Short-Term Outcomes after Contacting The National Domestic Violence Hotline and loveisrespect: Comparing Survivors to other Contactors

Accomplishments of the Domestic Violence Hotline, Online Connections, and Text Project
OPRE Report # 2020-119

Overview

Introduction

Hotlines for victims and survivors of domestic violence and/or dating violence (DV) are an important source of information and support for individuals seeking intervention and preventative care services. However, evaluation research on these programs is not widely available. The Administration for Children and Families (ACF) contracted with The George Washington University Milken Institute School of Public Health (GW) to conduct the Accomplishments of the Domestic Violence Hotline, Online Connections, and Text (ADVHOCaT) project. The ADVHOCaT project describes the activities and outcomes of the services that are provided by The National Domestic Violence Hotline (The Hotline) and loveisrespect (LIR; the hotline targeted towards young people). The first phase of the project highlighted how The Hotline and LIR serve a wide variety of contactors (those who contact The Hotline/LIR). The second phase of the project explored the short-term changes in knowledge, self-efficacy, hope for the future, and behavior reported after contacting The Hotline and LIR (McDonnell et al., 2020).

Purpose

This report provides an overview of how short-term outcomes differ among different types of contactors seeking support from The Hotline and LIR. Understanding these differences may help advocates tailor services to contactor groups.

Primary Research Questions

1. Does knowledge, self-efficacy (confidence), and hope for the future assessed immediately and two weeks after contacting The Hotline and LIR vary between survivors and other contactors?
2. Do intents to change behavior and behavior change (i.e., completing an action or behavior) assessed immediately and two weeks after contacting The Hotline and LIR vary between survivors and other contactors?
3. How is the type of assistance provided by The Hotline and LIR associated with behavior change, and does this association differ between survivors and other contactors?

Key Findings and Recommendations

- Short-term outcomes for domestic violence survivors and other contactors (friends, families, and service providers) vary and the observed variation is likely due to a variety of factors.
- Compared to other contactors, a higher percentage of survivors reported changes in knowledge, self-efficacy, and hope for the future immediately after contacting The Hotline and LIR. Future research can investigate changes that occur in a follow-up period longer than two weeks.
- Compared to other contactors, significantly higher percentages of survivors reported contacting a community resource, making plans for safety, and contacting legal services two weeks after initially contacting The Hotline and LIR. A higher percentage of other contactors reported sharing a community resource or referral compared to survivors.
- The type of assistance provided by The Hotline/LIR correlated with performing certain actions (such as making safety plans after receiving crisis de-escalation services). Additional research is needed to further explore these relationships.
- Hotline advocates should continue to be prepared to offer services to both survivors and other contactors but can consider further tailoring services for each group.

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Background

The Family Violence Prevention Services Act (FVPSA) defines domestic violence (DV) as felony or misdemeanor crimes of violence (including physical violence, sexual assault, stalking, and psychological abuse) committed by a current or former spouse, or other intimate partner of the victim (45 CFR §1370.2). In the United States, an estimated one in three people, regardless of sex, have experienced sexual violence, physical violence, and/or stalking by an intimate partner in their lifetime (Smith et al., 2018). DV is recognized as a serious public health and human rights issue that negatively affects the health and well-being of those who directly and indirectly experience it, and includes intimate partner violence and dating violence (Karakurt & Silver, 2013). In addition, those who experience one form of DV are more likely to experience multiple forms of violence, and are at an increased risk for subsequent victimization (Finkelhor et al., 2011; Hamby & Grych, 2013).

Confidential hotlines serve as a front-line domestic violence-related service that assist those in search of information about available resources and services. The Hotline and LIR aid survivors of domestic violence or dating violence, friends and families of survivors, service providers, and other interested stakeholders. They do this through a 24-hour toll-free telephone helpline and hotline, online chat platforms, text messaging services, and a website. The services provided include crisis intervention and emotional support; information about national, state, and community resources; and direct connections to local providers. While a small body of research has explored the outcomes for those who contact hotlines, there is little known about how these outcomes may differ by the type of contactor (Coveney et al., 2012; Gould et al., 2002; Kalafat et al., 2007). Understanding these differences may help advocates tailor services to contactor groups, which may, in turn, improve their services.

Research Questions

In order to better understand how The Hotline and LIR can best serve all contactors, this report provides in-depth comparisons in the reported changes in knowledge, self-efficacy, hope for the future, and behaviors among survivors and other contactors. The report defines other contactors as contactors who did not identify as survivors of domestic violence.

This report addresses three research questions:

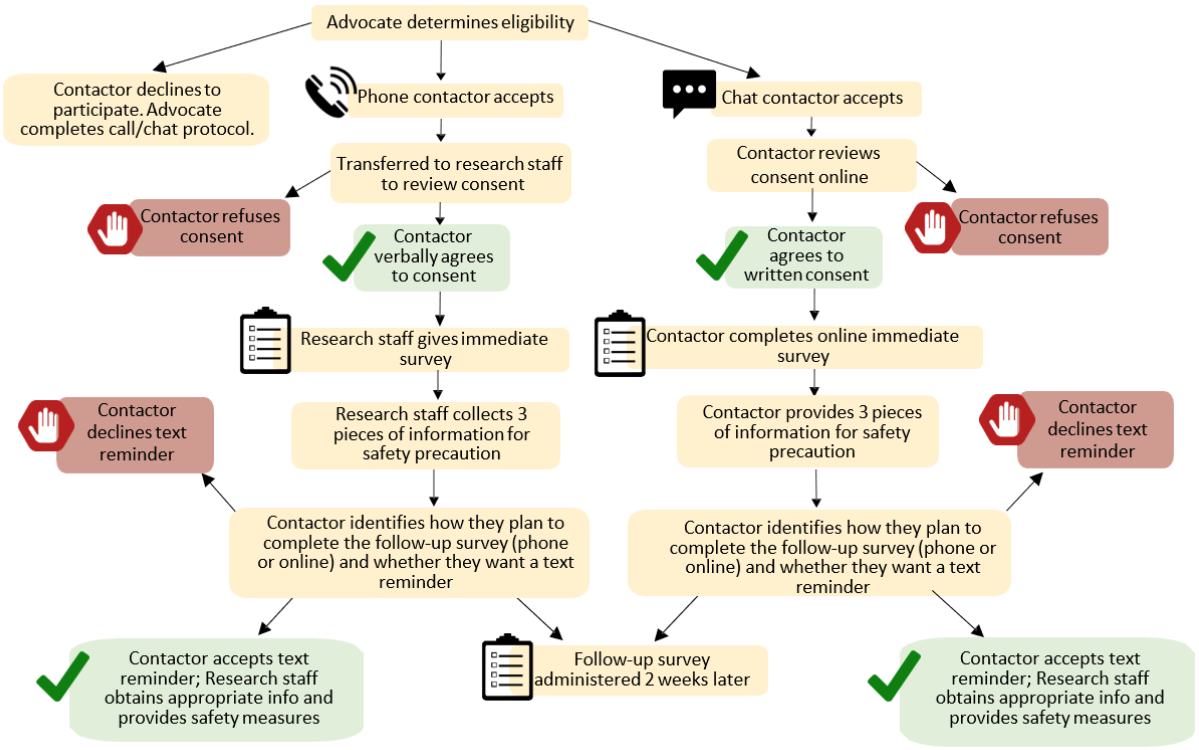
1. Does knowledge, self-efficacy (confidence), and hope for the future assessed immediately and two weeks after contacting The Hotline and LIR vary between survivors and other contactors?
2. Do intents to change behavior and behavior change (i.e., completing an action or behavior) assessed immediately and two weeks after contacting The Hotline/LIR vary between survivors and other contactors?
3. How is the type of assistance provided by The Hotline and LIR associated with behavior change, and does this association differ between survivors and other contactors?

Project Methods

For phase two of the ADVHOCaT project, phone or online surveys were administered immediately after an interaction with an advocate (the “immediate survey”) and then again two weeks later (the “follow up survey”). Both the immediate and follow-up surveys assessed changes in knowledge, self-efficacy, hope for the future, and behavioral intent (McDonnell et al., 2020). The immediate survey collected quantitative data while the follow-up survey collected both quantitative and qualitative data. The

qualitative data collected information on how a contactor's situation may have changed after contacting The Hotline/LIR.

Figure 1. Flow Chart for Immediate and Follow-Up Survey Data Collection



The survey data collection process is depicted in **Figure 1**. After providing DV services, the advocate determined whether a contactor was eligible to participate in the survey and, if so, the contactor provided informed consent. Phone contactors then completed the immediate survey verbally and chat contactors completed the immediate survey online. Upon completion of the immediate survey, research staff or the online survey asked contactors to provide three pieces of information (4-digit number, code word, and pseudonym) to help protect their safety. All contactors (both phone and chat) were also offered the opportunity to receive a text follow up reminder and/or a call to complete the follow-up survey. To access and complete the follow-up survey, contactors had to correctly enter two of these three pieces of information. If two of the three pieces of information did not match, the contactor was not allowed to access the follow-up survey. In addition, the contactor could also use the code word as a "safe" word at any time to alert the research staff member, verbally or in the chat, that they no longer felt safe to complete the follow-up survey.

Advocates also manually entered data about the online caller/chatter into the Advocate Caller Application (ACA) database at the time of initial contact to The Hotline or LIR. Data inputted into the ACA included mode of contact, type of contactor, contactor demographics, type of abuse experienced, general services required by contactor, and types of services received. The research staff linked immediate survey responses from phone contactors to data in the ACA database using a unique identifier. However, the immediate survey responses from chat contactors could not be linked to the ACA data. This was because chat contactors entered their immediate survey responses directly into a

separate secure online database, which did not collect unique identifiers that could be used for linking purposes. Research staff were able to manually link follow up survey data for both phone and chat contactors to ACA data.

To ensure participant safety and confidentiality, GW and ACF obtained approval from the GW Institutional Review Board (IRB #031644) and a Certificate of Confidentiality (CC-HD-17-095) from the National Institutes of Health (NIH). ACF also received approval from The Office of Management and Budget (OMB# 0970-0468) to collect information via phone and online surveys in compliance with the Paperwork Reduction Act.

Results

Demographic Data

A total of 4,388 contactors had complete records at the immediate survey time point. Of these, 277 completed the follow-up survey (6.3%). The majority of the sample consisted of chatters as opposed to callers (**Table 1).** A higher percentage of callers (15.1%) than chatters (3.2%) completed the follow-up survey.

These analyses include data from contactors who completed both an immediate and follow-up survey, representing only 6.2% of those who completed the immediate survey. The low follow-up rate raises concerns for bias—particularly nonresponse bias—as those who completed the follow-up survey may differ in meaningful ways from those who did not complete the follow-up survey. The overall low number of those who completed the follow-up survey (N=277), consisting mostly of survivors, also decreased the power to detect statistically significant differences for some outcomes. Despite these methodological challenges, this section presents statistically significant differences between survivors and other contactors in key short-term outcome categories.

Table 1. Completed Records

	PHONE (Callers)		CHAT (Chatters)	
	Immediate	Follow-up[2]	Immediate	Follow-up[2]
Total records	1304	186	4688	183
Total complete[1] records	1161	175	3227	102

[1]Complete records include those with usable data, defined as being collected post-testing phase, including responses to any of the survey questions, and having two out of three pieces of matching information.
[2]Follow-up surveys could be completed by phone or online.

Demographic characteristics of callers who completed the immediate survey and callers and chatters who completed the follow-up survey are presented in **Table 2**. Survivors and females comprised the majority of the sample. Just over half identified as Caucasian. Most callers/chatters were survivors, followed by family and friends of survivors. For this report, all contactors who did not identify as victims or survivors were grouped into the 'other contactor' category.

An equal percentage of callers fell within the three age categories (less than 30 years, 31-45 years, and 46 and older). Chatters were younger: half reported their age as less than 30 years, one-third between 31-45 years, and approximately 10% over the age of 46. Most contactors self-identified as Caucasian/White, followed by African American/biracial or multiracial, and, to a lesser extent, Latino/Hispanic.

Table 2. Survey Respondent Demographic Characteristics

	Phone Contactor		Chat Contactor[1]
	Immediate Survey	Follow-up	Follow-up Survey
Total number of contacts with a complete record	1161	175	102
Type of contactor			
Survivor/Victim	833 (71.8)	126 (72.0)	65 (63.7)
Helper	238 (20.5)	40 (22.9)	14 (13.7)
Healthy Relationship Inquirer	39 (3.4)	5 (2.9)	6 (5.9)
Abuser	9 (0.8)	1 (0.6)	1 (1.0)
Other	13 (1.2)	3 (1.7)	16 (15.7)
Missing	29 (2.4)		
How heard about The Hotline and LIR			
Internet	708 (61.0)	109 (63.4)	56 (54.9)
Word of Mouth	90 (7.8)	16 (9.3)	1 (1.0)
DV Services	77 (6.6)	4 (2.3)	1 (1.0)
Media	46 (4.0)	7 (4.3)	5 (4.9)
Law Enforcement	20 (1.7)	4 (2.3)	2 (2.0)
Gender of contactor			
Female	959 (82.7)	150 (85.7)	79 (81.4)
Male	141 (12.1)	17 (9.7)	11 (10.8)
Transgender/Non-binary	6 (0.5)	4 (2.3)	6 (5.9)
Missing	55 (4.7)	4 (2.3)	6 (5.9)
Age of contactor			
≤ 30 years	331 (28.5)	50 (28.6)	52 (51.0)
31-45 years	412 (35.5)	60 (34.3)	34 (33.3)
46+ years	342 (29.5)	58 (33.1)	10 (9.8)
Missing	75 (6.5)	7 (4.0)	6 (5.9)
Race/Ethnicity			
African American	198 (17.1)	42 (24.0)	14 (13.7)
Caucasian	592 (51.0)	99 (56.6)	57 (55.9)
Hispanic/Latinx	154 (13.3)	17 (9.7)	7 (6.9)
Other/Missing	113 (9.7)	17 (9.7)	24 (23.5)

[1]Data from the immediate chat surveys could not be matched because the online survey for chat contactors did not collect unique identifiers. As a result, only the follow-up survey data for chat contactors is presented.

Only data from participants with both immediate and follow-up data were analyzed for this report (N=277). The researchers manually paired surveys for participants who completed a survey at both time-points. Pairing enabled comparison between the survey time-points. **Table 3** presents the demographic characteristics of the 277 participants; 191 (68.9%) identified as survivors and 86 (31.0%) identified as other contactors.

Table 3. Characteristics by Survivor vs. Other Contactor Status (N=277)

	Survivors	**Other Contactors**
	N=191	N=86
Method of Contact		
Phone Contactor	126 (66%)	49 (57%)
Chat Contactor	65 (34.0%)	37 (43%)
Gender of contactor*		
Female	168 (88.0%)	61 (70.9%)
Male	15 (7.9%)	13 (15.1%)
Transgender/Non-binary	6 (3.1%)	4 (4.7%)
Missing	2 (1.0%)	8 (9.3%)
Age of contactor*		
≤ 30 years	72 (37.7%)	30 (34.9%)
31-45 years	76 (39.8%)	18 (20.9%)
46+ years	42 (22.0%)	26 (30.2%)
Missing	1 ((0.5%)	12 (14.0%)
Race/Ethnicity*		
African American	45 (23.6%)	11 (12.8%)
Caucasian	107 (56.0%)	49 (57.0%)
Hispanic/Latinx	16 (8.4%)	8 (9.3%)
Other/Missing	23 (12.0%)	18 (23.9%)
Services Received[1]*		
Crisis De-Escalation	103 (53.9%)	60 (69.8%)
DV Education	159 (83.2%)	53 (61.6%)
Emotional Support	184 (96.3%)	68 (79.1%)
Safety Planning	161 (84.3%)	40 (46.5%)
Healthy Relationship Education	141 (73.8%)	63 (73.3%)

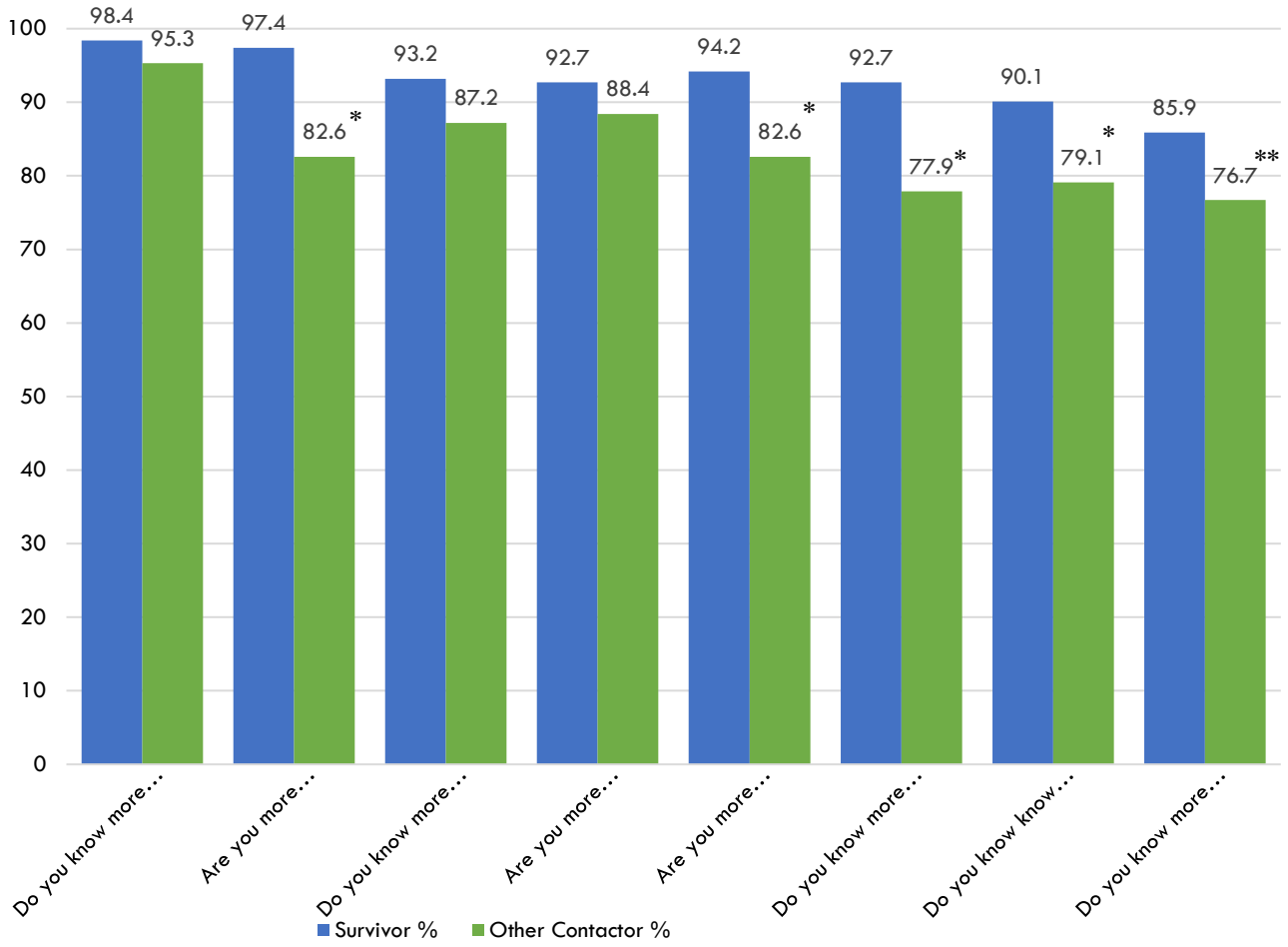
[1]ACA recorded type of service provided to each contactor immediately after the interaction. Column values do not add up to 100% as contactors could select more than one type of abuse and more than one type of service
*Denotes statistically significant difference between survivor and other contactor groups

There were some notable differences between the survivor and other contactor groups. A higher percentage of other contactors identified as male and survivors tended to be older than survivors. Other contactors were also more likely than survivors to not have their gender, age, and race recorded and instead be reported as 'missing'. In terms of the services received by the contactor, a higher percentage of survivors received DV education, emotional support, and safety planning services compared to other contactors.

Question 1: Does knowledge, self-efficacy (confidence), and hope for the future assessed immediately and two weeks after contacting The Hotline and LIR vary between survivors and other contactors?

Over 75% of all contactors reported being more confident, more hopeful about the future, and knowing more about domestic violence and healthy relationships at both time points. Overall, survivors when compared to other contactors were more likely to report positive outcomes on the immediate survey for increased knowledge, self-efficacy, and hope for the future. However, statistically significant differences were only seen for five of the eight outcome categories **(Figure 2).** These included being more comfortable asking for help, being more confident making decisions, knowing more about domestic violence and/or dating violence, knowing more about ways to plan for safety, and knowing more about healthy relationships.

Figure 2. Percent (%) of Survivors vs. Other contactors reporting changes in knowledge, self-efficacy, and hope for the future **assessed immediately** after interaction with The Hotline and LIR (N=277)

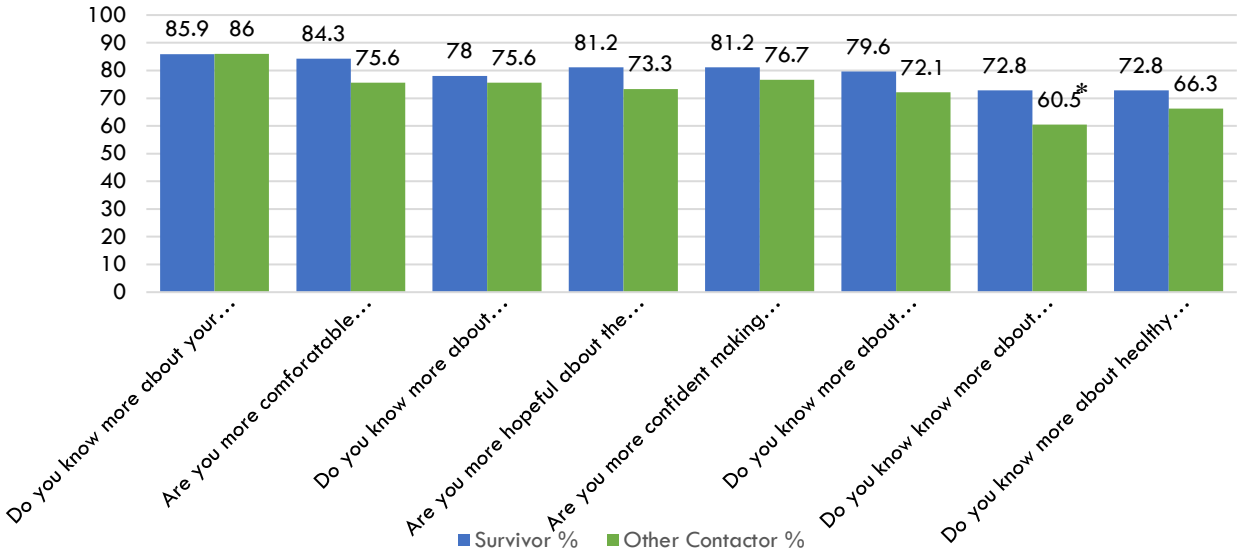


*Denotes statistically significant differences (p<0.05)
**Denotes statistically significant differences (p<0.1)

At the two-week follow-up survey, only one outcome category showed a statistically significant difference for survivors versus other contactors **(Figure 3)**. Compared to other contactors, survivors were more likely to report knowing about ways to plan for safety. This was also true at the immediate survey time point.

The percent of contactors reporting positive outcomes at the two-week follow-up was high (60.5-86.0%), suggesting that positive outcomes in knowledge, self-efficacy, and hope for the future are sustained for both groups. Notably, in each outcome category, some contactors who did not report positive changes immediately after contact did report positive changes at the two-week follow-up survey.

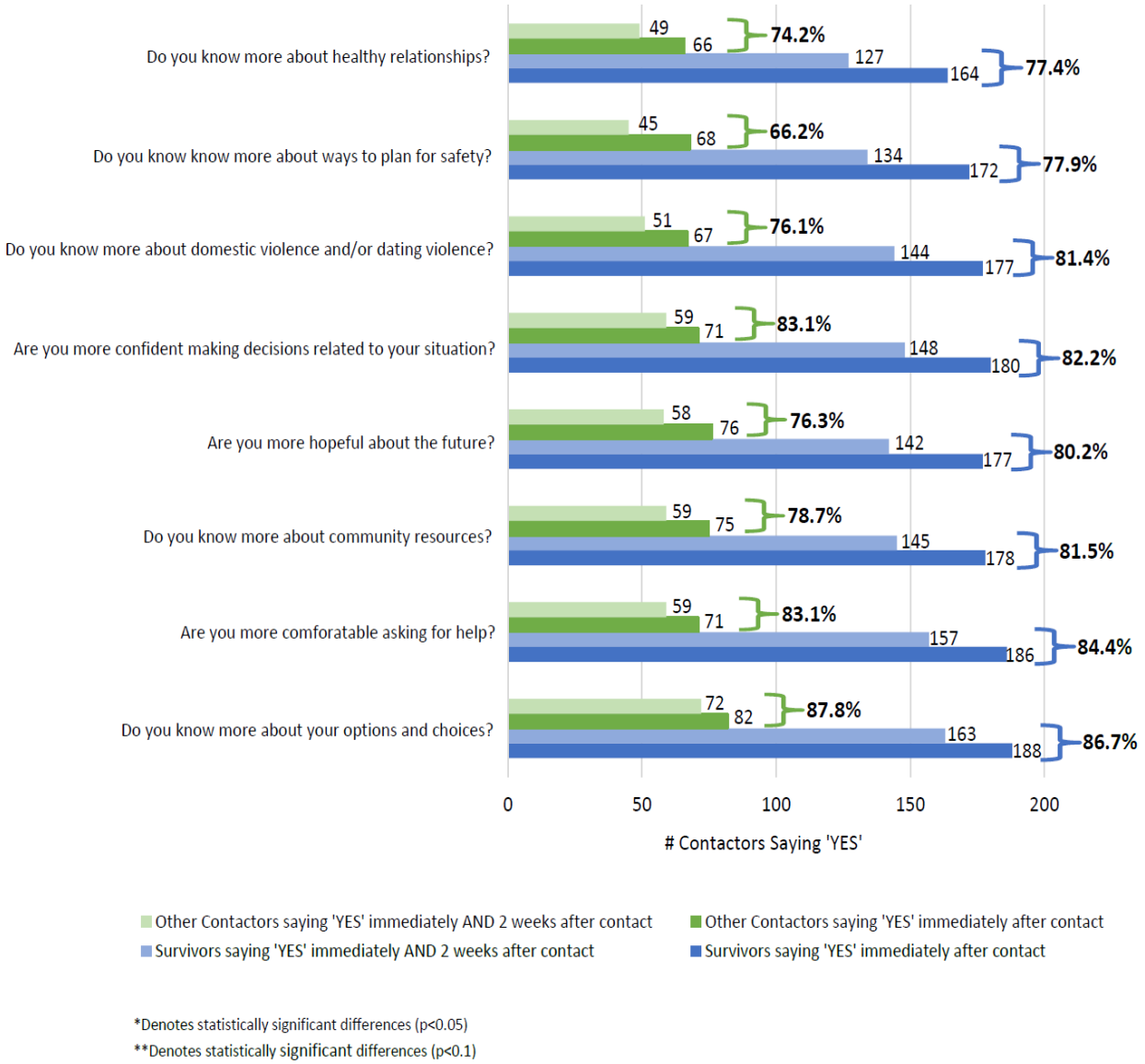
Figure 3. Percent (%) of Survivors vs. Other contactors reporting changes in knowledge, self-efficacy, and hope for the future **assessed two weeks** after interaction with The Hotline and LIR (N=277)



*Denotes statistically significant differences (p<0.05)
**Denotes statistically significant differences (p<0.1)

For all contactors, the percentage of those who reported a positive outcome immediately after contacting and reported the same outcome two weeks later (i.e., concordance) was over 74%. When stratified by survivor status, concordance in changes in knowledge, self-efficacy, and hope for the future tended to be higher among survivors than other contactors**.** Other contactors had a slightly higher concordance than survivors in being confident making decisions and knowing more about options and choices; however, these differences were not statistically significant. Survivors had an average concordance of 81.5% and other contactors reported an average concordance of 78.2%. There were no statistically significant differences in concordance levels. The high levels of concordance and lack of statistically significant differences between groups further suggest that positive outcomes in knowledge, self-efficacy, and hope for the future are sustained after two weeks. **Figure 4** shows the concordance (listed as a percent to the right of the brackets) in each category among survivors and other contactors.

Figure 4. Concordance between changes in knowledge, self-efficacy, and hope for the future among survivors and other contactors



*Denotes statistically significant differences ($p<0.05$)

**Denotes statistically significant differences ($p<0.1$)

Qualitative data also reflected the different outcomes among survivors and other contactors. Contactor responses were coded into different themes that reflected their experiences of using The Hotline and LIR. When asked **"How have your circumstances changed?"** survivors and other contactors focused on different themes.

Survivors focused on:

Use of information provided by The Hotline/LIR

"I have the family therapy thing set up. I went and changed passwords and accounts; set up my own checking account and checkbooks. Went in and caught up on bills he said he was paying but messed up my credit. He thinks I brought charges against him, so he's threatening me and I'm letting it go in one ear and out the other."

Changes in circumstances, including increased knowledge

"*Improved a lot and I feel a lot more confident and have a lot more sense of direction. It confirms what I felt."*

"Not crisis but not resolved."

Process of terminating an abusive relationship

"I'm not actively seeing the person whom I was calling about, so that's changed, but still dealing with the effects I guess you can say, so still ongoing work for me to do on my own."

Other contactors focused on:

How the circumstance of the survivor had changed

"Improved. Basically I shared the information I got from The Hotline with more friends and family so that we were all informed on how to support my sister who was the person I was calling about. I was trying to gather resources and then streamline to get people all on the same page so we were not giving contradictory information."

How contact with The Hotline/LIR had changed their contact with the survivor

"My friend stopped talking to me. It was kinda expected. While she appreciated the fact that I saved her life, she still wants to continue in her marriage and now I'm a threat for that. I was very hopeful after talking to your people, but after talking to my friend I was less hopeful."

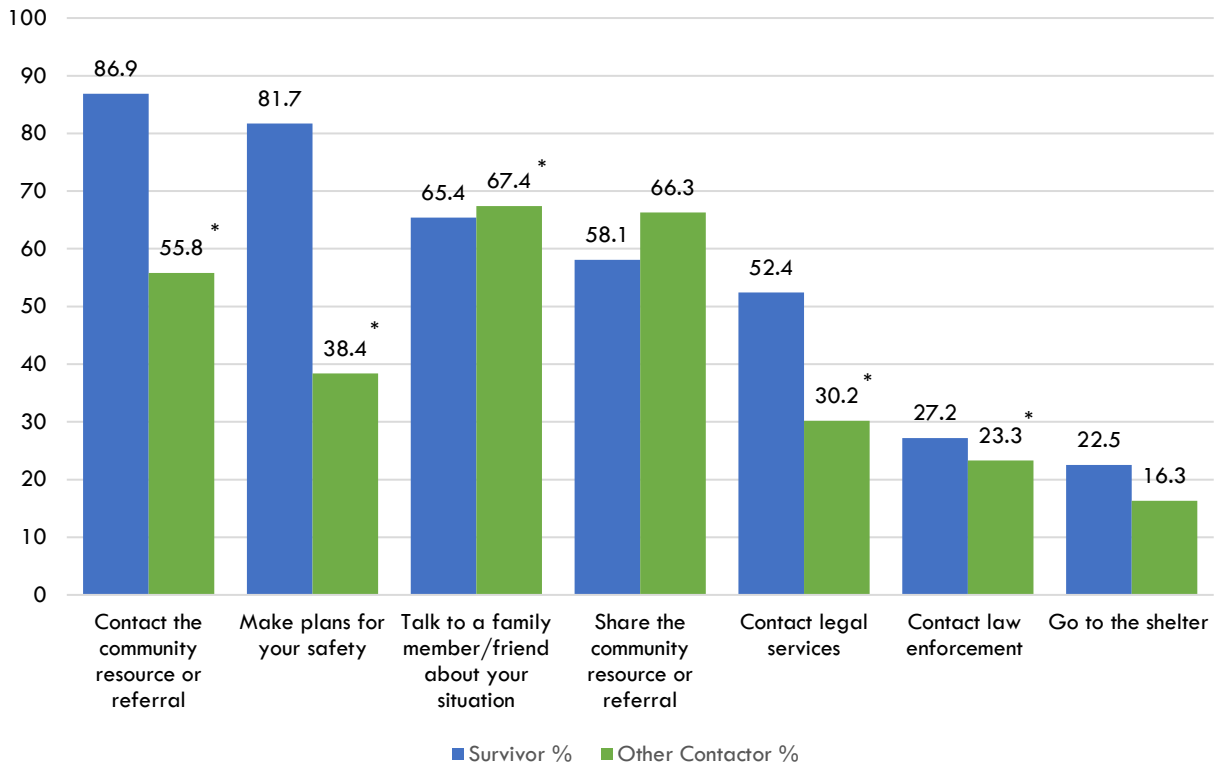
"I feel better for having reached out. She knows she has options and can get through this. She lives alone, confides in brothers about safety. Not living with him gives her more confidence asking for help. She was able to contact resources to make the process easier--emboldened her to reach out more."

Question 2: Do intents to change behavior and behavior change assessed immediately and two weeks after contacting The Hotline/LIR vary between survivors and other contactors?

Many contactors reported positive behavioral intentions (e.g., reporting a plan or intent to do something, like go to a shelter or contact legal services) immediately after the interaction with the Hotline/LIR. For other contactors, behavioral intentions refer to an intent to change the circumstance of the survivor. For example, 16.3% of other contactors reported that they intended to help a survivor go to a shelter and 66.3% intended to share a community resource or referral with a survivor.

Significant differences in behavioral intention among survivors and other contactors were observed (**Figure 5**). Survivors were significantly more likely than other contactors to report intending to contact a community resource or referral, make plans for safety, contact legal services, and contact law enforcement. Conversely, a greater percentage of other contactors reported intending to talk to a family member or friend (statistically significant difference) and intending to share a community resource or referral (no statistically significant difference observed).

Figure 5. Behavioral intentions among survivors and other contactors as assessed **immediately after** contacting The Hotline and LIR (N=277)



*Denotes statistically significant differences (p<0.05)

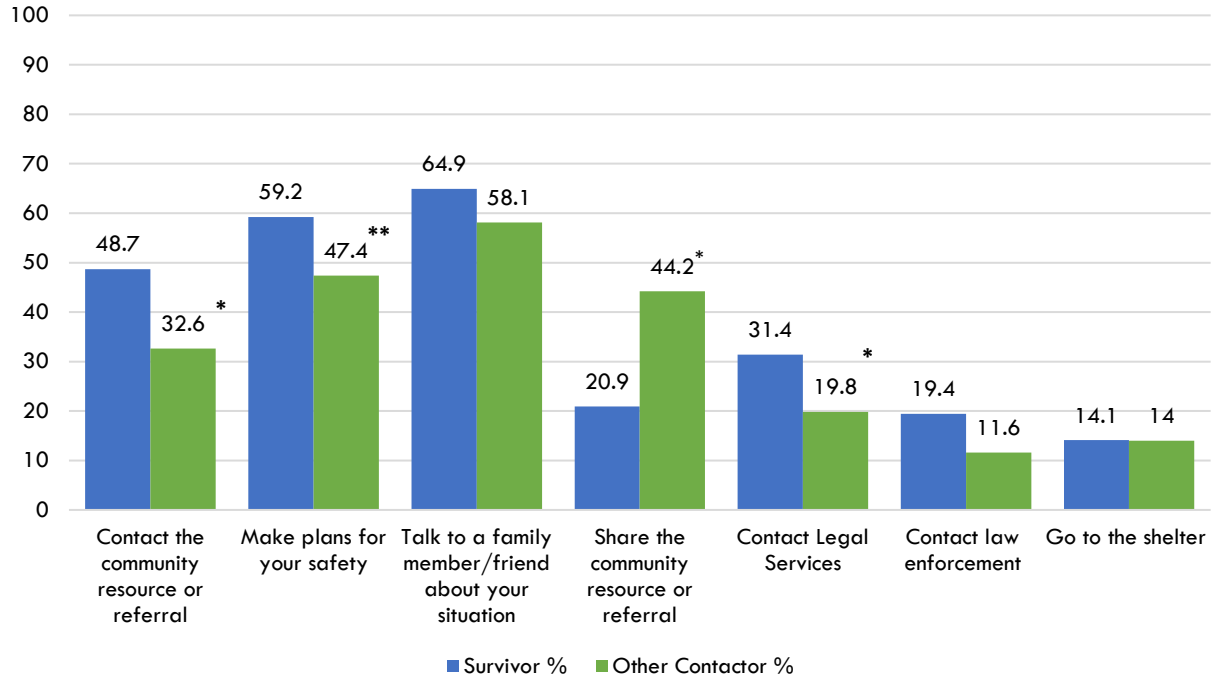
**Denotes statistically significant differences (p<0.1)

The follow-up survey assessed the percentage of contactors who had completed a behavior or action within two weeks (i.e., followed through on their behavioral intention). On average, the percentages were lower than assessed on the immediate survey (**Figure 6)**. Some contactors reported completing an action or behavior that they had not reported intending to do on the immediate survey. As behavior

change is a complex process and many other factors influence the ability of survivors and other contactors to act, it is difficult to hypothesize why certain behaviors were completed while others were not.

Like the immediately reported behavioral intentions, differences were observed in the percentages of survivors and other contactors who reported completing specific behaviors after two weeks. Just under half (48.7%) of survivors reported contacting a community resource or referral within two weeks, 59.2% reported making plans for safety, and 31.4% reported contacting legal services. In these categories, a significantly higher number of survivors compared to other contactors had completed these actions within two weeks. Almost half (44.2%) of other contactors reported having shared a community resource or referral, compared to 20.9% of other contactors. This difference was also statistically significant and is logical given that many other contactors were likely calling on behalf of friends or families with whom they intended to share information.

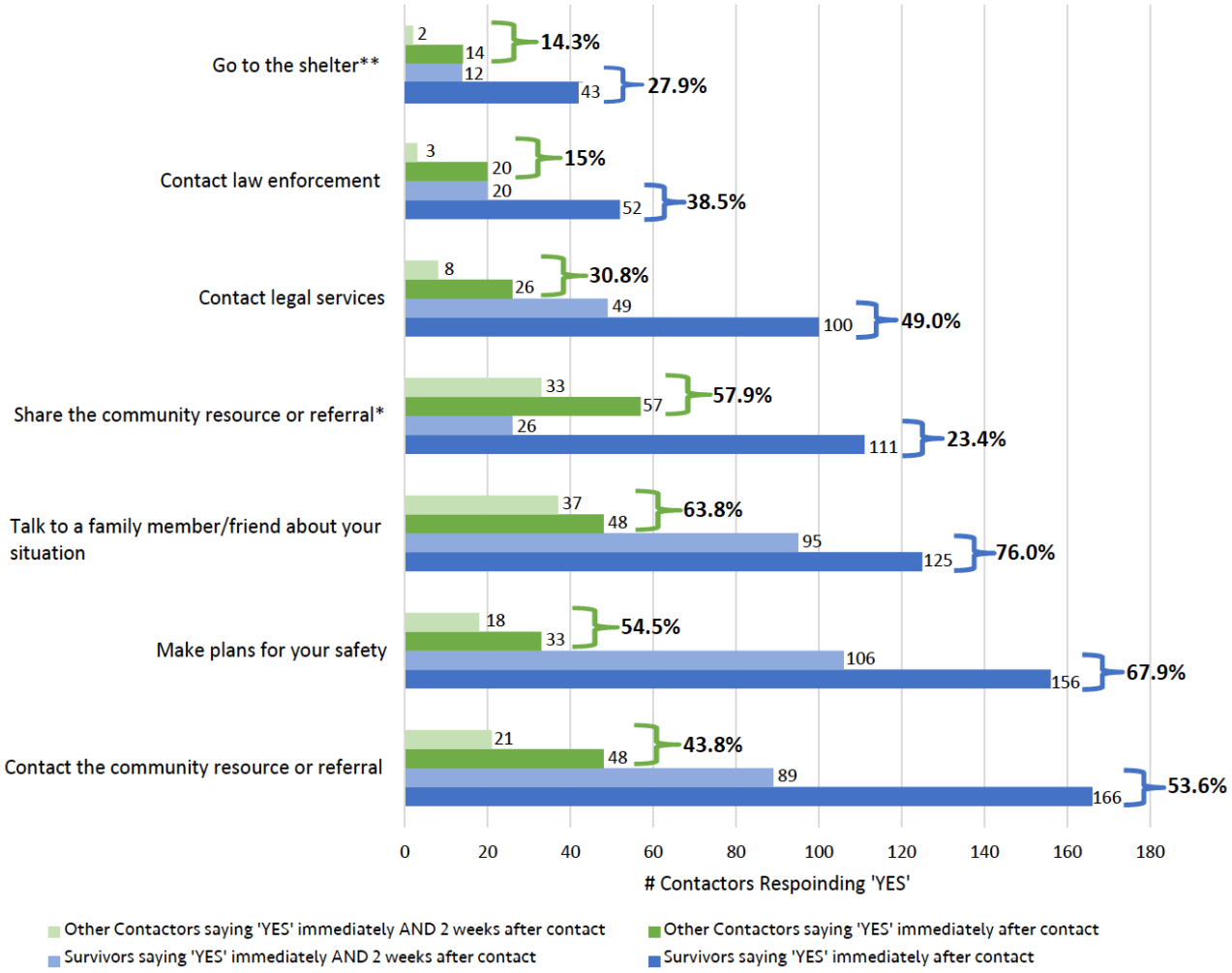
Figure 6. Completion of intended behaviors among survivors and other contactors as assessed **two weeks after** contacting The Hotline and LIR (N=277)



*Denotes statistically significant differences ($p<0.05$)
**Denotes statistically significant differences ($p<0.1$)

Similar to changes in knowledge, self-efficacy, and hope for the future, concordance was assessed for behavioral intention. Concordance is defined as the percentage of those who initially reported intending to do a certain action and subsequently reported completing that action within two weeks. For all categories except sharing the community resource or referral, survivors had higher levels of concordance (listed as a percent to the right of brackets) than other contactors (**Figure 7)**. This difference was statistically significant only for the behavior of going to a shelter.

Figure 7. Concordance between behavioral intention and behavioral outcomes among survivors and other contactors who contacted The Hotline/LIR



*Denotes statistically significant differences ($p<0.05$)

**Denotes statistically significant differences ($p<0.1$)

Question 3: How does the type of assistance provided by The Hotline and LIR influence behavior change, and does this differ between survivors and other contactors?

The ACA included information about the types of assistance advocates provided to each contactor. The advocate could answer "yes" or "no" to the provision of five types of assistance during the interaction: crisis de-escalation, DV education, emotional support, safety planning, or healthy relationship education. Each type of assistance was then cross tabulated with each form of behavior change assessed to determine if there was a statistically significant relationship between the advocate assistance provided and contactor's behavior change. For example, contactors who were provided crisis de-escalation services, as recorded by the advocate, were more likely to contact a community resource than contactors who did not receive crisis de-escalation (odds ratio=2.55). Among survivors, the odds ratio was slightly higher (odds ratio=2.58).

Table 3 presents the 95% confidence intervals for the odds ratios (OR) between assistance provided and reported by the advocates and behaviors reported by the contactors at follow-up. The odds ratio describes the odds of a certain behavioral outcome for contactors who received a certain type of service compared to the odds of the outcome for contactors who did not receive that service. To use the above example, survivors who received crisis de-escalation services had odds of contacting a community resource that was 2.55 times the odds for survivors who did not receive crisis de-escalation services. The 95% confidence intervals are presented in parentheses next to each odds ratio. A confidence interval that does not cross 1 is considered statistically significant. Significant associations are noted in **bold**.

Almost all associations suggested positive relationships (i.e., increased odds of behavioral outcome given that a certain type of assistance was provided). However, survivors who received DV education had a lower odds of going to a shelter compared to those who did not receive DV education (odds ratio = 0.33). The odds of going to a shelter were 67% lower for survivors who received DV education than for survivors who did not receive DV education. In other words, for every survivor who received DV education and went to a shelter, three survivors who also received DV education did not go to a shelter. This may suggest that survivors in need of DV education were not those most in need of going to a shelter or those yet ready to take such a concrete action. Phase 1 of the ADVHOCaT project indicated that many survivors contacted The Hotline or LIR for information about DV. During the interaction, a contactor may learn for the first time that what they are experiencing is some form of domestic or intimate partner violence (McDonnell et al., 2020). A contactor in this situation may not need or may not feel ready to go to a DV shelter.

Table 3. Association between type of service provided by The Hotline and LIR and behavior change: comparison of survivors and other contactors (odds ratios)

	Advocate Assistance Provided				
Behavioral Outcome	Crisis De-Escalation	DV Education	Emotional Support	Safety Planning	Healthy Relationships
Contact community resource					
Aggregate	**2.55 (1.60-4.20)**	1.32 (0.75-2.34)	1.42 (0.61-3.34)	**2.18 (1.22-3.89)**	0.94 (0.55-1.61)
Survivor	**2.13 (1.19-3.80)**	0.81 (0.38-1.72)	2.45 (0.45-12.93)	2.13 (0.94-4.83)	1.07 (0.56-2.05)
Other Contactor	**3.00 (1.14-7.90)**	1.89 (0.72-5.00)	0.70 (0.24-20.6)	1.55 (0.62-3.87)	0.66 (0.23-1.91)
Share community resource/referral					
Aggregate	0.91 (0.54-1.54)	1.58 (0.81-3.05)	1.63 (0.59-4.51)	1.30 (0.70-2.43)	**1.92 (1.08-3.39)**
Survivor	0.82 (0.41-1.65)	0.94 (0.37-2.35)	0.65 (0.12-3.49)	0.68 (0.28-1.67)	**3.04 (1.46-6.35)**
Other Contactor	2.19 (0.86-5.59)	**5.23 (1.93-14.19)**	**5.30 (1.41-20.00)**	**5.88 (2.25-15.25)**	0.96 (0.37-2.52)
Go to the shelter					
Aggregate	1.58 (0.80-3.14)	0.49 (0.24-1.00)	0.48 (0.18-1.28)	1.37 (0.60-3.13)	0.69 (0.30-1.57)
Survivor	1.29 (0.56-2.94)	**0.33 (0.13-0.81)**	0.99 (0.11-8.54)	1.58 (0.44-5.61)	0.60 (0.22-1.68)
Other Contactor	2.70 (0.78-9.35)	0.85 (0.25-2.95)	0.30 (0.08-1.09)	1.26 (0.37-4.32)	0.90 (0.22-3.66)
Talk to a family member/friend					
Aggregate	**1.65 (1.00-2.71)**	0.90 (0.50-1.61)	**2.33 (1.02-5.35)**	1.38 (0.79-2.40)	1.01 (0.58-1.76)
Survivor	1.61 (0.88-2.93)	0.68 (0.30-1.57)	2.56 (0.56-11.80)	1.52 (0.69-3.35)	1.07 (0.54-2.10
Other Contactor	1.55 (0.60-4.02)	1.04 (0.43-2.50)	2.02 (0.71-5.78)	1.05 (0.45-2.48)	0.91 (0.34-2.40)
Make safety plans					
Aggregate	**2.08 (1.28-3.38)**	1.01 (0.58-1.77)	**2.41(1.03-5.66)**	**1.84 (1.07-3.18)**	1.20 (0.70-2.06)
Survivor	**1.86 (1.03-3.33)**	0.72 (0.32-1.59)	3.80 (0.72-20.12)	1.83 (0.83-4.00)	1.48 (0.76-2.90)
Other Contactor	2.24 (0.87-5.75)	1.16 (0.48-2.76)	1.57 (0.54-4.54)	1.48 (0.63-3.46)	0.79 (0.30-2.08)
Contact law enforcement					
Aggregate	1.38 (0.73-2.58)	1.61 (0.71-3.64)	1.55 (0.45-5.41)	**2.64 (1.07-6.51)**	1.39 (0.70-2.75)
Survivor	1.32 (0.64-2.74)	1.05 (0.40-2.77)	1.46 (0.17-12.51)	2.41 (0.69-8.42)	1.47 (0.67-3.20)
Other Contactor	0.99 (0.23-4.16)	2.76 (0.55-13.86)	1.07 (0.21-5.25)	2.21 (0.53-9.21)	1.20 (0.28-5.09)
Contact legal services					
Aggregate	**2.09 (1.23-3.57)**	1.12 (0.59-2.09)	1.60 (0.58-4.43)	**2.21 (1.11-4.40)**	0.89 (0.48-1.62)
Survivor	**1.94 (1.03-3.66)**	0.61 (0.28-1.34)	2.83 (0.33-24.06)	1.62 (0.65-4.00)	1.33 (0.67-2.62)
Other Contactor	1.84 (0.61-5.54)	2.36 (0.70-7.97)	0.83 (0.23-2.93)	2.47 (0.78-7.76)	**0.13 (0.02-1.07)**

The results highlight how survivor status may modify or influence the association between certain types of assistance provided and certain behavioral outcomes. These associations likely reflect the situation of the contactor and the reasons for contacting The Hotline and LIR in the first place, which this project did not fully explore. For example, other contactors receiving DV education, emotional support, and safety planning had a higher odds of sharing a community resource or referral than other contactors who did not receive these services. For this association, other contactors who were friends or family of survivors likely contacted The Hotline/LIR to identify and share a community resource with the survivor they knew. Responding to this need, the advocate may have been more likely to provide certain types of services—such as DV education, emotional support, and safety planning. Survivors who received the same services had a lower or equivalent odds (i.e., negative or no association with outcome) of sharing a community resource or referral than those who did not. This is also logical, as survivors were likely contacting The Hotline/LIR for their own needs and did not need to share a resource with another person. Survivors in more vulnerable situations also may not have been able to share referrals without risking their safety.

In other associations between type of assistance received and behavioral outcomes, survivor versus other contactors status had little to no effect. For example, regardless of survivor or other contactors status, contactors receiving safety planning had a higher odds of contacting law enforcement than contactors who did not receive assistance with safety planning. It is likely that all contactors with urgent safety needs may have already been planning to contact law enforcement, regardless of survivor versus other contactor status. In this case, the advocate may have offered safety planning services to respond to the imminent danger a survivor may have been experiencing.

Limitations

This analysis included contactors who completed both an immediate and follow-up survey, who were only 6.2% of the total sample presented in **Table 1** (McDonnell et al., 2020). The low follow-up rate raises concerns for bias—particularly nonresponse bias—as those who completed the follow-up survey may differ in meaningful ways from those who were unable to complete the follow-up survey. For example, contactors able to complete the follow-up survey might have more control over their situation, increasing the likelihood of positive outcomes. The overall low number of those who completed the follow-up survey (N=277), consisting mostly of survivors, also decreased the power to achieve statistically significant results.

To ensure contactor safety, the survey was only offered to contactors who did not opt to be connected directly from their initial contact to an external referral such as a shelter or legal service. Therefore, eligible participants were limited to those in less immediate crisis and who potentially had more time to participate in this study. In addition, response rates were low, especially for chatters. Because of this, the results may not be generalizable to the larger population experiencing DV nor truly representative of all those who utilize DV services or who contact The Hotline or LIR.

Despite these methodological challenges, this brief report presents statistically significant differences between survivors and other contactors in key short-term outcome categories. For example, at both the immediate and two-week time points, survivors were more likely to report knowing about ways to plan for safety than other contactors. Conversely, other contactors were significantly more likely to report sharing a community resource or referral. These associations likely reflect the reasons that survivors and other contactors contacted The Hotline/LIR in the first place. Advocates may have been more likely to provide services that reflected these needs. Future research can continue to build upon these sampling and evaluation methods to improve validity. In addition, more information on the motivation and

context behind a contactors' decision to contact The Hotline/LIR which will likely provide key insight into observed short-term outcomes.

The Way Forward

The results of this report suggest that the short-term outcomes of survivors and other contactors who contact The Hotline and LIR vary. The variation is likely due to a variety of factors which were not fully explored in this formative evaluation. Based on the results presented, this report considers the following research and program priorities to build upon the services provided by The Hotline and LIR:

Hotline advocates should continue to be prepared to offer services to both survivors and other contactors but can consider further tailoring services for each group.

Overall, survivors were more likely than other contactors to report positive short-term outcomes. This likely reflects the different needs of survivors who may be in a more vulnerable situation than their friend and family counterparts. Compared to survivors, other contactors were more likely to share a community resource or referral. Conversely, survivors were more likely to go to a shelter. While it makes sense for survivors and other contactors to have different needs, it highlights a key difference in the needs and priorities of both groups. Advocates may be able to tailor their service provision in light of these differences to improve contactor experiences of The Hotline/LIR.

Future research can investigate changes in knowledge, self-efficacy, hope for the future, and behavior change in a follow-up period longer than two weeks.

The results show that for both survivors and other contactors, concordance in changes in knowledge, self-efficacy, and hope for the future are higher than the concordance for behavioral change. Behavior change is a complex process and many factors that were not studied likely influence a contactors' ability perform certain behaviors. It is also likely that the two-week follow-up period was not enough time to allow for change in the measured behaviors. Future studies can assess whether positive outcomes in knowledge, self-efficacy, and hope for the future persist longer than two weeks and if these changes are linked to behavior changes later.

Additional research can further explore the relationship between service provided, contactor type, and behavior change.

The results showed how the type of service provided may increase or decrease the odds of a particular behavioral outcome. These associations may also vary by survivor status. Given the complexity of behavior change and the diverse experience of both survivors and other contactors, more research is needed to fully understand the nature of these associations. To do this successfully, more data is needed in order to more deeply understand why survivors and other contactors decide to contact The Hotline/LIR in the first place. As previous experiences may influence behavior, this also requires further inquiry into the diverse experiences of all persons (survivors and other contactors) affected by domestic violence.

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