

Short-Term Outcomes for Users of the National Domestic Violence Hotline and loveisrespect

Report from the Accomplishments of the Domestic Violence Hotline, Online Connections, and Text (ADVHOCaT) Project



OPRE Report 2020-55

April, 2020

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Karen A. McDonnell, Nitasha C. Nagaraj, Emilie J. Coen

Submitted to Samantha Illangasekare, PhD and Kriti Jain, PhD

Project Officers

Office of Planning, Research, and Evaluation

Administration for Children and Families

U.S. Department of Health and Human Services

Project Director: Karen A. McDonnell, PhD

The Milken Institute School of Public Health

The George Washington University

950 New Hampshire Avenue, NW, Suite 300

Washington, DC 20052

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Glossary of Terms

ACA

The Advocate Caller Application (ACA) database is used by advocates to record information about each contactor.

ACF

The Administration for Children and Families (ACF) is a division of the U.S. Department of Health and Human Services (DHHS). ACF promotes the economic and social well-being of children, families, individuals and communities with leadership and resources for compassionate, effective delivery of human services. ACF funds the Accomplishments of the Domestic Violence Hotline, Online Connections, and Text (ADVHOCaT) project through its Division of Family Violence Prevention and Services.

ADVHOCaT

The Accomplishments of the Domestic Violence Hotline, Online Connections, and Text (ADVHOCaT) project is funded by ACF and led by GW. The ADVHOCaT project evaluates the services that The National Domestic Violence Hotline (The Hotline) and loveisrespect (LIR) provide.

Advocate

The Hotline and LIR staff are advocates who answer calls, texts, online chats.

Contactor

Persons who contact The Hotline and LIR either by phone (callers), online chat (chatters), or text (texters).

FVPSA

The Family Violence Prevention and Services Act (FVPSA) is administered by the Family and Youth Services Bureau's Division of Family Violence Prevention and Services within the Administration for Children and Families. It is the primary funding stream dedicated to the support of emergency shelter and related assistance for victims of domestic violence (DV) and their children. FVPSA funds the Accomplishments of the Domestic Violence Hotline, Online Connections, and Text (ADVHOCaT) project.

LIR

loveisrespect (originally the National Dating Abuse Helpline) promotes healthy and safe relationships among teens and young adults. LIR was the first 24-hour resource for teens who were experiencing dating violence and abuse.

OPRE

The Office of Planning, Research, and Evaluation (OPRE), located within ACF, studies ACF programs and the populations they serve through rigorous research and evaluation projects.

The Hotline

The National Domestic Violence Hotline (The Hotline) is a 24-hour, national, toll-free, and confidential hotline that assists adult and youth victims of DV, their family and household members, and others affected by violence to build healthy, safe, and supportive communities and families.

Executive Summary

Short-Term Outcomes for Users of the National Domestic Violence Hotline and loveisrespect

Purpose

The purpose of this project was to evaluate the services provided by The Hotline and LIR. This evaluation assessed outcomes immediately after an interaction with The Hotline or LIR, and then again, approximately two weeks later. Results can be used to inform future efforts to monitor and improve domestic violence (DV)¹ hotlines.

Background

Hotlines for victims/survivors of DV are an integral approach for providing intervention and prevention services; however, evaluation of these programs is nascent. The Hotline and LIR (the hotline targeted toward young people) provide information and assistance to adult and youth victims/survivors of domestic or dating violence, their friends and family, service providers, and others, including batterers/abusers. They do this via 24-hour, national, toll-free, and confidential telephone hotlines, online chat and text messaging services, and websites. Highly trained advocates provide **crisis intervention** and emotional support; **information** about national, state, and community resources; and **nationwide referrals** to services to those who contact The Hotline and LIR (contactors).

ACF contracted with GW to conduct the ADVHOCaT project. ADVHOCaT evaluates the services that The Hotline and LIR provide. The goals of the ADVHOCaT project are to (1) develop and implement a safe and feasible method for hotline evaluation, and (2) evaluate the quality of interaction and subsequent emotional/knowledge/behavioral changes of those who contact The Hotline and LIR, both immediately after interacting with an advocate and two weeks later.

Research Questions

[ADVHOCaT](#) is an evaluation of The Hotline and LIR that explores the following questions:

1. What happens after contactors interact with an advocate at The Hotline and LIR?
2. Does contactors' behavior vary depending on the type of assistance they sought and received from The Hotline and LIR?
3. How helpful did contactors perceive the information and referrals they received after they contacted The Hotline/LIR?

Key Discussion Points

The Hotline and LIR serve a variety of contactors, not just survivors/victims of DV. While approximately 72% of phone contactors and 64% of chatters were identified as survivors/victims of DV, around 20% were classified as helpers (those calling on behalf of someone in an abusive relationship), with the remainder being healthy relationship inquirers, abusers, other, or unknown. Our analysis showed that survivors and non-survivors have different needs and expectations when contacting The Hotline and LIR.

Abuse was more often reported among callers than chatters. All forms of abuse, except for sexual abuse, were identified at higher levels for callers compared to chatters. Contactors may elect to call or chat based on their needs and circumstances, resulting in different expectations from the two services. Those who utilize the chat service may view it as less formal or be less likely to be in a crisis state, thus identifying abuse less readily. Training for advocates may need to be tailored to address the differences between contactors who access each service.

Among those who responded to the follow-up survey, immediate changes in knowledge, self-efficacy, and hope for the future were sustained two weeks later. The positive outcomes reported immediately after contact with The Hotline and LIR were still reported at the two-week follow-up.

¹ For purposes of this report, dating violence or dating abuse is included in the term "domestic violence."

Among those who responded to the follow-up survey, behavioral intentions reported at the immediate survey were higher than actual behavior change at follow-up. For all reported behavioral intentions at the immediate survey, actual behavior change reported at follow-up two weeks later was lower. The contactor's characteristics (e.g., survivor compared to non-survivor, callers compared to chatters) played a role in the concordance between intention and behavior. The type of advocate assistance provided played a large role in the translation from intention to behavior change. **Chatters were much harder than callers to follow-up with.** Only 3% of chatters who completed the immediate survey also completed the follow-up survey, as compared to 15% of callers. Additional follow-ups with chatters, or new methods of safely engaging the chatters in follow-up, may be needed to increase the response rate.

This data collection effort demonstrated that it is feasible to safely follow-up two weeks later with contactors who did not need immediate referral, although response rates are low. The study established a follow-up procedure specific to protecting the safety and confidentiality of DV contactors. With these precautions in place, this evaluation was one of the first to look at short-term outcomes of a DV hotline, both immediately after an interaction with The Hotline and LIR, and again two weeks later. The resulting methodology can help inform hotlines' evaluation methods and manage the needs of their contactors. This effort helps fill the gap in existing literature on what transpires after contactors engage with a DV hotline.

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Introduction

This report examines The Hotline and LIR as part of an evaluation conducted by GW's Milken Institute School of Public Health. We analyzed data collected both immediately after contact with The Hotline and LIR and two weeks after contact through protocols implemented by GW. In this second phase of the two-part project,² GW conducted an evaluation of The Hotline and LIR to (1) determine the short-term outcomes for contactors (callers and chatters) after they interacted with The Hotline and LIR and (2) determine whether contactors perceived The Hotline and LIR assistance as helpful two weeks after the initial contact. Measuring short-term outcomes is important as we consider performance measures for The Hotline and LIR that move beyond measuring the capacity of the hotlines to examining the impact of the services on the safety and wellness of its contactors. DV service provider and others can use this information to improve hotline and chat services provided, and to guide monitoring and evaluation of hotline contact impact.

Domestic Violence

The Family Violence Prevention Services Act (FVPSA) defines 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 intimate partner of the victim. DV includes, but is not limited to, criminal or non-criminal acts constituting intimidation, control, coercion and coercive control, emotional and psychological abuse and behavior, expressive and psychological aggression, financial abuse, harassment, tormenting behavior, disturbing or alarming behavior, and additional acts recognized in other federal, tribal, state, and local laws, as well as acts in other federal regulatory or sub-regulatory guidance (45 CFR §1370.2).

DV varies in frequency and severity, but all DV is characterized by a certain set of dynamics, including the abusive perpetrator's intentional motive to exert power and control over another person (UNODC, 2011). 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). Specifically, in the United States, DV is a pervasive issue with an estimated 1 in 3 people, regardless of gender, having experienced sexual violence, physical violence, and/or stalking by an intimate partner in their lifetime (Smith et al., 2018).

In 2017 the National Network to End Domestic Violence (NNEDV) identified 1,873 DV programs that exist in the U.S. (NNEDV, 2018). This is a decrease from the previous report showing 1,910 DV programs in 2016 (NNEDV, 2017). These programs include shelters, crisis hotlines, support groups, advocacy groups, and counseling services. Confidential hotlines serve as a front line DV-related service to assist those in search of information about available resources and services. However, the evaluation of DV services and hotlines is nascent. The few studies that exist focus on services centered in physical places (such as shelter-based programs) and on consumers' utilization of and satisfaction with a program.

² Findings from Phase One of the ADVHOCaT Project can be found at:
https://www.acf.hhs.gov/sites/default/files/opre/advhocat_frd_report_to_opre_111918_508_compliant.pdf

The National Domestic Violence Hotline

The Hotline was established in August of 1995 with a \$1 million-dollar grant to the Texas Council on Family Violence and took its first call on February 21, 1996 (The National Domestic Violence Hotline [The Hotline], 2019d). The Hotline is a 24-hour, national, toll-free, and confidential hotline. It informs and assists adult and youth victims of DV, their family and household members, and others affected by violence to build healthy, safe, and supportive communities and families (The Hotline, 2019c). The Hotline publicizes its contact information and the services it provides to potential users throughout the U.S., including the U.S. Territories. The Hotline maintains a comprehensive resource database on services for victims of DV, and is the only 24/7 center in the nation that has access to service providers and shelters across the U.S., including the ability to inquire about the availability of shelters on behalf of the caller (The Hotline, 2019e). Extensively trained advocates are available for English and Spanish speakers, and The Hotline is accessible for persons who are deaf and hard of hearing (The Hotline, 2019b). The Hotline uses the Language Line to provide interpretation to callers in over 200 languages. In October 2013, The Hotline expanded its services to include online chatting. Recently, the online chat service has enhanced its capacity to offer services 24 hours a day, 7 days a week, and 365 days a year. In 2016, The Hotline surpassed five million contacts (The Hotline, 2019e). In addition, an extensive inventory of information and resources is available on The Hotline website (www.TheHotline.org) and through social media presence on Facebook (@NationalDomesticViolenceHotline), Instagram (@NDVHOfficial), and Twitter (@ndvh).

loveisrespect

In February 2007, The Hotline launched LIR (formally the National Dating Abuse Helpline) to promote healthy and safe relationships among teens and young adults. LIR was the first 24-hour resource for teens who were experiencing dating violence and abuse. It is currently the only teen hotline serving the U.S. and its territories (Loveisrespect, 2019). In 2011, LIR partnered with Break the Cycle, another national leader in preventing dating abuse, and the same year, added 24-hour text services to complement the telephone and live chat services. Advocates offer crisis intervention and support, information and referrals, and advocacy to young people who have questions or concerns about both healthy and unhealthy dating relationships. LIR also provides these services to friends and family members, school personnel, service providers, and members of law enforcement. Like The Hotline, all services are free and confidential, and advocates are available via telephone, live chat, and texting services 24 hours a day, 7 days a week, and 365 days a year (Loveisrespect, 2019). LIR's website (www.loveisrespect.org) and social media outlets are designed for young people seeking assistance. LIR also provides trainings, toolkits, and a healthy relationships curriculum to help teach survivors, family members, peers, and educators how to identify unhealthy and abusive relationships. LIR uses The Hotline's database of resources to refer victims of DV to services.

Since their inception, The Hotline and LIR have answered over five million calls, chats, and texts. The Hotline reported that in 2018, the two programs received 321,573 calls, 238,012 online chats, and 14,085 texts (The Hotline, 2019a). The

What do the National Domestic Violence Hotline and loveisrespect do?

The Hotline and LIR provide telephone, online chat, and text-based support to persons (“contactors”) who contact the hotlines for help with intervention, prevention, and resource assistance, as well as emotional support and relationship education and information. The Hotline and LIR serve as critical partners in the efforts of the network of DV service providers. Guided by the Crisis Intervention Model, The Hotline and LIR provide assistance in the following areas:

- (1) **crisis intervention and support** by helping the contactor identify problems, priorities, possible solutions, and options, including making plans for safety and a plan of action;
- (2) **information** about resources on healthy relationships, DV, children exposed to DV, sexual assault, intervention programs for abusers, working through the criminal and civil justice systems; and
- (3) **nationwide referrals** to DV shelters and programs, social service agencies, programs addressing the needs of children exposed to DV, legal assistance agencies, economic self-sufficiency programs, and other related services.

Hotline and LIR are funded under the FVPSA, which is administered by the Family Violence and Prevention Services Program within the Family and Youth Services Bureau at ACF.

Previous Hotline Research and Evaluation

Crisis hotlines serve as a front-line DV-related service to assist those in need of emotional support, as well as those in search of resources and services. However, DV services broadly (including hotlines) have significant barriers to evaluation, including that each contactor accesses services with unique needs and circumstances; the field does not agree on which outcomes are most appropriate for programs to accomplish and evaluate; many services are anonymous or short-term; and data collection can compromise contactor safety (Sullivan, 2011). Due to some of these barriers, evaluation of DV services has focused on consumers' utilization of, and satisfaction with, the services to which a hotline contactor may be referred.

Despite the anonymity of hotlines, evaluations of telephone and online crisis hotlines are growing in frequency, and utilizing a variety of methods, including direct observation of calls, caller surveys, and hotline worker or volunteer surveys (Mishara et al., 2007; Finn, Garner, & Wilson, 2011). By utilizing telephone consent scripts, one major study was able to conduct baseline assessments and three-week phone follow-ups of non-suicidal crisis callers (Kalafat, Gould, Munfakh, & Kleinman, 2007). The authors found that reported crisis states and feelings of hopelessness decreased during contact, with continued decreases reported at follow-up. One-third of those who were given mental health referrals had contacted said referrals at follow-up (Kalafat et al., 2007). Utilizing similar methodology, the study also found that for suicidal callers, suicidality decreased during the call, and feelings of hopeless and psychological pain had declined at follow-up (Gould, Kalafat, Munfakh, & Kleinman, 2007).

One United Kingdom suicide hotline that typically records no data about callers sought to evaluate their callers' characteristics, their reasons for contact, and their perceived helpfulness of services (Coveney, Pollock, Armstrong, & Moore, 2012). In order to do so, the researchers administered an online questionnaire, which they promoted through a newly created project website, advertising on local and national media, leveraging community networks, and a paper questionnaire (Coveney et al., 2012). Another study used data collected by text-based crisis counselors to identify focus groups of youth contactors and found that youth reported accessing crisis text-lines increased their help-seeking behavior (Evans, Davidson, & Sicafuse, 2013). Content analysis and online ethnography have been used to determine factors that facilitated perceived helpfulness in online crisis support chats (Barak & Bloch, 2006). Similarly, direct call observation coding for both the helper's and the caller's behavior have been used for evaluating hotline calls (Mishara et al., 2007). In order to evaluate follow-through with recommendations, De Coster et al. (2010) linked data from a nurse telephone advice line with utilization data within 72 hours of contact. Their results showed that linking data and follow-up from a call line was successful, but that understanding the characteristics associated with low follow-through with referral is necessary to further tailor the referral process (De Coster et al., 2010).

Specific to DV, a statewide evaluation of DV agencies in Illinois asked hotline users to rate the frequency of their feelings of support and increase in knowledge on a 5-point Likert scale at the conclusion of their call (Bennett, Riger, Schewe, Howard, & Wasco, 2004). The authors found that immediately upon conclusion of hotline contact, callers reported an increase in both knowledge when using services and in feelings of support (Bennett et al., 2004). An evaluation of the National Sexual Assault Online Hotline surveyed both hotline workers and users (via an online prompt immediately after contact) to determine both chat content and the concordance between worker and user evaluation of the usefulness and satisfaction of the contact (Finn et al., 2011). The authors found that this approach was useful, and most volunteer workers and users were satisfied, as long as they felt the volunteer's knowledge and skills were high (Finn et al., 2011). Both studies are encouraging, showing feelings of increased knowledge and satisfaction with contact following phone and online chat services for DV and sexual assault.

Comprehensive frameworks for evaluating DV hotlines are in the early stages of development. While frameworks have been proposed (Burke et al., 2019), these frameworks have yet to be applied. Goodman et al. (2014) proposed that DV service effectiveness can be evaluated by looking at a survivor's safety-related empowerment, meaning the degree to which a contactor has the internal tools to achieve safety, the knowledge to access services, and the belief that the benefits outweigh the barriers to their safety. While this model was designed specifically for survivors of DV who interact with a program at least three times, the tenets of the model are common to The Hotline and LIR's respective

missions and are reflective of the previous research. This project addresses the need for evaluations of the short-term outcomes of contacting hotlines, including perceived hotline advocate helpfulness, emotional outcomes, increases in knowledge, and behavioral changes at both contact conclusion and follow-up, while also considering the nuanced context surrounding DV and establishing a safe follow-up procedure.

Purpose and Primary Research Questions of the ADVHOCaT Project

OPRE within ACF contracted with GW to conduct the ADVHOCaT project to describe the activities and outcomes of the Hotline and LIR. ADVHOCaT was intended to be a formative evaluation to develop and implement a safe and feasible method for hotline evaluation.

The [first phase of the ADVHOCaT project](#) answered the following research questions:

1. What services and resources do The Hotline and LIR provide to contactors (i.e., those who contact The Hotline and LIR, including DV victims/survivors, friends and family of DV survivors/victims, DV service providers, and abusers)?
2. Do contactors receive the information and/or assistance that they need and/or seek?
3. Do contactors view the information and/or assistance they receive as helpful?
4. What are the trends and patterns in the various modes of service (telephone, online chat, texting, and website), and which modes of service do contactors prefer?

[Results of the first phase of the project](#) described the types and frequency of resources and services provided by The Hotline and LIR, the needs of the contactors, the groups to whom specific services were offered, trends in modes of services, and the immediate needs of those services. It also focused on understanding the preferred mode of contact for those who contacted the Hotline and LIR. (McDonnell et al., 2019). This second phase of the ADVHOCaT project aims to better understand short-term outcomes for contactors of The Hotline and LIR. This report addresses the following research questions:

1. What happens after contactors interact with an advocate at The Hotline and LIR?
2. Does contactors' behavior vary depending on the assistance sought and received from The Hotline and LIR?
3. How helpful did contactors perceive the information and referrals they received after they contacted The Hotline/LIR?

Purpose of the Report

This phase of the ADVHOCaT project focused on collecting information from individuals who contacted The Hotline and LIR via phone and chat, in addition to information already collected by advocates. The purpose of gathering and analyzing this information is to describe The Hotline and LIR activities and short-term outcomes. This report presents findings from these analyses to describe the short-term outcomes for contactors after they interact with an advocate, and contactors' perceptions of the helpfulness of their advocate interaction two weeks after initial contact. To design and implement this study, GW worked closely with ACF, The Hotline and LIR, and a panel of experts in DV and hotline evaluation.

The information provided in this report can be used by DV service providers, program developers/implementers, technical assistance providers, advocates, and the general public. It can be used to understand the needs and changes in knowledge, self-efficacy, hope for the future, and behavior of DV hotline service recipients both immediately and two weeks following contact, and the feasibility of safe follow-up for both phone and chat contactors. This information can inform future efforts to monitor and improve DV hotlines.

Methods of Data Collection and Sources of Data

Overview of Data Collection Process

To address the study's research questions, we used data collected and maintained by The Hotline and LIR through telephone calls and online chats³, as well as anonymous information maintained by The Hotline and LIR about each of the contactors. Below are details on each of the data sources, how data were collected, and how data were used for this evaluation.

Safety and Burden Precautions

To ensure participant safety and confidentiality, GW and ACF obtained approval from the GW Institutional Review Board (IRB) and a Certificate of Confidentiality (COC) from the National Institutes of Health (NIH).

GW Institutional Review Board (IRB)

Because staff and faculty at GW analyzed the data, GW required approval from the Human Subject Research IRB at GW University prior to data collection. GW received IRB approval (IRB #031644) for Phase One of the ADVHOCaT project and submitted a modification to the original IRB approval in March 2017. The modification included information regarding the analysis of the data that would be collected for Phase Two for which IRB approval was granted in May 2017.

Certificate of Confidentiality (COC)

Simultaneously, as GW submitted IRB modifications, they also obtained a COC issued by the NIH. The COC allows investigators and institutions to collect sensitive information about research subjects without being compelled under any circumstance to release information that could be used to identify subjects, thereby protecting their confidentiality (CC-HD-17-095). The COC helped to assure contactors that their information was kept private to the fullest extent permitted by law. The COC was approved by October 2017.

Office of Management and Budget (OMB)

ACF sought approval from the Office of Management and Budget (OMB) to collect information via phone and online surveys in compliance with the Paperwork Reduction Act.

Procedures for Collection of Information

Informed Consent

Prior to their participation in the immediate and follow-up surveys, contactors were asked to give informed consent. A trained research staff member at The Hotline and LIR either read the informed consent language out loud or provided it by chat for the contactor to review. The contactor verbally consented over the phone or provided written consent via the online chat prior to proceeding to the immediate survey. The informed consent provided information on the purpose of this study, the anticipated time for a contactor to complete both the immediate and follow-up surveys, and how the gathered information would be used. In addition, research staff reminded contactors of the safety precautions put in place to ensure anonymity and confidentiality, including the completed OMB, GW IRB, and COC processes. Finally, research staff ensured contactors that their privacy would be protected and that they could stop at any time during the immediate and/or follow-up survey if they felt uncomfortable or unsafe.

Protecting Contactor Identity

Upon completion of the immediate survey, research staff asked contactors to provide three pieces of information (4-digit number, code word, and pseudonym) to help protect their safety. Contactors were asked to select a code word, such as a favorite fruit or place, a 4-digit number, and a pseudonym that they would be referred to during the follow-up survey. When completing the follow-up survey via phone, two of the three pieces of information had to match before the interview could proceed. When completing the follow-up survey via online chat, the contactor entered the three pieces of information, and two of the three needed to match to pair the immediate survey to the two-week follow-up

³ The Hotline/LIR also responds to contactors via text. However, because The Hotline/LIR were unable to send the survey questions via text, data was not collected via text for the purposes of this evaluation.

surveys. If two of the three pieces of information did not match, the contactor was not allowed to access the 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 survey.

Primary Data Collection Process

Primary data collection occurred through the completion of a survey immediately following initial contact with The Hotline and LIR, a survey at two weeks following initial contact, and through The Hotline and LIR advocates entering anonymous contactor data into the ACA database. A flow chart of the data collection process can be found in *Appendix E, Figure 1*. For clarity, the “exit survey” referenced in *Appendix A* is referred to throughout this report as the “immediate survey.”

Immediate Phone and Chat Surveys

As part of this data collection effort, the research team asked eligible contactors to complete a survey immediately following their contact with The Hotline and LIR. Contactors were eligible to participate if they were over the age of 18, interacted with an advocate, completed an interaction, and were not directly connected to an external service. They were asked to complete an immediate survey either via phone or chat with a research trained staff member at The Hotline and LIR.

The purpose of the immediate survey was to gauge contactor reactions/responses following their interaction with an advocate. The immediate survey questions were identified based on survey questions utilized by The Hotline and LIR for ongoing monitoring purposes, and reflected input from a panel of experts in the fields of DV service provision and hotline evaluation. The immediate surveys were available by phone or chat and the surveys were identical (see *Appendix A*).

Phone contactors who chose to participate and provide informed consent (see *Appendix B*) were transferred by phone to The Hotline and LIR research staff member to complete the survey verbally immediately after they interacted with the advocate. The trained research staff member reviewed the informed consent information with the contactor and asked for verbal consent. Research staff then asked the survey questions and manually inserted responses from the phone immediate survey into an internal database for record keeping. For contactors on chat who agreed to participate and provide informed consent, advocates provided a link to a secure online survey.

Follow-up Phone and Online Surveys

Contactors that participated in the immediate survey were asked to participate in a follow-up survey two weeks later. The purpose of the follow-up survey was to utilize the information from the interaction to measure contactor reactions/responses two weeks after their interaction with an advocate, specifically to see if their circumstances had changed, if they did what they said they intended to do during the immediate survey, and if changes in hope, self-efficacy, knowledge, or behavior persisted.

After completing the immediate survey research questions, the contactor was asked how they wanted to complete the follow-up survey. The contactor could either chose (1) to initiate the contact in two weeks via phone or online, or (2) have a research staff member from The Hotline and LIR contact the contactor to complete the follow-up survey.

Follow-up survey initiated by the Contactor:

If the contactor chose this option, they were asked if they would like to receive a reminder via text message. The reminder contained a safe message (such as "have a nice day") that only the contactor understood as a reminder to call a toll-free number or access the online URL to complete the follow-up survey. If the contactor chose to receive a text, a research staff member asked for the contactor’s phone number. If the contactor chose to receive a reminder, the message would come from an unidentified number to ensure safety and protection of the contactor.

Whether a contactor decided to receive a text reminder or not, a research staff member provided information on how to complete the follow-up survey by phone or online, and asked the contactor to write this information down, as well as the date and time to call or go online, in a safe place. The contactor was able to choose a date and time to complete the survey by phone or online. Contactors were instructed to complete the follow-up survey in two weeks, but access to the online survey was available at any time.

Follow-up survey initiated by The Hotline and LIR:

If the contactor chose for The Hotline and LIR to contact them, a research staff member asked the contactor to provide the best date and time to receive a call within a 13 to 15-day period of taking the immediate survey. In addition, research staff collected the contactor's phone number to safely call in two weeks' time, and contactors were instructed to accept calls at the predetermined date and time only if it was safe to do so. Further, to ensure safety, research staff asked contactors if they would prefer that the person who calls them to initially say that they are calling from somewhere other than The Hotline (e.g., a flower shop, a restaurant, or a drugstore) in case someone else were to answer the phone.

Immediate and Follow-up Survey Instruments

Contactors eligible to participate in this data collection effort were given a survey immediately following their initial interaction with The Hotline and LIR (immediate survey), and again approximately two weeks later (follow-up survey). The immediate survey collected information on the following domains: (1) reasons for contacting The Hotline and LIR following the initial interaction with The Hotline and LIR; (2) changes in knowledge, self-efficacy, and hope for the future immediately after an interaction with The Hotline and LIR; (3) intention for behavior change immediately after their interaction with The Hotline and LIR; and (4) helpfulness of information received from The Hotline and LIR immediately after their interaction with The Hotline and LIR.

The follow-up survey collected information on the following domains: (1) recollection of the reasons why contactors contacted The Hotline and LIR two weeks prior; (2) changes in knowledge, self-efficacy, and hope for the future two weeks after an interaction with The Hotline and LIR; (3) behavior change(s) that occurred within the two weeks of contacting The Hotline and LIR; and (4) helpfulness of information they received at follow-up. In addition, contactors were asked to provide open-ended responses to the following two questions:

1. Did the advocate you spoke or chatted with at The Hotline and LIR provide the information that you were asking for? Please indicate yes or no, and then also provide a reason for your answer.
2. Since you contacted The Hotline and LIR two weeks ago, how have your circumstances changed?

GW staff manually paired responses to immediate and follow-up surveys using two pieces of identifiable information. The two pieces of identifiable information were drawn from the three that were available (4-digit number, code word, and pseudonym).

Advocate Caller Application Database (ACA)

Advocates manually entered anonymous data about the caller/online chatter into the ACA database at the time of the initial contact to The Hotline or LIR. Data included mode of contact (e.g., telephone or online chat), type of contactor (e.g., victim/survivor, helper, abuser, service provider), demographics of the contactor, type of abuse experienced, general services required by the contactor, and types of services offered by the advocate. Data included in the ACA depended on what each contactor chose to disclose.

The Hotline staff matched phone contactors' immediate survey responses to their information in the ACA database using a unique identifier. Because the chat contactors entered their immediate survey responses directly into a secure online survey that did not record a unique identifier, we could not match their immediate chat survey data to their ACA data. However, The Hotline staff were able to match data from both the phone and chat follow-up surveys to the corresponding ACA data.

Results and Findings

Overview

This report provides information on participating contactors, including general demographics, reasons for contacting The Hotline and LIR, and types of abuse and services assessed by the advocate. It also presents the results of the analysis to answer each of the ADVHOCaT project research questions. For purposes of this report, significance denotes a statistical significance level of $p < 0.05$ unless otherwise stated. It will be visualized with an asterisk (*) on tables and figures.

Information on all immediate and follow-up survey records

A total of 1,304 phone-conducted immediate surveys were included in the dataset sent by The Hotline and LIR (see *Table 1*).⁴ A total of 1,161 surveys (89.0%) had usable data⁵ including information to conduct a two-week follow-up survey. A total of 175 phone callers (15.1% of the phone callers who completed an immediate survey) completed a follow-up survey. A total of 4,688 chatters who completed immediate surveys were included in the initial sample, and 3,227 (68.8%) had usable data including information needed to conduct a follow-up survey. A total of 102 chatters who completed an immediate survey completed the follow-up survey (3.2%).

A total of 4,388 contactors completed an immediate survey after contact with an advocate at The Hotline and LIR. Of the 4,388 total contactors, 277 had a follow-up survey after their initial interaction. This sample is comprised of only those with complete immediate and follow-up records. Although the follow-up rate was low, the study was able to achieve sufficient power to report significant results. However, the low response rate increases the risk for biases, such as nonresponse bias, and potentially limits the generalizability of the findings. A more detailed discussion of these implications is included in the Discussion section.

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

¹Complete are those files that have usable data defined as not being part of the testing phase of the project, the respondent responding to any of the survey questions, and for whom two out of three pieces of identifiable information matched.

²Follow-up surveys could be completed by phone or online.

A diverse group of phone and chat contactors completed the immediate and follow-up surveys

Survivors, females, and Caucasians comprised much of the sample. Demographic characteristics of callers who completed the immediate survey and callers and chatters who completed the follow-up survey are presented in *Table 2* below. Most callers/chatters were survivors/victims, followed by helpers (family and friends of survivors/victims). Most contactors reported hearing about The Hotline and LIR services via the Internet and most self-reported as female. 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.

⁴ To minimize data collection burden on The Hotline research staff and ensure confidentiality of all Hotline/LIR contactors according to IRB guidelines, research staff did not record the total number of contactors who were eligible and the subsequent total number of contactors who declined to participate in the surveys.

⁵ For purposes of this report, the terms 'complete record' and 'usable data' are those responses for which the contactor reached the final page of the survey, and for whom two out of three pieces of identifiable information matched.

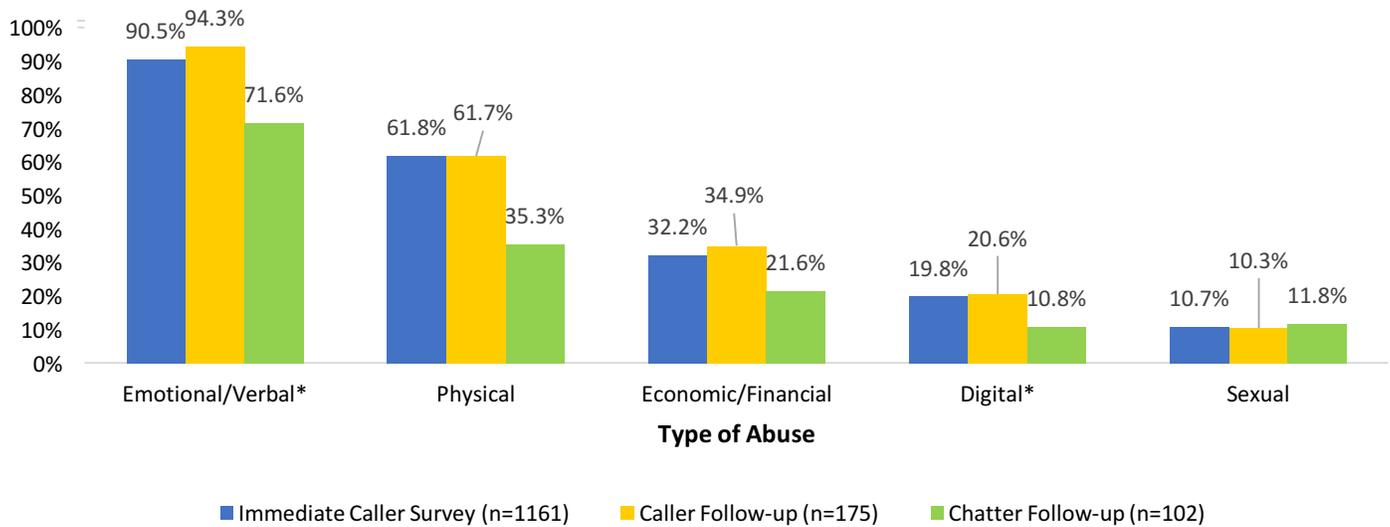
Table 2: Sample characteristics for immediate and follow-up surveys

	Phone Contactor		Chat Contactor ¹
	Immediate Survey N (%)	Follow-up Survey N (%)	Follow-up Survey N (%)
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)

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

Emotional/verbal abuse was the most frequent type of abuse assessed by an advocate

As seen in *Figure 1*, emotional/verbal abuse was the most frequently reported, with over 90% of callers and 71.6% of chatters identifying this type of abuse. This was followed by physical abuse (61.7% of callers and 35.3% of chatters at follow-up), economic/financial abuse (34.9% of callers and 21.6% of chatters at follow-up), digital abuse (20.6% of callers and 10.8% of chatters at follow-up), and lastly, sexual abuse (10.3% of callers and 11.8% of chatters at follow-up; see *Figure 1*). Except for sexual abuse, all forms of abuse were significantly more likely to be noted and recorded by advocates for callers compared to chatters. These findings were similar to the results found in the first phase of the ADVHOCaT project (McDonnell et al., 2019). Contactors identified as survivors were significantly more likely to be assessed by the advocate as experiencing emotional/verbal and digital abuse than the abuse non-survivors (i.e., a contactor calling on the behalf of someone else, referring to someone else) were reporting (see *Appendix E, Figure 2*). Among callers/chatters who completed both interviews, advocates assessed 67.9% as experiencing two or more forms of abuse (out of five possible) with the average number of types of abuse being nearly two (mean = 1.96).

Figure 1. Types of abuse as assessed by an advocate for all contactors who participated in a survey^{1,2}

¹Respondents could report more than one type of abuse, and therefore, each form of abuse is reported as a percent who responded “yes.”

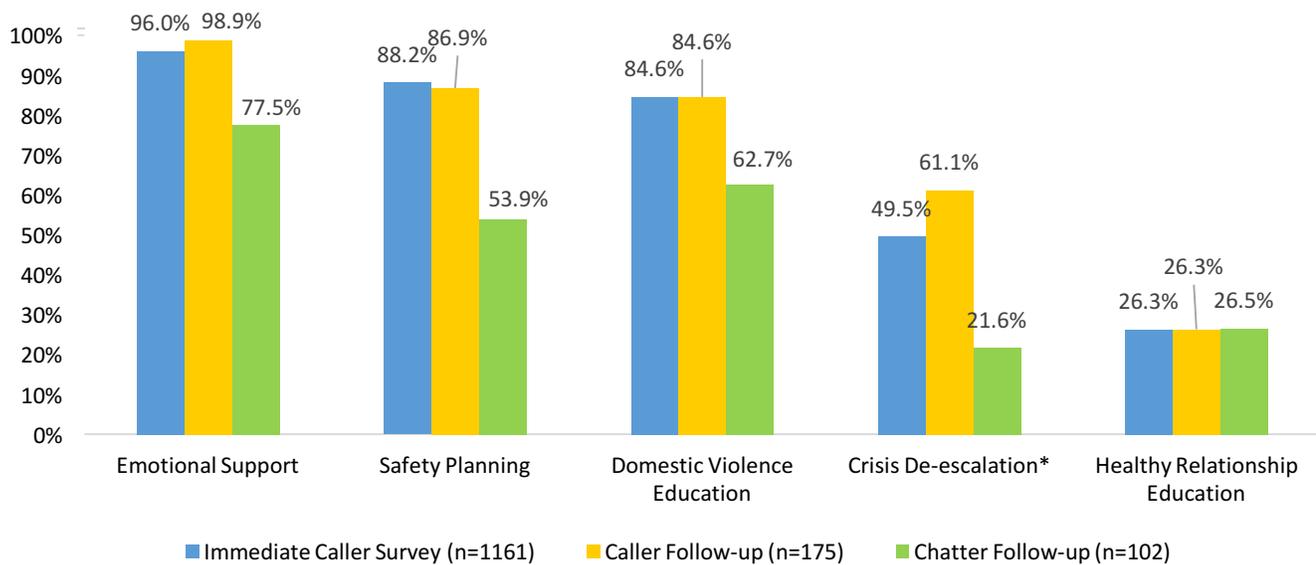
²Data presented in is from the Advocate Caller Application (ACA) Database

*Except for sexual abuse, all forms of abuse were significantly more likely to be noted and recorded by advocates for callers compared to chatters.

Advocates provided emotional support to the majority of contactors

As seen in *Figure 2*, nearly all callers (96% of immediate survey respondents and 98.9% of follow-up respondents) and 77.5% of chatters at follow-up received emotional support during their interaction with an advocate. Most contactors (at the immediate and follow-up survey) also received safety planning and DV education, and one-quarter of contactors, regardless of mode of contact, received education about healthy relationships. The only statistical difference between all callers and those callers who completed the follow-up survey was that a greater percentage of follow-up survey participants engaged in crisis de-escalation (61.1% for follow-up callers compared to 49.5% for all callers). All forms of assistance, except for healthy relationship education, were provided by the advocate at higher rates for callers (at immediate and follow-up) than for chatters at follow-up. The average number of types of services/assistance provided to all contactors was approximately three (mean = 3.15) with survivors receiving fewer types of services/assistance than non-survivors (mean of 2.51 compared to 3.44). In addition, the average number of types of services/assistance varied by types of contact with callers receiving an average of 3.58 compared to chatters receiving 2.42. [The first phase of the ADVHOCaT project](#) also showed that most contactors received multiple services, and the majority of contactors received emotional support (McDonnell et al., 2019).

Figure 2. Service/assistance provided as assessed by the advocate immediately after the interaction for all callers and chatters who participated in a survey ^{1,2}



¹Advocates could report more than one type of contact interaction, and therefore, each type of contact is reported as a percent who responded “yes.”

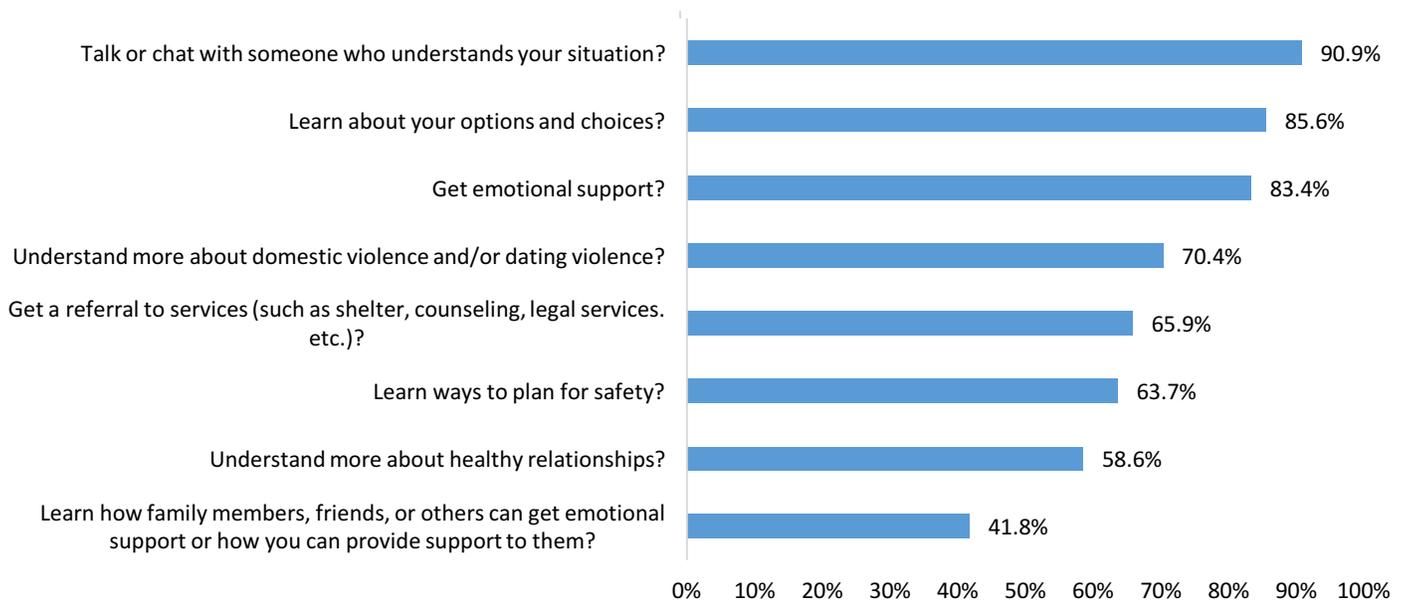
²Data presented in is from the Advocate Caller Application (ACA) Database

*Differences between phone immediate and follow-up survey is significant at $p < 0.01$.

People contact The Hotline and LIR to talk or chat with someone who understands their situation

During the immediate survey, contactors were asked to respond “yes” or “no” to each of the eight potential reasons for contacting The Hotline and LIR. *Figure 3* shows the self-reported reasons why a caller/chatter contacted The Hotline and LIR. The vast majority of contactors (90.9%) reported contacting The Hotline and LIR to talk or chat with someone who understood their situation, followed by wanting to learn about options and choices (85.6%), to obtain emotional support (83.4%), and to understand more about DV/dating violence (70.4%). Less than half of contactors reported wanting to learn how family members, friends, or others could provide emotional support or how the contactor could provide emotional support to family or friends (41.8%). Contactors who identified as survivors were significantly more likely than those who identified as non-survivors to report contacting The Hotline and LIR for all reasons except to learn about healthy relationships and make plans for their safety (see *Appendix E, Figure 3*).

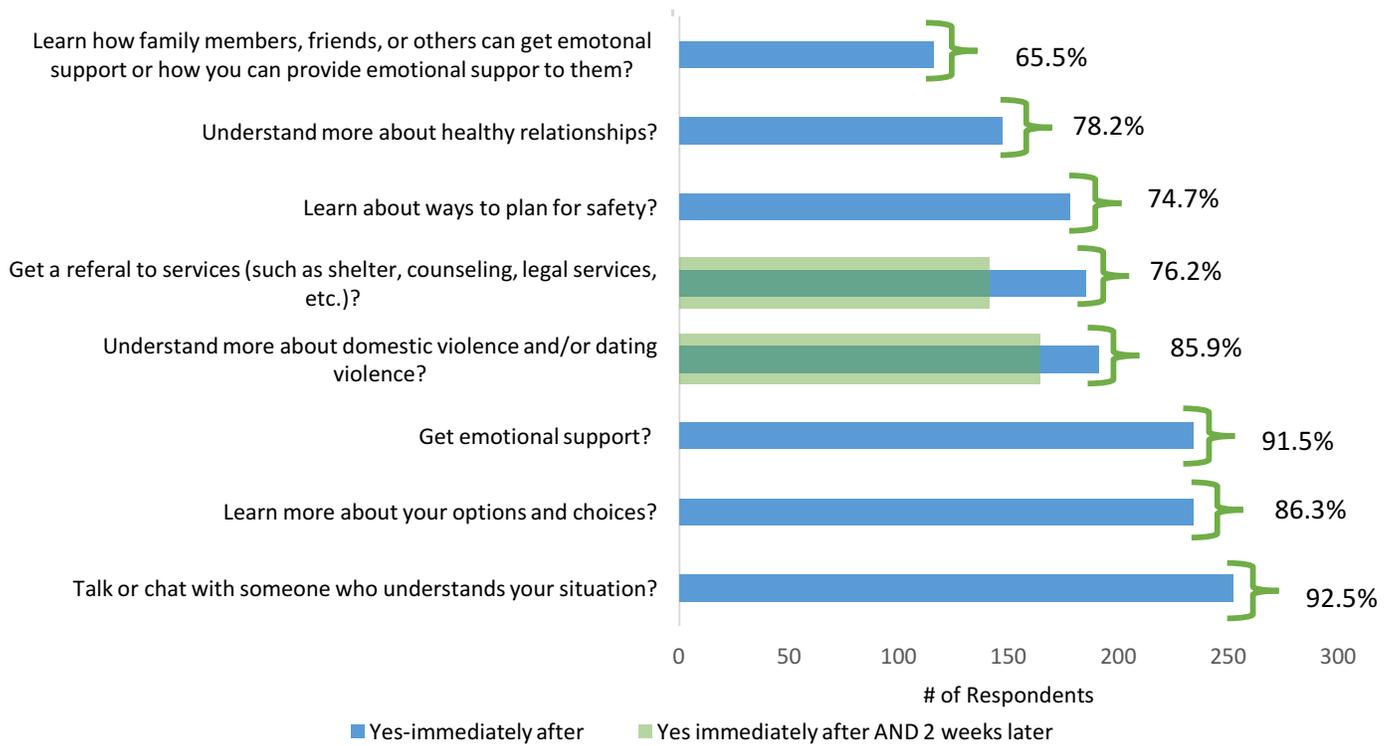
Figure 3. Self-reported reasons why contactors contacted The Hotline and LIR immediately after an interaction with The Hotline and LIR (n=4,388)



Reported reasons for contacting The Hotline and LIR were the same two weeks later

To determine what percentage of those who reported a reason for contacting The Hotline and LIR immediately after the contact reported the **same** reason in the follow-up survey (i.e. concordance between individual contactor responses at each time point), contactors were asked at follow-up to recall the reasons they contacted The Hotline and LIR two weeks prior. As shown in *Figure 4*, among the 252 contactors, 233 (92.5%) of contactors who reported wanting to talk or chat with someone who understood their situation immediately after the interaction at the time of the immediate survey also reported this again as the reason for contacting The Hotline and LIR at follow-up, two weeks later. The level of concordance between individual responses provided immediately after the interaction and two weeks later was over 74.0% for all reasons except for one: learning how family members/friends, or others can get or provide emotional support (65.5%).

Figure 4. Reasons for Contacting The Hotline and LIR: Concordance between reasons provided immediately after contact and two weeks later



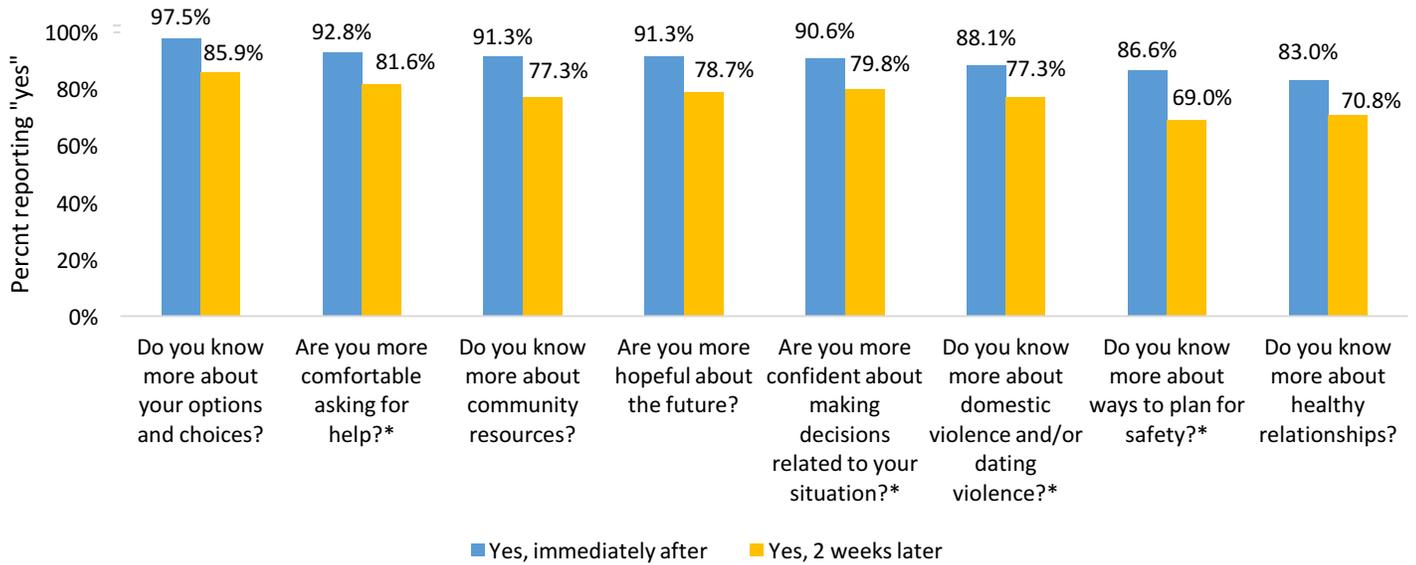
Research Question 1. What happens after contactors interact with an advocate at The Hotline and LIR?

The first research question sought to determine what happened after contactors interacted with an advocate at The Hotline and LIR. Each participant was asked to self-report changes in knowledge, self-efficacy, and hope for the future immediately after an interaction with The Hotline and LIR and two weeks later during the follow-up survey (see *Figure 5*). Contactors were asked to respond “yes” or “no” to each of the eight potential changes immediately after contacting The Hotline and LIR and again during the follow-up survey.

Most contactors reported positive outcomes

Most contactors reported being more confident, more hopeful about the future, and knowing more about DV and healthy relationships at both time points. Most contactors reported at the immediate survey and follow-up survey time points that they knew more about their options and choices (97.5% and 85.9%, respectively), and that they were more comfortable asking for help (92.8% and 81.6%, respectively). At both the immediate and follow-up survey times, over 70% of contactors indicated being more confident in making decisions about their situation (90.6% and 79.8%, respectively); being more hopeful about the future (91.3% and 78.7%, respectively); knowing more about DV and/or dating violence (88.1% and 77.3%, respectively); knowing more about community resources (91.3% and 77.3%, respectively); and knowing more about healthy relationships (83.0% and 70.8%, respectively). Less than 70% of contactors (69%) reported knowing about more ways to plan for their safety at follow-up.

Figure 5. Self-reported changes in knowledge, self-efficacy, and hope for the future immediately after an interaction with The Hotline and LIR and two weeks later (N=277)



Qualitative discussion of changes in circumstances between the immediate and follow-up surveys

At follow-up, all contactors were asked, "Since you contacted The Hotline and LIR two weeks ago, how have your circumstances changed?" The researchers coded the opened-ended responses thematically into whether the contactor's situation had changed positively, not changed at all, or changed negatively. Some contactors reported that their situation had not changed, but their understanding of their situation did. Contactors also reflected on positive and negative emotional change and feelings of safety. An illustrative sample of the responses is below.

Changes in Contactor Circumstances

Circumstances changed positively

"I got an attorney with the help from my friend. I reached out to some people and it's been helping me."

"Things have improved, I actually was able to communicate to my partner the things I discussed with the advocate and showed her the resources that were provided to me. We are working things out."

Circumstances have not changed, but understanding of the situation has changed

"I've gotten more information--from a police victim's assistant and an attorney and a ton of online articles on narcissists and 'hoovering.' I am aware of more options like refusing packages via the mail system. I am still just as -- if not more -- confused."

"I am still with the same partner and now I have a different understanding of his behavior that has been helpful to help me change my perspective."

"They haven't, but by gaining understanding it's helped me to avoid walking back into abuse. Not taking the bait. Once I learned that's a tool of abuse, I'm like, 'Ooooh,' and I don't enter into that."

Circumstances have not changed

"Nothing has changed. I've continued in the same relationship. None of the dynamics have altered. None of the behaviors have changed."

"Haven't really changed. It's been a long time, so not a current thing, but I did look through that and besides the list, it gave me an idea to look for things from hat angle which I hadn't considered before."

Circumstances changed negatively

"Not good, maybe worse my husband gets angry and has a really bad temper need more time to find my solution out"

"They are worse. She was staying with a friend but [was] not able to go outside because [she is] hiding her at her apartment. Now she [is] headed to a motel to get her animals out of foster care. Pleading with people on social media for help but not getting it."

Emotional changes

"I have better outlook on my circumstances and I feel I can better cope with anxiety."

"I'm actually going backwards [feeling worse]."

"A lot more of the same. I had a mental breakdown yesterday in a store."

Changes in feeling of safety

"I feel a heck of a lot more safe."

"They got worse. The person I am trying to get away from has been giving me a lot of trouble. Was seeking support to relocate out of state. Feel unsafe residing in Texas."

Survivors were more likely to report positive outcomes than non-survivors

Survivors were significantly more likely than non-survivors to indicate being more confident in making decisions about their situation, knowing more about DV and/or dating violence, knowing more about safety planning, and being more comfortable asking for help immediately after the interaction (*Appendix E, Figure 4*). In response to the follow-up question previously discussed, “Since you contacted The Hotline and LIR two weeks ago, how have your circumstances changed?” Survivors and non-survivors of DV responded to the open-ended questions differently. Survivor responses reflected on whether they were utilizing the information provided to them, if their circumstances had changed positively, had not changed at all, or had changed negatively. Some survivors reported that despite no change in their situation, or changing negatively, they were equipped with more knowledge about their situation. Responses were reflective of the fact that safely terminating an abusive relationship can be a multi-step process and time-intensive effort.

Survivor Responses to “How have your circumstances changed?”

Survivor utilization of information provided by The Hotline and 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.”

“Advocate 15 helped me so much two weeks ago. I read her words over and over and three days later I put my safety plan in place and went to the shelter. I am now separated from my abuser.”

“I feel a lot less paranoid. I've been going to those healthy relationship classes, I've met with a legal advocate about how to file a police report and feel a lot safer at home.”

“I have not reached out yet to the different services that she provided for me. I do have them written down.”

Survivor remarks on circumstance changes, including increased knowledge

“Well I left town and stayed with my family for a week, took a week off work, filed a police report. My former partner vacated the apartment and is going to be released from the lease. The entire relationship ended. I've had really great support. I'm incredibly fortunate. I couldn't believe the support I've gotten. I'm just excited about this next chapter.”

“Did call police the following morning, made a report, no outbursts.”

“Not crisis but not resolved.”

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

“I feel more informed and motivated to take care of myself.”

Survivor remarks on process of terminating 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.”

“They haven't changed, but I've gotten better direction on what to do. There are a lot of intricate details that take a while to work out.”

“Haven't really. My ex is still trying to find me and I'm still hiding with family, but once I get my paycheck, I'll start contacting legal advocates and filing for divorce.”

We analyzed non-survivor responses to determine whether circumstances (either their own, or the circumstances of the person about whom they were calling) had changed positively, negatively, or had not changed. Within those responses, similar themes of emotional change and safety arose. Non-survivors tended to focus more on the circumstances of the person about whom they were calling than on the contactor's personal situation (i.e. their own emotional change, empowerment). Responses reflected how discussion with survivors had gone, including positive responses, negative responses, and non-survivor feelings that their role was to provide resources to allow the survivor to make their own choice using the resources provided.

Non-Survivor responses to "How have your circumstances changed?"

Non-survivor reporting on survivor's circumstance change

"Major. She's gotten out, living with my grandma now. They're in the process of getting a divorce."

"The Hotline gave her the courage to contact her lawyer for divorce proceedings and change the locks."

"Since contacting us, her abuser has moved out of the home and her life is 100 times better. The resources provided to her helped her find the legal and financial support needed. She started an eviction process, but after calling the police on her partner, he left voluntarily, and is now off her lease."

"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."

"The situation for my daughter--it did get kind of ramped up, because he was verbally and emotionally abusive, and he threatened physical violence. I recommended to her that she file a police report, and she went further than that and even reached out to the community DV resource near her and picked up information. I think she's taking this seriously and not in denial now. I want to qualify that. I went in after doing a lot research and having a lot of information about the resources in her area. I got a lot more help and support from The Hotline."

Non-Survivor responses to “How have your circumstances changed?”

Non-survivor description of survivor utilization of/reaction to non-survivor support

“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.”

“I gave the information to this person, and as of right now, she is in another state trying to find out what to do next. She has the Wings number, but she just went to stay with her sister in a different state. She didn't use the shelters, but she has the information if she needs it.”

“From my understanding, her circumstances haven't changed much. I don't think he's aware that she's been trying to seek help, so he's still behaving abusive by trying to control her personality. But thankfully, it hasn't worsened and he hasn't escalated. So that's a blessing in that regard. But at the same time, she hasn't been able to get out and into a healthy relationship. Our options for how to help was greatly increased, really empowered to help. My wife and I were very distressed before, but being able to talk to The Hotline, it gave us a lot of tools in how to go forward. I believe if and when she wants to get out of that situation, I have a lot of hope we have what we need to get her there.”

“Well, I feel like, because we did talk to the girl about her situation, shared, you know, ‘We're here whenever you want to talk, but I want you to know the situation is not healthy.’ She really has just pulled back from myself and my daughter. She's still doing well physically, but right now still clinging to him. All we can do is still be Facebook friends and talk to her when we can.”

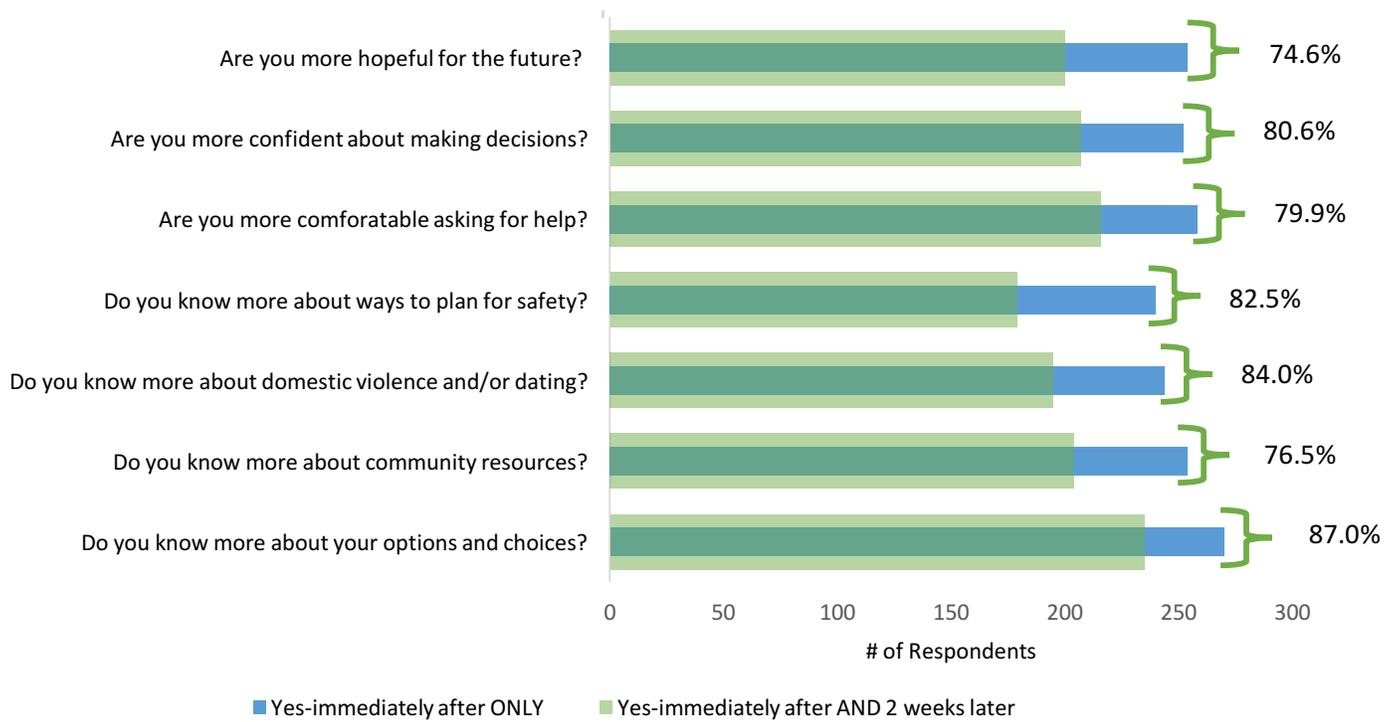
“He found a local place himself that has been helpful, but nothing from The Hotline changed. His partner also gave him custody of the kids and abandoned them.”

“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.”

Reports of positive outcomes remained two weeks later

The percentage of those who reported a positive outcome immediately after the contact and reported the same positive outcome two weeks later (i.e. concordance between individual contactor responses at each time point) was over 74% for all outcomes. We found a high level of concordance overall for the positive outcomes. Among the 270 contactors who reported knowing more about their options and choices immediately after the interaction, 235 (87%) also reported this again as an outcome of contacting The Hotline and LIR at the two-week follow-up (see *Figure 6*).

Figure 6. Changes in knowledge, self-efficacy, and hope for the future after contacting The Hotline and LIR: concordance between responses given immediately after and at follow-up



Research Question 2. Does the contactors' behavior vary depending on the assistance they sought and received from The Hotline and LIR?

The second research question was to determine if the contactor's self-reported behavior two weeks after the interaction with The Hotline and LIR differed depending on what assistance they reported receiving at the immediate survey. This was answered first by looking at the relationship between the intentions for behavior change reported at the immediate survey and actual behavior change reported at follow-up. Contactors were asked to respond "yes" or "no" to each of the eight potential behavioral intentions immediately after contacting The Hotline and LIR. They were then asked to respond "yes" or "no" to actual behavioral changes for each of these intentions during the follow-up survey. *Figure 7* below illustrates the self-reported behavioral intentions after an interaction with The Hotline and LIR at the immediate survey and engagement in the behavior two weeks later during the follow-up survey.

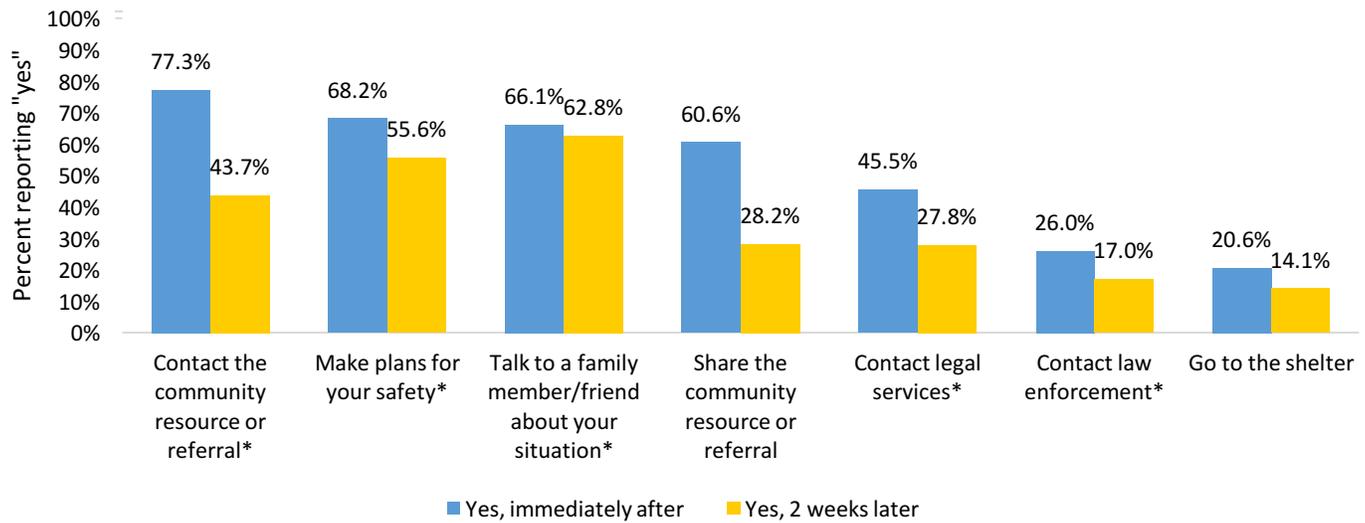
Intentions to change behavior were high and were significantly higher than actual behavioral change two weeks later

Aggregate percentages of all respondents showed that behavioral intentions reported immediately after the interaction were significantly higher than the actual performance of the behavior reported two weeks later. At the immediate survey, 66.1% of all contactors reported that they intended to talk to a family member/friend about their situation and at follow-up, 62.8% of respondents reported they had spoken to a family/friend about their situation. Similarly, 68.2% of contactors at the immediate survey indicated they intended to make plans for safety and 55.6% of respondents reported during the follow-up survey they made plans for safety. Additionally, 77.3% of contactors reported that they intended to contact a community resource or a referral immediately after their contact at The Hotline and LIR and 43.7% of respondents reported that they contacted the community resource during the follow-up survey (see *Figure 7*).

Going to a shelter and contacting law enforcement were behavioral intentions and actions that were least reported by contactors. 26.0% reporting during the immediate survey that they intended to contact law enforcement, and 17.0% did contact law enforcement at the follow-up. Intending to go to a shelter was reported by 20.6% of respondents immediately after the interaction, and 14.1% reported going to a shelter when contacted for the follow-up survey.

For survivors, behavioral intentions reported immediately after the interaction were significantly higher than for non-survivors for contacting the community resource/referral, making safety plans, and contacting legal services. Survivors were significantly more likely to contact the community resource/referral than non-survivors. However, non-survivors were more likely to share a resource or referral than survivors (*Appendix E, Figure 5*). Callers were significantly more likely to contact the community resource/referral, talk to a family or friend, make safety plans, contact law enforcement, and contact legal services than chatters (*Appendix E, Figure 6*).

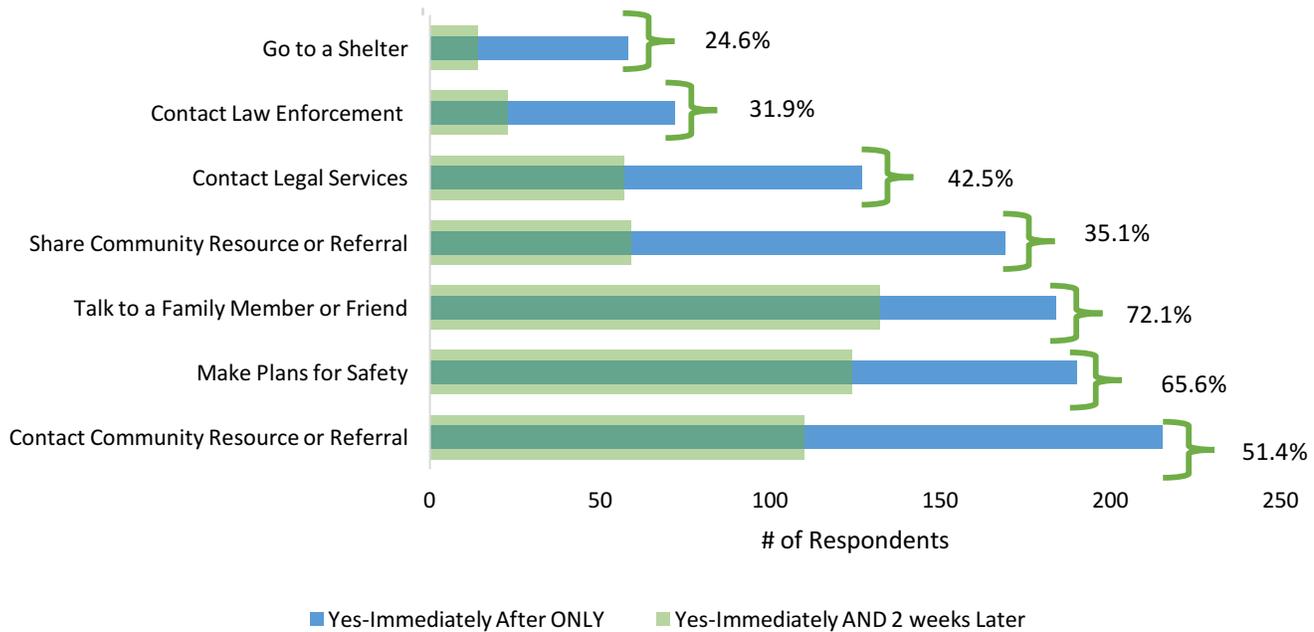
Figure 7. Contactors' behavioral intentions reported immediately after interaction with The Hotline and LIR and changes in behavior reported at follow-up two weeks later (N=277)



Behavioral intention reported immediately after contact with The Hotline and LIR had mixed concordance with actual behavior reported at follow-up

While *Figure 7* shows overall respondent percentages for reported behavior, *Figure 8* is restricted to respondents reporting 'yes' to a behavioral intention. *Figure 8* shows the number of contactors who reported an intention for a behavior change and the percentage of those who also reported performing that behavior. The highest percentage of concordance between behavioral intention and behavior was for talking with family and friends, with 184 reporting having the intention to talk to a family member or friend about their situation immediately after the interaction and 132 (72.1%) reporting this outcome two weeks later at follow-up as well (see *Figure 8*). The level of concordance between intentions immediately after the interaction and actual behavior reported two weeks later was over 50% for contacting community resources (51.4%) and making plans for safety (65.6%), but the concordance was less than 50% for all other behaviors. For example, less than 25% of respondents who intended to go to a shelter reported that they did so at the follow-up survey two weeks later.

Figure 8. Behavioral intentions after contacting The Hotline and LIR and completed behavior: Concordance between intention reported immediately and completed behavior two weeks later



The type of assistance provided by the advocate is related to selected behavior changes

The ACA included information about the types of assistance advocates provided to each contactor. The advocate could answer “yes” or “no” to five types of assistance being provided during the interaction: crisis de-escalation, DV education, emotional support, safety planning, or healthy relationship education. *Figure 2* lists each of these services provided by the advocate for callers and chatters. Each type of assistance was cross tabulated with each form of behavior change to determine if there was a statistically significant relationship between the advocate assistance provided and contactor’s behavior change. *Table 3* presents the statistically significant odds ratios between assistance provided and reported by the advocates and behaviors reported by the contactors at follow-up.

Contactors who were provided with **crisis de-escalation services**, as recorded by the advocate, were more likely to contact a community resource (odds ratio = 2.55) than contactors who did not receive crisis de-escalation. In addition, contactors who received crisis de-escalation services were more likely to talk to a family member or friend about their situation (odds ratio = 1.65), more likely to make safety plans (odds ratio = 2.08), and more likely to contact legal services (odds ratio = 2.09) than contactors who did not receive crisis de-escalation services.

Contactors who were provided **emotional support** were more likely to talk to a family member or friend about their situation (odds ratio = 2.33) and more likely to report making safety plans (odds ratio = 2.41) two weeks after contacting The Hotline and LIR, compared to those contactors who did not receive emotional support services by the advocate. Advocate provision of **safety planning services** were significantly related to contacting community resources, making safety plans, contacting law enforcement, and contacting legal services (all forms of safety planning) compared to contactors who did not receive these services. Lastly, **DV education services** provided by advocates were not significantly related to any of the contactor behavioral outcomes. However, advocate-provided **healthy relationship education services** were positively related to contactors sharing community resources or referrals two weeks after the advocate interaction. These associations may reflect the type of assistance received but are likely also tied to the needs and specific situation of the contactor that led to their initial decision to contact The Hotline/LIR.

Table 3. Contactor behavioral outcomes and assistance received by the advocate (statistically significant odds ratios presented)

Behavioral Outcome	Advocate Assistance Provided				
	Crisis De-Escalation	DV Education	Emotional Support	Safety Planning	Healthy Relationships
Contact community resource	2.55			2.18	
Share community resource/referral					1.92
Go to the shelter					
Talk to a family member/friend	1.65		2.33		
Make safety plans	2.08		2.41	1.84	
Contact law enforcement				2.64	
Contact legal services	2.09			2.21	

Therefore, the type of assistance provided by the advocate as assessed by the advocate during the time of the interaction was related to selected behavior changes reported by the contactor at the two-week follow-up. For survivors, crisis de-escalation, safety planning, and healthy relationship education were found to be related to selected behavior outcomes (*Appendix E, Table 1*).

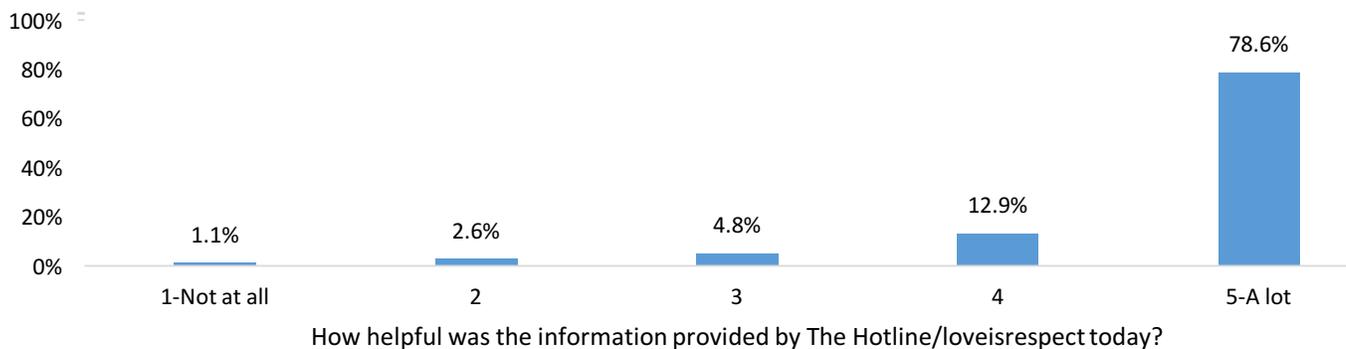
Research Question 3. How helpful did contactors perceive the information and referrals they received after they contacted The Hotline/LIR?

The final research question asked how helpful contactors perceived the information and referrals they received from their interaction with The Hotline and LIR to be. Callers and chatters were asked to indicate on a five-point scale, with 1 indicating “not at all” and 5 indicating “a lot,” how helpful they perceived the information provided to them by The Hotline and LIR at the time of the interaction to be. Callers and chatters reported perceived helpfulness both during the immediate survey and again two weeks later.

Most contactors rated the information they received as very helpful immediately after their interaction

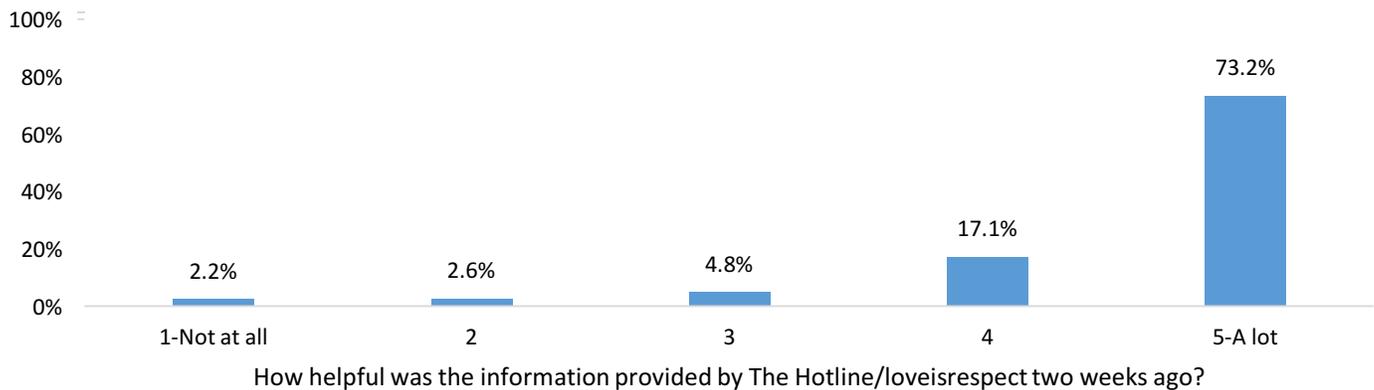
Overall, over ninety percent (91.5%) of contactors rated the information provided as very helpful (a response of a four or five out of five) immediately after the interaction with The Hotline and LIR. Only 1.1% of contactors rated the information provided as not at all helpful (a score of one out of five) (see *Figure 9*). At the conclusion of the survey immediately after contact, callers on average rated the helpfulness of the information provided as a 4.74 (out of a possible five) compared to a 4.50 for chatters. This difference between callers and chatters was statistically significant (*Appendix E, Table 2*).

Figure 9. Helpfulness of the information provided by the advocate at immediate survey



Most contactors rated the information they received as very helpful two weeks after their interaction

Overall, ninety percent (90.3%) of contactors rated the information provided as very helpful (a response score of four or five out of a possible five), and only 2.2% felt it was not at all helpful (a score of one out of five) at follow-up two weeks after the interaction (see *Figure 10*). There is a similar pattern when looking at the differences between callers and chatters on perceived helpfulness of the information provided when asked at the two-week follow-up. Callers rated the helpfulness of the information provided by The Hotline and LIR, on average, as a 4.65 (out of a possible five), compared to chatters’ average rating of 4.42 (*Appendix E, Table 3*).

Figure 10. Helpfulness of the information provided by the advocate at two-week follow-up

To further explore their perceived helpfulness of the interaction with the advocate, contactors were asked, “Did the advocate you spoke or chatted with at The Hotline and LIR provide the information that you were asking for?” Contactors were then asked to provide a reason for their response. Responses were coded into overarching themes. The major themes in their responses focused on receiving emotional support, referrals, and information or

Receiving emotional support

“I got all the emotional support I needed. It's very difficult. If you don't have support, sometimes just calling and getting support, helping you to voice what you think is happening is majorly important.”

“The crux of the call was that when you're being abused, there's so much that you don't understand, so having someone to call who understands what you just said even when you don't understand it yourself.”

“The advocate listened to me and provided emotional support. When I talked about my father, who is the abuser and an (angry) alcoholic, the advocate brought up new information to me that it's common for the abuser to also do substance abuse...which I never knew until then. The advocate also recommended me other services, like therapy and other things I never knew, and that The Hotline has other languages, too.”

“I don't feel as overwhelmed, for sure. I called feeling like my world was crashing down and having the chance to get that out helped me to get out there and rebuilding my life again. Y'all really helped me a lot. They helped me in the sense that I felt they genuinely cared. I've been to the hospital, and even though they have training, it's not the same. I could feel the genuine care of the advocate.”

“She was awesome. She listened without judgement, without even a judgmental tone. People can read a script, but if they don't sound sincere. She believed me. She was compassionate.”

“I remember feeling a lot better about my situation after our chat. I felt confident and I felt less guilty about the abuse.”

“I felt that they understood (had chatted in before and did not feel like they received support from previous advocate).”

“I didn't feel like the last time I contacted The Hotline that the person was very hopeful about my situation. They did not feel as caring as usual.”

“I was more looking for emotional support. No support or really information was provided. The supporter primarily asked me why I hadn't done anything yet. Like, no, I don't want to do that.”

“I wasn't looking for information. I was looking for support.”

knowledge/understanding about abuse. Responses from all contactors were predominantly positive. However, within each theme, contactor perspectives were nuanced and reflected both positive and negative experiences as a result of the interaction. Responses above reflect those regarding emotional support.

Contactors were also asked if the information they received on referrals was helpful. While many contactors responded positively to receiving referrals, when the contactor then went to contact that referral/service, that service was not always available. A sample of qualitative remarks reflecting this theme follows.

Receiving referrals

"I got help and got into a safe house. They helped me try to find shelters that I could go to and one of them is the one I'm at."

"Because one of the references that she gave me to call has been working with me every day since, and in more than one way. So it's been a great referral. This referral isn't local; it's actually completely across the country, but she's been a great support and knows what she's talking about, so I'm finally getting answers and support."

"She was great at listening and very compassionate, very soothing, emotionally supportive, and she did provide me with some phone numbers to call for possible support groups. However, none of them returned my calls, or it wasn't applicable, so I didn't get anywhere with the information she gave me. Some of them just didn't even answer; just leave your message."

"She provided the info that was available, but there's a lack of resources available. She tried. I just want to make sure she doesn't get in trouble. She was very empathetic, friendly, wonderful. There's just not a whole lot of resources available."

"She didn't know the answer, because I was asking her to tell me how the intake process worked with the shelters, or at least the one I just tried to get into because I was trying to get in and didn't want to get discouraged, but how could she know? They're all different."

"We were disconnected. Before being disconnected I was asked questions about my situation that didn't seem necessary. Felt like a waste of my time. I was only asked to 'vent' and my questions were ignored."

"Did not receive the emails or texts with information I asked for."

Finally, contactors were asked if they would like to provide an explanation if they received information or gained knowledge or understanding about abuse. Many contactors responded positively and indicated at times that they did not even realize they were being abused and/or appreciated learning more about their situation. Responses below reflect responses related to receipt of information related to abuse.

Receiving information or gaining knowledge/understanding of abuse

“They told me what I can do and where I stand, which is very difficult from my angle, but it was everything I needed. I was looking for not only emotional support for myself, but legal advocates and psychological help for my friend, and they gave me a list of options.”

“They helped me see signs to look for in an abusive relationship and what to do with it.”

“The person answered all my questions and gave me information. I didn't even know I was abused, so I learned a lot.”

“I asked if my partner was emotionally abusing me and my assigned advocate told me that my partner is indeed abusive and gave me resources.”

“I went on there for specific advice on this relationship that I'm having, and they were able to provide different ways to make sure it was a healthy relationship, and then also provided articles for me to read.”

“The advocate I spoke with provided many concrete options and steps for me. This person seemed very competent and helpful. They also provided their perspective of the situation as a professional, which I valued.”

“I was looking for what my options like some sort of direction to start safety planning, to start removing myself from the situation, and I didn't get anything I found useful to start that.”

“Don't need a person speaking about love to me.”

Helpfulness ratings were very similar between the two survey time points

Lastly, we examined how the perceived helpfulness of the information provided differed between the two time points following the initial contact: at the time of the immediate survey and follow-up survey (see *Table 4*). On average, the perceived helpfulness was 4.65 (out of five) immediately after the interaction and 4.57 two weeks later. This difference was not statistically significant.

Table 5. Helpfulness of information reported by callers and chatters reported immediately after and two weeks after an interaction with The Hotline and LIR

On a scale of 1 to 5 (1 = “not at all” and 5 = “a lot”)	Immediately After	At Follow-up
	How helpful was the information provided to you by The Hotline and LIR today?*	How helpful was the information that The Hotline and LIR provided two weeks ago?*
	Mean (SD)	Mean (SD)
	4.65 (0.78)	4.57 (0.87)

*Difference between the immediate and follow-up paired responses is not statistically significant (paired t-test =1.82; ns)

Discussion

The Hotline and LIR play critical roles not just in providing emotional support to contactors, but also in serving as the front door for contactors to learn about and access DV resources in their communities. Evaluation of the effectiveness of and satisfaction with DV services, including hotlines, is nascent due to significant barriers to data collection and evaluation process and the complexity of DV service provision. Barriers include the unique needs and circumstances of each contactor, debate on what outcomes are of importance to measure, the typically anonymous and short-term nature of services, and the risk of compromising the safety of contactors due to data collection (Sullivan, 2011).

Guided by the objectives and research questions developed in collaboration with our expert panel, federal staff and hotline staff partners, this phase of the ADVHOCaT project sought to fill that literature gap by investigating the contactors' short-term emotional, knowledge, and behavioral outcomes, both immediately and two weeks after contact with The Hotline and LIR, and determining whether contactors perceived The Hotline and LIR assistance received as helpful at two weeks after the initial contact. This project also aimed to determine whether a safe follow-up procedure could be established for DV services for the purpose of evaluation. ADVHOCaT administered surveys to both telephone and online chat contactors to supplement the anonymous contactor information collected by The Hotline and LIR advocates. To our knowledge, this is the first time an anonymous DV hotline has been evaluated by collecting data at two time points from contactors: immediately after and at two weeks following the interaction with the hotline.

A key consideration is that **The Hotline and LIR serve a variety of contactors, not just survivors/victims of DV**. While approximately 72% of phone contactors and 64% of chatters were identified as survivors/victims of DV, around 20% were classified as helpers (those calling on behalf of someone in an abusive relationship), with the remainder being healthy relationship inquirers, abusers, other, or unknown. This is important, as survivors and non-survivors have different needs and expectations of contacting The Hotline and LIR.

Survivors/victims of DV were significantly more likely to report emotional/verbal and digital abuse than non-survivors who contacted The Hotline and LIR. This could be due to a variety of reasons including non-survivors being unaware if emotional abuse accompanies or was a precursor to other forms of abuse or non-survivors putting a priority on physical or sexual abuse. Types of abuse experienced are also not mutually exclusive, and emotional/verbal abuse tends to accompany or lead to other forms of abuse (Karakurt & Silver, 2013). Survivors therefore may be more likely than non-survivors to raise emotional/verbal abuse when contacting The Hotline and LIR if it also coincides with other types of abuse.

Regardless of whether a contactor was a survivor or not, **abuse was more often reported among callers than chatters**. All forms of abuse, except for sexual abuse, were identified at higher levels for callers compared to chatters. In addition, out of five possible types of assistance provided as noted by the advocate, chatters received fewer average services/types of assistance compared to callers (2.42 and 3.58, respectively), though they were more likely to receive healthy relationship education than callers. Callers were significantly more likely to contact the community resources/referrals received, talk to a family or friend, make safety plans, contact law enforcement, and contact legal services than chatters.

The only service/assistance that non-survivors requested at a higher rate than survivors was learning how family members, friends, or others can get emotional support and/or how to provide support to them. However, survivors received fewer types of services/assistance through their contact than non-survivors (an average of 2.51 and 3.44, respectively, out of 5 possible services). This may be the result of non-survivors contacting hotline services for information gathering purposes, obtaining emotional support, and gathering referrals to pass on to others, while survivors may contact The Hotline and LIR seeking a more targeted purpose.

More survivors reported intentions to contact community resources/referrals, make safety plans, and contact legal services than did non-survivors. Survivors were also more likely to contact community resources/referrals while non-survivors were more likely to share a resource or referral. This supports our theory that non-survivors are contacting the hotline services for information gathering purposes. Receiving crisis de-escalation, emotional support, safety planning, and healthy relationship education were found to be related to selected behavior outcomes for survivors. Survivors were also significantly more likely to report positive outcomes after their interaction with The Hotline and LIR at both

the immediate and two-week follow-up survey. They reported being more confident in making decisions about their situation, knowing more about DV and/or dating violence, knowing more about safety planning, and being more comfortable asking for help.

Results indicate that reported behavior change at follow-up is lower than reported behavioral intention. For all reported behavioral intentions at the immediate survey, actual behavior change two weeks later was lower. It is possible that some behaviors or behavior changes required more time and planning than others, so this discrepancy between stated intentions and actual behavior change could be a result of not allowing enough time in the two-week follow-up time span. However, it is unlikely that this short time period between the two surveys accounts for all of the discrepancy. While intention to change behavior is often necessary, intention alone does not guarantee behavior change (Webb & Sheeran, 2006). The contactor's characteristics (e.g., survivor compared to non-survivor; callers compared to chatters) played a role in the concordance between intention and behavior. As previously discussed, survivors tended to have higher behavioral intentions than non-survivors, but contacting community resources/referrals was the only behavior they were more likely to undertake compared with non-survivors. Non-survivors were more likely than survivors to share resources or referral; callers were more likely to enact the behavior change they intended than chatters.

The type of advocate assistance provided related to the translation from intention to behavior change among contactors. Crisis de-escalation and safety planning each had a relationship with four out of the seven behavior outcomes, meaning that the odds of enacting those behavior outcomes were higher for contactors who received those services. Emotional support and healthy relationship education also were associated with higher odds of enacting at least one behavioral outcome. While DV education was not shown to be significantly associated with behavioral outcomes for contactors, contactors did report increases in knowledge about DV. Therefore, additional research to understand the relationship between increased knowledge about DV and changes in behavior is warranted.

Despite low concordance between intention and change, **results indicate that the immediate changes in knowledge, self-efficacy, and hope for the future are sustained two weeks later.** Among those who participated in the follow-up, the positive outcomes reported immediately after contact with The Hotline and LIR were still reported at the two-week follow-up. These sustained outcomes were significant in three of the eight categories assessed where there was no statistically significant difference in the immediate versus two-week outcomes. This is consistent with results of suicide crisis line evaluations (Kalafat et al., 2007; Gould et al., 2007). Whether this change remains in the long-term warrants further investigation. The lower than anticipated response rate in the follow-up survey also makes it difficult to fully interpret the findings. It is likely that contactors who completed the two-week follow-up survey differed from those who were not able to complete the follow-up survey. This nonresponse bias (a form of selection bias) may have inflated the percentage of sustained positive results. Additionally, only contactors who were not in acute crisis were eligible and able to participate in the survey.

Chatters were also much harder to follow-up with compared to callers, as demonstrated by the 3% versus 15% follow-up rate. Additional follow-up with chatters or new methods of safely engaging the chatters in follow-up may be needed to increase the response rate. Given the high utilization of the chat function by The Hotline/LIR contactors, including an adequate number of chatters into evaluation research is needed to truly represent those who utilize the services.

This data collection effort demonstrated that it is feasible to safely follow-up two weeks later with contactors who did not need immediate referral. The study established a follow-up procedure specific to protecting the safety and confidentiality of DV contactors. With these precautions in place, this evaluation was one of the first to look at short-term outcomes of a DV hotline, both immediately after an interaction with The Hotline and LIR, and again two weeks later. The resulting methodology can help inform hotlines' evaluation methods and manage the needs of their contactors. This effort helps fill the gap in existing literature on what transpires after contactors engage with a DV hotline.

Limitations

While this evaluation successfully reached contactors for follow-up two weeks after initial contact, we achieved a **low two-week follow-up rate (15% for callers and 3% for chatters)**. A previous evaluation of Safeline, a suicide crisis hotline,

achieved a follow-up rate of 45.2% and 35% after 4 weeks and 6 weeks, respectively (Gould et al., 2007). Our initial projections for sample sizes were based on this project, as Gould et al. was the only published hotline follow-up study providing follow-up rates. An important difference between Safeline and The Hotline and LIR is that Safeline was able to collect and record personal contact information, while The Hotline and LIR required anonymity for its contactors. This difference may explain the lower follow-up rates for the ADVHOCaT study. Our evaluation also demonstrated that chatters were much harder to follow up with as evidenced by the low chatter follow-up rate. This may have contributed to the overall low response rate, but caller response rate was also low. There is also concern for non-response 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. Despite these methodological challenges, this formative evaluation was still able to show statistically significant results for key outcome categories. It also shows that it is possible and safe to follow-up with DV hotline contactors. The methods presented are a key first step in improving evaluation research for DV hotline services. Future research can continue to build upon these sampling and evaluation methods to improve validity.

To ensure contactor safety, **the eligibility criteria limited those who were included in the study** (convenience sampling). The survey was only offered to contactors who did not opt to be connected directly to an external referral (i.e., connected to a shelter or legal service). This limited participants in this data collection effort to those that were deemed in less immediate crisis and potentially had more time to participate in this study, as well as those who did not want to be directly connected to a resource. In addition, response rates were low, especially for chatters. Therefore, **the results may not be generalizable to the larger DV population nor truly representative of all those who utilize DV services or who contact the DV hotline or LIR.**

Due to the high volume of calls to DV hotlines and the heavy workload that this incurs for hotline staff, **incorporating an evaluation such as this creates data collection challenges** by increasing work and training required of hotline advocates. The Hotline and LIR advocates who provided services during data collection for this study had to complete additional training on study protocols; participate in Research and Ethics Compliance Training (via Collaborative Institutional Training Initiative or CITI) at GW to better understand the foundational training in human subjects research; collaborate with GW and trained research staff to understand when and how to implement the immediate and follow-up surveys; and receive training on how to collect the data. These activities were in addition to the time needed to complete the survey instruments. Furthermore, there is a high burnout rate among advocates due the nature of this work. While GW worked with The Hotline and LIR on an internal schedule to alleviate some of this burden, this type of support from an outside resource would not be available to every hotline in addition to the increase in workload required for advocates.

Recommendations

Callers were more likely than chatters to receive more services from an advocate, have positive behavioral outcomes two weeks after contact, and perceive the information provided by The Hotline and LIR as helpful. These findings likely reflect the different needs and circumstances among callers and chatters. Chatters were less likely than callers to experience each form of abuse, except sexual abuse; and chatters tended to be younger than callers. Those who utilize the chat service may also view it as less formal or may be less likely to be in a crisis state. While it is strongly recommended that hotlines provide access to all types of services through both phone and chat, **there may be a need for supplemental training of advocates specific to the mode of contact.** While all advocates should be trained on all services provided by the DV program, advocates who provide phone services may benefit from more enhanced training on skills such as crisis de-escalation. Advocates who provide chat services may benefit from additional training on providing healthy relationship education, skills, and resources for the contactor. Additional training for advocates that reflect the differences in the needs and circumstances of those who access services by phone or by chat could be helpful in improving outcomes.

It is essential to **continue the emphasis on the provision of emotional support to those who contact The Hotline and LIR.** Emotional support was the service most frequently provided to callers and chatters. This was also seen in the first [phase of the ADVHOCaT project](#) (McDonnell et al., 2019). As seen in this report, while contactors did not always directly request emotional support, over 90% reported wanting to talk or chat with someone who understood their situation. Providing emotional support lays the groundwork for receptiveness to additional information and is necessary when

providing survivor-centered care. This is the foundation for an advocate's ability to help the survivor feel supported and empowered, as well as assess the contactor's situation, develop an action and safety plan, and provide information/referrals (Burke et al., 2019). By emphasizing emotional support, advocates will continue to have positive influences on contactor interaction with The Hotline and LIR. This contributes to the end goal of improving positive contactor behavioral intentions and subsequent completed behaviors.

Results indicate that actual behavioral change at follow-up was lower than reported immediate behavioral intentions, demonstrating that intentions do not necessarily lead to behavior change. However, **changes in knowledge, self-efficacy, and hope for the future might be equally, if not more important for contactors**. Knowledge, self-efficacy, and hope for the future are directly related to contactor well-being and are critical first steps in the process for successful behavior change (Sullivan, 2018).

The relationship between receiving multiple types of assistance (i.e., crisis de-escalation, emotional support, safety planning, and healthy relationship education) and subsequent behavioral outcomes is complex. Although the ADVHOCaT study demonstrated that there is a relationship between the assistance provided by The Hotline and subsequent outcomes, the process by which the type of assistance provided leads to changes in behavior is unknown. The process of change between the assistance provided by The Hotline and intended outcomes needs to be explored and is the next stage in the efforts to evaluate the utility of hotline services to foster safe and healthy relationships.

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Appendices

Appendix A. Immediate Phone and Chat Surveys

Appendix B. Informed Consent

Appendix C. Follow-up Phone Survey

Appendix D. Follow-up Online Survey

Appendix E. Additional Data Tables and Figures

Appendix A: Immediate Phone and Chat Surveys

The research staff member will read or type the consent form information (included in *Attachment C*) to the participant immediately before administering this survey. The consent form includes the following information:

- The purpose of the information collection;
- An estimate of the time to complete the instrument (8.5 minutes);
- That the information collection is voluntary;
- That the responses will be kept private to the extent permitted by law; and
- The statement: *An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is OMB No. 0970-0468 and it expires on 07/31/2019.*

Directions for Research Staff:

For callers: Please read each exit survey question and each response category aloud as written below.

For chatters: Please provide the chat exit survey link in the chat box.

Please enter all responses into the ACA database.

Please answer the following questions based on your experiences with the National Domestic Violence Hotline (The Hotline) or loveisrespect (LIR) today.

1. We would like to understand why you contacted The Hotline and LIR today. I will read a list of reasons. Please indicate “yes” or “no” for each one. You may answer yes to more than one. Did you contact The Hotline and LIR today to
 - a. learn about your options and choices?
 - i. Yes, no, or not applicable?
 - b. talk or chat with someone who understands your situation?
 - i. Yes, no, or not applicable?
 - c. understand more about DV and/or dating violence?
 - i. Yes, no, or not applicable?
 - d. understand more about healthy relationships?
 - i. Yes, no, or not applicable?
 - e. learn about ways to plan for safety?
 - i. Yes, no, or not applicable?
 - f. get a referral to services (such as shelter, counseling, legal services, etc.)?
 - i. Yes, no, or not applicable?
 - g. be directly connected to a service (such as shelter, counseling, legal services, etc.) by an advocate? [this question is only for callers]
 - i. Yes, no, or not applicable?
 - h. get emotional support?
 - i. Yes, no, or not applicable?
 - i. learn how family members, friends, or others can get emotional support or how you can provide emotional support to them?
 - i. Yes, no, or not applicable?
 - j. Are there any other reasons why you contacted The Hotline and LIR today? If so, please describe. [OPEN TEXT BOX]

2. On a scale from of 1 to 5, with 1 being “not at all”, and 5 being “a lot”, how much do you think your needs were met (meaning, you got what you were asking for) today through your interaction with The Hotline and LIR?
 - 1 - Not at all
 - 2
 - 3
 - 4
 - 5 - A lot

3. Please answer “yes”, “no”, or “not applicable” to the following questions about your interaction with The Hotline and LIR. Because of your interaction with The Hotline and LIR,
 - a. do you know more about your options?
 - i. Yes, no, or not applicable?
 - b. do you know more about DV and/or dating violence?
 - i. Yes, no, or not applicable?
 - c. do you know more about healthy relationships?
 - i. Yes, no, or not applicable?
 - d. do you know more about ways to plan for safety?
 - i. Yes, no, or not applicable?
 - e. do you know more about community resources?
 - i. Yes, no, or not applicable?
 - f. are you more comfortable asking for help?
 - i. Yes, no, or not applicable?
 - g. are you more confident about making decisions related to your situation?
 - i. Yes, no, or not applicable?
 - h. are you more hopeful about the future?
 - i. Yes, no, or not applicable?

4. Please answer “yes”, “no”, or “not applicable” to the following questions about how you might use the information you got today. Now that you have contacted The Hotline and LIR, do you plan to
 - a. contact the community resource or referral that was provided to you?
 - i. Yes, no, or not applicable?
 - b. share the community resource or referral that was provided to you with someone else?
 - i. Yes, no, or not applicable?
 - c. go to the shelter yourself?
 - i. Yes, no, or not applicable?
 - d. talk to a family member/friend about your situation?
 - i. Yes, no, or not applicable?
 - e. make plans for your safety?
 - i. Yes, no, or not applicable?
 - f. contact law enforcement?
 - i. Yes, no, or not applicable?
 - g. contact legal services?
 - i. Yes, no, or not applicable?
 - h. Now that you have contacted The Hotline and LIR, are there other ways you plan to use the information that was provided to you today by The Hotline and LIR? If so, please describe. [OPEN TEXT BOX]

5. On a scale of 1 to 5, with 1 being “not at all”, and 5 being “a lot”, how helpful was the information provided to you by The Hotline and LIR today?
 - 1 - Not at all

- 2
 - 3
 - 4
 - 5 - A lot
6. On a scale of 1 to 5, with 1 being “not at all”, and 5 being “a lot”, how much do you think the person you contacted at The Hotline and LIR cared about your situation?
- 1 - Not at all
 - 2
 - 3
 - 4
 - 5 - A lot
7. On a scale of 1 to 5, with 1 being “not at all”, and 5 being “a lot”, overall, how satisfied are you with the services The Hotline and LIR provided to you? If you feel that this is not applicable to your contact today with The Hotline and LIR, you may also select “not applicable” as your response choice.
- 1 - Not at all
 - 2
 - 3
 - 4
 - 5 - A lot
 - Not applicable

Thank you for your time to complete the survey questions. As I mentioned at the beginning, The Hotline and LIR would like you to complete a follow-up survey in two weeks.

8. Would you like to contact The Hotline and LIR to complete the survey, or would you like The Hotline and LIR to call you?
- I will contact The Hotline and LIR [go to Question 9]
 - Please contact me [go to Question 10]
9. Would you like to get a text message or email reminder to complete the survey? For safety purposes, the text you will receive will only say “Have a nice day” to spark your memory to complete the survey and will not include a phone number, URL, or any mention of The Hotline, LIR, or DV.
- Yes [go to Question 11]
 - No [go to Question 12]
10. If you would like to receive a call from The Hotline and LIR:
- a. What is the best day (Monday through Friday) and time (between 8am and 5pm CST) for you to receive a call from The Hotline and LIR in about two weeks [around DATE]? Please write down this day and time somewhere so that you remember that we will call you.
 - b. What is a safe phone number for us to call to reach you? Please only accept the call at the time we agreed on if it is safe to do so. The number you will see when we call you is “UNKNOWN”.
 - c. When we call you, would you like to say that we are calling from someplace other than The Hotline and LIR (for example, a flower shop, restaurant, or drug store) in case someone else answers the phone? [Go to Question 13]
11. [For those who choose to receive a reminder text or email]
- a. What is your phone number or email address?

12. You can complete the follow-up survey by phone or online.

- Please write down this toll-free phone number (1-800-XXX-XXXX) and this URL [WEBSITE] in a safe place. In about two weeks (so, on [DATE]), please call The Hotline and LIR at that number or go to the URL on any browser. If you want to take the survey online, you can also find a link to the survey at the top of main webpages for The Hotline and LIR.
- Please write down the day and time somewhere so that you remember to call or go online to complete the survey.
- If you choose to take the survey online, there are some things you can do to make sure that your computer or web browser does not show that you accessed the survey.
 - [Phone Instructions] Clearing Search History: Which search engine (i.e., Google, Yahoo, Internet Explorer, etc.)? Listed below are the most common Internet browsers. Provide this information to the participant. He/she can click on the appropriate link below to open a page with instructions on how to erase Internet history or cache, or how to use the built-in anti-tracking mode.
 - [Web-based survey instructions] For your safety, we have included information on how to clear your search history. Listed below are the most common Internet browsers. Click the one you are currently using to open a new link on how to erase your Internet history or cache, or how to use the built-in anti-tracking mode.



Internet Explorer ---> [erase history](#) | [clear cache](#) | [inprivate browsing mode](#)

Google Chrome ---> [erase history](#) | [clear cache](#) | [incognito mode](#)

Mozilla Firefox ---> [erase history](#) | [clear cache](#) | [private browsing mode](#)

Safari ---> [erase history](#) | [clear cache](#) | [private browsing mode](#)

Opera ---> [erase history](#) | [clear cache](#) | [private browsing mode](#)

13. When we talk [or when you complete the online follow-up survey], you will be asked to provide two out of three pieces of information so that The Hotline and LIR can be sure they are talking to the right person [or you are completing the online survey] and not someone else. Please identify the following three pieces of information:

- a. Please select a fake name or pseudonym that you can be referred to when completing the follow-up survey.
- b. Please choose a code word. This can be any word that is easy for you to remember, like a favorite fruit or a place. You can use this word at any time to let a research staff member at The Hotline and LIR know if you no longer feel safe to complete the survey. You can also always hang up or exit the online survey if you do not feel safe at any time.
- c. Please choose any four-digit number [XXXX]. This number will be used to connect your answers from the survey you took today with the follow-up survey.

Please write down the fake name/pseudonym, code word, and four-digit number in a safe place so that you can provide them to us in about two weeks.

If at any time in the next two weeks you decide you do not want to do the follow-up survey, you can opt out of any contact with The Hotline and LIR by texting STOP to XXX-XXX-XXXX.

Remember, you can complete the follow-up survey by

- Calling 1-800-XXX-XXXX
- Visiting [WEBSITE]

- Visiting www.thehotline.org or www.loveisrespect.org and clicking on the “Follow-Up Survey” link on the main banner at the top of the page

Goodbye.

Appendix B: Informed Consent

Part A: Consent Script for Phone Survey

Hello. My name is [ADVHOCaT RESEARCH STAFF MEMBER NAME]. I am a researcher at the National Domestic Violence Hotline (The Hotline)/loveisrespect (LIR). I would like to thank you for agreeing to participate in a study to improve The Hotline.

Before we begin, I would like to take a few minutes to review the purpose for this study and what will be done with the information you provide. You will be asked to answer some questions about your experience with The Hotline and LIR today and again, two weeks from today. Please feel free to ask me questions about the study at any time.

The Hotline is doing this study to evaluate short-term outcomes for The Hotline contactors such as you. First, we will ask you questions about the conversation you had with an advocate today. Then, in two weeks, we want to ask you follow-up questions about what may have changed since you contacted The Hotline. You may choose how to take the follow-up survey over the phone with a research staff member at The Hotline and LIR, or online, on a secured website.

Your safety is very important to us, and we will make every effort to ensure your privacy and keep your information confidential, to the extent permitted by law.

- We will not collect your name or other personally identifying information. Your answers will only be associated with a unique number and the code words we will create today.
- If you choose to complete the follow-up survey by phone in two weeks, you can call us or we can call you. If you choose for us to call you, we will agree on a date and time beforehand. We will only start the survey if we are sure you are the person we are talking to. In case someone else answers the phone, we will not say anything about the survey, The Hotline, LIR, or domestic violence (DV).
- If you choose to complete a web-based follow-up survey online, we will give you instructions on how to make sure that your computer and web browser do not show that you accessed the survey.

To help us protect your privacy, we have obtained a Certificate of Confidentiality (COC) from the National Institutes of Health (NIH). The researchers can use this certificate to legally refuse to disclose information that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings, for example, if there is a court subpoena.

You may opt out of any contact with The Hotline and LIR at any time by texting STOP to XXX-XXX-XXXX, a dedicated text line for this project.

Your participation should take approximately eight (8) and half minutes today and approximately six (6) minutes in two (2) weeks. Please understand your participation is entirely voluntary. You have the right to withdraw your consent or stop participating at any time. If you decide you do not want to participate, you will still receive the same services from The Hotline or other service agencies.

If you choose to call us or complete the follow-up survey online, you will also have the option to receive a reminder text message in 12 days. This text message will not include a phone number, URL, or any mention of The Hotline, LIR, or DV. The message itself will simply say, "Have a nice day," and will be sent from an unidentifiable number.

If you decide to complete the follow-up in two weeks by phone, we will ask for a code word that we can use to make sure that we are talking to you (and not someone else), and that it is a safe time to talk. We will ask for this word if you call us or if we call you.

If you answer the phone and indicate that you are safe and available, we will continue with the follow-up survey that will take approximately six (6) minutes to complete.

If you indicate that it is not safe by saying your code word, we will immediately end the call.

Please know you will not personally benefit from partaking in this project. If, at any time and for any reason, you would prefer not to answer any questions, please feel free to skip those questions. You will not be penalized for deciding to stop participating at any time.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is OMB No. 0970-0468 and it expires on 07/31/2019.

If you have questions about your rights as a participant in this research or if you would like a written copy of this information that I just provided, you can contact the office of Human Research at The George Washington University (GW) at XXX-XXX-XXXX.

To ensure anonymity, your signature is not required. By saying “yes” to the following question and answering the survey questions, you are consenting to participate.

Do you consent to participate?

Part B: Consent Script for Chat Survey

Thank you for your interest in participating in this study.

Before you begin, please take a few minutes to review the purpose for this study and what will be done with the information you provide. You will be asked to answer some questions about your experience with The Hotline and LIR today and again, two (2) weeks from today.

The Hotline and LIR is doing this study to evaluate short-term outcomes for Hotline contactors such as you. If you agree to participate, you will be asked questions about the conversation you had with an advocate today. Then, in two (2) weeks, you will be asked follow-up questions about what may have changed since you contacted The Hotline and LIR. You may choose how to take the follow-up survey: over the phone with a research staff member at The Hotline and LIR, or online, on a secured website.

Your safety is very important to us, and we will make every effort to ensure your privacy and keep your information confidential, to the extent permitted by law.

- We will not collect your name or other personally identifying information through this survey. Your answers will only be associated with a unique number and the code words we will create today.
- If you choose to complete the web-based follow-up survey online in two (2) weeks, instructions will be provided to you on how to make sure that your computer and web browser do not show that you have accessed the survey.
- If you choose to complete the follow-up survey by phone in two (2) weeks, you can call us or we can call you. If you choose for us to call you, we will agree on a date and time beforehand. We will only start the survey if we are sure you are the person we are talking to. In case someone else answers the phone, we will not say anything about the survey, The Hotline, LIR, or DV.

To help protect your privacy, The Hotline and LIR has obtained a COC from the NIH. The researchers can use this Certificate to legally refuse to disclose information that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings, for example, if there is a court subpoena. The research team will use the COC to resist any demands for information that would identify you. The COC will not be used to prevent disclosure to state or local authorities of child abuse and neglect, or harm to self or others. However, please understand that a COC

does not prevent you from voluntarily sharing information about yourself in connection with your involvement in this research.

You may opt out of any contact with The Hotline and LIR at any time by texting STOP to XXX-XXX-XXXX, a dedicated text line for this project.

Your participation should take approximately eight (8) and half minutes today and approximately six (6) minutes in two (2) weeks. Please understand your participation is entirely voluntary. You have the right to withdraw your consent or stop participating at any time. If you decide you do not want to participate, you will still receive the same services from The Hotline, LIR, or other service agencies.

If you choose to call us or complete the follow-up survey online, you will also have the option to receive a reminder text message in 12 days. This text message will not include a phone number, URL, or any mention of The Hotline, LIR, or DV. The message itself will simply say, "Have a nice day," and will be sent from an unidentifiable number.

If you decide to complete the follow-up in two (2) weeks by phone, we will ask for a code word that we can use to make sure that we are talking to you (and not someone else), and that it is a safe time to talk. We will ask for this word if you call us or if we call you. If you answer the phone and indicate that you are safe and available, we will continue with the follow-up survey that will take approximately six (6) minutes to complete. If you indicate that it is not safe by saying your code word, we will immediately end the call.

Please know you will not personally benefit from partaking in this project. If, at any time and for any reason, you would prefer not to answer any questions, please feel free to skip those questions. You will not be penalized for deciding to stop participating at any time.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is OMB No. 0970-0468 and it expires on 07/31/2019.

If you have questions about your rights as a participant in this research, you can contact the office of Human Research at The George Washington University (GW) at XXX-XXX-XXXX.

If you have questions about the survey, please call 1-800-XXX-XXXX and ask to speak with an advocate about the survey.

To ensure anonymity, your signature is not required on this document. By selecting "yes" to the following question and answering the survey questions, you are consenting to participate.

Do you consent to participate?

- Yes
- No

Appendix C: Follow-up Phone Survey

Completing the follow-up survey over the phone via a dedicated telephone number provided by the National Domestic Violence Hotline (The Hotline)/loveisrespect (LIR)

Directions for Research Staff: Outlined below are questions that must be read out loud for participants who are completing the follow-up survey by phone. The questions outlined below are formatted for both: (1) when a participant calls The Hotline and LIR to complete the follow-up survey, or (2) when a research staff member at The Hotline and LIR contacts a participant on the date/time that was agreed up on during the exit survey intake. Remember that when asking for the codes developed as safety measures, two out of three of the safety measures must match before you can continue.

Each question along with each response category must be read out loud in a question format.

Research Staff: Thank you for agreeing to take this survey. The purpose of the survey is to evaluate short-term outcomes for Hotline and LIR contactors, such as you. Your participation will help us improve the services at The Hotline and LIR and help us understand what we could be doing better. It should take about six (6) minutes for you to complete. As we discussed two weeks ago, please understand your participation is entirely on a voluntary basis. You have the right to withdraw your consent or discontinue participation at any time without penalty. Also, your safety is very important to us, and we will make every effort to ensure your privacy and keep your information confidential, to the extent permitted by law.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is OMB No. 0970-0468 and it expires on 07/31/2019.

When you took the first survey about two (2) weeks ago, you choose a code word and a fake name or pseudonym. We also asked you to remember a 4-digit number. Before we begin, please provide me with that information:

What is your pseudonym? [OPEN TEXT BOX]

What is your code word? [OPEN TEXT BOX]

What is your 4-digit code number? [OPEN TEXT BOX]

1. We would like to understand why you contacted The Hotline and LIR two (2) weeks ago. I will read a list of reasons. Please indicate “yes” or “no” for each one. You may answer “yes” for more than one.
 - a. Did you contact The Hotline and LIR two (2) weeks ago to learn about your options and choices?
 - i. Yes or no?
 - b. Did you contact the Hotline and LIR two (2) weeks ago to talk or chat with someone who understands your situation?
 - i. Yes or no?
 - c. Did you contact The Hotline and LIR two (2) weeks ago to understand more about domestic violence (DV) and/or dating violence?
 - i. Yes or no?
 - d. Did you contact The Hotline and LIR two (2) weeks ago to understand more about healthy relationships?
 - i. Yes or no?
 - e. Did you contact The Hotline and LIR two (2) weeks ago to learn about ways to plan for safety?
 - i. Yes or no?
 - f. Did you contact The Hotline and LIR two (2) weeks ago to get a referral to services (such as shelter, counseling, legal services, etc.)?
 - i. Yes or no?

- g. Did you contact The Hotline and LIR two (2) weeks ago to be directly connected to a service (such as shelter, counseling, legal services, etc.) by an advocate [This question ONLY for callers]?
 - i. Yes or no?
 - h. Did you contact The Hotline and LIR two (2) weeks ago to get emotional support?
 - i. Yes or no?
 - i. Did you contact The Hotline and LIR two (2) weeks ago to learn how family, friends, or others can get emotional support or how you can provide emotional support to them?
 - i. Yes or no?
 - j. Are there any other reasons why you may have contacted The Hotline and LIR two (2) weeks ago?
 - i. If so, please describe. [OPEN TEXT BOX]
2. On a scale of 1 to 5, with 1 being “not at all”, and 5 being “a lot”, how much do you think your needs were met (meaning, you got what you were asking for) by interacting with The Hotline and LIR two (2) weeks ago?
 - o 1 - Not at all
 - o 2
 - o 3
 - o 4
 - o 5 - A lot
3. Did the advocate you spoke or chatted with at The Hotline and LIR provide the information that you were asking for? Please indicate “yes” or “no” and then also provide a reason for your answer.
 - o Yes
 - o No[Explanation OPEN TEXT BOX]:
4. Since you contacted The Hotline and LIR two (2) weeks ago, how have your circumstances changed?”
[OPEN TEXT BOX]
5. Please answer “yes” or “no” to the following questions about your interaction with The Hotline and LIR two (2) weeks ago.
 - a. Because of your interaction with The Hotline and LIR, do you know more about your options?
 - i. Yes, no, or not applicable?
 - b. Because of your interaction with The Hotline and LIR, do you know more about DV and/or dating violence?
 - i. Yes, no, or applicable?
 - c. Because of your interaction with The Hotline and LIR, do you know more about healthy relationships?
 - i. Yes, no, or applicable?
 - d. Because of your interaction with The Hotline and LIR, do you know more about ways to plan for safety?
 - i. Yes, no, or applicable?
 - e. Because of your interaction with The Hotline and LIR, do you know more about community resources?
 - i. Yes, no, or applicable?
 - f. Because of your interaction with The Hotline and LIR, are you more comfortable asking for help?
 - i. Yes, no, or applicable?
 - g. Because of your interaction with The Hotline and LIR, are you more confident about making decisions related to your situation?
 - i. Yes, no, or applicable?
 - h. Because of your interaction with The Hotline and LIR, are you more hopeful about the future?
 - i. Yes, no, or applicable?

6. Please answer “yes” or “no” to the following questions about how you might use the information you got two (2) weeks ago. If the question does not apply to your situation, you can answer “not applicable.”
- a. Since contacting The Hotline and LIR, have you used the information provided to you?
 - i. Yes or no, or not applicable? [IF PARTICIPANT INDICATES NO or N/A, SKIP TO QUESTION 7]
 - b. Since contacting The Hotline and LIR, have you contacted the community resource or referral that was provided to you?
 - i. Yes, no, or not applicable?
 - c. Since contacting The Hotline and LIR, have you shared the community resource or referral that was provided to you with someone else?
 - i. Yes, no, or not applicable?
 - d. Since contacting The Hotline and LIR, have you contacted a shelter?
 - i. Yes, no, or not applicable?
 - e. Since contacting The Hotline and LIR, have you talked to a family member or friend about your situation?
 - i. Yes, no, or not applicable?
 - f. Since contacting The Hotline and LIR, have you made plans for safety?
 - i. Yes, no, or not applicable?
 - g. Since contacting The Hotline and LIR, have you contacted law enforcement?
 - i. Yes, no, or not applicable?
 - h. Since contacting The Hotline and LIR, have you contacted legal services?
 - i. Yes, no, or not applicable?
 - i. Since contacting The Hotline and LIR, are there other ways you have used the information that The Hotline and LIR provided?":
[Open Text Box]
7. On a scale of 1 to 5, with 1 being “not at all”, and 5 being “a lot”, how helpful was the information that The Hotline and LIR provided two (2) weeks ago?
- 1 – Not at all
 - 2
 - 3
 - 4
 - 5 – A lot
8. Please explain why the information that The Hotline and LIR provided two (2) weeks ago was helpful or not helpful.
[OPEN TEXT BOX]
9. On a scale of 1 to 5, with 1 being “not at all” and 5 being “a lot”, how satisfied are you overall with the services that The Hotline and LIR provided to you?
- 1 - Not at all
 - 2
 - 3
 - 4
 - 5 - A lot

Thank you for your time.

Appendix D: Follow-up Online Survey

Contactors complete the follow-up survey online via a dedicated password protected URL link.

Once a participant clicks the link, he/she will be asked to input a 4-digit number to access the survey. This can be any combination of 4 numbers.

Page 1 Text:

This survey is for those who completed a survey two (2) weeks ago by phone or chat. If you would like to take the follow-up survey now, please enter your 4-digit code.

Page 2 Text:

Thank you for agreeing to take this survey. The purpose of the survey is to evaluate short-term outcomes for the National Domestic Violence Hotline (The Hotline)/loveisrespect (LIR) contactors, such as you. Your participation will help us improve the services at The Hotline and LIR and help us understand what we could be doing better. It should take about six (6) minutes for you to complete. As we told you two (2) weeks ago, please understand your participation is entirely on a voluntary basis. You have the right to withdraw your consent or discontinue participation at any time without penalty. Also, your safety is very important to us, and we will make every effort to ensure your privacy and keep your information confidential, to the extent permitted by law

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is OMB No.: 0970-0468 and it expires on 07/31/2019.

For your safety, we have included information on how to clear your search history. You will find this information again at the end of the survey.

Listed below are the most common internet browsers. Click the one you are currently using to open a new link on how to erase your internet history or cache, or how to use the built-in anti-tracking mode.



Internet Explorer ---> [erase history](#) | [clear cache](#) | [private browsing mode](#)



Google Chrome ---> [erase history](#) | [clear cache](#) | [incognito mode](#)



Mozilla Firefox ---> [erase history](#) | [clear cache](#) | [private browsing mode](#)



Safari ---> [erase history](#) | [clear cache](#) | [private browsing mode](#)



Opera ---> [erase history](#) | [clear cache](#) | [private browsing mode](#)

When you took the first survey, you choose a code word and a fake name or pseudonym. We also asked you to remember a 4-digit number. Please enter as many of these 3 pieces of information as you can remember:

Pseudonym: [OPEN TEXT BOX]

Code Word: [OPEN TEXT BOX]

4-Digit Code Number: [OPEN TEXT BOX]

Page 3 Text:

Please answer the following questions based on your experiences with either The Hotline or LIR.

1. We would like to understand why you contacted The Hotline and LIR two weeks ago. Please check all that apply:

- a. Did you contact The Hotline and LIR two (2) weeks ago to learn about your options and choices?
 - b. Did you contact The Hotline and LIR two (2) weeks ago to talk to or chat with someone who understands your situation?
 - c. Did you contact The Hotline and LIR two (2) weeks ago to understand more about domestic violence (DV) and/or dating violence?
 - d. Did you contact The Hotline and LIR two (2) weeks ago to understand more about healthy relationships?
 - e. Did you contact The Hotline and LIR two (2) weeks ago to learn about ways to plan for safety?
 - f. Did you contact The Hotline and LIR two (2) weeks ago to get a referral to services (such as shelter, counseling, legal services, etc.)?
 - g. Did you contact The Hotline and LIR two (2) weeks ago to get emotional support?
 - h. Did you contact The Hotline and LIR two (2) weeks ago to learn how family members, friends, or others can get emotional support or how you can provide emotional support to them?
 - i. Are there any other reasons why you contacted The Hotline and LIR two (2) weeks ago? If so, please describe.
[OPEN TEXT BOX]
2. On a scale of 1 to 5, with 1 being “not at all”, and 5 being “a lot”, how much do you think your needs were met (meaning, you got what you were asking for) by interacting with someone at The Hotline and LIR?
- 1 - Not at all
 - 2
 - 3
 - 4
 - 5 - A lot
3. Did the advocate you spoke or chatted with at The Hotline and LIR provide the information that you were asking for? Please indicate “yes” or “no” and provide a reason for your answer.
- Yes
 - No
- [Explanation OPEN TEXT BOX]:
4. Since you contacted The Hotline and LIR, how have your circumstances changed?
[OPEN TEXT BOX]
5. Please answer “yes”, “no”, or “not applicable” to the following questions about your interaction with The Hotline and LIR two (2) weeks ago.
- a. Because of your interaction with The Hotline and LIR, do you know more about your options?
 - Yes
 - No
 - Not applicable
 - b. Because of your interaction with The Hotline and LIR, do you know more about DV and/or dating violence?
 - Yes
 - No
 - Not applicable
 - c. Because of your interaction with The Hotline and LIR, do you know more about healthy relationships?
 - Yes
 - No
 - Not applicable

- d. Because of your interaction with The Hotline and LIR, do you know more about ways to plan for safety?
 - Yes
 - No
 - Not applicable
 - e. Because of your interaction with The Hotline and LIR, do you know more about community resources?
 - Yes
 - No
 - Not applicable
 - f. Because of your interaction with The Hotline and LIR, are you more comfortable asking for help?
 - Yes
 - No
 - Not applicable
 - g. Because of your interaction with The Hotline and LIR, are you more confident about making decisions related to your situation?
 - Yes
 - No
 - Not applicable
 - h. Because of your interaction with The Hotline and LIR, are you more hopeful about the future?
 - Yes
 - No
 - Not applicable
6. Please answer “yes” or “no” to the following questions about how you might use the information you` got two weeks ago. If the question does not apply to your situation, you can answer “not applicable.”
- a. Since contacting The Hotline and LIR, have you used the information provided to you?
 - Yes
 - No [SKIP TO QUESTION 7]
 - Not applicable [SKIP TO QUESTION 7]
 - b. Since contacting The Hotline and LIR, have you contacted the community resource or referral that was provided to you?
 - Yes
 - No
 - Not Applicable
 - c. Since contacting The Hotline and LIR, have you shared the community resource or referral that was provided to you with someone else?
 - Yes
 - No
 - Not Applicable
 - d. Since contacting The Hotline and LIR, have you contacted a shelter?
 - Yes
 - No
 - Not Applicable

- e. Since contacting The Hotline and LIR, have you talked to a family member or friend about your situation?
 - Yes
 - No
 - f. Since contacting The Hotline and LIR, have you made plans for safety?
 - Yes
 - No
 - Not Applicable
 - g. Since contacting The Hotline and LIR, have you contacted law enforcement?
 - Yes
 - No
 - Not Applicable
 - h. Since contacting The Hotline and LIR, have you contacted legal services?
 - Yes
 - No
 - Not Applicable
 - i. Since contacting The Hotline and LIR, are there other ways you have used the information that The Hotline and LIR provided?" If so, please describe: [Open Text Box]
7. On a scale of 1 to 5, with 1 being "not at all", and 5 being "a lot", how helpful was the information that The Hotline and LIR provided two (2) weeks ago?
- 1 – Not at all
 - 2
 - 3
 - 4
 - 5 – A lot
8. Please explain why the information that The Hotline and LIR provided two (2) weeks ago was helpful or not helpful.
[OPEN TEXT BOX]
9. On a scale of 1 to 5, with 1 being "not at all", and 5 being "a lot", how satisfied are you overall with the services that The Hotline and LIR provided to you? If you feel this is not applicable to your interaction with The Hotline and LIR two (2) weeks ago, you may select "not applicable" as your response choice.
- 1 - Not at all
 - 2
 - 3
 - 4
 - 5 - A lot
 - Not Applicable

Thank you for your time.

For your safety, we have included information on how to clear your search history.

Listed below are the most common Internet browsers. Click the one you are currently using to open a new link on how to erase your Internet history or cache, or how to use the built-in anti-tracking mode.



Internet Explorer ---> [erase history](#) | [clear cache](#) | [inprivate browsing mode](#)



Google Chrome ---> [erase history](#) | [clear cache](#) | [incognito mode](#)



Mozilla Firefox ---> [erase history](#) | [clear cache](#) | [private browsing mode](#)



Safari ---> [erase history](#) | [clear cache](#) | [private browsing mode](#)



Opera ---> [erase history](#) | [clear cache](#) | [private browsing mode](#)

Appendix E: Additional Data Tables and Figures

Figure 1. Flow chart for follow-up survey data collection

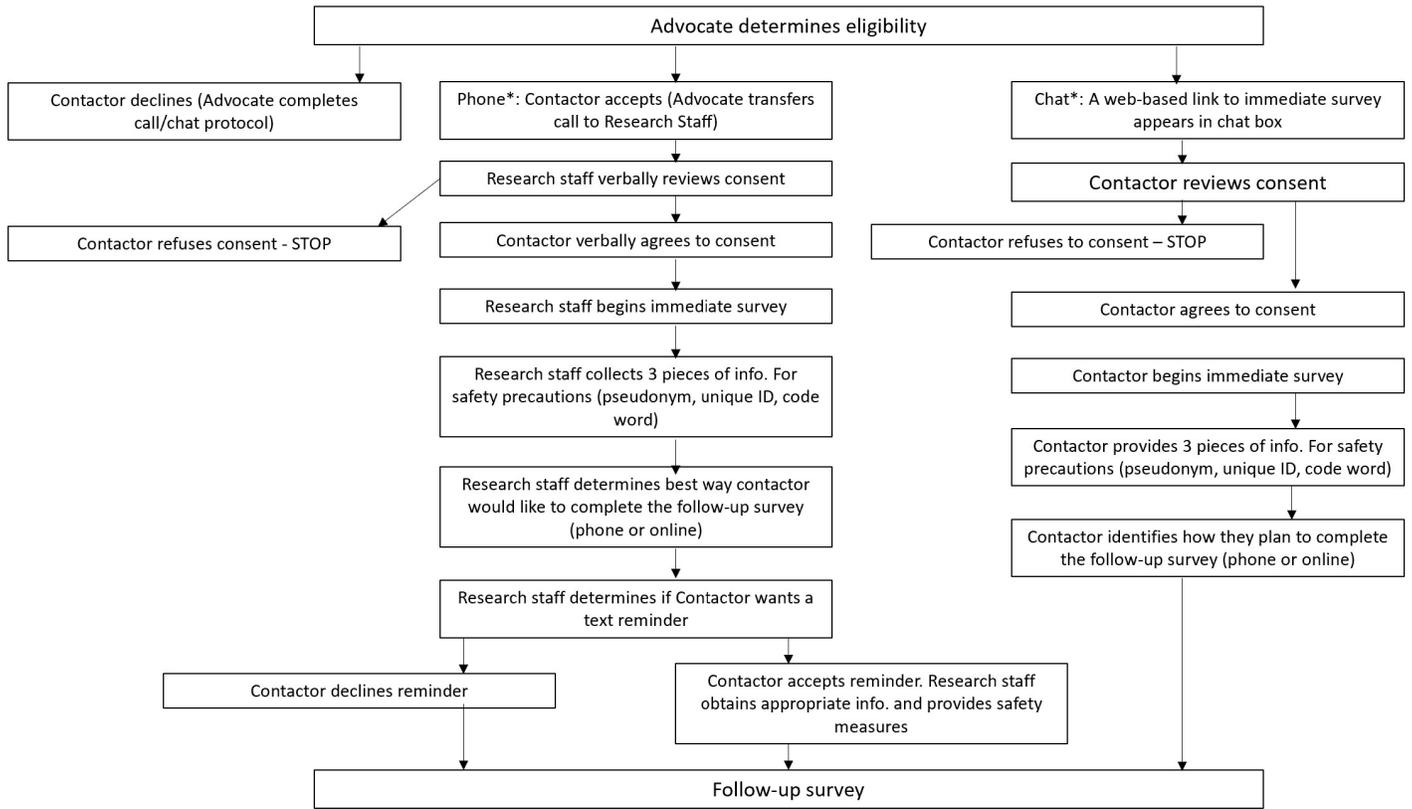


Figure 2. Types of abuse as assessed by an advocate: Survivors compared to non-survivors

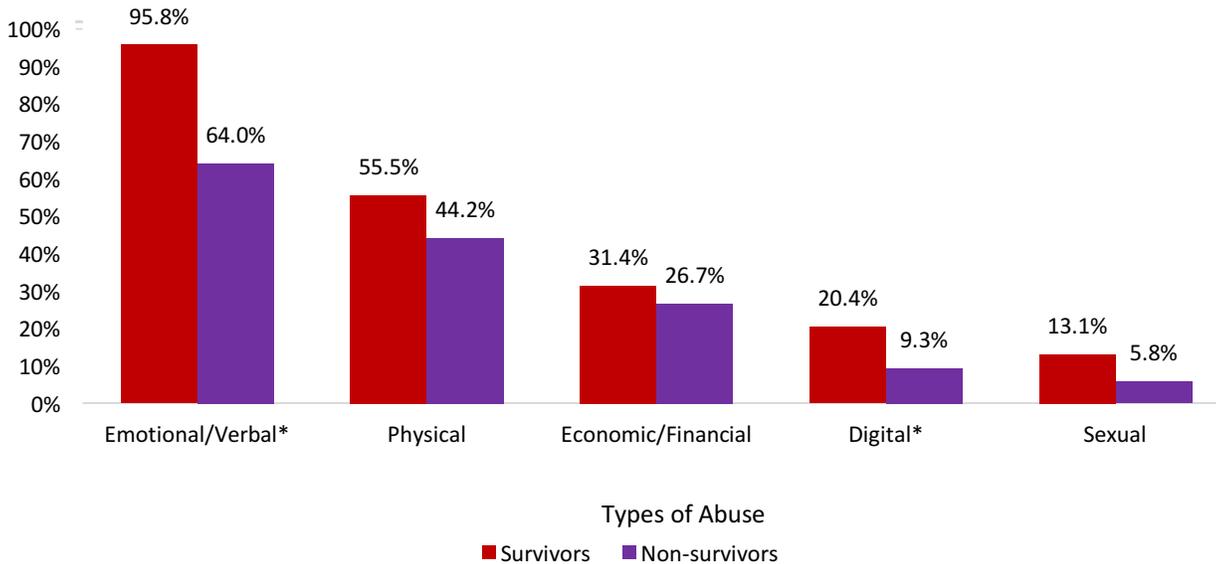


Figure 3. Reasons for Contacting The Hotline and LIR: Survivors compared to non-survivor contactors

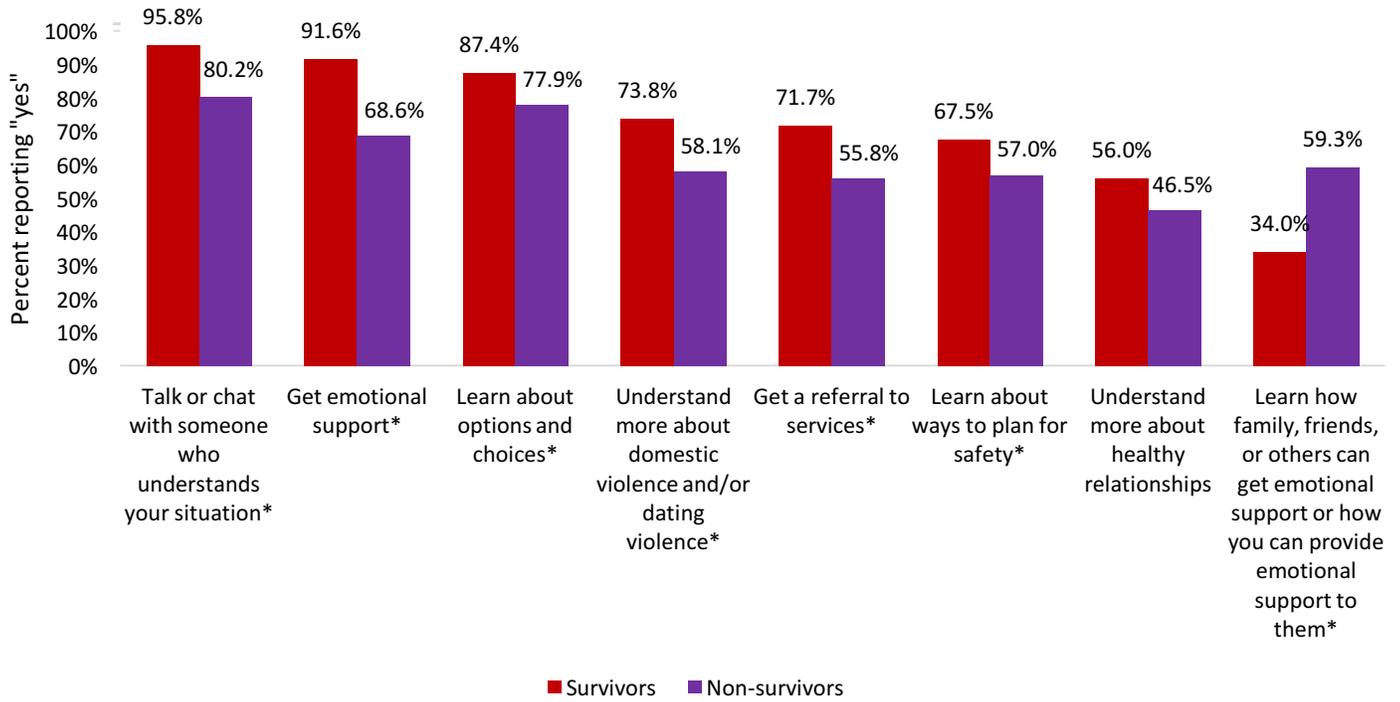


Figure 4. Changes in knowledge, self-confidence, and hope for the future immediately after contacting The Hotline and LIR: Comparisons between survivors and non-survivor contactors

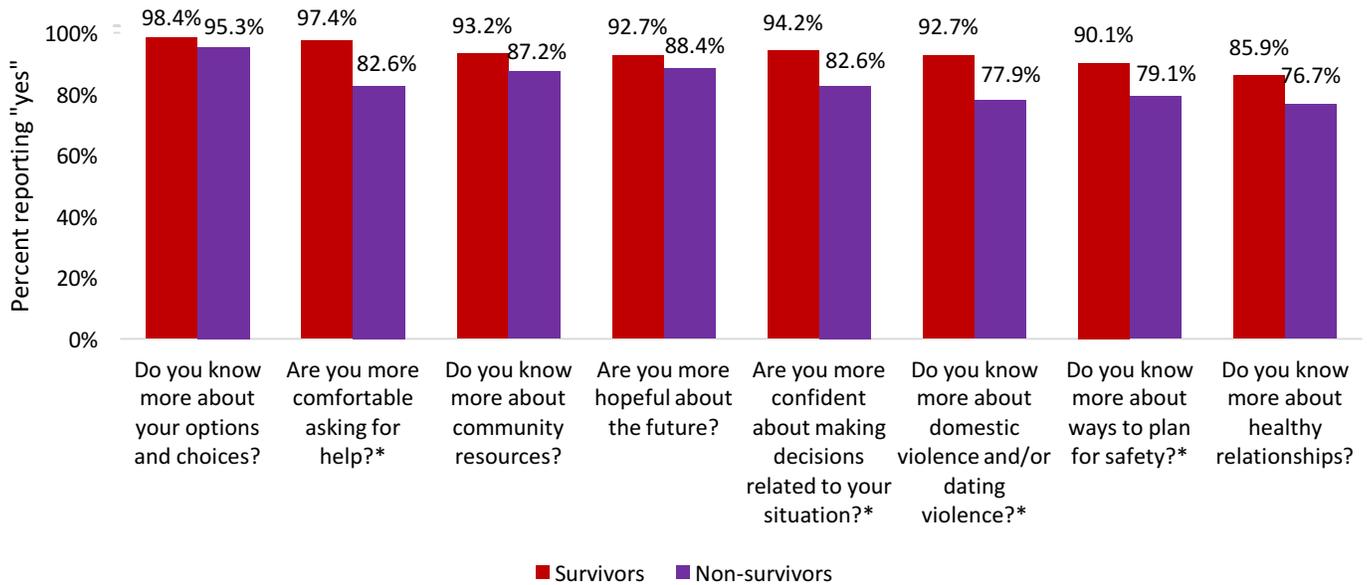


Figure 5. Behavioral intentions reported by contactors immediately after contacting The Hotline and LIR: Survivors compared to non-survivor contactors

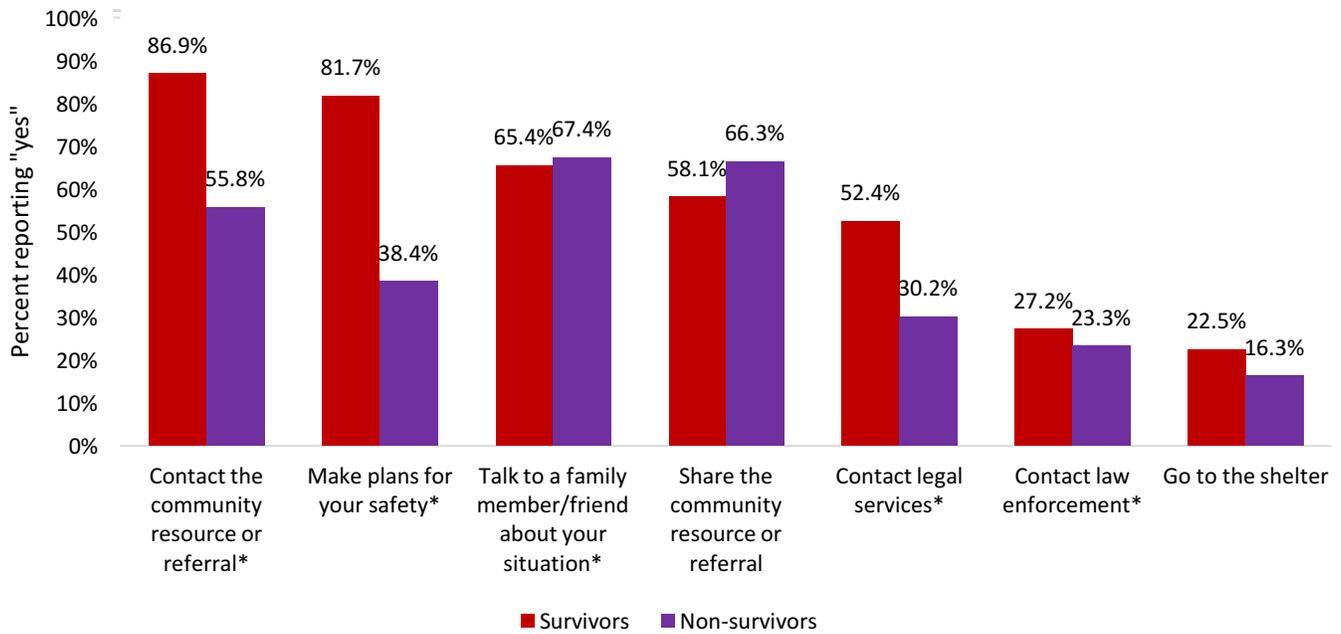


Figure 6. Behavioral outcomes two weeks after contacting The Hotline and LIR: Comparison between callers and chatters

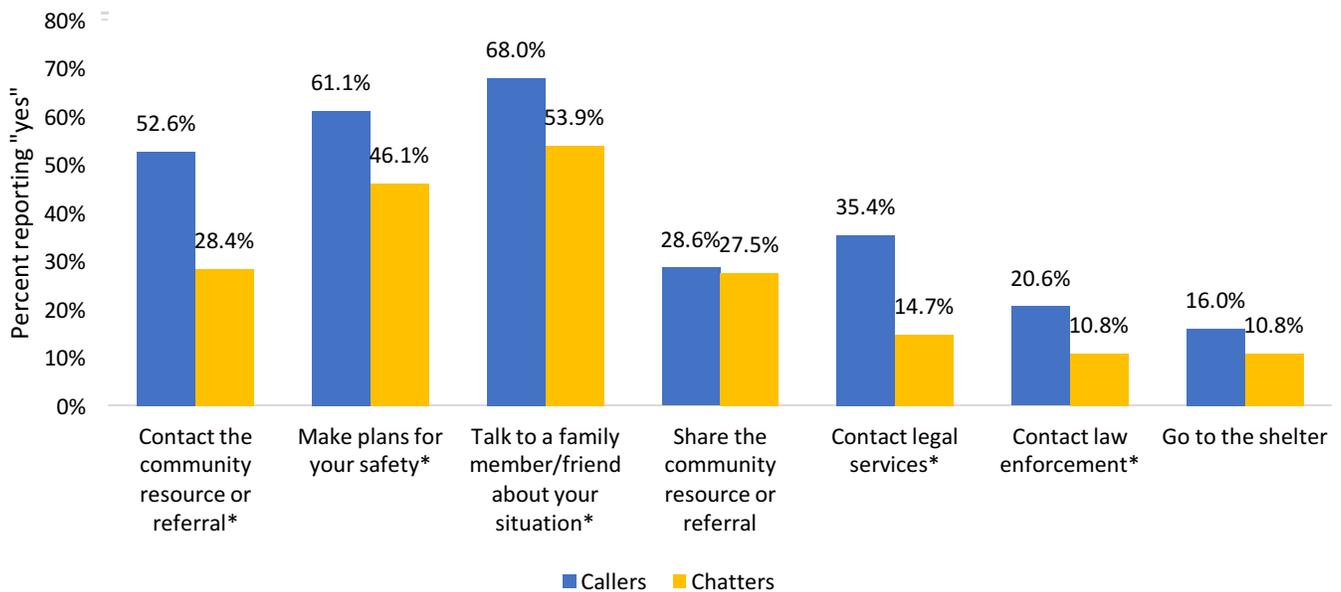


Table 1. Survivor behavioral outcomes and assistance received by the advocate (statistically significant odds ratios presented)

Behavioral Outcome	Advocate Assistance Provided				
	Crisis De-Escalation	DV Education	Emotional Support	Safety Planning	Healthy Relationships
Contact community resource	2.13				
Share community resource/referral				2.13	3.04
Go to the shelter					
Talk to a family member/friend					
Make safety plans	1.86				
Contact law enforcement					
Contact legal services	1.94				

Table 2. Helpfulness of Information reported by callers and chatters immediately after an interaction with The Hotline and LIR

On a scale of 1 to 5 (1 = “not at all” and 5 = “a lot”)	Phone Callers	Chatters
	How helpful was the information provided to you by The Hotline and LIR today? **	How helpful was the information provided to you by The Hotline and LIR today? **
	Mean (SD)	Mean (SD)
	4.74 (0.56)	4.50 (1.05)

**Statistically significant difference between the callers and chatters immediate survey responses (F=6.18; p<0.01)

Table 3. Helpfulness of information reported by callers and chatters two weeks after an interaction with The Hotline and LIR

On a scale of 1 to 5 (1 = “not at all” and 5 = “a lot”)	Phone Callers	Chatters
	How helpful was the information that The Hotline and LIR provided two weeks ago? *	How helpful was the information that The Hotline and LIR provided two weeks ago? *
	Mean (SD)	Mean (SD)
	4.65 (0.74)	4.42 (1.07)

*Statistically significant difference between the callers and chatters follow-up survey responses (F=4.41; p<0.05)