VictimConnect Foundational Theory and Literature

Toolkit Resource 1

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This brief is the first of seven toolkit resources resulting from the Urban Institute's formative evaluation of the VictimConnect Resource Center, a nationwide victims' helpline operated by the National Center for Victims of Crime (NCVC).[1] The evaluation was conducted from 2019 to 2020 with funding from the National Institute of Justice (box 1). Here, we describe the foundational theory and literature relevant to VictimConnect's operations and explain why and how the field of victim services could benefit from a nationwide, technology-based resource center supporting crime victims of all types.

Importance of Establishing a Program's Foundation

To make program evaluation most meaningful, researchers should begin by focusing broadly on why programs were created and what their core operations aim to accomplish. Programs are often developed in reaction to problems and reviewing information on those problems can help researchers understand why particular programs have been developed. The theoretical perspectives that inform a program's framework can help explain its service-delivery model and its expected impact on its clients. The VictimConnect Resource Center's practices follow trauma-informed, victim-centered, and strengths-based approaches. In addition, it uses a multistage response to help victims, which aligns well

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BOX 1

Overview of the VictimConnect Evaluation Toolkit

The VictimConnect Resource Center is a nationwide helpline that provides information, emotional support, and referrals to victims of crime and their loved ones through four technological modalities: softphone (phone calls via a secure, anonymous internet-based connection), online chat, text messaging, and the center website. In 2019, with funding from the National Institute of Justice, Urban launched a multiphase evaluation of the center, collaborating with research liaisons at the National Center for Victims of Crime. During the first phase, the evaluation team conducted a formative evaluation of VictimConnect through which it assessed the program's evaluability, used those findings to strengthen the program's research capacity, and developed a comprehensive plan for a future implementation and outcome evaluation. Findings from the first phase are summarized in *Formative Evaluation of VictimConnect: Preparing for Rigorous Evaluation of a National Resource Center* (Yahner et al., forthcoming) and are supplemented by the VictimConnect Evaluation Toolkit resources, which are briefs covering the following: (1) foundational theory and literature, (2) refining the logic model, (3) an evaluability assessment, (4) the implementation evaluation plan, (5) the outcome evaluation plan, (6) research capacity building, and (7) evaluation instruments. If funded, we anticipate that the next phases will begin in 2022 and will entail a comprehensive implementation evaluation and rigorous outcome evaluation of VictimConnect.

with principles of crisis intervention theory (although NCVC, which created the program, did not explicitly reference this theory when developing it). Better understanding these four frameworks—crisis intervention theory, trauma-informed approaches, victim-centered care, and strengths-based practices—can shed light on why the program operates as it does and help others understand how its response can help victims (and their supporters) who contact the helpline.[1]

In this brief, we review the context surrounding VictimConnect's development and identify the key theoretical perspectives guiding its operations. More specifically, we describe the extent of crime victimization as a problem, the need for a technology-based resource center serving crime victims of all types, and the theoretical tenets of VictimConnect's service response. In the second toolkit resource, Dusenbery (2020) more clearly outlines VictimConnect's goals, processes, and intended outcomes as articulated by NCVC.

Understanding the Need for VictimConnect

In this section, we highlight the extent of victimization experiences in the United States, aspects of what victims need in response, and limitations on victims' access to needed services. We also describe how national resource centers are using technology to expand that access and to improve service delivery, and we identify the fundamental characteristics of the technology-based VictimConnect Resource Center.

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Crime Victims Are Found in Every Community and Demographic Group

Crime victims come from all communities and demographic backgrounds and have diverse experiences and needs. Although crime has decreased substantially since 1991 (Friedman, Grawert, and Cullen 2017), it still impacts millions of victims every year. In 2019 alone, 1.2 million Americans reported experiences of violent victimization on the Bureau of Justice Statistics' annual National Crime Victimization Survey; these included rape or sexual assault, robbery, aggravated assault, and simple assault (Morgan and Truman 2020). This statistic averages to more than seven violent victimizations per 1,000 people ages 12 and older. Furthermore, in 2019, far more Americans (a total of 13 million) reported experiencing property-crime victimizations, including burglary, residential trespassing, motor-vehicle thefts, and other thefts, for an average of 108 property victimizations per 1,000 people ages 12 and older.

Some Groups Experience Disproportionate Victimization

Although crime impacts people from all communities and backgrounds, some groups have historically been at disproportionately higher risk of certain victimization experiences. These include people of color, LGBTQ+ people, people with disabilities, and older adults, among other marginalized groups.[2] For example, analysis of National Crime Victimization Survey data from the past 40 years shows that Black Americans' risk of experiencing serious violence has consistently been 1.5 to 2 times greater than that of white Americans (Warnken and Lauritsen 2019). Similarly, the risk of violent victimization among Hispanics is roughly 1.2 to 1.5 times greater than it is among whites. Risks of victimization are also disproportionately high for LGBTQ+ people (McKay, Misra, and Lindquist 2017), and older adults (Acierno et al. 2010, 2017) and adults with disabilities (Hahn et al. 2014; Turner et al. 2011) are uniquely vulnerable to crime.

Roughly one in five victims experience multiple crimes, which can include many repeat victimizations (people with such experiences are typically referred to as polyvictims). Analysis of National Crime Victimization Survey data on repeat victimizations from 2005 to 2014 showed that polyvictims' experiences accounted for a disproportionate percentage of all violent victimizations that occurred each year (Oudekerk and Truman 2017). In 2014, roughly 19 percent of victims of violent crime accounted for half of all violent victimizations. Given the frequency of this exposure to violent crime, polyvictims may be more likely to experience trauma than people with a single experience of victimization. Moreover, polyvictims may be more likely to have negative mental and physical health repercussions (Garvin and LeClair 2013). They may also be uncertain about which provider offers services relevant to their repeated and varying victimization experiences.

Crime Victims Experience Serious Harms and Have Diverse Service Needs

Victims of crime can suffer psychological trauma; property, job, and home loss; physical injuries and pain; and even death (D'Inverno et al. 2019; Turanovic 2019). Some victims face immediate crises, and the consequences for others are longer lasting, sometimes intergenerational (Bouffard and Koeppel 2014; Priester et al. 2016; Widom, Czaja, and DuMont 2015). Youth and young adults are particularly

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vulnerable to suffering long-term impacts from unaddressed trauma, which can affect their relationships, future employment, and physical health (Alliance for Safety and Justice 2016). In addition, the effects of victimization frequently impact the lives of victims' families, friends, and communities of support.

Diverse victims have diverse needs and may benefit from services that address those needs, particularly if they are from underserved populations or are victims of emerging crimes, such as elder abuse and hate crimes. For example, LGBTQ+ victims may need counseling services relevant to hate crimes and discrimination, whereas older victims may need legal and financial support to protect against or recover from exploitation. Victims of crime who do not speak English may need responders who speak multiple languages or have access to translation services. Unfortunately, local providers face barriers to reaching these victims and to increasing awareness of their services.

Many Victims Face Barriers Accessing Needed Services

Most victims remain unserved by providers who might otherwise help them recover. National Crime Victimization Survey data consistently show that fewer than 1 in 10 victims receive any formal assistance from government-funded or privately funded victim service providers (in 2019, for example, only 8 percent received formal assistance) (Morgan and Truman 2020). Between 2010 and 2015, only 14 percent of female victims and 5 percent of male victims of serious violence reported receiving assistance (Warnken and Lauritsen 2019). Historically marginalized populations and underserved communities, including those in rural areas, often face the greatest difficulties accessing potentially helpful services (Hines and Douglas 2011; Iyengar and Sabik 2009; McCart, Smith, and Sawyer 2010; Olomi et al. 2019). For example, victims of intimate partner violence in rural areas must travel as much as three times farther than victims in urban areas to access services and are nearly twice as likely to be turned away because of insufficient programming or staffing (Peek-Asa et al. 2011).[3] In addition, young Black male victims in low-income urban areas experience some of the highest rates of violence yet are the least likely to receive victim services (Warnken and Lauritsen 2019).

Part of the challenge with connecting victims to services is that local providers may lack the resources to reach out to victims and make their services known. Furthermore, many victims face barriers to seeking, accessing, and receiving services—including lack of information about their rights and available services and the inability to travel to and access services. Notably, 40 percent of crime victims report not knowing what kinds of services are offered by victim services programs (Sims, Yost, and Abbott 2005). Some victims may neglect to seek services because of emotional barriers, such as shame, embarrassment, and stigma. Victims also report not seeking help when law enforcement is involved because they fear retaliation from whoever committed the crime, they want to protect their privacy, and they do not want to get perpetrators in trouble (McCart, Smith, and Sawyer 2010).

Victims need the option of receiving services that are anonymous and/or confidential and that are culturally relevant. However, many localities struggle with structural barriers that limit access to community resources, including services that support victims of crime (Krivo, Peterson, and Kuhl 2009). This may be particularly problematic in rural and underresourced communities that face barriers in

service provision. In addition to a lack of awareness of services, victims may lack access to services within reasonable proximity, may lack transportation, and may fear they cannot access services discretely (Gillespie et al. 2019).

Technology Can Be Used to Increase Access to Victim Services

As highlighted in the Office for Victims of Crime's *Vision 21: Transforming Victim Services Final Report* (2013), advancing technology—such as mobile and web-based communications—can meaningfully expand victims' access to information and services. It can also help deliver services to victims directly by virtual means, which has been particularly relevant during the COVID-19 pandemic.[4] Technology-based communication systems can facilitate interactions that increase victims' access to knowledge about locally available services and victims' rights, and they can help providers deliver services and referrals directly. Care must be taken, however, to preserve each victim's anonymity and reduce barriers related to class, age, ethnicity, and gender (OVC 2013).

New and emerging mobile and web-based technologies developed in recent decades (e.g., softphone calls and text messaging) have reformed service provision and broadened access for victims who may otherwise face barriers accessing these services. Several nonprofits and hotlines in the US have embraced communication technology. These include VictimConnect, the National Domestic Violence Hotline and loveisrespect, the National Sexual Assault Hotline, the Childhelp National Child Abuse Hotline, the ID Theft Help mobile app, and the National Deaf Domestic Violence Hotline.

Moreover, hotlines should offer multiple communication channels to meet victims' preferences and their technological and service needs. For example, an evaluation of the National Domestic Violence Hotline and the loveisrespect hotline found that victims and other visitors valued online chat because it is private and easy to use and valued traditional telephone options for fostering nonjudgmental support (McDonnell et al. 2018). An evaluation of the National Sexual Assault Hotline found that it used technology to reach many victims who had not sought services or who had not resolved their issues through other means (Finn and Hughes 2008). These findings show that mobile and web-based communications technology supplement other services and help providers reach wider audiences in ways that bridge gaps in victims' access to services.

Most National Hotlines That Use New Communication Technologies Focus on Specific Types of Crime

Most of the aforementioned hotlines target specific crime experiences, such as domestic violence, sexual assault, and child abuse. For example, the National Sexual Assault Hotline aims to improve access to services for victims of rape and sexual assault, and the National Domestic Violence Hotline focuses primarily on victims of intimate-partner and dating violence. By targeting their services to specific communities of victims, these providers comprehensively understand the nuanced consequences and needs stemming from particular victimization experiences. However, by default, they leave other types of victims underserved, such as polyvictims and victims of property crime. Though there are lists of toll-

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free and online hotlines for different victimization experiences,[5] it can be intimidating to go through that many resources to determine which is the most appropriate, especially if a victim is not entirely sure which resources they need. These problems could be solved by a resource center that directs victims of *all* crime types to appropriate services.

VictimConnect Is the Only Technology-Based Resource Center Offering Referrals and Support to Victims of All Types of Crime

VictimConnect was the nation's first (and is still its only) technology-based resource center to offer comprehensive referral information and helpline services to victims of *all* types of crime, including assault, attempted homicide, stalking, intimate partner violence, elder abuse, bullying, fraud and identity theft, mass violence, child abuse, and sexual assault (NCVC 2020).[6] Its goals are to empower crime victims with high-quality information and resources, to deliver them with empathy and a warm handoff to service providers where possible,[7] and to enable victims to connect with services they need to restore their well-being (NCVC 2020). Before VictimConnect launched in 2015, no resource center covered all types of crime.

This type of resource center may be valuable to the field for numerous reasons. In addition to attempting to meet the needs of diverse victims and fill the gaps between victims and services, it preserves victims' confidentiality and anonymity. Furthermore, it employs four types of technological communication channels (i.e., anonymous softphone, online chat, text messaging, and web-based information), giving victims in each stage of change the opportunity to reach out and inquire about their rights and learn about available resources. Given the practical need for a resource center like VictimConnect, researchers and practitioners should understand the theoretical framework guiding its service model.

Identifying Relevant Theories

In this section, we identify the core theoretical perspectives and approaches that inform VictimConnect's operations. These include crisis intervention theory and victim-centered, trauma-informed, and strengths-based service approaches.

Crisis Intervention Theory

The core tenets of VictimConnect's approach to service provision align with crisis intervention theory, which has for a long time informed models of practice used by professional service providers to respond to physical, psychological, and social health crises (Collins and Collins 2005; Greenstone and Leviton 2011; Roberts and Ottens 2005).[8] This theory puts forth a holistic view of human behavior whereby people routinely experience, process, and cope with everyday situations in ways that facilitate social functioning (Collins and Collins 2005; Knox and Roberts 2016).[9] Crises, such as victimization experiences, disrupt these everyday processes, causing tension that people cannot easily cope with and/or trauma that overwhelms their sense of safety (Hendricks and Byers 2014; Roberts 2005). To

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help people in crisis, responders must meet them where they are (that is, in terms of the crisis they are experiencing) and empathetically facilitate problem solving and action planning to empower clients to return to baseline social functioning.

Crisis intervention theory proposes a multistage response that typically includes the following: safety planning or danger assessment to understand people's situations; active, reflective, and empathetic listening; problem solving to help clients organize and prioritize actions in response to their needs and concerns; providing information about possible strategies to pursue; and following up with assistance in action planning. Roberts and Ottens (2005, 331) summarize the theory as follows: "At the start it is critically important to establish rapport while assessing [safety] and determining the precipitating events/situations. It is then important to identify the primary presenting problem and mutually agree on short-term goals and tasks. By its nature, crisis intervention involves identifying failed coping skills and then helping the client to replace them with adaptive coping skills."

Crisis intervention theory has been conceptualized as a multistep model for use in situations of rapid assessment and response, such as the helpline interactions that Victim Assistance Specialists (VASs) encounter daily.[10] For example, Roberts (1991, 2005) and Roberts and Ottens (2005) describe a response with seven steps: safety assessment, collaborative rapport-building, problem identification and clarification, supportive and empathetic response, discussion of potential solutions, facilitated development of an action plan, and intentional follow-up planning. Others, such as James and Gililand (2017), envision a similar multistep response entailing goals of client safety, problem identification, exploration of alternatives, and action planning. The multistep process that VictimConnect staff are trained to follow with visitors involves these same focus areas.

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As described in VictimConnect's operations summary (NCVC 2020), each VictimConnect interaction starts with an assessment of the visitor's situation: a VAS asks if they are in a safe place and have a plan to ensure their safety should someone else interrupt the conversation. While establishing rapport and engaging in active and empathetic listening, a VAS then leads them through a process that normalizes their reactions to the victimization they have experienced and facilitates problem solving by providing available options and strategies. Victim Assistance Specialists are trained to empower visitors to make their own decisions about next steps, and once they have decided, the specialists assist with

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action planning by producing contact information for or by facilitating a warm handoff with another provider that can meet their immediate service needs, because VictimConnect is a referral helpline. Assistance specialists close each session with every visitor by summarizing their conversation and inviting them to call again with follow-up needs or questions.

Notably, the crisis intervention approach emphasizes the skills and professionalism of the staff who respond to people in crisis. In this way, it aligns with the tenets of cognitive behavioral therapy (Knox and Roberts 2016). Crisis responders must be able to listen intently and empathetically while maintaining focus and objectivity to help clients understand their needs and the best available options. Collins and Collins (2005, 90–91) note that "crisis workers must be competent in conceptualizing and facilitating change in a wide range of domains, including [those that involve clients'] personal characteristics (affective/emotion, behavior, cognition, developmental tasks), interpersonal interactions, and social/environmental situations."

In accordance with the theory, VASs are highly trained, educated, and experienced professionals. The National Center for Victims of Crime intentionally selects staff who, in addition to demonstrating patience, compassion, and the desire to help people in need, possess advanced degrees and extensive professional service experience. Although VASs' interactions with visitors are brief (unlike those that occur in longer-term therapeutic relationships), they still need to understand how to rapidly assess, empathetically support, and collaborate with clients to help them solve problems and to share information about resources that might address their victimization-related needs.

Importantly, experts note that the more effective a crisis responder is at empathetic intervening, the more vulnerable they become to vicarious trauma and compassion fatigue (Collins and Collins 2005). Accordingly, the trauma-informed response that VASs provide must include attention to vicarious trauma of their own, which NCVC has been careful to prepare for among its VictimConnect staff (for example, vicarious trauma training and activities are an embedded part of VictimConnect's operations; see NCVC [2020]).

Trauma-Informed Approach

In addition to the tenets of crisis intervention theory, VictimConnect operates using a trauma-informed approach, which involves paying attention to the trauma that crime victims and their supporters may have experienced. The approach promotes awareness of victims' trauma at each stage of the service response and is heralded as best practice for supporting victims' recovery and empowerment. In 2014, the Substance Abuse and Mental Health Services Administration (SAMHSA) laid out a clear framework for trauma-informed approaches based on its review of trauma-focused research, practice-generated knowledge, and survivors' voices. It argued that organizations and their staff must do certain things to make their approach trauma informed. Staff at all levels must realize the deleterious and varying impact of trauma, be able to recognize signs and symptoms of trauma, respond with policies and practices that fully embrace this knowledge, and intentionally resist any practices that might be retraumatizing (SAMHSA 2014). Beyond meeting these conditions, a service provider's overarching operations must align with six principles essential to trauma-informed care. First, staff and victims must feel physically

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and psychologically safe during service provision (SAMHSA 2014). Second, service provision must be transparent so staff can develop trust with victims. Third, providers must emphasize establishing mutually collaborative relationships among people involved in the healing process. Fourth, this process must evolve in ways that empower victims and embrace their voices and choices in developing an action plan. Fifth, a trauma-informed approach must elevate peer support and mutual self-help, given the importance of learning from and helping others who have experienced similar trauma. Sixth, services must respect victims' cultural backgrounds and be responsive to their historical experiences (including previous victimization and trauma) and needs that may be impacted by gender, race, ethnicity, age, or other related issues (SAMHSA 2014).

Integrating trauma-informed care means ensuring that staff at all levels realize the deleterious and varying impact of trauma, that they can recognize signs and symptoms of trauma, that they respond with policies and practices that fully embrace this knowledge, and that they intentionally resist any practices that might be retraumatizing.
—SAMHSA (2014)

The National Center for Victims of Crime explicitly embraces the assumptions and principles of trauma-informed care in its organizational mantra and in its operation of VictimConnect (NCVC 2020). Victim Assistance Specialists are all educated in and trained to apply a trauma-informed lens in every interaction with visitors. Again, the multistage VictimConnect response emphasizes visitors' safety and empowerment and the establishment of a respectful and collaborative relationship in service provision. Specialists are transparent with visitors regarding their rights to anonymity and confidentiality and, where relevant, about their own responsibilities as mandated reporters (if visitors report perpetrating child abuse or abuse toward an older or dependent adult, specialists must report it).

After actively listening to visitors' experiences and needs, VASs present potentially helpful information and resources, though they empower visitors to choose to pursue alternatives. VictimConnect is also intentional about embracing culturally responsive attitudes and respecting visitors' diverse experiences and backgrounds. It offers accessibility options that include same-language services for English- and Spanish-speaking visitors and translation services for up to 200 other languages (NCVC 2020).

As SAMHSA (2014) describes, trauma-informed care applies equally to service staff, who may have experienced past victimization and trauma. Again, responding empathetically to visitors also leaves staff vulnerable to vicarious trauma (or retraumatization). VictimConnect supervisors and VASs are keenly aware of this and incorporate vicarious-trauma training and care options in multiple ways (Dusenbery 2020; NCVC 2020). Specialists are trained to reduce the likelihood of experiencing vicarious trauma

and to recover from it, and they routinely, informally engage with each other and with their supervisors daily and during monthly meetings regarding difficult interactions. In this way, VictimConnect aims to model the peer support that SAMHSA considers critical to healthy functioning.

Victim-Centered Focus

Service approaches that use a victim-centered focus are considered best practices in the victim services field.[11] They are based on principles of person-centered therapy, which emphasize the willingness to meet clients transparently where they are emotionally, to use reflective, nonjudgmental listening, and to understand and appreciate clients' perspectives (Rowe 2017). The Office for Victims of Crime defines a victim-centered approach as "placing the crime victim's priorities, needs, and interests at the center of the work with the victim; providing nonjudgmental assistance, with an emphasis on client self-determination, where appropriate, and assisting victims in making informed choices; ensuring that restoring victims' feelings of safety and security are a priority and safeguarding against policies and practices that may inadvertently re-traumatize victims; [and] ensuring that victims' rights, voices, and perspectives are incorporated when developing and implementing system- and community-based efforts that impact crime victims."[12]

VictimConnect is intentional in its use of a victim-centered approach toward interacting with visitors; VASs focus on meeting people where they are in the recovery process and adjusting their approach based on visitors' emotional state, empathetic understanding of their experiences, and clarification of their needs (NCVC 2020). In these ways, VASs aim to address victims' needs and ensure services are delivered compassionately and nonjudgmentally. Again, VASs demonstrate a victim-centered framework by empowering visitors with the choice to act, wait, or simply receive information about resources. Specialists collaborate with visitors to develop and support action planning that accounts for visitors' own perspectives on what they need for safety and recovery. Regarding technology, VictimConnect takes a victim-centered approach by presenting visitors with multiple options for connecting with VASs (e.g., phone, online chat, text messaging, and web resources), allowing them to choose the best mechanism for safely receiving empathetic support and referral options.

Strengths-Based Approach

The last substantive approach that NCVC operates VictimConnect with is strengths-based practice, which is intended to uplift victims, highlight their capabilities and resources, and empower them to make their own choices. For over a century, social service providers' practices have used strengths-based approaches to build clients' strengths, resources, and resiliency (Simmons et al. 2016). Examples of strengths that can be relevant to victimization experiences and recovery include courage, forgiveness, gratitude, hope, persistence, social support, spirituality, and wisdom. This focus aligns well with positive psychology's emphasis on the value of positive emotions and perspectives (Lopez, Pedrotti, and Snyder 2019).

Aspects of strengths-based approaches can emerge in different ways during service provision. For example, strengths-based providers use active listening and affirm clients' feelings to engage them in

finding positive outcomes, they have conversations to assess and identify clients' competencies and resources, and they provide information about alternative solutions while empowering clients to take healthy action (Greene and Lee 2015; Simmons et al. 2016). In this way, the strengths-based perspective involves a solution-focused framework that embraces client-centered goal-setting and shared perspectives on positive outcomes. Greene and Lee (2011, 7) note that the social services field has "consistently found that primarily emphasizing and working with clients' strengths, competencies, and resources is an overarching approach that all clients respond to very favorably."

The social services field has "consistently found that primarily emphasizing and working with clients' strengths, competencies, and resources is an overarching approach that all clients respond to very favorably."
—Greene and Lee (2011, 7)

VictimConnect staff take an action-oriented, strengths-based approach, highlighting doable actions that activate visitors' particular strengths and mobilize their resources. In addition, VASs are trained to use motivational interviewing in support of this framework, which helps foster self-efficacy and optimism in victims about taking the next steps toward recovery. To reiterate, the interactions that VictimConnect staff have with visitors are victim centered and empower visitors to choose what information to receive and whether to act on it (for example, to be warm-transferred to a local service provider) or to note it for later consideration.

Conclusion

In this brief, we summarize the underlying logic of the VictimConnect Resource Center, a national helpline designed to increase access to and delivery of high-quality information about victim services. Given the variety of Americans' victimization experiences and the diversity of crime victims' (and polyvictims') needs, VictimConnect has the potential to fill a gap in hotline services because of its focus on multiple types of victimization. Furthermore, by providing services via multiple channels, VictimConnect enables visitors to connect with it in the way that makes them most comfortable.

The principles of crisis intervention that inform VictimConnect's operations offer insight into how it aims to help victims, their families, and providers who contact the resource center. Victim Assistance Specialists use a multistage response that assures visitors' safety, focuses on collaborative problem solving, and empowers victims with information and options for responding to their needs. In addition to aligning with these principles, VictimConnect provides services that are trauma informed, victim

centered, and strengths based, approaches intended to reduce retraumatization and facilitate each victim's recovery in the way they find most meaningful and supportive.

Notes

[1] We understand that people have different preferences for victimization terminology. In this brief, we respectfully use the term "victims" to include "survivors" of crime.

[2] See, e.g., Flores and coauthors (2020) and Zweig and Yahner (2013).

[3] "Violence and Abuse in Rural America," Rural Health Information Hub, accessed November 23, 2020, https://www.ruralhealthinfo.org/topics/violence-and-abuse#services.

[4] See, e.g., Storm Ervin and Sara Bastomski, "We Need to Do More to Support Victims of Domestic Violence during the Pandemic," *Urban Wire* (blog), Urban Institute, April 21, 2020, https://www.urban.org/urban-wire/we-need-do-more-support-victims-domestic-violence-during-pandemic.

[5] "Help for Victims," Office for Victims of Crime, accessed November 23, 2020, https://ovc.ojp.gov/help-for-victims/toll-free-and-online-hotlines.

[6] "About Our Services," VictimConnect Resource Center, accessed November 23, 2020, https://victimconnect.org/about-us/about-our-services/.

[7] A "warm handoff" refers to the transfer of a client in need to another relevant service provider accompanied by the original provider's brief summary to the new provider (in front of the client) of why that transfer is occurring, before handing them off for further assistance.

[8] For a brief history of crisis intervention theory, which stems from the work of community psychiatrists Erich Lindemann and Gerald Caplan in the 1940s, 1950s, and 1960s, see Hendricks and Byers (2014).

[9] Social functioning and coping mechanisms range from healthy to dysfunctional and differ among people for numerous reasons (e.g., differential access to resources and cultural differences). For more on these perspectives, see Blocher (2000).

[10] The National Domestic Violence Hotline also follows steps in the crisis intervention model; see McDonnell and coauthors (2018, 63–65).

[11] "Glossary," Office for Victims of Crime, accessed November 23, 2020, https://ovc.ojp.gov/sites/g/files/xyckuh226/files/model-standards/6/glossary.html.

[12] "Glossary," Office for Victims of Crime.

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