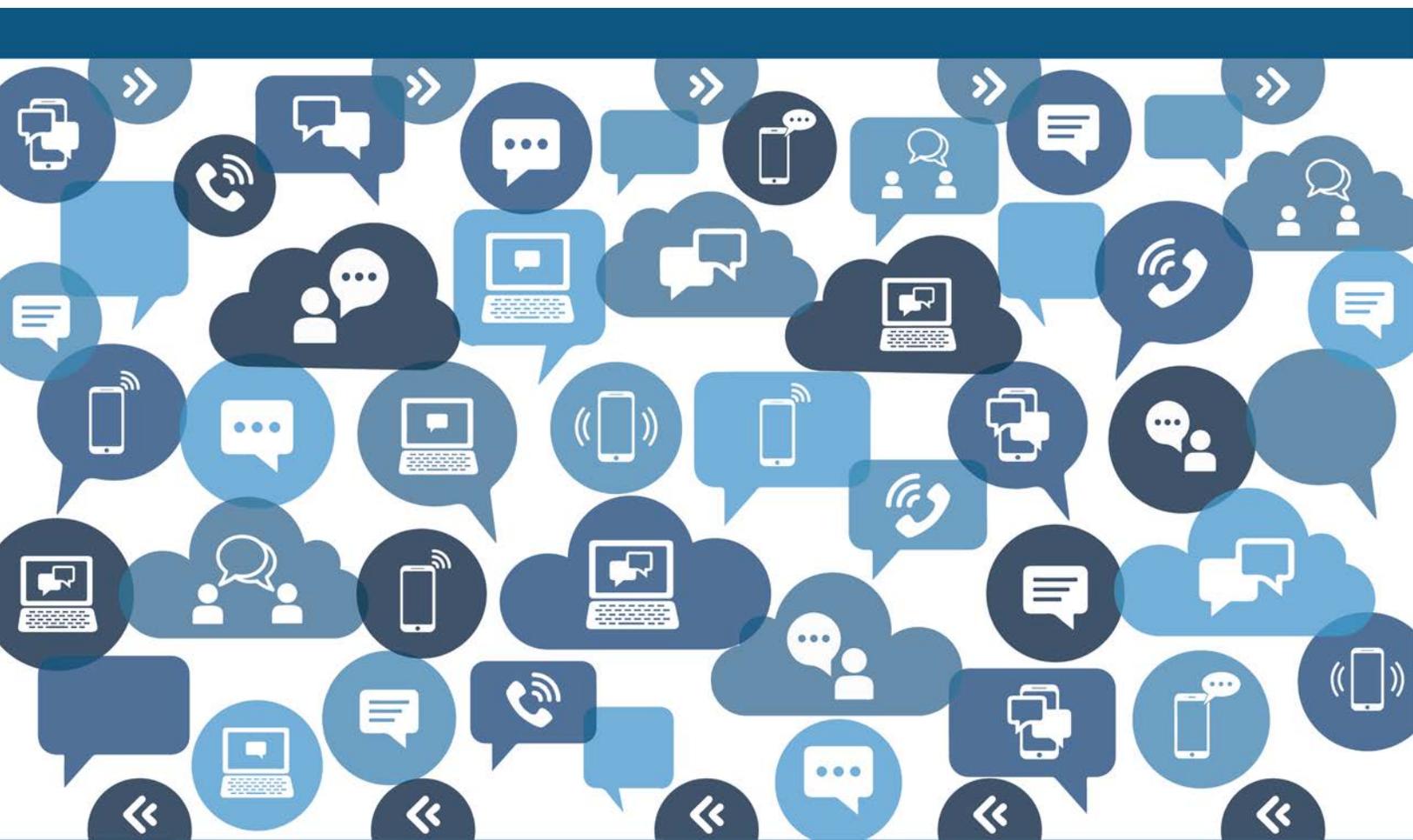


# An Evaluation of the National Domestic Violence Hotline and loveisrespect

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



OPRE Report 2018-117

December 2018

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**OPRE Report** 2018-117

December 2018

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## Executive Summary

### Accomplishments of the Domestic Violence Hotline, Online Connections, and Text

#### Purpose

The purpose of this project is to evaluate the services provided by the National Domestic Violence Hotline (The Hotline) and loveisrespect (LIR) help line.

#### Background

Hotlines and help lines for victims/survivors of domestic violence (DV)<sup>1</sup> are an integral approach for providing intervention and prevention services; however, the evaluation of these programs is nascent. The National Domestic Violence Hotline (The Hotline) and loveisrespect (LIR; the help line targeted towards 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, 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”).

The Administration for Children and Families contracted with The George Washington University to conduct the Accomplishments of the Domestic Violence Hotline, Online Connections, and Text (ADVHOCaT) project. ADVHOCaT evaluates the services that The Hotline and LIR provide. A key purpose of the ADVHOCaT project is to describe The Hotline and LIR’s activities and outcomes for those who contact the hotlines immediately after interacting with an advocate.

#### Research Questions

ADVHOCaT is an evaluation of The Hotline and LIR that explores the following questions:

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

#### Key Findings and Highlights

**Advocates at The Hotline and LIR provide support to a substantial number of contactors through multiple methods.** The Hotline and LIR received over 500,000 contacts within 24 months with an average of 17,765 contacts to The Hotline and 3,219 contacts to LIR each month. The most common method to connect to The Hotline was by telephone (91%), followed by online chat (8%) and text (1%). By contrast, the most common method to connect to LIR was online chat (66%), followed by text (17%) and telephone (16%)<sup>2</sup>.

**The Hotline and LIR serve a variety of users, not just victims and survivors of domestic violence.** Most contacts made to The Hotline and LIR came from victims/survivors (48%) and contactors who did not identify themselves (39%). The remainder came from family/friends, abusers, and service providers. An average of 10,138 contacts per month came from victims/survivors; 2,056 (10%) per month came from family/friends; 378 (2%) per month from service providers; and 284 (1%) from abusers.

**The Hotline and LIR provide crucial emotional support.** Our analysis of calls and online chats shows that the type of service most commonly provided to contactors was emotional support. Furthermore, these analyses show that contactors highly valued the emotional support they received when contacting The Hotline and LIR.

<sup>1</sup> For purposes of this study, dating violence or dating abuse is included in the term “domestic violence.”

<sup>2</sup> Numbers do not add to 100% because 0.4% of data for method of contact was missing.

**Contactors consider the information and resources that The Hotline and LIR provide to be helpful.** Nearly all callers and the majority of online chatters rated the services as very helpful and said that the advocates with whom they spoke cared about their situations. The majority of website visitors reported the information on the website was helpful. However, the proportion of website visitors who reported the information as helpful was significantly less than the proportions of callers and online chatters who rated the services as helpful.

**Advocates provide more services than contactors explicitly requested.** Our analysis of calls and online chats suggests that in addition to providing services that contactors ask for directly, advocates provided services such as offering emotional support and guidance to plan for one's safety even when they were not explicitly requested, but the advocate ascertained that the service could benefit the contactor.

**Nearly all contactors positively rate the services received from The Hotline and LIR.** Contactors rated the services provided by The Hotline and LIR as being very helpful and increasing their knowledge about how to plan for their safety, knowledge about abusive relationships, and awareness of community resources. Across all outcomes, callers reported consistently better scores than online chatters and website visitors.

**Although most contacts are still made via telephone, more people are using online chat over time.** The proportion of contacts to The Hotline by chat or text increased from 2.5% to 13.6% over the two-year period from January 1, 2014 - December 31, 2015. The proportion of contacts to The Hotline by phone decreased correspondingly during the same time period.

**Potential users name online chat as their preferred method to connect.** An online survey asked website visitors (i.e., potential users) to choose how they would prefer to connect to The Hotline or LIR. Overall, website visitors rated online chat as their preferred method to connect to The Hotline and LIR compared to telephone or text. They also rated online chat as the easiest, safest, and most private mode of contact. Conversely, website visitors rated the telephone as the most difficult, least safe, and least private mode. However, different communication preferences were found among varying subgroups.

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## Introduction

This report examines the National Domestic Violence Hotline (The Hotline) and the loveisrespect help line (LIR) as part of an evaluation conducted by The George Washington University's Milken Institute School of Public Health (GW). We analyzed both existing data collected by The Hotline and LIR and new data collected through protocols implemented by GW. The report describes 1) the range of services provided by The Hotline and LIR, 2) what contactors<sup>3</sup> sought to receive from each, 3) the frequency with which these needs were met, 4) the frequency with which different types of contactors received certain services, 5) the immediate outcomes of contacting The Hotline and LIR based on surveying contactors immediately after their calls, online chat sessions, and website visits, and 6) trends and patterns in the various modes of service. Other domestic violence service providers, program developers, technical assistance providers, and funders can use this information to determine the services a hotline program should offer, and how to evaluate a hotline program to maximize the capacity to address contactor needs.

### Domestic Violence

The Family Violence Prevention Services Act (FVPSA) defines domestic violence 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 and Silver, 2013). Specifically in the U.S., domestic violence is a pervasive issue with an estimated 1 in 3 women and 1 in 4 men having experienced some form of physical violence by an intimate partner in their lifetime (Black et.al, 2011).

The National Network to End Domestic Violence (NNEDV) identified 1,910 DV programs that exist in the U.S.<sup>4</sup> These programs include shelters, crisis hotlines, support groups, advocacy groups, and counseling services. Confidential hotlines and help lines serve as a front line DV-related service to assist those in search of information about available resources and services. However, the evaluation of domestic violence services and hotlines in particular 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 the programs.

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<sup>3</sup> Contactors are those who contact The Hotline and LIR, including victims/survivors, friends and family, service providers, and abusers

<sup>4</sup> National Network to End Domestic Violence (2017). 11<sup>th</sup> Annual *Domestic Violence Counts Report* Washington, DC. Full report found at: <http://nnedv.org/projects/census/5716-domestic-violence-counts-11th-annual-census-report.html>

### 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.<sup>5</sup> The Hotline is a 24-hour, national, toll-free, and confidential hotline. It informs and assists adult and youth victims of domestic violence, their family and household members, and others affected by violence to build healthy, safe, and supportive communities and families.<sup>6</sup> The Hotline publicizes its contact information and the services it provides to potential users throughout the United States, including the U.S. Territories. The Hotline maintains a comprehensive resource database on services for victims of domestic violence, 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.<sup>7</sup> 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 uses the Language Line to provide interpretation to callers in over 200 languages.<sup>8</sup> 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.<sup>9</sup> In addition, an extensive inventory of information and resources is always available on The Hotline website ([www.TheHotline.org](http://www.TheHotline.org)) and through social media presence on Facebook and Instagram (@NationalDomesticViolenceHotline, @NDVHOfficial).

### loveisrespect

In February 2007, The Hotline launched loveisrespect (LIR; originally the National Dating Abuse Help line) 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 help line serving the United States and its territories. In 2011, loveisrespect partnered with Break the Cycle, another national leader in preventing dating abuse, and launched 24-hour text services in addition to telephone and live chat services. Highly-trained advocates offer

### 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”) that 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 domestic violence service providers. Guided by the Crisis Intervention Model (see Appendix A), 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, domestic violence, children exposed to domestic violence, sexual assault, intervention programs for abusers, working through the criminal and civil justice systems; and
- (3) **nationwide referrals** to domestic violence shelters and programs, social service agencies, programs addressing the needs of children exposed to domestic violence, legal assistance agencies, economic self-sufficiency programs, and other related services.

<sup>5</sup> The National Domestic Violence Hotline. Our History: Domestic Violence Advocates. Available at: <https://www.thehotline.org/about-the-hotline/history-domestic-violence-advocates/>. Retrieved September 10, 2018.

<sup>6</sup> The National Domestic Violence Hotline. Get Help. Available at: <https://www.thehotline.org/help/>. Retrieved September 10, 2018.

<sup>7</sup> The National Domestic Violence Hotline. Resources. Available at: <https://www.thehotline.org/resources/>. Retrieved September 10, 2018.

<sup>8</sup> The National Domestic Violence Hotline. About Our Advocates. Available at: <https://www.thehotline.org/about-the-hotline/advocates/>. Retrieved September 10, 2018.

<sup>9</sup> The National Domestic Violence Hotline. Our History: Domestic Violence Advocates. Available at: <https://www.thehotline.org/about-the-hotline/history-domestic-violence-advocates/>. Retrieved September 10, 2018.

support, information, and advocacy to young people who have questions or concerns about their dating relationships. LIR provides information and support to concerned friends and family members, teachers, counselors, service providers and members of law enforcement as well. Advocates are available via telephone, live chat, and texting services 24 hours a day, 7 days a week, and 365 days a year. All services are free and confidential. LIR's website ([www.loveisrespect.org](http://www.loveisrespect.org)) and social media outlets are designed for young people in need of assistance. LIR also teaches parents/family members, educators, peers, and survivors how to identify unhealthy and abusive relationships through trainings, toolkits, and a healthy relationships curriculum. LIR uses The Hotline's database of resources to refer victims of domestic violence to services.

The Hotline and loveisrespect are funded by the Family Violence Prevention Services Act (FVPSA), which is administered by the Family and Violence Prevention Services Program within the Family and Youth Services Bureau at the Administration for Children and Families.

### **Purpose and Primary Research Questions of the ADVHOCaT Project**

There is a demonstrated demand for The Hotline and LIR's services, but the outcomes of these services have not been previously evaluated. The Office of Planning, Research, and Evaluation (OPRE) within the Administration for Children and Families contracted with The George Washington University to conduct the Accomplishments of the Domestic Violence Hotline, Online Connections, and Text (ADVHOCaT) project. ADVHOCaT seeks to describe and evaluate the services that The Hotline and LIR provide. The first phase of ADVHOCaT describes The Hotline and LIR's activities and outcomes for those who contact the hotlines, immediately after interacting with an advocate.

The ADVHOCaT evaluation of The Hotline/LIR is guided by the following research questions:

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

The research questions were informed by a set of evaluation questions for a domestic violence service and a conceptual framework developed by Sullivan (2011, 2012). The research questions focus on the four primary categories of people who contact and are served by The Hotline and LIR:

1. Victims/Survivors
2. Family and Friends of Victims/Survivors
3. Abusers
4. Service Providers.

### **Purpose of the Report**

This report presents findings from analyses of existing and new data to describe the activities and outcomes of The Hotline and LIR. GW worked closely with ACF and The Hotline and LIR themselves, as well as a panel of experts in the domestic violence and hotline evaluation fields.

The information provided in this report can be used by domestic violence service providers, program developers/implementers, technical assistance providers, advocates, and the general public. It can be used to understand the types and frequency of resources and services The Hotline and LIR provide, the needs of contactors, the groups to whom specific services are offered, trends in mode of service, and the immediate outcomes of those services.

## Sources of Data and Methods

To address the study's evaluation questions, we used data collected and maintained by The Hotline/LIR about telephone calls, online chats, text messages, and website activity, as well as anonymous information about contactors. We also conducted several primary data collection activities, including observations and assessments of telephone calls to The Hotline and LIR and a survey of website visitors to assess preferences for contacting The Hotline and LIR.<sup>10</sup> Because all data was anonymous, data from different systems could not be linked together. For example, information on "wait time" from the Enterprise telephone system could not be used in the analysis of data on "service provided" from the Advocate Caller Application (ACA) system. Despite this, the aggregate data provides a full representation of The Hotline and LIR's activities. Below are details on each of the data sources, how data are collected, and how data were used in the evaluation.

### Advocate Caller Application (ACA)

Advocates (i.e., The Hotline and LIR staff who answer calls/online chats/texts) manually enter anonymous data about the caller/online chatter and the call/online chat into the ACA database. Data includes the mode of contact (e.g., telephone, online chat, text, etc.), the type of contactor (e.g., victim, family member, abuser, service provider), demographics of the contactor, the type of abuse experienced, the general services required by the contactor, and the types of services offered by the advocate. Data included in the ACA depends on what each contactor chooses to disclose. The ACA also captures information from other interactions with The Hotline and LIR, including emails and Facebook posts. Because all data are anonymous, each contact in the ACA does not necessarily reflect a unique person; a person could contact The Hotline and LIR multiple times and each contact would be included in the ACA as a unique entry.

### Live Person

The Live Person platform that hosts and manages the online chats automatically collects data related to online chats, including pre- and post-chat survey data. Before chatting with an advocate, online chatters complete a pre-chat survey asking for preferred username, age, race, and current level of crisis. After ending the chat with an advocate, chatters complete a post-chat survey asking for a satisfaction rating of the chat session.

When examining trends in use of chat services, the data we analyzed is not an online chat-level dataset. Rather, the unit of observation is the day. For each, the dataset covers the number of online chat requests that occurred and the number that were answered. We aggregated these data by taking averages or proportions over the appropriate sets of days. Thus, the month-by-month graphs consist of averages taken over all days in a given month.

### Enterprise Telephone Data System

The Enterprise telephone data system automatically collects data related to the telephone calls, such as the number of calls received, the number of unanswered calls, and each call's duration. The data we analyzed is not a call-level dataset. Rather, the unit of observation is the 30-minute block. For each 30-minute block, the dataset covers the number of incoming calls received during that block and the proportion of calls that began during that block and were answered rather than abandoned. The Enterprise system generated a dataset with this structure for each of the 24 months under investigation, stratified by service (The Hotline and LIR). We aggregated these data by taking averages or proportions over the appropriate sets of 30-minute blocks.

### Online Chat Transcripts

We analyzed de-identified online chat transcripts that included the word-for-word interaction between online chatters and advocates. The chat transcripts also included a post-chat summary completed by the advocates after each chat.

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<sup>10</sup> All protocols were reviewed and approved by The George Washington University Institutional Review Board (IRB #031644) and protocols for new data collection were reviewed and approved by the Office of Management and Budget (OMB # 0970-0468).

We analyzed online chat transcript data from six full days of online chat from The Hotline and LIR equaling a total of over one thousand distinct online chats.<sup>11</sup> The research team chose days randomly.

We developed a coding framework based on the ADVHOCaT research questions. We created separate but corresponding codes for the online chatter and for the advocate to represent both perspectives and to assess how well advocates are meeting online chatter needs. For example, if an online chatter asked about what constitutes abuse, then that aspect of the online chat was coded "online chatter: abusive relationship information." If an advocate provided information on abuse, then that aspect of the online chat was coded "advocate: abusive relationship information." The research team then compared requests from the online chatter and services provided by the advocate for each discrete online chat to see whether and when needs matched services. Any modifications to the coding framework, or to exclusion/inclusion criteria of any codes, were made by consensus. For additional details about the chat transcript data analyses, see Appendix B.

### Immediate Outcomes of Contact Survey

For the purposes of their own program management and assessment, The Hotline and loveisrespect (LIR) surveyed its contactors immediately after their telephone calls and online chat sessions with advocates or after they viewed the websites. The GW research team obtained the anonymous survey data from The Hotline/LIR for analysis. The purpose of the survey (see Appendix C) was to assess the immediate outcomes for contactors of accessing these services and resources. Those who contacted The Hotline or LIR by telephone between March 7, 2016 and April 30, 2016, were not directly connected to a resource or service provider, and called at a time when a staff manager was on duty were asked to participate in a survey. Callers who agreed were transferred to a staff manager, who administered the survey by phone. Those who contacted The Hotline or LIR by online chat between February 15, 2016 and April 30, 2016 were asked to voluntarily complete the survey immediately after ending their chat conversation with an advocate. Those who accessed The Hotline or LIR websites between February 15, 2016 and May 12, 2016 could voluntarily click on a link to complete the survey. The surveys asked about:

- the helpfulness of the services
- how much the contact provided ways to plan for safety
- how much awareness of community resources increased
- how much knowledge of abusive relationships increased
- how much the advocate cared about their situation<sup>12</sup> (emotional support)
- whether they felt better, the same, or worse after talking with an advocate<sup>6</sup>(emotional well-being)

All questions asked for responses on a 5-point Likert scale, with higher numbers being more favorable. The survey for website visitors included an additional question asking about the purpose of their website visit and did not include the questions on emotional support and emotional wellbeing.

### Google Analytics Data

Google Analytics automatically collects data about contactors' activity on the websites. Data include number of website visits, number of unique website visitors, and duration of time spent on the webpage.

### Observation and Assessment of Telephone Calls

GW conducted observations and assessments of telephone calls to both The Hotline and LIR. During a 5-week period in the summer of 2016, the GW research team monitored a total of 504 calls to the hotlines to: 1) assess the process and quality of the interactions between advocate and caller; and 2) more closely examine the crisis intervention model, specifically looking at services provided around action planning, exploring options, conducting safety assessments, providing safety planning, providing abusive and healthy relationship information, and offering referrals to other service providers and resources.

<sup>11</sup> Dates included in the online chat analysis are: January 22, 2015, February 22, 2015, March 13, 2015, March 16, 2015, April 12, 2015, and May 12, 2015. The analysis includes all online chats from both The Hotline and LIR for those dates.

<sup>12</sup> Questions related to emotional support and emotional well-being were asked only of callers or online chatters (and not of website visitors).

Researchers from the GW team listened remotely to telephone calls made by contactors to either The Hotline or LIR. Researchers assessed calls by completing an observation tool developed by the lead authors of this report (see Appendix D), based on The Hotline Crisis Intervention Model and Guiding Principles (see Appendix A), categories in the ACA, and a review of the literature. Two trained researchers then pilot tested the observation tool by listening to the same 25 calls and comparing their assessments to ensure consistent interpretation of caller/advocate interactions and the tool's reliability. The two researchers trained three additional researchers using the same method. Researchers listened in 3-hour blocks to a sample of calls on all seven days of the week and 24 hours of the day to capture data that reflect calls coming in at different times of the day and different days of the week.

### Preference of Use Survey

Website visitors complete survey questions online after clicking a link on The Hotline or LIR websites about their preferred mode of contacting The Hotline or LIR (See Appendix E). Between February 15th 2016 at 11:00am CST and July 8th, 2016 at 10:00am CST, visitors to either The Hotline website or LIR website could voluntarily click on a link to connect to a 'Preference of Use' survey. The survey included 7 questions asking participants which method of connecting with someone at The Hotline/LIR (telephone, online chat, text, or other) would be their top choice, the easiest, hardest, safest, least safe, most private and least private. In addition, participants were asked to report their age, gender, race, sexual orientation, and whether they had ever connected with The Hotline/LIR previously.

## Results and Findings

### The Hotline and LIR Contactors

Together, The Hotline and LIR help line received 503,620 contacts from January 1, 2014 to December 31, 2015. Nearly 85% of these contacts were made to The Hotline (426,357) and 15% were made to LIR (77,263). The telephone was by far the most popular form of contact for The Hotline users; 90% of contacts made in the 24-month period were by telephone (383,721). Only 8.4% of contacts were made through The Hotline's chat line, and 1.6% were made through text. Conversely, LIR (which targets a younger audience) received 66% of its contacts by online chat compared to 17% by text, and 16% by telephone (see Figure 1<sup>13</sup>).

**Figure 1.** Method to connect to The Hotline and LIR (% of contactors)

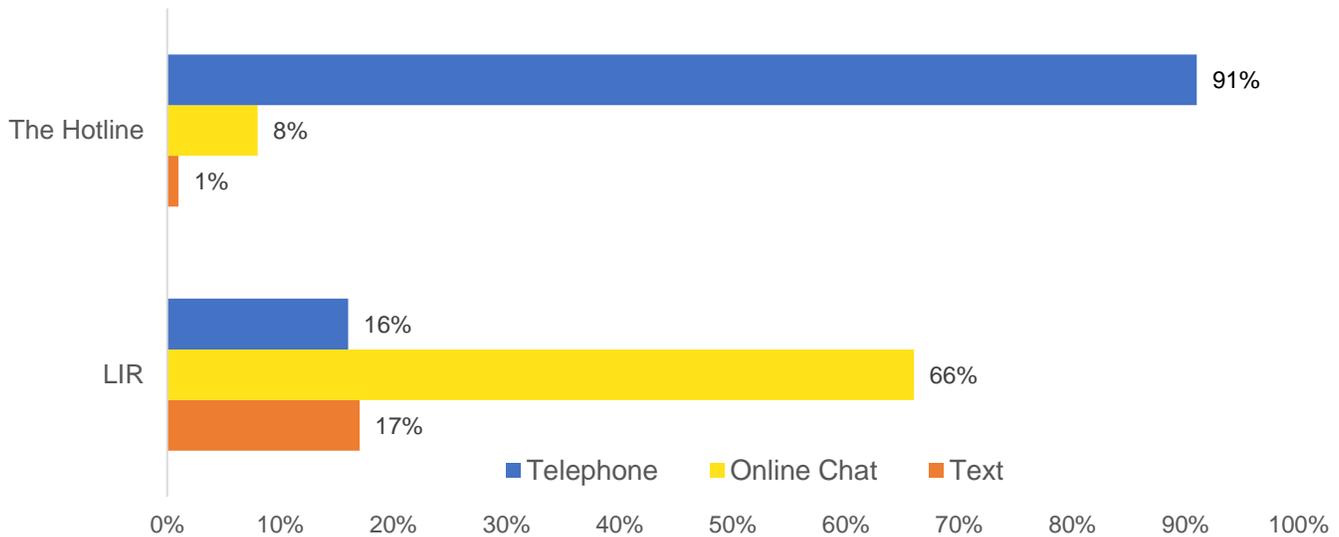
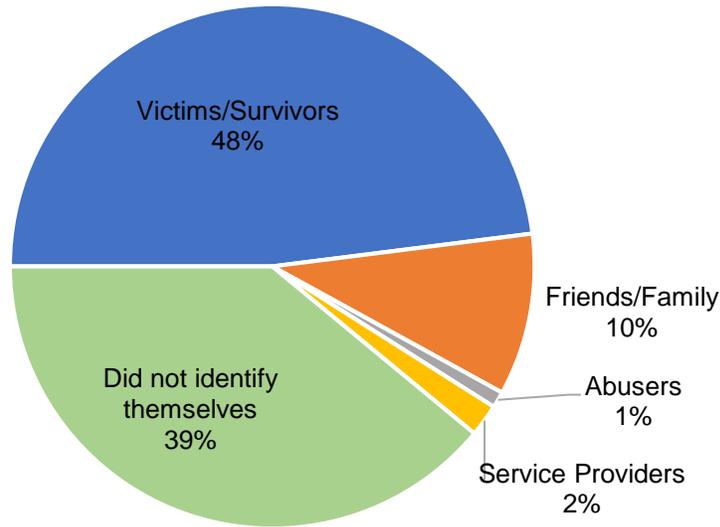


Figure 2 describes the types of contactors to The Hotline and LIR, which include victims/survivors, family and friends of victims/survivors, abusers, service providers, and people who did not identify themselves into one of these categories (other/unknown).<sup>14</sup> The majority of contacts made to The Hotline/LIR were by victims/survivors, who made 243,309 contacts in 2014 and 2015 (48%). Of these, 92.3% were made to The Hotline and 7.5% were made to LIR. Family/friends made 49,337 contacts to The Hotline/LIR during this 24-month time-period, the majority of which were made to The Hotline (95.4%) and a small proportion made to LIR (4.4%). Service providers made 9,072 contacts to The Hotline/LIR during this time period; 95.8% were made to The Hotline and 3.9% to LIR. Abusers comprised the smallest group of contactors with 6,827 contacts to The Hotline and LIR during the 24-month time-period. Interestingly, 20.6% of these were made to LIR, suggesting that LIR is an important resource for teen and young adult abusers. Many contactors to the Hotline or LIR did not identify themselves (39%).

<sup>13</sup> Numbers do not add to 100% because 0.4% of data for method of contact was missing.

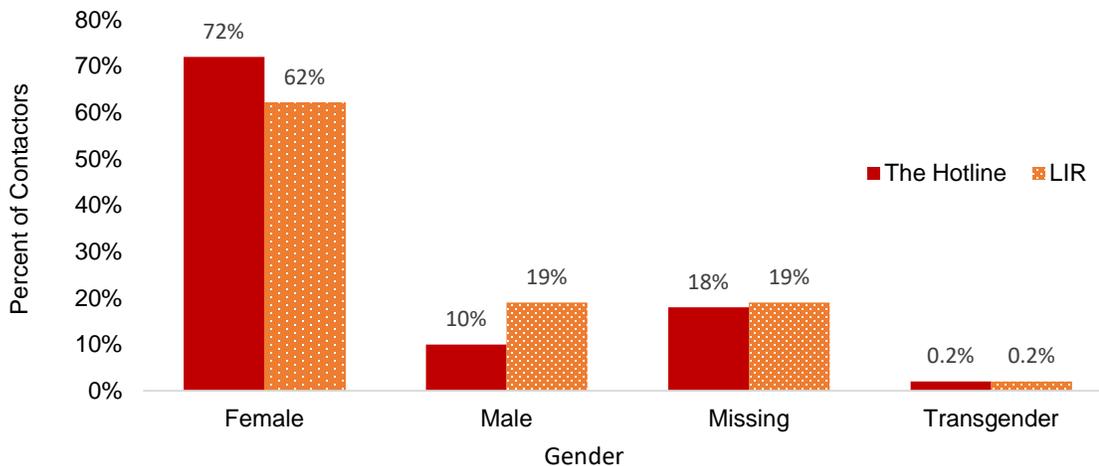
<sup>14</sup> Because all data are anonymous, each contact made to The Hotline and LIR does not necessarily come from a unique person; a person could contact The Hotline and LIR multiple times and would be counted as a unique contactor each time.

**Figure 2** Type of contactor to The Hotline and LIR (% of contactors)

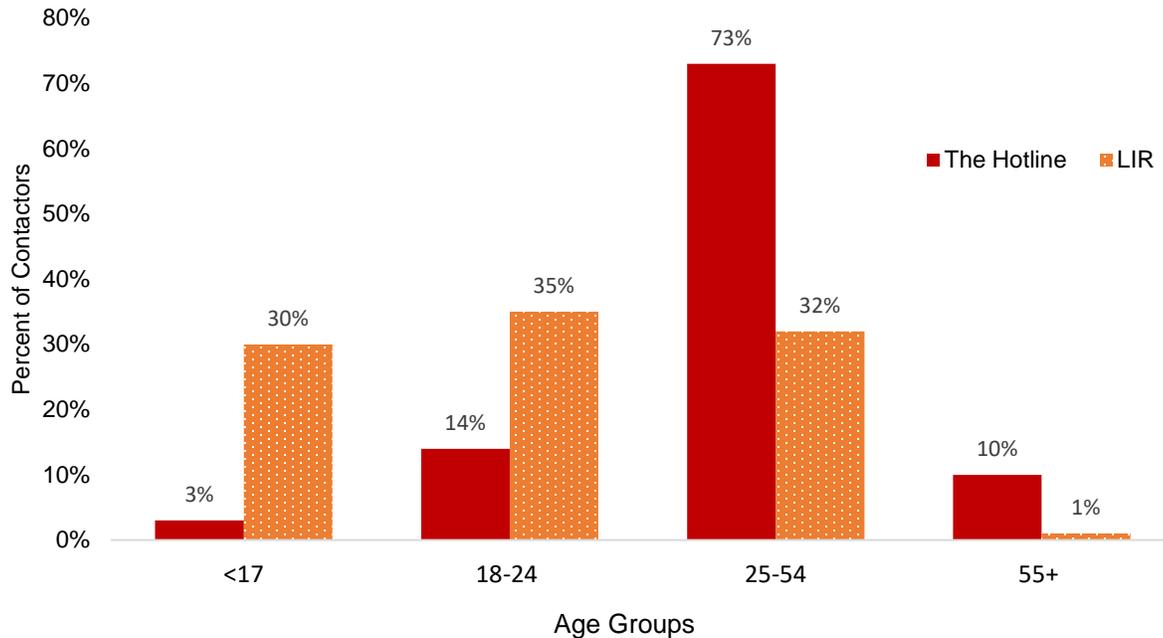


Advocates ask contactors for their age, gender, and state/country location to help them find local services, but contactors do not have to give this information. *Figure 3* shows the gender distribution of contactors to The Hotline and LIR. The majority of contactors reported their gender as female. Most of The Hotline contactors were between 25 and 54 years old. LIR contactors were evenly distributed among the 13-17, 18-24, and 25-54 age ranges. LIR had more young adult contactors than The Hotline. *Figure 4* shows the distribution by age.

**Figure 3.** Gender of The Hotline and LIR Contactors



\*Percentages do not add to 100% due to rounding

**Figure 4.** The Hotline and LIR Contactors by Age

The Hotline averaged 17,765 contacts per month; LIR averaged 3,219. Nearly one-third of The Hotline contactors and 43% of LIR contactors reported hearing of the services through an internet search engine (such as Google or Yahoo). About 15% of The Hotline contactors and 5.4% of LIR contactors had used the service previously. Over 31% of The Hotline contactors and 41.6% of LIR contactors did not know how they heard about the service. Contacts to both The Hotline and LIR were mostly from female contactors (71.8% of The Hotline contacts and 61.5% of LIR contacts). A higher percentage of males contacted LIR than The Hotline (19.1% vs. 10.2%), and less than 1% of contacts to either The Hotline (n=362; 0.1%) or LIR (n=189; 0.2%) identified as transgender.

### Demographics of Contactors

The demographic characteristics of contactors to The Hotline and LIR are summarized in *Table 1*. Each type of contactor used the telephone significantly more often than online chat or text to contact The Hotline. The greatest percentage within each contactor type identified as Caucasian, and nearly all contactors from each contactor type communicated with The Hotline and LIR in English. Age data was unknown or missing from 22% to 93% of contacts. Among those for whom age data were available, the greatest percentages of contactors were between the ages of 25 and 54 for all contactor types. Similarly, among those contacts for which age data were available, the greatest percentages of contacts were regarding victims/survivors between the ages of 25 and 54 for all contactor types.

Three of the four groups resided mostly in the Southern United States. Victims/survivors, family/friends, and service providers were predominantly female; only abusers were majority male. Victims/survivors made the majority of contacts to The Hotline and LIR, with 243,309 contacts in 24 months (an average of 10,138 per month). Ninety-two percent of those contacts were made to The Hotline, and 7.5% were made to LIR.

**Table 1. Contactors to The Hotline and LIR from January 2014 to December 2015**

Contactor Characteristic	Victims/Survivors N=243,309		Family/Friends N=49,337		Abusers N=6827		Service Providers N=9072	
	N	(%)	N	(%)	N	(%)	N	(%)
<b>The Hotline or LIR</b>								
The Hotline	224,468	(92.3)	47,056	(95.4)	5,413	(79.3)	8,687	(95.8)
LIR	18,345	(7.5)	2,155	(4.4)	1,403	(20.6)	356	(3.9)
Missing	496	(0.2)	126	(0.2)	11	(0.2)	29	(0.3)
<b>Mode of Contact</b>								
Telephone	206,316	(84.8)	43,570	(88.3)	5,119	(75.0)	8,629	(95.1)
Online chat	34,118	(14.0)	5,394	(10.9)	1,584	(23.2)	305	(3.4)
Other	2,258	(0.9)	292	(0.6)	95	(1.4)	123	(1.4)
Missing	617	(0.3)	81	(0.2)	29	(0.4)	15	(0.2)
<b>Gender of Contactor</b>								
Female	223,882	(92.0)	40,058	(81.2)	1,977	(29.0)	7,796	(85.9)
Male	17,281	(7.1)	8,813	(17.9)	4,782	(70.1)	888	(9.8)
Transgender	274	(0.1)	53	(0.1)	8	(0.1)	5	(0.1)
Unknown/Missing	1,872	(0.8)	413	(0.8)	60	(0.9)	383	(4.2)
<b>Age of Contactor<sup>1</sup></b>								
Under 13	154	(0.1)	29	(0.1)	0	(0.0)	2	(0.0)
13-17	3,736	(1.5)	917	(1.9)	90	(1.3)	9	(0.1)
18-24	22,786	(9.4)	2,154	(4.4)	577	(8.5)	81	(0.9)
25-54	101,834	(41.9)	10,125	(20.5)	1,615	(23.7)	723	(8.0)
55+	11,842	(4.9)	2,732	(5.5)	110	(1.6)	118	(1.3)
Unknown/Missing	102,957	(42.3)	33,380	(67.7)	4,435	(65.0)	8,139	(89.7)
<b>Age of Victim</b>								
Under 13	154	(0.1)	681	(1.4)	5	(0.1)	8	(0.1)
13-17	3,736	(1.5)	2,150	(4.4)	39	(0.6)	38	(0.4)
18-24	22,786	(9.4)	7,799	(15.8)	219	(3.2)	96	(1.1)
25-54	101,834	(41.9)	23,811	(48.3)	577	(8.5)	412	(4.5)
55+	11,842	(4.9)	3,911	(7.9)	152	(2.2)	130	(1.4)
Unknown/Missing	102,957	(42.3)	10,984	(22.3)	5,835	(85.5)	8,388	(92.5)
<b>Race/Ethnicity of Contactor</b>								
Anglo/Caucasian	101,925	(41.9)	22,823	(46.3)	2,472	(36.2)	1,640	(18.1)
Black/African American	46,515	(19.1)	5,537	(11.2)	1,094	(16.0)	600	(6.6)
Hispanic/Latino	34,940	(14.4)	7,224	(14.6)	1,111	(16.3)	613	(6.8)
Other/Unknown/Missing	59,929	(24.7)	13,753	(27.9)	2,150	(31.5)	6,219	(68.6)
<b>Language Used in Contact</b>								
English	231,626	(95.2)	46,985	(95.2)	6,602	(96.7)	8,710	(96.0)
Spanish	10,023	(4.1)	2,179	(4.4)	185	(2.7)	90	(1.0)
Other	901	(0.4)	93	(0.2)	7	(0.1)	35	(0.4)
Missing	759	(0.3)	80	(0.2)	33	(0.5)	237	(2.6)
<b>Location of Contactor<sup>2</sup></b>								
Northeast	37,592	(15.5)	7,116	(14.4)	916	(13.4)	1,476	(16.3)

Contactor Characteristic	Victims/Survivors N=243,309		Family/Friends N=49,337		Abusers N=6827		Service Providers N=9072	
	N	(%)	N	(%)	N	(%)	N	(%)
Midwest	35,287	(14.5)	7,207	(14.6)	909	(13.3)	1,354	(14.9)
South	77,288	(31.8)	15,449	(31.3)	1,868	(27.4)	2,582	(28.5)
West	65,234	(26.8)	12,746	(25.8)	1,967	(28.8)	2,319	(25.6)
Puerto Rico	83	(0.0)	29	(0.1)	3	(0.0)	13	(0.1)
Armed Forces	8	(0.0)	4	(0.0)	1	(0.0)	0	(0.0)
US Territories	69	(0.0)	16	(0.0)	0	(0.0)	7	(0.1)
Other Countries	1,201	(0.5)	262	(0.5)	35	(0.5)	24	(0.3)
Unknown	26,547	(10.9)	6,508	(13.2)	1,128	(16.5)	1,297	(14.3)

<sup>1</sup> Only included in data after midnight April 14, 2015

<sup>2</sup> Categorized using US Census categorization. Northeast includes Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, New Jersey, New York, Pennsylvania. Midwest includes Indiana, Illinois, Michigan, Ohio, Wisconsin, Iowa, Kansas, Minnesota, Nebraska, North Dakota, South Dakota. South includes Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia, Alabama, Kentucky, Mississippi, Tennessee, Arkansas, Louisiana, Oklahoma, Texas. West includes Arizona, Colorado, Idaho, New Mexico, Montana, Utah, Nevada, Wyoming, Alaska, California, Hawaii, Oregon, Washington.

### Contacting Situation

All four groups called most frequently about someone being emotionally abused (as compared to other forms of abuse). A significant percentage of victims/survivors also reported experiencing physical abuse. The ACA was modified in April 2015 to include data fields for two forms of abuse that were increasing among callers and chatters: economic abuse and digital abuse.<sup>15</sup> Contactors came to The Hotline and LIR with a variety of situations including the involvement of children, having legal issues, and needing to relocate. Every group inquired about the same top three services: domestic violence services, legal services, and counseling services. However, it is worth noting that the hotlines received inquiries about a wide range of general and legal services. *Table 2* outlines this information in detail.

<sup>15</sup> Economic abuse is when one partner has control over the other's access to financial resources (<http://nnedv.org/resources/ejresources/about-financial-abuse.html>). Digital abuse is the use of technologies such as texting and social networking to bully, harass, stalk or intimidate a partner. In most cases, this type of abuse is emotional and/or verbal and it is perpetuated online (<http://www.thehotline.org/2014/03/what-is-digital-abuse>).

**Table 2. Experiences, Situations, and Needs of Contactors to The Hotline and LIR**

Contactor Characteristic	Victims/Survivors N=243,309		Family/Friends N=49,337		Abusers N=6827		Service Providers N=9072	
	N	(%)	N	(%)	N	(%)	N	(%)
<b>Abuse Type<sup>1</sup></b>								
Emotional	206,944	(85.1)	40,357	(81.8)	2,037	(29.8)	670	(7.4)
Physical	144,064	(59.2)	31,234	(63.3)	1,464	(21.4)	566	(6.2)
Economic <sup>2</sup>	19,800	(19.7)	2,777	(5.6)	101	(3.7)	51	(0.6)
Sexual	18,080	(7.4)	898	(4.6)	56	(0.8)	16	(0.5)
Digital <sup>2</sup>	4,969	(5.0)	7,078	(21.5)	701	(14.5)	563	(9.0)
<b>Situation of Contactor<sup>1</sup></b>								
Children Involved <sup>2</sup>	36,746	(36.6)	7,552	(38.3)	402	(14.9)	300	(9.0)
Legal Issues	53,971	(22.2)	9,614	(19.5)	242	(3.5)	78	(2.3)
Economic Abuse <sup>3</sup>	27,727	(11.4)	5,326	(10.8)	227	(3.3)	67	(2.0)
Stalking	15,781	(6.5)	4,337	(8.8)	109	(1.6)	125	(1.4)
Strangulation	11,511	(4.9)	2,379	(4.8)	43	(0.7)	33	(1.0)
Relocation <sup>2</sup>	4,731	(4.7)	2,108	(4.3)	42	(0.7)	64	(0.7)
Male Victim	10,700	(4.4)	1,976	(4.1)	42	(0.7)	50	(0.6)
Child Abuse	9,594	(3.9)	1,838	(3.8)	16	(0.6)	42	(0.5)
Homelessness <sup>2</sup>	3,701	(3.7)	1,728	(3.5)	14	(0.5)	38	(0.4)
Immigrant	8,159	(3.5)	602	(3.1)	33	(0.5)	37	(0.4)
Healthy Relationships <sup>3</sup>	3,684	(3.3)	1,463	(3.0)	27	(0.5)	22	(0.2)
Disabilities <sup>2</sup>	3,132	(3.1)	516	(2.6)	29	(0.4)	22	(0.2)
Technology Safety	7,050	(2.9)	1,212	(2.5)	10	(0.4)	17	(0.2)
Firearms	6,937	(2.9)	1,128	(2.3)	22	(0.3)	12	(0.1)
<b>General Service needed<sup>1, 4</sup></b>								
Domestic Violence	99,345	(40.8)	16,314	(33.1)	3,531	(51.7)	1,307	(14.4)
Legal Services	51,761	(21.3)	9,984	(20.2)	499	(7.3)	304	(3.4)
Counseling (individual)	47,670	(19.6)	7,925	(16.1)	348	(5.1)	268	(3.0)
Basic Needs	12,891	(5.3)	1,593	(3.2)	329	(4.8)	45	(1.3)
Men's Services	4,349	(1.8)	874	(1.8)	163	(2.4)	114	(1.3)
Children's Services	4,057	(1.7)	793	(1.6)	29	(1.1)	100	(1.1)
Language Services <sup>3</sup>	1,682	(1.2)	267	(1.4)	17	(0.4)	79	(0.9)
Sexual Assault Services	1,838	(0.8)	484	(1.0)	11	(0.2)	33	(0.4)
Battering	1,451	(0.6)	343	(0.7)	8	(0.1)	25	(0.3)
Dating Abuse	1,047	(0.4)	243	(0.5)	7	(0.1)	18	(0.2)
LGBTQ Services	731	(0.3)	179	(0.4)	6	(0.1)	14	(0.2)
<b>Legal Services Needed<sup>1</sup></b>								
Protective Orders	34,569	(14.2)	6,132	(12.4)	489	(7.2)	336	(3.7)
Other	26,174	(10.8)	5,939	(12.0)	93	(3.5)	103	(1.1)
Custody/Visitation	18,991	(7.8)	3,506	(7.1)	154	(2.3)	30	(0.9)

Contactor Characteristic	Victims/Survivors N=243,309		Family/Friends N=49,337		Abusers N=6827		Service Providers N=9072	
	N	(%)	N	(%)	N	(%)	N	(%)
Divorce	14,605	(6.0)	1,073	(5.4)	69	(1.0)	38	(0.4)
Police Report <sup>2</sup>	5,648	(5.6)	2,095	(4.3)	51	(0.8)	23	(0.3)
Immigration	4,019	(1.7)	803	(1.6)	5	(0.1)	20	(0.2)
Interstate Custody	1,914	(0.8)	546	(1.1)	2	(0.0)	7	(0.1)

<sup>1</sup> These categories are selected at the discretion of the advocate, based on what the contactor discloses during the contact.

Responses categories are not mutually exclusive and therefore do not sum to 100%

<sup>2</sup> Only included in data after midnight April 14, 2015

<sup>3</sup> Only included in data before midnight April 15, 2015

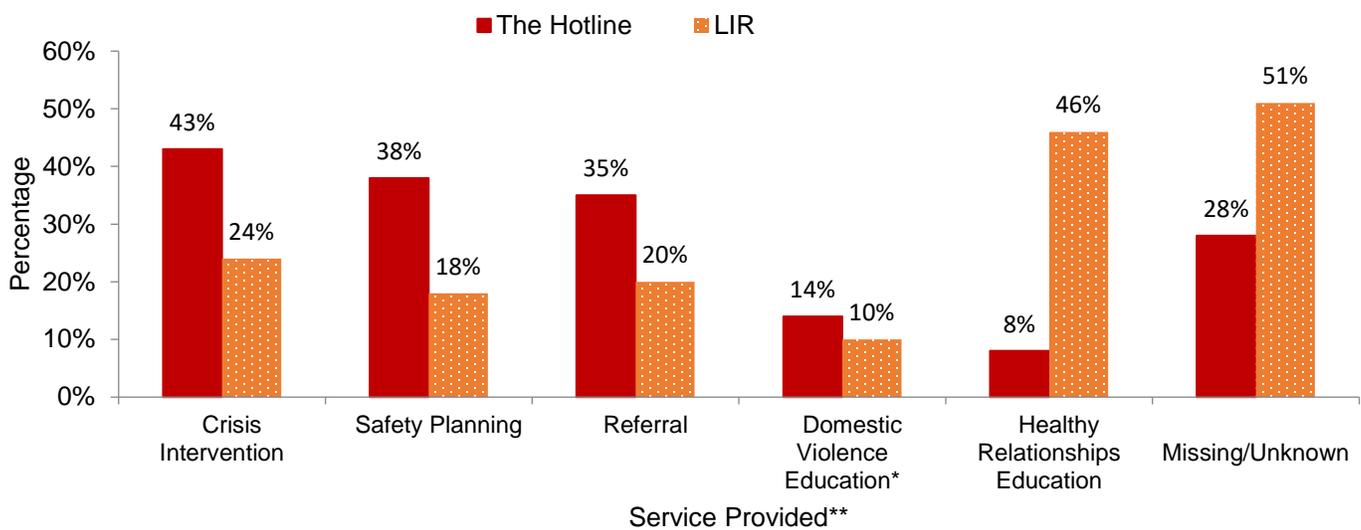
<sup>4</sup> Data has been categorized into topic areas

### Research Question 1. What services and resources do The Hotline and LIR provide to contactors?

#### Types of Services Provided to Contactors: ACA Data

The ACA database captures the types of services provided by the advocates, as reported by the advocates themselves after each interaction, and includes five different types of services defined by The Hotline and LIR crisis intervention model (see Appendix A for The Hotline Crisis Intervention Model). These services include: 1) crisis intervention (i.e., the first two stages of the crisis intervention model) 2) safety planning; 3) referrals to either resources or service providers; 4) education on the dynamics of domestic violence; and 5) education on healthy relationships.

Figure 5: Services provided by The Hotline and LIR



\*Only included in data before midnight April 15, 2015

\*\*Response categories are not mutually exclusive and therefore do not sum to 100%

Figure 5 illustrates the percentage of each of these types of services provided by The Hotline and LIR in the 24-month period from January 2014 to December 2015. The two most frequently provided services to The Hotline contactors were crisis intervention and safety planning with 43% receiving crisis intervention services and 38% receiving safety planning guidance. The Hotline advocates also commonly provided referrals (i.e., services, shelters, etc.); nearly 35% of contactors received some type of resource or service provider referral during their interaction. Advocates provided resource referrals (i.e., books, reports, factsheets, etc.) to 13.8% of contactors and service provider referrals to 25% of contactors (Table 3). Contactors did not receive education about domestic violence and healthy relationships as often as the other services; only 13.6% received domestic violence education and 7.9% received healthy relationship education.

**Table 3.** Referrals provided by The Hotline and LIR

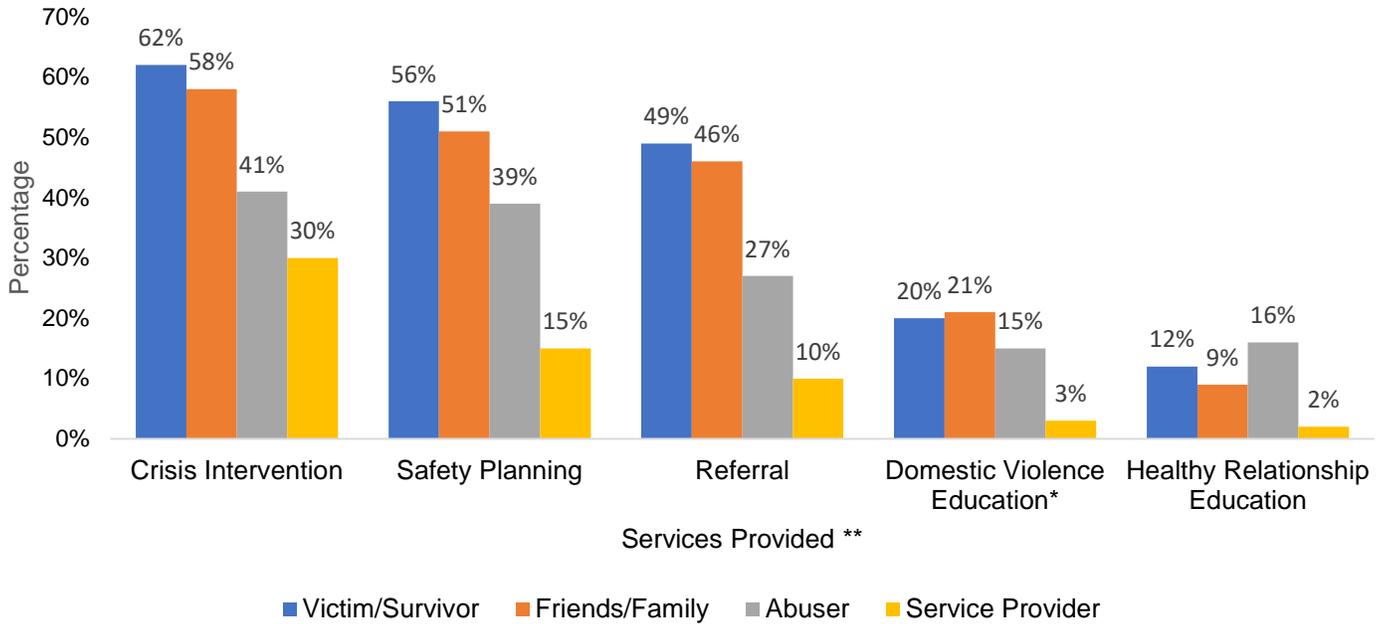
Contactor Characteristic	The Hotline		LIR	
	N	(%)	N	(%)
<b>Total Contacts</b>	426,357	100.0	77,263	100.0
<b>Resource Referrals</b>				
None	367,329	86.2	51,624	66.8
1-2	52,485	12.3	22,406	29.0
3-4	5,511	1.3	2,946	3.8
5-9	966	0.2	279	0.4
10+	66	0.0	8	0.0
<b>Provider Referrals</b>				
None	320,313	75.1	73,081	94.6
1-2	91,698	21.5	3,557	4.6
3-4	11,863	2.8	594	0.8
5-9	2,371	0.6	30	0.0
10+	112	0.0	1	0.0

In contrast, the most common service provided to LIR contactors was education about the dynamics of relationships; over half of contactors received this type of service. Most of these contactors received information about healthy relationships (46.5%), while a much smaller percentage (10.3%) received education about domestic violence. LIR advocates also commonly provided referrals to LIR contactors, with approximately 20% of contactors getting this service. One third of LIR contactors were provided resource referrals while only 5.4% received a referral to a service provider (*Table 3*). LIR contactors also received important crisis intervention and safety planning services, but not as frequently as The Hotline contactors. A quarter of LIR contactors received crisis intervention and only 18% received safety-planning guidance.

These differences between frequency of services provided by The Hotline and LIR suggest that The Hotline contactors may be more aware that their situation is abusive, which requires crisis intervention and safety planning. LIR contactors, on the other hand, more commonly receive information and education about healthy and abusive relationships rather than crisis intervention, suggesting their needs center on understanding the difference between a healthy and an abusive situation rather than obtaining interventions from abuse.

### Services Provided to Contactors by Type of Contactor

Crisis intervention and safety planning are the most common services provided to each type of contactor (*Figure 6*). Among victims/survivors who contact The Hotline/LIR, 62.4% were provided crisis intervention services and 55.6% were provided safety planning guidance. For family and friends contacting The Hotline/LIR, these services were similarly high with 57.5% of family/friend contactors receiving crisis intervention and 51% receiving safety planning.

**Figure 6: Services provided by type of Contactor**

\*Only included in data before midnight April 15, 2015

\*\*Data on services provided are for The Hotline and LIR combined. Response categories are not mutually exclusive and therefore do not sum to 100%

Advocates also provided referrals to nearly half of all contactors for both categories (48.9% of victim/survivors and 45.8% of family/friends). Referrals to service providers were more common than resource referrals for both groups (35.1% vs. 20.1%, respectively, for victims/survivors and 28.5% vs. 22%, respectively, for family/friends) (see *Table 4*).

The most common services provided to abusers were crisis intervention (41.1%) and safety planning (38.9%). In addition, advocates provided information and education about healthy relationships to a higher percentage of abusers than to any other group (15.6%). A substantially smaller percentage of abusers (27.4%) received referrals than did victims/survivors and family/friends. Advocates provided referrals to resources to 19% of abusers and referrals to service providers to 33.6% of abusers.

**Table 4. Services provided by type of contactor**

Contact Characteristic	Victims/Survivors N=243,309		Family/Friends N=49,337		Abusers N=6827		Service Providers N=9072	
	N	(%)	N	(%)	N	(%)	N	(%)
<b>Resource Referrals</b>								
None	194,417	79.9	38,438	77.9	5,550	81.3	7,857	86.6
1-2	42,481	17.5	9,781	19.8	1,125	16.5	1,146	12.6
3-4	5,436	2.2	945	1.9	141	2.1	59	0.7
5-9	912	0.4	164	0.3	11	0.2	10	0.1
10+	63	0	9	0	0	0	0	0
<b>Provider Referrals</b>								
None	158,024	65.0	35,283	71.5	4,529	66.3	6,621	73
1-2	73,348	30.2	12,434	25.2	1,927	28.2	1,884	20.8
3-4	9,860	4.1	1,423	2.9	336	4.9	437	4.8
5-9	1,989	0.8	189	0.4	34	0.5	117	1.3
10+	88	0	8	0	1	0	13	0.1

**Research Question 2. Do contactors receive the information and assistance they need and/or seek?**

To determine whether contactors receive the information and assistance they need and/or seek, we examined advocates' interactions with online chatters and callers using two sources of data: 1) online chat transcripts to assess how online chatter needs aligned with the services advocates provided, and 2) data collected through our observation and assessment of over 500 telephone calls to The Hotline and LIR to determine how caller needs aligned with the services advocates provided. The combined analysis provides a comprehensive examination of the support services offered by The Hotline and LIR, offers a look at how The Hotline and LIR are used, and demonstrates how they differ in terms of services and resources offered. The analysis also examines the services offered to different types of contactors, providing additional information on how different subgroups use The Hotline and LIR. Taken together, The Hotline and LIR can use these data to identify gaps in services and to target areas for improvement.

**Online Chatter Needs and Services Provided**

This analysis contextualizes the topics and information discussed during online chat interactions on both The Hotline's and LIR's online chat lines. It assesses how online chatters' needs aligned with the services that advocates provided.

**Online Chatter Attributes**

As *Table 5* illustrates, the ages and types of online chatters vary significantly between The Hotline and LIR. LIR attracts younger online chatters, with over two-fifths identified as being in the 18- 24 age category and almost another 30% under the age of 18. Conversely, only one third of online chatters who sought support through The Hotline were under the age of 25, while the majority of online chatters (55%) identified as being between ages 25 and 54.

We identified online chatter "type" based on an online chat's content. Analysis of the chat content demonstrate that younger online chatters (less than 25 years of age) were more likely to seek relationship advice (categorized as "healthy relationship inquirer"), while older (over the age of 25 years) online chatters were more likely to inquire about assistance with an abusive relationship. Thirty-eight (38%) of LIR online chatters were healthy relationship inquirers, compared to just 2% of those with The Hotline. In addition, we found that twice as many people who chatted online with The Hotline compared to those who chatted online with LIR identified as victims/survivors of abuse. Additionally, The Hotline online chatters were three times more likely than LIR online chatters to be a family member or friend of an abuse victim. Very few online chatters were abusers (<2%) or service providers (< 1%).

Online chatters with both The Hotline and LIR were mostly female, though a higher proportion of males chatted with LIR than The Hotline (20% vs. 12%). Contactors' crisis levels (as documented by advocates) also varied by online chatter age and hotline: LIR online chatters were less likely to be in moderate or extreme crisis than those who spoke with The Hotline (40% vs. 65%).

Finally, the proportion of online chats that disconnected before the online chatters disclosed any information about their needs or situations was comparable between The Hotline and LIR, at just below 20%. These online chats have not been included in the remainder of this analysis that provide statistics about chatter need and advocate provision of services.

**Table 5. Characteristics of Online Chatters to The Hotline and LIR**

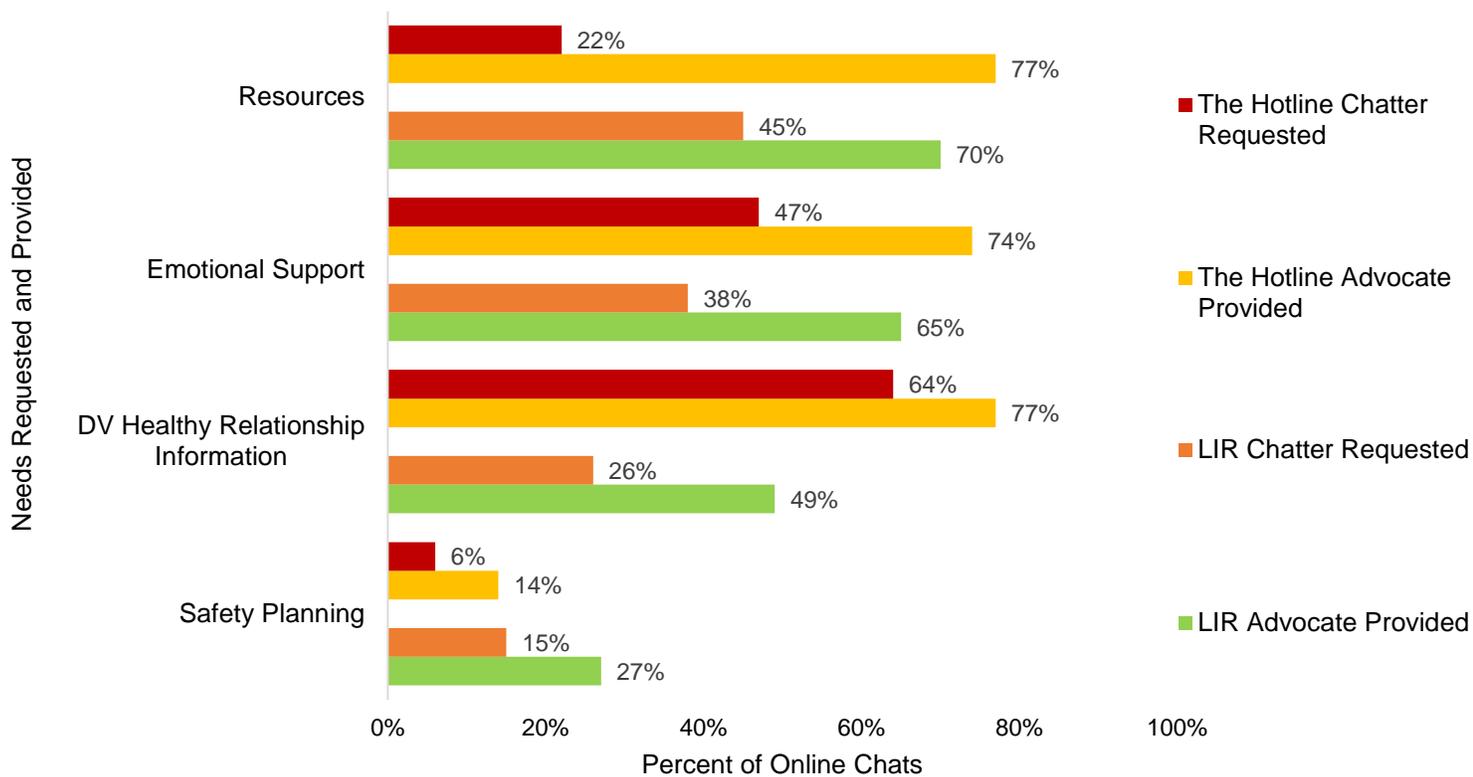
		<b>The Hotline</b> (n=502)	<b>LIR</b> (n=608)	<b>Both</b> (n=1110)
<b>Age</b>	13-17	7%	28%	19%
	18-24	25%	41%	34%
	25-54	55%	21%	36%
	55+	3%	0%	1%
	Unknown	10%	10%	10%
<b>Gender</b>	Female	81%	71%	76%
	Male	12%	20%	16%
	Other	0%	1%	1%
	Unknown	7%	8%	7%
<b>Online Chatter Type</b>	Victim Survivor	59%	29%	43%
	Abuser	1%	2%	1%
	Family/Friend of Victim	12%	4%	7%
	Service Provider	1%	0%	1%
	Healthy Relationship Inquirer	2%	38%	22%
	Inquirer other types of abuse*	4%	1%	2%
	Not Applicable	3%	7%	5%
	Sudden Disconnects, Unknown	18%	19%	18%
<b>Crisis Level</b> (Advocate report)	Not a crisis (level 1)	19%	41%	31%
	Moderate crisis (levels 2-4)	56%	36%	45%
	Extreme crisis (level 5)	9%	4%	6%
	N/A or Unassigned	16%	19%	18%

### Online Chatter Needs and Advocate Services Provided

Our analysis of online chat transcripts yielded four general types of needs identified by online chatters: 1) resources, 2) emotional support, 3) DV/healthy relationship information, and 4) safety planning. Within each of these general categories, we identified illustrative quotes that we present below. Online chat excerpts are presented in their original form and usernames have been removed to protect online chatter privacy.

As seen in *Figure 7* below, online chatters usually did not request resources outright. However, advocates could typically identify someone's needs or determine relevant resources, and they did not hesitate to make recommendations without being asked. When online chatters were in distress, advocates proactively provided services, even when not explicitly requested. Advocates paid close attention to the issues raised, the questions asked, and even the language and words that online chatters used. We saw this trend among all four types of online chatter needs.

Figure 7. Needs requested by online chatters and services provided by advocates at The Hotline and LIR



### Resources

We identified various types of resources, including both informational resources (e.g., websites, books) and services (e.g., community shelters, other hotlines) that advocates and chatters discussed.

- *Healthy relationship or breakup resources* included resources about breaking up and moving on from an abusive or a bad/unhealthy relationship, “fixing” or improving unhealthy relationships, and whether or not a relationship can or should be saved.
- *Resources to address basic needs* included resources that help keep a chatter safe and functional on a daily basis, including food, housing, transportation, and financial/employment information.
- *Legal resources* included information about laws, legal rights, documentation and reporting abuse, custody information, etc.
- *Mental health referrals* included referrals to individual & group counseling, peer to peer counseling, support groups, and information on emotional/mental self-care and coping strategies.
- *Resources on abusive relationships* included resources about signs of abuse, definitions for types of abuse, how to determine whether a relationship is abusive, and whether abusers can change.
- *Resources on how to help a family member or friend* included information about how to provide assistance to a family member or friend who is in an abusive relationship.
- *Other resources* included parent & child services, medical services, drug addiction information, suicide information and hotlines, and information targeted to the needs of special populations such as youth & teens, LGBTQ, and runaways.

As seen in Figure 8 below, chatters in general did not explicitly request concrete resources very frequently (33% overall, data not shown); for example, only 10% of chatters made the most common type of resource request, which was for healthy relationship and/or break-up information. However, advocates were typically able to identify the particular needs or resources that would be helpful to chatters based on their described situation or problems, and would recommend them without the chatters’ explicit requests. For example:

**Advocate:** *His behavior sounds really controlling and scary. Even though you have been with him for a long time, you still have a right to leave and you have the right to build the better life that you want. One option to help you leave safely would be going to a domestic violence shelter. There are addresses are kept confidential and they usually have security. Would that be something you are open to doing?*

**Anonymous:** *yeah*

- LIR chat

Typically, online chatters responded positively to such recommendations, although some online chatters were more resistant, and a few were strongly opposed to them. In these cases, the advocates validated the online chatters' feelings and reasons for not wanting to seek support and services, and tried to help the online chatters find other ways to address their concerns.

**Advocate:** *It sounds like you may benefit from speaking with a counselor. After being in an abusive relationship for so long, it can take time to rebuild your confidence again, especially when he had been saying these things to you. None of this is your fault, despite anything he says or has said to you in the past. Would you be interested in speaking with a counselor or a support group about what you've been going through?*

**Anonymous:** *Maybe, I've been considering going to the Women's Center at my campus*

**Advocate:** *That sounds like a good idea. If you needed additional resources in your area, I could look some up for you.*

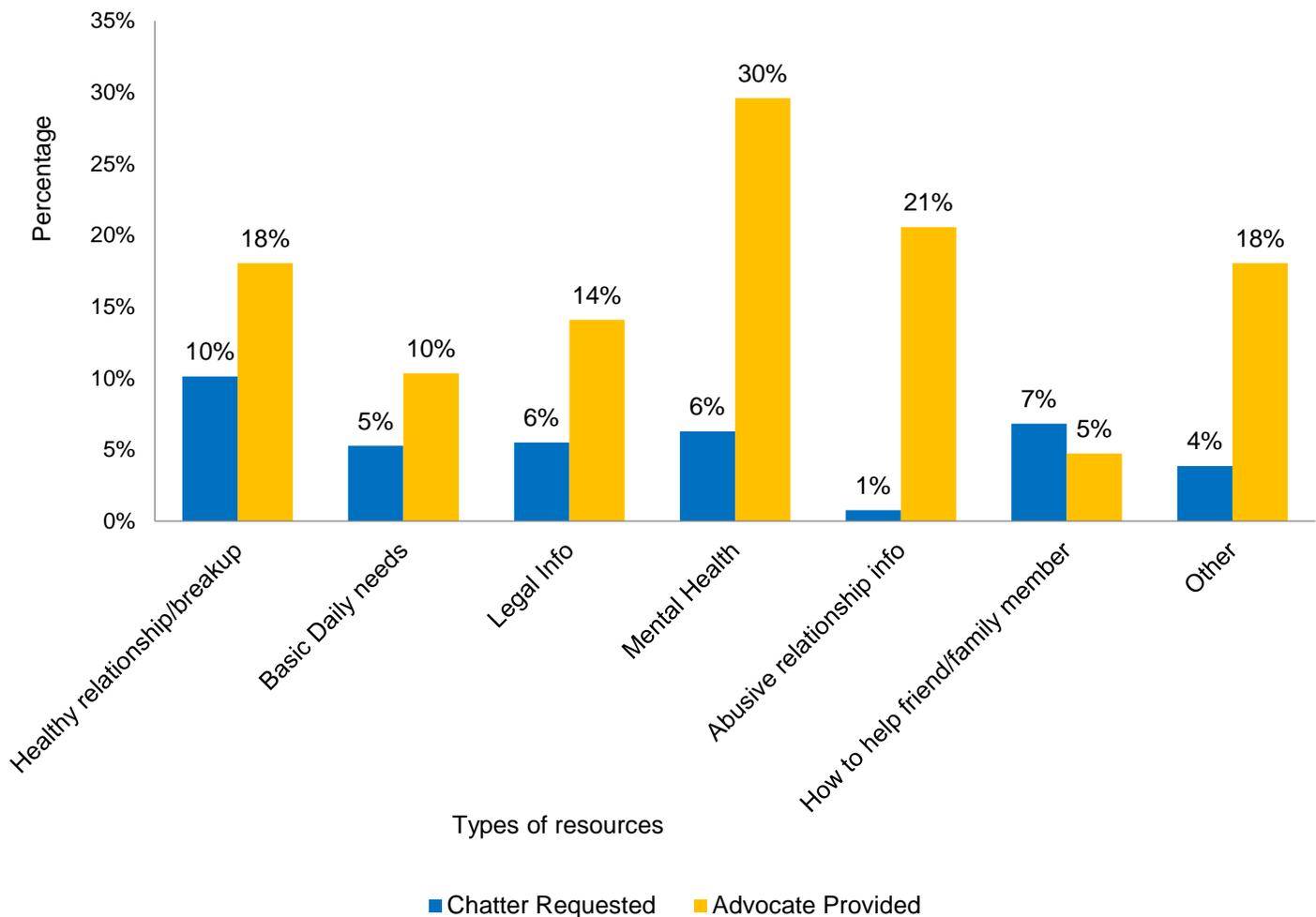
- LIR chat

**Advocate:** *Would you be open to talking to a counselor about this?*

**Anonymous:** *No. I would be so embarrassed to let anyone know my son treated me that way. He's my only son. I think I would rather talk to him and tell him how I feel, that sometimes he frightens me and sometimes his words can cut like a knife*

**Advocate:** *That's totally understandable. You definitely have the option to talk to him about how his hurtful words are affecting you*

- The Hotline chat

**Figure 8: Types of resources requested/needed by a chatter and service provided by an advocate (all chatters (N = 909))**

### Emotional Support

Overall about half of all LIR and The Hotline chatters, both victims/survivors and healthy relationship inquirers alike, expressed the need for emotional support at some point during the conversation, as shown in *Figure 9*. Emotional support appeared to be the primary service they were seeking from LIR. Based on our assessment of the content of coded chats, LIR chatters often did not have a specific request or need when they contacted The Hotline and instead wanted to “process” their situation with an advocate. We coded chatters as needing emotional support when (a) we perceived chatters to be venting; (b) chatters explicitly expressed feelings of depression, confusion, anxiety, pain, isolation, shock, or other similarly negative emotions; and (c) chatters explicitly or implicitly expressed needing someone to confide in. For example:

**Anonymous:** my husband controls all the money. He will not give me any money. If I need something I have to ask him to pay for it

**Anonymous:** he will not even give me change

**Anonymous:** he controls all the credit cards and accounts

**Anonymous:** he will not give me the keys to the car

**Anonymous:** if he comes home i will have to get off right away

**Anonymous:** are you there?

- The Hotline chat

**Anonymous:** i'm not sure what im really here for. im just really isolated in this.

- LIR chat

**Anonymous:** *yes i just ended a very bad relationship and for some reason am feeling terrible about it*

- LIR chat

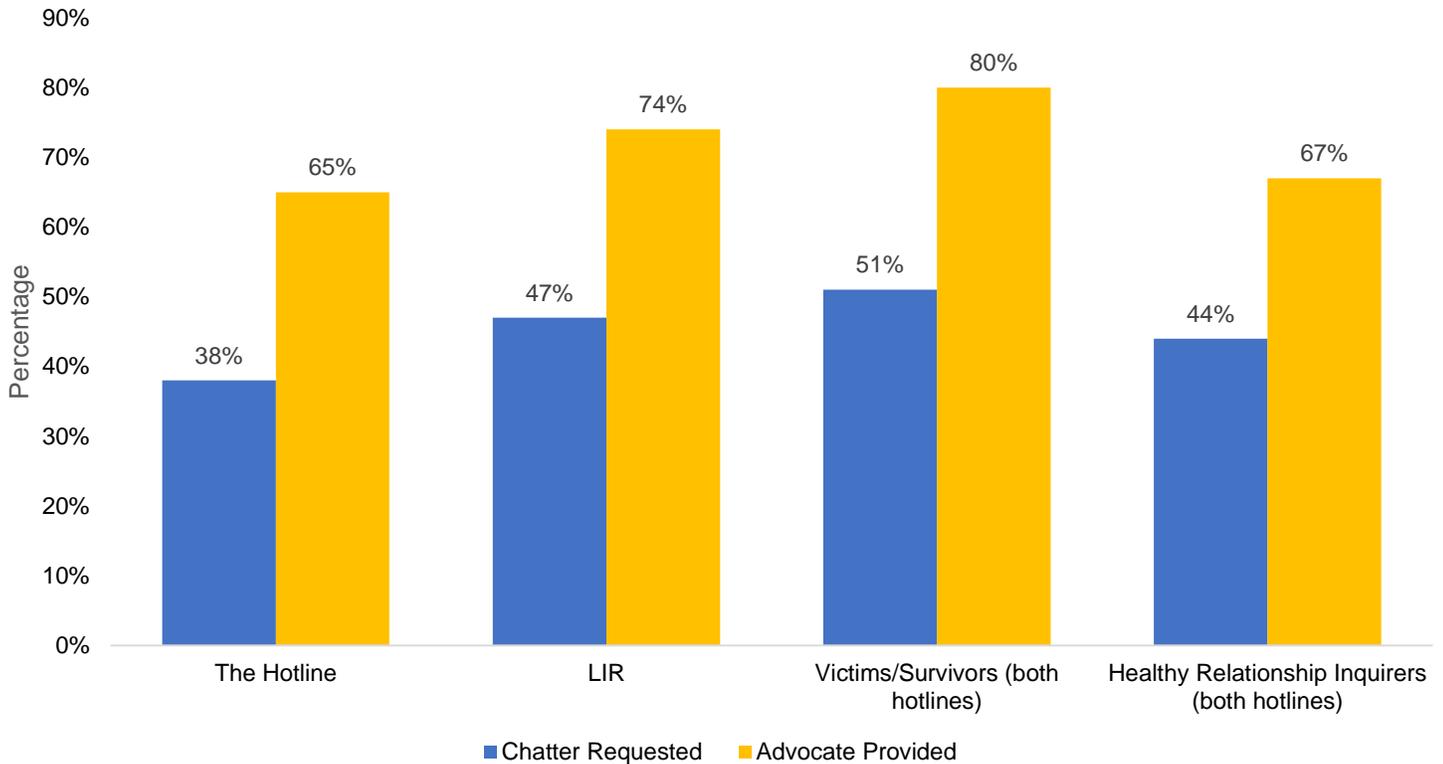
**Anonymous:** *I just need someone to talk to ..*

- LIR chat

**Anonymous:** *wow setting here typing all this makes me think how awful all this sounds..ive never talked to anyone about this stuff..i just hold it all in*

- LIR chat

**Figure 9.** Emotional support requested/needed by the chatter and service provided by an advocate



Advocates provided emotional support in over two thirds of the chats that we analyzed. Generally, with chatters who were going through difficulties – whether abusive or non-abusive – advocates provided emotional support all throughout the chat by (a) validating and sympathizing with chatters’ experiences and feelings; (b) allowing chatters to vent and talk about their experiences while letting them know that someone is listening; and (c) motivating and validating chatters’ decisions to pursue steps to remedy their situations. For example:

**Advocate:** *You have every right to feel sad, overwhelmed, angry, hurt, confused - many people even have times where they miss their partner, while knowing that they want to be safe and that they deserve goodness in their lives that was not such a possibility before. It can be hard to feel good about what you would consider a blessing, when you've already been through so much pain.*

-LIR chat

**Advocate:** *I'm so sorry that your husband treated you in such traumatizing, scary, and abusive ways. You deserve to always have kindness and respect in all relationships and areas of your life. It sounds like you faced incredible danger to have left, and that must have taken a lot of courage and strength. I'm really glad that you're reaching out for support right now, and we can also definitely talk about any safety concerns you have.*

-The Hotline chat

**Anonymous:** *I don't know why I can't let go.*

**Anonymous:** *I have to.*

**Anonymous:** *It hurts but I have to.*

**Anonymous:** *It is bad.*

**Advocate:** *I understand not wanting to keep going through it. You deserve to be in a relationship where you are safe, trusted and respected.*

**Anonymous:** *It's very bad.*

**Anonymous:** *I know he's sorry but I can't stay and have it continue.*

**Advocate:** *It sounds like a really hurtful situation, and I'm so sorry that you are hurting. It's really difficult to make the decision to leave and only you can decide what's best for you. It sounds like you are so strong and courageous for even reaching out today. I'm here to support you and help you develop safety plan in whatever decision you make.*

-The Hotline chat

Interestingly, among victims and survivors, emotional support was more often requested by and provided to LIR chatters. This pattern is in line with our findings that victims/survivors of abuse seeking support from advocates through LIR (as compared to The Hotline) are younger, less likely to be aware that they are in an abusive relationship, and less likely to be in long-term, physically violent abusive relationships or abusive relationships with immediate or dire consequences. LIR chatters who were only beginning to recognize that they are being abused often needed emotional support. Conversely, The Hotline chatters were often aware of their situations and what they needed to do; they were more often in a greater level of crisis or danger, the tone of the chats were much more urgent, and they were more often seeking concrete solutions rather than merely emotional support.

#### Healthy Relationship and Abusive Relationship Information

Figure 10 summarizes the percentages of chatters for which relationship information was needed or provided. About one-quarter of The Hotline chatters requested relationship information compared to 64% of LIR chatters. Advocates provided relationship information to nearly half of The Hotline chatters and over three-quarters of LIR chatters. Overall, three-quarters of chatters identified as victims/survivors received relationship information. However nearly two times as many chatters were provided relationship information from the advocate. Overall, of those requesting relationship information, three-quarters of The Hotline chatters wanted information about abusive relationships compared to 27% of LIR chatters requesting relationship information (data not shown). Chatters that we determined were requesting abusive relationship information consisted mainly of those who (a) recognized unhealthy behaviors in their relationship but were not sure whether it was abusive, or (b) were in abusive relationships but did not know what to do. For example:

**Anonymous:** *I dont know if im in an abusive relationship or if we're just fighting too much*

- The Hotline chat

**Anonymous:** *I just wondering is it abuse if I try to leave someone and they tell me "you'll never find anybody better, you will be nothing without me"?*

- LIR chat

**Anonymous:** *Just worried of what I should do my partner shows signs of aggression and anger and has hurt me physically*

- The Hotline chat

**Anonymous:** *I'm in an emotionally abusive relationship and I want to break things off but I'm scared of doing it. I don't know how he'll react to me leaving*

- LIR chat

Chatters also inquired about specific aspects of abuse, for example:

**Anonymous:** *I am currently 5 months pregnant and in a very controlling relationship. I'm worried about exposing*

*my child to domestic violence and an unstable environment.*

*- The Hotline chat*

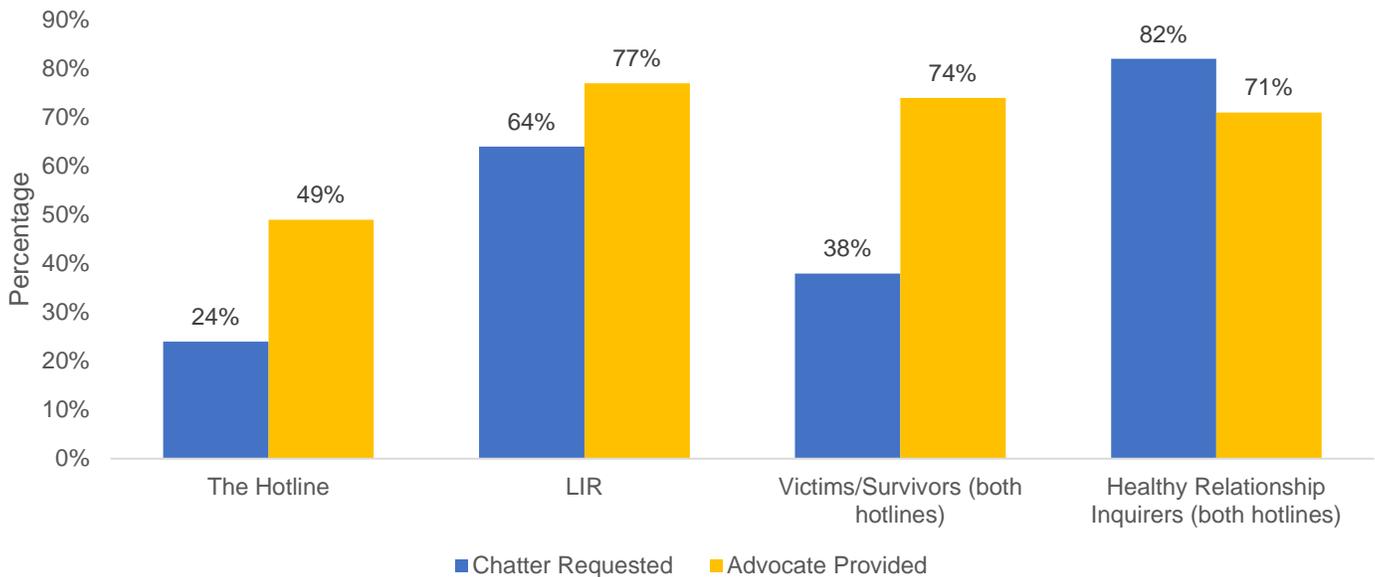
***Anonymous:*** *So, just part of her childhood programming? She has always said that she gets her anger issues from her father...*

*- The Hotline chat*

***Anonymous:*** *I'm in a relationship and a few months ago my bf choked me and headbutt me. We were both intoxicated and I hit him back. I kept putting it to the back of my mind not wanting to think about the incidence but I just realized that this is something he's done before.*

***Anonymous:*** *We all would like to think that our partner can change, but what does it take ?*

*- The Hotline chat*

**Figure 10.** Relationship Information requested/needed by the chatter and service provided by an advocate

Chatters whom we identified as needing healthy relationship information primarily included (a) chatters who were interested in potentially starting a relationship; (b) chatters who were in unhealthy or unfulfilling relationships which they wished to improve or end; (c) chatters who were insecure about their relationships; and (d) chatters struggling with break-ups or with relationships which were non-exclusive or not clearly defined. Over 60% LIR chatters wanting relationship information requested information about healthy relationships. For example:

**Anonymous:** Okay so this girl I like, never talked to her before, but think she knows. How should I approach her, knowing that she is talking to someone else?

-LIR chat

**Anonymous:** i need help with being a little more romantic in my relationship.... he is, but im not and i dont know how to but i do want to

**Anonymous:** and well can you help me know what a healthy relationship consists of then cuz i want to stay with him....

-LIR chat

**Anonymous:** I want space from my boyfriend

**Anonymous:** How do I tell him?

-LIR chat

**Anonymous:** So every guy likes my gf even at her work there are guys who flirt with her. She doesnt flirt back and shes loyal to me, but the only problem is that this brings out my insecurities high and I get very jealous but i know i shouldnt :/

**Anonymous:** How do i coop with it? I really dont want to lose her over my stupid insecurities and being jealous for no reason

-LIR chat

**Anonymous:** I was with this guy for three years we broke up in September i try move on seems like I can't I love him and no matter how hard I try their no convince him

-LIR chat

It is also worth noting that among chatters identified as victims/survivors of abuse, those who requested healthy relationship information were typically those who had not yet recognized that they were in an abusive relationship at the time of initiating the chat; this was much more common among LIR victim/survivors (approximately 10%) compared to The Hotline victim/survivors (approximately 3%; data not shown). Conversely, healthy relationship inquirers in non-abusive relationships rarely requested or received information/resources on abusive relationships.

Our analysis shows that far more chatters received abusive relationship information than requested it. This is largely because advocates provided additional abusive relationship information as a way to support and validate victims' experiences, as discussed previously. For example:

**Anonymous:** *she has admitted to me that she screams like that so people know that I am wronging her, like it is a cry for help. but I am not hitting her or verbally abusing her*

**Anonymous:** *her dad is the same way, always acting like someone is abusing him and bullying him, it is like a complex*

**Advocate:** *Those all sound like methods of emotional abuse. Abusive partners will often blame their partners for their actions, make them feel as if this is something they deserved. They will rarely take responsibility for their actions. They will often make promises of change or say they plan to seek help, but that can just be another tool of manipulation, a way to keep their partner in the relationship. They will more than likely go back to the way things were before. You are not to blame for this, nothing you could do could make you deserve this treatment.*

- The Hotline chat

**Anonymous:** *I meant to say they have me believing his behavior is my fault.*

**Advocate:** *I understand -- that is a very, very common tactic of abusive partners, and it is called gaslighting. This resource may be helpful in explaining further what gaslighting is. Basically, it is emotional abuse that causes the victim to question themselves and wonder if they are going crazy.*

**Anonymous:** *I looked at the power of control wheel already an I tried to show my mother an all she says is I read too much into stuff or that I'm looking for attention.*

**Advocate:** *I'm really sorry to hear that your mother is not being supportive of you in this situation. Do you have any other support systems you could reach out to? Who else knows about what has been going on in your relationship?*

- LIR chat

In many instances, even when the online chatters recognized that they were being abused, advocates still provided informational resources on abusive relationships as a way to help support and validate the online chatters' experiences and emotions. Particularly when online chatters expressed any sign of guilt, doubt, or uncertainty during the conversation, advocates provided these types of resources to reaffirm that the online chatters were being abused and that it is not in any way their fault.

**Anonymous:** *I am a victim and the most recent abuse was last march but I am nowhere near healing and am looking for some resources to help me. It is my husband and he was arrested and he is in dv classes and parenting classes now. We are still together for the moment but are separating very soon to be able to work on ourselves individually. I just need some help coping and healing*

**Anonymous:** *I am just trying to not blame myself for it that's my first step. I keep having nightmares now. The nightmares were gone for a while but are back and I feel stuck reliving it over and over again*

**Advocate:** *How you are feeling right now is completely normal. Self-blame, having nightmares and experiencing flashbacks are among the effects of domestic violence. You are not alone in how you are feeling right now [...]*

-The Hotline chat

### Safety Planning

Providing safety information and safety planning in the chats pertains primarily to *physical* safety, but also includes discussions of and resources for *emotional* safety. Advocates discussed safety information and planning relatively frequently with victims/survivors but rarely with healthy relationship inquirers, who did not typically indicate that they were in any type of imminent danger. Subsequently, conversations about safety issues were much more prevalent through The Hotline, given the previously-discussed differences in the make-up of chatter types between The Hotline and LIR.

We identified chatters who needed/requested physical safety information and planning as those who explicitly asked for it, and those who expressed feeling “scared” or feeling “unsafe” in their situations. Below are examples of chatters who requested or demonstrated need for safety information and planning:

**Anonymous:** *he just came home from lunch and was looking for his cigarillos and hes blaming me...and he choked me again and he chokes me really hard like holds down in the middle of my throat idk how i survive it*  
-LIR chat

**Anonymous:** *I'm afraid that eventually I will die from staying there and enduring the abuse. Or leaving in an attempt to get away from it.*  
**Anonymous:** *He threatens me all the time saying he will punch me in the mouth or slit my throat. And its scary because he has hurt me many times before.*  
-The Hotline chat

**Anonymous:** *I want to leave my husband. I live with him and his family. We have a one and a half year old daughter. I want to go back to my parents house in [LOCATION]. right now i live in [LOCATION]. Im afraid he might accuse me of kidnapping and losing my daughter would be devastating. I feel trapped. I ve kept a diary of all the emotional abuse ever since I was pregnant and now. Ive tried leaving but i always try to work things out with him. I am depressed I dont know what to do, I dont have any family or friends nearby. Can he legally keep me in [LOCATION] because we have a child together? I would be all alone with my daughter. im a stay at home mother, i aint got no job but i have enough money in my bank account to buy some airplane tickets and leave.*  
-The Hotline chat

**Anonymous:** *just need to think about what to do im in a verbally abuse relationship he lives in my house he calls me horrible names everyday drink take methadone and smokes weed all day*  
-The Hotline chat

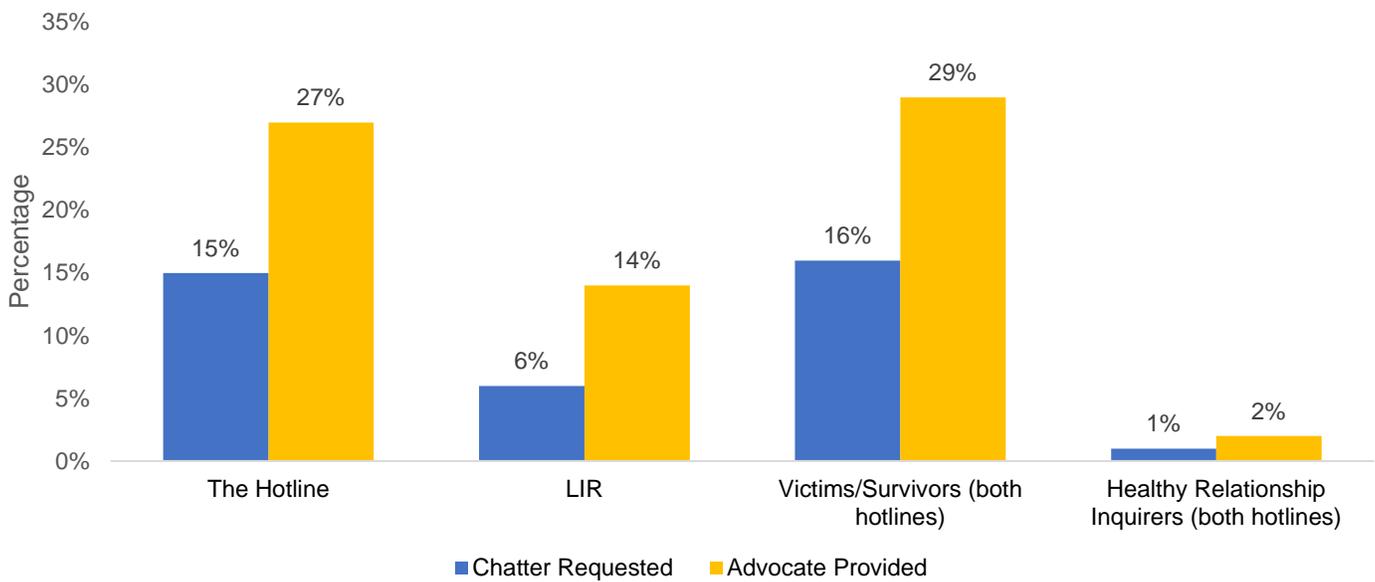
Advocates provided safety information and safety planning to twice as many chatters as who explicitly asked for it (see Figure 11) because they detected chatters’ risks even when chatters themselves may not. In such situations, advocates often expressed concern over chatters’ safety and explicitly raised the need to discuss safety issues with their chatters, often following up with resources and options to consider. For example:

**Advocate:** *I would definitely encourage you to talk more about this with the local programs, but that does make me very concerned for your safety and wellbeing and I would like to talk about doing some safety planning for just a moment if you're willing.*  
-LIR chat

**Advocate:** *Putting your safety and well-being as the top priority is always a good decision. Praying about it won't change anything about his behaviors because abuse is a decision that he is making. Instead, it might be helpful to pray for strength to get through this and talk to yourself really positively. You can even post notes around your space that say "You are strong!" and "You deserve respect!" Here is a link that has some tips on staying strong: <http://www.loveisrespect.org/staying-strong-after-break>*

**Advocate:** *I do want to highlight that leaving an abusive relationship can be a dangerous time because the abuser starts to recognize that they are losing control. To gain that back, they may try to manipulate you back into the relationship by saying that they're sorry or will change, or they may become physically violent and try to prevent you from leaving. It is important to know how to stay as safe as possible during this time. Here is a link that has some tips on staying safe when you're around an abusive person, when you're planning to leave them, when you're leaving, and after you've left: <http://www.thehotline.org/help/path-to-safety/>*

-The Hotline chat

**Figure 11.** Safety planning requested/needed by the chatter and provided by an advocate

The most commonly provided resources regarding physical danger were The Hotline and LIR webpages on living with an abuser, safety planning (with and without children involved), and the path to safely leaving an abuser. When chatters expressed concerns over barriers to leaving their abuser safely (e.g. having nowhere to go or no opportunities to leave), advocates took the time to help chatters devise a more creative plan to move forward. For example:

**Advocate:** *One thing that might be possible is reaching out to a local agency that helps out individuals in abusive relationships like this. What they can do is help provide you with safe shelter, emergency transportation (so meeting up at a place so that you don't have to drive to the agency with the tracking device), they can also help out with financial aid, help you get set up with a protective order if you were interested in that (where it would be against the law for him to call or be near you), and many other services.*

**Advocate:** *Do you feel like that might something you would be open to?*

**Anonymous:** *Well I don't know we have kids.*

**Anonymous:** *That's what makes this harder for me*

[...]

**Advocate:** *Many agencies that work with individuals in abusive relationships also work with kids as well. And I can see how that would make it more challenging for you to leave. No matter what, both you and your children deserve to have a healthy, loving, supportive, enriching, and safe living environment 100% of the time. That's everyone's basic right.*

[...]

**Anonymous:** *Yeah. But I can't go no where with my kids unless my boyfriend is with me and I am 6 months pregnant. I don't want to leave unless I have kids with me. He might hurt then as well*

**Advocate:** *I can understand your concerns, there's a lot of barriers that you're dealing with that's making this really hard. And if you're willing to stay with me with this problem solving, I think there might be something that we can do with some thinking outside of the box.*

**Advocate:** *Do you and your kids every all go together to the doctor to get check-ups? Or some sort of visit to a medical setting?*

**Anonymous:** *Yeah we my boyfriend goes with me but he stay in the car by himself while I go in with the kids.*

**Advocate:** *Oh, well that might be a good window that I would encourage you to use to reach out to an agency and get out of the relationship. If you go in with your kids, I would encourage you to talk to your doctor or a nurse about the situation and that you and your kids are in an abusive relationship and are trying to escape this dangerous situation. Also, I'd highly recommend expressing to them that your boyfriend is not allowed to be in the room with you. If you express to the staff you don't want him in the room with you when talking to a doctor or nurse, they*

*should respect that. Advocates at domestic violence agencies can meet you there at the doctor's place and escort you to their shelter and assist getting you and your kids to safety.*

**Advocate:** *Does that sound like something you would be open to doing?*

**Anonymous:** *Yea but the next appointment is not for another 2 months. What are there's agencies called. Is there something earlier. I can't last any longer.*

*[...]*

**Anonymous:** *And no my boyfriend know our kids are fine and he would probably get worried and think something.*

*[...]*

**Advocate:** *Let me think... if you happened to have to go to an ER for some sort of "medical emergency" would the two of you bring your children with you?*

*[etc...]*

*-The Hotline chat*

In a few cases where victims of abuse are in obvious *physical* danger at the time of the chat, advocates send over links to safety information and safety planning as soon as possible in case the chat is disconnected. For example:

**Anonymous:** *He threatened to kill my mom.*

**Advocate:** *That sounds very scary. I do want to go ahead and send this over in case we get disconnected for any reason about safety planning - <http://www.thehotline.org/help/path-to-safety/>*

*-The Hotline chat*

With regard to emotional safety, advocates emphasized the importance of self-care, providing necessary resources on emotional safety planning, moving on emotionally after abuse, as well as counseling from The Hotline and LIR websites. Additionally, they frequently provide self-care tips and coping strategies from both their own websites and from external pages such as *Scarleteen.com*, both to victims of abuse and chatters in unhealthy relationships.

## Caller Needs and Services Provided

Through observations and assessments of telephone calls we supplemented our analyses of the ACA data to examine how often The Hotline and LIR provided specific services. In addition, we collected data on the specific types of resource and provider referrals made by an advocate and whether advocates provided contact information or directly connected the contactor to a resource or provider. The observation and assessment of telephone calls also allowed the team to assess the provision of emotional support, an aspect of the Crisis Intervention Model that is not captured in the ACA database. According to experts in the field and staff at The Hotline, emotional support is a critical resource provided by The Hotline and LIR, and is integral to the Crisis Intervention Model used by the advocates (see call out box). The telephone observations provided the evaluation team with a unique opportunity to assess this component of The Hotline and LIR services. We examined whether advocates provided the following aspects of emotional support: 1) build trust and support; 2) listen actively during the call; and 3) show empathy.

Of the 504 calls monitored, 459 (91.1%) were to The Hotline and 31 (6.2%) were to LIR. Over half of the calls (n=272) were made by victims and survivors, 15% by family and friends (n=71) of victims/survivors, 3% by service providers (n=12) and 1% by abusers (n=6). Over 25% of monitored calls (n=143) were hang-ups, off-target-calls (a call that is not related to the mission of the Hotline to help and support victims and survivors of relationship violence) or wanted to be 'transferred to a manager' or 'Spanish speaking Advocate.'<sup>16</sup> Because the percentages of monitored calls from abusers and service providers were lower than typically received by The Hotline and LIR (based on rates from the ACA data), we conducted analyses by contactor type for victims/survivors and family/friends only. Moreover, given the small sample of LIR callers, we did not conduct separate analyses for The Hotline and LIR callers.

About 65% of callers were female, 16% were male, and 19% were not asked about their gender. Callers averaged 37 years old with a range of 14-72 years. Callers reported residing in various locations across the United States. Ten calls were in a language other than English. Some of these calls were conducted in Spanish and others were conducted in Russian via the language line. Over one-third of the callers were first time callers, 15.1% were repeat callers and 46.0% were not specified. Most callers heard about The Hotline or LIR online or through word-of-mouth.

Victims/survivors and family/friends were asked about the type of abuse experienced. *Table 6* presents the types of abuse as reported by the callers who were victims/survivors or family and friends only. Over half reported emotional abuse (58.0%). The next most-common form was physical and then, to a lesser extent, sexual and financial. The rates for emotional/verbal, physical, and digital abuse determined through the telephone call observations are lower than those found through analysis of the ACA data. The rates for sexual and economic/ financial abuse were similar to those found through analysis of the ACA data

**Table 6. Type of abuse experienced by survivors and family/friends during observed telephone calls\***

<sup>16</sup> The large percentage of hang-ups, off target, and "other" calls are included in the denominator of all distribution calculations, which skews the distributions of services presented so that they are lower than if we conducted analysis by type of caller only.

### Emotional Support

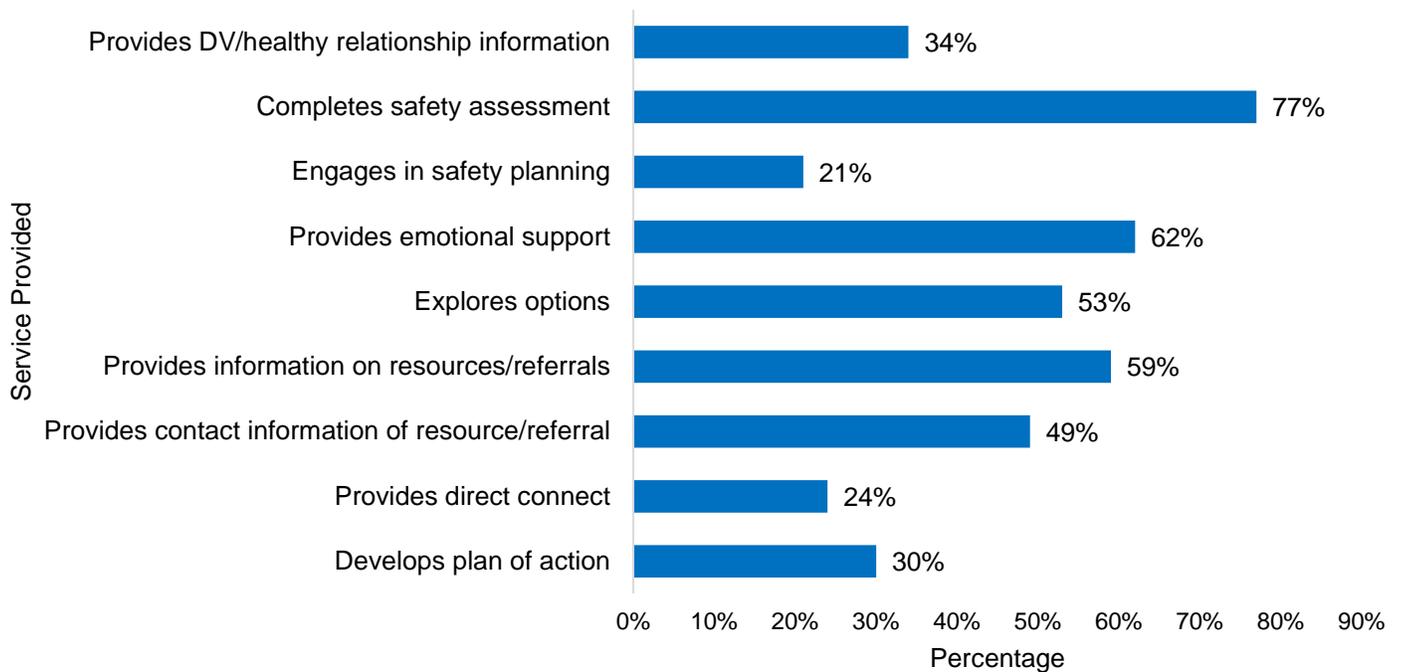
Emotional support is a key component in The Hotline's Crisis Intervention Model. In addition to providing information, resources, and referrals, advocates are trained to focus on callers' needs, emotions and experiences. Specifically, the Crisis Intervention Model and Guiding Principles training materials stress the importance of: building trust and rapport, active listening, and showing empathy and validating callers' needs.

Type of Abuse Experienced	Survivors & Friends/Family Callers (N=343)	
	N	%
Emotional/Verbal	199	58.0
Physical	156	45.5
Sexual	21	6.1
Economic/Financial	33	9.6
Threatening Legal Status	23	6.7
Digital	14	4.1
Unknown	58	16.9

\*Response categories are not mutually exclusive and therefore do not sum to 100%

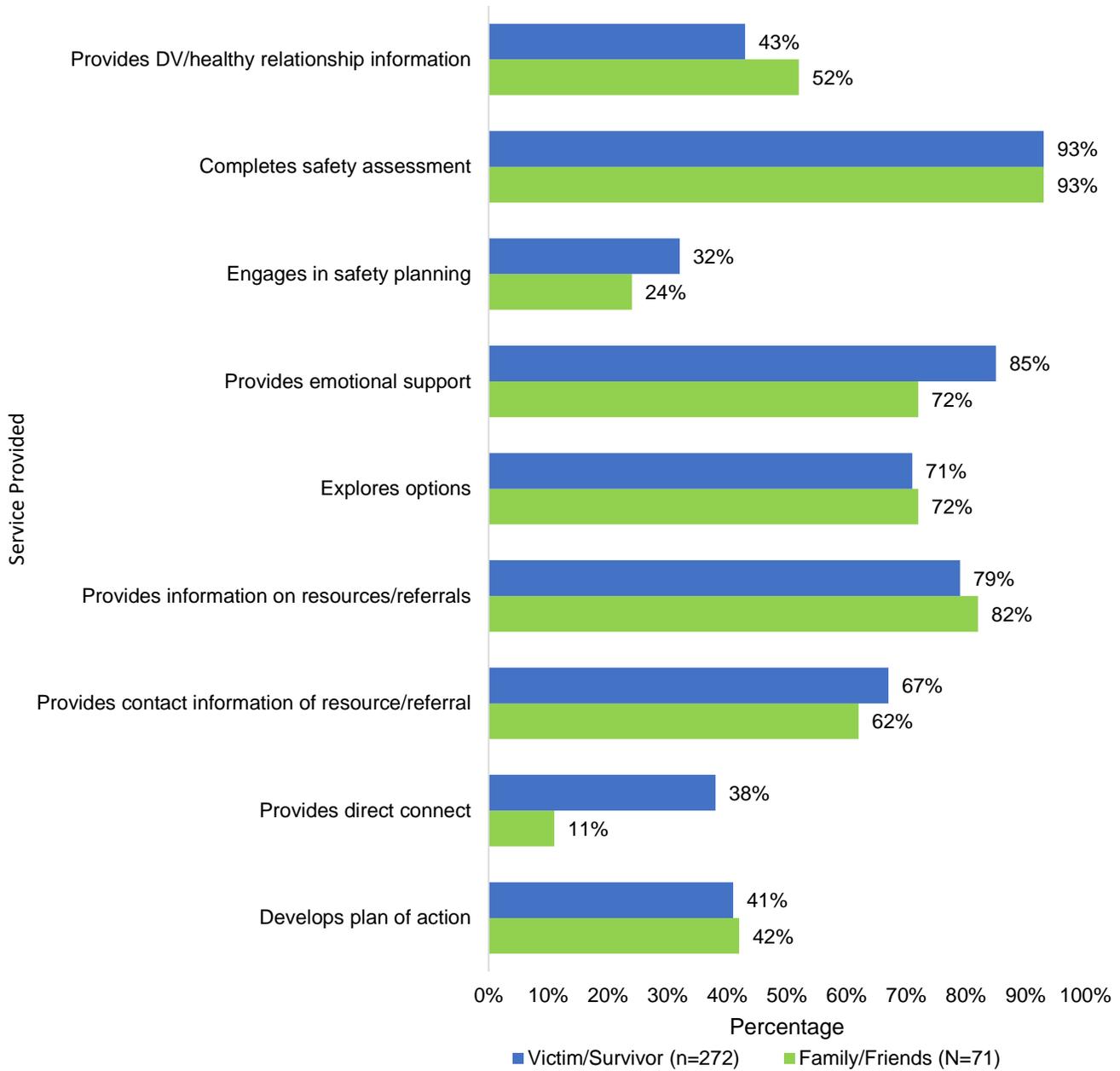
Figure 12 presents the frequency of services provided by advocates for both the Hotline and LIR combined and Figure 13 presents the frequency of services provided by advocates by caller type.

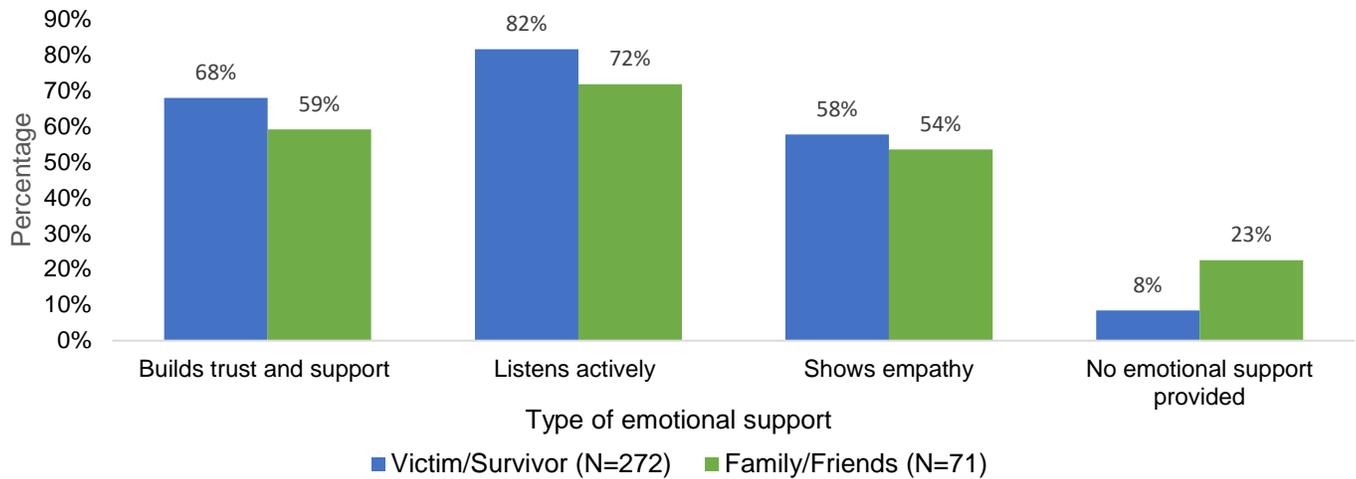
**Figure 12: Services provided by advocates during observed telephone calls (N=504)**



Emotional support is among the most common services provided by advocates during the observed calls (second only to a safety assessment); 62% of callers received some type of emotional support. Advocates were most likely to focus on active listening, which occurred in 60% of calls, followed by showing empathy to callers (43% of calls) and building trust and rapport (40% of calls). Advocates provided all three elements of emotional support in 39% of calls (data not shown). Emotional support was more frequently provided to victims/survivors (85%) than to family and friends (72%). Advocates most frequently provided active listening for both victim/survivors (82%) and family/friends (72%), but also spent time building trust (for 68% of victim/survivors and 59% of family friends) and showing empathy (for 58% of victim/survivors and 54% of family/friends) in the majority of calls to both groups of callers (see Figure 14).

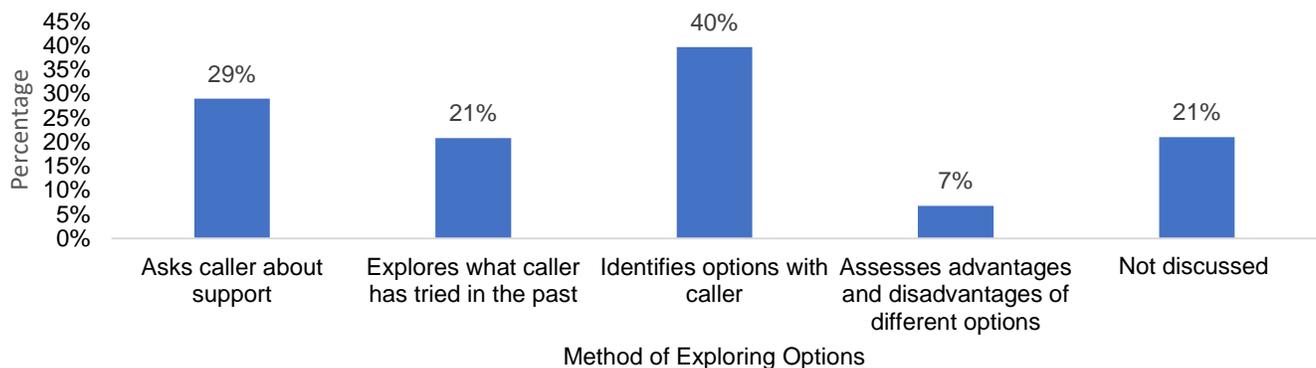
Figure 13. Services provided by advocates during observed telephone calls (n=343)



**Figure 14:** Emotional support provided by advocates during observed telephone calls (n=343)

These findings demonstrate that The Hotline and LIR provide substantial emotional support to callers, reinforcing the significance of this aspect of their role and the importance of measuring this service in formal evaluations.

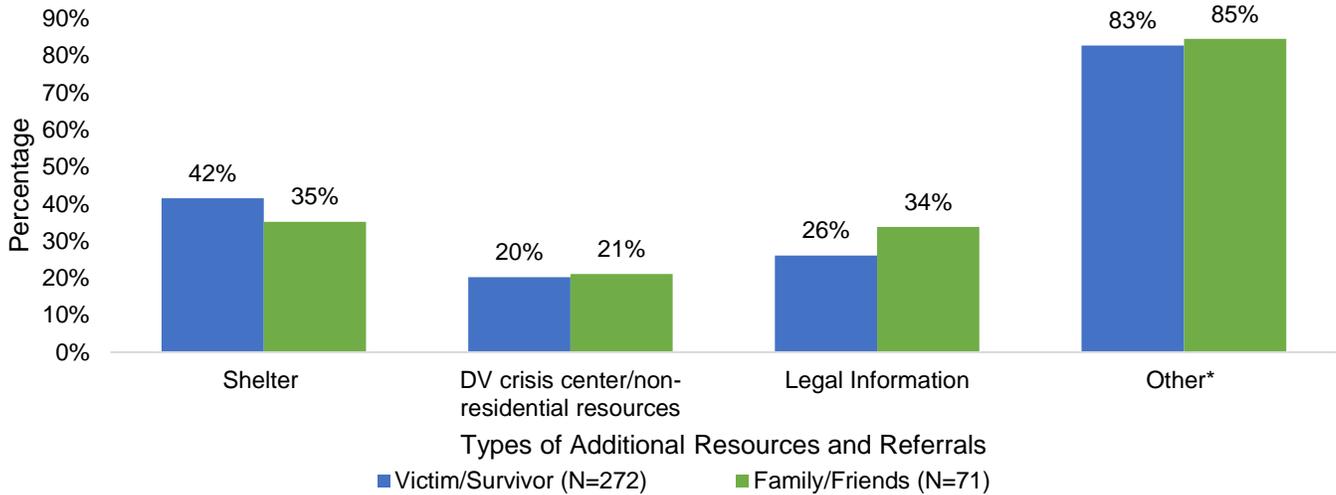
Safety assessments and safety planning are primary services provided by advocates during calls. Advocates conducted a safety assessment in over 75% of calls, most frequently by asking the question “Is it safe for you to talk?” Advocates conducted safety assessments equally as often for victims/survivors as for family and friends (93%), asking the caller “Is it safe for you to talk?” While only 21% of callers overall received safety planning, 32% of victims and survivors received safety planning. In over half of the calls advocates explored different options with the caller as dictated by the crisis intervention model (see Appendix A), including asking callers about their support system (29%), exploring what callers have done in the past (21%), identifying different options and resources the caller may not be aware of (40%), and assessing the advantages and disadvantages of different options (7%; see *Figure 15*). In 20% of the calls, advocates did not discuss different options or possibilities. In addition, advocates developed a plan of action with 30% of callers (see *Figure 12*) and this rate was nearly identical for both caller types (42% for family/friends compared to 41% for victim/survivors; see *Figure 13*).

**Figure 15:** Advocate explores possibilities and options with caller (N=504)

Advocates provided information about resources and referrals in the majority of calls monitored (59%; see *Figure 12*) at almost equal frequency to family/friends (82%) and to victims/survivors (79%; *Figure 13*). The most common resource referrals were for domestic violence/homeless shelters (24%), legal services (20%), and non-residential domestic violence crisis centers (15%; data not shown). In addition, 24% of callers received a direct connection to a referral. Victims/survivors were most likely to receive information about shelters (see *Figure 16*), with 42% of these callers getting this type of referral, followed by legal services (26%), and non-residential domestic violence resources (20%). Equal percentages of family and friend callers received information or referrals to shelters (35%) and legal services

(34%). Twenty-one percent of family/friends callers received information or referrals to non-residential domestic violence resources.

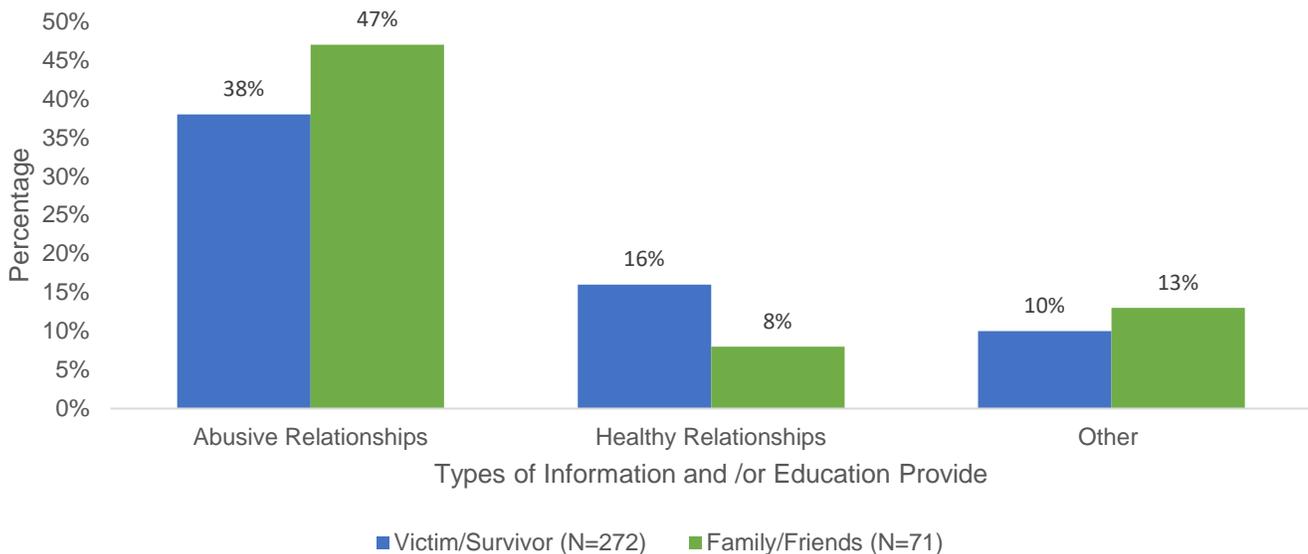
**Figure 16: Additional resources and referrals provided by advocates**



\* Other comprises 12 other types of resources/referrals. See Appendix A for complete list

Finally, advocates provided information and education about healthy relationships in 11% of the calls and about abusive relationships in 29% of calls (data not shown). Interestingly, the percentage of calls receiving information and education about abusive relationships was higher among family and friends (47%) than among victims and survivors (38%; see *Figure 17*). Conversely, victims/survivors were more likely to get information and education about healthy relationships (16%) than family and friends (8%).

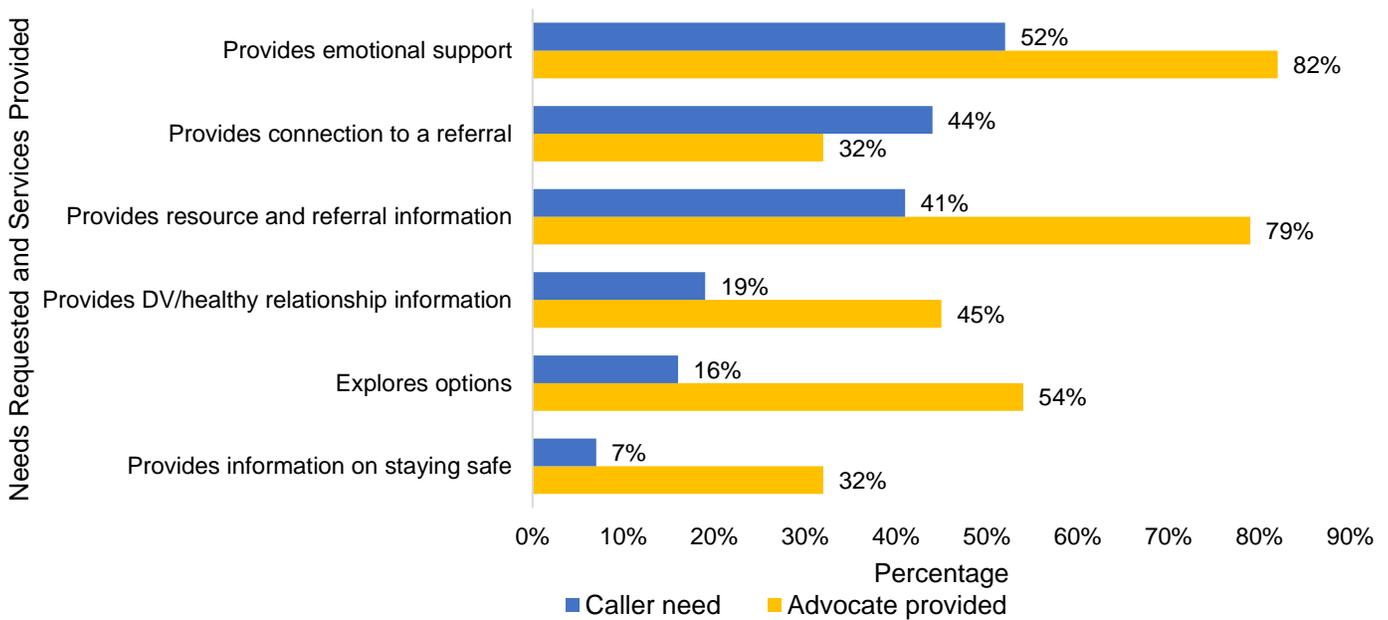
**Figure 17: Information and/or education about abusive and healthy relationships provided by advocate**



Similar to findings from our observations with interactions via chat, we found that advocates are providing services more often than the callers explicitly request. *Figure 18* summarizes the percentages of callers (victim/survivors and family/friends) for which services was needed or provided. For each of the services assessed within each caller interaction, caller requests for specific services were lower than what the advocate provided. Just over half of callers requested needing emotional support, however 82% of callers were provided emotional support. Advocates provided safety information to and explored options with over three times as many callers as who explicitly asked for these

services (see *Figure 18*) because as conversations ensued the advocates detected callers' risks even when callers themselves did not. The primary reasons for callers contacting The Hotline/LIR was for emotional support, to be connected to a referral, and for information about resources and referrals. While advocates provided emotional support and resource information significantly more than callers requested, advocates were less likely to provide a direct connection to a referral than callers requested. This finding is in line with the Crisis Intervention Model (see Appendix D). After assessment for imminent danger, the second step is for the advocate to focus on the caller's needs, emotions, and experiences. Through active listening, and exploring options and developing a plan of action with the caller, the advocate and the caller may determine the caller is not ready to access services and the caller may need to prepare themselves and their environments before accessing services such as a shelter.

**Figure 18:** Needs requested by caller and services provided by advocate (n=343)



### Research Question 3. Do contactors view the information and assistance as helpful?

To answer this question, we examined advocates' interactions with online chatters using online chat transcripts to assess if chatters viewed the chat interaction as helpful. This analysis provided information to construct an Immediate Outcomes of Contact survey for callers, chatters, and website visitors to voluntarily complete to assess the outcomes and communication with The Hotline and LIR. The combined analysis provides a comprehensive examination of the perceived helpfulness of support services offered by The Hotline and LIR and how this view may differ by method of connection.

#### Chat Analysis Results

Based on the analysis of online chat transcripts, we found that almost two fifths of chatters across The Hotline and LIR considered the advocates' information to be useful, while only 5% did not. Among the remaining three fifths of chats, the large majority were disconnected partway through. While trends are similar between The Hotline and LIR, we do see differences by type of chatter; a slightly higher portion of victims and survivors of abuse (39% across both hotlines, 45% among LIR victims/survivors) seemed to find the information provided by the advocate useful, compared to healthy relationship inquirers (33%). Also, a greater percentage of healthy relationship inquirers explicitly expressed that the advocate was not helpful (about 8% compared to 4% among victims/survivors); these were composed mostly of chatters who were resistant to advocates' advice to consider ending an unhealthy relationship. For example:

**Anonymous:** she dont care what she does

**Advocate:** I think that you do not have to stay in any relationship you do not want to be in. It sounds like there are unhealthy behaviors going on in the relationship. You can try to work through them, but she will have to be an equal partner in that. Or, you can decide to leave if you don't think it is going to be able to be solved. You deserve to have a healthy, happy, respectful relationship. Do you think she would be willing to work on the issues with you?

**Advocate:** Also, here is an article from our website with communication tips that might be helpful if you decide you want to talk with her about the problems.

**Anonymous:** no she dont care about me anymore, thanks for trying to help

**Advocate:** You're welcome. Do you have any other questions?

**Anonymous:** nope

**Anonymous:** fml

-LIR Chat

**Advocate:** Ok, so maybe that is something you can work through. Respecting your partner's boundaries as far as contacts can sometimes cross the line to unhealthy

**Anonymous:** I tried

**Anonymous:** and now I'm guilty again

**Anonymous:** I just wouldn't see him that often due to his job

**Anonymous:** so I wanted to maintain communication

**Advocate:** Working on respecting boundaries can be an ongoing process. We actually just wrote a blog post about respecting your partner's boundaries

**Anonymous:** I never asked for his passwords or anything

**Advocate:** We were talking about on-going support in this and you mentioned not totally being satisfied with your counselor. Would you be interested in exploring other counseling options?

**Anonymous:** no I don't want to talk about counseling, I apologize. I am still caught up with guilt

Furthermore, among chatters who received links to internal webpages, over half followed up on at least one, and rates were similar across the two hotlines. However, it is important to note that this does not account for chatters who followed up on external information resources or service referrals, or who may have followed-up with internal resources following the end of the chat.

#### Immediate Outcomes of Contact Survey Results

### Participants

A total of 3,406 participants completed the Immediate Outcomes of Contact survey (see the Data Sources and Methods section and Appendix B for more detail). Eighteen percent of participants were callers (100% from The Hotline), 64% were online chatters (53% from The Hotline), and 18% were website users (45% from The Hotline).

### Helpfulness of Services Provided

Callers, chatters, and website visitors were asked "With 1 being 'not at all' and 5 being 'a lot', how helpful did you find the overall services you received today through The Hotline/LIR?" Nearly all callers (97.2%) and online chatters (84.5%) and a majority of website visitors (59.1%) rated the services as very helpful (i.e., a response score of a 4 or 5). Callers reported a higher mean of helpfulness score than online chatters or website visitors as shown in *Table 7*. The Hotline contactors (mean = 4.40) reported a statistically significantly higher mean score than LIR contactors (mean = 4.25) for helpfulness of services.

### Ways to Plan for Safety

Callers, chatters, and website visitors were asked "With 1 being 'not at all' and 5 being 'a lot', how much did your contact with The Hotline/LIR today provide ways to plan for your own safety or for the safety of a friend or family member?" Callers reported a higher mean for providing ways to plan for safety as compared to chatters and website visitors as shown in *Table 7*. The Hotline contactors (mean = 4.25) reported a statistically significantly higher mean score than LIR contactors (mean = 4.06) for providing ways to plan for safety.

### Increased Awareness of Community Resources

Callers, chatters, and website visitors were asked "With 1 being 'not at all' and 5 being 'a lot', how much did your awareness of community resources increase as a result of contacting us today?" Callers reported a higher mean score for increase in awareness of community resources than online chatters or website visitors as shown in *Table 7*. The Hotline contactors (mean = 4.10) reported a statistically significantly higher mean score than LIR contactors (mean = 3.35) for increasing awareness of community resources.

### Increased Knowledge about Abusive Relationships

Callers, chatters, and website visitors were asked "With 1 being 'not at all' and 5 being 'a lot', how much did your knowledge about abusive and healthy relationships increase as a result of contacting us today?" Callers reported a higher mean score for increase in knowledge about abusive/healthy relationships than online chatters or website visitors as shown in *Table 7*. The Hotline contactors (mean = 3.96) reported a statistically significantly higher mean score than LIR contactors (mean = 3.73) for increasing knowledge about abusive relationships.

### Emotional Support

Advocates are able to provide emotional support to callers and chatters, which is a key feature of the services The Hotline and LIR offer. Callers and chatters were asked "With 1 being 'not at all' and 5 being 'a lot', how much did you think the person on the other end cared about your situation?" Callers reported a higher mean score of emotional support than online chatters as shown in *Table 7*. There was no significant difference in the mean emotional support scores of those who contacted The Hotline and those who contacted LIR.

**Table 7: Immediate outcomes of contact with The Hotline and LIR by mode of contact.**

On a scale of 1 (not at all) to 5 (a lot)...	Telephone Mean (sd)	Online Chat Mean (sd)	Web Mean (sd)	Total Mean (sd)	ANOVA F-Value
How <b>helpful</b> did you find the information provided to you?	4.83 (0.45)	4.39 (1.12)	3.68 (1.33)	4.34 (1.13)	182.37*
Provide ways to <b>plan for your safety</b> or the safety of a friend/family member?	4.67 (0.66)	4.25 (1.24)	3.52 (1.36)	4.18 (1.23)	147.50*
How much did your <b>awareness of community resources</b> increase?	4.52 (0.87)	4.06 (1.29)	3.35 (1.37)	4.01 (1.29)	138.00*

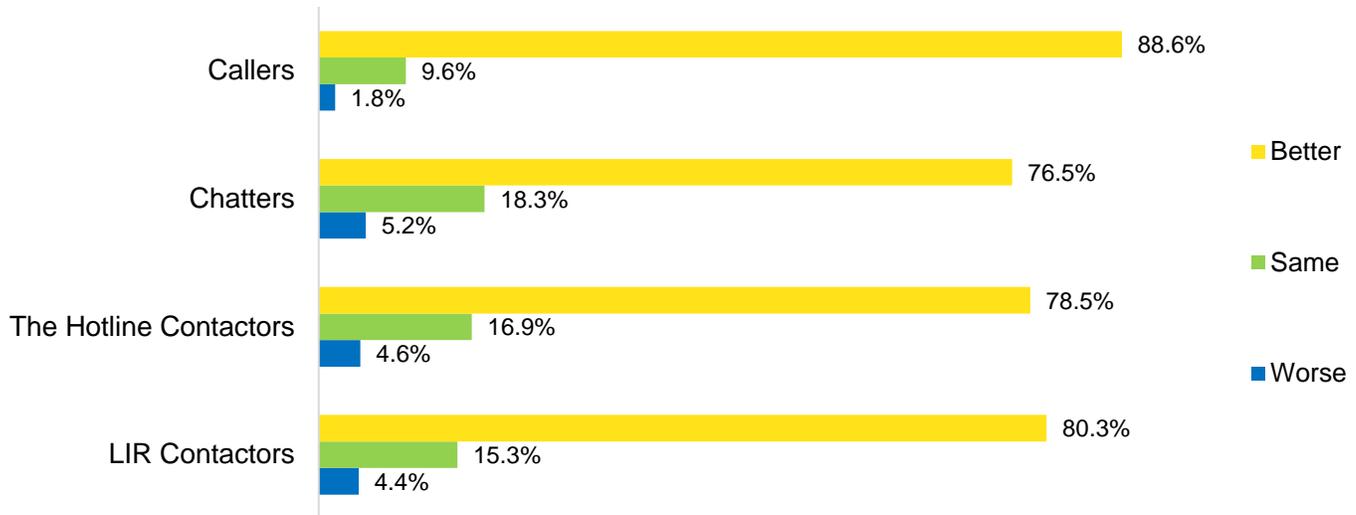
How much did your <b>knowledge about abusive relationships</b> increase?	4.48 (0.90)	3.80 (1.38)	3.55 (1.41)	3.87 (1.35)	82.80*
How much did you think the person on the other end <b>cared about your situation</b> ?	4.90 (0.37)	4.42 (1.07)	Not assessed	4.53 (0.98)	116.98*

\* $p < 0.05$  statistically significant

### Emotional Well-Being

Callers and chatters were asked "Do you feel the same, better, or worse after interacting with The Hotline/LIR?" A higher percentage of people who contacted The Hotline/LIR by telephone (88.6%) reported feeling better than the percentage of people who contacted by chat (76.5%). There was no significant difference in the change in emotional well-being between those who contacted The Hotline and those who contacted LIR (see *Figure 19*).

For all outcomes callers reported higher scores (i.e., better outcomes) than online chatters and website visitors. For most outcomes, individuals who contacted The Hotline reported higher scores than those who contacted LIR. Overall, however, contactors had overwhelmingly positive feedback for all outcomes across all modes.

**Figure 19: Immediate Outcomes after The Hotline or LIR Interaction: Emotional Well-Being****Qualitative Remarks**

After completing the survey, many callers provided qualitative remarks that were overwhelmingly positive. These comments, found in the call out box, centered around the themes of advocates being helpful and supportive, validating the callers' experiences, providing contactors with hope, and clarifying responses to questions. Across all outcomes, callers reported consistently higher scores (i.e., better outcomes) than online chatters and website visitors. Similarly, online chatters had better outcomes than website visitors. The emotional support services were nearly universally endorsed by contactors from both telephone and online chat and from both The Hotline and LIR. Outcomes reported by The Hotline and LIR contactors suggest that the hotlines are meeting their goals of providing helpful services to assist contactors in ways to plan for safety, increasing knowledge about abusive relationships and awareness of resources.

**Qualitative Remarks**

*"I'm glad I finally called."*

*"I think you all are really nice and more helpful than my local programs"*

*"The advocate was amazing. He put a smile on my face"*

*"It helps to talk with someone and gain new ideas on dealing with my situation. I am unsure of my next steps, but I do feel better."*

*"The lady I spoke to really cared about my situation. She didn't tell me what to do. She talked to me about options. She was wonderful. I didn't feel like she was rushing me. She gave me the time I needed. We really connected. I will call back."*

*"She helped to me to stay focused on my plan."*

*"This hotline has been a lifesaver for me."*

*"I only say I'm feeling worse because I don't know if I am ready to face all of this. She was so helpful."*

*"You helped me to feel stronger and I don't feel stupid like I used to. He [the advocate] helped me to understand my situation."*

*"I gave a 4 out of 5 because I already know about abusive relationships. Advocate was a link in a lifeline, and an agent of change."*

*"I'm empowered!"*

**Research Question 4. What are the trends and patterns in the various methods to connect to The Hotline and LIR and which methods to connect do contactors prefer?**

We used two data sources to answer this research question. First, we examined how individuals communicated with advocates over a two-year period (January 1, 2014 through December 31, 2015) using data from the ACA database.<sup>17</sup> This analysis compared contacts made by telephone versus ones made by online chat and text. To determine contactors' preferred methods of connection, we posted a survey on the banners of The Hotline's and LIR's webpages.

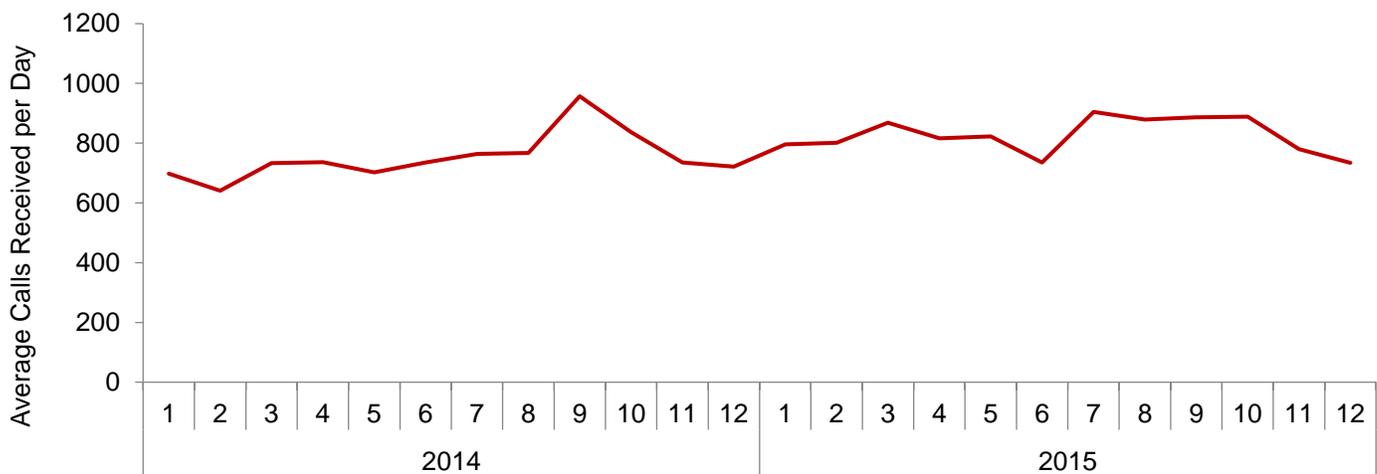
**Trends and Patterns in Methods to Connect**

**Calls Received per Month by The Hotline and LIR<sup>18</sup>**

Figures 20 and 21 present data on the flow of incoming calls. To adjust for the fact that different months have different numbers of days, we present these figures on the calls-per-day metric. The first graph shows that, for The Hotline, there was an overall increase in the flow of incoming calls between January 2014 and December 2015. The typical number of calls in a typical day increased from around 700 in early 2014 to about 900 by mid- to late 2015. This increase is not sharp; however, it is not entirely consistent, either. In fact, the volume of incoming calls during November and December 2015 shows signs of decreasing toward levels typical of the first half of 2014. The Hotline saw a spike in call volume in September 2014.

The second graph displays the analogous information for LIR. As with The Hotline, there is some indication of a slow increase, from around 60 calls per day in early 2014 to around 80 calls per day in late 2015. As with The Hotline, the trend is not entirely consistent, and there is a notable spike in February 2015. This spike coincides to the National Teen Dating Violence Awareness Month and the LIR serves as a resource as part of a national effort to raise awareness about abuse in teens and young adult relationships and to promote prevention efforts.

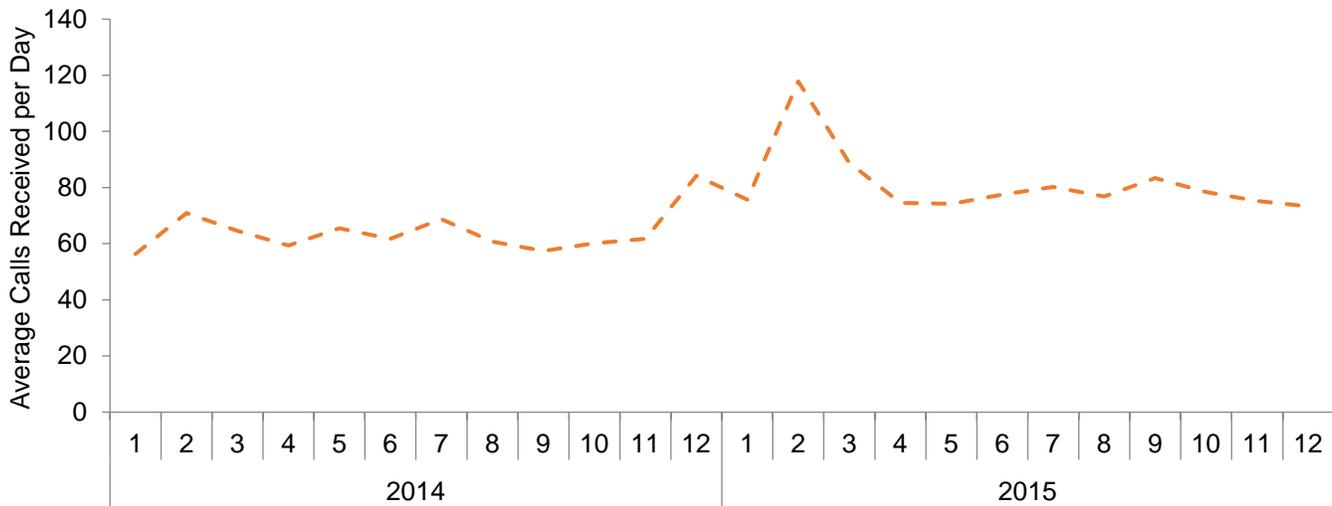
**Figure 20. Average calls received per day, by month and year to The Hotline**



**Figure 21. Average calls received per day, by month and year to LIR**

<sup>17</sup> These analyses focus on the 501,089 recorded contacts that were made by telephone, online chat, or text. They do not include contacts made by other methods, such as Facebook or email.

<sup>18</sup> For most metrics, we present The Hotline and LIR figures together on a single graph. However, that approach does not work well for the number of incoming calls. Throughout the period under study, the number of incoming calls for The Hotline was much higher than the corresponding figure for LIR. Thus, on a graph whose vertical axis is appropriately scaled to display temporal variations in call volume for The Hotline, the trends for LIR would appear as a nearly flat line very close to the bottom of that graph. Conversely, if the vertical access were appropriately scaled to display temporal variations for LIR, The Hotline trend would be far off the top of the graph. Therefore, we graph the temporal patterns separately for the "number of calls received" metric.

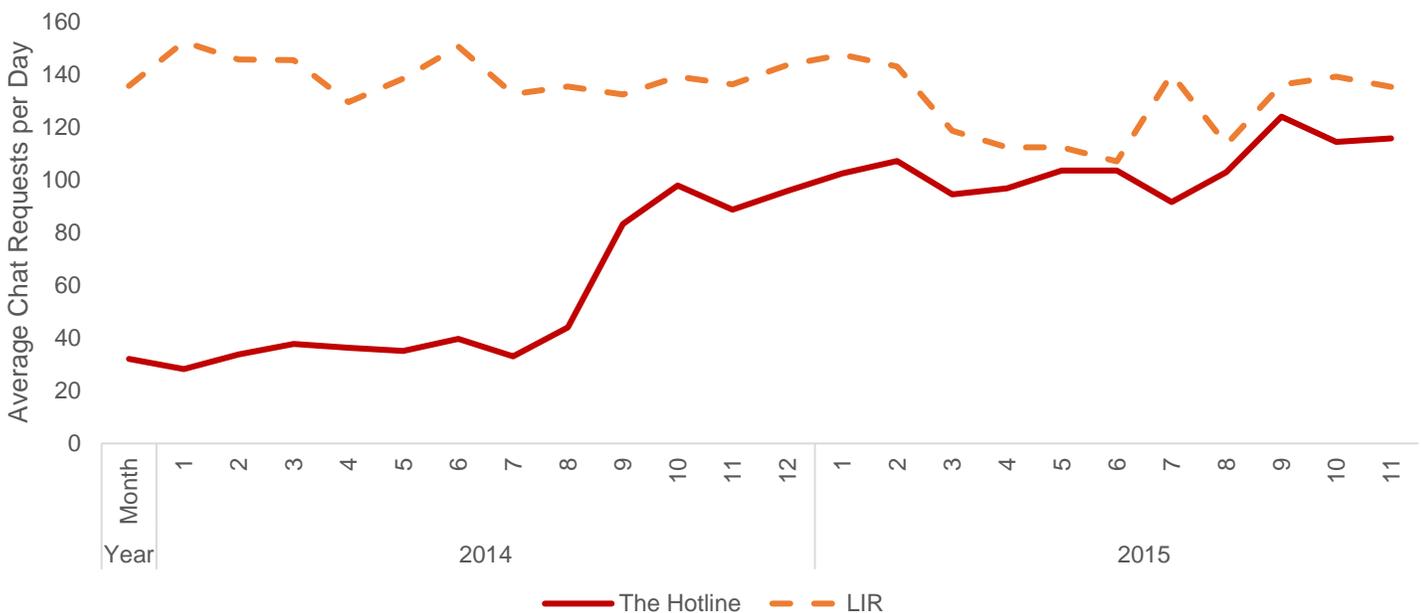


Online chats Received per Month by The Hotline and LIR

Figure 22 presents data on the flow of incoming online chat requests. To adjust for the fact that different months have different numbers of days, we graphed these figures on the online chats-per-day metric. The data indicated that the flow of incoming online chat requests to LIR was fairly uniform across the 24-month period. Throughout 2014 and early 2015, the average never really fell below 130 per day or exceeded 150 per day. The flow of incoming online chat requests dropped slightly in mid-2015, but returned to about 140 per day for the last three months of 2015.

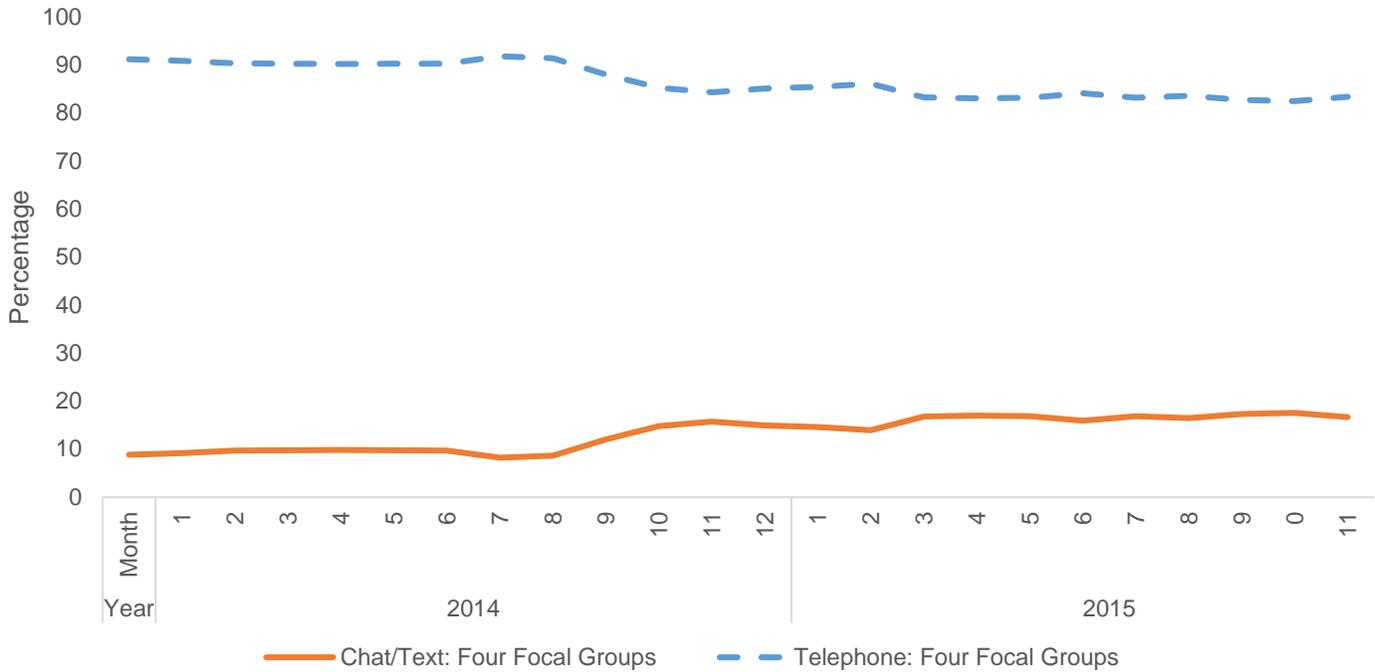
In contrast, LIR shows a marked increase in the flow of incoming online chats. For the first eight months of 2014, The Hotline received between 30 and 40 online chat requests per day – far fewer than LIR. A sharp increase in the flow of incoming online chat requests occurred September and November 2014, and the numbers remained steady at around 100 online chat requests per day for the last months of 2014 and most of 2015. Another increase, this time to 120 online chat requests per day, occurred during the last three months of 2015. By the second half of 2015, the difference between LIR and The Hotline in the average number of online chat requests per day was quite small.

Figure 22 Average online chat requests received per day, by month and year to The Hotline and LIR

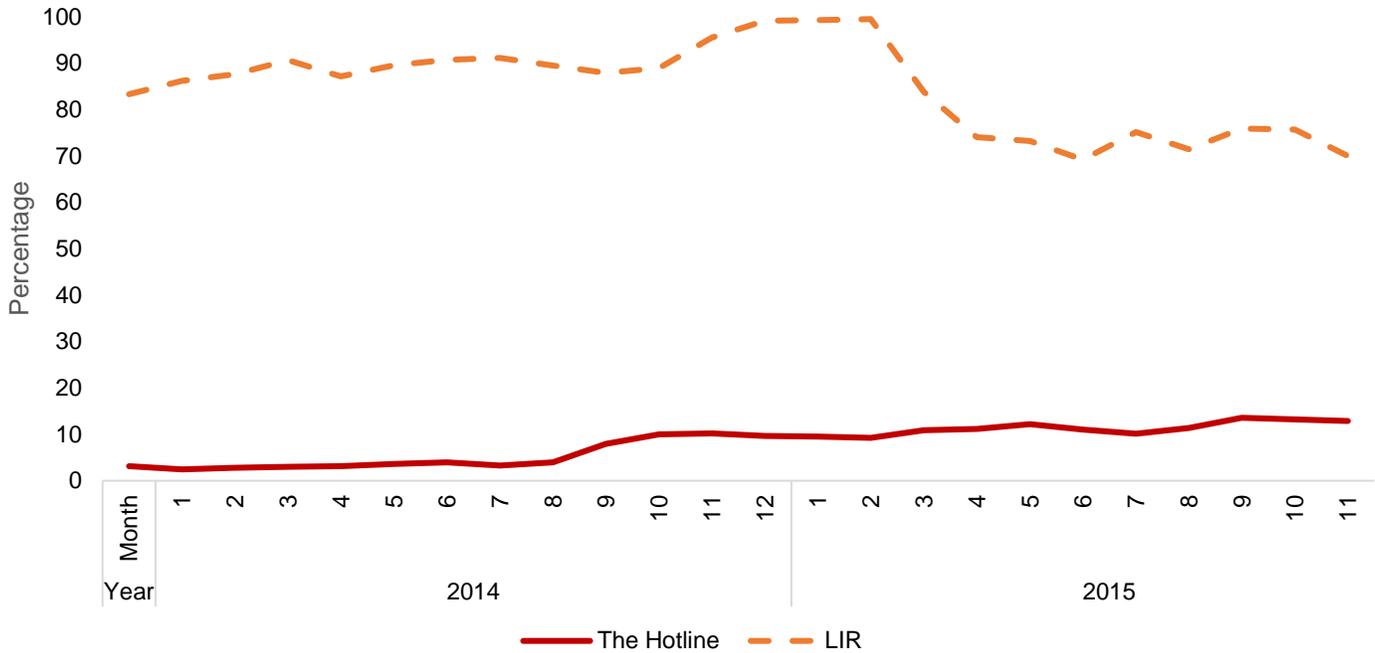


Most (79.1%) contacts recorded by advocates between January 1, 2014 and December 31, 2015 were made by telephone. A substantial proportion (17.3%) were made via online chat, and 2.7% were made via text. For simplicity, we combine online chat and text into a single category that comprises 20.0% of contacts over the period under investigation.

*Figure 23* shows the overall trend in proportion of The Hotline and LIR contacts made by victims/survivors, family/friends, abusers, and service providers by telephone and by online chat or text. This change is not dramatic, but one can see a steady and significant increase in the proportion of contacts made by online chat or text rather than telephone over this period. Among all contactors, this percentage increased from 15% during early 2014 to 24% during late 2015. (data not shown). Among contactors from the four groups, the percentage of contactors using online chat and text increased from 8% early 2014 to 17% by late 2015.

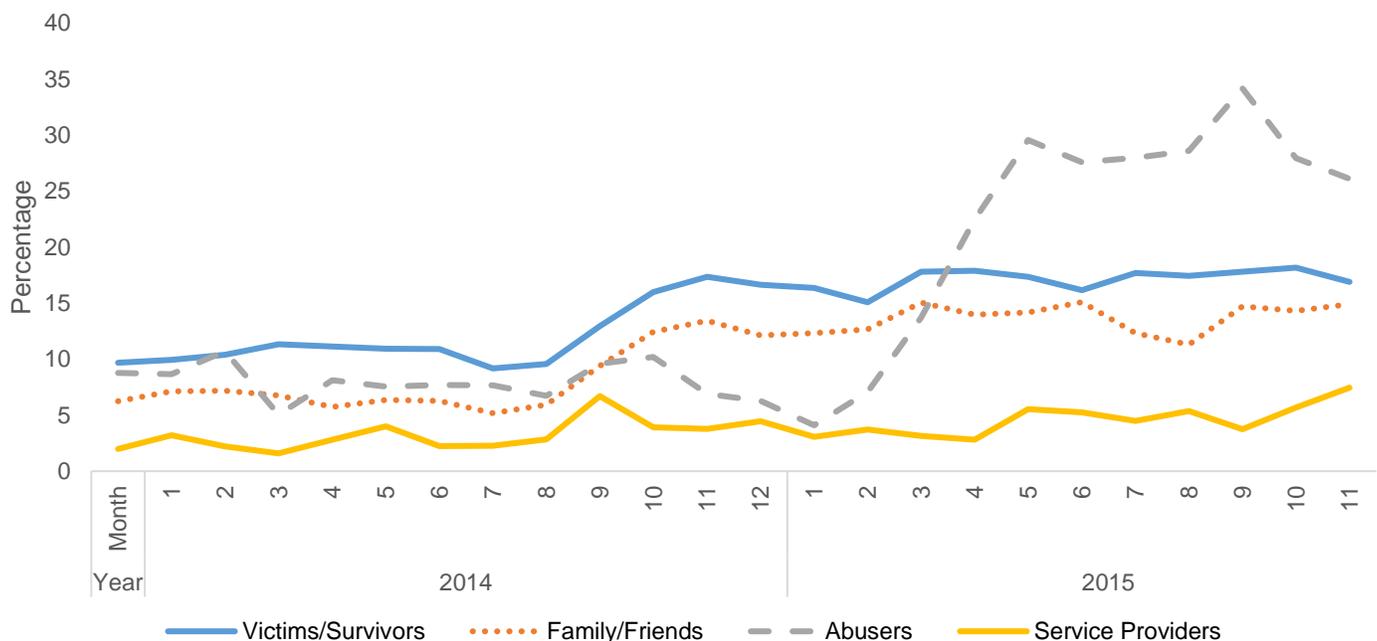
**Figure 23.** Percent of contacts via online chat or text and telephone

These overall trends obscure important differences between The Hotline and LIR. *Figure 24* shows service-specific trends. The first key point about this figure has nothing to do with time: most contacts are coming to LIR through online chat and most contacts are coming to The Hotline through the telephone.

**Figure 24.** Percent of contacts via online chat or text by The Hotline and LIR

Over the two-year observation period, the proportion of recorded contacts with The Hotline that occurred via online chat or text increased from 2.5% to 13.6%. A large fraction of this change appears to have occurred between September and October 2014. In contrast, the temporal pattern for LIR differs sharply. The most prominent feature of the LIR trend is the sharp decrease in the proportion of contacts that occurred via online chat or text – from virtually 100% in early 2015 to 69.2% in the second half of that year.

Figure 25 displays the pattern of change over time (for The Hotline and LIR combined) for each of the main categories of contactors: victims/survivors (blue), family/friends (orange), abusers (gray), and service providers (yellow).

**Figure 25.** Percent of contacts via online chat or text by type of contactor

Several features of this graph are noteworthy. First, from January to September of 2014, the proportion of contacts via online chat or text was low for all four groups. It was highest among victims/survivors, hovering just above 10%, and lowest among service providers (consistently below 5%). The second key feature is the increase, starting in the third quarter of 2014, in the proportion of online chat and text contacts made by victims/survivors and family/friends. For both of these groups, the proportion converged to approximately 16% of all contacts by late 2015. The third and perhaps most dramatic feature is a sharp increase in the proportion of contacts from abusers that occurred via online chat or text between February and June 2015. While that proportion never got much higher than 10% prior to April 2015, it increased sharply to 30% by June 2015 and remained at around that level through the end of the observation period. Fourth, and in contrast, the proportion of contacts from service providers that occurred via online chat or text remained low throughout the period, rarely exceeding 5%.

#### Hits/Visits to The Hotline's Website

The Hotline's website ([www.TheHotline.org](http://www.TheHotline.org)) includes detailed information about domestic violence and the services The Hotline provides. It is not surprising that when callers were asked how they heard of The Hotline, the most common response was 'online' or 'Google' or another web-based search engine or webpage. Google Analytics automatically collects data about activity on the websites. *Figure 26* presents the daily visits to [www.TheHotline.org](http://www.TheHotline.org). From January 2014 to September 2014, the website consistently averaged fewer than 4,000 visits per day, other than a noticeable jump in early April. This dramatic increase in April of 2014 and again in April 2015 was found to be a product of an online banner ad on AOL's website.

Beginning in September 2014, the traffic to the website was consistently higher at 8,000-12,000 visits per day. The increase in website traffic is largely due to The Hotline's contact information being in the media after a video was released of a well-known professional athlete abusing his partner. The time period depicted in *Figure 26* is 485 days. With a total of 3,042,266 page views, this translates to an average of 6,273 page views per day.

**Figure 26.** Google Analytics website traffic to [www.TheHotline.org](http://www.TheHotline.org)



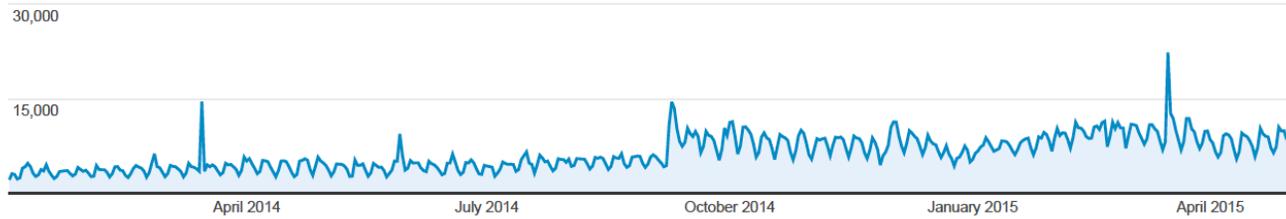
Pages

Jan 1, 2014 - Apr 30, 2015

All Sessions  
100.00%

Explorer

● Pageviews



Page	Pageviews	Unique Pageviews	Avg. Time on Page	Entrances	Bounce Rate	% Exit	Page Value
	3,042,266 % of Total: 100.00% (3,042,266)	2,589,737 % of Total: 100.00% (2,589,737)	00:02:37 Avg for View: 00:02:37 (0.00%)	1,856,668 % of Total: 100.00% (1,856,668)	74.25% Avg for View: 74.25% (0.00%)	61.03% Avg for View: 61.03% (0.00%)	\$0.00 % of Total: 0.00% (\$0.00)

## Preference of Use Survey

Between February 15, 2016 and July 8, 2016, website visitors completed survey questions online after clicking a link on The Hotline or LIR websites about their preferred method to connect The Hotline or LIR. The survey asked participants seven questions about their preferred method of connecting with someone at The Hotline and LIR (telephone, online chat, text, or other), as well as which one seemed easiest, hardest, safest, least safe, most private, and least private. In addition, participants were asked to report their age, gender, race, sexual orientation, and if they had ever connected with The Hotline or LIR previously. See Appendix E for the complete survey and data collection methods.

A total of 3,071 website visitors clicked on the survey link and 993 completed the survey after providing informed consent (446 from The Hotline website and 547 from the LIR website). Approximately one third (31%) of those surveyed were 13-17 years old, 21% were 18-24 years old, 35% were 25-54 years old, and 11% were 55 years or older and 2% did

### Why Online Chat is Preferred

Respondents provided the following qualitative remarks on why they preferred online chat as their mode of contact with The Hotline and LIR.

*"Because sometimes talking on the telephone is risky or not possible"*

*"To online chat online takes some of the pressure or nervousness out of the conversation"*

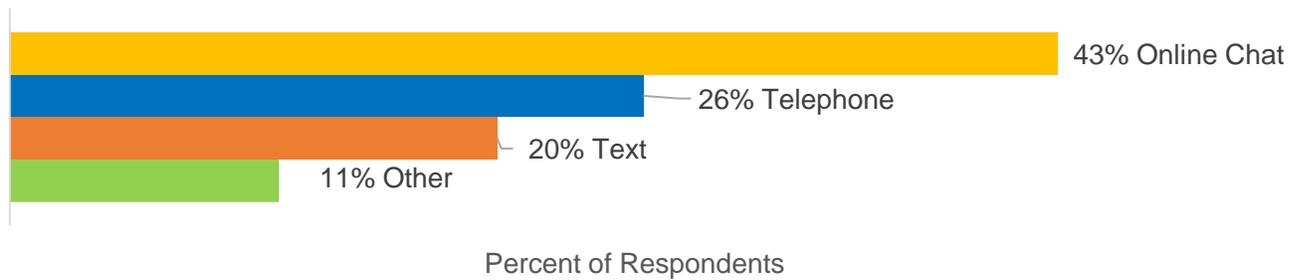
*"Because he can't hear me discussing solutions"*

*"I like being able to think through what I write before I send it off, unlike with the telephone. I also like how they can send me links in the online chat window to helpful sites"*

not answer. The majority of participants were female (70%), 15% were male, 1% were transgender, and 14% did not report their gender. Nearly half (48%) reported their race/ethnicity as Caucasian, 10% reported being African-American, 10% reported being Latino/Hispanic, 11% reported other race/ethnicity and 21% reported unknown or did not answer. The majority described their sexual orientation as heterosexual/straight (62%), 17% self-identified as lesbian, gay/homosexual, bisexual, or questioning (LGBQ), and 21% did not answer. Nearly one quarter (24%) had connected with The Hotline or LIR previously.

The first question on the survey asked, "If you wanted to connect with someone at The Hotline/loveisrespect, what method would be your top choice to use?" Figure 27 shows 43% of survey respondents preferred online chat. Online chat was also identified as the top choice for both The Hotline and LIR contactors. Respondents from The Hotline reported the telephone as the second-most endorsed method followed by text. Respondents from LIR reported text second-most often, then telephone. Those who chose 'other' forms of connection were asked to list the form. 'Other' preferred forms included Facebook and face-to-face contact. Younger respondents were more likely to prefer text than older respondents,

and those who identified as gay/homosexual or bisexual/questioning were more likely to choose online chat and text over telephone.

**Figure 27: Preferred method to connect to The Hotline and LIR**

### Preference and Ease of Use

When asked which methods of connecting seemed easiest and hardest to use, 42% of respondents reported online chat was easiest, with telephone and text evenly split at 29% each, as seen in *Table 8*. However, the highest percentage of respondents age 55 and over (58%) chose the telephone as the easiest method to use. LGBTQ<sup>19</sup> individuals were significantly more likely than heterosexual respondents (59% compared to 46%) to report that online chat was the easiest method to use. Conversely, over half (55%) of those surveyed said telephone was the hardest method to use. However, the highest percentage of respondents age 55 and over (35%) chose text as the hardest method to use.

### Preference of Use and Privacy

Although online chat was reported as the most private method, none of the three methods comprised a majority. For all respondents, the second choice for offering the most privacy was telephone. LGBTQ individuals were significantly more likely than heterosexual individuals (65% compared to 47%) to choose online chat as the most private method. The majority of respondents (51%) reported the telephone as offering the least privacy to connect to The Hotline and LIR. Females were more likely than males (57% compared to 43%) to choose telephone as the least private method. In addition, 44% respondents age 55 and over chose the telephone as the most private.

### Preference of Use and Safety

Respondents were asked which method they thought would be the safest and least safe to use. Overall, the highest percentage of respondents considered online chat the safest. However, the highest percentage of respondents age 55 and over chose the telephone as the safest to use. LGBTQ individuals were more likely than heterosexuals (62% compared to 48%) to choose online chat as the safest method to connect with The Hotline and LIR. There were no other significant differences between or among the other demographic categories. However, the highest percentage of respondents (45%) considered telephone the least safe.

<sup>19</sup> Transgender is included in reporting participants' gender identity (male, female or transgender) and not in reporting participants' sexual orientation (heterosexual/straight or LGBTQ).

**Table 8:** Respondents' opinions about ease of use, privacy, and safety of methods to connect (Percentages of respondents who chose each method are shown).

	Online Chat	Telephone	Text
<b>Easiest to Use</b>	42%	29%	29%
Hardest to Use	27%	55%	18%
<b>Most Private</b>	44%	30%	26%
Least Private	27%	52%	21%
<b>Safest</b>	45%	32%	23%
Least Safe	29%	45%	26%

Respondents generally reported online chat as being the preferred method to connect with someone at The Hotline and LIR. The survey was posted online because previous analysis of contactors listed online resources (i.e., Google, Yahoo) as the main source of knowing about the services of The Hotline and LIR. Because respondents accessed the survey online, it is possible that the sample was biased towards those who prefer online communication overall. However, the survey's demographic characteristics are comparable to those who contact The Hotline and LIR by telephone, online chat, and text.

Overall, respondents reported that online chat is the easiest to use, most private, and safest and that telephone is the

#### Why Telephone is Preferred

Respondents provided the following qualitative remarks on why they preferred telephone as their mode of contact The Hotline/LIR.

*"Hearing a comforting voice is always the best help during a crisis"*

*"It's more soothing personally to connect with another human on the phone. Online and text seem so impersonal"*

*"I can talk with someone right away"*

*"I once had cause to call the hotline. I was desperate for some human contact that was neither controlling, dismissive or abusive"*

method of connection that is the hardest to use, least private, and least safe. Older respondents responded more favorably about the telephone for providing safety and privacy than younger respondents. Likewise, LGBTQ respondents were more likely to choose online chat as more safe and private, as compared to heterosexual respondents. The qualitative responses suggested that while online chat provides a sense of privacy and anonymity, telephone offers the ability to hear another person's voice that can provide support and guidance in a non-judgmental manner. The survey results demonstrate that no one method of connection is overwhelmingly preferred but rather the availability of multiple methods provide options for contactors to connect to The Hotline and LIR through a mode that meets their needs and preferences.

## Discussion

The Hotline and LIR serve a critical need in the provision of services to a diverse population of contactors with a range of needs, requests, and situations. Most contactors are victims/survivors of domestic violence, but contactors also include victims' family and friends, abusers, and other service providers. Some contactors engage with an advocate specifically to be connected to a shelter or gain information about safety or community based services. Others contact an advocate to discuss aspects of an abusive or healthy relationship.

Every time an advocate answers the telephone or clicks to answer an online chat or text, that advocate begins a conversation to clarify those contactors' experiences, determine how best to meet the caller/chatters needs, while also providing validation and empathy. Our evaluation of The Hotline and LIR telephone and online chat interactions highlights the breadth of skills needed to meet the anticipated and unanticipated needs that a contactor may have. The contactors can then use the information they received from The Hotline or LIR to better understand their own needs and engage with relevant services.

Guided by the objectives and research questions developed in collaboration with our Expert Panel and government and non-governmental partners, ADVHOCaT provides this evaluation of the services provided by The Hotline and LIR. The findings from the evaluation offer a view into the provision of services to those who contact The Hotline and LIR from the perspective of the contactor as well as from the advocate who is providing the human connection to The Hotline and LIR. These perspectives were garnered from a thorough examination of data already collected by The Hotline and LIR augmented by the collection of new data and analysis of real-time telephone interactions and online chats.

ADVHOCaT examined both real-time telephone interactions and online chats to provide context to the findings from the data currently collected by The Hotline and LIR. Based on our analyses from the observational listening of telephone interactions and qualitative analysis of 12 days of online chat transcripts, we find The Hotline and LIR advocates are consistent in following the key components of The Hotline's and LIR's Crisis Intervention Model, which is the training tool advocates use to ensure they provide support, information, and resources that are helpful to the contactor. This process does not always occur in a linear path as laid out by the model itself, but it occurs in line with the rhythm of the call/online chat.

After the initial welcome and assessment for imminent danger, the content of the call/online chat often switches back and forth between focusing on contactor' needs and experiences, exploring resources and options, and developing a safety plan. In many cases, as advocates respond to the initial needs with resources and possibilities, new barriers and needs surface, in turn prompting additional discussion around the contactors' experiences and concerns. Typically, possible actions that the contactor can take are planned along the way in this back-and-forth. We find that advocates are able to respond to the needs and concerns expressed by callers/online chatters by offering advice and support, and more concretely, by providing web-based and community resources and direct connection to providers and referrals.

**There are notable differences in the type of contactor to The Hotline and LIR.** In terms of volume of contactors, The Hotline serves a greater number of contactors than LIR, largely by use of telephone services. The mode of connection for LIR is predominantly through online chat and LIR serves a younger population overall than The Hotline. Both show a similar pattern for the gender of the contactor with a greater number of females than males and transgender contactors. The services provided differ by The Hotline and LIR with crisis intervention, safety planning, and resource referrals being provided to a greater percentage of contactors to The Hotline and healthy relationship information provided to a greater percentage of contactors to LIR. This finding can serve as a confirmation of the branding of the name of the help line loveisrespect. Furthermore, regarding chatters, The Hotline chatters are more likely to be assessed by an advocate as currently experiencing moderate to extreme crisis (65%) compared to LIR chatters (40%). The assessment of crisis level is mirrored in the services needed by the contactor and provided by the advocate as assessed in the evaluation.

In general, the data from the observation of telephone calls and analysis of online chats confirm findings from the data already collected by the advocates through the ACA, with some minor exceptions. Analyses of both the ACA and observational data suggest that advocates are providing key aspects of crisis intervention (including action planning and exploring options), completing safety assessments, and providing information on resources and local referrals. According to the ACA data, advocates offer crisis intervention to over 60% of contactors. Looking at the observational data, we see that advocates are providing important aspects of crisis intervention to over 65% of callers, including exploring options with callers, providing resources and referrals, and providing contact information. They also almost always assess the callers' safety and offer emotional support, doing so in over 95% and 75% of calls, respectively. Our analysis of online chat transcripts reveal similar findings; advocates provide resources, emotional support, and DV and healthy relationship information to the majority of chatters.

**The frequency with which advocates provide services varies by type of contactor**, and this pattern was consistent in both the ACA data and data from the telephone observations. ACA data indicate that crisis intervention, safety planning, and referrals to resources are most frequently offered to victims and survivors, followed by family and friends, which aligns with what we would expect these callers to want and need. In terms of the provision of education and information, friends and family are slightly more likely than all other contactor categories to get information about domestic violence, and abusers are most likely to get information about healthy relationships.

The data from telephone observations are more detailed but tell a similar story. Victims and survivors are most likely to get services that are related to crisis intervention and safety planning, such as a direct connection to a referral, contact information for a resource or service provider, and safety planning. They are also more likely to get emotional support. Family and friends, however, are equally or slightly more likely than victims and survivors to get other services, including action planning, information about referrals and resources, exploring safety options, and information about healthy and abusive relationships. This observation diverges slightly from what we saw in the ACA data. However, it suggests that The Hotline and LIR advocates are providing critical services and support to family and friends of victims in addition to victims and survivors themselves.

The data are somewhat less clear, however, on the provision of safety planning. While ACA data indicates that advocates provided safety planning for half of contactors, the data from telephone observations suggest that only 21% of callers received safety planning. This discrepant finding could be related to differences in how safety planning is measured in the ACA and the observational tool. In the observational tool, the categories of services provided by the advocate were more specific than those currently listed in the ACA. Rather, if the categories in the observational tool that may be generalized to safety planning (i.e. exploring options and resources) were combined, the provision of safety planning in the ACA would be consistent with the observational tool.

The range of needs, requests, and situations that advocates encounter is broad and complex. As a result, characterizing the services that The Hotline and LIR provide and summarizing the outcomes they achieve is a challenge. In turn, performance measurement and evaluation is challenging as well. **A major finding from ADVHOCaT is emotional support is an important service that The Hotline and LIR provides.** The Hotline and LIR do not currently keep track of emotional support in the Advocate Caller Application (ACA) database; however, the vast majority of The Hotline and LIR telephone and online chat interactions included an advocate providing the contactor with emotional support. The assessment of immediate outcomes of contact with The Hotline and LIR showed that **nearly all callers (98%) and online chatters (95%) reported they felt the same or better after interacting with an advocate.** Our analysis shows that contactors value receiving this emotional support. While information and resource referrals are important, the collection and reporting of this equally critical service can be lost if examining ACA data alone.

The data collected from the online chats and the observational listening of calls clearly demonstrate that The Hotline and LIR **advocates provide more services than contactors explicitly request.** Qualitative analysis of telephone and online chat interactions between an advocate and a contactor strongly indicate that advocates provide services above and beyond what contactors request. Both online chatters and callers were found to receive services more often than they expressly requested. The evaluation of advocate interactions found that they could typically identify a contactor's needs and through the process of the interaction intervene and explore options and develop a plan with the contactor.

The provision of responsive services was reflected in the immediate outcomes that were assessed in the evaluation. Overall, **contactors rated the provided information and the resources as very helpful**. At the completion of a telephone, online chat, or website visit with The Hotline or LIR, contactors were asked to complete a brief survey to assess their immediate outcomes. The results of the survey found that nearly all telephone callers (97%) and a clear majority of online chatters (84%) rated the services as very helpful. Nearly all telephone callers (98%) and online chatters (85%) said that they felt the advocates cared about their situation. Website visitors generally also reported receiving helpful information (59%), but the proportion was significantly less than advocate based services (telephone and online chat).

The immediate outcomes survey also assessed for the intended results of the services provided by The Hotline and LIR including safety planning, awareness of community resources, knowledge about abusive relationships, and emotional well-being. **The vast majority of contactors report positive outcomes immediately after contacting The Hotline and LIR**. Over two-thirds of all contactors reported that their knowledge about community resources, ways to plan for their safety or the safety of family and friends, and abusive relationships increased a lot after contacting The Hotline or LIR (i.e., a score of 4 or 5 on a scale of 1 to 5). These outcomes suggest that The Hotline and LIR are meeting their goal of providing services that increase knowledge about relationships and awareness of resources within an emotionally supportive space. It is worthy to note that callers consistently reported better outcomes than online chatters and online chatters more so than website visitors. These results provide a benchmark for future performance measurement and monitoring.

The Hotline and LIR provide support via a variety of methods of connection including telephone, online chat, text, social networking sites, and a website presence. The Hotline and LIR offer direct advocate services through telephone, online chat, and text. **Although the telephone is still the most prevalent method of connection for The Hotline, use of online chat is increasing**. The proportion of contacts to The Hotline by online chat and text increased from 2.5% to 13.6% over the two-year period from January 1, 2014-December 31, 2015. This increase in online chat and text may signal a greater level of comfort and ease in using digital platforms to seek information and services from The Hotline. Meanwhile, the proportion of contacts to LIR via online chat decreased from 100% to 69% during this same time frame. The increase in telephone contacts to LIR appears to occur in February 2015. During that month, LIR and The Hotline merged their telephone services, resulting in more advocates being available to answer telephone calls through LIR. Additionally, February is National Teen Dating Violence Awareness Month. Therefore, it is likely that greater numbers of young people were made aware of the LIR telephone services in February, resulting in higher percentages of contacts by telephone to LIR.

The Hotline saw a significant increase in contactors beginning in September of 2014 coinciding with the widespread dissemination of a surveillance video showing a notable professional athlete actively abusing his partner in a public venue (NCDSV 2014). As The Hotline, LIR, and media outlets publicize the hotline services, particularly in response to DV related events, it is important that **The Hotline and LIR be aware and responsive to variations in service utilization**. As the use of online chat services increased throughout the latter portion of 2015, data indicate a corresponding increase in waiting time and a notable decrease in the proportion of online chats responded. Waiting time had been decreasing from September 2014 and can be seen to increase in the final months of 2015. In addition, the decrease in proportion of online chats responded to (or answered) is concerning as this proportion had witnessed significant increases for nearly 12 months preceding the decrease. These same relationships are not seen when looking at the telephone contacts to The Hotline and LIR. Rather, as the number of calls increased, we see a trending increase in the proportion of calls answered and a trending decrease in the wait time for a call to be answered.

Our analyses also found that **online chat is the reported preferred method of connection for potential users**. Website visitors who completed a voluntary survey rated online chat as the preferred method of connection compared to the telephone or text. Respondents also reported online chat as the easiest, safest, and most private method of connection. They rated telephone as the hardest, least safe, and least private method, but it is the most frequently used method among contactors to The Hotline. Respondents did not universally endorse one method of connection to The Hotline or LIR. However, we found significant associations based on contactors' age, sexual orientation, and gender. Qualitative

responses to the survey questions suggest that while online chat does provide a sense of privacy and anonymity to the contactor, the telephone offers the ability to hear another person's voice that can provide needed support and guidance in a non-judgmental manner. These results provide additional support for findings from the analysis of chat transcript and observational listening data. They further demonstrate that rather than preferring one method of connection over another, it is the availability of a choice of multiple options for contactors to connect to The Hotline and LIR that will best meet their needs and preferences.

### Limitations

The findings in this evaluation are limited by the data available for analysis and collection. In order to maintain confidentiality and safety of The Hotline and LIR contactors, the separate sources of data cannot be linked. ADVHOCaT was unable to correspond the records between The Hotline's and LIR's existing data collection methods, which include the ACA, the Enterprise telephone system, Live Person online chat system, and Google Analytics and the newly collected data. Furthermore, because all contacts are anonymous and The Hotline and LIR do not collect identifying information, each contact recorded in the ACA does not necessarily reflect a unique person. However, the Enterprise telephone system is an automated system that tracks all incoming calls to The Hotline and LIR and therefore, we are assured that the system captured all calls received.

As noted in the results, the ACA database relies upon the advocate to input relevant data in real-time, and the information included is dependent on what each contactor chooses to share with the advocate. Because of this, the ACA had a significant amount of missing data. During the latter part of the two-year period of the ADVHOCaT evaluation (April 2015), The Hotline and LIR improved the ACA interface to facilitate advocate data entry, thereby decreasing the amount of missing data and improving the quality of the data derived from the ACA.

Findings from the immediate outcomes and preference of use surveys as well as from the analysis of online chat transcripts and telephone observations can only be generalized to the extent that these participants represented the entire population of contactors/potential contactors to The Hotline and LIR. As discussed earlier, for example, it is possible that the sample of respondents to the preference of use survey were biased towards those who prefer online communication because they were recruited through the websites and accessed the survey online. However, the survey respondents' demographic characteristics are comparable to those who contact The Hotline and LIR by all methods.

### Recommendations

Based on the Expert Panel discussions and the results presented in this report, ADVHOCaT recommends the following four points for consideration in providing The Hotline and LIR services. First, our analysis of existing data found that contact with The Hotline and LIR is made through multiple methods including telephone, online chat, text, and websites. The data demonstrate that use of these different methods varies for different types of contactors (i.e. victims/survivors, friends/family, abusers, service providers). Therefore, we strongly recommend The Hotline/LIR continue to provide access to their services through all of these types of modes of connection. Second, we found that only half of all contactors to The Hotline and LIR are victims/survivors and not all are necessarily in need of crisis intervention services. Therefore, we recommend that The Hotline and LIR focus on types of services needed for a variety of users, and consider how their crisis intervention model applies differently to the different types of users, including family/friends, abusers, and service providers, in addition to victims/survivors. Third, new and existing data support the finding that digital online chat services need to be expanded since this is increasingly being used by contactors and is also rated most preferred across the range of domains. Finally, The Hotline and LIR should continue to emphasize the provision of emotional support in their service provision since contactors highly value this service. The ADVHOCaT evaluation findings and recommendations presented in this report represent a collaborative systematic approach towards the goal of increased transparency, and greater ability to reach The Hotline and LIR goals of reducing domestic violence and building healthy, safe and supportive communities.

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## Appendices

Appendix A. The Hotline Crisis Intervention Model and Guiding Principles

Appendix B. Qualitative Analysis of Live Chat Services

Appendix C. Immediate Outcomes Survey

Appendix D. Observational Listening Methods and Instrument

Appendix E. Preference of Use Survey

## Appendix A: The Hotline and LIR Crisis Intervention Model

### Welcome and Assess for Imminent Danger and Lethality

#### Objectives at this stage:

- Use a kind and compassionate tone.
- Assess immediate safety from partner, harming themselves or others and need for medical attention.
- Inform caller we're confidential and anonymous.
- Indicate that you're available to help the caller.
- Start the conversation with op-ended questions and broad statements that invite the caller to share her/his story.
- Assess caller's age, gender, and ethnicity.

#### May sound like:

- Thanks for calling. How can I help you?
- As you safe to talk/chat right now? Are there weapons in the home? Are you thinking about suicide? Do you need medical attention?
- We're completely confidential and anonymous.
- I'm glad you called today.
- I can share some information that might be helpful for you.
- Tell me a little bit about why you decided to call today.
- It can be helpful to know some information about your background so that I can provide you with the most helpful information and resources. Would you mind sharing your age, gender, race/ethnicity with me?

### Focus on the Caller's Needs, Emotions, and Experiences

#### Objectives at this stage:

- Through reflective listening, identify the concerns as seen by the caller.
- Validate the caller's needs, emotions, and experiences.
- Acknowledge the impact on the caller of the abuse s/he's endured or other hardships before moving into problem-solving.
- Help the caller identify priorities and needs using strategic questions.

#### May sound like:

- From what you've shared with me, it sounds like you're most concerned about...Is that right?
- It's perfectly natural to feel afraid/angry/frustrated.
- It must have been terrifying when your partner pushed you.
- Do you need a safe place to take your kids?
- What do you see as your greatest need right now?
- How would you like this situation to turn out right?

### Explore Resources, Possibilities, and Options

#### Objectives at this stage:

- Assess what the caller has tried in the past and what resources s/he thinks has available to her/him.
- Provide information about resources and options the caller might not be aware of; include personal and community resources as well as those in the database.
- Share education of the dynamics of domestic violence and your understanding of the caller's situation; help the caller assess advantages, disadvantages, and potential risks of options.
- Offer possible strategies for increasing safety.

#### May Sound like:

- Can you tell me a little bit about what strategies you've tried to keep yourself safe?
- Do you have friends or family members who have been supportive to you? Or neighbors that you trust?
- What have you thought about doing at this point?
- I can share information with you about different options.
- What we know about domestic violence is that leaving can be the most dangerous time. Has your partner made threats to you?

### Develop a Plan of Action with the Caller

**Objectives at this stage:**

- Working with your caller and consider where s/he is in her/his process of change:
- Discuss perceived risks and engage call in developing strategies to increase physical and emotional safety.
- Base safety plan on what the caller identifies primary needs and what the caller is willing and able to do.
- Assist caller in thinking about next steps and timeline.

**May sound like:**

- You don't have to take any steps you feel uncertain of, but I can help you think about what might be best right now.
- For you to achieve [previously discussed outcome] what resources would you need?
- You're making some really great steps just talking about this with me today. I want you to know there may also be local programs that can help you. Sometimes it takes multiple agencies and supports to meet all your needs.
- If you partner's violence begins to escalate, what will you do to be safe?

**Summarize the Call and the Plan of Action**

Highlight key components of the call and reflect what decisions the caller has made during the call:

- Summarize key points with the caller.
- Acknowledge steps made.

\*Refer to Disengagement Handout for more information.

- We've discussed how to make your safety a priority and some of the options and resources that are available to you.
- I know it took a lot of courage to call us today and talk about everything that's been happening to you.
- I encourage you to try those numbers I gave to you.
- I hope you'll try some of the self-care steps we've talked about.

**End the Call**

- Provide caller with contact information for any resources discussed during the call that can be found in the caller application.
- Offer to direct connect the caller to the appropriate provider.
- If statistical information has not been provided through the course of the conversation, politely ask the caller for her/his demographic information.
- Inform the call that The Hotline is always available as resource and encourage her/him to call back if more help is needed.

- The program we discussed is Family Crisis Center and their number is 555-5555. When you speak to them, you might want to ask about meeting with a counselor/legal advocate/etc.
- I would be happy to connect you directly to that program if you would like to talk to them right now.
- Before you go, would you mind if I ask you a few questions for our caller statistics? Would you mind telling me your age and race? And how did you hear about The Hotline?
- We're available 24 hours, 7 days a week. Please call back if you need more support.

## Appendix B: Qualitative Analysis of Live Chat Services

### Live Chat Services

Users can initiate online chats through links on The Hotline or LIR websites. The live chat service is a confidential, one-on-one chat session with a Hotline or LIR advocate. All advocates are trained and chatters can receive the same information, resources, and referrals as they would by calling the telephone hotlines. The chat system is an internal messaging system used specifically for chatters contacting The Hotline or LIR and is not a general chat messenger nor an open, public chat room. Advocates are available to chat 24/7 for those who contact LIR, and advocates are available from 7:00am to 2:00am every day at The Hotline. Chatters are asked to complete a pre-chat survey and advocates complete a post-chat summary after each chat.

### Qualitative Methods

For this report, the research team examined de-identified chat transcripts to describe: 1) whether chatters receive the information and assistance needed/sought (Research Question 2) and 2) whether chatters view the information and assistance received as helpful (Research Question 3). To answer Research Question 2, we examined both what chatters' needs are and what information, resources and support advocates provide, and then aligned the two analyses to determine the extent to which needs are met. For Research Question 3, we examined whether chatters explicitly describe the services, resources, or support provided as helpful, useful, impactful or in any other way important to them and their situation. We also tracked and coded whether chatters clicked on the hyperlinks provided by the advocate during the chat to examine whether chatters used the resources provided.<sup>20</sup>

In addressing both research questions, we highlighted the differences between LIR and The Hotline chatters, as well as the differences between victims/survivors of abuse and healthy relationship inquirers<sup>21</sup>. We included representative quotes<sup>22,23</sup> throughout the report to illustrate our findings. The use of qualitative analysis to examine the chat data also allowed the research team to explore in greater detail the nuances of chatter needs and advocates' support. Therefore, we have added sub-questions to the overarching research questions. Below we outline the Research Question and sub-questions that we answer in the report.

Research Question 2: Do chatters receive the information and assistance needed/sought?

- a. What are chatters looking for when contacting the chat line? Is there any differentiation between The Hotline/LIR, or type of chatter?
- b. What services and resources do The Hotline and LIR provide? Do different types of chatters or chatters from The Hotline versus LIR receive different services and resources?
- c. Do the services and resources provided by advocates align with the needs of chatters? Is there any differentiation between The Hotline/LIR or type of chatter?

Research Question 3: Do contactors view the information and assistance received as helpful?

- a. Do views of helpfulness differ by type of contactor (i.e., survivor/victim, abuser, family/friend, service provider) or by hotline (i.e., The Hotline, LIR)

<sup>20</sup> The Hotline and LIR's chat platform automatically captures data on whether chatters click on hyperlinks provided in the chats, but is only able to record this data for hyperlinks that link to pages on The Hotline and LIR's websites.

<sup>21</sup> "Healthy relationship inquirer," is not a category included in the ACA but was added during the analysis of the chat data because of the large number of chats asking for clarification and/or information about what a healthy or unhealthy relationship is. We classified all chatters who were seeking advice about a relationship, who were seeking information about whether a relationship is abusive, healthy or unhealthy, or who were unhappy in their relationship as "healthy relationship inquirers." These chatters are distinct from "victims/survivors" because they are uncertain whether they are in an abusive relationship.

<sup>22</sup> Quotes are minimally edited for clarity. Ellipses [...] represent portions of chat that are omitted for the purposes of relevance and brevity.

<sup>23</sup> At the start of a chat the contactor is asked to provide a pseudonym to use throughout the conversation. We have changed the original pseudonyms provided by the contactors throughout the report.

To address the research questions, we analyzed chat data from 6 full days of chat for each hotline which contained a total of over one thousand distinct chat transcripts<sup>24</sup>. The sampled chat transcripts are from five different days of the week, spanning January through May of 2015. Days were chosen randomly by the research team.

We developed a coding framework based on our research questions (see above). We created separate codes for the chatter and the advocate to represent both perspectives and to assess how well advocates are meeting chatter needs. For example, if a chatter asked for information on what abuse is, then that section of the chat was coded "chatter: abusive relationship information". If an advocate provided information on what abuse is, then that aspect of the chat was coded "advocate: abusive relationship information." The research team then compared requests from the chatter and services provided by the advocate for each discrete chat to see whether and when needs matched services.

The qualitative research lead and two research associates developed the coding framework, and met once a week during the coding process to compare coded chats and ensure consistent coding strategies. The team made any modifications to the coding framework or to exclusion/inclusion criteria of any codes by consensus.

We used the following main codes to categorize information provided by chatters:

- emotional support needed/requested,
- relationship information needed/requested,
- safety information and planning needed/requested,
- resource or referrals requested,
- crisis intervention needed/requested, and
- level of crisis<sup>25</sup>.

We used the following main codes to categorize information provided by advocates:

- emotional support provided,
- relationship education provided,
- safety knowledge and/or planning provided,
- resource or referrals provided,
- crisis intervention provided,
- level of crisis<sup>26</sup>.

We created sub-codes under each of the main code categories to capture more detailed information emerging from the chats. For example, under the "chatter: relationship information needed" code, we added the following sub-codes: abusive, healthy, other. We developed a codebook to define top-level codes and guide the coding process to ensure reliability across coders.

We also classified chatters into "chatter type" categories to allow for important comparisons. We based these categories on those used in the Advocate Caller Application (ACA), the database that advocates are trained to complete during and after a telephone, chat, or text interaction. The categories include: victim/survivors, family/friend, service provider, batterer, and healthy relationship inquirer. Chatters whom we classified as "victims/survivors" clearly know they are in an abusive relationship.

In general, identifying chatter types was straightforward based on the content of the chat or the post-chat advocate summary, which has the advocate identify what the chat is about. Coders classified chatters into "chatter type" categories by either looking for this information in the advocate summary, or by looking for instances in the chat

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<sup>24</sup> Dates included in the chat analysis are: January 22, 2015; February 22, 2015; March 13, 2015; March 16, 2015; April 12, 2015; and May 12, 2015. The analysis includes all chats from both The Hotline and LIR for those dates.

<sup>25</sup> Chatters self-reported their level of crisis in a pre-chat survey, measured on a three-point scale: 1=no, 2=not sure, 3=yes.

<sup>26</sup> Advocates reported their assessment of the chatter's level of crisis in a post-chat summary, measured on a five-point scale from 1=not a crisis to 5=extreme crisis. To match chatters' self-reported level of crisis measure, we collapsed these categories into three where 1=not a crisis, 2-4=moderate crisis and 5=extreme crisis.

transcripts where chatters self-identify or provide information that suggests a chatter type.<sup>27</sup> For example, if a chatter is asking about whether a certain behavior is considered abuse, we would classify that chatter as a “healthy relationship inquirer” or if a chatter starts the chat by saying “my husband beats me,” we would classify that chatter as a “victim/survivor.” In very rare cases when the study team was uncertain about the type of chatter, the team would discuss the chat until they came to consensus on the classification.

We were able to identify when chatters follow through with any internal (i.e., The Hotline and/or LIR) webpages that advocates provided; the chat history provides information on whether the chatter actually clicked on the link provided. This information provides some indication of whether those resources are considered useful, assuming that chatters only clicked on links that they perceived to be pertinent to their situation.

We also assessed whether chatters perceived the information provided by the advocate to be useful or not based on our interpretation of the chat discussion. In this analysis, we were purposefully conservative and considered chatters to have had their needs met only if they expressed appreciation beyond a simple “thank you.” We made this decision because it was challenging to differentiate between chatters who said “thank you” to be polite and chatters who said “thank you” as an expression of true gratitude. For example, we considered the following chats as those in which the chatters’ needs were met:

**Advocate:** *Yes unhealthy relationships can become a pattern in a life but not yours, no way. Your awareness and willingness to explore the roots make it not so*

**Anonymous:** *thank you so much that gives me hope*

**Anonymous:** *well it's 3 am here and i have to go to bed*

**Anonymous:** *thank you for letting me vent! :)*

-LIR Chat

**Anonymous:** *Wow, that is really a great idea. Thank you for that advice. I really do appreciate your time.*

-The Hotline Chat

**Anonymous:** *I have to go, thank you so much for listening. Youre awesome for putting in your own time to help others. Theres so many people out there like me that would love to be able to talk to someone like you, keep doing what youre doing because youre making a difference, you've helped me make it through another night and im grateful. Goodbye*

-The Hotline Chat

To identify chatters whose needs were not met to their satisfaction, we employed a similarly conservative approach. We only coded excerpts from chats when the chatter explicitly expressed dissatisfaction that the advocate had not been helpful, or was not capable of providing what the chatter needed. For example:

**Anonymous:** *It doesnt help. I just feel like a nuisance. Im sorry.*

**Anonymous:** *Goodnight.*

-The Hotline chat

**Anonymous:** *No, I was in the misconception that actually action could be taken from this site, anonymously or not, and actually intervention could be initiated. But still thanks for the info in your time. I did not get what I thought would be a direct intervention to save a life and family. I actually feel I wasted valuable time in her cause.*

-The Hotline chat

<sup>27</sup> Advocates do not consistently fill in the advocate summary. In cases when the summary is not completed, the coder relies on self-identification or other suggestions of chatter type based on the chat content.

## Appendix C: Immediate Outcomes of Contact Survey

### Questions for Telephone Callers

#### *Introductory Statement:*

**The Hotline/LIR Staffer:** "Thank you for giving us the opportunity to serve you better. Please help us by taking a few minutes to tell us about your call with the National Domestic Violence Hotline (or loveisrespect Hotline). We appreciate your trust in us and want to make sure we meet your expectations. There are five questions in total. All are completely voluntary and you can choose to answer as many as you want. Your answers are anonymous and confidential."

**Question 1:** "Before we end our call/chat today, I want to take a moment and ask a few questions about your call/chat experience. With 1 being not at all and 5 being a lot, how helpful did you find the overall services you received today through The Hotline/LIR?"

**Question 2:** "On a scale of 1 to 5 with 1 being not at all and 5 being a lot; how much did your contact with The Hotline/LIR today provide ways to plan for your safety or for the safety of a friend or family member?"

**Question 3:** "On a scale of 1 to 5 with 1 being not at all and 5 being a lot; how much did your awareness of community resources increase as a result of contacting us today?"

**Question 4:** "On a scale of 1 to 5 with 1 being not at all and 5 being a lot; how much did your knowledge about abusive relationships increase as a result of contacting us today?"

#### *Emotional Well-Being Question:*

**Question 5:** "On a scale of 1 to 5 with 1 being not at all and 5 being a lot; how much did you think the person on the other end cared about your situation?"

#### *Emotional Support Question:*

**Question 5:** Do you feel the better, same or worse after today's call?

#### *Concluding statement:*

**Staffer:** "Thank you again for taking the time to respond to these questions. Is there anything else you think would be important for The Hotline/LIR to know about your contact today? [Note any responses]"

As a reminder, your responses will remain anonymous. In addition, if for whatever reason you would like to be re-connected to the hotline, please call 1800-799 SAFE or visit 'Thehotline.org'."

### Questions for Online Chatters

Thank you for chatting. Please provide us with your feedback so we may serve you better.

How **helpful** did you find the information provided during this chat?

- 1 - Not at all
- 2
- 3
- 4
- 5 - A lot

How much did this chat provide you with information on ways to **plan for your safety** or for the safety of a friend or family member?

- 1 - Not at all
- 2
- 3
- 4
- 5 - A lot
- Not applicable

How much did your **awareness of community resources** increase as a result of this chat?

- 1 - Not at all
- 2
- 3
- 4
- 5 - A lot
- Not applicable

How much did your **knowledge about abusive relationships** increase as a result of chatting with us?

- 1 - Not at all
- 2
- 3
- 4
- 5 - A lot
- Not applicable

How much did you think the person on the other end of this chat **cared** about your situation??

- 1 - Not at all
- 2
- 3
- 4
- 5 - A lot
- Not applicable

Do you feel the better, same or worse after today's call/chat?

- 1 - Same

- 2 - Better
- 3 - Worse

## **2C. Questions for The Hotline and LIR Websites:**

### *Introductory Statement:*

Thank you for giving us the opportunity to serve you better. Please help us by telling us about your visit to the National Domestic Violence Hotline/loveisrespect website. We appreciate your trust in us and want to make sure we meet your expectations.

What was the primary purpose of your visit today?

How **helpful** did you find the information provided on this website?

- 1 - Not at all
- 2
- 3
- 4
- 5 - A lot

How much did the website provide you information on ways to **plan for your safety** or for the safety of a friend or family member?

- 1 - Not at all
- 2
- 3
- 4
- 5 - A lot

How much did your **awareness of community resources** increase as a result of the information you reviewed and read on our website?

- 1 - Not at all
- 2
- 3
- 4
- 5 - A lot

How much did your **knowledge** about abusive relationships **increase** as a reviewing and reading our website?

- 1 - Not at all
- 2
- 3
- 4
- 5 - A lot

Is there information or resources you wanted to see on the website, but couldn't find it?

- No
- Yes Please enter an 'other' value for this selection.

## Appendix D: Telephone Observation and Assessment Methods and Instrument

Advocate Name: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Database will also time stamp

### Characteristics of Caller

1. Sex of Caller:
  - Male
  - Female
  - Transgender
  - Other
  
2. Age group of caller – age and type have N/A. When you include N/A vs. unknown
  - Submit age of caller: \_\_\_\_\_
  
3. Race: \_\_\_\_\_
  
4. Type of Caller:
  - Victim/Survivor
  - Family/Friend of Victim (Relation: \_\_\_\_\_)
  - Service Provider
  - Abuser
  - Inquirer (informational seeker; non DV survivor/friend)
  - Off-Target
  - Other (please specify): \_\_\_\_\_
  - Don't know
  
5. Note type of abuse of victim/caller (please note for both victims who call in and friends/family who call in and are discussing the abuse of a family member or a friend)
 

<input type="checkbox"/> Emotional/Verbal Abuse	<input type="checkbox"/> Immigration status/deportation
<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Custody of children
<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Divorce
<input type="checkbox"/> Economic/Financial Abuse	<input type="checkbox"/> Digital
<input type="checkbox"/> Threatening legal status	<input type="checkbox"/> Unknown
  
6. Is this person a repeat caller?
  - Yes
  - No
  - Unknown
  
7. How did caller find The Hotline/LIR number? \_\_\_\_\_
  
8. Are children involved?
  - Yes
  - No
  - Don't know
  
9. Location of Caller: \_\_\_\_\_

10. Caller emotion/state of mind at the beginning of call (check emotion and state of mind of the caller. Rely on specific word is used that is associated with that emotion, e.g., I'm afraid for fear or I don't understand for confusion or I feel better for relief as well as tone of voice and emotional outpouring, e.g., crying). (Note: the listen can also write in text to describe what caller said to reflect the emotion). Check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Fear                                     | <input type="checkbox"/> Degradation/humiliation |
| <input type="checkbox"/> Frustration                              | <input type="checkbox"/> Low self-esteem         |
| <input type="checkbox"/> Sadness/Crying                           | <input type="checkbox"/> Self-doubt              |
| <input type="checkbox"/> Hopelessness                             | <input type="checkbox"/> Apathy/Indifference     |
| <input type="checkbox"/> Anger                                    | <input type="checkbox"/> Detached                |
| <input type="checkbox"/> Confusion                                | <input type="checkbox"/> Withdrawn, withdraws    |
| <input type="checkbox"/> Isolated due to abuser control           | <input type="checkbox"/> Wanting to get help     |
| <input type="checkbox"/> Alone, lacking support                   | <input type="checkbox"/> Relief                  |
| <input type="checkbox"/> Hope                                     | <input type="checkbox"/> Sympathetic             |
| <input type="checkbox"/> Feeling Validated                        | <input type="checkbox"/> Rational                |
| <input type="checkbox"/> Love                                     | <input type="checkbox"/> Other, please specify:  |
| <input type="checkbox"/> Determined, ready to move on/take action | _____  |
| <input type="checkbox"/> Appreciative of resources or support     | <input type="checkbox"/> Don't know              |

### Caller Needs

Notes on caller situation:

The caller explicitly expresses interest in or need regarding any of the following during his/her discussion with the advocate (choose all that apply):

11. Information about abusive and healthy relationships

- Abusive Relationships (check all that apply, if caller is specific)
- Emotional/Verbal Abuse
  - Physical Abuse
  - Sexual
  - Economic/Financial Abuse
  - Digital
  - Threatening legal status
    - Immigrant status/deportation
    - Custody of children
    - divorce
- Healthy Relationships
- Other: \_\_\_\_\_ (e.g., 'I'm in in love with a girl and think I may be a lesbian;)- this is an example of a statement about relationships that would not pertain to whether they are in an abusive or healthy relationship
- No

12. Information/Ways to leave a relationship (caller expresses desire to leave relationship but asks for suggestions, strategies on how to do this)

- Yes
- No

13. Information about staying safe in an abusive relationship

- Yes
- No

14. Emotional support (caller shows signs of needed emotional support) (check all that apply):
- Expresses distress resulting from abusive or other problematic/traumatic event
  - Expresses need to be heard (e.g., "I just want someone to talk to that doesn't know me or him")
  - Expresses a need for someone to be understanding and/or validate their experience (e.g., "I guess I just needed someone to tell me that this is in fact abuse and I'm not wrong to leave")
  - Expresses the need to discuss the experience (e.g., "I just need to talk about what s/he did to me last night")
  - Other, please describe: \_\_\_\_\_
15. Specific emotions/State of mind revealed during the call (select all that apply):
- |   |  |
|---|--|
| <input type="checkbox"/> Fear                                     | <input type="checkbox"/> Degradation/humiliation         |
| <input type="checkbox"/> Frustration                              | <input type="checkbox"/> Low self-esteem                 |
| <input type="checkbox"/> Sadness/Crying                           | <input type="checkbox"/> Self-doubt                      |
| <input type="checkbox"/> Hopelessness                             | <input type="checkbox"/> Apathy/Indifference             |
| <input type="checkbox"/> Anger                                    | <input type="checkbox"/> Detached                        |
| <input type="checkbox"/> Confusion                                | <input type="checkbox"/> Withdrawn, withdraws            |
| <input type="checkbox"/> Isolated due to abuser control           | <input type="checkbox"/> Wanting to get help             |
| <input type="checkbox"/> Alone, lacking support                   | <input type="checkbox"/> Relief                          |
| <input type="checkbox"/> Hope                                     | <input type="checkbox"/> Sympathetic                     |
| <input type="checkbox"/> Feeling Validated                        | <input type="checkbox"/> Rational                        |
| <input type="checkbox"/> Love                                     | <input type="checkbox"/> Other, please specify:<br>_____ |
| <input type="checkbox"/> Determined, ready to move on/take action | <input type="checkbox"/> Don't know                      |
| <input type="checkbox"/> Appreciative of resources or support     |  |
16. Crisis intervention (caller is clearly in crisis and requires an intervention): (check all that apply)
- Facing imminent danger and lethality from abuser or self
  - In extreme emotional crisis, breakdown (caller is actively crying)
  - N/A
17. Information about the types of resources and referral that exist to assist in situation
- Yes
  - No
18. Caller wants/requests to be connected to resources/obtain referral to a resource
- Yes
  - No
19. Types of resources/referrals requested: (check all that apply)
- |  |   |
|--|---|
| <input type="checkbox"/> Shelter (DV or homeless)  | <input type="checkbox"/> Medical services   |
| <input type="checkbox"/> DV crisis center/non-residential resources)   | <input type="checkbox"/> Mental health services, counseling   |
| <input type="checkbox"/> Basic daily needs (needs that keep the caller safe and functional on a daily basis, i.e., job support, financial support) | <input type="checkbox"/> Drug addiction services  |
| <input type="checkbox"/> Transportation to services  | <input type="checkbox"/> Peer-to-peer support, support group  |
| <input type="checkbox"/> Legal information and/or legal services   | <input type="checkbox"/> Suicide hotline  |
| <input type="checkbox"/> Parent and child services   | <input type="checkbox"/> Information for special populations (e.g., language needs, disability services, LGBT services) |
|  | <input type="checkbox"/> Resources that cannot be provided by The Hotline/LIR (changing partner;                        |

- turning back time; restraining order issue)
- Low-cost services (resource of any kind)

Other (please specify): \_\_\_\_\_

### Advocates Role: Information and Resources Provided

The advocate provides information and resources on the following items:

1. Provides information and/or education about abusive and healthy relationships:
  - Abusive relationships (check all that apply)
    - Emotional/Verbal Abuse
    - Physical Abuse
    - Sexual Assault
    - Economic/Financial Abuse
    - Digital
    - Legal (threatening immigrant status, custody of kids, divorce)
    - Unknown
  - Healthy Relationships
  - Other (please specify): \_\_\_\_\_
  - No
  
2. Completes safety assessment:
  - Yes, if yes:
    - Assess safety to talk
    - Asses lethality (e.g., abusive partner nearby, firearms)
    - Assesses dangerousness to self or others
    - Asses whether danger is imminent and if calling 911 is an option
  - No
  
3. Provides safety planning:
  - Yes, if yes:
    - Physical
    - Emotional/Psychological
    - Sexual
    - Financial
    - Digital
    - Legal (threatening immigration status, custody of kids, divorce)
  - No
  
4. Provides emotional support: (check all that apply):
  - Builds trust and rapport (e.g., uses a friendly and helpful tone; treats caller with dignity and respect; and reassures caller of confidentiality, etc.)
  - Listens actively (e.g., shows caller s/he is listening, understands and cares by being present for the caller; reflects feelings; identifies concerns as seen by the caller; helps caller identify priorities and needs using strategic questions, etc.)
  - Shows empathy (e.g., verbally acknowledges the impact of the situation on the chatter; validates callers needs, experiences and/or emotions; empathetic statements; or uses a kind and compassionate ton, etc.).
  
5. Explores options with caller:
  - Yes, if yes:

- Asks caller about support
  - Explores what caller has tried in the past
  - Identifies options with caller
  - Assess advantages and disadvantages of different options
  - No
6. Develops a plan of action with call:
- Yes
  - No
7. Provides information about resources/referrals for any of the following issues: (check all that apply)
- |   |  |
|---|--|
| <input type="checkbox"/> Shelter (DV or homeless)   | <input type="checkbox"/> Suicide hotline   |
| <input type="checkbox"/> DV crisis center/non-residential resources)  | <input type="checkbox"/> Information for special populations (e.g., language needs, disability services, LGBT services)                      |
| <input type="checkbox"/> Basic daily needs (needs that keeps the caller safe and functional on a daily basis, i.e., job support, financial support) | <input type="checkbox"/> Resources that cannot be provided by The Hotline/LIR (changing partner; turning back time; restraining order issue) |
| <input type="checkbox"/> Transportation to services   | <input type="checkbox"/> Low cost services (resources of any kind)   |
| <input type="checkbox"/> Legal information  | <input type="checkbox"/> Other (please specify): _____   |
| <input type="checkbox"/> Parents and child services   | <input type="checkbox"/> Not able to provide needed resource   |
| <input type="checkbox"/> Medical services   |  |
| <input type="checkbox"/> Mental health services, counseling   |  |
| <input type="checkbox"/> Drug addiction   |  |
| <input type="checkbox"/> Peer-to-peer support, support group  |  |

**Notes on advocate presentation/performance during the call. Consider the following:**

- Tone
- Engagement paying attention
- Active listening (involved in conversation or distracted robotic)
- Efficiency

**Provision of contact information/Direct Information**

8. Was contact information provided (e.g., phone number, address, website)?
- Yes, if yes:
    - Service referral to another service provider (including a community resource or web-based resource)
    - Information and resources that are part of The Hotline/LIR (e.g., webpages developed by The Hotline/LIR)
    - Information and resources that are external to The Hotline/LIR
  - No
9. Caller is ready to directly connect to a referrals/resource on their own?
- Yes
  - No
  - Don't know
10. Was direct connect offered?
- Yes, and it was accepted
  - Yes, but it was declined

No

11. If yes, what type of service was offered?

- Service referral to another services provided (including a community resource or web-based resource)
- Information and resources that are part of The Hotline/LIR (e.g., webpages developed by The Hotline/LIR)
- Informational and resources that are external to The Hotline/LIR
- No

### Termination of Call

1. What was the general purpose of the call? (check all that apply)

- Emotional support
- To identify strategies to get help
- To identify and obtain resources and referrals
- Unsure

2. Please indicate how the call ended/disconnected:

- Caller disengages cognitively from discussion but stays on the line (i.e., caller not paying attention to the advocate or not really listening anymore)
- Caller ends the call and hangs up abruptly
- Advocate ends call before conversation is complete and no hand off occurs
- Hand off for a special circumstance (i.e., off target call, rude/crank caller, inappropriate sex call)
- Call or advocate ends call when appropriate
- Phone connection is lost (caller did not intend to terminate the call)
- Hand off to a service

3. Caller emotional at the END of the call: (check emotion if a specific word is used that is associated it that emotion, e.g., "I'm afraid for fear" or "I don't understand for confusion" or "I feel better for relief")

- Fear
- Frustration
- Sadness/crying
- Hopelessness
- Anger
- Confusion
- Isolated due to abuser control
- Alone, lacking support
- Degradation/humiliation
- Low self esteem
- Self-doubt
- Apathy/indifference
- Detached
- Withdrawn, withdraws
- Wanting to get help
- Relief
- Hope
- Feeling validated
- Love
- Determined, ready to move on/take action
- Appreciate resources of support
- Sympathetic
- Rational

- Other, please specify: \_\_\_\_\_
- Don't know

### Utility of call

The caller expresses the helpfulness of the interaction with the advocate

1. Expresses simple thank you at the end of the call
  - Yes
  - No
2. Expresses gratitude beyond just social graces for services providing during the call, including emotional support, resources, and referrals (e.g., "thank you for believing in me"; "it is so good to have someone really listen to me and get this off my chest"; "I am so glad I talked to you and got these resources", etc.)
  - Yes
  - No
3. Uses explicit words like "help", "helpful", "useful", "extremely", etc.
  - Yes
  - No
4. Caller expresses intent to follow through with a plan of action or options discussed: ("I will have my mother call the shelter tomorrow; "I will talk to my family this afternoon", etc.).
  - Yes
  - No
5. Open ended notes: How does the caller describe the usefulness of the call?

End Time: \_\_\_\_\_

Duration of call: \_\_\_\_\_

### Observer Notes (open ended):

This section should be used for the assessor to note anything that transpires during the call that is not captured by the above tool. It can note tone of conversation, attitude of advocate, attitude of caller, off-target call, etc., as well as any unusual or noteworthy occurrences during the call (interruptions, abrupt ending to call, sudden outburst).

Assessment of how the Crisis Intervention Model was followed:

At the end of each call, please fill in the following assessment of whether and how well the advocate followed the crisis intervention model. Check all that apply:

- Assesses for immediate danger and lethality
- Focuses on caller needs, emotions, experiences
- Focuses on barriers
- Explores resources
- Explores possibilities, options
- Develops a plan of action with the caller
- Summarizes the call and plan of action
- Ends the call

## Appendix E: Preference of Use Survey

### Version A: National Domestic Violence Hotline

#### Introductory Statement:

Thank you for giving us the opportunity to serve you better. Please help us by telling us about your visit to the National Domestic Violence Hotline website. We appreciate your trust in us and want to make sure we meet your expectations.

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 0970-0468 and it expires on 12/31/2016.

#### Survey Questions:

1. Currently the two main ways people connect with someone at the National Domestic Violence Hotline (The Hotline) are by telephone and online chat. Texting is currently only available through a side project called loveisrespect. If you wanted to connect with someone at The Hotline, what method would be your top choice to use?

- Telephone
- Online Chat
- Texting (not yet available for The Hotline)
- Other - Please describe Please enter an 'other' value for this selection.

2. Why would this method be your top choice to connect with someone at The Hotline?

3. Of the main ways you can connect with someone at The Hotline, which one is the **easiest** for you to use?

- Telephone
- Online Chat
- Texting (not yet available for The Hotline)

4. Of the main ways you can connect with someone at The Hotline, which one is the **hardest** for you to use?

- Telephone
- Online Chat

- Texting (not yet available for The Hotline)

5. Of the main ways to connect with someone at The Hotline, which one offers you the **most privacy**?

- Telephone
- Online Chat
- Texting (not yet available for The Hotline)

6. Of the main ways to connect with someone at The Hotline, which one offers you the **least privacy**?

- Telephone
- Online Chat
- Texting (not yet available for The Hotline)

7. Of the main ways to connect with someone at The Hotline, which one do you think would be the **safest** for you to use?

- Telephone
- Online Chat
- Texting (not yet available for The Hotline)

8. Of the main ways to connect with someone at The Hotline, which one do you think would be the **least safe** to use?

- Telephone
- Online Chat
- Texting (not yet available for The Hotline)

9. What is your **age**?

10. What is your **gender**?

11. How would you describe your **sexual orientation**?

12. What is your **race/ethnicity**?

13. Have you ever connected with someone at The Hotline using any of the methods (telephone, chat, or texting via loveisrespect)?

- Yes
- No
- Don't know

14. When you connected with someone at The Hotline, what method did you use?

- Telephone
- Online Chat
- Texting
- Other - Please describe Please enter an 'other' value for this selection.

### Version B: loveisrespect

#### *Introductory Statement:*

Language posted on website before the questions: "Thank you for giving us the opportunity to serve you better. Please help us by telling us about your visit to the loveisrespect website. We appreciate your trust in us and want to make sure we meet your expectations.

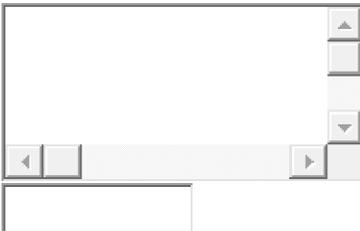
An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 0970-0468 and it expires on 12/31/2016.

#### *Survey Questions:*

1. Currently the three main ways people connect with someone at loveisrespect are by telephone, online chat, and texting. If you wanted to connect with someone at loveisrespect, what method would be your top choice to use?

- Telephone
- Online Chat
- Texting
- Other - Please describe Please enter an 'other' value for this selection.

2. Why would this method be your top choice to connect with someone at loveisrespect?



3. Of the main ways you can connect with someone at loveisrespect, which one is the **easiest** for you to use?

- Telephone
- Online Chat
- Texting

4. Of the main ways you can connect with someone at loveisrespect, which one is the **hardest** to for you to use?

- Telephone
- Online Chat
- Texting

5. Of the main ways to connect with someone at loveisrespect, which one offers you the **most privacy**?

- Telephone
- Online Chat
- Texting

6. Of the main ways to connect with someone at loveisrespect, which one offers you the **least privacy**?

- Telephone
- Online Chat
- Texting

7. Of the main ways to connect with someone at loveisrespect, which one do you think would be the **safest** for you to use?

- Telephone
- Online Chat
- Texting

8. Of the main ways to connect with someone at loveisrespect, which one do you think would be the **least safe** to use?

- Telephone
- Online Chat
- Texting

9. What is your **age**?

10. What is your **gender**?

11. How would you describe your **sexual orientation**?

12. What is your **race/ethnicity**?

13. Have you ever connected with someone at loveisrespect using any of the methods (telephone, chat, or texting)?

- Yes
- No
- Don't know

When you connected with someone at loveisrespect, what method did you use?

- Telephone
- Online Chat
- Texting
- Other - Please describe Please enter an 'other' value for this selection.