



VictimConnect Outcome Evaluation Plan

Toolkit Resource 5

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This brief is the fifth of seven toolkit resources supporting the Urban Institute’s formative evaluation of the VictimConnect Resource Center. The evaluation was conducted in 2019 and 2020 with funding from the National Institute of Justice (box 1).¹ In this brief, we identify the goals of the planned outcome evaluation of VictimConnect, highlight the outcomes to be examined from VictimConnect’s logic model, and describe how each outcome will be measured and assessed. The research instruments to be used are located in the [seventh toolkit resource](#) (Dusenbery et al. 2020).

Introduction to Outcome Evaluation

An outcome evaluation identifies how a program or service is expected to affect clients or communities and then assesses the extent to which those intended effects are realized (OVC 2010). An outcome evaluation also provides clarity to stakeholders about a program’s most important goals and generates concrete evidence about the extent to which it is working as expected. Coupled with an implementation evaluation, a well-designed, rigorous outcome evaluation provides a robust assessment of program functioning, and the results can be used to inform program refinements, share knowledge with the field, and even lead to program expansion or replication.

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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 program website. In 2019, with funding from the National Institute of Justice, Urban launched a multiphase evaluation of VictimConnect in collaboration with research liaisons at NCVC. During the first phase, the research 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, concurrent implementation and outcome evaluation. Findings from this first phase are summarized in *Formative Evaluation of VictimConnect: Preparing for Rigorous Evaluation of a National Resource Center* (Yahner et al. 2020) 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.

The Kirkpatrick evaluation model provides a useful conceptual framework for outcome evaluations (Kirkpatrick and Kirkpatrick 2006; Kirkpatrick and Kirkpatrick 2016).¹ It outlines four levels of evaluation: participant reactions, participant learning, participant attitudes and behavior, and organizational results or impacts. An evaluation may seek to assess outcomes at one or several of these levels, depending on the evaluation's goals and the feasibility of capturing reliable data at each level. Although each level assesses different components of program success, the first three are focused on individual changes, for example, by measuring participants' satisfaction, knowledge acquisition, or attitudes about services. These types of measures may be early indicators of success, but assessment at the fourth level is necessary to gain a more definitive answer about whether a program has the intended impact on overall participant outcomes (e.g., improved well-being or service receipt).

In terms of examining program or service outcomes, to obtain optimal results, researchers (or practitioners) conducting an outcome evaluation need to pair high-quality data sources with the most rigorous feasible evaluation methods. According to the [Center for Victim Research](#), outcome evaluations can rely on quantitative data, such as measures gathered from client management systems or surveys, and qualitative data, such as a researcher's observations or client narratives about the program's impact (White and Bastomski 2020). After the best data are identified, it is important to plan an analytic approach, meaning how the data will be analyzed to assess whether and how the program or services impact client outcomes (Royse, Thyer, and Padgett 2016).

Randomized controlled trials (RCTs), in which people are randomly assigned to receive or not receive services, are generally considered a gold standard for assessing the causal impact of a program (Shadish, Cook, and Campbell 2002).² However, in practice, it is frequently infeasible or unethical to implement an RCT when studying the effect of social services on a high-risk or vulnerable population;

this might be true if, for example, an RCT denied or delayed certain services to crime victims who needed them. For this reason, researchers often use quasi-experimental approaches, which involve comparing outcomes of a treatment group (clients who received services) with those of a comparison group (similar people who did not receive services) (Morgan and Winship 2007). In a quasi-experimental design, there is already some reason (other than random assignment) that the comparison group did not receive services; for example, a comparison group might include people in another state where the program being studied is unavailable. In other cases, the capacity for outcome evaluation might be more limited, and researchers may choose simply to examine whether key client outcomes changed between the time services began and the time programming or services ended (i.e., pre-post comparison; Royse, Thyer, and Padgett 2016).

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VictimConnect's Outcome Evaluation

The goals of Urban's outcome evaluation of VictimConnect include the following:

- to examine the extent to which VictimConnect increases the reach of its helpline services by connecting to more victims and more diverse victim populations
- to understand whether VictimConnect positively impacts visitors³ by increasing visitors' knowledge and their awareness of resources, improving their outlook on next steps in recovery, and facilitating their uptake of relevant victim services (if applicable)
- to determine whether VictimConnect strengthens the capacity and efficiency of community providers to offer high-quality services to victims

Urban worked closely with NCVC and the project's advisory board to develop an outcome evaluation plan that advances these goals while providing appropriate safeguards to visitors who receive VictimConnect services. Consistent with Urban's research principles and VictimConnect's commitment to protecting visitors' safety and privacy, the research team's protocols are designed to ensure that data about visitors are kept confidential and will be securely collected and stored. Paired with the implementation evaluation, the outcome evaluation will empower VictimConnect staff to make

data-driven program refinements as needed and will provide the field with rigorous evidence to inform delivery of technology-based victim services.

Activities and Outcomes from the VictimConnect Logic Model

The VictimConnect logic model documents key activities and outcomes, detailing the services VictimConnect provides and how those services are intended to positively impact the crime victims and victim supporters who make up its target populations (table 1) (Dusenbery 2020). Activities are organized under VictimConnect’s focus areas: visitors (crime victims and those contacting on victims’ behalf), technology, staff and volunteers, outreach and collaboration, and evaluation and improvement. Taken together, these activities are intended to produce positive outcomes for visitors and victim services providers.

TABLE 1
VictimConnect Logic Model Activities and Outcomes

Activities	Outcomes
<p><i>Visitors</i></p> <ul style="list-style-type: none"> VictimConnect uses four modalities to provide resources to visitors: softphone, online chat, text messaging, and web resources <p><i>Technology</i></p> <ul style="list-style-type: none"> implement an omnichannel cloud contact center codify technology-testing protocols develop protocols for updating and expanding online resources <p><i>VictimConnect staff and volunteers</i></p> <ul style="list-style-type: none"> develop vicarious-trauma action plan convert training to online modules develop volunteer program <p><i>Outreach and collaboration</i></p> <ul style="list-style-type: none"> update outreach materials partner with intra- and interagency programs/providers develop a strategy for providing training and technical assistance to other service programs/providers <p><i>Evaluation and improvement</i></p> <ul style="list-style-type: none"> develop evaluability, research capacity, and implementation fidelity processes use evaluation to explore new ways to best support victims via technology 	<p><i>Visitors^a</i></p> <ul style="list-style-type: none"> visitors are more satisfied with their interactions with Victim Assistance Specialists a greater number of visitors access resources that VictimConnect shares a greater diversity of victims are served, including underserved victims visitors have increased knowledge about different victimization types and services available to them visitors’ needs are addressed in a streamlined and comprehensive manner <p><i>Other service providers</i></p> <ul style="list-style-type: none"> other providers have an increased capacity to deliver high-quality services to victims of crime other providers turn to VictimConnect as a model for best practices for responsibly and effectively using technology to support crime victims other programs are encouraged to integrate research into their practice

Source: Malore Dusenbery, “Refining the VictimConnect Logic Model” (Washington, DC: Urban Institute, 2020).

Note: ^a As described in the [fourth toolkit resource](#), two additional outcomes will be examined through the implementation evaluation: whether visitors have reliable access to VictimConnect call, chat, text, and website platforms, and whether visitors have access to up-to-date, high-quality referrals.

The framework for Urban’s outcome evaluation builds from the evidence base that McDonnell and colleagues developed through comprehensive evaluation of the National Domestic Violence Hotline and loveisrespect, a national hotline for teen dating violence (McDonnell, Nagaraj, and Coen 2020; McDonnell et al. 2018). McDonnell, Nagaraj, and Coen (2020) examined how receipt of hotline services impacted a range of hotline users’ outcomes, including victims’ knowledge, self-perceptions, emotional well-being, behavioral intentions, and actual behaviors. Urban’s outcome evaluation will examine similar domains among VictimConnect visitors, and it will also assess impacts on other victim services providers, such as providers’ perceptions of whether technology similar to that used by VictimConnect makes their victim services more efficient.

Furthermore, Urban’s outcome evaluation of VictimConnect will examine domains of interest among visitors who are warm-transferred to other providers and among a comparison group of visitors who attempt but do not successfully connect with VictimConnect (i.e., those who attempt to connect after hours and do not call back and those who view the VictimConnect webpage but do not access its helpline services). In sum, we will examine the impact of VictimConnect by comparing two major groups: visitors who receive VictimConnect services (by engaging with VictimConnect staff, receiving a warm transfer, and/or using website resources), and visitors who try but do not connect with VictimConnect.

Outcome Evaluation Research Questions

Four research questions (and their respective subquestions) guide Urban’s implementation and outcome evaluation of VictimConnect. To finalize the questions, Urban’s research team used the activities done for this formative evaluation’s evaluability assessment—program observations, staff interviews, and document review—and ongoing conversations with research liaisons at NCVV and the advisory board convened to support Urban’s formative evaluation. The four research questions, which we refer to as RQ1, RQ2, RQ3, and RQ4, are as follows:⁴

- RQ1: Does VictimConnect increase access to victim services?
- RQ2: Does VictimConnect improve delivery of victim services?⁵
- RQ3: How does VictimConnect protect victims’ rights and confidentiality?
- RQ4: Does VictimConnect strengthen the efficiency of victim services?

Building from these four overarching research question, subquestions specific to the outcome evaluation were designed to align with the conceptual framework of the Kirkpatrick model. When possible, Urban’s proposed outcome evaluation will explore how findings differ across subgroups of VictimConnect visitors and by technological channel. Visitor subgroups may be created by grouping those with similar victimization experiences, needs, and sociodemographic characteristics. The four technological channels are softphone, online chat, text messaging, and searchable website resources. The comparison group includes people who viewed the VictimConnect webpage or attempted unsuccessfully to access the helpline services by phone or chat, most commonly because it was after hours of operation.⁶ Below, we detail the subquestions of specific relevance to the outcome evaluation.

RQ1: DOES VICTIMCONNECT INCREASE ACCESS TO VICTIM SERVICES?

RQ1F: Does VictimConnect serve more victims over time?⁷ This question focuses on whether more victims are reached over time across the four technological modes (softphone, online chat, text messaging, and web resources) and will involve looking for increased diversity among the victim populations who access VictimConnect, especially underserved groups (White, Dusenbery, and Bastomski 2020).⁸ (This research question addresses Kirkpatrick's level-four concept of the organizational impact on visitor outcomes.)

RQ1G: Does VictimConnect increase visitor awareness of relevant services? The research team will assess whether visitors' perceived knowledge and awareness of community-based, specialized, or national victim services increases after interacting with a Victim Assistance Specialist (VAS) or accessing resources via the VictimConnect website, relative to the comparison group. (This research question addresses Kirkpatrick's level-two concept of changes to visitor learning.)

RQ1H: Are VictimConnect interactions followed by uptake of relevant community-based, specialized, or national services, if that was visitors' desired goal? The research team will examine whether visitors who connect with a VAS and/or search the VictimConnect website resources are more likely to access relevant victim services, relative to the comparison group. (This research question addresses Kirkpatrick's level-four concept of the organizational impact on visitor outcomes.)

RQ2: DOES VICTIMCONNECT IMPROVE DELIVERY OF VICTIM SERVICES?

RQ2C: Are visitors' emotional, informational, and resource needs addressed through interactions with VASs? This question will address the extent to which VASs provide emotional support and relevant informational and resource needs to visitors in a streamlined and comprehensive manner. (This research question addresses Kirkpatrick's level-four concept of the organizational impact on visitor outcomes.)

RQ2D: Does visitor knowledge about victimization experiences and available victim services increase through interactions with VASs? The research team will examine whether visitors who connect with a VAS report increased knowledge about victimization and related services, relative to the comparison group and to visitors' self-reported prior knowledge. (This research question addresses Kirkpatrick's level-two concept of changes to visitor learning.)

RQ2E: Does connecting with a VAS improve the outlook of visitors? The research team will examine whether visitors who connect with a VAS report increased hope for the future and help-seeking intentions, relative to the comparison group and relative to visitors' self-reported prior outlook. (This research question addresses Kirkpatrick's level-three concept of changes to visitor attitudes and behavior.)

RQ2F: Does VictimConnect improve the capacity of community-based providers to help victims heal and increase victim satisfaction? Through this research question, our team will qualitatively examine whether service providers to whom VictimConnect has referred visitors perceive that VictimConnect's warm-handoff referrals improve their ability to serve victims, such as by increasing victim awareness, triaging

visitors' needs, and reducing retraumatization. We will also assess providers' reports of the impact of VictimConnect training and technical assistance (TTA) on their service delivery.⁹ (This research question addresses Kirkpatrick's level-four concept of the organizational impact on visitor outcomes.)

RQ3: HOW DOES VICTIMCONNECT PROTECT VICTIMS' RIGHTS AND CONFIDENTIALITY?

RQ3C: Do visitors perceive that VictimConnect offers an option for accessing information and services that protects privacy in a manner that would not otherwise be available to them? If so, to what extent is this a factor in their decision to engage with VictimConnect? Urban's team will assess the extent to which visitors perceive that the technological channels (softphone, online chat, text messaging, web searches) provide relevant services in a manner that protects their rights as crime victims or private people, protects the privacy of their lived experiences, and protects the confidentiality of information they share. (This research question addresses Kirkpatrick's level-one concept of assessing visitor reactions.)

RQ4: DOES VICTIMCONNECT STRENGTHEN THE EFFICIENCY OF VICTIM SERVICES?

RQ4E: Does VictimConnect's training and technical assistance 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? Through this research question, our team will qualitatively examine the extent to which victim services providers to whom VictimConnect has referred visitors and/or delivered TTA perceive the resource center's services to increase the efficiency of service delivery via technology—either within their organizations or within the victim services field more broadly. We will also assess the extent to which VictimConnect's embracing of evaluation has facilitated other providers' integration of research to assess or improve their own programs and/or services to crime victims more broadly. (This research question addresses Kirkpatrick's level-four concept of the organizational impact on visitor outcomes.)

RQ4F: Are paid professional VictimConnect staff better able to meet the immediate and follow-up needs of visitors than trained volunteers? The research team will compare the ability of paid professional VASs to meet visitors' needs in terms of emotional support, information, service referrals, and visitor satisfaction, relative to the ability of trained VictimConnect volunteers. Findings from this question are of special interest to the broader hotline and victim services community given limited resources and increased consideration of trained and supervised volunteers in service provision roles. (This research question applies to all four levels of Kirkpatrick's model.)

Outcome Evaluation Methodology

Urban's research team envisions a comprehensive 36-month evaluation of VictimConnect, including the outcome evaluation detailed here and an implementation evaluation described in the fourth toolkit resource. The first 9 months of the evaluation will involve finalizing and pilot testing evaluation instruments. The middle 18 months are expected to focus on data collection and analysis, and the final 9 months would be spent reporting and disseminating the findings to a broad audience of practitioners, researchers, and policymakers. The outcome evaluation methodology described below includes data

sources, data collection, and the analytic strategy. Although the outcome evaluation will primarily rely on quantitative methods, it will employ qualitative methods to address select research questions.

Data Sources and Sampling Methods

During the formative evaluation of VictimConnect, the Urban research team worked with NCVC to identify key data sources that would facilitate future evaluation efforts, including data that NCVC already collects as part of its routine operations and new data that Urban will gather specifically for evaluation purposes. Existing NCVC data sources include statistics on visitor sessions, demographic information collected by staff (if disclosed during visitor interactions), a brief VictimConnect visitor feedback survey, and website traffic. Although these sources will primarily be used to address implementation evaluation research questions, they can also help address several outcome evaluation research questions.

Urban also intends to collect its own data through independent observations of a confidential sample of VictimConnect interactions, staff and stakeholder interviews, staff surveys, a longitudinal visitor survey (and a longitudinal comparison group survey), and materials or platform reviews.¹⁰ Many of these data sources will be used for the implementation evaluation (see the [fourth](#) toolkit resource). The longitudinal visitor surveys and comparison group surveys and stakeholder interviews are described below. The proposed methodology for administering each is also described below, and drafts of the instruments can be found in the [seventh](#) toolkit resource. For a summary of which data sources will be used to address particular outcome evaluation research questions, see this brief's appendix.

EXISTING DATA COLLECTED BY NCVC

Session statistics on phone, chat, and text interactions are captured by the VictimConnect technological platform hosted by the Rape, Abuse & Incest National Network, which shares these data and reports with NCVC through an online portal. They include the volume of phone, chat, and text sessions, the wait time for calls and chats, the number of missed calls or dropped interactions, and whether there was a warm handoff to a victim services provider at the end of a phone interaction. From January through June 2020, VictimConnect served approximately 4,000 visitors through these three technological modes. The Urban research team will collect these data from NCVC semiannually as an Excel sheet shared through a secure folder. The session statistics will be used as a primary data source to answer RQ1F; specifically, Urban will analyze trends in session statistics (coupled with demographic information described below) to determine whether the number of visitors served and the diversity of visitors (particularly in terms of engaging with visitors from underserved backgrounds) increases.

The VictimConnect visitor feedback survey is a five-question feedback survey for call and chat visitors, similar to the feedback survey used in evaluations of the National Sexual Assault Online Hotline, the National Domestic Violence Hotline, and the loveisrespect hotline (Finn, Garner, and Wilson 2011; McDonnell et al. 2018). Chat-based visitors are automatically linked to the online survey at the end of each session. Phone-based visitors are asked to participate and, if they agree, are transferred by the VAS to the Interactive Voice Response survey at the end of the call. This survey is not

an option for phone visitors who are warm-transferred to another service provider. In addition, NCVC accesses the data and reports through an online portal. The survey consists of four Likert scale questions about visitors' overall satisfaction, the likelihood of their using the services or advice recommended, their satisfaction with the VAS's knowledge and skills, and the likelihood of their recommending VictimConnect. The survey concludes with an opportunity to provide open-ended comments or suggestions. The Urban research team will collect these data from NCVC every six months as an Excel sheet shared through the secure folder. These data will be used to determine visitors' overall satisfaction and whether satisfaction varies by technological mode and type of VAS (paid professional versus volunteer). These findings will be used as a secondary source for the outcome evaluation to answer RQ2C, RQ3C, and RQ4F.

Visitor demographics include a wide range of visitor characteristics, such as their victimization experiences, their needs, and the services provided by the VAS. Because VictimConnect is completely anonymous and strives to be victim centered and trauma informed, VASs are trained not to ask visitors directly about their demographic characteristics. Rather, they use an online tool to record this information only if voluntarily shared by the visitor during the course of the interaction. They are also required to document the data on the online platform before ending the session. The Rape, Abuse & Incest National Network provides these data monthly to NCVC as an Excel spreadsheet. The types of data recorded were updated by NCVC in August 2020 and include the following: type of call, frequency of access, age, gender, user relationship to victim, location, race/ethnicity, crime experienced, special populations, crime type trends, keywords, services discussed, services provided, and how the visitor heard about VictimConnect.

The Urban research team will collect these data from NCVC approximately every six months for the length of the data collection period. The demographic information will be used to answer RQ1F. However, the anonymity of the service means that each interaction logged in the demographics platform does not necessarily reflect a unique person and may be someone who has contacted VictimConnect multiple times. The data content and limitations mirror the data collected by the National Domestic Violence Hotline and loveisrespect (McDonnell, Nagaraj, and Coen 2020) and archival data reviewed by Colvin and colleagues (2017) of a regional sexual assault phone hotline.

Website traffic data for VictimConnect are collected by Google Analytics and are available as real-time data and trends. They include the number of page views and link clicks on the website, bounce rates, session duration, devices users, and how users were acquired. From January through June 2020, there were 125,862 visitors to the VictimConnect website. The Urban research team will collect these data from NCVC at the end of the data collection period. They will be analyzed in the aggregate to provide general information about the use of the website and the online resources VictimConnect provides, and any trends that emerge. The Google Analytics data will be used to answer RQ1F.

EVALUATION-SPECIFIC DATA COLLECTED BY URBAN

Urban envisions new data collection efforts as part of a comprehensive evaluation, including session observations, staff interviews, staff surveys, a longitudinal visitor survey and comparison group survey, stakeholder interviews, and materials or platform reviews. The outcome evaluation will rely on two of

these data sources (the surveys and the stakeholder interviews) collected specifically for evaluation purposes.

Stakeholder interviews will be conducted by the Urban evaluators. These one-hour, semistructured interviews will be with community and national service providers to whom VictimConnect refers visitors, recipients of VictimConnect outreach activities and TTA, and participants in the National Hotline Consortium that NCVC coordinates. Approximately 50 virtual interviews will be conducted throughout the data collection period, the majority of which will be with providers that receive referrals, warm handoffs, and TTA from VictimConnect. All interviews will be recorded or captured through detailed notes if the stakeholder prefers not to be recorded. The interviews will serve as the main data source for RQ2F and RQ4E. The domains covered that relate to outcome evaluation questions include the following: providers' perception of VictimConnect's utility to the victim services field generally and their organization specifically, especially in terms of improving provider capacity to increase victim awareness of available services; providers' capacity to provide more streamlined and trauma-informed services (e.g., not asking victims to repeat their stories); providers' receipt of VictimConnect TTA, including TTA regarding technological innovations in victim service provision; providers' perceptions of whether technology increases efficiency of victim services in their organization; and providers' perceptions of their capacity to integrate research into their practices and the extent to which this has been influenced by VictimConnect's promotion of data collection and the value of evaluation.

Urban will work closely with NCVC to identify organizations to include in the study and facilitate outreach. Providers will be targeted to reflect a diverse range of service types, victimization focus areas, and variation in geography (e.g., region and urban/rural location), and we will consider which states and specific organizations receive the most referrals from VictimConnect. From demographic data on VictimConnect visitors, we know the five states that visitors call or chat from most are California, Texas, New York, Florida, and Ohio. The Urban team will also have information on which service providers VASs refer visitors to most: starting mid-2021, VictimConnect will use its platform to track the specific providers that VASs refer visitors or provide warm handoffs to in each interaction. In addition, during the formative evaluation, the NCVC research liaison compiled a list based on an informal survey of staff regarding the resources that VictimConnect uses most in each of the five states and the primary national service providers for the five most frequently reported crimes. These providers include state crime victim compensation programs, statewide legal assistance (like California's Victims' Services Unit and the Ohio Crime Victim Justice Center), and local service providers (such as Safe Horizon in New York City and Aid to Victims of Domestic Abuse in Texas). Also, NCVC will provide a list of past and current TTA recipients. The research team will use this information to develop a final sample of key organizations to reach out to for interviews and potentially engage with to request assistance with recruitment of warm-transferred visitors for the Urban longitudinal survey.

Urban's longitudinal visitor surveys will be made available for VictimConnect visitors who connect through phone, chat, text, or the website, and will provide key data for the implementation and outcome evaluations. For the outcome evaluation, the main purpose of the visitor survey is to provide data that

enable an assessment of how VictimConnect services impact visitor outcomes. Similar to the ADVHOCaT study by McDonnell, Nagaraj, and Coen (2020), the surveys will consist of at least two parts: a baseline survey (wave 1) administered immediately after visitors finish their engagement with VictimConnect, and a follow-up survey (wave 2) administered approximately two weeks after the baseline survey is completed; Urban's team will also consider the value of administering a second follow-up survey (wave 3) after observing the wave 2 response rate.

Visitors who engage with a VAS via phone, chat, or text or who access resources via the website will be recruited into the **treatment group**, treatment being defined as engagement with VictimConnect via one of the four technological modalities. The **comparison group** will comprise visitors who attempt to contact a VAS during VictimConnect's offline hours (i.e., nights, weekends, and holidays, when VAS services are unavailable) and do not receive VAS services or who engage with the website without accessing informational resources.¹¹ The baseline and follow-up surveys will be tailored to the treatment and comparison groups (e.g., the comparison group will not be asked about their satisfaction with VASs). We aim to recruit up to 500 treatment group members and 500 comparison group members. Notably, results from power analysis indicate that a sample of 1,000 visitors (500 in each group) will allow sufficient statistical power to detect even small effect sizes, and accounts for potential attrition between baseline and follow-up surveys.

Recruitment for the baseline survey will be tailored to each technological modality. For example, we envision recruiting survey participants by modifying the VictimConnect website to include a button directing visitors to information on a voluntary, confidential survey.¹² Treatment group participants will be recruited in two ways. First, for visitors who connect via phone, chat, or text and who do not wish to receive a warm-handoff referral, VASs will provide survey information at the conclusion of the interaction. Second, we plan to recruit visitors who speak to a VAS and receive a warm handoff to another service provider, but need to do so without interrupting the connection to services.¹³ To manage recruitment for this group of visitors, we envision doing outreach to victim services providers who receive the highest volume of referrals from VictimConnect (such as Safe Horizon in New York City) and partnering with their staff to assist with recruitment for the study.

Urban will design the study's informed-consent information and survey to be self-administered on a computer or smartphone, using Qualtrics' secure online survey platform. The survey will be designed to be confidential, meaning any identifying information or contact information will be managed securely by the research team. Visitors will be offered the chance to participate in the study and will receive the survey only after completing the informed-consent process. At the baseline survey, Urban will securely collect respondents' names and their preferred (and safe) contact information (e.g., email addresses, phone numbers) and will generate a unique identifier to track each respondent. Follow-up surveys will be tagged with the unique identifier to ensure the research team can link baseline and follow-up surveys. Contact information will be stored securely and used to reach out to respondents to encourage participation in the follow-up survey (e.g., by sending automated emails to those who have not completed it).

Baseline and follow-up survey data will be analyzed to address seven outcome evaluation research questions: RQ1G, RQ1H, RQ2C, RQ2D, RQ2E, RQ3C, and RQ4F. Survey domains relevant to the outcome evaluation include sociodemographic characteristics, victimization experiences, knowledge and awareness of victim services, knowledge of victimization experiences, perceptions that services are relevant, help-seeking and service-engagement intentions, service engagement, satisfaction with VictimConnect services, emotional needs and well-being, informational/resource needs and receipt of appropriate assistance, perceptions of privacy, and hope, empowerment, and self-efficacy. For a draft of the survey instrument, see the [seventh](#) toolkit resource.

Analytic Strategy

This section describes the analytic strategy Urban will use to examine the outcome evaluation data.

Qualitative data to be collected for the outcome evaluation include transcribed stakeholder interviews. Transcripts will be assessed for common themes through text analyses that may include use of QSR-NVivo, a package for analyzing qualitative data. To ensure coding consistency, the research team will collaboratively identify themes and hold regular coding conferences to discuss coding decisions and resolve any discrepancies in the process. Qualitative analysis will provide rich insights on how key stakeholders—staff of major victim services agencies—view VictimConnect’s performance as a national resource center for victims and victim services professionals.

Quantitative data will be imported into Stata or another statistical package for cleaning and analysis. Relevant numerical data from the outcome evaluation include session statistics and scaled questions on the VictimConnect feedback survey and the Urban longitudinal visitor survey. Session statistics and the feedback survey will be analyzed in the aggregate to provide general descriptive information, or descriptive statistics, on the numbers, percentages, and average characteristics of visitors and their interactions with VictimConnect, and any relevant trends.

Furthermore, Urban will employ a quasi-experimental approach to analyze the longitudinal visitor survey. This approach will allow us to rigorously examine VictimConnect’s impact on visitor outcomes. We will first examine treatment and comparison groups’ baseline characteristics; if they are not balanced in terms of key variables (e.g., demographics, victimization type), we will use propensity-score matching to create two groups that are statistically indistinguishable on those key measures. We will then use *t*-tests to assess differences in the means of key outcomes across treatment and comparison groups to, for example, compare improvements in visitors’ awareness or use of relevant resources with improvements among the comparison group. As a robustness check, we will compare results across each of the matching methods used (e.g., nearest-neighbor and radius-matching techniques). Moreover, we may use propensity scores to weight observations in a series of regressions predicting key outcomes. The advantage of this approach is that we will be able to retain all observations (whereas with matching, we would likely need to exclude some observations). We will use ordinary least-squares models for continuous outcomes and logistic regressions for binary outcomes, with propensity-score weights. We will also conduct an attrition analysis to see whether certain types of visitors are more likely to leave the

study after the baseline survey and to not complete a follow-up survey. If attrition is a concern, we will construct additional weights to correct for attrition bias (Rossman et al. 2011).

To address questions regarding differences in outcomes for paid professional staff and trained volunteers (RQ4F), we will at minimum rely on comparisons of data from NCVV's visitor feedback survey and, to the extent that data linking can be achieved through time stamps or other means similar to those described in McDonnell, Nagaraj, and Coen (2020), we will conduct comparisons using data from the longitudinal visitor survey. Throughout the formative evaluation, the research team has explored the extent to which data sources can be linked given VictimConnect's strict adherence to visitor anonymity. For example, it would be highly informative to tie visitors' responses to the VictimConnect feedback survey or Urban's survey to a particular VAS or to other data sources such as the visitor demographics or session observations. McDonnell and colleagues (2018) determined that the priority in the ADVHOCaT study was maintaining victims' privacy and confidentiality and therefore that linking most sources was not possible. Similarly, because of confidentiality, Finn and colleagues (2010) could not match users' and volunteers' survey data, but they recommended that future studies find a way to at minimum link data from the volunteers to their demographic information to examine the relationship between program outcomes and variables such as age, gender, experience, and education. The Urban research team discussed this challenge with members of the advisory board and in interviews with VictimConnect staff and found that connecting data was still of interest to the stakeholders and an ongoing possibility. The most promising option is to link VASs to the two surveys and the observation, but Urban will continue to explore all opportunities during the pilot stage of the next phase.

After conducting the analyses described above, Urban's team will integrate key findings from both types of data to assess how VictimConnect affects visitor outcomes and its larger-scale impacts on victim services providers. Coupled with findings from the implementation evaluation, results from the outcome evaluation will provide robust insights into VictimConnect's functioning and the extent to which it meets its performance goals.

Human Subjects Protections and Data Security

Urban is committed to carrying out the outcome evaluation activities in a manner that protects and preserves the confidentiality of visitors and in ways that are respectful of victims' rights and attentive to risks of revictimization and retraumatization (Murray 2019). Plans and protocols for this evaluation will be reviewed for approval by Urban's institutional review board, which reviews all Urban research involving human subjects to ensure data collection and data security plans comply with federal regulations and protect the rights and welfare of human subjects. Project data will only be accessible through a secure platform and restricted to project team members who have signed a confidentiality pledge. After Urban's approval from the institutional review board and before data collection begins, the project will be reviewed for approval by the National Institute of Justice Human Subjects Protection office.

Consent protocols will emphasize the voluntary nature of the research, discuss the potential risks and benefits associated with participating in the study, and clearly state the purpose of the research and its intended uses. People participating in interviews and Urban's surveys will be fully apprised of the goals of this study and informed of their ability to stop participating at any time. Visitors will be assured that they will continue to receive services through VictimConnect and organizations to which they are referred regardless of whether they choose to participate in the study. Everyone who consents to be a part of this study will be assured confidentiality, which means that any personally identifiable information exchanged between the participant and the research team will not be shared with anyone outside of this research project.

The research team will adhere to fundamental principles of research ethics and take key measures to ensure the security of the data collected. Project findings and reports prepared for dissemination will not contain information that could readily be used to identify an individual participant. Only deidentified data will be archived, in accordance with the US Department of Justice's data-archiving requirements. Adequate precautions will be taken to ensure administrative and physical security of personally identifiable information.

Conclusion

In this brief, Urban describes the overarching goals and research questions of the planned outcome evaluation of VictimConnect. These questions were informed by an evaluability assessment conducted by Urban, which helped identify the key outcomes that VictimConnect is designed to bring about. To assess VictimConnect's outcomes, we have described plans for data collection and analysis using comprehensive and rigorous approaches to increase the validity of evaluation findings.

This outcome evaluation of VictimConnect is envisioned to be conducted in conjunction with an implementation evaluation and in collaboration with the National Center for Victims of Crime. For that reason, findings from proposed evaluation activities will permit Urban, NCVI, the Office for Victims of Crime (VictimConnect's funder), and the National Institute of Justice (the evaluation's funder) to understand which of VictimConnect's components are working well and why. Sharing these findings with the victim services and hotline resources fields will facilitate understanding of how technology can be used to improve the response to crime victims nationwide. Lastly, we hope that this toolkit resource, one of seven resulting from Urban's formative evaluation of VictimConnect, is helpful to others planning evaluations of similar programs and resource centers.

Appendix. Outcome Evaluation Roadmap

TABLE A1

Outcome Evaluation Roadmap

Outcome evaluation questions	Evaluation concepts (Kirkpatrick model)	Data sources	Domains
RQ1: Does VictimConnect increase access to victim services?			
RQ1F: Does VictimConnect serve more victims over time?	Level 4: Organizational impact	<ul style="list-style-type: none"> Session statistics Website traffic Demographics 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Urban's longitudinal visitor surveys 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Urban's longitudinal visitor surveys 	<ul style="list-style-type: none"> 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	Primary source: <ul style="list-style-type: none"> Urban's longitudinal visitor surveys Secondary source: <ul style="list-style-type: none"> NCVC's visitor feedback survey 	<ul style="list-style-type: none"> Satisfaction Emotional needs and wellbeing Informational/resource needs and receipt of appropriate assistance
RQ2D: Does visitor knowledge about victimization experiences and available victim services increase through interactions with VASs?	Level 2: Learning	<ul style="list-style-type: none"> Urban's longitudinal visitor surveys 	<ul style="list-style-type: none"> Knowledge of victimization experiences Knowledge of victims services
RQ2E: Does connecting with a VAS improve the outlook of visitors?	Level 3: Attitudes and Behavior	<ul style="list-style-type: none"> Urban's longitudinal visitor surveys 	<ul style="list-style-type: none"> Hope Empowerment and self-efficacy Help-seeking intentions

Outcome evaluation questions	Evaluation concepts (Kirkpatrick model)	Data sources	Domains
RQ2F: Does VictimConnect improve the capacity of community-based providers to help victims heal and increase victim satisfaction?	Level 4: Organizational impact	<ul style="list-style-type: none"> Stakeholder interviews 	<ul style="list-style-type: none"> Perception of organization capacity Perception of victim recovery Perception of victim satisfaction
RQ3: How does VictimConnect protect victims' rights and confidentiality?			
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	Primary source: <ul style="list-style-type: none"> Urban's longitudinal visitor surveys Secondary source: <ul style="list-style-type: none"> NCVC's visitor feedback survey 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Stakeholder interviews 	<ul style="list-style-type: none"> 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?	Apply to levels 1-4	Primary sources: <ul style="list-style-type: none"> Session statistics Urban's longitudinal visitor surveys Secondary source: <ul style="list-style-type: none"> NCVC's visitor feedback survey 	<ul style="list-style-type: none"> 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 Although this model was developed for application to evaluations of training programs, the conceptual framework also aligns well with evaluations of other programs and services.
- ² In research, identifying a causal impact requires a thoughtful research strategy. For example, showing that a program is *associated* with particular changes for participants is not enough. Those observed changes might be related to differences in the baseline characteristics of treatment versus members in the control/comparison group, or might owe to experiences unrelated to the intervention. By creating two groups of clients that are equivalent on important characteristics before the program is administered and by assigning one group to receive the program, researchers can reduce some of these competing explanations.
- ³ VictimConnect defines its visitors as anyone who contacts VictimConnect, including victims/survivors; family, friends, and other supporters of victims; and other professionals, such as service providers.
- ⁴ These activities and the full list of the research questions for both evaluations are described in the full formative evaluation report (Yahner et al. 2020b) and the [third toolkit resource](#) (Yahner et al. 2020).
- ⁵ The Urban team envisions three aspects of this research question: the approach used to deliver VictimConnect services, such as the four technological modalities and how warm handoffs are made; the delivery of emotional support, information, and referrals during the VictimConnect interaction; and community providers' improved ability to deliver services.
- ⁶ As described in NCVC (2020), VictimConnect's operating hours are 8:30 a.m. to 7:30 p.m. Urban's evaluation will attempt to reach people who contact the program after hours by offering a link to a webpage describing the study and the risks, benefits, and voluntary nature of participation.
- ⁷ Research subquestions were developed for the implementation and outcome evaluations. Here, we discuss research questions specific to the outcome evaluation, which is why the first subquestion is listed as RQ1F rather than RQ1A. Research subquestions specific to the implementation evaluation are listed in the [fourth toolkit resource](#).
- ⁸ VictimConnect's understanding of underserved populations aligns with the definition of the US Department of Justice, which identifies victims as "underserved" based on gaps in services among populations (OVC 2014). This definition captures victims of certain crimes for which there are fewer services. Certain crimes, such as domestic violence, sexual assault, and human trafficking, have specialized resources, whereas there may be limited funding for services for victims of other crimes. Examples include assault, robbery, hate and bias crimes, economic exploitation and fraud, elder abuse, and homicide covictimization. This definition also applies to victims with specific needs, such as victims with disabilities or limited English proficiency, and to victims with key relevant identifying characteristics, such as immigrant victims, LGBTQ victims, teen victims, and members of culturally, ethnically, or religiously marginalized populations.
- ⁹ VictimConnect training and technical assistance is forthcoming in 2021.
- ¹⁰ Staff interviews and surveys will include paid professional staff and unpaid trained volunteers who work as VASs.
- ¹¹ In the longitudinal visitor survey for the comparison group, we expect to ask respondents to report whether they have connected with a VAS or accessed website resources to ensure that comparison group members have *not* received such services.
- ¹² During the formative evaluation, Urban staff conducted interviews with VictimConnect staff and specifically asked for a description of after-hours visitors. Staff reported the following: visitors who attempted to connect just before and after hours and on weekends appeared similar to those who visited during operating hours; other after-hours visitors tended to be from the West Coast; and after-hours visitors did not differ notably from other visitors in terms of victimization experiences or needs. Based on this information, Urban determined that after-hours visitors are not likely to differ from other visitors on observed or unobserved characteristics that might be associated with key outcomes, and are therefore an appropriate comparison group.
- ¹³ During analysis, these treatment subgroups will be pooled (analyzed as one treatment group) and examined in contrast to the comparison group. To the extent possible, we will also draw comparisons across different treatment subgroups, broken down by technological mode (e.g., by comparing those who engaged via text with those who engaged by phone).

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