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THE MISSING CONVERSATION

RURAL PERSPECTIVES ON FIREARM SUICIDE IN PENNSYLVANIA

Dr. Jay Breneman, DSW, LSW

Stoneleigh Fellow

Director of Firearm Suicide Prevention

CeaseFirePA Education Fund

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FROM THE AUTHOR

This report was written to help break a silence that has lasted far too long.

Firearm suicide is the most common form of gun violence in Pennsylvania, yet it is the least discussed. These losses don't always come with warning signs. There's no countdown. No sign that this is the moment everything changes. It happens fast, often in familiar places, to people already carrying more than they let on. The risk moves quickly, and when a gun is within reach, the chance to intervene can vanish before anyone sees it coming.

Over the past year, we listened to residents, suicide loss survivors, community leaders, and prevention advocates across Pennsylvania. What we heard was not indifference, but uncertainty. People care deeply, but they often feel unsure of how to talk about this issue or whether anyone else will speak up.

This report is not a conclusion. It is a place to begin again—with clearer information, stronger connections, and a shared belief that prevention requires a new approach.

Whether you are reading as a policymaker, parent, faith leader, or neighbor, you are part of this conversation. Thank you for reading, reflecting, and helping to make the next step possible.

Dr. Jay Breneman

Stoneleigh Fellow

Director of Firearm Suicide Prevention

CeaseFirePA Education Fund



AN URGENT CALL FOR CHANGE

Firearm suicide is the leading form of gun violence in Pennsylvania. It accounts for nearly 60% of all gun-related deaths statewide—and 80% in 44 rural counties.^{*,†}

Yet it remains largely absent from headlines, and harder still for communities to talk about or for policymakers to address. That silence isn't due to a lack of data or care. It reflects how hard it has been to talk about two stigmatized issues—firearms and suicide—in the same breath.

To break through that silence, CeaseFirePA Education Fund spent six months conducting focus groups, polling rural communities, and speaking with local leaders to better understand this quiet crisis. Across those conversations, the same pattern emerged: silence, uncertainty, and deep concern, often felt privately but rarely voiced publicly.

While firearm suicide touches every region of the Commonwealth, it is most concentrated in rural areas, where geographic isolation, economic stress, and firearm access converge, but it is also growing in urban and suburban communities. Some counties, including Wayne, Carbon, and Schuylkill, have rates nearly double the state average.

As part of that work, CeaseFirePA Education Fund and Muhlenberg College's Institute of Public Opinion conducted a February 2025 poll in eight rural Pennsylvania counties ($n=421$) to better understand how rural residents perceive this danger in their midst.

The results revealed a striking perception gap. While 26% of rural Pennsylvanians said they or someone close to them had been personally affected by firearm suicide, only 11% saw it as a major issue in their community. Fewer than 10% of those affected said they were very concerned it might happen again.

Findings from a separate online survey conducted by CeaseFirePA Education Fund in fall 2024 ($n=177$) deepened this picture. While many respondents said they felt comfortable discussing firearm suicide in private conversations, far fewer reported being willing to bring it up in public or professional settings, often citing stigma, emotional discomfort, or fear of judgment.

This disconnect between personal experience and public urgency is one of the most serious obstacles to effective prevention, and one that shapes how communities respond.

FIREARM SUICIDE AND THE RURAL-URBAN DIVIDE

One of the most overlooked aspects of Pennsylvania's firearm death data is that suicide accounts for a majority of gun deaths in the state, except for a few urban centers.



Nearly 60% of all firearm deaths statewide are suicides.



Nearly 80% of all gun deaths in rural counties are firearm suicides.

2X

Rural Pennsylvania's firearm suicide rate is more than twice that of urban counties, even when accounting for population size.



When a crisis is seen as something that happens “somewhere else,” local prevention efforts struggle to gain support. This misunderstanding limits not only personal concern, but it also weakens the political and community will to take action.

And the consequences of inaction are devastating: firearm suicide attempts are overwhelmingly fatal, with a death rate of over 90%. When a firearm is present in a moment of crisis, the chance of survival drops sharply, but even a brief delay can save a life.^{3,4}

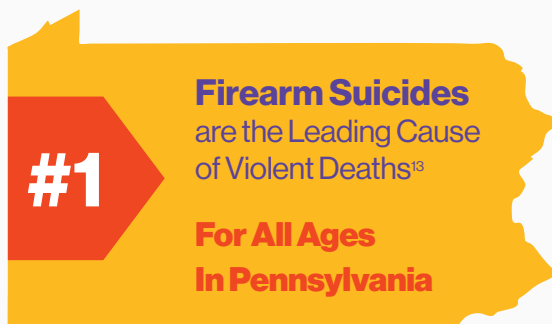
Still, despite what we know, many communities lack the tools or support to act. Our March 2025 survey of prevention leaders across Pennsylvania ($n=34$) identified three major barriers: limited funding for firearm-specific prevention, public reluctance to discuss the issue, and cultural or political sensitivities that hinder open dialogue.

But prevention is possible. Most people who survive a suicide attempt do not try again.^{4,5,6} When support comes during crises, an attempt can be halted. And, when fatal firearms aren’t available during a crisis, survival climbs significantly.

One reason action can feel so difficult is the belief that suicide prevention must begin by identifying who is at risk. That assumption, while understandable, often stalls progress, especially when warning signs aren’t visible or timing is unpredictable. While individual risk factors matter, relying solely on identifying those at risk overlooks the broader environment that shapes outcomes.

Clinical psychologist Craig J. Bryan reminds us that the most successful public safety efforts don’t rely on predicting individual harm. We don’t prevent vehicle deaths by guessing who might crash—we build safer roads. Guardrails, speed limits, and airbags save lives because we recognize that crashes happen, and we prepare for them. In fact, decades of environmental interventions helped dramatically reduce motor vehicle fatalities—not by identifying drivers at risk, but by redesigning the systems around them.⁷

In the early 2000s, car crashes killed twice as many people in rural Pennsylvania as firearm suicide. Two decades later, crash deaths have dropped by nearly a third, while firearm suicides have climbed by more than 40%. Between 2018 and 2023, more than 2,207 people died by firearm suicide in Pennsylvania’s rural counties, nearly matching the 2,263 deaths from unintentional vehicle crashes during the same period.



Ranking By Age Group		
#1	#2	#3
Ages 45-65+	Ages 15-44	Ages 10-14

In Some Counties
Firearm Suicide
IS 2X TO 3X HIGHER
 Than the **State Average**



Because firearm suicide attempts are so often fatal, even small environmental changes can have an outsized impact. This shift underscores a simple but powerful truth: addressing environmental factors, such as access to lethal means, allows communities to reduce suicide risk, even without knowing who might be in crisis.

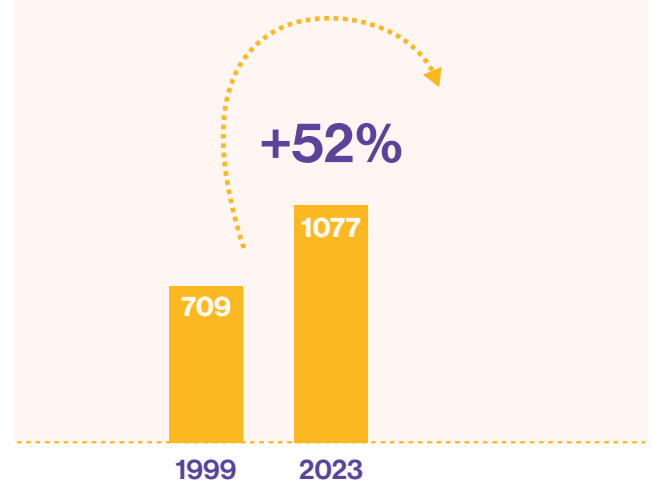
The same principle has worked in suicide prevention. When barriers were installed on bridges with high rates of suicide, deaths at those locations dropped by more than 90%, without shifting to nearby sites.⁹

That's why communities don't need perfect answers or the ability to predict exactly who will be at risk. What they need are practical tools and shared language to talk about those tools. More than anything, public silence around firearm suicide has slowed local and statewide action. Shifting that silence by creating space for honest, informed conversations is foundational to any policy or intervention.

This is the beginning of a broader process — one rooted in recognition of the risk, the cost of silence, and the opportunity to save a life. By meeting communities where they are, strengthening what's already working, and helping leaders feel less alone, Pennsylvania can respond to firearm suicide not just with urgency, but with resolve.

Between 1999 to 2023¹
Pennsylvania's population grew 8%

Meanwhile ...
Firearm suicides increased 52%



More than 6.5x
The rate of population growth.

^{*}Unless otherwise noted, suicide and firearm mortality data in this report are from the Centers for Disease Control and Prevention, National Center for Health Statistics.¹

[†]Definitions and list of rural and urban counties derived from The Center for Rural Pennsylvania.²

WHAT THE PUBLIC HAD TO SAY

Firearm suicide has steadily increased over the past several decades, now accounting for the majority of gun deaths in the U.S. While some fear that discussing suicide might encourage it, silence has not offered protection. In fact, avoiding the topic can deepen stigma and discomfort, making it harder for individuals to seek help or for communities to offer it.¹⁰ When firearms are readily accessible, their lethality makes moments of crisis far more likely to end in death.¹ The combination of emotional isolation and access to lethal means can turn a temporary state of distress into a permanent outcome.

Imagine someone grieving a loved one lost to suicide by firearm. They may quietly carry that loss but hesitate to bring it up at a town meeting, a church group, or even among neighbors—assuming they're the only one. In reality, they're likely not alone.

Recent polling reveals a disconnect between personal experiences with gun-related suicide and how seriously the issue is viewed within communities. Nearly one-third of young adults (ages 18–29) report being personally affected, yet fewer than 12 percent of rural Pennsylvanians consider it a major public concern. This gap makes it harder to build support for prevention efforts or local policy solutions.

A February 2025 phone survey conducted by Muhlenberg College's Institute of Public Opinion and CeaseFirePA Education Fund ($n=421$) in eight rural counties illustrates the depth of this perception gap.

Many respondents did not identify firearm suicide as a key community issue, even when personally impacted.

In those counties, only 2 percent of respondents identified firearm suicide as the biggest problem in their community—even as more than 2,207 people died by firearm suicide between 2018 and 2023 across Pennsylvania's 48 rural counties. The result is a kind of quiet standstill, where awareness exists privately, but concern rarely translates into public conversation or action.

This divide is especially noticeable among younger residents. Although they report the highest levels of personal exposure, they are less likely to express concern about the broader community impact. Many feel the issue is real but assume their neighbors don't feel the same. This mutual silence reinforces isolation and keeps the issue from reaching public forums where solutions are shaped.

FROM PRIVATE CONCERN TO PUBLIC CONVERSATION

Polling helps explain why this silence persists. A separate December 2024 online survey ($n=177$) by CeaseFirePA Education Fund supports the findings of the phone poll, showing that emotional, social, and political barriers often prevent people from speaking openly about firearm suicide.

Respondents Say It's Hard to Talk About Firearm Suicide

They reported that it greatly reduced or somewhat reduced their willingness due to:

34%

EMOTIONAL DISCOMFORT

32%

STIGMA

30%

LACK OF KNOWLEDGE

In the online survey, respondents also cited stigma, political tensions, and emotional discomfort as common reasons for avoiding public conversation. In light of this, we can see why the topic is rarely addressed in the very places where change typically begins: schools, government, healthcare, and media.

Such reluctance affects both public and private spaces. Sixty-two percent of respondents said they were very comfortable talking about firearm suicide with close friends or family, but fewer than half felt the same level of comfort in public or professional settings.

This perpetuates a cycle: even those who recognize firearm suicide as a serious issue may hesitate to speak up, assuming others do not share their concern. And without public conversations, misconceptions persist and prevention efforts remain disconnected from broader public health and safety initiatives.

WHAT SUICIDE PREVENTION LEADERS HAD TO SAY

The public's reluctance to discuss firearm suicide is not just a reflection of individual discomfort—it is reinforced by systemic barriers that make prevention efforts more difficult. To better understand these challenges, CeaseFirePA Education Fund conducted an online survey in March 2025 of suicide prevention leaders from across Pennsylvania ($n=34$). Their insights provide a critical look at why firearm suicide remains under-addressed, despite its significant toll on communities.

While public polling revealed gaps in awareness and engagement, this expert survey highlights the structural barriers preventing action, from funding limitations to political hesitations.

Several Key Challenges Emerged

-  **Lack of Dedicated Funding**
 Most respondents cited lack of funding as a major barrier to addressing firearm suicide. With prevention efforts largely focused on mental health, strategies targeting lethal means remain underfunded—making it hard to scale effective programs.
-  **Political and Cultural Sensitivities Around Firearms**
 Prevention leaders said discussing firearm access as a suicide risk remains politically sensitive, making it hard to include means reduction in broader strategies. Some noted even public health groups avoid the matter, fearing backlash or being seen as pushing gun control over public safety.
-  **Public Awareness and Engagement Challenges**
 Prevention leaders said it's hard to rally community support—even in high-risk areas—due to misconceptions about firearm suicide. While people recognize risks like isolation and substance use, they often don't link them to preventable firearm suicide.

THE RESEARCH IS CLEAR!

A gun in the home triples the risk of suicide.¹¹

90% of firearm suicide attempts result in death—far higher than any other method.^{3,4}

Most people who survive a suicide attempt do not go on to die by suicide.^{4,5,6}

Yet, despite these facts, firearm access is rarely mentioned in rural suicide prevention discussions.

The public polling data and expert insights reinforce a common reality: firearm suicide prevention in Pennsylvania is hindered not just by stigma, but by a lack of resources, political hesitation, and disjointed efforts across agencies and organizations. Without dedicated funding, expanded community outreach, and better integration of firearm safety into suicide prevention efforts, firearm suicide will continue to be overlooked.

Addressing these challenges will require breaking the cycle of silence, improving awareness, and ensuring that firearm suicide is treated with the urgency it demands.

**THIS IS NOT JUST AWARENESS WORK.
IT IS SUICIDE PREVENTION.**

WHY FIREARMS MATTER

Many suicide methods are either highly lethal or easily accessible—but rarely both. Firearms are the exception. They can be both quick to access and nearly always deadly, making them especially dangerous in moments of crisis.

Most people do not substitute one method for another when access to their initial method is out of reach.⁹

For example, when Sri Lanka and China reduced access to toxic pesticides, tens of thousands of lives were saved without a rise in other forms of suicide. In the UK, limiting access to medications like co-proxamol and reducing pack sizes of paracetamol led to fewer overdose deaths. Physical changes, such as installing barriers on bridges, have reduced suicides at those locations by more than 90 percent. Studies show that people rarely go to nearby alternatives when these barriers are in place. Similar efforts are happening in North America, including safety barriers on the Golden Gate Bridge and subway measures like platform-edge doors and surveillance systems in cities such as Toronto.⁹

These strategies are effective because many suicidal crises are short-lived. Putting time or distance between someone and a deadly method can turn a moment of despair into a second chance.

Firearm suicide attempts, however, are uniquely lethal—with a case-fatality rate of over 90%, making them far more likely to result in death than methods that allow time for intervention or have significantly lower fatality rates.^{3,4} In stark contrast, cut or pierce injuries have a fatality rate of approximately 0.7%, poisoning about 2.5%, and jumping or falling around 19.9%.¹²

A person in crisis may reach for a firearm and be gone before anyone knows he was struggling. Other methods may allow time for rescue, regret, or recovery. Firearms rarely do.

The presence of a firearm in the home triples the risk of suicide, particularly when stored loaded and unlocked, as accessibility plays a critical role in whether a crisis ends in death.^{3,11} The transition from suicidal ideation to action often occurs within minutes, meaning that immediate access to a firearm significantly increases the likelihood of a fatal outcome.¹³



In many cases, the crisis unfolds in the time it takes to walk from one room to another.

A SHIFT IN PREVENTABLE DEATH

Between 2018 and 2023, rural Pennsylvania counties experienced 2,207 deaths by firearm suicide. During that same period, those same counties recorded 2,623 unintentional vehicle crash deaths. While these numbers are now nearly equal, the trend lines tell a more complex story. Two decades earlier, between 1999 and 2004, unintentional vehicle crashes killed more than twice as many people in these counties as firearm suicides. Since then, car crash deaths have dropped by nearly 30%, while firearm suicide deaths have increased by more than 40%.

When a teen dies in a crash, there's often a community vigil, news coverage, and calls for safer roads. When someone dies by suicide, especially by firearm, there's usually silence. The shift reflects decades of public conversations, and investment in reducing motor vehicle fatalities—investments in infrastructure, policy, enforcement, education, and technology.

Communities have embraced speed limits, seatbelt laws, safe driving campaigns, and safer road design. In contrast, firearm suicide has received comparatively little public focus. These deaths are too often treated as private tragedies instead of urgent, largely preventable public crises. The result is that while one form of preventable death has steadily declined, another form of preventable death has quietly risen.



WHEN FIREARM ACCESS ENDS THE CHANCE TO RECOVER

Contrary to the misconception that individuals intent on suicide will inevitably find another method, research shows that reducing access to firearms lowers suicide rates.^{4, 6, 9}

Safe storage practices, such as locking firearms and storing them separately from ammunition, have been associated with a measurable reduction in firearm suicides, reinforcing the importance of limiting access during moments of crisis.⁵ What's more, research indicates that while individuals who attempt suicide are at higher risk, a substantial proportion do not go on to reattempt later (estimates vary, but some studies suggest this could be as high as 80%).⁶

The relationship between substance use and suicide further intensifies the risk posed by firearms. Studies indicate that approximately 20% of firearm suicides involve alcohol, with individuals often having blood alcohol concentrations well above the legal driving limit at the time of death.¹⁴ Alcohol impairs judgment and increases impulsivity, making the presence of an easily accessible firearm particularly dangerous in moments of crisis. The risks extend beyond alcohol—opioid use has also been linked to increased suicide rates, particularly in rural areas where access to medical services is limited and self-medication is more common.¹⁵ Counties with high rates of opioid-related deaths often experience similarly high rates of firearm suicide, reinforcing the link between substance use, economic hardship, and access to lethal means.^{15, 16}

It's not always a long downward spiral. Sometimes it's a night of drinking, a loaded gun nearby, and no one else home.

In these communities, economic stress and isolation exacerbate these risks. Counties with higher unemployment,

lower education levels, and economic downturns have seen rising suicide rates, with rural regions reliant on agriculture and manual labor being disproportionately affected.¹⁰ These hardships not only contribute to crises that increase vulnerability to suicide but also shape how firearm suicide is understood within communities, influencing attitudes toward risk, responsibility, and prevention efforts.^{15, 16} Farmers, for example, face unique pressures—economic uncertainty, physically demanding labor, and the added burden of maintaining multigenerational livelihoods—factors that have been associated with increased suicide risk.¹⁷ These stressors, when combined with easy access to firearms, create an environment where momentary crises can have fatal outcomes.

COMMUNITY IMPACT AND INVISIBILITY

Firearm suicide does not only impact individuals—it reverberates across entire communities. In tightly connected rural areas, each suicide leaves a lasting mark, deepening collective trauma and reinforcing stigma around seeking help.¹⁰ Yet, unlike homicides or mass shootings, firearm suicides rarely generate public urgency or sustained media attention, making them less visible in broader discussions on gun violence and public health and safety.^{3, 12} As a result, many communities fail to recognize the patterns of firearm suicide as a preventable crisis, allowing myths about personal responsibility and inevitability to persist.³

The intersection of firearm access, economic stress, and substance use creates a high-risk environment where suicidal crises escalate quickly, yet these realities remain underacknowledged in many prevention efforts. Without addressing how firearm availability interacts with economic and social conditions, suicide prevention strategies will continue to fall short in the communities most affected.^{1, 13, 15, 17}

These risks are not abstract. They're unfolding in real homes, families, and communities across rural Pennsylvania—and they are not inevitable. Until we confront how firearms turn manageable crises into fatal outcomes, we will continue to lose lives that could have been saved.

WHAT FALLING CAR CRASH DEATHS CAN TEACH US ABOUT REDUCING FIREARM SUICIDE

We saved thousands of lives on the road. We can do the same at home.

We didn't wait to know who might crash—we built safer roads and saved lives. While, over the last two decades, car crash deaths fell, firearm suicides rose. The difference isn't how much we care, it's how much we've done. Firearm suicide isn't inevitable. Like crashes, it's largely preventable.

In the last two decades, rural Pennsylvania has seen fewer car crashes, but more firearm suicides.

1999-2004	2018-2023	The Leading Cause of Violent Death Has Changed	
3,726 Vehicle Crash Deaths	Fell to 2,623 Vehicle Crash Deaths	Nearly 30% Drop In Car Crash Deaths ¹	40% Surge in Firearm Suicide Deaths ¹
1,545 Firearm Suicide Deaths Out of 2,386 Total Suicide Deaths ¹	Rose to 2,207 Firearm Suicide Deaths Out of 3,559 Total Suicide Deaths ¹	According To Public Perception Polling	
		1 in 4 Personally affected by firearm suicide in PA	Most People Don't Recognize firearm suicide as a major community problem

Suicide attempts are often survived — most methods aren't deadly.

Before Danger	Suicide Attempts	Fatalities
Transitioning from: Suicidal Ideation to Suicide Action Often takes minutes —a brief delay can save a life. ¹³ In many cases, The Crisis Unfolds In the time it takes to walk from one room to another.	Only 5% Suicide Attempts are Firearm-Related ^{3,4} Most Suicide Attempts Do not result in death, or even a hospital visit because less lethal methods are used. But when a firearm is used, there's rarely time to act. ^{3,4,9}	More Than 90% Firearm Suicides Are Almost Always Fatal ¹³ Over 80% Gun-related fatalities in rural Pennsylvania counties are suicides deaths. ¹

Interventions work!

Installing bridge barriers resulted in a 90% decrease in local suicide deaths. ⁹	Most people who survive a suicide attempt often do not try again. ^{4,5,9}	Lethal means interventions work, and people usually don't switch to another method. ⁵
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This crisis is not distant, and it isn't rare. It's happening in homes and communities across Pennsylvania—quietly, steadily, often without notice. The people who see it most clearly aren't researchers or politicians. They're neighbors, teachers, first responders, pastors, and parents.

And many are wondering —what do we do now?

This section doesn't seek to provide all the answers. But it does offer a starting point—a way forward built from what Pennsylvanians already know, already value, and already do.

RECOGNIZING URGENCY

Firearm suicide doesn't come with alert notifications. There's no story on the evening news. But that doesn't mean there's no emergency.

It can show up in small decisions: starting a conversation, reaching out, asking a hard question. And it begins with the belief that change is possible.

We know most people who survive a suicide attempt do not try again.⁶ We know delaying access to a firearm during a crisis can save a life.¹⁷ And we know communities can act when they feel equipped to do so.

This is where readiness matters. Conversations matter. Creating the conditions for someone to survive a crisis matters.

BRING THE CONVERSATION TO THE CENTER

Polling shows that many people may feel more at ease discussing firearm suicide in private settings than in public ones. But even in private, those conversations don't always happen—especially when family roles, generational expectations, or stigma make them hard to start. Still, a quiet understanding often exists beneath the surface. The challenge is moving that understanding into shared space.

Start where people already gather: town halls, rotary clubs, agricultural fairs, community centers. Use the spaces that feel familiar. Ask trusted voices (like veterans, farmers, barbers, scout leaders) to help name what's happening. When people hear about this issue from someone they know, they're more likely to listen, reflect, and engage.

Local efforts can't stand alone. Addressing a crisis of this scale also requires public policy and funding that match the urgency of the problem.

MAKE IT POSSIBLE TO ACT

Firearm suicide often goes unspoken, even by those who've lived through it. People hesitate to bring it up—worried they'll say the wrong thing, hurt someone, or cause conflict. But silence doesn't mean indifference. Often, it means uncertainty.

Communities need help turning uncertainty into motion. Not perfect programs. Just room to act.

That Might Look Like:

- ✓ **A local leader** inviting a trusted speaker to a church or fire hall.
- ✓ **A neighbor** mentioning it during a chat over the fence or at the mailbox.
- ✓ **A parent** learning how to talk with their teenager about storing firearms safely.
- ✓ **A policymaker** engaging with communities to help develop solutions.



A CHANCE TO BEGIN AGAIN

Firearm suicide is not a distant crisis. It's unfolding every day in homes and communities across Pennsylvania—quietly, steadily, and often without acknowledgment. It affects rural towns and urban neighborhoods alike, leaving behind families with questions that rarely find space in public conversation. But it is often preventable.

We already know more than we act on. Suicide risk rises in moments of crisis, especially when compounded by isolation, substance use, or economic hardship. When a firearm is present, the risk of a fatal outcome increases sharply. Yet most people who survive a suicide attempt do not try again. These facts don't point to blame. They point to possibility.

What's missing in many communities is not care, but capacity. Not concern, but tools. Communities need help turning quiet awareness into action, and support in speaking openly, because conversations matter. So does creating the space for them to happen.

As we did with traffic safety, we can redesign the conditions that shape crisis outcomes. Public investment, community leadership, policy changes, and education dramatically reduced car crash fatalities. We didn't wait for perfect solutions. We started with what we had—and saved lives.

That same kind of progress is possible for firearm suicide.

The work begins by closing the perception gap. When people understand that firearm suicide is both common and preventable, they begin to see themselves as part of the solution.

Breaking this silence starts with a single shift: recognizing that these experiences are more common than they seem. When people speak openly—and without fear of judgment—they normalize the conversation and create space for change. These conversations matter because lives are at risk, and every missed opportunity to speak up is a missed chance to prevent another loss.

Public conversation isn't everything, but it's where everything starts. Speaking openly breaks down stigma, builds shared understanding, and lays the groundwork for meaningful prevention, policy, and support. Without it, change stalls. With it, communities can move forward together, and save lives..

**YOU DON'T HAVE TO BE AN EXPERT.
WE HAVE TO TAKE A FIRST STEP.**

CeaseFirePA will keep working alongside communities to share clear information, open up conversation, and support practical solutions. Future efforts will explore specific strategies shaped by what Pennsylvanians say they need. But first, we have to recognize the crisis and talk about it—because change doesn't start until silence ends.

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About the Author

Dr. Jay Breneman, DSW, LSW, is the Director of Firearm Suicide Prevention at CeaseFirePA Education Fund and a Stoneleigh Fellow. In this role, he is developing a comprehensive approach to preventing firearm suicide in Pennsylvania, including highlighting the risks and realities across the Commonwealth by elevating the voices of people impacted by this too-common tragedy.

He is a licensed social worker and former U.S. Army Staff Sergeant, having served over six years with three overseas tours, including two deployments to Iraq. Jay earned his doctorate in social work from the University of Southern California, his master of science in social administration from Case Western Reserve University, and his bachelor's degree in social work from Mercyhurst University.



CeaseFirePA Education Fund

CeaseFirePA Education Fund is a 501(c)3 organization dedicated to ensuring not another life is lost to gun violence. We build awareness about the impacts of gun violence in the Commonwealth by lifting up the voices of survivors and analyzing data on the drivers of violence in the Commonwealth. We run public education campaigns to foster civic engagement and build diverse coalitions that reflect the full toll of this public health crisis. And, we help decision-makers understand the real-world impacts of their actions and inaction.



Stoneleigh Foundation

This work is made possible by the generous support of the Stoneleigh Foundation, whose mission is to improve the life outcomes of our community's youth by advancing change in the systems that serve them. The Stoneleigh Foundation awards two types of Fellowships—the Stoneleigh Fellowship and Emerging Leader Fellowship—to exceptional leaders who work within and alongside these systems to catalyze change.



Muhlenberg College's Institute of Public Opinion

Polling in this report was provided in partnership with the Muhlenberg College Institute of Public Opinion (MCIPO), which conducts scientific-based research related to public opinion at the local, state and national levels. Since its founding in 2001, the MCIPO has focused its attention on measuring the public's views on electoral and public policy issues with a concentration on environmental and health matters. MCIPO consistently earns top ratings from FiveThirtyEight's Pollster Ratings, based on the historical accuracy and methodology of each polling organization's polls.

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**CeaseFirePA
Education Fund**

**info@ceasefirepa.org
www.ceasefirepa.org**

**(215) 923-3151
P.O. Box 60095,
Philadelphia, PA 19102**