forward despite directly experiencing gun violence or repeated exposure to gun violence.
- Being able to push forward and thrive despite other types of adversity (e.g., poverty).
- Supporting other people and helping to strengthen the community.
- Having a positive impact on other people in the community.
- Working to prevent gun violence from happening to other people.
- Talking openly about personal experiences with violence and grief, as well as about violence within the community.
- Trying to understand why people engage in gun violence.
- Refraining from seeking revenge or retaliation.
- Understanding when it is legal to use a gun (e.g., in self-defense).



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 ($n = 70$). Note: % = Percent of Providers offering Service

1	INFORMATION AND REFERRALS (70%): Providing connections to other services, which may be provided by victim service providers; family members; friends; and community leaders like pastors, activists, or teachers.
2	VICTIM ADVOCACY (66%): Speaking out on behalf of, or representing a victim, in various spaces.
3	CASE MANAGEMENT/NAVIGATION (59%): 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).
4	ACCOMPANIMENT (54%): In-person support, including attending court hearings, doctor's visits, and other-related meetings alongside a client.
5	CRISIS INTERVENTION SUPPORT (54%): Examples include a law enforcement mental health response team, the national crisis hotline, and providing educational materials to individuals in crisis.
6	CRIMINAL LEGAL SYSTEM ADVOCACY/ASSISTANCE (51%): Providing support for navigating the criminal justice system (e.g., as a witness, in writing impact statements).
7	VICTIM COMPENSATION APPLICATION/CLAIM ASSISTANCE (46%): Funds available to help individuals who experience gun violence recover from financial losses related to victimization.
8	MENTAL HEALTH (44%): Services for adults and youth (e.g., counseling, therapy, peer support, support groups).
9	SAFETY PLANNING (41%): Helping individuals develop a plan to protect themselves from harm.
10	LEGAL ADVOCACY/ASSISTANCE (36%): Services provided by a legal professional that help a client navigate the legal system (e.g., assistance with family law or custody issues, immigration assistance).

In focus groups, many participants also described the importance of informal social supports for their recovery. Some participants prefer to rely on family and friends for support, and others said they do not feel comfortable talking to strangers about their feelings.

Some participants discussed youth-specific programming available in their area:

- **Gun safety programs** that teach youth how to use guns and the consequences of ignoring gun safety.
- **After school programs**, including community service programs that involve youth in volunteer activities and mentorship programs (e.g., Boys and Girls clubs).
- **School-based programs** (e.g., gang resistance education and therapy).
- **Grief counseling programs** (for all types of loss, not specific to gun violence).
- **Prevention programs** that educate youth about violence prevention and build trust between youth in the community and local law enforcement.



Service providers were asked how frequently they were able to refer/connect individuals to other services ($n = 76 - 78$, 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

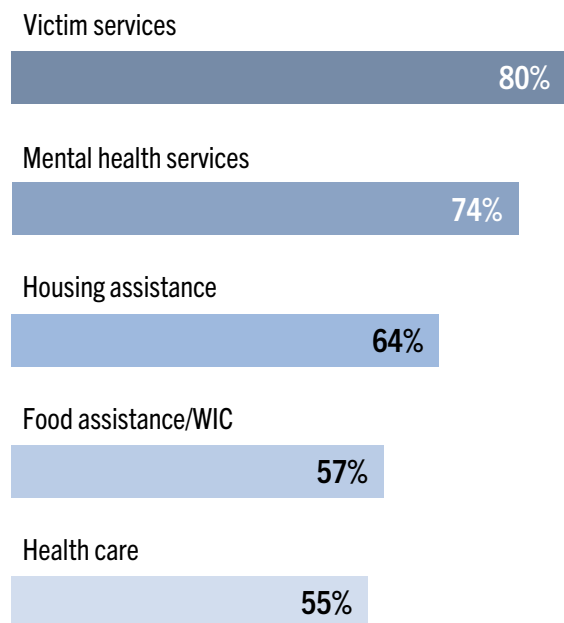
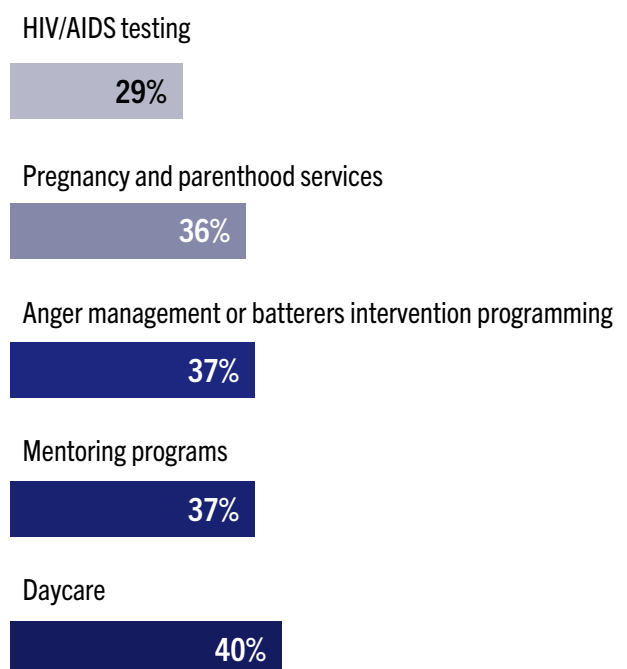


Figure E: Lowest 5 Service Referral Types





IMMEDIATE CRISIS RESPONSE

Less than half (41%) of the surveyed service providers ($n = 79$) said they respond immediately to gun violence situations to provide emergency assistance. When asked how they learn about these incidents, they said they are most frequently contacted by police, hospitals, community members, victim/witness programs, violence interrupters, schools, and police scanners. When describing the process of their response, they said that they provide in-person responses but are often also available to respond by phone or other mechanisms. Most participants highlighted how their crisis response is tailored to the needs of the individuals receiving care and may include:

- Accompaniment
- Advocacy
- Assessments related to caregiving needs and whether a child abuse investigation should be completed
- Emotional support
- Group crisis debriefings
- Referrals to other service providers
- Safety planning and support obtaining protective orders

LOCATION OF SERVICE PROVISION

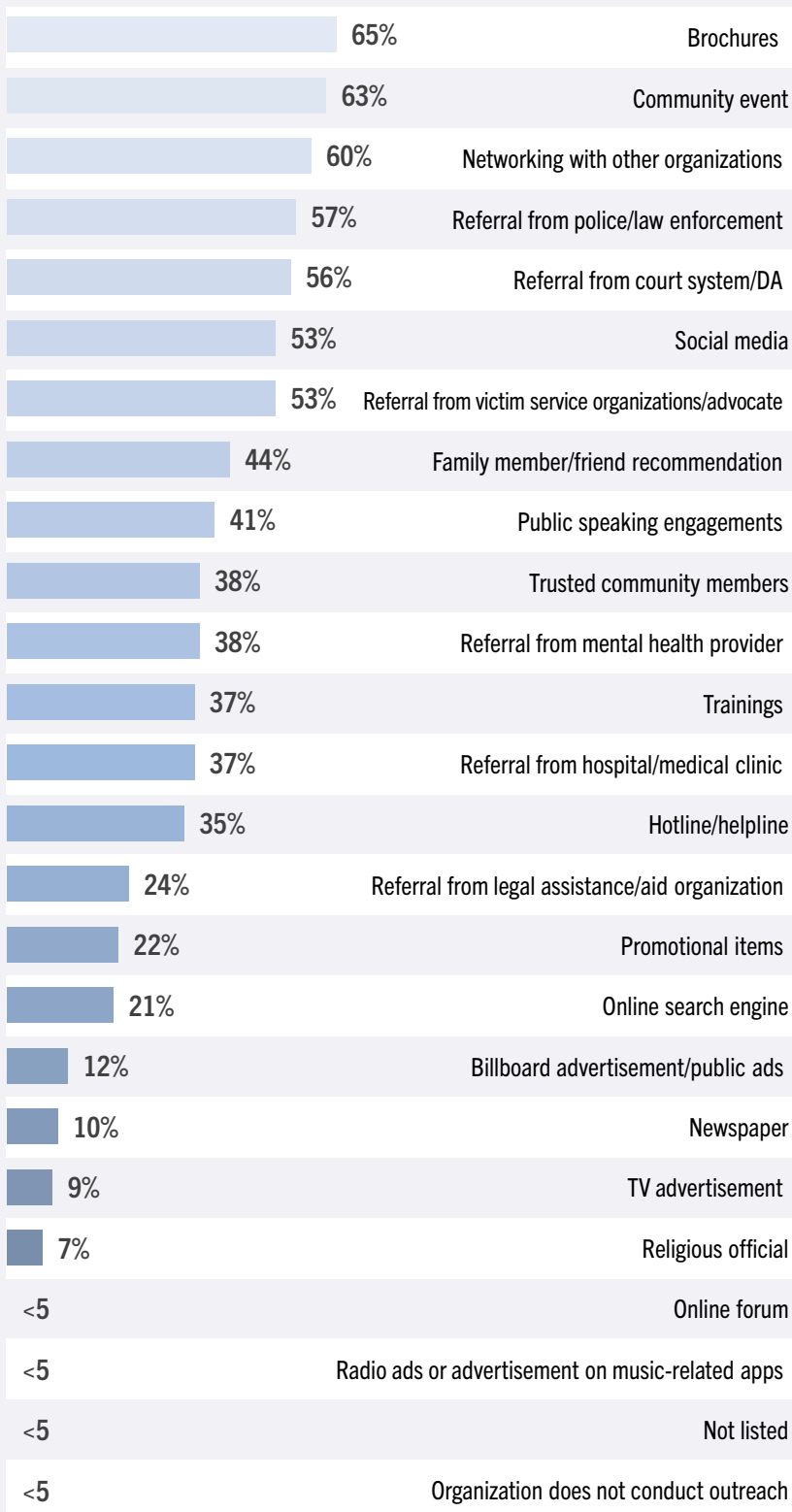
Less than one-third of providers (30%) reported providing services in satellite offices and 25% said they offer services through mobile units (i.e., services that move to different locations in communities, such as pop-up events, mobile health services, etc.). Providers offered the following services through mobile units:

- **Advocacy**, including advocacy in schools, other service agencies, and in the justice system.
- **Mental health services**, including school counseling, peer support, and therapy.
- **Accompaniment** to medical appointments and court proceedings.
- **Case management services**, such as making referrals to other agencies and accompanying individuals to those agencies.
- **Assistance obtaining housing**, including “rapid rehousing case management”.
- **Arts education**.
- **Mentoring**, both community-based and school-based.

Respondents described the survivor-centered nature of their mobile advocacy services, noting that the type of advocacy assistance can be tailored based on the client’s needs and that mobile advocates can meet survivors where they are most comfortable. Providers also shared that their mobile units allow them to travel to provide on-site mental health services in schools and other public places, reducing the need for individuals who have experienced gun violence to find transportation to services.

OUTREACH AND AWARENESS

Figure F: Methods Used by Service Providers ($n = 68$) to Inform and Notify Individuals Who Have Experienced 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 ($n = 35$) learned about available services:

1. Through a family member or friend recommendation (51%)
2. Community events (49%)
3. Community leaders (49%)
4. Social media (49%)
5. Online search engines (40%)

Figure H: How service providers ($n = 71$) come into contact with people who have been exposed to gun violence:

1. Organization does outreach (52%)
2. Referrals from other organizations (52%)
3. Individuals contact them directly (51%)
4. Word of mouth (44%)
5. Family or friend connections (35%)



Through focus groups, individuals who have 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 people who have accessed services after experiencing gun violence or from a family member/friend.
- **Community Events:** Many participants said that they learned about services after seeing the organization at a community event (e.g., a rally or candlelight vigil).
- **News Media:** Some participants saw the organization featured on the local news.
- **Community Advertising:** Some participants learned about organizations engaging in community outreach (e.g., large signs or billboards, mailing of brochures).
- **Social Media:** One person saw an organization's Facebook page that had information about services.

INCREASING OUTREACH AND AWARENESS OF SERVICES

In focus groups, individuals who have experienced gun violence shared that they were generally unaware of available services and often expressed frustration that local organizations are not more actively advertising their services throughout the entire community or are only focused on reaching certain types of individuals impacted by gun violence. One person believes there is a lack of concern about violence within Black communities, which is why there is a lack of proactive outreach.

Individuals who have experienced gun violence made the following recommendations about how to improve information sharing with the community:

- **Community Spaces:** Many participants recommended partnering with local community and religious organizations to enhance outreach in spaces where community members regularly visit. This includes actively sharing information from person to person (e.g., at a community center, in church) and placing printed materials (e.g., brochures, lists, flyers) in public spaces that people visit daily (e.g., bus stops, buses, health centers/clinics, stores, churches) or that involve waiting (e.g., for transportation, for an appointment). Multiple participants mentioned the importance of communicating through local churches.
- **Multimedia Approaches:** Participants described the need for more engaging outreach through media including public service announcements, advertisements on the radio or television (e.g., sharing information about services through a commercial during popular programs like the local news), podcasts to share information with youth, increasing social media presence (e.g., TikTok, Facebook, Instagram), and apps.

- **Community Events:** Participants recommended holding regular or “pop up” free community events to bring people together while also sharing information about services.
- **Canvassing:** Multiple participants highlighted the need for an organizational representative (someone who is truly invested in the mission of the organization) to go into the community and distribute fliers/other information.
- **Messaging:** Participants recommended explaining *how* to access services both verbally and through written resources (e.g., a clear “roadmap”).
- **Universal Programming:** One participant mentioned that every family impacted by gun violence should be assigned a case manager automatically, as the default. The family can “opt out” if they choose to, but assigning a case manager to each family would ensure that they are aware that there are services available to them.
- **Incentives:** One participant mentioned using incentives (e.g., raffles, free food) to encourage people to visit organizations (i.e., just getting people to walk through the door).

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 public awareness campaigns, in-person community outreach, and a social media presence. They need clearer and more concise printed materials like brochures, fliers, posters, and billboards that advertise organizations and services, as well as funding that can be used for outreach and hiring outreach staff.

Providers also shared that improving collaboration among other organizations in their area would also help with their outreach. For example, several participants recommended collaborating with healthcare, justice system, and other types of service providers to increase referrals and 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.

Most survey participants who did not seek help said that it was because they did not need services or were not directly impacted by gun violence. Others shared that they were not aware of services, services were not easily accessible, they did not feel comfortable seeking help, or they are desensitized to violence.

Figure I: Participants ($n = 34$) said that the most helpful service providers:

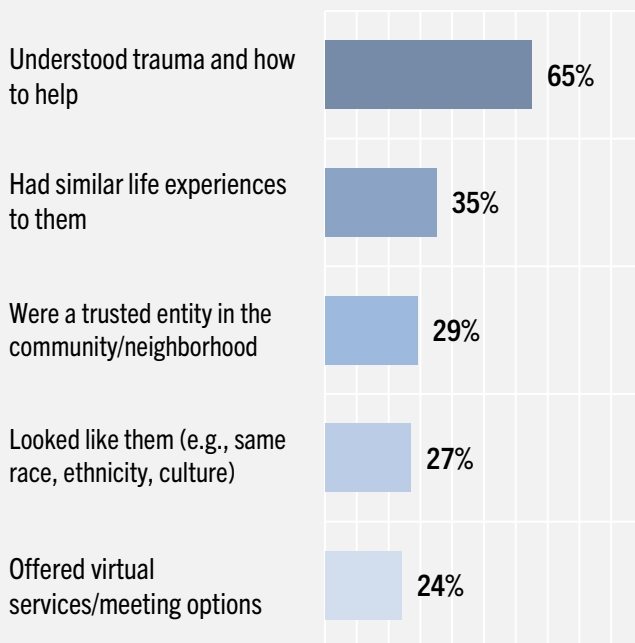
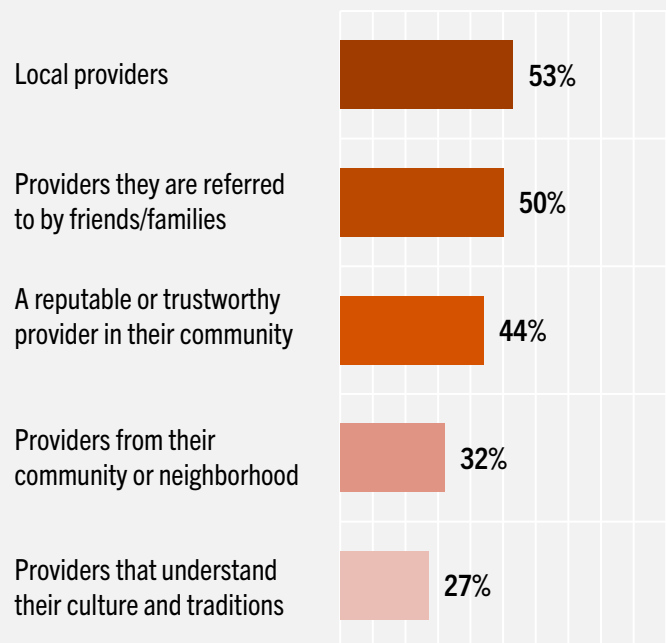


Figure J: Participants ($n = 34$) said they feel most comfortable seeking help from:



“... especially with gun violence and a murder, people tend to bombard you with apologies and remorsefulness and caring and love during that time. But right after the funeral everybody goes away. That's when the pain and the aloneness really starts. ... A month later that needs to be, maybe, some more consistency in checking in...”

In focus groups, individuals who have experienced gun violence said they are more comfortable seeking help from service providers who understand their experiences, are authentic and empathetic, are easy to find, and are available. 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 three main themes.

Relatability, Lived Experience, and Trust: Multiple participants discussed needing a personable, “down to earth” provider who genuinely cares about them, is culturally competent, and uses trauma-informed strategies. These providers should be representative of the community rather than an “outsider”. One participant recommended locating service providers in neighborhoods where there are police substations because those are the neighborhoods most in need of help and services should be nearby. Some participants encouraged organizations to keep being available, consistently showing up in the community and trying to engage community members – and not giving up if people do not immediately engage with them. They believe it will take time to establish trust and become a part of the community.

Compassion and Attitude Toward the Client: When asked what matters most when deciding who to go to for help, participants talked extensively about the need for someone who is empathetic, listens, understands what they are going through, and will take time to establish a relationship. Participants said it is just as important to have staff at the front desk who are warm and welcoming as it is to have counselors and support group facilitators who are genuinely engaged.

Using Evidence to Improve Their Work: One participant said that it was important that the service providers in their area use data and evidence to guide their work, so that they know that the program will have its intended impact.

“... like hey, we have this going on every Tuesday and no one shows up for three Tuesdays in a row. Don’t stop. ... You might get one person after weeks. Don’t stop. Then you have one person who’s like ‘Even though it was just me, I got this out of it and when I come back, I’ll come back with a friend or family member.’ And then that’s how it grows. A lot of people get discouraged because they offer services or have ideas for programming but there’s a lack of interest at first so the idea goes away. The group goes away and they move to somewhere else or they just don’t follow through with it. Well, that’s not fair either. You didn’t even give people a chance. You don’t know what they went through to get to where they are now.”

PERCEPTIONS OF GAPS IN SERVICES

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

Table 2: Top services that individuals experiencing gun violence NEEDED but felt were NOT available (*n* = 34).

SERVICE NEEDED BUT WAS NOT AVAILABLE	% OF SURVEY PARTICIPANTS REPORTING THIS GAP
"Not applicable to me"	65%
Mental health or counseling services	18%
Basic needs	<5
Crisis intervention	<5
Crisis support and assistance for children	<5
Faith-based or spiritual services	<5
Peer support	<5

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

- **Mental and Behavioral Health Services:** Multiple participants described needing additional low- or no-cost mental health services in the community such as support groups generally (especially as a potential gateway to other mental health services), support groups for specific populations (e.g., siblings), mental health services and grief counseling located in schools, one-on-one therapy, and services for individuals who use substances.

- **Timing of Services:** Multiple participants described how they were inundated with informal support immediately following an incident of gun violence. They found informal social support useful at first, but that support began to wane after the first few months and they felt unsure of where to seek help. They felt that they would have benefitted from more formal supports so they would not continue to "burden" their friends and family.
- **Easily Accessible Services or Transportation to Access Services:** Participants described the obstacles associated with a lack of service providers in their area, including long waitlists and providers not being able to serve people after business hours.
- **Community Dialogues About Gun Violence:** Many participants described a need for more community meetings or public speaking events where people can share their experiences with gun violence through storytelling. These events can encourage other community members to get support by sharing how they healed and the resources they used, as well as inform policymakers and first responders about frustrations with how gun violence is being handled in their communities.
- **Support for people not directly victimized by an incident,** including individuals related to the person who engaged in gun violence.
- **Bilingual/Multilingual Services:** Multiple participants described large foreign-born populations in their communities, but a lack of linguistically accessible service providers.

Focus group participants also frequently discussed the need for **youth-specific programs**, including:

- **Additional School Resources:** Many participants described school-based interventions that they feel would prevent youth from engaging in gun violence, including better communication between teachers and parents when a child is demonstrating symptoms of mental health concerns; school-based prevention programs that teach socioemotional skills (e.g., conflict resolution and emotional regulation) and healthy relationships; and support for more engaging, participatory, or creative school classes. A few participants want an anonymous in-school system where youth could report concerns about violence among their peers. One participant stated that some local schools have closed permanently, resulting in youth from different (sometimes rival) neighborhoods now occupying one building together which leads to intense conflict.
- **Tutoring Support:** Participants describe how tutoring programs require fees, making them inaccessible to those who often need them most. Without tutoring, many children struggle with schoolwork, leading to feelings of inadequacy and disengagement from education.
- **Safe Recreational Spaces:** Many participants said that there is a need for more funding and better facilities for sports and recreational programs in communities to provide safe, structured activities for youth. Revitalizing after-school programs in safe, monitored environments is crucial, as some community and recreational centers have sometimes become unsafe due to gang activity.
- **Firearms-Related Education for Youth:** Multiple people recommended teaching youth about the legality of firearm ownership, when they can justifiably use a firearm to protect themselves, and the potential legal consequences of firearm use.
- **Parenting Classes:** Participants expressed a need for classes on how to prevent their children from engaging in gun violence and how to hold their children accountable for their actions.

Service providers described areas of expertise needed, but unavailable, within their communities.

THE TOP AREAS OF EXPERTISE NEEDED INCLUDED:

- ✓ **Trauma Expertise:** Expertise in serving individuals with complex trauma, intergenerational trauma, PTSD, and racial trauma; EMDR trauma counseling; trauma-focused cognitive behavioral therapy; in-person trauma therapy conducted by a licensed therapist; and trauma-focused counseling specifically associated with experiencing violence. Participants also suggested training for law enforcement and first responders on how to respond to individuals experiencing trauma, post-traumatic stress disorder, and other mental and behavioral health concerns. One participant said that trauma therapists are limited because they are in a rural county.
- ✓ **Culturally-Responsive Care:** Expertise in providing bilingual and bicultural counseling services for youth, providers who understand the unique needs of diverse cultures, culturally and gender-specific supportive services, diversifying mentors and service providers (e.g., increasing black and male mentors/providers).
- ✓ **Mental Health:** Trained mental health providers (e.g., therapists and counselors) and access to more immediate mental health services without a waitlist.
- ✓ **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.

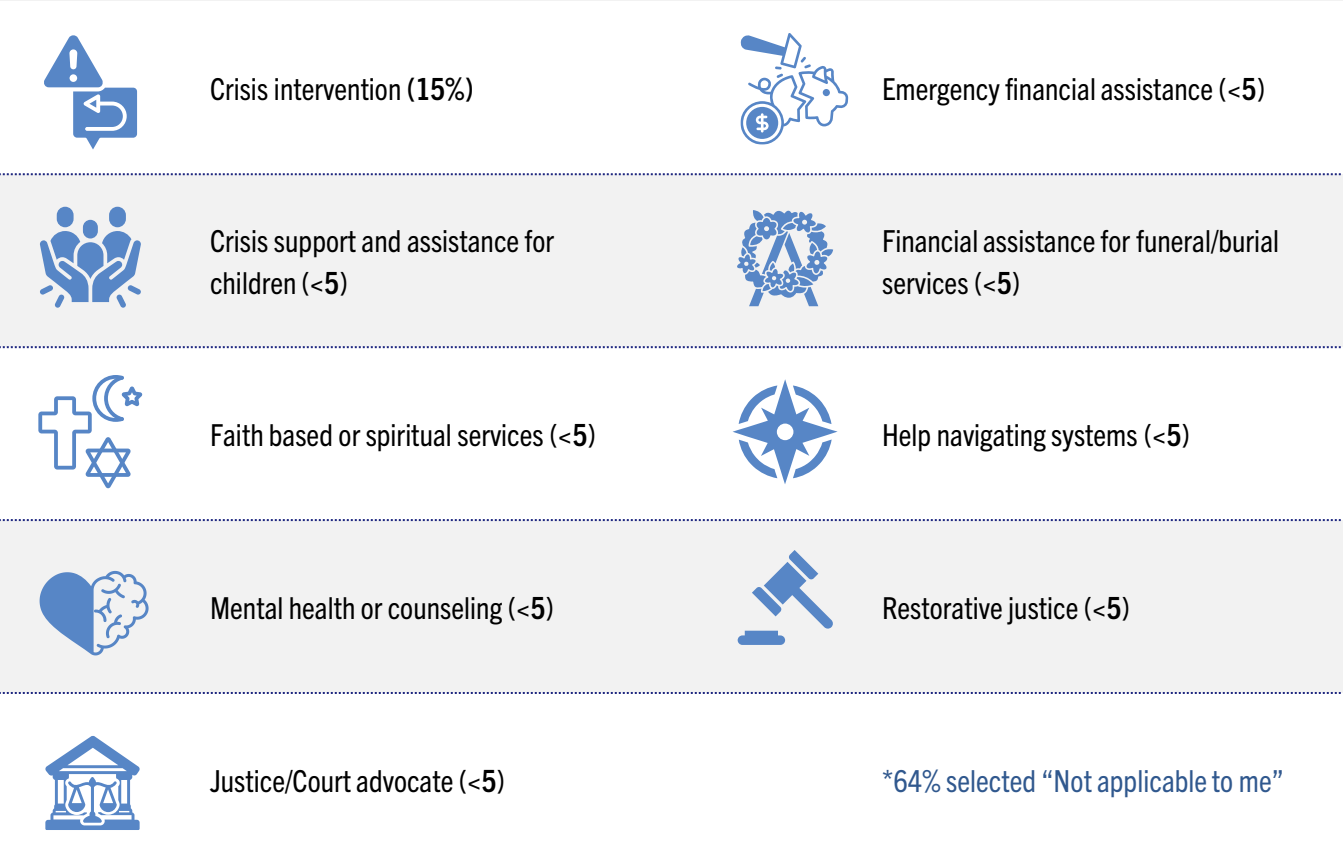
CHALLENGES ACCESSING AND PROVIDING SERVICES

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 K**). Service providers provided their insight on why individuals who have experienced gun violence do not seek services in Figure L (see next page).

Figure K: Most difficult to access services (n = 33)*



Many participants reported they were aware of people or places that help individuals who experienced gun violence in their community, but fewer than five shared that they have previously sought help from those entities. Almost two-thirds (64%) of participants indicated that the question did not apply to them. This may mean that they were able to access the services they needed or did not need services after experiencing gun violence.

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

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

- **Lack of Awareness of Services:** Several participants said they were not aware of any services in their community and that local organizations do not do enough to publicize available services. They would like a resource that provides a list of all available services in the area.
- **Feelings of Discomfort, Fear, or Shame:** Some people are uncomfortable seeking services due to stigma in the community or in the family around help-seeking and may be uncomfortable seeking services from providers they cannot relate to (e.g., different race or ethnicity, not from the same neighborhood, lack similar life experiences, do not speak the same language). Other participants feared having their children taken away from them if they sought services.
- **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. Some participants described trying to access services but being turned away, having to navigate long waitlists, feeling distrustful of providers around issues of confidentiality, or being told that their pain was not as bad as others'. They recommend hiring people who genuinely care about others and want to help people. Participants want to work with service providers who are positive, dedicated, caring, and culturally competent.

- **Poor Interactions With First Responders and The Justice System:** Multiple participants described first responders who were not sympathetic and said that state laws can exacerbate frustrations (e.g., limited accountability for people who engaged in gun violence, there is little restitution). Participants said a lack of sympathy or understanding from first responders can further instigate violence in the community as people want to “lash out” after such experiences. One participant described arriving at the scene of a relative’s death by suicide and being “stormed” by law enforcement as though he were going to do something violent.

“I'm a victim. My [relative] was a victim. His mother's a victim. Everybody that's around here outside now around him in this car is victims. But now you want to treat us like criminals.”

- **Feeling Overwhelmed or Not Ready For Services:** Multiple participants described feeling overwhelmed by the process of seeking services, especially in the first year after the incident occurred.
- **Not Being Able To Afford Services:** Multiple participants described being unable to access services due to not having insurance, or parents being unable to afford after-school programs for their children.
- **Competition Among Providers:** Service providers may discourage individuals from going to other organizations, as they need to demonstrate their impact.

- 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. They recommended staffing organizations in a way that would allow them to be open more often, or to “rotate” the hours that the office is open, so they are open later one night a week as well as early in the morning another night in the week. They also expressed a desire to see funding for community centers and victims service providers who are already working in the area and using existing unoccupied building in the community to help revitalize the area.

Several focus group participants said that, in certain areas, providers are difficult to reach because they are not within walking distance and there are no reliable public transportation options. Participants noted that in those areas, people may not own a car and may not be able to afford rideshare services. For youth, their parents may be working during after-school hours and unable to take them to service locations. Participants recommended having services available in various neighborhoods that are reflective of each communities’ unique needs, as well as having mobile services.



TRANSPORTATION

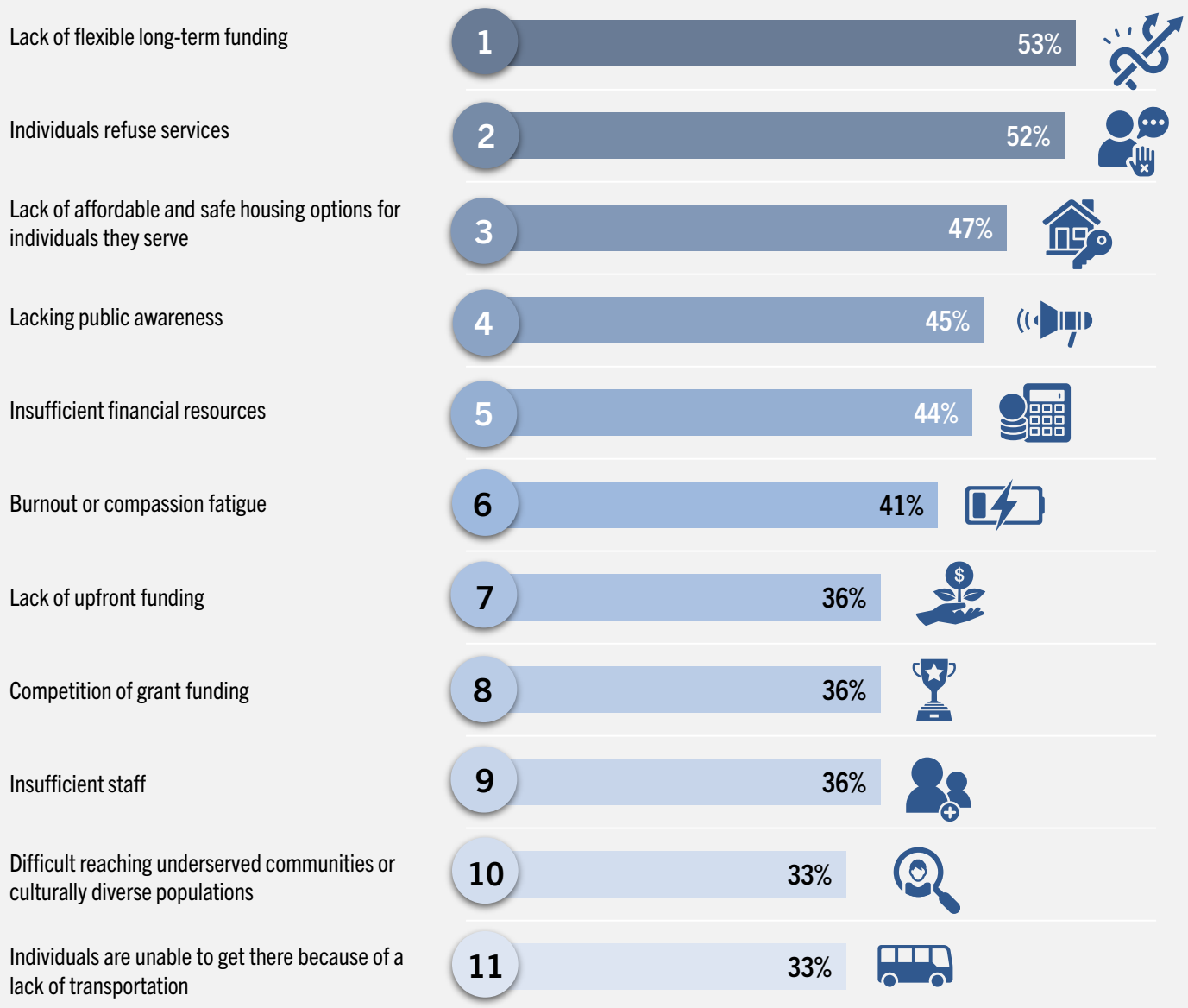
Among individuals who experienced gun violence ($n = 34$), available transportation most often involved a personal vehicle (74%), walking (30%), taxi service (21%), or the bus (15%). Almost one-fifth of survey participants (18%) expressed that they do not have enough transportation to attend appointments, with several individuals indicating that transportation costs more than they can afford, is unpredictable, or is not available when they need it.

Figure L: Service Providers’ Perceptions Of Why Individuals Who Have Experienced Gun Violence Do Not Seek Services ($n = 71$):



BARRIERS TO PROVIDING SERVICES

Figure M: Service providers ($n = 73$) were surveyed about barriers they experience trying to provide services to individuals who have experienced gun violence. The most common barriers include:

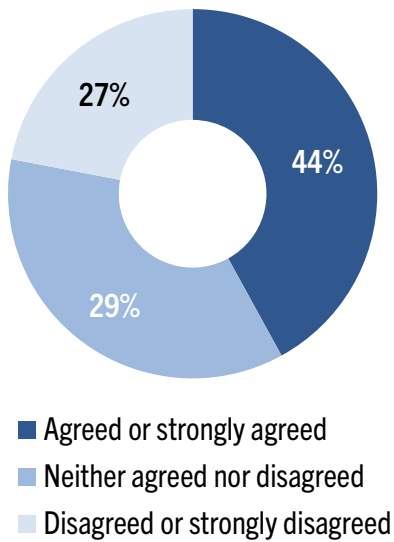


When asked to report on their capacity, 17% of service provider survey participants in the T Zone indicated that they were "at capacity" and 6% said that there was a waiting list.

COLLABORATION BARRIERS

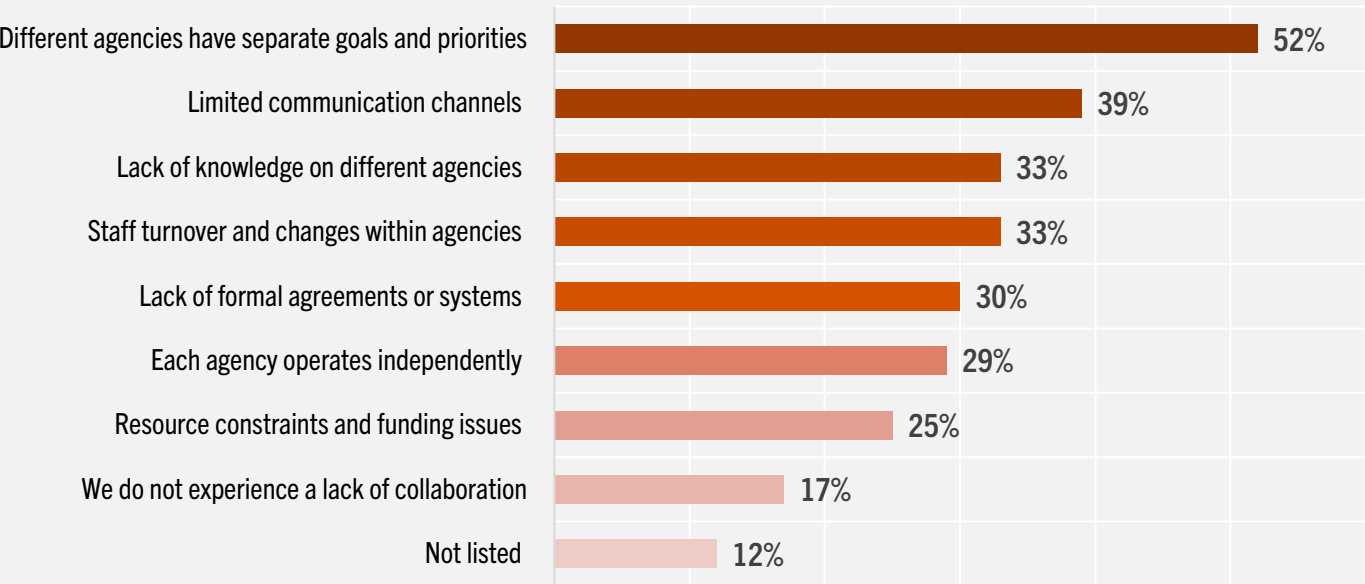
Service providers were asked about the extent to which they agreed or disagreed that there is a history of collaboration and cooperation among organizations serving individuals who have experienced gun violence in their service area.

Figure N: History of Collaboration and Cooperation (n = 70)



“I just want to give nonprofits as much funding as we possibly could... I’m not too informed on it, but like, it all comes down to money, I think, and where we put it. I also am very negative about it; I’m kind of in a dark space thinking nothing can be done about it. But I’m sure if you get enough heads in the room to brainstorm something could come out of it.”

Figure O: Reasons why collaboration is lacking (n = 69)



Service providers were asked two open-ended survey questions about the factors that enhance collaboration with other organizations ($n = 46$) and how agencies within their service areas could better coordinate ($n = 43$). They also responded to a question about improving service provision in their service area ($n = 22$), in which mechanisms for collaboration emerged as a primary theme. To enhance collaboration:

- **Promote strong communication between providers through:**
 - Regular meetings and local networking opportunities, including monthly multidisciplinary team meetings to share information or conduct collaborative case planning.
 - Trainings, including cross-training and taking time to learn to work together.
 - Clearly communicating roles and capabilities of each organization to one another.
 - Openly sharing information between organizations, including case information when appropriate and brainstorming ideas for service provision or problem solving.
 - Prioritizing communication, including taking the time to call other providers when they have questions, being persistent in conducting outreach to other organizations, and following up when they are unable to reach them.
 - Assigning a “point person” at each organization to facilitate communication.

- **Build and formalize relationships between providers:** Providers mentioned the need for familiarity and trust between organizations, including law enforcement, prosecutor’s officers, and educational systems. One provider indicated being a “small rural county where the agencies are very familiar with each other” helps them.
- **Facilitate awareness of other services available in their area.**
- **Agree upon a shared mission and goals.**
- **Expanding services in rural areas to reduce burden and foster collaboration.**
- **Provide funding for collaboration and/or develop joint funding opportunities.**

“I would just say we need a ‘right now’ plan, not kicking it down the road... People that are serious really coming together, wanting to make this work, and that’s passionate about, you know, getting resources and referrals out there for these individuals. And we just need a take action plan to put it in place. Yeah, too many of our children are dying, and it’s not even [just] our children, but our loved ones are dying and it’s just not good. It’s a lot of individuals waking up to a loved one being gone and too soon, too soon. It’s not their time yet. So we gotta do something right now. Time is now.”

Figure P: Service providers (*n* = 68 – 70, depending on item) agreed or strongly agreed that additional training and technical assistance (TTA) was needed on the following topics:



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

- **Mental health services**, including training on psychological first aid, facilitating support groups, emotional support, emotional regulation, conducting mental health street outreach, and the provision of long term counseling. They also described needing additional mental health services for families of individuals who have been impacted by gun violence.
- **Increasing person-centered, trauma-informed, and survivor-led care** through trainings/resources on further implementing trauma-informed care into programming, conducting survivor-led support groups, conducting trauma-informed safety planning, and including individuals who have experienced gun violence in service provision planning.
- **Collaboration among providers**, including trainings/resources for forming strategic partnerships, enhancing communication among organizations, developing regional strategies, and multidisciplinary approaches to service delivery for individuals who have experienced violence.
- **Trauma response services**, including resources related to trauma counseling, recognizing signs of PTSD in adults and children, conducting community trainings on trauma, and increasing the workforce trained to serve individuals with complex trauma.
- **Housing assistance** such as safe housing and shelter options, relocation opportunities, and more affordable housing.
- **Conducting community outreach**, including training/resources that would enable increased community outreach and community engagement to underserved and rural populations as well as training on how to conduct successful outreach.



RECOMMENDATIONS

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

PUBLIC AWARENESS AND COMMUNICATION

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

Service providers recommended improving outreach by diversifying modes of outreach, obtaining funding to pay for outreach materials as well as for staff devoted to outreach efforts, and developing relationships with other organizations (e.g., justice system actors, healthcare providers, school district staff) who can share information about their organization. In the T Zone, providers suggested developing clearer and more concise outreach materials

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

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

ACCESSING SERVICES AND RESOURCES

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

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

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

SHARING INFORMATION WITH COMMUNITIES

Participants 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). In the Pittsburgh area, hyperlocal news agencies include *The Homepage* (focusing on Greater Hazelwood), *Print* (focusing on Squirrel Hill, Shadyside, East Liberty, Point Breeze, and Homewood), and the *South Pittsburgh Reporter* (focusing on Pittsburgh's southern neighborhoods). This focus on small areas allows them to communicate information directly impacting residents within those communities.
- **Be present and accessible in the community.** Both adult and youth participants want to see service providers, first responders, and policymakers in the community (e.g., at schools and community events) to raise awareness about their services, build trust, and demonstrate that they care for individuals before gun violence occurs. Youth said offering food at events will help increase attendance. Engaging with youth can be an important mechanism for getting information to parents or to encourage engagement.

HARM REDUCTION FOR GUN VIOLENCE

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

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

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

MULTIDISCIPLINARY COLLABORATION AND COORDINATION

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

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

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

VICTIM SERVICE PROVISION

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

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

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

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

THERAPEUTIC SUPPORT

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

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

highly individualized to the needs of the people experiencing crises. All areas also reported providing advocacy, navigation, and referrals to other providers as part of their immediate crisis response. In the T Zone, providers shared about having youth-specific crisis services. 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.

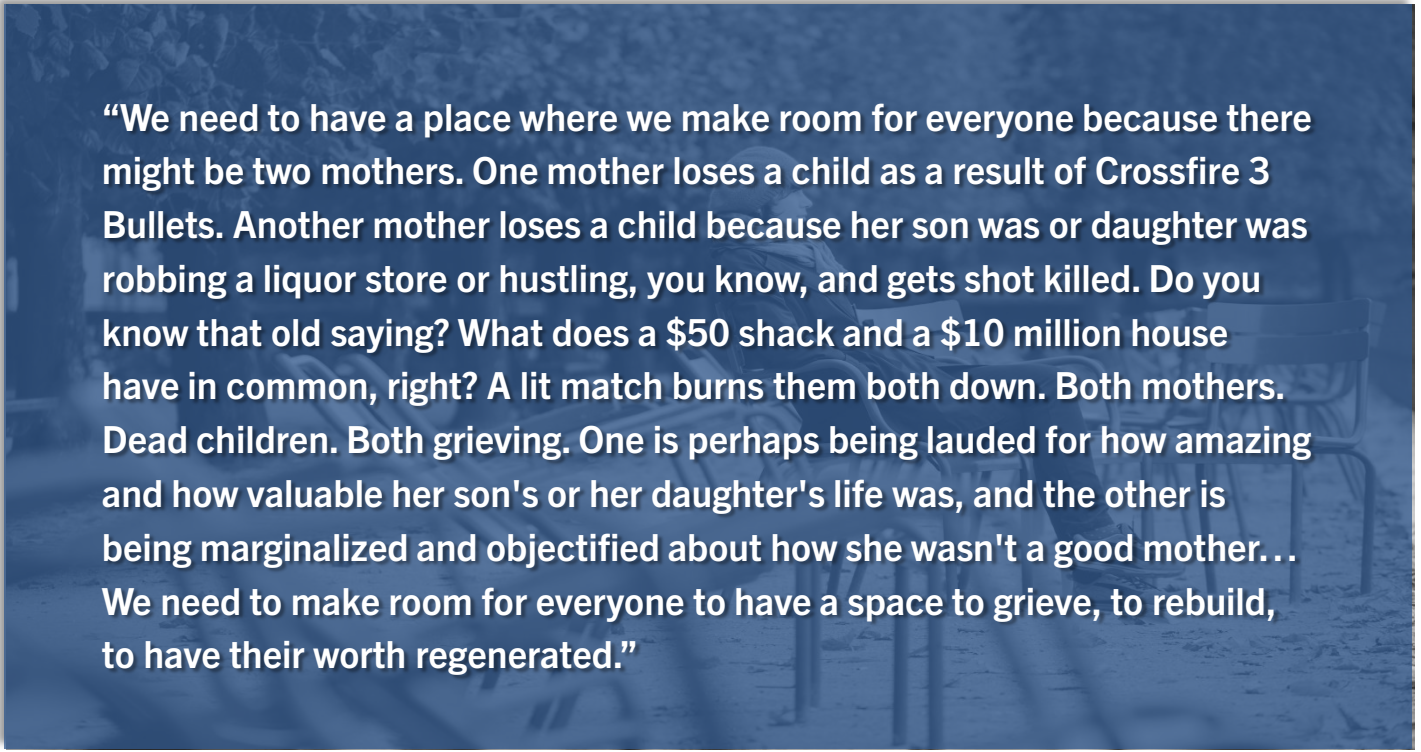
- **Provide grief counseling for entire neighborhoods.** Explore methods of providing grief counseling to everyone in a specific neighborhood or part of a neighborhood (e.g., specific blocks), perhaps by reaching out to neighborhood leaders, homeowners' associations, or hyperlocal news agencies to support 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 (especially in the T Zone) said they were not ready to receive services during the first year and often felt overwhelmed by the number of service providers reaching out in addition to the informal support being received. When they were ready seek formal services, they said those services were often hard to find.

RESILIENCY RESOURCES

Individuals who have experienced gun violence provided the following insights and recommendations for building resiliency centers in their community, 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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