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The Effects of the COVID-19 Pandemic on Victim Service Provision in a Midwestern State: A Research Note

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Abstract

Criminal justice systems faced critical issues related to ample resource availability and efficient service provision with the onset of the COVID-19 global pandemic in March of 2020. Lockdowns implemented by communities as well as the changes required in services for crime victims at the onset of the pandemic placed constraints on victim service professionals. These adaptations undoubtedly affected the victims served by both community-funded and governmental agencies. Published studies conducted during the early months of the pandemic examined rates of victimization; however, valid victimization counts were obscured by underreporting during lockdown. The current research note explores the perceptions of administrators working in victim services in a rural state in the Midwestern United States. In-depth interviews were conducted with nine respondents working in victim services. Themes delineated in the analysis center on the work efficacy of the professionals interviewed as well as the mobilization of services and resources for victims since the onset of the COVID-19 pandemic. Implications of the findings are addressed, and future directions for research are discussed.

Keywords: victimization; statistics; policing; COVID-19; rural; interviews; victim services

Introduction

Empirical studies conducted in the months following the onset of the COVID-19 pandemic have confirmed the paradox of lockdown, in that interpersonal violence in the home increased as residents of

communities across the United States stayed home. In other words, while residents stayed home during this time to control the spread of the novel coronavirus, they were not necessarily safer at home. Victimization from interpersonal violence has historically been underreported in all communities. Nonetheless, recent studies that relied on official police data report increased calls to the police for service in the early weeks of lockdown (Nix & Richards, 2021; Piquero et al., 2020). However, with the exception of one municipality examined in these studies, the rates of calls for service declined after the initial weeks of lockdown. Without an understanding of the social context of these communities, it is difficult to know why calls for service declined in several jurisdictions; it may simply have been due to the lifting of lockdowns in May 2020. Thus, several commentators have called for more detailed, in-depth examinations of localities, with the idea that such inquiry would facilitate a deeper, more robust understanding of victimization, accurate understanding of service provision for victims during this time, and more collaboration between communities (Stickle & Felson, 2020). As Nix and Richards (2021) note,

> we must recognize that examining 911 calls as presented here only represent a portion of DV [domestic violence] incidents, and that other stakeholders such as community-based victim service agencies and emergency departments also hold important data on incidents that may go unreported to law enforcement. (p. 1449)

There are many reasons that lockdown may have led to higher levels of victimization, especially for women, children, and individuals who identify as a racial and/or ethnic minority. Family members spent more time together as children were homeschooled and employed adults worked remotely from home. Unprecedented stresses, anxieties, and economic insecurities induced by the pandemic further disturbed daily routines, created food insecurity, and reduced the quality of sleep, fitness/wellness routines, and positive social interaction (Chaturvedi, Vishwakarma & Singh, 2020; Nix & Richards, 2021). Reported anxiety and stress during the pandemic were greater among those who lived in rural areas, had unsteady incomes, did not live with adult relatives, reported lower levels of

social support, and knew people who had contracted COVID-19 (Cao et al., 2020; Ye et al., 2020). Additionally, the association of stress with anxiety was mediated by levels of resilience, social support, and engagement in adaptive coping methods, all traits that could potentially be lower among victims (Ye et al., 2020). Living conditions complicated by these concerns may have enabled perpetrators of domestic violence to increase their control of potential victims in their own home. Thus, lockdown may have only served to increase the numbers of incidents that went unreported, as victims were under the watchful eye of their victimizers, and deterred from placing calls to the police and domestic violence hotlines. Hansen and Lory (2021) reported that professionals operating hotlines often noted that callers seemed rushed, and acted in a hurried fashion with the victims speaking quietly and giving less than adequate information about the incident. Additionally, many children were not in school, where teachers typically make a large number of referrals to child protective agencies. When considering the severity or lethality of violence in the home during the pandemic, radiologists at one large northeastern medical center noted that victims of violence presented more severe injuries (Gosangi et al., 2021).

Opportunities for in-depth research with victim service providers in the early months of the COVID-19 pandemic were severely limited, as there were methodological constraints, largely due to limited periods of time for data collection as well as little or no access to victim service staff during the early weeks of lockdown. Nevertheless, some researchers described the obstacles that agencies and staff likely faced during this unprecedented time. Posick and colleagues (2020) argued that instances of child abuse and neglect probably increased during the early months of the pandemic, and that agencies serving this population should use innovative solutions (e.g., teleconferencing, social media, and training) to protect the health and safety of staff and clients. Teleconferencing became common during the pandemic, but Simon, Michael, Lucero, and DeAngelis (2021) offered a narrative reflection through the lens of their judicial role, reiterating the ethical question of utilizing teleconferencing with children. Additionally, they argued that “technical limitations make it difficult for those litigants that need us” (p. 11), as internet connections for victims may not be dependable, technology may not

be accessible at all times for youth, and a large majority of case information is centrally kept in judge's chambers.

This spirit of service provision captured by Simon and colleagues (2021) gives rise to the focus of this research note. Specifically, the literature that examined initial pandemic victimization patterns as well as documented discussions of policymakers and program administrators during the early months of the pandemic highlighted the conviction that the important — and often life-saving — work must continue. With this conviction in mind, the goal of the current research is to assess the work of victim service providers in the early months of the COVID-19 pandemic. Our goal was to identify the dynamics of this important and essential work, and how these dynamics relate to the optimal delivery of services for victims during the early months of the pandemic in a rural US state — specifically, one that presented with unique social and political contexts.

Methods

The current study employed confidential, in-depth interviews with key informants for data collection purposes during the months of May and June of 2021. The individuals selected for the initial interviews were administrators and/or supervisors of direct service staff with detailed knowledge of policies and practices implemented during the pandemic. After the first few interviews, the researchers relied on snowball sampling, in which the selection of additional respondents was driven by the goal of reaching the broadest possible breadth of experience. Snowball sampling facilitated access to additional respondents, helped to create rapport with colleagues in the process, and assisted the researchers in gaining awareness of which professionals are knowledgeable about the current study's driving questions. In total, we interviewed nine individuals selected from federal, state, and local entities; some respondents worked in non-profit, community-based settings, while others were governmental employees. The interviews were structured to provide a detail-rich insight into the COVID-19 response of each respondent's respective organization. The interviews were conducted using Zoom teleconferencing.

The US state the study was completed in serves a largely rural population, with approximately 900,000 people and a population density of 11.3 people per square mile. Only five cities in the state have a population higher than 20,000. The state is 85 percent white and 9 percent American Indian/Alaskan Native, according to 2019 US Census Bureau population estimates. Additionally, there was no legally mandated lockdown during the pandemic, and business firms and schools were not required to close; localities were free to implement their own pandemic ordinances. Nonetheless, some organizations allowed some of their employees to work from home (e.g., if they were immuno-compromised) and school and workplace absences increased as COVID spread through the community, increasing the number of people at home. Many of the key informants interviewed served a large geographic area — some as expansive as seven counties. Three respondents each served more than a third of the state's land area in their respective professional roles. Our sample, while small, represented nearly 60 percent of those individuals in leadership roles in victim services in the entire state; thus, it represented a large portion of the population of staff employed in these roles. We do not name the state in this study in order to protect the confidentiality of our informants.

The in-depth interviews were used to develop a framework of how victim service staff and programs adapted and continued their work during the early stages of the COVID-19 pandemic. The current study was therefore exploratory in nature, with the express goal of understanding key issues experienced by victim service providers, as well as concerns — both situational and pervasive — that threaded through service delivery during this time. One goal of this study was to ascertain what modifications providers made during the pandemic that were effective and could be sustainable as best practices over time. Best, or promising, practices are defined by the US Department of Health and Human Services are those that were effective in small-scale interventions in preliminary studies and could show promising results for use in diverse populations and settings (US DHHS, 2003). Our questions were practical in nature and focused on behavior and strategies used by service providers in the state.

We asked participants these open-ended questions:

1. How did you and your workplace adapt to complete your work/accomplish your goals with victims during the early phases of the COVID-19 pandemic?
2. What types of victimization did the people you serve present with during the early days of the COVID-19 pandemic?
3. Did you and/or other employees in your office/agency receive any training as the COVID-19 pandemic required changes in how work with victims was accomplished?
4. Did your agency/office receive any technical assistance and or grant funding related to the COVID-19 pandemic?
5. Do you have any additional considerations/concerns?

Responses were organized into categories and sub-categories related to themes of workplace change, types of victimization, change in training, and technical or financial assistance to the agency or office. This provided the foundation for the list of best practices presented in the findings below.

Findings

The COVID-19 Pandemic: Approaches to Serving Victims

The main themes that emerged from the first question centered on both the big picture and the defining details. The dominant theme that emerged when respondents were asked about adaptations undertaken to complete their work with victims during the early phases of the COVID-19 pandemic was the fact that it was imperative that the work of service providers continue, especially given the fact that residents of many communities were staying home at this time. Respondents focused on how to carry out these essential services. The awareness of the respondents to the paradox of lockdown was the single most essential tenet that drove the work of those providing services to victims; thus, this necessary work could not stop at the onset of the pandemic, and respondents remained committed to serving victims during this time. As one respondent noted, "these are challenging and creative times." This spirit motivated the respondents to note that they, as professionals, needed to be open and flexible in their work with victims. This was imperative when considering

necessary precautions to reduce the potential for virus transmission, as well as new methods of performing the small, daily tasks in carrying out services for victims during the initial lockdown. Several programs continue to operate comfortably, with safeguards remaining in place after the lockdown.

While all respondents stressed the importance of continuation of services in the broad context, the details of how to do that safely became a critical next step for providers. The state did not implement a statewide mask requirement or a shuttering of businesses, but several cities within the state implemented mask mandates; some organizations implemented their own mask mandates, but some could not due to restrictions associated with funding sources. One respondent opined that their rural victims did not take the pandemic seriously, but that the low-density rural community was a slight barrier to staff and victims becoming infected with COVID-19 at the beginning of the pandemic.

Most participants indicated that they did not have to alter some elements of their workplace and space during the early weeks of the COVID-19 pandemic because they did not share workspace with other staff. Others were able to alternate times in the office with other staff members or worked from home while courthouses were closed but said that the work continued seamlessly because "much of the connections with victims and families occurred over the telephone, as it did prior to the onset of the pandemic." Another respondent worked from home initially but indicated that this was not optimal as all necessary case files were housed securely at the office; staff alternated days in the office with colleagues to reduce the risk of infection.

All respondents working in shelter facilities experienced maximum capacity at various points early in the pandemic. Additionally, suburban and urban shelters required that victims and their children be isolated in their own rooms. Communal dining was eliminated at the urban shelter; this policy created additional workload for the forty direct service advocates employed at the facility, but the rotating schedule permitted the staff more flexibility and time with their families. This is one example of the innovations that arose from the

pandemic but could remain in place going forward as it resulted in positive practices and results for staff.

All four domestic violence shelter directors provided masks and hand sanitizer to staff and victims at their facilities. The urban shelter received federal funding for operational support, so mask use could only be recommended, but not required, of victims at the facility. Access to Personal Protective Equipment (PPE) and other CDC-recommended supplies proved challenging to the rural shelters and services, but a resource consortium was accessible to all locations in the state. The consortium purchased and distributed supplies to remote, rural locations. Respondents noted that rural victims initially felt they were immune to the negative outcomes of the pandemic but quickly realized that they needed to be cautious because of the limited number of staff and lack of back-up personnel to continue to operate shelters and programs if existing staff were infected. The creation of the consortium for purchasing and distributing supplies is another best practice that could be maintained.

Most respondents said that they were open to continuing to recommend frequent handwashing and the use of hand sanitizer once the de facto lockdown subsided. At one center, staff sanitized toys daily and created sets of sanitized toys placed in sanitized plastic containers; each child received one container of toys while at the facility, a practice expected to continue once pandemic sanitization recommendations subsided.

Participants stated that the basic precautions recommended by the United States CDC have facilitated acceptance of standard operating procedures and policies to protect the health and safety of staff and victims but that some of the creative solutions used initially would not continue once it was safe and feasible to return to pre-pandemic operations, because some measures reduced trust and effective communication with victims. For example, one respondent reported "speaking with victims through their home windows" in an effort to provide timely assistance. With courthouses across the state closing down, the state-based victim witness specialist often met with victims in a personal vehicle in an effort to facilitate victim comfort, trust, and adequate communication but was double-masked and double-gloved to decrease the potential for viral spread.

Most respondents said that Zoom was not ideal when trying to communicate with victims; in fact, one respondent noted that her organization discouraged the use of Zoom with victims due to “fear of the function not being secure.” On the other hand, another respondent noted that direct service advocates completed protection orders on Zoom with victims, although victims were still required to visit the shelter facility to sign the protection order in person. One shelter director felt that the initial screening of victims was accomplished most effectively “over the telephone.” Yet, virtual technology was, and will continue to be, utilized for counseling services. Thus, the means of communication with victims was creative — and often multi-modal; service providers were able to provide necessary assistance in their communications with staff and victims. One benefit of Zoom was that perpetrators/offenders and victims voluntarily agreed to enter the Zoom meeting room for questioning about a felony crime, and thus consented in a documentable fashion to the Zoom meeting, which could be recorded. Victims and perpetrators/offenders could leave the Zoom meeting at any point during the teleconference but many did not. One respondent said documentation of the Zoom meeting made the reading of Miranda rights “not an issue.” The use of teleconferencing and telephone interviewing may be another best practice that could be sustained.

Another widespread change that hindered the provision of services to victims was the closure of courthouses at all governmental levels in the state during the early weeks of the COVID-19 pandemic. This delayed the court system, which experienced a problematic backlog of cases even prior to the pandemic. One respondent noted that “all travel was to be planned in advance, which added an additional layer of planning” in the efforts to serve victims in court when the courthouses reopened. Additional health and safety precautions observed by the courts, including the addition of Plexiglas barriers and social distancing, slowed the judicial process when courthouses reopened. When individuals tested positive for COVID-19, or were known to have exposure to the virus, proceedings had to stop. One respondent said that some victims chose not to go to court for initial appearances when the courthouses reopened, so this individual attended proceedings in the victim’s stead.

One respondent noted that "more expectations were placed on the victims during court processes" and victims showed resilience from the beginning of these modified-for-the-pandemic proceedings. Additionally, several respondents reported that jury trials were beginning again one year after the pandemic's onset (with social distancing enforced), but only for offenders who were currently in custody; no audience would be permitted, reducing social supports for victims who choose to be present. One respondent critically noted that "frustrations may rise sooner than later, as a myriad of factors have the ability to continually slow down the judicial process and my ability to connect with the victims I serve." The court shutdown created an extra emotional burden on the victims. One provider noted that "when resolutions or sentencing happens, victims get the bear off their back and can move toward resiliency and hope. With the courts shut down this process is taking longer and demanding more patience [from] the victim." Other respondents echoed the same sentiment, saying the "delay in court hearings was really challenging for victims," and that sometimes victims were "feeling not heard, or it was not fair because their abuser was let out sooner than he should be" because of COVID-19 transmission fears, or crowding in jails.

Unfortunately, respondents noted debilitating obstacles to innovation — ideas still in the planning stages and those already implemented — during the early months of the COVID-19 pandemic. Outreach to rural communities and innovative program development was "put on pause," as one rural shelter director commented. Two rural-based shelters were in the process of developing a Sexual Assault Response Team (SART) at the onset of the pandemic, but no progress occurred on this initiative during the next fifteen months because of the need to devote time and energy to pressing needs of victims and the inability to provide specialized in-person training for potential SART team members in their locations.

Other obstacles noted were systemic in nature. For example, one respondent stated that "we went backwards on a lot of issues" related to racial and ethnic relations. Tribal communities in the state include about 9 percent of the population. As sovereign nations, tribes handled the pandemic differently than state agencies. Some reservations restricted all access of non-tribal members to their

communities, while other tribes restricted access at their borders. Some tribes required mandatory quarantines for individuals, including victims, who left the reservation and wished to return home. Respondents working with tribal victims noted it was difficult at times to enter the reservations to deliver services, as additional time was necessary to gain access or new procedures had to be followed (e.g., access cards on their car dashboards).

Observed Patterns of Victimization

Participants were asked to discuss changes in the rate of victimization in the communities they served. Most of the respondents noted no dramatic increase in victimization, perhaps due to many victims not reporting incidents. However, a healthcare worker noted that there was a three-fold increase in patients during the early weeks of the pandemic. Another respondent reported a 42 percent increase in fatal crashes in the state during May–August 2020 and ascribed it to increased travel as case rates declined, coupled with the stresses of the pandemic. Other respondents reported few if any changes in victimization rates.

Nevertheless, several distinctive patterns in victimization post-COVID-19 pandemic were discussed by the respondents. One felt that incidents of sexual assault were increasing prior to the pandemic's onset; they said "the numbers of sexual assault victims remained steady; what is unknown is if an increase or decrease of misdemeanor victimization occurred." The shelter director in the urban location explained that in the early weeks of the pandemic, there were "fewer women and families seeking our services; initially, they were not going anywhere," as well as fewer cases of human trafficking. Unfortunately, victims were "not leaving situations, as they found it more challenging to leave" and additionally, "they feared the shelter situation, as it may be a place to pick up COVID, and their abuser would use the potential for catching COVID at the shelter against them" and plead with them not to expose the couple's children to the virus. Similarly, another respondent discussed a decrease in child sexual abuse, "which was concerning because children were at home, and most reports come from schools," leading schools to make concerted efforts to check in with students in the home where possible. Another respondent reiterated the school-

personnel visits to homes, noting that "teachers took it upon themselves to check on kids and bring food; this often exposed abuse like a black eye." Another respondent believed the lower reports of interpersonal violence might be in part because "the opportunity to break away or make a phone call was decreased" as victims were locked down with their abusers. Visits to families by school staff allowed for an intimate look at the home of students. These visits often yielded key information that may not have been detected in the school setting. While these visits required extra work by teachers and school administrators, they also demonstrated a best practice to holistically understand their student population, identify at-risk students, and address needs discovered from home visits.

Similar to the urban locale, one rural shelter director noted that law enforcement was not referring victims to their shelter, as "things dried up initially at the beginning of the pandemic; there were not many calls or clients." Related to this observation, this respondent posed two critical questions, both linked to the paradox of lockdown: (1) "Was law enforcement not getting calls, or were they not making arrests?" and (2) Was law enforcement receiving calls for service, but not making arrests as "they did not want the potential for COVID to spread at the local jail?" This respondent also noted that the abuse victims experienced after the pandemic onset was more intense, as threats of violence were at times lethal in nature. Contrary to this finding, the suburban shelter director noted no significant change in the nature of the abuse victims experienced.

Several respondents acknowledged patterns of emotional or economic abuse during the early phase of the COVID-19 pandemic. However, the extent of this type of victimization was difficult to discern due to possible underreporting. This type of abuse occurred in tandem with domestic violence, so concerns about victims facing this type of abuse at times was not prioritized by service providers because physical safety was the top priority. The respondent from the statewide collaborative network noted that awareness for the potential of economic abuse during the early months of the COVID-19 pandemic was widespread with their constituents due to the changes in work status and income for many victims. Several respondents saw an increase in economic abuse of victims, as some victims reported

no access to household economic stimulus money; additionally, the urban shelter director noted that some victims were controlled economically in an indirect manner, as partners would threaten them to "not to go to work and bring COVID home."

Access to/Provision of Training

All of the key informants interviewed were employed by organizations that are members of the statewide collaborative entity that focuses on family violence and sexual assault. Many resources provided by this group were used in the early stages of the COVID-19 pandemic, including trainings provided via Zoom tele-conferencing, bi-weekly Zoom "check-ins" that commenced after the lockdown practices in early March of 2020, and timely information related to statewide COVID-19 policy updates and vaccine rollout. The bi-weekly Zoom calls allowed for providers to be informed, as one rural shelter director noted that the "check-ins" allowed them "to keep in touch with broader picture and realize I am not alone." Similarly, one respondent, hired just before the pandemic, noted the bi-weekly Zoom calls "brought people together" and allowed for collaborative learning from colleagues facing similar obstacles and problems in their work during this time. This respondent indicated that this was especially helpful, motivating, and contributive to resilience, as in-person collaboration on cases with colleagues had halted. The bi-weekly statewide calls are another example of best practices that can be maintained in the future and that showed clear benefits to respondents.

Two respondents noted that they took advantage of training online when they were working from home during the early weeks of lockdown. One respondent completed this training when the office was closed; similarly, another respondent completed optional webinar training at this time as travel to case sites was halted. Both respondents noted that the online trainings available provided value; and that "technology is strong" for those working in the field, saying "we should continue to use it when we can." Additionally, a respondent liked that more staff could attend virtual trainings, as the cost per attendee was not as expensive as in-person workshop attendance, and at times free of charge. However, when considering the limitations to the virtual format, one respondent stated that they

"get more out of" in-person training, most importantly additional avenues for creativity in service provision through networking with colleagues in similar roles. It is not completely clear if virtual training resulted in a best practice for every respondent. However, the reduced price, available options, and benefit of the elimination of long drives makes it a potential for best practices.

Several of the key informants are involved with providing training to victim service providers in the state, and some of this training continued during the COVID-19 pandemic. While the two rural shelter directors noted that development had stalled due to lack of time and resources, respondents that provide this training to localities, such as the state-level victim witness specialist noted that "if people wanted the planning, collaboration, and training to be provided on Zoom, we were ready and willing to do so." This respondent noted that collaboration efforts were also beginning to rebound at the time of data collection, and was greatly facilitated by the virtual meetings and training, as "Zoom has brought people to the table who couldn't come before." The urban shelter director liked the fact that they could deliver more training during the pandemic, as travel was not necessary; in fact, they could deliver "back-to-back training sessions" without a five-to-six hour drive in between training sites. While delivering training virtually had benefits, one respondent said that they "work better in person" while leading training sessions, and they "struggle to read a room" as trainees "are less inclined to ask questions." Additionally, the officer noted that the police academy ceased in-person operations and conducted training online during the lockdown. However, the success rates of the officers in the online academy training was very poor. This outcome was disconcerting because the state was already experiencing a dearth of police officers in many locations.

Discussion and Conclusion

Patience, perseverance, and creativity were central in the work of those who provide services to victims in the state — both administrators and direct service providers — in efforts to meet the evolving challenges presented by the COVID-19 pandemic. While the mechanics of sanitization and reduced capacities was clearly straightforward, new approaches to training and collaboration

required service providers to envision and practice change. As one respondent stressed at the end of the interview, the pandemic has "brought out the best in those who provide services to victims, as the need to be honest and transparent with victims became even more tantamount." This confidence and ability to see the provision of necessary services to victims during the pandemic in a positive manner is encouraging, especially considering the knowledge and concerns that service providers had concerning the negative implications lockdown presents for victims of crime. Even with pervasive commitment, enthusiasm, and energy, the changes that service providers experienced in the early months of the pandemic required deliberate planning, a need to engage in new practices with the understanding that such practices may need to be continually modified in an efficient manner, and collaboration across the state.

This exploratory study revealed best practices that serve as a framework of how service providers continued their daily work during the early months of the COVID-19 pandemic. Even though the professionals interviewed represented a broad array of communities in the state, and these communities experienced variation in the protective ordinances implemented, some general points arise from a review of the findings. For example, all respondents noted that their facilities or agencies required staff, as well as the victims they serve, to make changes to daily routines and procedures in efforts to reduce the spread of the virus. These precautions were implemented even if a community did not mandate specific safeguards, such as masking. Additionally, some respondents worked from home, and others operated with reduced capacities in their facilities. Given the findings, it is impressive that staff providing direct services, on the whole, were able to mobilize efficiently in the broad geographic regions they served, and among localities that may have differed in their levels of lockdown and safeguard employed.

All respondents noted the closure of courthouses as well as the problems this closure caused. With service providers clearly able to adapt and continue their work during the closure, some respondents highlighted their stress with the additional case backlog when courthouses opened again. Furthermore, there was a common concern that victims will become more frustrated in the coming months with

additional court delays. The current study's data does not allow for an analysis of how the urban and suburban communities may differ from the rural communities in the state when considering the cause of delays in court processes. As an example, there may be more extended delays in the urban and suburban communities due to courts only conducting hearings in felony cases in those jurisdictions. Nevertheless, all respondents were aware of the continued anxiety and frustration that court closures have caused victims, and some anticipated that extended delays would only continue to exacerbate the negative feelings of the victims they work with.

Overall, the respondents expressed mixed views on the use of Zoom teleconferencing in their work. Some noted that it was not dependable or consistent technology for some victims, with unsecure internet connections mentioned by more than one respondent. On the other hand, several respondents did express that the use of such technology should continue among professionals to collaborate, participate in training, and deliver training. Even when the value of teleconferencing methods is clear, one respondent felt that great care and reflection should occur when deciding in which situations to utilize the method. Considering this, even though some accommodations utilized during the pandemic may have varied value to the service provider utilizing them, flexibility and attention to what is best in a victim or staff member's situation will continue to be of utmost importance in the work of those professionals providing victim services in the state. This can be viewed as a step toward best practices.

While the current study does not use victimization data to corroborate the interview data collected via the in-depth interviews, respondent reports of victimization in their communities varied, with several noting that victim referrals to their facilities in the early days of lockdown decreased as compared to the time period preceding the pandemic. The findings suggest that lethal threats of violence increased in one rural community, which is similar to the findings of research conducted in the early pandemic period concerning the increased severity of injuries victims experienced at one urban medical center (Gosangi et al., 2021). It can be concluded that perhaps the unique stresses and anxieties induced by the pandemic

led to lockdown environments that were ripe for more violent victimization. While respondents who witnessed an increase in violence in their communities utilized the lockdown paradox to explain the likelihood of the increase, this possible pattern should be investigated in future studies that include police reports of victimization and surveys from service providers.

The findings presented in this research note represent a first step in understanding how victim service providers adapted, created best practices under the given conditions, and continued their work during the COVID-19 pandemic. The setting of the research is largely rural, requiring great mobility with direct service providers in much of the state. The findings provide a context to the experiences of victim service providers, and the practices identified will serve as a framework to continue this research on a wider scale. Similar to US states that use victim surveys based on state priorities, the framework and context established with the current findings will facilitate the development of a survey instrument with the express goal of a more complete understanding of victim services during the COVID-19 pandemic. The survey will be open to all direct service providers within the state to complete voluntarily. We anticipate that survey data will expand the understanding of existing patterns and best practices reported in this study, and expose unrecognized gaps in services and resources beyond those identified in the current research.

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