Domestic Violence Hotlines in the United States
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Domestic violence (DV) remains a pervasive public health issue in the United States (Chuck, 2019; Graber et al., 2023; Khan & Akram, 2025). Victims and survivors frequently encounter barriers to help-seeking, including fear of retaliation, economic dependency, social isolation, and limited access to services (Craig & Sailofsky, 2024; Robinson et al., 2020). Domestic violence hotlines emerged as a confidential, accessible point of entry for individuals experiencing abuse, offering crisis intervention, safety planning, referrals, and emotional support (Bennett et al., 2004; Bonness et al., 2021; Justice & Pitts, 2026). Over time, these services have expanded from local phone-based operations to sophisticated national and digital platforms capable of responding to calls, texts, and online chats across various populations and areas (Moylan et al., 2021; Wood et al., 2024; Wood et al., 2025b). This report aims to provide a comprehensive review of DV hotlines in the United States, including their history, the current operational landscape, challenges faced by hotlines and their workers, and empirical research on hotlines' effectiveness.

The History and Background of Domestic Violence Hotlines

In the United States, DV hotlines emerged in the 1970s as part of the broader Battered Women's Movement. Activists established shelters and crisis lines to provide immediate, confidential assistance to women fleeing abusive partners (Barclay & Mithani, 2025; Bennett et al., 2004). These grassroots efforts were grounded in the recognition that victims and survivors needed safe, nonjudgmental spaces and practical resources to navigate immediate danger.

While early hotlines were often volunteer-run and locally organized, they became foundational components of community-based DV programs (Bennett et al., 2004; Wood et al., 2024). Initially, hotlines functioned as crisis response tools that offered safety planning as well as referrals to shelters and legal services. As the movement professionalized, hotline services increasingly adopted structured advocacy models and formalized training protocols (Grossmann et al., 2018). The development of hotline standards reflected an evolving emphasis on client-centered practice and trauma-informed care (Grossmann et al., 2018; Voth-Schrag et al., 2026).

A major moment for DV hotlines occurred in 1994 with the passage of the Violence Against Women Act (VAWA), which authorized federal funding for DV services, including the creation of a national hotline. The National Domestic Violence Hotline (NDVH) was established in 1996 and has since operated as a 24/7, confidential resource serving individuals across the country (NDVH, 2021). The NDVH marked a shift from primarily local crisis lines to a coordinated national infrastructure capable of handling high call volumes and offering multilingual services, and since its inception, the NDVH has grown substantially in scope and reach (Cochrane, 2024). According to its 25-year retrospective published in 2021, the NDVH, which is based in Austin, Texas, has responded to millions of contacts and expanded services to include chat and text platforms (NDVH, 2021). Media coverage has noted significant increases in demand for local and national hotlines over time, including record-breaking contact volumes in recent years (Chuck, 2019; Cochrane,

2024; Minor, 2025; Warnecke, 2025). These expansions reflect growing awareness of DV and greater reliance on remote crisis intervention models.

As DV hotlines evolved, scholars and practitioners began to examine the multifaceted needs of victims and survivors who sought help. For instance, hotline workers have reported encountering callers with serious co-occurring issues, such as suicidality (Cross et al., 2017; Wood et al., 2025a). Accordingly, researchers developed a suicide prevention curriculum tailored specifically to DV hotline advocates to better meet the complex challenges and risk profiles of callers (Cerulli et al., 2024; Cross et al., 2017). Such role expansion, from addressing immediate safety concerns to crisis stabilization and suicide risk assessment, illustrates the integral nature of hotline services in comprehensively responding to victims' and survivors' needs.

The Current Operational Landscape of Domestic Violence Hotlines

Today, DV hotlines operate at national, state, and local levels. The National Network to End Domestic Violence (NNEDV) represents more than 2,000 local DV programs across the United States, many of which operate 24-hour hotlines (NNEDV, 2025). DV hotlines are funded through a combination of federal, state, and private sources. Funds provided by VAWA and grants from the Family Violence Prevention and Services Act (FVPSA) support many local and national hotline operations. Historically, hotlines relied exclusively on telephone communication. Over time, however, technological innovations have reshaped service delivery, with many hotlines now able to broaden their reach by providing web-based chat and SMS text messaging (Wood et al., 2025b).

The NDVH remains the most widely recognized national resource, providing assistance in multiple languages and offering phone, chat, and text-based support. Additionally, specialized lines, such as *loveisrespect* (focused on young people), operate under the NDVH organizational umbrella, and the *StrongHearts Native Helpline* (for Indigenous victims and survivors) is funded through an NDVH sub-grant (Ikramuddin & Spears, 2025; McDonnell

et al., 2020). More recently, hotlines such as *Gateway to Change* have been created to take calls from individuals at risk of harming their partners, aiming to connect them to voluntary treatment and intervention programs (Chronis, 2026; Greenwald-Brenner, 2025).

DV hotlines typically provide the following services: crisis intervention; safety planning along with lethality risk assessments; emotional support and validation; referrals to shelters, legal aid, and counseling; and information about protective orders and community resources (Bennett et al., 2004; Harrison et al., 2017; Justice & Pitts, 2026). Safety planning has become a cornerstone of hotline intervention, particularly in digital formats such as text- and chat-based communication, as many users seek help during active crises and need the ability to communicate discreetly (Voth-Schrag et al., 2026; Wood et al., 2024). Furthermore, demand for DV hotline services has increased substantially over time and, as noted above, media reports and empirical research have documented precedent-setting contact volumes for the NDVH (Cochrane, 2024; Chuck, 2019; Richards et al., 2021; Trever-Kagan et al., 2025). For instance, during the COVID-19 pandemic, victims' and survivors' help-seeking patterns shifted as pandemic restrictions kept more people at home and thereby increased vulnerability to abuse (Kofman & Garfin, 2020; Kourti et al., 2021; Piquero et al., 2021). While some jurisdictions experienced declines in formal police reports, hotline contacts remained an essential alternative channel for support, which underscores the role of hotlines during periods of societal disruption (Emezue, 2020; Richards et al., 2021; Trever-Kagan et al., 2025).

Challenges Facing Domestic Violence Hotlines and Their Advocates

Despite growing demand, many DV hotlines operate under significant resource constraints. In its 2025 report, the NNEDV documents unmet service requests nationwide due to insufficient funding and staffing levels, including programs that have to turn away victims and survivors or limit services due to capacity shortages. Investigative reporting further highlighted ongoing financial challenges facing DV

services and the ways in which funding fluctuations can negatively impact training quality and infrastructure (Barclay & Mithani, 2025; Snyder, 2025). For example, in 2024, a reporter tracked a single day of contacts received by the NDVH: over 24 hours, the hotline received 2,002 incoming calls and messages (almost half of which came in between 9:00am and 4:00pm), but was only able to answer 1,348 (Cochrane, 2024).

While technological adaptation has broadened the reach of DV hotlines, it has also intensified operational pressures, as increased access drives higher contact volumes and places strain on hotline systems. For instance, during peak periods, callers may experience extended wait times or delayed responses, particularly for chat services (NNEDV, 2025). Another challenge in digital service provision is hotline advocates' ability to emotionally connect with users. Although some users of chat and text hotlines still report meaningful emotional connection even in the absence of hearing an advocate's voice, other research has discussed difficulties that advocates encounter in conveying the needed sentiments, such as empathy, when using text and other digital contact modes (Moylan et al., 2021; Wood et al., 2025b). Digital platforms also raise privacy concerns, including the risk of abusers monitoring devices; therefore, hotline advocates must be trained to navigate these risks carefully, especially during safety and exit planning communications (Voth-Schrag et al., 2026).

Furthermore, as hotline advocates routinely engage with individuals in acute crisis, such exposure can lead to vicarious trauma, burnout, and high turnover. Advocates routinely field calls with detailed accounts of ongoing abuse, violence, and life-or-death situations, and these interactions can have profound effects on advocates' emotional and physical well-being (Mohney, 2024; Taylor et al., 2019; Voth-Schrag et al., 2021). For example, during the COVID-19 pandemic, many hotline advocates reported substantial increases in the frequency and severity of urgent calls—going from handling a few high-risk calls per week to facing multiple life-threatening contacts every day when pandemic restrictions began, a change that many found

overwhelming (Lee, 2021). Regularly encountering an unrelenting workload, with limited opportunities for recovery between shifts, contributes to heightened stress, psychological strain, and an increased risk of burnout (Lee, 2021; Mohney, 2024; Slattery & Goodman, 2009). Recent research highlights the emotional load inherent in this work, which involves sustained efforts to regulate callers' feelings of distress and fear so that advocates can respond appropriately, compassionately, and efficiently (Lundy & Crawford, 2024; Mclean et al., 2023). Advocates' intense emotional involvement with callers' traumatic narratives, combined with organizational pressure to be constantly available and supportive, can contribute to emotional exhaustion that may be inadequately addressed by organizational resources (Lee, 2021; Lundy & Crawford, 2024; Maclean et al., 2023).

Empirical Research on the Effectiveness of Domestic Violence Hotlines

One of the earliest comprehensive evaluations was conducted by Bennett and colleagues (2004), who assessed the effectiveness of hotline, advocacy, counseling, and shelter services in a statewide sample. Findings suggested that hotlines and related services contributed to improvements in overall safety and well-being, thereby supporting the role of hotlines and other crisis intervention tools as a gateway to longer-term assistance. More recently, researchers evaluated short-term outcomes among NDVH users and found that most reported increased hopefulness, improved safety planning, and greater access to resources and community-based services following contact (Boness et al., 2021; McDonnell et al., 2020). Other recent research has focused on digital modalities. Users of chat and text hotlines have reported feelings of validation, support, and connection, and assessments have identified short-term improvements in safety and emotional well-being with digital hotline use (Voth-Schrag et al., 2026; Wood et al., 2025a; Wood et al., 2025b).

Additional empirical examinations have addressed DV hotlines' efforts to professionalize as a pathway to greater effectiveness. For example, in a collaborative project between researchers and

practitioners, Grossmann and colleagues (2018) developed a tool to assess client-centeredness in the DV hotline context, centering on how well training and practice emphasize survivor empowerment and validation as well as collaborative safety planning. Research has also examined specialized hotline advocacy training that addresses intersecting needs, and found that targeted curricula can improve advocates' competence in assisting callers at risk for self-harm (Cerulli et al., 2024). Overall, empirical evidence indicates that DV hotlines can contribute to short-term safety, emotional validation, and service linkage. While long-term outcome research remains limited, existing studies encouragingly demonstrate immediate benefits for survivors.

Recommendations for Policy and Legislation

As DV hotlines provide essential, often life-saving services to victims and survivors of abuse, their utility underscores the pressing need for targeted initiatives, policies, and legislation that ensure long-term sustainability and facilitate availability to as many at-risk areas and populations as possible. Scholars and practitioners consistently highlight the following priorities for improving hotline systems:

1. **Strengthening Funding and Infrastructure**: Policymakers and advocates call for increased federal and state investment to address persistent gaps in capacity and unmet demand (Cochrane, 2024; Lee, 2021; Snyder, 2025; Taylor et al., 2019). Stable, multi-year funding would support staff expansion, technological modernization, and the development of specialized services for populations with unique needs.

2. **Enhancing Workforce Support**: Given the high risk of vicarious trauma and burnout among hotline advocates, experts recommend robust organizational supports, including structured supervision, regular debriefing, access to counseling, and ongoing training (Cerulli et al., 2024; Cross et al., 2017; Voth-Schrag et al., 2021). Agencies and organizations that prioritize advocates' well-being are better positioned to retain skilled staff and maintain high-quality service delivery.

3. **Expanding Digital Equity and Accessibility**: As digital platforms become increasingly central to hotline operations, agencies must ensure that online and text-based services are accessible to all users. Digital service users often face intersecting vulnerabilities, making it central to increase disability accommodations, language access, and culturally responsive practices (Treves-Kagan et al., 2025; Wood et al., 2024). This expansion, however, must be accompanied by additional training that equips advocates to translate crisis intervention skills into chat- and text-based contexts (Moylan et al., 2021).

4. **Improving Data Collection and Outcome Measurement**: Continued research is needed to assess long-term outcomes associated with hotline service provision. Tools that measure client-centered practice can guide quality improvement, and rigorous evaluations, including randomized controlled trials, should be employed to further examine the impact of hotline training programs and curricula (Cerulli et al., 2024; Grossmann et al., 2018).

Conclusion

DV hotlines have evolved from grassroots crisis lines to sophisticated, multi-platform national systems. Supported by legislation and community advocacy, they provide essential services including crisis intervention, safety planning, and referrals to important resources. Empirical research demonstrates short-term benefits in safety and emotional well-being, while digital innovations have broadened accessibility. Nevertheless, hotlines face substantial challenges, including underfunding, high demand, workforce burnout, and technological complexities. Addressing these challenges will require sustained policy support, workforce investment, and continued empirical evaluation. DV hotlines remain a cornerstone of the nation's response to intimate partner violence. Ensuring their sustainability and continued adaptation is integral to protecting survivors and promoting safer communities.

References

Barclay, M., & Mithani, J. (2025, October 31). Without the federal government, almost no money exists to fight domestic violence. *The 19th News*. https://19thnews.org/2025/10/domestic-violence-protections-federal-funding/

Bennett, L., Riger, S., Schewe, P., Howard, A., & Wasco, S. (2004). Effectiveness of hotline, advocacy, counseling, and shelter services for victims of domestic violence: A statewide evaluation: A statewide evaluation. *Journal of Interpersonal Violence, 19*(7), 815–829. https://doi.org/10.1177/0886260504265687

Boness, C., Helle, A., & Logan, S. (2021). Crisis line services: A 12-month descriptive analysis of callers, call content, and referrals. *Health and Social Care in the Community, 29*(3), 738–745. https://doi.org/10.1111/hsc.13325

Cerulli, C., Missell-Gray, R., Harrington, D., Thurston, S., Quinlan, K., Jones, K., & Cross, W. (2024). A randomized control trial to test dissemination of an online suicide prevention training for intimate partner violence hotline workers. *Journal of Family Violence, 39*, 739–752. https://doi.org/10.1007/s10896-023-00533-7

Chronis, K. (2026, January 26). Chicago nonprofit plans domestic violence hotline for people who cause harm. *Fox32 Chicago*. https://www.fox32chicago.com/news/chicago-nonprofit-plans-domestic-violence-hotline-people-who-cause-harm

Chuck, E. (2019, June 19). National Domestic Violence Hotline had its busiest year ever, with more than half a million calls in 2018. *NBC News*. https://www.nbcnews.com/news/us-news/national-domestic-violence-hotline-had-its-busiest-year-ever-more-n1019231

Cochrane, E. (2024, June 21). Tracking a single day at the NDVH. *The New York Times*. https://www.nytimes.com/interactive/2024/06/21/us/domestic-violence-hotline.html

Craig, M., & Sailofsky, D. (2024). "We cannot win this fight if we don't acknowledge any such fight exists": Examining media coverage of Black women's risk for intimate partner violence. *Crime, Media, Culture: An International Journal*. https://doi.org/10.1177/17416590241306019

Cross, W., Crean, H., Gould, M., Campbell, J., Amezcua, N., Jones, K., Thompson-Stone, J., & Cerulli, C. (2017). Development and initial evaluation of a suicide prevention curriculum for domestic violence hotline workers. *Journal of Family Violence, 32*(8), 775–785. https://doi.org/10.1007/s10896-017-9922-7

Emezue, C. (2020). Digital or digitally delivered responses to domestic and intimate partner violence during COVID-19. *JMIR Public Health and Surveillance, 6*(3), e19831. https://doi.org/10.2196/19831

Graber, R., Ludwig, J., Mullainathan, S., Obermeyer, Z., Oto, A., & Williams, B. (2023). *Making the invisible epidemic visible: New approaches can help connect domestic violence survivors to services*. The Brookings Institution. https://www.brookings.edu/articles/making-the-invisible-epidemic-visible/

Greenwald-Brenner, F. (2025, December 12). A new domestic violence hotline aims to stop people from doing harm. *Truthout*. https://truthout.org/articles/a-new-domestic-violence-hotline-aims-to-stop-people-from-doing-harm/

Grossmann, J., Shor, R., Schaefer, K., & Bennett-Cattaneo, L. (2018). Development of a tool to assess client-centered practice on a domestic violence hotline. *Journal of Social Work, 19*(1), 102–120. https://doi.org/10.1177/1468017318757395

Harrison, S., Oehme, K., Urbach, E., Blankenship, L., & Onifade, E. (2017). Domestic violence screening: A national hotline survey. *Family and Intimate Partner Violence Quarterly, 9*(4), 7–19. https://www.civicresearchinstitute.com/online/PDF/FIPV-0904-a1-Screening.pdf

Ikramuddin, H., & Spears, N. (2025, November 18). $15 million funding for national Indigenous domestic violence helpline allows "vital lifeline" to keep operating. *The Imprint*. https://imprintnews.org/top-stories/funding-sustains-indigenous-domestic-violence-support-helpline/268682

Justice, A., & Pitts, C. (2026). How can a domestic violence hotline provide support? *BetterHelp*. https://www.betterhelp.com/advice/domestic-violence/what-does-calling-a-domestic-violence-hotline-do/

Khan, A., & Akram, M. (2025). Understanding and addressing intimate partner violence: A comprehensive review. *Philosophy, Ethics, and Humanities in Medicine, 20*(43), 2–12. https://doi.org/10.1186/s13010-025-00175-1

Kofman, Y., & Garfin, D. (2020). Home is not always a haven: The domestic violence crisis amid the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy, 12*(S1), S199–S201. https://doi.org/10.1037/tra0000866

Kourti, A., Stavridou, A., Panagouli, E., Psaltopoulou, T., Spiliopoulou, C., Tsolia, M., Sergentanis, T., & Tsitsika, A. (2021). Domestic violence during the COVID-19 pandemic: A systematic review. *Trauma, Violence, and Abuse, 24*(2), 719–745. https://doi.org/10.1177/15248380211038690

Lee, J. (2021, October 2). Surge in life-or-death calls takes toll on domestic violence crisis line workers. *NBC News*. https://www.nbcnews.com/news/us-news/surge-life-or-death-calls-take-toll-domestic-violence-crisis-n1280382

Lundy, T., & Crawford, J. (2024). Health and wellness outcomes of intimate partner violence support workers: A narrative review. *Trauma, Violence, and Abuse, 25*(4), 2942–2956. https://doi.org/10.1177/15248380241231604

McDonnell, K., Nagaraj, N., Coen, E. (2020). *Short-term outcomes for users of the National Domestic Violence Hotline and loveisrespect* (OPRE Report # 2020-55). Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://acf.gov/sites/default/files/documents/opre/short_term_outcomes_dv_hotline_508.pdf

Maclean, C., Brodie, Z., Hawkins, R., & McKinlay, J. (2023). "At times it's too difficult, it is too traumatic, it's too much": The emotion work of domestic abuse helpline staff during COVID-19. *Work, Employment and Society, 38*(5), 1267–1284. https://doi.org/10.1177/09500170231200080

Mithani, J. (2025, May 19). Here's how you can use the Take It Down Act. *The 19th News*. https://19thnews.org/2025/05/take-it-down-act-signing-explicit-images/

Minor, J. (2024, May 10). Illinois domestic violence hotline calls increase 90% compared to pre-pandemic levels. *ABC7 Chicago*. https://abc7chicago.com/post/illinois-domestic-violence-hotline-calls-increase-90-from-pre-pandemic-levels-the-network-advocating-against/14795698/

Mohney, M. (2024, November 21). Reducing burnout among anti-violence workers. *Northwestern University News*. https://www.mccormick.northwestern.edu/computer-science/news-events/news/articles/2024/reducing-burnout-among-anti-violence-workers.html

Moylan, C., Carlson, M., Campbell, R., & Fedewa, T. (2021). "It's hard to show empathy in a text": Developing a web-based sexual assault hotline in a college setting. *Journal of Interpersonal Violence, 37*(17-18), NP16037–NP16059. https://doi.org/10.1177/08862605211025036

National Domestic Violence Hotline (NDVH). (2021). *25 years of The Hotline*. https://www.thehotline.org/about/25-years-of-the-hotline/

National Network to End Domestic Violence (NNEDV). (2025). *19th Annual Domestic Violence Counts Report*. NNEDV. https://nnedv.org/wp-content/uploads/2025/05/19th%20Annual%20DV%20Counts%20Report%20-%20Full%20Report%20-%20FINAL.pdf

Piquero, A., Jennings, W., Jemison, E., Kaukinen, C., & Knaul, F. (2021). Domestic violence during the COVID-19 pandemic: Evidence from a systematic review and meta-analysis. *Journal of Criminal Justice, 74*, 101806. https://doi.org/10.1016/j.jcrimjus.2021.101806

Richards, T., Nix, J., Mourtgos, S., & Adams, I. (2021). Comparing 911 and emergency hotline calls for domestic violence in seven cities: What happened when people started staying home due to COVID-19? *Criminology & Public Policy, 20*(3), 573–591. https://doi.org/10.1111/1745-9133.12564

Robinson, S., Ravi, K., & Voth Schrag, R. (2020). A systematic review of barriers to formal help seeking for adult survivors of IPV in the United States, 2005–2019. *Trauma, Violence, and Abuse, 22*(5), 1279–1295. https://doi.org/10.1177/1524838020916254

Slattery, S., & Goodman, L. (2009). Secondary traumatic stress among domestic violence advocates: Workplace risk and protective factors. *Violence Against Women, 15*(11), 1358–1379. https://doi.org/10.1177/1077801209347469

Snyder, R. (2025, June 2). "It sounds really dire because it is really dire." *The New York Times*. https://www.nytimes.com/2025/06/02/opinion/domestic-violence-funding.html

Taylor, J., Gregory, A., Feder, G., & Williamson, E. (2019). "We're all wounded healers": A qualitative study to explore the well-being and needs of helpline workers supporting survivors of domestic violence and abuse. *Health and Social Care in the Community, 27*(4), 856–862. https://doi.org/10.1111/hsc.12699

Treves-Kagan, S., Le, V., Berra, L., Ray, C., Ruvalcaba, Y., Wood, L., D'Angelo, D., Vera, T., & Estefan, L. (2025). Trends in contacts made by immigrants to the National Domestic Violence Hotline, before and during the COVID-19 pandemic. *Public Health Reports, 140*(1_suppl), 90S–99S. https://doi.org/10.1177/00333549241279101

Voth-Schrag, R., Jacobs, A., Mammah, R., Guerra, C., & Wood, L. (2026). You deserve to be safe: Approaches to safety planning on digital interpersonal violence hotlines. *Journal of Interpersonal Violence*. https://doi.org/10.1177/08862605251408134

Voth-Schrag, R., Wood, L., Wachter, K., & Kulkarni, S. (2021). Compassion fatigue among the intimate partner violence and sexual assault workforce: Enhancing organizational practice. *Violence Against Women, 28*(1), 277–297. https://doi.org/10.1177/1077801220988351

Warnecke, L. (2025, June 13). Contacts to statewide domestic violence hotline rose 26% last year – with sharpest increase in Central Illinois. *WGLT*. https://www.wglt.org/local-news/2025-06-13/contacts-to-statewide-domestic-violence-hotline-rose-26-last-year-with-sharpest-increase-in-central-illinois

Wood, L., Baumler, E., Kramer-Jacobs, A., Temple, J., Torres, M., & Voth-Schrag, R. (2024). Characteristics, needs, and experiences of digital interpersonal violence hotline service participants. *Journal of the Society for Social Work and Research*. https://www.journals.uchicago.edu/doi/pdf/10.1086/733027

Wood, L., Baumler, E., Schrag, R., Kramer-Jacobs, A., Temple, J., & Clark, E. (2025a). Short-term health and safety outcomes associated with digital hotline use at interpersonal violence-focused agencies. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing, 62*, 1–11. https://doi.org/10.1177/00469580251381991

Wood, L., PettyJohn, M., Schrag, R., Caballero, R., Temple, J., & Baumler, E. (2025b). "Even through text, there is that connection": User experiences on chat and text hotlines for intimate partner violence and sexual assault. *Journal of Family Violence, 40*(4), 687–699. https://doi.org/10.1007/s10896-023-00646-z

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