Findings from a Rigorous Evaluation of a Technology-Based Victim Helpline

Summary of the Implementation and Outcome Evaluation of the VictimConnect Resource Center

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Executive Summary

Each year, millions of people across the US are victimized by violence and property crimes.[1] As the only national hotline offering support and referrals for *all* crime types, the VictimConnect Resource Center aims to help and provide services to victim-survivors through its website and a hotline operated by trained victim assistance specialists (VAS) who are available by phone, online chat, and text messaging. From 2019 to 2020 and 2023 to 2025, the Urban Institute conducted a multiphase evaluation of VictimConnect with funding from the National Institute of Justice. We found that it functions as a critical national provider of high-quality, confidential victim support, effectively reaching different populations and communities and strengthening the victim services field. Based on thousands of data points Urban collected from VictimConnect visitors, staff, and external partners, as well as our own observations of interactions, VictimConnect is implemented with fidelity to its trauma-informed, victim-centered, and crisis response model, demonstrating clear benefits for victims across the US. Targeted enhancements would increase its impact.

Urban's multiphase evaluation of VictimConnect began in 2019 with a formative evaluation conducted in collaboration with the National Center for Victims of Crime, which runs VictimConnect. (Findings from that effort are summarized in Yahner and coauthors (2020) and available at this https://www.urban.org/projects/understanding-what-works-victim-services.) From 2023 to 2025, Urban completed another phase of the study, consisting of implementation and outcome evaluations, to understand VictimConnect's impact on crime victims nationally. The implementation evaluation aimed to document its functions, understand whether it reaches the target population with the intended services, and assess visitor and staff satisfaction with its technology-based service mechanisms. The outcome evaluation aimed to assess whether and how the program impacts the knowledge, well-being, and outlook on life of crime victims and loved ones who visit the hotline ("visitors").

For both efforts, Urban surveyed nearly 1,000 visitors, observed over 350 interactions between visitors and hotline staff, surveyed staff about 250 interactions, interviewed over 20 staff and partners, and analyzed three years of deidentified hotline data. We then used these data to assess VictimConnect's fidelity to its foundational model and answer research questions regarding access to

victim services, delivery of victim services, protection of victims' rights and confidentiality, and the efficiency of victim services.

Collectively, we found the hotline is a highly accessible, well-implemented national service that meets the needs of different types of victims, including those in communities that are harder for providers to reach, strengthening the ecosystem of victim service provision. Our evaluation identified critical national need for a hotline serving victims of all crime types; during the study period, as VictimConnect hours expanded (eventually reach 24/7 operation), the number of victims served increased substantially. We also identified opportunities for continued improvement, most of which NCVC leadership are addressing to enhance VictimConnect's impact. These recommendations include continued updates to victim assistance specialist training to address emerging victimization issues and to the hotline's database of local-level service providers.

Key Findings

VictimConnect meaningfully expands access to victim services. VictimConnect serves crime victims from all US states, many of whom have experienced multiple forms of victimization. Visitors' needs include legal assistance, financial help, and crime reporting, and we found that many were unfamiliar with local resources before contacting VictimConnect. The hotline effectively reaches youth, older adults, rural residents, and victims of crime types that often face service gaps (e.g., fraud, elder abuse, homicide covictimization).

Multiple access modes and 24/7 operations meet different visitor needs. Visitors perceived high levels of accessibility and ease of use across phone, chat, and text modalities. Preferences differed by age, sex, victimization type, and time of day, reinforcing the importance of offering multiple modalities. Expansion to 24/7 operations led to substantial growth in service volume, fewer unclaimed contacts, and fewer hang-ups, demonstrating demand for around-the-clock access.

Victim Assistance Specialists provide high-quality, trauma-informed support. VAS consistently followed established protocols for safety assessment, confidentiality, and anonymity. Most surveyed visitors perceived interactions as helpful, and referrals generally met visitors' needs. Visitors particularly value the ability to access information anonymously and safely. Staff demonstrate strong knowledge of national and state-level resources, though local-level services, victim compensation programs, and prosecution-based victim-witness programs were identified as areas to strengthen.

Early gains in knowledge and emotional support have lasting effects. VictimConnect increases visitors' awareness of local services, particularly for those who connect with a VAS. Importantly, visitors' initial perceptions of increased awareness and support are strong predictors of sustained knowledge, confidence, and emotional well-being one month later—regardless of how visitors initially engaged with the resource center.

VictimConnect increases awareness and supports pathways to victim services. VAS interactions increase visitors' knowledge of victim services and, when desired, are followed by engagement with providers. Most visitors who received referrals expressed intent to follow up, and one month later, more than two in three had contacted the referral provided. Connecting with a VAS increased both intent to seek services and actual uptake, underscoring the value of VAS-facilitated support.

Confidentiality and victims' rights are strongly protected. VictimConnect employs strong technological safeguards and staff protocols to protect anonymity and confidentiality, and these protections are consistently communicated during interactions. Most visitors perceived VictimConnect as accessible, safe, and private, and they continued to one month later, particularly those connecting with VAS.

VictimConnect strengthens the broader victim services field. Through referrals and the leadership of the National Hotline Consortium, VictimConnect enhances coordination, shared learning, and capacity among hotline providers. Warm transfers were widely viewed as a trauma-informed best practice but were used infrequently during the study period.

Strong infrastructure supports service quality, with opportunities for refinement. VictimConnect's technology is reliable and delivered as intended, and staff training and supports are generally effective. However, staff identified needs for more updated training content, deeper coverage of specific topics (e.g., victim compensation, warm transfers), and improved information about local resources.

Recommendations

Maintain VictimConnect operations that have a positive impact on crime victims. Ensure VictimConnect has the staffing and technology to offer multiple ways for victims to connect (phone, chat, and text) 24 hours a day, 7 days a week, because this is valuable for meeting the needs of different visitors at different times. Continue protecting visitors' anonymity, assessing their safety upon connecting, and extending a respectful, empathic interaction.

Strengthen VictimConnect's internal and external resource databases. Conduct routine updates to expand the number of, and update contact information for, providers to address an ever-changing service landscape. Identify more local-level resources to help VAS and visitors, including those most geographically isolated.

Increase outreach to promote VictimConnect's availability in all US communities. The hotline should be a resource routinely provided by government agencies, nonprofit organizations, service providers, and allied professionals to victims of crime and abuse. Rural communities and older/younger victims who are difficult to reach should understand its potential to assist them.

Sustain and deepen collaboration through the National Hotline Consortium. The peer learning and knowledge sharing through the NHC creates valued opportunities for exchanging best practices to meet the emerging needs of victims and support staff well-being. Work with the NHC to continue growing its infrastructure of resources and connections.

Establish protocols for expanded use of warm transfers. Work internally and in collaboration with the NHC to develop protocols, technological mechanisms, and staff training to implement warm transfers between hotline partners and the most commonly referred service providers. Continuing to monitor these connections and build relationships is key to ensuring warm transfer success.

Enhance staff training and professional development. Urban's study showed the current VictimConnect training program and structure prepare new VAS to meet most visitors' needs, but updated materials, expanded shadowing, and enhanced training would strengthen the hotline's ability to address complex referral pathways and specialized topics identified by staff.

Leverage data monitoring for continuous improvement. VictimConnect has now established a system for tracking information on its resources, reach, and requests from different states, regions, and populations. It should continue using this information to help leadership assess and plan for changes to keep the hotline responsive to victim and referral needs. Similar assessments can be made using quality assurance checks (using an established rubric) and other data to evaluate staff performance, including volunteers, and the success of warm transfers.

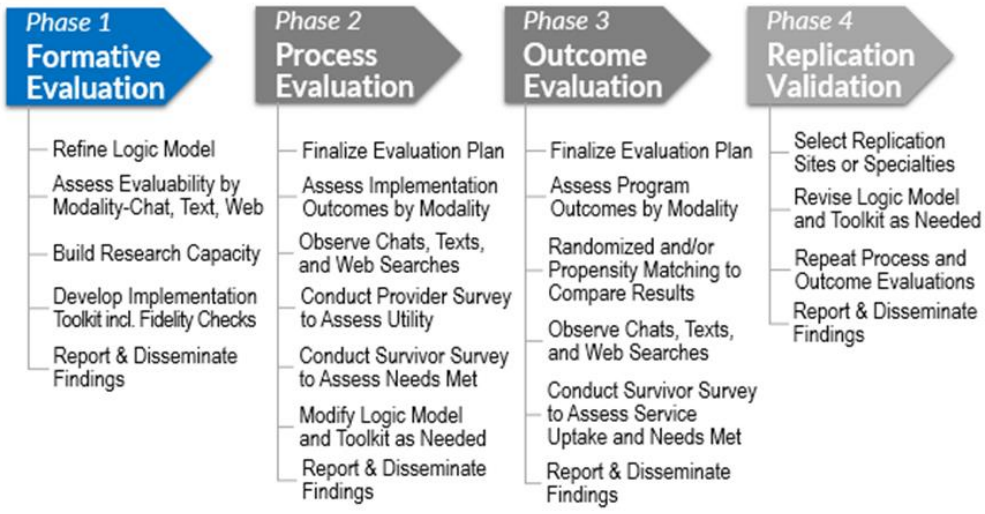
Findings from a Rigorous Evaluation of a Technology-Based Victim Helpline

The VictimConnect Resource Center is a nationwide hotline that provides information, emotional support, and referrals to victims of crime and their loved ones through four technological modalities: softphone (internet-based phone calls), online chat, text messaging, and its website. With funding from the National Institute of Justice, the Urban Institute conducted a multiphase evaluation of VictimConnect in collaboration with the National Center for Victims of Crime (NCVC), which operates VictimConnect.

During the first phase (2019 to 2020), the evaluation team conducted a formative evaluation of VictimConnect, in which we assessed its evaluability, used those findings to strengthen its research capacity, and developed a comprehensive plan to evaluate its implementation and outcomes (Yahner et al. 2020). From 2023 to 2025, Urban conducted simultaneous implementation and outcome evaluations of VictimConnect as the second phase in a multiphase effort to contribute critical knowledge to the field about the use and effectiveness of technology-based victim services (figure 1).

FIGURE 1

Urban's Phased Evaluation of the VictimConnect Resource Center



About NCVC and VictimConnect

Founded in 1985, NCVC was established to give voice to victims of all types of crime and support professionals who serve victims. In pursuit of its mission, NCVC offers in-person and virtual training to professionals, resources for victims, two online resource maps, and two hotlines: VictimConnect and the DC Victim Hotline. NCVC established VictimConnect in 2015 with funding from the US Office for Victims of Crime (OVC). VictimConnect's primary service is a phone, chat, and text-based hotline for all crime victims in the United States and its territories (NCVC 2020). NCVC also operates a website with information about crime types and the VictimConnect Resource Map, a searchable tool that can be filtered by category, service, key word, and location.

The hotline is staffed by victim assistance specialists (VAS) and volunteers who are required to have relevant experience, take an 80+ hour course upon being hired, and undergo a supervisory period during their first weeks on the hotline. VAS are also provided with ongoing advanced training on specialized topics. Their goal is to empower survivors while maintaining confidentiality. Services provided on the hotline are tailored to each individual and include emotional support, safety planning, information about crime victim compensation and reporting, and linkage to local, state, and national vetted resources such as housing, counseling, medical-forensic care, and legal services. When visitors connect by phone, chat, or text, the VAS assess their needs, identify options for support, and provide relevant information. When appropriate, VAS can also connect callers directly as a warm handoff with providers. At the end of each interaction, VASs are trained to record information about the session and the demographics of each visitor.

Information about VictimConnect is shared on federal websites, by local law enforcement and service providers, and through other professional conferences and associations. In 2015, NCVC also founded the National Hotline Consortium (NHC). The NHC is a collaborative group of 23 victim service and crisis intervention hotlines that serve a wide range of visitors. While most member organizations operate hotlines for crime victims and their families within the US and its territories, some organizations operate hotlines for Americans who are victimized abroad. The NHC seeks to develop and model best and promising practices for hotlines and facilitate communication and coordination among member hotlines to provide a high-quality response to users. Members meet quarterly to discuss technology and emerging issues and convene topic-specific workgroups.

VictimConnect's Implementation and Outcome Evaluations

Evaluating programs, services, and policies is a form of research that helps us learn the details and potential benefits of an effort by gathering and reviewing information about it. Researchers generally distinguish between two categories of evaluations: formative and summative.[2] Formative evaluations assess whether a program is feasible and appropriate for its intended purpose and target population (Hogan 2007; Patton 2015). They also assess and work to improve the program's "evaluability" or readiness to undergo rigorous summative evaluation (Trevisan and Walser 2015). A summative evaluation examines the program's effectiveness after it has been established as ready and appropriate for such assessment (Wholey et al. 2005).

After completing VictimConnect's formative evaluation and research capacity building in 2020, Urban launched the current implementation and outcome evaluations. The goal for these evaluations was to contribute critical knowledge to the field regarding the use and effectiveness of technology-based victim services by assessing VictimConnect's implementation fidelity and its ability to achieve positive outcomes for victims and their loved ones. The implementation evaluation documented VictimConnect's functions and alignment with its logic model (Dusenbery 2020), whether VictimConnect is reaching its target population and providing services as intended, and satisfaction with the technology-based mechanisms through which services are provided. The outcome evaluation examined the extent to which VictimConnect increased the reach of its services over time by connecting to more victims and diverse populations, whether VictimConnect impacts visitors as intended (e.g., improving knowledge and outlook, facilitating service uptake), and whether VictimConnect strengthens the capacity and efficiency of community providers to offer high-quality services to victims.

Urban also aligned its evaluation approaches with widely supported conceptual frameworks from Proctor and coauthors (2011) and Kirkpatrick and Kirkpatrick (2006, 2016). Specifically, the VictimConnect implementation evaluation assessed five areas recommended by Proctor and colleagues: acceptability, adoption, fidelity, penetration, and sustainability.[3] Acceptability refers to the perception among VictimConnect's staff and visitors that its services are satisfactory. Adoption focuses on VictimConnect's delivery of trauma-informed, victim-centered, and strengths-based services that protect victims' privacy. Fidelity means that VictimConnect operates in accordance with its policies. Penetration refers to VictimConnect's reach or institutionalization within the service

provider community. Sustainability is achieved if VictimConnect integrates and maintains its resource directory and service provider network for routine staff use.

Urban's quasi-experimental outcome evaluation aligns with the Kirkpatrick conceptual model (2006, 2016) by examining the impact that VictimConnect interactions have on visitors: (1) reactions, including satisfaction with the empathetic response and resources provided; (2) learning, including knowledge of relevant rights and referral sources; (3) attitudes and behaviors, including safety planning and empowered decisionmaking; and (4) organizational impacts, such as overall improvements in well-being or service receipt (if these are visitors' desired outcomes).

Research Questions

These summative evaluations of VictimConnect focused on the following four overarching research questions identified during the formative evaluation:

- RQ1: Does VictimConnect increase access to victim services?
- RQ2: Does VictimConnect improve delivery of victim services?
- RQ3: Does VictimConnect protect victims' rights and confidentiality?
- RQ4: Does VictimConnect strengthen the efficiency of victim services?

These questions reflect the goals of both VictimConnect as a national resource center and the broader field of victim services. This report presents findings for each research question along with more specific subquestions relating to the implementation and outcome evaluations.

Methodology

Urban's primary data sources were independent observations of VictimConnect staff-visitor interactions, an online survey completed by staff after a random sample of interactions (sampling conducted by Urban), interviews with staff and external service provider partners, and an online survey of visitors to VictimConnect, including those who interacted with VAS and those who only saw the website. NCVC also provided Urban with deidentified data from its hotline platform, internal service database, and website analytics. We worked closely with NCVC and the project's advisory board to carry out the current evaluations while providing appropriate safeguards to protect visitors who received services.

From January to June 2024, Urban conducted a pilot study to test its methodology for collecting select evaluation data: the staff survey, observations of phone, text, and chat interactions between the VAS and visitors, and the longitudinal survey of visitors who connected with a VAS (the treatment group) and visitors who did not connect (the comparison group). After preliminary analysis of pilot data and discussions with NCVC, we made slight revisions to protocols and instruments for relaunch.[4]

Observations

Four members of Urban's research team received training on the hotline platform and vicarious trauma, obtained individual supervisor-level accounts in the platform, and were assigned one week a month to conduct a mix of phone and chat/text observations. All members signed confidentiality pledges with Urban's institutional review board and with NCVC to preserve the confidentiality of anonymous visitor interactions they observed. Observations were conducted of visitor interactions with full- or part-time VictimConnect staff who had completed training and a supervisory period. Urban's team tracked which day of the week and the time of day observations occurred to ensure the sample included different types of visitors and interactions. Observers were given opportunities at weekly team meetings to debrief observation experiences and ask questions, to promote intercoder reliability and offer vicarious trauma support. Phone observations were conducted live, whereas chat/text observations were done using transcripts saved on the platform from the relevant week. Data on the type of interaction, quality of service, types of resources shared, and visitor demographics were collected using a protocol programmed in the Qualtrics platform. The team completed 354 observations from January 2024 to February 2025 consisting of 168 phone, 127 chat, and 59 text interactions. Analysis of observations was completed in Qualtrics and Excel.

Staff Survey

The staff survey was pilot tested in January 2024 and relaunched in July 2024. Urban staff shared calendar invitations with eligible VAS using the same criteria as for VAS observations every other week through September and every week from October to December on three rotating days a week. Staff were instructed to complete a short Qualtrics survey about their most recent interaction at different times of the day. The survey covered their perspectives on the visitor interaction and visitor demographics. VAS completed a total of 268 staff surveys. Analysis was completed using the Qualtrics platform and STATA.

Interviews with Professionals

After determining eligibility and interview timelines, Urban received contact information for 47 professionals from NCVC in the following categories: NCVC leadership, VictimConnect supervisors, full-time and on-call VAS who had completed their supervisory period, members of the NHC, and the service providers victims were referred to most frequently. Starting in October 2024, Urban staff sent up to three email invitations to each requesting their participation in a voluntary 60-minute virtual interview. Interviews were scheduled using a dedicated Bookings page and conducted between October 2024 and March 2025 by two members of the Urban team who took notes and requested to save the automated transcript made by Teams. A total of 21 professionals participated (a 45 percent response rate), including 11 staff from NCVC and 10 professionals from other service organizations. Topics covered visitor characteristics and needs, familiarity with VictimConnect, services offered and their utility, collaborations between service providers, and ideas for improving hotline services. We used a thematic coding structure to synthesize qualitative information from the interviews.

Visitor Survey

Urban designed and offered a voluntary, longitudinal survey to VictimConnect visitors who connected to the service through phone, chat, or text (the treatment group) and to those who were unable to connect or chose to only visit the website (the comparison group). The survey asked respondents about their demographics, the purpose of their visit, what happened during the interaction, feedback on the interaction, and their intended next steps. Respondents completed an informed consent form and initial survey in Qualtrics, a secure survey software tool. One month later, the opportunity to take a follow-up survey was sent, inquiring about respondents' experiences since their interaction with VictimConnect and whether they followed up with services they were referred to.

The research team finalized the longitudinal survey instrument in January 2024, reviewing each survey question for relevance, cultural appropriateness, and its trauma-informed and victim-centered perspective. The survey was cognitively tested by members of Urban's team and reviewed by members of NCVC. We also incorporated outcome measurement drawing from the iMPRoVE (Measures for Providers Responding to Victimization Experiences) platform, which uses best practices in survey research to standardize outcome measurements across providers.[5] The survey was then piloted in March 2024, during which a large number of fraudulent responses were received. Urban consulted with the project's advisory board and other experts and reviewed the content and metadata of all responses to distinguish those that were valid (112 participants). Urban adjusted the survey methods accordingly,[6] then relaunched the survey from July 2024 to February 2025. The opportunity to participate was advertised using a banner on VictimConnect's webpage and automatic messages for

calls/chats/texts after hours, and was shared verbally by VAS immediately after visitors finished their engagement.

In total, Urban received 972 valid initial surveys from VictimConnect visitors and 287 valid follow-up surveys (a 30 percent response rate). Of those who completed an initial survey, 452 (47 percent) connected with a VAS and 520 (53 percent) did not; of those surveyed at follow-up, 130 (45 percent) had connected with a VAS initially and 157 (55 percent) had not. Furthermore, survey data were cleaned and recoded where necessary using R. Quantitative analyses were conducted in R and SPSS using descriptive statistics, cross-tabulations, *t*-tests, univariate analysis of variance, and regression methods. Statistical controls were included in regression models to adjust for visitors' age, sex, race, and education. Interaction terms were included to examine differences in the effect of connecting with a VAS for visitors of different ages, sexes, races, and education levels, and for comparisons of those who lived in rural communities and those who experienced different types of victimizations. Statistical significance was determined using two-sided probabilities of less than .05 for the initial survey and less than .10 for the follow-up survey, which had a smaller sample size. Qualitative data were analyzed for content, with text from "other" responses recoded to the most relevant categories where appropriate and a few categories added to account for frequently cited values.

Administrative Data

In August 2024, Urban submitted to NCVC a list of administrative data requests. This included deidentified session data collected by the VictimConnect hotline platform, aggregated website traffic data from Google Analytics, and deidentified and aggregated visitor demographics and services collected by the VAS. In October 2024, the partners decided that Urban would pull all the hotline platform data needed through its own VictimConnect account access to do session observations. The research team familiarized themselves with the platform's data dictionary and downloaded the data files in Excel. NCVC shared the website analytics data in December 2024 and the 2023 and 2024 demographics database data in February 2025. Platform data were analyzed using Excel and Stata. Demographics database data were analyzed in Excel.

Limitations

As is common in social science research, this study had some limitations. Urban could not link the multiple data sources to specific visitor interactions. For example, we could not examine a surveyed visitor's perceptions of their interaction with a VAS alongside our own observations or staff survey responses for that same interaction. Linking data sources when a platform promises anonymity and prioritizes victim confidentiality is understandably challenging. In addition, although a large number of

visitors completed the initial survey, fewer than a third completed the follow-up survey a month later. Reaching crime victims for a research study can be difficult when they are experiencing potentially traumatic, transitional, and/or transformative life circumstances. Our observations and staff surveys could have been of repeat visitors, inflating findings about the prevalence of victimization types, needs, and services provided. Surveyed visitors were similar to but not fully representative of all hotline visitors. Specifically, those who took the survey were likely younger than VictimConnect's overall visitor population but also were limited to adults. Lastly, VAS used their discretion on who to share the survey invitation with, primarily based on whether visitors were experiencing crisis or distress and how the interactions ended. We may have missed certain types of visitors, including those who disconnected and those who were transferred to another service provider.

Findings by Research Question

Urban's evaluation of VictimConnect used a rigorous design and mixed-method data to answer 4 overarching research questions and 23 subquestions (see the appendix for evaluation roadmaps linking research questions and data sources). We summarize the answers to these questions below. Additional data can be found in the accompanying implementation evaluation report (Dusenbery et al. 2026) and outcome evaluation report (Yahner et al. 2026).

RQ1. Does VictimConnect Increase Access to Victim Services?

RQ1A. Who Are the Users of VictimConnect?

This question relied on data from NCVC's demographics database and Urban's visitor survey, with insights from staff interviews, staff surveys, and observations. As described in Dusenbery and coauthors (2026), VictimConnect's users are primarily victims (9 in 10 visitors) from every state and some US territories. Visitors reported a range of victimization experiences, with most (75 percent) reporting more than one victimization and the most common victimizations being stalking, nonsexual harassment, and intimate partner violence. Most visitors described service needs for legal assistance, financial assistance, and crime reporting. Although nearly all visitors we surveyed were using VictimConnect for the first time, 51 percent had already sought services elsewhere and 44 percent were not familiar with local services or resources. The visitor survey and the VAS database show users of all the demographic backgrounds we looked for. Survey respondents were mostly female and half were white, half lived in an urban area, and half were unemployed.

RQ1B. Does VictimConnect Reach Difficult-to-Reach Victim Populations?

This question was answered using NCVC's internal service database, Urban's visitor survey, and staff interviews. VictimConnect reaches groups that have traditionally had less access to services by age (younger, older), geographic location (rural areas), and victimization experienced. Crime victims who typically experience gaps in services include victims of assault, robbery, hate crimes, fraud, homicide covictimization, and elder abuse (Thompson 2024). Surveyed visitors showed experiences of assault (32 percent), robbery (13 percent), fraud or other economic crimes (26 percent), homicide (8 percent), and elder abuse (11 percent). Furthermore, VictimConnect reaches traditionally hard-to-reach demographic groups, including youth (meaning people younger than 18; 11 percent of visitors in the VAS database), older adults (7 percent of survey respondents and 53 percent of visitors with known ages in the VAS database), and victims in rural areas (26 percent of survey respondents). Lastly, VictimConnect nearly tripled the visitors served who are not native English speakers from 2023 to 2024. Overall, VictimConnect staff also perceived that the hotline successfully reaches different groups, with the only potential gaps they saw being people with less access to technology.

RQ1C. Does Ease of Access Vary by the Different Technological Modes, and Do Visitors Prefer Some Modes Over Others?

This question was answered using hotline platform data and visitor surveys primarily, and staff interviews secondarily. Nearly all surveyed visitors thought VictimConnect was accessible (86 percent agreed and 13 percent felt neutral) and easy to use (77 percent agreed and 18 percent felt neutral), with no significant differences in perceptions between phone, chat, and text respondents. Most visitors connected by phone (71 percent on average over 2023 and 2024, compared with 17 percent chat and 12 percent text). However, the share of chats and texts increased over that two-year period and were more common at night than during the day. Surveyed visitors under 35, male visitors, and those who experienced intimate partner violence or sexual assault were more likely to chat or text than call a VAS. Visitors who were employed at least part time and those who experienced harassment and economic crimes were more likely to use phone than chat or text. Visitors who chose VictimConnect for ease of use were more likely to use chat or text (69 percent) than phone (31 percent) compared with those who did not cite this reason. The opposite was true for people who chose VictimConnect because other services were not available: 45 percent connected by chat/text versus 64 percent of those who did not cite this reason.

RQ1D. How Knowledgeable Are Victim Assistance Specialists About Different Victim Services Nationwide?

This question was answered through staff interviews and surveys, with additional insight from Urban's observations of VictimConnect interactions. VAS said they were confident the resources they provided met the visitors' needs in 82 percent of surveys, with highest confidence in recommendations to visitors experiencing economic crimes, intimate partner violence, and family violence. Of the surveyed interactions that included referrals, VAS were already familiar with relevant services and resources in 49 percent of the interactions and were familiar with some resources but still used the VictimConnect database in 27 percent of interactions. In interviews, VAS generally reported feeling very confident about their ability to respond to VictimConnect visitors, and leadership also felt positively about their staff's knowledge of and ability to identify appropriate services. Staff and leadership both thought the internal database used to identify services included comprehensive national and state-level information for all crime types, but could be better updated on local programs. Another potential area for VAS to improve knowledge is on victim compensation programs and prosecution-based victim witness programs.

RQ1E. How Well Are VictimConnect Visitors Informed of, Referred to, and/or Warm-Transferred to Community Services Relevant to Visitors' Needs?

This question was answered using data from VictimConnect staff surveys, visitor surveys, observations, and interviews. In 2023 and 2024, the top services that staff discussed with victims were crime reporting, advocacy, civil legal services, safety planning, and victim rights referrals. Roughly three-fourths of visitors received a referral to a service provider, compared with a quarter of interactions in which no referral was needed. VAS most often provided referrals to victim service programs, followed by other support services and victim compensation programs. As described below, warm transfers are not yet standard practice—only 2 percent of interactions Urban observed included a warm transfer—but their widespread implementation is being explored by NCVC and the NHC.

Most surveyed visitors perceived referrals and resources provided by VictimConnect staff as meeting their needs (80 percent), compared with half of the participants who did not connect with staff (and may have found information on the website that met their needs). Similarly, 81 percent of visitors who connected said staff clearly explained information and 68 percent of website visitors said the information was easy to understand. Overall, 64 percent of all surveyed visitors thought their interaction with VictimConnect was helpful. In addition, in 89 percent of observed interactions, Urban staff thought the VAS was helpful in the information they provided and in connecting victims to relevant services. In 72 percent of VAS-surveyed interactions, the VAS thought the session was

helpful to the visitor. The 12 percent of interactions they perceived as unhelpful were typically cases where visitors may have needed clinical mental health assistance, reported "gang stalking"[7] or other experiences without clear referral options, or had technological challenges.

RQ1F. Does VictimConnect Serve More Victims Over Time?

This question was answered using hotline platform data, NCVC's internal service database, and website analytics data. From early 2023 to late 2024, the average number of visitors reaching out to the hotline per month more than doubled (and the share of chats/texts increased) as the hotline expanded its hours of operation to 24/7. During this same time, VictimConnect also served more victims by reducing the number of unclaimed contacts and hang-up or nonstarter interactions to become only a small fraction of contacts. Specifically, VAS reduced the number of unclaimed contacts from 5 percent to 3 percent (687 to 487) and the number of hang-up/nonstarter interactions from 13 percent to 3 percent (1,827 to 584) from 2023 to 2024. Website data showed a relatively steady number of daily page views over time. Urban shared a recommendation with NCVC to continue tracking data on VictimConnect interactions to assess further changes in growth, differences in growth by modality, and changes by state and region.

RQ1G. Does VictimConnect Increase Visitor Awareness of Services in the Local Communities?

This question was answered through Urban's longitudinal visitor survey. Before visiting VictimConnect, only a third of surveyed visitors (33 percent) were familiar with local victim services such as compensation, crime reporting, and case management. Yet after visiting VictimConnect, 46 percent agreed (and 25 percent were neutral) that the experience helped them learn more about people and places in their community that can help. Visitors who connected with a VAS by phone, chat, or text had higher perceptions that their knowledge of local resources had increased as a result of VictimConnect, compared with those only visiting the website. This increased awareness of victim services held true across visitor age, sex, race, and education, and it remained evident one month later at follow-up.[8] Furthermore, both prior familiarity with local services and connecting with a VAS independently predicted whether visitors perceived that VictimConnect increased their awareness of local resources at the initial survey. Yet one month later, it was their initial gain in awareness that mattered more. These lasting perceptions of increased awareness were observed regardless of how visitors initially engaged with VictimConnect, suggesting that early increases in knowledge—and confidence in that knowledge—play a central role in sustaining awareness over time.

RQ1H. Are VictimConnect Interactions Followed by Uptake of Community-Based Services, If That Was Visitors' Desired Goal?

This question was answered using Urban's longitudinal visitor survey. Most surveyed visitors (77 percent) who received a referral during their VictimConnect interaction expressed being likely or very likely to contact that resource (and another 18 percent were neutral). This was true across different types of visitors, including those in rural communities and those who had experienced harassment, intimate partner violence, family violence, child abuse, and assault. Victims of stalking and identity theft showed somewhat less intent to contact referrals at the initial survey. One month later, 68 percent of those surveyed at follow-up said they had contacted the referral provided. These visitors were somewhat more likely to have expressed such intent initially and connected with a VAS initially.

For those who contacted VictimConnect about legal assistance specifically, half received a referral for legal services and two-thirds intended to contact that referral (another 22 percent were neutral). Those who interacted with a VAS were significantly more likely to show intent to contact the legal referral VictimConnect provided, while those living in a rural area were less likely. There were no differences in intent to contact legal referrals for victims of stalking, gang stalking, harassment, intimate partner violence, child abuse, and identity theft. One month later, 52 percent of those reachable for the follow-up survey had actually contacted legal services; these visitors were significantly more likely to have connected with a VAS initially ($p < .05$). This was true regardless of intent to contact expressed at the initial survey, living in a rural community, and victimization experience.

RQ2. Does VictimConnect Improve Delivery of Victim Services?

RQ2A. Are VictimConnect's Services Delivered as Intended Through the Four Technological Modalities (Phone, Chat, Text, Website)?

This question relied on data from the hotline platform data and Urban's observations, staff surveys, staff interviews, and material review. Regarding technology, the hotline achieved the goal stated in their logic model of having average uptime of 99.9 percent from 2022 through 2024. There were no technological challenges in 90 percent of interactions observed by Urban and 91 percent of interactions surveyed by VAS. Furthermore, as shared above, the number of hang-up or nonstarter interactions decreased by 68 percent and the number of unclaimed contacts decreased by 29 percent from 2023 to 2024. Regarding services, VAS were observed to follow procedures outlined in their training and established quality assurance protocols. For example, VAS assessed safety in 97 percent of interactions observed by Urban and conveyed information about the platform's anonymity in over

95 percent of interactions surveyed and 90 percent of interactions observed. As a result, Urban found that the technology the hotline uses is reliable and delivered as intended.

RQ2B. Are the Mechanisms of Service Delivery Appropriate and Suitable for the Needs of Visitors?

Urban's review of VictimConnect platform data and analysis of the visitor survey and interviews determined that administering the hotline using phone, chat, and text (and having resources available online) were appropriate for meeting the needs of visitors. Differences in modality usage by time of day and visitors' age and sex (described above) indicate preferences that are met by having multiple options to connect. The sharp increase in hotline contacts as the operating hours expanded to 24/7 demonstrates a clear demand for these mechanisms of service delivery. Visitors reiterated in open-ended survey responses the importance of having options to connect and being able to connect outside normal business hours. Overall, nearly all surveyed visitors (92 percent) were satisfied with (or felt neutral about) the technology, including nearly two-thirds of website visitors. There were no significant differences in perceptions of the technology between phone, chat, and text users. Staff agreed that the hotline platform generally met visitors' needs.

RQ2C. Are Visitors' Emotional, Informational, and Resource Needs Addressed Through Interactions with the VAS?

Urban's visitor survey provided data to answer this question. Overall, staff took time to understand and meet VictimConnect visitors' emotional and informational needs (80 percent). Most visitors felt VAS treated them with respect (89 percent), understood their needs (81 percent), and made them feel emotionally supported (77 percent). Three out of four said VAS made it clear that what happened was not their fault; another 15 percent were neutral. Nearly all who interacted with VAS said staff clearly explained information in a way they could understand (84 percent plus 9 percent neutral). And as mentioned, most visitors who connected with VAS had higher increased awareness of resources in their community compared with those who did not connect to staff, and those increases in knowledge were sustained over time. Visitors' perceptions of VAS' emotional support were also sustained one month later. Furthermore, 8 in 10 visitors were satisfied or very satisfied with the VAS they connected with (another 14 percent were neutral). Those who spoke or chatted/texted with VAS also rated their overall satisfaction with VictimConnect significantly higher than those who only visited the website.

RQ2D. Does Visitor Knowledge About Victim Rights, Options, and Safety Planning Increase Through Interactions with the VAS?

This question was assessed using Urban's longitudinal visitor survey. Eight out of 10 VictimConnect visitors hoped to discuss or actually discussed information about their rights, options, and safety. Most said that visiting VictimConnect helped them understand their rights and plan for their safety, and these perceptions were highest among those who connected with VAS. Three out of four visitors who interacted with a VAS agreed it helped with safety planning and two in three agreed it increased their knowledge of victims' rights. By comparison, only 4 out of 10 visitors to the website alone reported these benefits. These findings held true one month later and did not differ by visitor sex, education, or living in a rural versus urban/suburban area.[9] With regard to specific types of knowledge increases: 8 in 10 surveyed visitors agreed (or were neutral) that VictimConnect helped them understand how to meet their legal and health needs, while 7 in 10 received helpful information about housing. These perceptions were stronger for those who connected with a VAS and held true one month later. VictimConnect's impact on awareness of community resources and legal, health, and housing options was also stronger for those living in rural communities than urban/suburban ones. VictimConnect particularly increased knowledge for visitors who had experienced fraud/identity theft, family violence, or stalking—all of whom reported higher increases in awareness of community resources compared with those who did not experience those crimes. This finding illustrates an important gap the hotline fills nationally by serving different crime victims.

RQ2E. Does Connecting with a VAS Improve the Outlook of Visitors?

This question was answered using Urban's longitudinal visitor survey. Speaking or chatting/texting with a VAS was associated with higher perceptions of hope and control and more positive outlooks. Specifically, visitors who connected with a VAS were more likely than those who did not to show increased hopefulness about their future (59 percent compared with 31 percent), to have regained a sense of control (46 percent compared with 18 percent), and to report improvement in the emotional impacts of their victimization (46 percent compared with 19 percent). These benefits persisted one month later and held true even after adjusting for differences in visitors' age, sex, race, and education. Furthermore, the visitor survey contained a four-question scale about hope, and agreement was higher on all four measures one month after using VictimConnect. For example, more surveyed visitors reported that they could think of many ways to get the things in life that are important to them (60 percent compared with 52 percent at the initial survey) and believed they could find a way to solve a problem even when others get discouraged (69 percent compared with 59 percent at the initial survey.

RQ2F. Does VictimConnect Improve the Capacity of Community-Based Providers to Help Victims Heal and Increase Victim Satisfaction?

This question was answered through Urban's interviews with VictimConnect staff and partners as well as observations of interactions. Two ways VictimConnect seeks to improve the capacity of community-based providers are by making service referrals to victims they might otherwise be unaware of and by coordinating the NHC. While most partner organizations Urban interviewed did not know how often they received referrals from VictimConnect, VictimConnect staff and external partners agreed warm transfers would help victims heal and increase satisfaction with services. Warm transfers (provider-to-provider transfer of a victim) are considered a trauma-informed practice that reduces the need for victims to reshare details of their trauma or needs and increases the effectiveness and efficiency of interactions. If organizations have mechanisms in place to bypass queues for warm transfers, it may reduce call wait times, a common source of frustration for hotline visitors. While VictimConnect does not currently employ warm transfers as standard practice—only 2 percent of interactions Urban observed included a warm transfer—it was identified as a chief priority by both NCVC leadership and the NHC to implement more uniformly. Furthermore, interviewed VictimConnect staff and NHC members identified ways the consortium increased hotlines' capacity to help victims heal and increase satisfaction. Members benefited from new knowledge about hotline operation policies, hotline technology, emerging trends and best practices, and strategies to support staff wellness. Specific impacts included identifying vetted vendors, help blocking spam callers, and expanding the network of service providers to which they could refer victims, which is further supported by the NHC listserv.

RQ3. How Does VictimConnect Protect Victims' Rights and Confidentiality?

RQ3A. How Do VictimConnect's Technological Platforms Protect the Right to Anonymity and Confidentiality for Victims and Families?

This question was addressed through Urban's review of VictimConnect platform data and hotline materials as well as staff interviews. VictimConnect protects visitors' right to anonymity and confidentiality through technical protections built into the website, hotline platform, and VAS protocols. Tech-based protections include an "escape" function on the VictimConnect website, not recording or tracking IP addresses of visitors, not allowing hotline staff to see visitors' phone numbers, not recording calls, encrypting and restricting access to chat and text transcripts, and not allowing file sharing through the platform. VAS protocols stipulate that they only ask necessary questions and never ask for personal information, disconnect when visitors are inactive after 5 minutes on chats and

15 minutes on texts, and encourage visitors who connect by text to delete such texts from their phones afterward.

RQ3B. In What Ways and How Consistently Is Information About VictimConnect's Anonymity and Confidentiality Protections Conveyed to Victims/Visitors?

This question was assessed using Urban's observations of VictimConnect interactions, as well as staff interviews and staff surveys. Whether verbally or in writing, VAS are trained to first ask visitors whether they are safe, then tell them VictimConnect is an anonymous service and that they do not need to share any personal or identifying information, all before asking how they can help visitors. Urban found that VAS conveyed anonymity in over 95 percent of interactions surveyed and 90 percent of observed interactions. When they did not, it was often because a phone visitor was too distraught to let VAS speak or a chat or text visitor never responded after the initial message.

RQ3C. Do Visitors Perceive That VictimConnect Offers an Option for Information and Service Access That Protects Privacy in a Manner That Would Not Otherwise Be Available to Them?

This question was answered through Urban's longitudinal visitor survey. The top three reasons why VictimConnect visitors chose the hotline were its ease of use (38 percent), safety (29 percent), and privacy (27 percent). One in five visitors said they sought help from VictimConnect because victim services were unavailable where they lived; those in rural communities were about 50 percent more likely to cite this reason than those in urban/suburban areas. Visitors who cited ease of use, safety, and privacy as reasons for contacting VictimConnect over other services were more likely to connect with a VAS. After visiting VictimConnect, large shares of survey respondents perceived the hotline as accessible (82 percent), safe (76 percent), and private (74 percent). These perceptions were sustained one month later at follow-up. Furthermore, visitors who perceived the hotline as accessible, safe, and private were significantly more likely to have interacted with a VAS as opposed to just accessing the website.

RQ4. Does VictimConnect Strengthen the Efficiency of Victim Services?

RQ4A. Does VictimConnect Adequately Prepare Staff and Volunteers According to Its Stated Goals?

Urban addressed this question using data from staff interviews and observations. According to staff interviews, hotline operators participate in 80 hours of initial training, including 40 hours of classroom-style instruction delivered through virtual presentations on VictimConnect's background, service

delivery logistics, common types of victimizations, and vicarious trauma, followed by 40 hours of shadowing and observing an experienced VAS on the hotline. Leadership and VAS generally agreed that trainings plus shadowing adequately prepare new VAS to begin helping visitors, particularly those who did not already have a background in victim services. However, VAS reported wanting more updated training materials and modalities (which leadership shared are being developed), more opportunities to shadow, and more training on specific topics like gang stalking, warm transfers, and victim compensation. Interviews also revealed how NCVC supports staff to maintain high-quality performance, navigate difficult interactions, and prevent vicarious trauma, with the goal of improving VAS well-being and retention. Examples included biannual vicarious trauma training, regular quality assurance checks (using an established rubric), supervisor observations, and real-time support through an internal messaging system. Hotline operators receive the same training and supports whether they are full time, on call, or volunteers.[10] These mechanisms were generally considered to successfully meet staff's needs, although on-call staff expressed a need to be more included in ad hoc trainings and meetings.

RQ4B. Does VictimConnect Maintain Up-to-Date and High-Quality Information in Its Database of Community Providers and Resources for (1) the VAS to Use When Providing Services and (2) Visitors to Find Online?

This question was answered through staff interviews and surveys and Urban's review of VictimConnect materials. The internal database that VAS can search during interactions includes information on victimization types, best practices for interacting with specific types of victims, and referral resources to provide. Almost all staff think the database covers every crime that VAS encounter and is comprehensive with national and state services, but up-to-date county and local-level services are harder to maintain. Some staff suggested that NCVC assign staff dedicated to vetting resources and expanding family violence resources beyond those for intimate partner violence and gang stalking. Staff surveys on interactions with referrals showed VAS were familiar with some relevant resources but still used the VictimConnect database in a quarter (27 percent) of interactions. For 8 percent of interactions, staff were unfamiliar with any resources and depended completely on the VictimConnect database. The external list of resources for VictimConnect that web visitors can access is less extensive than the internal database, in part because it omits direct staff contact information that may be inappropriate to share publicly. In 2023 and 2024, the top VictimConnect webpage visited was the informational page on stalking, with less than 10 percent of website visitors accessing the VictimConnect resource map. NCVC staff reported plans to continue expanding and vetting the resource map.

RQ4C. Has VictimConnect Increased Its Network of Service Providers Over Time (1) Overall (All Collaborations) and (2) in Terms of the Range of Victimizations and Populations Served?

This question was answered through staff and stakeholder interviews and review of VictimConnect materials. VictimConnect's network of service providers takes two forms: its database of services to which visitors can be referred, and the NHC, a group of US victim support and crisis hotlines convened by NCVC. Regarding the former, staff reported that at one point during the study period they had been adding two or three resources a week. However, there is little quantitative data on how much it expanded and its coverage by victimization type and populations served. NCVC could implement more intentional tracking of these metrics going forward. Regarding the latter, the NHC grew from 15 to 23 member hotlines from 2023 to 2025. This expansion also increased the range of victimizations and populations represented by the hotline members. For example, during that period they added hotlines serving victims of cybercrime, identity theft, and gun violence as well as specific populations such as mothers and those grieving the loss of a military family member.

RQ4D. How Well Does VictimConnect Reach Service Providers Through Training and Technical Assistance (TTA)?

This question was answered through staff and stakeholder interviews and material review. VictimConnect does not currently have a formal TTA component for community service providers, though staff reported in interviews that they will respond to ad hoc requests for information or advice from providers if they reach out. Additionally, VictimConnect has supported collaboration and best practices among national hotlines to improve support for victims through the NHC since 2015. Members attend quarterly virtual meetings typically centered around a specific theme, share information through a listserv, and learn or collaborate through other activities such as speaker sessions, member surveys, and targeted workgroups. NCVC and members reported positive perceptions of and experiences with the NHC, with the only challenge identified being high turnover of staff representing hotlines in the consortium. Benefits of participation included peer support, exposure to new hotline technologies, education on emerging trends and best practices, and an expanded network of service providers for referrals. Some members requested even more trainings and opportunities for collaboration given their helpfulness. Collectively, we conclude that VictimConnect has effectively reached and supported relevant hotline providers.

RQ4E. Does VictimConnect's TTA to Service Providers Result in (1) Greater Efficiency of Providing Relevant Services to Victims and (2) Greater Integration of Research into Providers' Practice to Assess and/or Improve Their Programs?

Urban assessed this question through interviews with VictimConnect staff and stakeholders. As described previously, staff and external partners identified several benefits of the NHC that strengthen their ability to provide relevant services to victims, including shared knowledge on research-informed best practices. One partner shared they had been introduced to different data management platforms through the consortium, though another suggested the NHC provide even more learning about data (e.g., what to track, how to track it, what data to report). Although neither VictimConnect's ad hoc TTA nor the NHC have directly focused on integrating research and evaluation into providers' practice, this study's methods and outcomes have been presented to NHC members and victim service providers nationally with encouragement from NCVC leadership to replicate the research. Urban recommends that NCVC and partner organizations integrate data collection into their expanded use of warm transfers to assess whether it does increase efficiency of trauma-informed service delivery.

RQ4F. Are Paid Professional VictimConnect Staff Better Able to Meet the Immediate and Follow-Up Needs of Visitors Relative to Volunteers?

This question could not be answered during the evaluation period because NCVC paused VictimConnect's volunteer program during the hotline's expansion to 24/7 operations. However, Urban's research team was able to collect some data from staff surveys to assess the perceptions of full-time and on-call staff. There were no differences between these two groups regarding the extent to which they thought their interactions and services were helpful to visitors or their confidence that resources they provided met visitors' needs. We recommend that NCVC continue to implement quality assurance practices and supportive data collection activities to assess the effectiveness of hotline volunteers once the program resumes.

Conclusion and Recommendations

This report summarizes results of Urban's implementation and outcome evaluations of NCVC's VictimConnect Resource Center, which serves victims of all crime types across the US. This rigorous, mixed-methods, and longitudinal evaluation examined perspectives of crime victims, hotline staff and leadership, external partners and stakeholders, and independently observed interactions between hotline staff and visitors. Collectively, we addressed four overarching research questions and over 20

subquestions regarding VictimConnect's structure, operations, collaborations, and benefits to visitors. Our findings provide valuable information for NCVC and insights for other victim hotlines, service providers, and policymakers about how to most efficiently increase access, improve delivery, and reach more victims, while preserving trauma-informed practices that protect victims' privacy, safety, and rights.

RQ1 Finding: VictimConnect Increases Access to Victim Services

By welcoming victims of all crime types from all US locations, VictimConnect ambitiously fills a much-needed gap. VictimConnect reaches victims from across the US via confidential phone, chat, and text services, increasing access for younger and older victims and those in rural locations. Most visitors experienced multiple types of harm (including stalking, harassment, assault, fraud) yet only a third are aware of local resources, indicating VictimConnect fills gaps for polyvictims and those without specific services for their crime types. Since expanding its hours to 24/7, VictimConnect more than doubled the number of visitors, showing clear demand for its confidential and inclusive victim response, and reduced the number of unclaimed, hang-up, and nonstarter contacts substantially.

VictimConnect also succeeded in increasing victim access to a wide range of service types, including crime reporting, advocacy, legal assistance, safety planning, and victim rights. VAS were confident in their knowledge and the resources they provided, though updated information on local programs would be helpful. VictimConnect user experiences are largely positive—nearly all said the helpline was accessible and easy to use. Most visitors reported learning from VAS about people and places in their community that could help them, and this increased awareness was sustained one month later. About three in four visitors received a direct referral, most of whom said the providers they were referred to met their needs and that they would use them. One month later, such uptake was taken by two out of three visitors.

Recommendations

- Continue efforts to update VictimConnect's internal service database with expanded information about local-level programs.
- Conduct ongoing staff training to address emerging crimes and complex or changing services, such as victim compensation and victim-witness programs.

- Establish protocols for warm transfers to become standard practice as VictimConnect continues efforts to expand and update its network of providers and collect data to confirm their positive effects.
- Continue tracking data on VictimConnect interactions by modality, state, and region that help leadership assess changes in the populations served.

RQ2 Finding: VictimConnect Improves Delivery of Victim Services

VictimConnect is implemented in ways that help their staff deliver services to victims and help staff improve the delivery of external victim services by increasing awareness and emotional well-being. Overall, VictimConnect operates with fidelity to its service model; in nearly all interactions studied, VAS followed protocols on safety and anonymity, and the platform was 99.9 percent operational. Offering phone, chat, and text modalities enables VictimConnect to meet a wide range of visitor needs, which can differ by time of day and by visitor age and sex. Nearly all visitors were satisfied or neutral about the technology used; VAS agreed the hotline platform met visitors' technical needs. Most visitors felt treated with respect, understood, and emotionally supported by VAS immediately and one month later, which is also a cornerstone of the VictimConnect service model.

VictimConnect staff also successfully help visitors understand their rights and service options, improving linkages to community providers in response to previously unmet needs. Most visitors who connected with VAS said VictimConnect helped them understand their rights and safety planning; this held true one month later and particularly for younger victims. Visitors, particularly visitors living in rural communities, also believed VictimConnect helped them understand how to meet their needs for legal, health, and housing assistance. VictimConnect increased awareness of community resources most for visitors who experienced fraud/identity theft or stalking—crimes for which there can often be a service gap. Connecting with a VAS was associated with increased hopefulness and sense of control, which visitors continued to express a month later regardless of their age, sex, race, or education. Eight in 10 visitors were satisfied with VAS and such interactions led visitors to rate their overall satisfaction with VictimConnect more highly than those who only visited its website.

Recommendations

- Continue offering multiple modalities—phone, chat, and text—for victims to connect with VAS, because they are valuable to meeting needs of different victims at different times of day.

- Perform regular quality assurance checks, provide ongoing empathy and vicarious trauma training, and assess staff for burnout, because information conveyed directly by VAS (whom victims perceived as emotionally supportive) appears most impactful for meeting visitors' needs.
- Update the VictimConnect website database to improve its local-level resource offerings for visitors who opt not to connect with VAS.
- Ensure that information about VictimConnect is promoted to victims in rural communities, where its presence matters most, with connections to help those who are geographically isolated.
- Increase outreach nationally to service providers who may be unaware of VictimConnect's availability to expand the network to whom victims can be referred and warm-transferred.
- Continue efforts to facilitate warm transfers as standard practice, which both NCVC leadership and the NHC recognize as high priority.
- Continue peer learning and knowledge sharing through the NHC and other victim service partnerships to expand the scope and accuracy of referral networks.

RQ3 Finding: VictimConnect Protects Victims' Rights and Confidentiality

Victim safety and privacy are paramount to VictimConnect, with both technical and procedural protections integrated into each interaction. VictimConnect effectively protects visitors' anonymity and confidentiality through technical and service protocols; the platform does not record IP addresses or phone calls, and VAS do not ask for personally identifiable information. VAS conveyed the platform's anonymity to visitors in 9 out of 10 interactions studied; when they did not, it was because no such opportunity became available. Visitors most frequently selected VictimConnect for its ease of use, safety, and privacy, and 8 out of 10 visitors reported that VictimConnect felt accessible, safe, and private initially and one month later. These perceptions were highest for those who spoke with VAS.

Recommendation

- Continue operating VictimConnect as a platform that protects visitors' anonymity and rights, as those qualities assure and comfort visitors regarding their safety and privacy.

RQ4 Finding: VictimConnect Helps Improve the Efficiency of Victim Services

Strengthening the efficiency of victim services nationally requires a large-scale, coordinated effort. VictimConnect supports the efficiency of victim services by adequately preparing its own staff and supporting staff in other hotlines through leadership of the National Hotline Consortium. Internally, VAS feel, and are perceived by leadership to be, adequately trained to help visitors after receiving 80 hours of different types of training plus shadowing/observing more experienced staff. VictimConnect's internal database of service resources, provider referrals, and best practices for serving victims is comprehensive at the national and state levels, but it would benefit from plans for ongoing updates regarding local-level programs. VictimConnect prioritizes staff well-being and meeting victims' needs through regular checks on the quality of VAS-visitor interactions and ongoing efforts to prevent vicarious trauma. Externally, the NHC creates meaningful space for peer learning and knowledge sharing to strengthen the response to emerging victim issues. It is perceived by members as providing essential support and concrete benefits, with plans to contribute to warm transfers across the field.

Recommendations

- Continue expanding VAS training and opportunities to shadow experienced colleagues, to continue addressing complex victim needs and to institute warm transfer protocols currently in development.
- Continue updating and track VictimConnect's internal and external databases, focusing on vetting data on local service providers.
- Ensure the sustainability of the NHC, as it presents a valued opportunity regarding emerging hotline policies and technology, best practices for serving victims, data tracking and management, and strategies to support staff wellness.

As victimization rates remain high, services constrict, and technologies change, VictimConnect plays a valuable role nationally. Trauma-informed, technology-based services in particular help reach populations with different accessibility given disparate service landscapes, complex victimization experiences, privacy concerns, and evolving preferences. Urban's evaluation findings provide support for VictimConnect's effectiveness in reaching different populations of victims to improve their awareness of rights and resources, offer emotional support, and meet critical needs with information, referrals, and a respectful, confidential response. Whether researcher or service provider, the goal of

improving our nation's response to crime victims remains a worthy and important endeavor for the future.

Appendix: Evaluation Roadmaps

TABLE A.1

Implementation Evaluation Roadmap

Implementation evaluation questions	Logic model outputs / immediate outcomes	Proctor evaluation concepts	Data sources	Domains
RQ1: Does VictimConnect increase access to victim services?				
RQ1A: Who are the users of VictimConnect?	▪ Number and percent change of softphone, text, chat, and web search interactions	▪ Penetration	Primary: ▪ VC database ▪ Visitor surveys ▪ Staff surveys Secondary: ▪ Staff interviews ▪ Observation ▪ Web traffic	▪ Sociodemographic characteristics ▪ Victimization experiences ▪ Reported needs
RQ1B: Does VictimConnect reach different types of populations?	▪ Percent change in type of visitor demographics ▪ Number and percent change of online resources updated ▪ Number of outreach materials expanded ▪ Number of new collaborations	▪ Adoption	Primary: ▪ VC database ▪ Materials/ platform review ▪ Visitor surveys Secondary: ▪ Staff interviews ▪ Observation	▪ Socio-demographic characteristics ▪ VictimConnect service characteristics ▪ Resources provided ▪ Outreach
RQ1C: Does ease of access vary by technologic modality, and do visitors prefer some over others?	▪ Number and percent change of softphone, text, chat, and web search interactions ▪ New ways to use technology to support victims are tested and implemented? ▪ Technological platforms have 99.999 percent uptime	▪ Acceptability	Primary: ▪ Platform review ▪ VC database ▪ Visitor survey Secondary: ▪ Web traffic	▪ VictimConnect service characteristics ▪ Feedback on service overall

Implementation evaluation questions	Logic model outputs / immediate outcomes	Proctor evaluation concepts	Data sources	Domains
RQ1D: How knowledgeable are Victim Assistance Specialists about different victim services nationwide?	▪ Number of online modules created ▪ Number and percent change of online resources updated	▪ Acceptability	Primary: ▪ Staff interviews ▪ Staff surveys ▪ Material review Secondary: ▪ Observation ▪ Visitor survey	▪ Activities during the interaction (from visitor) ▪ Feedback on interaction (from visitor) ▪ Activities during interaction (from VAS) ▪ Perceptions of VASs overall ▪ Materials available to VAS
RQ1E: How well are VictimConnect visitors informed of, referred to, and/or warm-transferred to community services relevant to their needs?	▪ Outcome: Visitors have access to up-to-date, high-quality referrals	▪ Fidelity ▪ Adoption	Primary: ▪ VC database ▪ Observation ▪ Visitor survey ▪ Stakeholder interview Secondary: ▪ Staff interview ▪ Staff survey	▪ Activities during interaction (visitors, VAS, observation) ▪ Warm handoff numbers ▪ Feedback on service (service provider)
RQ2: Does VictimConnect improve delivery of victim services?				
RQ2A: Are VictimConnect's services delivered as intended through its four technological modalities?	▪ Number of online modules created ▪ Technological platforms have 99.999 percent uptime	▪ Fidelity	Primary: ▪ Observation ▪ VC database ▪ Material review Secondary: ▪ Staff surveys ▪ Visitor surveys	▪ Activities during interaction (observation, VAS) ▪ Reliability of technology ▪ Training ▪ Interaction procedures
RQ2B: Are the mechanisms of service delivery appropriate and suitable for visitors' needs?	▪ Technological platforms have 99.999 percent uptime ▪ Number and percent change of online resources updated ▪ New ways to use technology to support victims are tested and implemented	▪ Acceptability	Primary: ▪ Platform review ▪ Visitor survey ▪ Stakeholder interview ▪ Staff interview Secondary: ▪ Observation ▪ Web traffic	▪ Feedback on service overall (visitor and service provider)
RQ3: How does VictimConnect protect victims' rights and confidentiality?				

Implementation evaluation questions	Logic model outputs / immediate outcomes	Proctor evaluation concepts	Data sources	Domains
RQ3A: How do VictimConnect's technological platforms protect victims' and families' right to anonymity and confidentiality?		▪ Adoption	Primary: ▪ Material/ platform review Secondary: ▪ Staff interviews	▪ Technological protections
RQ3B: How consistently and in what ways is information about VictimConnect's anonymity and confidentiality protections conveyed to victims/visitors?		▪ Fidelity	Primary: ▪ Observation Secondary: ▪ Staff surveys ▪ Staff interviews ▪ Visitor surveys	▪ Activities during interaction (observation, visitor and staff) ▪ Interaction procedures ▪ Training
RQ4: Does VictimConnect strengthen the efficiency of victim services?				
RQ4A: Does VictimConnect adequately prepare staff and volunteers according to its stated goals?	▪ Implementation of vicarious trauma action plan and performance evaluation measures ▪ Number of online materials created ▪ Implementation of volunteer program	▪ Acceptability ▪ Adoption	Primary: ▪ Material review ▪ Staff interviews Secondary: ▪ Observation	▪ Training ▪ Materials available to VAS ▪ Feedback on service (from VAS) ▪ Activities during interaction (observation)
RQ4B: Does VictimConnect maintain up-to-date and high-quality information in its database of community providers and resources for VASs to use when providing services and for visitors to find online?	▪ Number and percent change of online resources updated	▪ Sustainability	Primary: ▪ Material review Secondary: ▪ Staff interviews	▪ Materials available to VAS ▪ Materials available to visitor ▪ Feedback on service (from VAS)

Implementation evaluation questions	Logic model outputs / immediate outcomes	Proctor evaluation concepts	Data sources	Domains
RQ4C: Has VictimConnect increased its network of service providers over time overall, and have the populations and types of victimization served by that network become more diverse?	▪ Number of outreach materials expanded ▪ Number of new collaborations	▪ Penetration	Primary: ▪ Staff interviews ▪ Material review Secondary: ▪ Stakeholder interviews	▪ Provider network ▪ Materials created
RQ4D: How well does VictimConnect reach service providers through training and technical assistance?	▪ Publication of TTA guiding principles ▪ Number of agencies that request TTA	▪ Penetration	Primary: ▪ Stakeholder interviews ▪ Material review Secondary: ▪ Staff interviews	▪ Provider network ▪ Feedback on TTA ▪ Perception of TTA from staff

Notes: TTA = training and technical assistance; VAS = Victim Assistance Specialist.

TABLE A.2

Outcome Evaluation Roadmap

Outcome evaluation questions	Kirkpatrick evaluation concepts	Data sources	Domains
RQ1: Does VictimConnect increase access to victim services?			
RQ1F: Does VictimConnect serve more victims over time?	Level 4: Organizational impact	■ Session statistics ■ Web traffic ■ Demographics	■ Number and characteristics of interactions ■ Sociodemographic characteristics of visitors ■ Victimization experiences of visitors
RQ1G: Does VictimConnect increase visitor awareness of relevant services?	Level 2: Learning	■ Urban's longitudinal visitor surveys	■ Awareness of services ■ Perception that services are relevant
RQ1H: Are VictimConnect interactions followed by uptake of relevant services, if that was visitors' desired goal?	Level 4: Organizational impact	■ Urban's longitudinal visitor surveys	■ Intention to seek services ■ Intention to engage in services ■ Service engagement
RQ2: Does VictimConnect improve delivery of victim services?			
RQ2C: Are visitors' emotional, informational, and resource needs addressed through interactions with VASs?	Level 4: Organizational impact	■ Urban's longitudinal visitor surveys	■ Satisfaction ■ Emotional needs and well-being ■ Informational/resource needs and receipt of appropriate assistance
RQ2D: Does visitor knowledge about victim rights, options, and safety planning increase through interactions with VASs?	Level 2: Learning	■ Urban's longitudinal visitor surveys	■ Knowledge of victimization experiences ■ Knowledge of victims services
RQ2E: Does connecting with a VAS improve the outlook of visitors?	Level 3: Attitudes and Behavior	■ Urban's longitudinal visitor surveys	■ Hope ■ Empowerment and self-efficacy ■ Help-seeking intentions
RQ2F: Does VictimConnect improve the capacity of community-based providers to help victims heal and increase victim satisfaction?	Level 4: Organizational impact	■ Stakeholder interviews	■ Perception of organization capacity ■ Perception of victim recovery ■ Perception of victim satisfaction
RQ3: How does VictimConnect protect victims' rights and confidentiality?			

Outcome evaluation questions	Kirkpatrick evaluation concepts	Data sources	Domains
RQ3C: Do visitors perceive that VictimConnect offers an option for accessing information and service that protects privacy in a manner that would not otherwise be available to them?	Level 1: Reaction	▪ Urban's longitudinal visitor surveys	▪ Satisfaction ▪ Perception of privacy
RQ4: Does VictimConnect strengthen the efficiency of victim services?			
RQ4E: Does VictimConnect's TTA to service providers result in (1) greater perceived efficiency of providing relevant services to victims through technology and (2) greater integration of research into providers' practice to assess and/or improve their programs?	Level 4: Organizational impact	▪ Stakeholder interviews	▪ TTA receipt ▪ TTA satisfaction ▪ Perception of organization's efficient service provision ▪ Perception of organization's research integration
RQ4F: Are paid professional VictimConnect staff better able to meet the immediate and follow-up needs of visitors than trained volunteers?	Applies to levels 1-4	▪ Session statistics ▪ Urban's longitudinal visitor surveys	▪ Number and characteristics of interactions ▪ VAS staff status (paid versus volunteer) (Comparisons to be conducted across all visitor outcomes)

Notes: NCVC = National Center for Victims of Crime; TTA = training and technical assistance; VAS = Victim Assistance Specialist.

Notes

[1] According to the National Crime Victimization Survey, there were 6.7 million violent victimizations and 13.1 million property victimizations of people ages 12 and older in 2024 alone (Tapp and Cohen 2025).

[2] Some researchers also distinguish a third category, developmental evaluation, that is focused on assessing and assisting programs not yet well formed or conceptualized (i.e., programs in development; Patton 2015).

[3] Further assessment of VictimConnect's alignment with these concepts is detailed in a forthcoming scholarly article.

[4] Instruments are available upon request and will be archived with the ICPSR National Archive of Criminal Justice Data.

[5] The iMProVE measures were developed by RTI International, in collaboration with the Justice Research and Statistics Association, the Georgia Criminal Justice Coordinating Council, and the Performance Vistas, with support from the Office for Victims of Crime (OVC), the National Institute of Justice (NIJ) and the Office on Violence Against Women (OVW). "Welcome iMPRoVE Public Dashboard," accessed April 30, 2026, https://www.improve-tool.org/aggregateDashboard#/home.

[6] Although checks for survey bots and fraud had already been built into the survey using Qualtrics internal legitimacy indicators, additional fraud checks were identified and implemented by Urban's research team (e.g. repeated IP addresses, rapid survey completion time) to achieve confidence in identifying legitimate responses.

[7] Gang stalking is the term used when someone perceives they are being followed, stalked, and harassed by a large number of people, often involving different forms of surveillance.

[8] One month later, 52 percent agreed or strongly agreed (and 17 percent were neutral) that the VictimConnect interaction helped them know more about people and places in their community that can help.

[9] Surveyed visitors who were younger (ages 18-34) showed higher agreement that VictimConnect helped with safety planning compared to those age 35 and older.

[10] VictimConnect's volunteer program was on hold during the study period but is expected to resume in 2026.

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