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**Evaluation of Technology-based Advocacy Services (ETA): Technical Report****2018-ZD-CX-0004****Final Report****November 28, 2021**

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## Evaluation of Technology-Based Advocacy

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### **List of Acronyms Included in Report**

ASL- American Sign Language

CAN- Child Abuse and Neglect

DV-Domestic Violence

ETA- Evaluation of Technology-Based Advocacy

HT- Human Trafficking

IPV- Intimate Partner Violence

IRB- Institutional Review Board

NNDEV- National Network to End Domestic Violence

SA- Sexual Assault

SMS- Short Message Service (texting)

TTY/TDD- Text Telephone/ Telecommunications Device for the Deaf

UT- University of Texas

UTMB- University of Texas Medical Branch

## Executive Summary

### Introduction

Evaluation of Technology-based Advocacy Services (ETA) is a formative evaluation of technology-based advocacy services for victims of crime at a community violence prevention and intervention program in Austin, Texas. This project examined the formation and implementation of chat and text services on SAFELINE, the 24/7 hotline service at SAFE Alliance in Austin, Texas. Both quantitative and qualitative methodology were used to assess the following objectives:

1. How technology-based advocacy is being implemented at SAFELINE and used by SAFE Alliance to provide support to service users;
2. How advocacy models to support crime victims are being adapted for different technological platforms;
3. Who uses technology-facilitated advocacy, their needs, and experiences in seeking services; and
4. What agency and community supports and resources are needed to implement technology-based advocacy and conduct subsequent process and outcome evaluations.

Using a collaborative model, the evaluation team partnered with SAFE Alliance staff to understand program use, reach, and programmatic theory of change.

### Project Data

Data collected and analyzed included SAFELINE program documents and analysis of program data and de-identified chat and text transcripts (n=442). The evaluation team surveyed 171 SAFELINE program users and interviewed 14 staff and 50 prospective and past service users of SAFELINE, and conducted a literature review of 145 relevant articles. Statistical analysis, grounded theory, content analysis, and thematic analysis were used to analyze data. All activities were reviewed and approved by the UT Austin IRB, with reliance with UTMB.

### Service Use and Service User Needs

- Since 2018, SAFELINE has completed an average of 18,735 call, chat, and text sessions per year, indicating high levels of use.
- In a survey of SAFELINE service users, 67.9% reported that was their first time contacting SAFELINE.
- The majority of survey participants reported their primary goals in contacting SAFELINE was help with counseling (49.7%) or help with housing (both shelter and non-shelter) (43.3%). In a review of SAFELINE chat and text transcripts, service users most often expressed a need for housing (both shelter and non-shelter) (29.1%), legal advocacy (24.8%), and counseling/emotional support (23%). This was confirmed in interviews.
- There was an average of 2500 requests for admittance to SAFE's emergency shelter per year and were highest in 2019-2020 and reduced by 15.6% during COVID-19 (March 2020-February 2021).

### Service User Experience

- Of SAFELINE service users that were surveyed for this evaluation, 82.9% reported being satisfied with the amount of time SAFELINE advocates spent with them

Even through text, there is that connection. They still have a way in letting—I feel like in—through that text, they sent out an arm and almost hugged me, you know? There still was that connection. There still was that assistance that I needed that was given to me at that moment that I needed it. [SAFEline Service User]

### **How are services provided?**

The logic model developed as part of this evaluation includes the following five (5) goals:

1. Rapid engagement for support and connection
2. Identify needs and options related to violence, abuse, harm, and related concerns
3. Expand understanding of violence, abuse, and harm through community and survivor education
4. Improve survivor safety to prevent future violence and harm
5. Increase access to timely supports and address needs by opening door to the agency and beyond

Outcomes are short-term and long-term and include increased safety, reduced isolation, and increased resource knowledge. Barriers to successful chat and text hotline interactions include: Lack of comfort or access to the platform, perception that the service lacks warmth, and inaccessibility to needed services at the agency due to high demand for interpersonal violence services in the community.

### **Implications**

Chat and text hotlines are vital to service availability and access for victims of IPV, child abuse and neglect (CAN), sexual assault, and human trafficking and extend the benefits of national chat, text, and phone hotlines. Chat, text, and phone hotlines provide an important role in community education by linking people to local supports for education and importantly, teach people how to access help. Technology-based advocacy can increase access to historically marginalized and hard-to-reach populations. Chat and text service user volume is sensitive to local, state, and national events.

### **Dissemination**

The evaluation team developed the following products as part of this project.

- Fidelity measure checklist.
- Logic Model. The logic model includes five goals that guide technology-based advocacy and key skills associated with each goal.
- Brief client survey. This tool can be used as a “client satisfaction” survey and includes 14 questions about service interaction, service user needs, and self-reported outcomes.

Academic and practitioner presentations were implemented with more planned.

### **Next Steps**

Following the evaluability assessment, the evaluation team will build on this formative phase of this project by conducting a process and outcome evaluation of chat- and text-based services for victims of interpersonal crime. The next phase of the evaluation will also include an additional site, the Houston Area Women’s Center. Future phases of this project will also seek to further refine the advocacy model related to cultural responsiveness and equity in technology-based advocacy services to better reach diverse groups of victims of crime.

## Introduction

*Evaluation of Technology-based Advocacy Services (ETA)* is a formative evaluation of technology-based advocacy services for victims of crime, including intimate partner violence (IPV), sexual assault (SA), human trafficking (HT), and child abuse and neglect (CAN) at a community violence prevention and intervention program in Austin, Texas. The ETA project examines the formation and implementation of chat and text services on SAFELINE, the hotline service at SAFE Alliance in Austin, Texas. Given the growing number of agencies in Texas and across the nation implementing technology-based advocacy, which increased exponentially during the COVID-19 pandemic, best practices for formative evaluation and implementation guidance were needed to guide chat and text service models. Both quantitative and qualitative methodology was used to assess the following objectives: 1). *How technology-based advocacy is being implemented at SAFELINE and used by SAFE Alliance to provide support to service users;* 2). *How advocacy models to support crime victims are being adapted for different technological platforms;* 3). *Who uses technology-facilitated advocacy, their needs, and experiences in seeking services;* and 4). *What agency and community supports and resources are needed to implement technology-based advocacy and conduct subsequent process and outcome evaluations.* Using a collaborative model, the evaluation team at the University of Texas at Austin and the University of Texas Medical Branch partnered with SAFE Alliance staff with the aim to understand program use, reach, and programmatic theory of change. Data collected and analyzed included review of SAFELINE program documents and analysis of program data and de-identified chat and text transcripts (n=442). The evaluation team surveyed 171 SAFELINE program users, interviewed 14 staff, and 50 prospective and past service users of SAFELINE and conducted a literature review of 145 relevant articles and previous research in the field. This technical report

details relevant literature, the study methods, and evaluation findings with recommendations and implications for agencies serving victims of crime considering or already implementing chat and text advocacy services.

## **Literature Review**

### **Technology and Help-seeking**

Over the past decade, in response to the proliferation of internet and smartphone use, service agencies have implemented digital hotline platforms that use chat and text messaging services to reach individuals more comfortable with technology-based interactions (Brody et al., 2020; Nesmith, 2018; Rempel et al., 2018; Wood et al., 2021). The gap between individuals that have broadband access at home and those that do not has been rapidly shrinking in the past two decades, (Perrin, 2021; Strasburger, et al., 2009) making technology-based communication more accessible to typically marginalized communities. The increased use of technology-based communication has resulted in positive outcomes for users, including increased sense of connection via an online community and ability to maintain intimacy with social support networks even if not geographically close. These modalities are particularly accessible and comfortable for “digital natives,” or individuals born after the creation of digital technology and familiar with computers and digital communication from an early age (Coyne et al., 2011; Coyne et al., 2013; Korchmaros et al., 2012). Previous research in the field has found that although chat-based hotlines are generally most used by white, female individuals under the age of 35, (Brody et al., 2020) they have the potential to be effective in increasing access to services among hard-to-reach and traditionally marginalized populations as well (Brody et al., 2020; Collin et al., 2011; Seward & Harris, 2016). SAFeline chat and text services were created in part to reach three groups that are traditionally marginalized and underserved by violence-focused agencies,

and may seek to use chat and text more often for help-seeking: Adolescents/emerging adults; D/deaf and hard of hearing individuals, and Spanish-speaking members of the Latinx community.

### ***Adolescents and emerging adults***

Adolescents and emerging adults are at increased risk for IPV, sexual assault, and human trafficking (Black et al., 2017; Smith et al., 2018) making this group a critical priority for interpersonal violence-focused programs. Chat- and text-based communication is highly popular among adolescents and emerging adults (age 18-25). Almost all adults in the U.S. own a cell phone and 96% of adults age 18-29 own a smartphone, up from 66% in 2012. Additionally, 77% of U.S. adults own a laptop and 53% own a tablet with internet access (Perrin, 2021). In 2018, a PEW survey found that 25% of U.S. adults reported they are “almost constantly” online (PEW, 2018). However, younger adults are more likely to be dependent on their smartphone as their only access point to the internet. The proliferation of chat and text use among all individuals, especially emerging adults and youth, has fundamentally changed the way individuals communicate, interact, and build relationships. An important milestone of adolescence and emerging adulthood is the development of interpersonal connections, including romantic relationships and is increasingly done via technology-based forms of communication (Subrahmanyam & Greefield, 2008). Chat-based hotlines are the more preferred mode of hotline support over voice calls or face-to-face interactions among emerging adults (Brody et al., 2020). Further, Giorgio (2013) found that youth from racial minorities preferred texting over chat/messaging services.

Youth and emerging adults (age 18-25) may be more likely to use chat and text services and discuss difficult or distressing issues via chat or text (Glasheen et al., 2016; Haner & Pepler,

2016). Online interactions are flexible in that they can occur on the individual's own time, in their own way (Merolli et al., 2014). This may lead to individuals saying and/or doing things they would not ordinarily say or do in face-to-face interactions (Suler, 2004). Evidence shows that online interactions, including chat and text, may create a "disinhibition effect" that allows for greater self-disclosure, particularly among youth (Budinger et al., 2015) and increases accessibility to services among hard-to-reach populations. Both the potential for anonymity and invisibility of text-based online interactions are factors that lead to the disinhibition effect (Suler, 2004) and allow for individuals to select which parts of their identity they wish to disclose or hide (Merolli et al., 2014). Individuals, particularly emerging adults, may use a gradual approach to increasing the level of intimacy in relationships starting with more impersonal forms such as connecting via social media publicly to direct messaging or texting (Coyne, et al., 2013). Austin, Texas, where SAFeline is located is home to the University of Texas at Austin. Over 29% of the local population is between the ages of 10-29 (U.S. Census Bureau, 2020), making the adolescent and emerging adult population a major focus for service provision.

### ***Individuals that are D/deaf and hard-of-hearing***

Broadly, survivors of violence with disabilities, including those who are D/deaf and hard of hearing, are at increased risk for IPV and sexual assault and may be less able to access services (Cramer & Plummer, 2010). Austin and Travis County have a large population of D/deaf and hard of hearing residents, bolstered by the presence of the Texas School for the Deaf. Previous research has found that the rise in texting has increased the ability to communicate among individuals that are D/deaf and hard-of-hearing with both non-hearing and hearing individuals (Pilling & Barrett, 2007). More recent studies have found that SMS (texting) and email were preferred to TTY/TDD services among individuals that are D/deaf and hard-of-

hearing (Boness et al., 2021; Maiorana-Basas & Pagliaro, 2014; Power, 2006). However, evidence suggests that technology-based communication is more accessible for individuals that are D/deaf and hard-of-hearing in higher income brackets that have the ability to purchase “state-of-the-art” devices (Maiorana-Basas & Pagliaro, 2014). Based on these findings, it is possible that individuals that are D/deaf and hard-of-hearing may prefer chat and text-based communication to using video relay services through a phone hotline, especially for those that are low-income or lack access to more advanced TTY/TDD technologies.

### ***Individuals that speak Spanish and the Latinx community***

SAFEline is located in Austin, Texas, where over 39% of Texans are Hispanic or Latino (U.S. Census Bureau, 2017) and 30% speak Spanish at home (U.S. Census Bureau, 2015). Of this 30%, 42% speak English “less than very well” (U.S. Census Bureau, 2015). Previous research in the field has found that about 30% of Latinx women experience IPV in their lifetime (Breiding et al., 2014). Additionally, Latinx individuals face greater barriers to seeking help including possible immigration-related fears, cultural insensitivity at shelters, and systemic racism (Crenshaw, 1991; Ragavan et al., 2018). There is a gap in level of internet access between Latinx individuals, particularly older generations, and non-Hispanic whites across the U.S. (Gonzalez et al., 2019). Further, non-U.S. born Latinx individuals are less likely than U.S.-born Latinx individuals to use technology-based forms of communication (Brown et al., 2016; Gonzalez et al., 2019). However, this gap in internet access and use has significantly narrowed since 2012 (Brown et al., 2016). Previous studies have found that low-income Latinx individuals and Latinx individuals with limited English proficiency do have access to cell phones but are less likely to use cell phone applications and internet access (Brown et al., 2016; Reuland et al., 2021). In a national sample, Latinx individuals had the highest rate of phone-only (using phones

only for calling or texting and not internet access) Smartphone use (PEW, 2018). However, Reuland (2021) found that low-income, limited English proficiency Latinx individuals had Smartphones and regularly used their phones for texting (Reuland et al., 2021).

### **The Role of Advocacy Services for Interpersonal Violence Survivors**

The National Network to End Domestic Violence (NNDEV) estimates 77, 226 individuals are served per day in IPV-focused programs (NNDEV, 2020). These programs offer a wide variety of services including shelter, longer-term housing, therapeutic counseling, legal aid, economic support, and basic needs such as clothing and food. To meet the myriad of needs of individuals that have experienced violence, many violence-focused agencies also provide *advocacy*, or supportive services. Advocacy is a collection of survivor-led, trauma-informed, and culturally relevant practices used by agencies to serve individuals in both residential and non-residential settings (Macy et al., 2009; Wilson et al., 2015). Advocacy is a low-barrier, voluntary service model aimed at empowerment, improved safety, and increasing resources for survivors (Sullivan et al., 2018; Wilson et al., 2015). Offered in community programs, criminal justice agencies, and school/university settings, advocacy is a supportive service model for people who have experienced violence/harm. Advocates work collaboratively with survivors to help meet goals, gain resources and social support, and address safety and health concerns. While sometimes compared to case management or crisis intervention, advocacy is different because the focus is on both micro (individual) strategies and macro (community and environmental) strategies to end violence and improve the lives of survivors (Sullivan & Goodman, 2019). Advocacy models can be delivered in-person, over the phone, by video, or via chat and texting applications. Typically, advocacy involves resources provision, safety planning, help-seeking support, accompaniment to medial or legal appointments, information and referrals, psychoeducation, and empathic listening

(Payne, 2008; Wood et al., 2021; Wood, 2014). Advocacy models vary based on organizational structure, geographic location, and collaboration with other community and system supports and may include a range of implementation strategies (Payne, 2008; Rivas et al., 2015).

Advocacy for interpersonal violence survivors is guided by theoretical frameworks and practice perspectives. Conservation of Resource (COR) theory guides advocacy practices (Sullivan & Bybee, 1999). In the aftermath of trauma, individual, interpersonal, and social resources may be lost or reduced for survivors (Hobfoll, 2011; Sullivan et al., 2018). However, the immediate loss of resources as well as long-term impacts of experiencing a trauma can be mitigated by resource gain (Hobfoll, 2011). Resource gain, facilitated via advocacy, promotes individual, relational, and social connection with others (Sullivan et al., 2018). It also connects survivors to formal and informal support including housing, counseling, children's services, and financial aid that increase overall wellbeing (Sullivan et al., 2018; Wood et al., 2020a). Empowerment theory also informs advocacy models in that it emphasizes survivor autonomy, advocate cultural competence, survivor choice, and collaborative decision-making processes (Campbell, 2002; Davies & Lyon, 2014; Wood, 2015).

Additionally, advocacy is guided by trauma-informed care principles (Wood et al., 2020a). Trauma-informed care recognizes the ongoing impact of violence experienced by the survivor, their evolving needs, and the belief that the survivor is the expert on their own life (Goodman et al., 2016; Sullivan et al., 2008). Trauma-informed care is based in six core principles including: empowerment, collaboration, safety, support, trustworthiness and transparency, and attention to cultural, historical, and gender issues (SAMHSA, 2014). Advocacy services employ trauma-informed tenets applied to service provision with survivors of interpersonal violence and typically focuses on understanding the individualized nature of

trauma, responding with services that prioritize safety, and maximizing opportunities to regain autonomy (Sullivan & Goodman, 2019). Trauma-informed models of advocacy increase self-efficacy, feelings of safety, and empowerment (Sullivan et al, 2018). Trauma-informed advocacy approaches also provide psychoeducational and emotional support to formal and informal victim support networks.

In practice, these theories are evident throughout the advocacy process as survivor and advocate work toward mutually shared goals aimed at providing support to the survivor, connecting them to formal and informal support and resources, and decreasing isolation (Davies & Lyon, 2014; Sullivan & Goodman, 2019; Wood et al., 2020a). This model of service is described as survivor-centered (or driven), meaning the expressed needs of individuals guide the service approach, rather than work or agency goals (Davis & Lyon, 2014; Goodman et al., 2016). Advocates support survivors to meet their self-defined goals and address needs. Therefore, the relationship between the advocate and survivor is the most important facet of advocacy. Survivor-centered advocacy emphasizes this partnership between the survivor and advocate that upholds the survivor's individual goals, needs, and support networks (Goodman et al., 2016). Advocacy also requires a social justice understanding of the intersection between individuals and institutions including the ways in which systems have historically excluded or harmed individuals with marginalized identities (Sullivan & Goodman, 2019; Wood et al., 2015). As a service model, advocacy addresses both individual and macro, or system-level change. In addition to their work with individual survivors, advocates work on a macro-level to change and improve institutional and agency responses to survivors of interpersonal violence (Sullivan & Goodman, 2019). Previous research in the field has found advocacy service use is connected to decreased violence, increased safety, decreased negative mental health symptoms, increased

social support, feelings of empowerment, hopefulness, and improved quality of life (Bennett et al., 2004; Goodman et al., 2016; Ramsey et al., 2009; Rivas et al., 2015; Sullivan, 2016; Sullivan et al., 2018; Sullivan & Virden, 2017; Sullivan & Bybee, 1999; Wathen & MacMillan, 2003).

### **Technology-Based Advocacy Service Models**

Historically, phone hotlines have been a primary access point for advocacy services and connection to formal support systems for victims of interpersonal violence (Bennett et al., 2004; Finn et al., 2011; Finn & Hughes, 2008; Grossman et al., 2019). The NNDEV 2020 census of IPV programs reported that agencies answered 21,321 hotline calls over a 24-hour timespan (NNDEV, 2020). Hotlines, traditionally accessible via phone, offer survivors immediate, and potentially anonymous, crisis intervention services, resource referrals, and connection to longer-term interventions (Grossman et al., 2019; Wasco et al., 2004). Crisis hotlines work to improve the safety of service users with the understanding that this may be the first, and sometimes only, interaction service users will have with formal support systems (Grossman et al., 2019). Previous evaluations of crisis hotlines, including those focused on IPV and additional forms of violence and harm, have found that individuals experience lowered negative mental health symptoms by the end of the interaction, but that the impact continues after the call has ended, leading to improved adaptive coping strategies in the future (Brody et al., 2019; Hodgson et al., 2021; Kalafat et al., 2007).

#### ***Virtual advocacy services***

Increasingly, agencies have adapted chat and text (SMS) technology for hotline or crisis support, mental health, and substance use interventions (Brody et al., 2019; Wright et al., 2017). National hotlines and supportive agencies have led the way in developing technology-based services and have provided the opportunity for people to seek help over chat and text. Chat and

text services can be accessed using a laptop or smartphone that has access to the internet or via smartphone text services using any phone with the ability to text (NNDEV, 2019), and allow people to reach out inaudibly and provide a potentially safer way to reach out (Budinger et al., 2015).

Like other approaches to advocacy, technology facilitated advocacy is trauma-informed, survivor-centered, and social justice oriented. Adaptations of advocacy practices for chat- and text-based are also informed by *social presence* theory. Social presence is the degree to which a person conveys authenticity or “realness” in technology-assisted communication (Gunawardena, 1995) and has been linked to increased satisfaction and positive learning outcomes in educational settings (Dahlstron-Hakki et al., 2020; So & Brush, 2008). Social presence is typically conveyed through intimacy and immediacy of communication, indicating responsiveness (Gunawardena, 1995). Further, the greater degree of social presence perceived by the service user, the more engaged they become in the interaction (Dahlstron-Hakki et al., 2020). Therefore, chat- and text-based exchanges that are interactive, cohesive, and have strong affective components help facilitate social presence (So & Brush, 2008). Ensuring social presence factors that are employed by chat and text service providers is key to positive interactions with service users.

Using trauma-informed, survivor-led advocacy practices with a high degree of social presence can also increase engagement with hard-to-reach and marginalized populations. During the COVID-19 pandemic, stay-at-home orders and mandatory quarantines underscored the key role of technology-based service provision to reach survivors who could not use traditional phone and in-person formats at the time. Violence-focused agencies across the country quickly moved to adopt virtual services to meet the increased needs of individuals experiencing interpersonal violence who could not be helped in person and who preferred not to call for

safety or communication preference reasons (McLay, 2020; Voth Schrag et al., 2021; Wood et al., 2020b). Research prior to and during the COVID-19 pandemic shows that technology-based services, including chat and text, are often used when the individual is currently living with their partner or their partner is nearby as a more private and confidential way to seek help than phone-based hotlines (Slakoff et al., 2020). Online interventions targeted at survivors of intimate partner violence, including apps providing information about safety planning, information, and support are increasingly part of the array of services available (Rempel et al., 2018). Brignone & Edleson (2019) identified 38 apps for the iPhone that have been developed to support survivors of IPV, finding evidence that the apps rated most highly by survivors and advocates were developed in collaboration between advocates and other professionals. An overarching theme among the online interventions was a focus on providing information to increase safety during relationship dissolution, as opposed to providing support over time (Rempel et al., 2019). Service providers and programs aimed at survivors of IPV and other forms of interpersonal violence are increasingly considering their web and social media presence, and developing low-barrier strategies for individuals to connect with them via these platforms (Voth Schrag et al., 2021). Below, we outline three critical considerations of virtual service provision: technology facilitated violence, confidentiality, and advocacy skill modifications.

**Technology-facilitated interpersonal violence.** The advent of new and evolving technology has made surveillance by an intimate partner easier and more accessible than ever before (Messing et al., 2020). Technology, including the increased network of connected devices, not only enables control of a partner during the course of a relationship, but increases a partner's ability to harass and surveil an individual after a breakup (Lopez-Neira et al., 2019; Oravec, 2017). Technology-based violence/abuse including electronic stalking, intimate partner

violence via online surveillance, technology-facilitated sexual violence, and non-consensual posting of intimate photos, videos, and messages (Messing et al., 2020; Powell & Henry, 2019).

Cyberstalking is the repeated pursuit of an individual using internet-connected devices and is another form of technology-facilitated dating or intimate partner abuse (Reyns et al., 2012).

Technology offers both an easy way to monitor and control partners, but also a way to engage in public humiliation, retaliation, and separation from a partner's social support network (Schnurr et al., 2013). Female-identified emerging adults face high rates of technology-facilitated abuse, particularly cyberstalking, (Henry et al., 2020). Studies have found that as much as 78% of survivors of IPV have experienced some form of technology-facilitated abuse as well (Brown et al., 2018; Messing et al., 2020). Technology-facilitated abuse, including cyber dating abuse, also occurs among adolescents with prevalence estimates ranging from 25%-31.5% of surveyed individuals experiencing some form of online dating aggression (Draucker & Martsof, 2010; Picard, 2007; Zweig et al., 2013). Clinicians, advocates, and other service providers working with individuals that have experienced technology-facilitated abuse need to understand online platforms, technology-based forms of communication, and the intersecting typologies of cyber abuse (Messing et al., 2020; Voth Schrag et al., 2021).

**Confidentiality.** Forms of technology-based communication differ in the extent to which the content is public or private. Communication via text messaging, email, and direct message are presumably more private than social media posts and posts on publicly available discussion boards. The differences in privacy give users some ability to remain confidential or anonymous across different forms of communication (Moylan et al., 2021; Subrahmanyam & Greefield, 2008). Online forms of media give individuals the ability to moderate the level of intimacy present in their online interactions with both individuals they may also know offline and those

they only interact with online (Coyne et al., 2013). Chat and text-based services also give a potential service user that ability to reach out in a private way if they are in a situation where they are living with a partner using violence against them or if they do not have access to a safe, confidential location to make a phone call (Moylan et al., 2021; Slackoff et al., 2020). In addition to service user privacy, safety, and confidentiality, technology-based advocacy services must also address issues related to mandated reporting and disclosure of child abuse and neglect by services users (Cash et al., 2020; Wu et al., 2017). Understanding legal and professional ethical mandates regarding mandated reporting, and addressing disclosure by service users is a vital part of confidentiality and privacy in technology-based services.

Privacy and confidentiality are multi-faceted considerations and for agencies providing technology-based services, an understanding of these elements from both the perspective of help-seekers and service provision is critical to program processes and protocols (NNEDV, 2019). Survivor information must be protected, and processes must be in line with both federal and state laws. Agencies must also consider data management, data security, and have a plan in place for any data breaches that may occur (NNEDV, n.d.). Additionally, by having protocols in place and being upfront in discussing these protocols with service users enhances service user trust in the hotline (Navarro et al., 2020; Wu et al., 2017). Technology-based services must prioritize safety and security of individuals, use clear and concise communication, protect individuals' privacy by collecting minimal information, and use quality platforms and accessible software (NNEDV, n.d.).

**Advocate/clinician skills.** In response to increases in individuals seeking services through technology-based outlets, service providers have adapted traditional service approaches (Wood et al., 2021). Emotional support, quick access to resource referral, and help-seeking

support are all important skills to technology-based advocacy (Matthewson, et al., 2020; Wood et al., 2021). However, advocates and clinicians have identified the need for increased communication around tone and meaning in the absence of vocal cues (Moylan et al., 2021), and increased expressions of emotion and emotive language (Moylan et al., 2021; Wood et al., 2021). In previous studies, advocates also discussed a need for clear communication and the ability to think through responses before sending to service users as a needed skill in providing technology-based advocacy services (Moylan et al., 2021)

Advocates and clinicians are not only working to incorporate technology-based forms of communication into their programs and services, but also working to help the individuals they work with understand the positive and negative outcomes of technology-based communication (Voth Schrag et al., 2021). Due to the increasing use of technology among individuals from all age groups, particularly among individuals with typically marginalized identities, service providers are spending more time addressing technology-based abuse, contextualizing the behaviors of individuals that use this type of abuse against survivors, and providing psychoeducation on the signs of technology-based escalation, and need for a digital safety plan (Messing et al., 2020; Voth Schrag et al., 2021). Advocates may provide information on choices available to services users concerning digital safety, but must understand survivors have the right to make their own choices.

### ***Impact of hotline services***

Technology-based services have typically received positive evaluations (Bennett et al., 2004; Cross et al., 2017) who many times report using the services more than once (Evans et al., 2013). An evaluation of a text-based crisis hotline for youth experiencing negative mental health symptoms found that 65% of service users in crisis reported a positive outcome from their

session (Nesmith, 2018). Service user feedback in previous crisis/interpersonal violence-related hotline evaluations has found that service users felt positive about their experiences when they believed advocates listened to them, helped them think more clearly, and provided options for seeking help (Finn & Hughes, 2008; Kalafat et al., 2007). Previous research has found that crisis hotline use improved mental health among users, including lower symptoms of anxiety, depression, and suicidality (Brody et al., 2019; Hodgson, 2020). Suicide risk assessments and information on adaptive coping mechanisms are important factors in crisis support services and service user outcomes (Kalafat et al., 2007). Chat- and text-based hotline service users present various concerns with accessing services including questions about abuse/violence, getting and staying safe, mental health concerns, physical health concerns, law enforcement and reporting procedures, and basic needs such as clothing, food, and housing (Grossman et al., 2019; Kalafat et al., 2007). Additionally, hotlines are often used for referrals to local resources and contact information (Kalafat et al., 2007).

Chat-based hotlines were preferred over email, text, voice, and face-to-face support services, and are an effective way of delivering crisis support services (Brody et al., 2019). Technology-based platforms potentially have a much larger reach than in-person interventions but are only useful when they are easily found by potential service users (Brignone & Edleson, 2019). Hotlines may be the first interaction an individual has with formal support and must be both survivor-centered and trauma-informed (Grossman et al., 2019). However, platform performance and quality factor into the overall effectiveness of technology-based interventions on both the service user experience and outcomes (Brignone & Edleson, 2019). Previous research on the service model, implementation, and impact of chat and text advocacy is lacking, creating a deficit in our understanding of what high quality online service models are for

survivors of violence. To address this gap, we conducted a formative evaluation of SAFELINE, a program of SAFE Alliance, Austin, Texas.

## **Overview of SAFE Alliance**

### **SAFELINE Program Description**

SAFELINE is a program of SAFE Alliance, an organization in Austin, Texas that provides services related to sexual assault and exploitation, intimate partner violence, human trafficking, and child abuse and neglect. As of 2020, the population of Austin was estimated to be just under 1 million residents (U.S. Census, 2020) and 94.9% of households have a computer, and 87.5% of households have a broadband internet subscription (U.S. Census, 2019). In 2019, the Austin Police Department and Travis County (home to Austin) Sheriff's Office responded to 9,613 family violence or (IPV) cases and 815 sexual violence cases (SAFE, 2019).

SAFE Alliance was formed in 2017 through a merger of two long-standing central Texas agencies, SafePlace and Austin Children's Shelter. The merger aimed to provide streamlined, integrated services for those affected by myriad and interrelated types of interpersonal violence, abuse, and exploitation that affect individuals across their lifespan. In addition to SAFELINE, SAFE Alliance provides a variety of services for both adult and youth survivors of violence and abuse, including emergency shelter and longer-term supportive housing services, counseling, financial and legal advocacy, sexual assault forensic nursing, foster and adoption services, and an onsite school. SAFE Alliance also provides prevention and outreach services to the community, including programs designed specifically for teens, individuals with disabilities, individuals that are D/deaf and hard-of-hearing, and parents and families with multiple stressors or involved in the child welfare system.

## **SAFEline Program Description**

### *From SAFE Alliance*

The SAFEline provides 24/7 phone, chat, and text support to victims of crime and violence, with a focus on Travis County, Texas. SAFEline offers crisis intervention, safety planning, emotional support, screening for admission to most SAFE services, and information and referrals. Accessed through the SAFE website or via text, the SAFEline serves as a private way for abuse victims to connect with advocates and receive the same services they would receive if they were to call the hotline. Depending on staff capacity, there may be a wait to speak to a staff member on the phone. In these cases, callers are given the option to communicate with a staff member via chat or text while they wait to be able to speak on the phone. A welcome message with information about safety is provided before the client is connected to SAFEline staff. Regardless of call, text, or chat, SAFEline clients are given the opportunity to express concerns, and explain circumstances and experiences. They can also request services, and are provided with appropriate resources and referrals.

SAFEline is the only bilingual (English/Spanish) call/chat/text line in Travis County, Texas. SAFEline is available for anyone that is experiencing or has experienced previously, interpersonal violence including intimate partner violence, sexual violence, child abuse and neglect, and human trafficking. Additionally, individuals use the SAFEline for information and resources on parenting, general questions about SAFE Alliance, and relationships. Both individuals experiencing violence and using violence use SAFEline services.

### ***Program advocates and staff***

Staff at SAFEline receive an initial 40-hour general advocacy training, with an additional 20-hour hotline training that focuses on chat and text advocacy.<sup>1</sup> See Appendix K for Detailed Overview of Advocate Training.

#### ***Select Core 40-hour Training Topics***

- Sexual Assault and IPV: Historical perspective, causes, and consequences
- SAFE service eligibility criteria and program highlights
- Advocacy and social change
- Program philosophy
- Legal options for survivors of violence
  - Overview of basic processes and information on referrals
  - Overview of how advocates should discuss legal options, including phrases such as “I am not a lawyer and cannot give you legal advice”
- Trauma responses and impact of trauma on the brain
- Empathetic communication and active listening skills
- Supporting individuals from marginalized populations that experience interpersonal violence
- Cultural humility
  - Include training on bias, discrimination, and social justice approaches
  - Systemic oppression and intersecting identities of survivors
- Safety planning
  - Include context and historical perspective as to why law enforcement may not be a safe option for all individuals
- Crisis intervention techniques
- De-escalation techniques
  - Include an overview of some basic grounding techniques appropriate for chat/text

#### ***20-Hour Hotline Specific Training***

- Hotline operations
  - Documentation
  - Remote working expectations
  - How to use equipment
  - How to use language lines and interpretation
- Community resources
- Mandated reporting (child maltreatment and elder and vulnerable adults)
- Handling off-target contacts
- SAFE shelter admissions and wait list management
- SAFEline database protocols for documentation

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<sup>1</sup> This is an overview of many topics offered over the course of 40 hours and not inclusive to all content and skills discussed.

### ***Chat and Text Training***

- Navigating the platform (logging in and out, password security, support tools)
- Queue management and expectations
- Best practice for communicating via chat/text
- Communication for consent and mandatory reporting in practice
- Addressing digital abuse and stalking threats

### ***Next Steps after Training***

After the initial operations training, SAFeline advocates complete the following activities to practice the chat/text modality:

1. Independent study and review of example chat and text transcripts
2. Live observation and debrief in real time of chat and text hotline session conducted by an experienced SAFeline advocate
3. Live observation of chat and text hotline session with supportive training for new advocate by an experienced staff member

### ***Accessibility***

SAFeline is promoted online via SAFE's website, with promotional materials at community events, and to youth through SAFE's Expect Respect prevention program. SAFeline has advocates that are fluent in both Spanish and English and can offer hotline calls, chats, and texts in English and Spanish. The language line is available for hotline calls only, but chat and text advocates will let individuals know that this service is available when they chat or text in using a language other than English or Spanish. Further, SAFeline has the ability to use a Video Relay Services (VRS) for individuals that are D/deaf and hard-of-hearing. Advocates also engage in training to learn how to chat and text using language appropriate for individuals that are D/deaf and hard-of-hearing.

### **Evaluation Methodology**

This study encompassed a formative evaluation that used both quantitative and qualitative methodology to understand 1) How technology-based advocacy is being implemented

at SAFELINE and used by SAFE Alliance to provide support to service users<sup>2</sup>; 2) How advocacy models to support survivors are being adapted for different technological platforms, such as phone; 3) Service users of technology-facilitated (chat and text) advocacy, their needs, and experiences seeking services; and 4) Agency and community supports and resources that are needed to implement technology-based advocacy and conduct subsequent process and outcome evaluations. The broad research question guiding the *ETA* evaluation was: *How are technology-based (chat and text) advocacy services (SAFELINE) implemented for victims of crime in an agency setting (SAFE Alliance)?*

Specific research questions included:

1. What is the SAFELINE service model of advocacy services?
  - a. *How is this model adapted for technology (phone, text, and chat)?*
  - b. *What are indicators of program fidelity to this model?*
2. Who is receiving services through SAFELINE chat and text, and who is receiving services through SAFELINE telephone hotline?
  - a. *How are these populations similar or different?*
3. What are service user and staff experiences engaging in SAFELINE chat and text services?
4. What formative improvements are needed to increase program fidelity?
5. What are possible mechanisms for process and outcome evaluations of SAFELINE, including comparison and replication?

ETA project objectives were to 1). Conduct descriptive research on who is using technology-facilitated advocacy and what they are using it for; 2). Develop a programmatic theory of change

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<sup>2</sup> Throughout this report, the authors use the term, “service user” to identify any individual that has used SAFELINE chat, text, and/or phone-based advocacy services. Service user may be survivors, informal support individuals, or formal support individuals.

and logic model; 3). Create implementation guidance for future chat- and text-based hotlines; 4). Pilot fidelity and program assessment measures; and 5). Assess future evaluability.

### **Study Design**

This study was a mixed-method, multi-source formative program evaluation of SAFeline that explored implementation of technology-based advocacy for victims of crime, as well as the feasibility of further process and outcome evaluations. This evaluation model was based in a Community-Based Participatory Research (CBPR) model and a phased decision-making and accountability formative method. CBPR is a collaborative model where evaluation goals are guided by the partnership between the research team and other stakeholders, including service providers, service-users, and community members (Goodman et al., 2017). This model provided a comprehensive assessment of the program utility, implementation, and areas for improvement. CBPR has been widely applied in interpersonal violence research and evaluation (Goodman et al., 2017). A collaborative framework allowed SAFeline to work alongside the evaluation team to build an approach grounded in expressed program evaluation needs for the community that maximized the ability for the evaluation to have an impact on program improvement. The evaluation also made use of decision- and accountability-oriented frameworks, where the research focus is program improvement, choices about use of resources, and goal attainment (Stufflebeam & Shinkfield, 2007). Similar to a Context, Input, Process, and Product (CIPP) model, the approach helped to provide information for decision-making and quality assurance. In the formative evaluation phase, context (understanding environmental needs) input (assessing approaches to meet needs) process (checks on implementation of program selected) and product (assessment of program so far) were concepts applied to understand programs as they were being established (Stufflebeam & Shinkfield, 2007). Data sources for the evaluation included 1). The

agency's extensive database; 2). Interviews and focus groups with program staff, administrators, and advocates; 3). Interviews and surveys with SAFEline service users and interviews with potential service users; 4). Service logs, chat transcripts, and text transcripts; 5). Observation and listening sessions with advocates; and 5). Review of literature and SAFE Alliance and SAFEline program documents.

The evaluation included three iterative collaborative phases: Descriptive; Assessment; and Refinement (see Appendix L for Evaluation Model). In *the first descriptive* phase the evaluation team gathered information about the program from existing sources as well as primary data collection to understand program implementation, staff skills and experiences, and client needs and experiences. This phase resulted in draft logic model and implementation guidance. The *second phase* of the evaluation included the collaborative assessment of implementation guidance and logic model. Reviews were conducted internally with SAFEline staff, managers, and program directors and externally with SAFE Alliance partners and statewide violence coalition staff. An assessment of potential future process and outcome evaluations of SAFEline was also conducted and resulted in the identification of cost indicators. The *third and final* phase of the formative evaluation was the refinement phase, in which measures of fidelity were created from the refined program logic model and process information gleaned in the first phase. Findings from the pilot tests, alongside the evaluability assessment, were collaboratively reviewed with the evaluation team, SAFE Alliance staff, and other stakeholders. Final products from this evaluation include a chat- and text-based advocacy implementation guide for service agencies, a logic model that guides chat- and text-based advocacy services, a fidelity checklist for SAFEline that can be modified for other organizations, and a brief client survey for

organizations to use with advocacy service users (these documents are included as Appendix A-C).

### Data Collection and Analysis

Several data collection activities occurred for the ETA evaluation. They are outlined below in Table 1.

Table 1: ETA data collection activities

<b>Data Source</b>	<b>Number of Records/ Participant</b>	<b>Method of Analysis</b>	<b>Study Phase</b>
Chat and Text Session Transcripts	442	Thematic and Content Analysis	Descriptive
Semi-structured Interviews with SAFELINE Staff	11	Grounded Theory	Descriptive
SAFELINE Service Use Data	All service use data from January 2018-July 2021	Descriptive and Bivariate Statistical Analysis	Descriptive
Listening Sessions	42	Content Analysis	Descriptive
Semi-Structured interviews with SAFELINE Service Users and Prospective Service Users	50	Thematic Analysis	Descriptive and Assessment
Brief Surveys with SAFELINE Service Users	171	Descriptive and Bivariate Statistical Analysis	Descriptive and Assessment
Collaborative Review of Logic Model	9	Thematic Analysis and Grounded Theory	Assessment
Fidelity Measures Checklist Pilot	47	Descriptive and Bivariate Statistical Analysis	Refinement
Fidelity Measure Review	5	Thematic Analysis and Grounded Theory	Refinement

All study activities were reviewed by the institutional review board of the University of Texas at Austin, with reliance from The University of Texas Medical Branch.

### ***Review of literature***

The evaluation team conducted a review of the literature in the first year of the project and performed another search in the final year to add any newer research. As part of the review, the research team identified 145 relevant articles that were then analyzed and recorded by the evaluation team. The team used university library search engines (e.g. Academic Search Complete, EBSCO; Google Scholar; OVID; PubMed) with support from the library staff at UTMB. Search teams included: hotlines, chat lines, and text lines, services for individuals that are D/deaf and hard-of hearing, technology-facilitated services, IPV and advocacy; IPV and case management; counseling, youth and technology use, technology and IPV, technology and dating violence, evaluations of technology-based advocacy, technology use among marginalized populations, technology use among Latinx community, and outcomes for technology-based services.

### ***Analysis of service use data***

Data were analyzed from the programmatic information collected in the SAFE Alliance database, Apricot. SAFE Alliance collects SAFELINE information about the method of contact (chat/text/phone); service user concern(s); resources requested by the service user; referrals, information, and other services provided by SAFE; and shelter admittance rates, including waitlists. A data-sharing request was secured between SAFE Alliance and the evaluation team for aggregate SAFELINE service use data, compliant with confidentiality regulations, to understand the use of SAFELINE. Service data from 2018, 2019, 2020, and through July 2021 were analyzed. Data were analyzed in SPSS using descriptive and bivariate statistical methods.

### ***Review of SAFEline program materials***

The research team reviewed all available SAFEline program materials, including staff training documents, program promotion materials including in-print and online materials, program description, software platforms, and available information about SAFEline on the internet. The review included all materials developed prior to and during the three-year project period, including materials developed during the COVID-19 pandemic. Data were analyzed using content analysis methods (Braun & Clarke, 2021).

### ***Observation of training***

An evaluation team member (project director) observed the SAFE Alliance 40-hour Core Advocate Training required for all SAFE Alliance employees and volunteers. This is a Sexual Assault Advocate training certified by the Office of the Attorney General of Texas (Texas OAG, n.d.). The research team member attended each day of training and all sessions each day. Throughout each day, the research team member completed the protocol that included date, agenda for the day, content knowledge covered that day, skill-building topics covered, main questions from training participants, and main concerns from training participants. The researcher also noted any specific mention to SAFEline during training sessions or from SAFEline staff. The researcher participated in all activities during the 40-hour training and was introduced at the beginning of the week to all participants. The training is summarized in Appendix K. Comprehensive notes from observation taken by the evaluation team, session PowerPoints, and daily training agendas were collected and included in analysis.

### ***Analysis of chat and text transcripts***

As part of the data-sharing request between SAFE Alliance and the evaluation team, the evaluation team analyzed 392 de-identified transcripts from chat and text sessions. Chat and text

session transcripts from a period of seven months, April-October 2019 were analyzed. After the onset of the COVID-19 pandemic in March of 2020, an additional 50 de-identified transcripts were reviewed from chat and text sessions that took place from March 2020-May 2020. A total of 442 transcripts were reviewed by the evaluation team, but the primary analysis included in this document is from the group of 392. Transcripts were analyzed using content analysis by coding the dataset into categories with similar meanings (Braun & Clarke, 2021). Transcripts were analyzed deductively based on expected content (e.g. a service user's presenting need) and inductively based on discovered concepts (e.g. advocate skills). Codebook development began with a review of 25 transcripts by two coders and an initial codebook was developed and verified with 50 transcripts. After the initial codebook was developed, the remaining transcripts were coded separately by two coders with every 3<sup>rd</sup> transcript being jointly coded. Initial findings were shared with SAFeline staff to review themes and help the research team refine code categories based on their perspective. The final codebook is included as Appendix H.

### ***Listening sessions of hotline calls***

The research team listened, with caller consent, to advocate interactions on 42 SAFeline phone calls. The evaluation team used online meeting software to shadow advocates during 19 hotline shifts with 6 different advocates. Shadowing sessions were scheduled across weekday, evening, and weekend times. Evaluation team members were only able to hear the advocate side of the call and service user consent was received for every call. The listening sessions were analyzed for call purpose, content, and advocacy skills used. Caller demographics were noted when discussed by the advocate. The evaluation team used a modified version of the tool used to analyze the chat and text transcripts allowing a contrast of phone, chat and text modalities. Descriptive statistics and content analysis were used to analyze listening session data.

*Staff interviews*

Initial interviews were conducted with 11 SAFELINE advocates, shift managers, and program administrators. At later project phases, 4 SAFELINE advocates and 2 shift managers participated in an initial review of a draft logic model in two separate focus groups. Five SAFELINE advocates participated in a final focus group and interviews at the end of the project to discuss their experiences with COVID-19, impressions of the fidelity tool, their experiences participating in the evaluation, and their thoughts for SAFELINE moving forward. For promotion and recruitment of staff interview, a SAFE Alliance program manager promoted the study by sending out an email about the study to program staff. The email asked staff to contact the research team directly to sign up for an interview. In addition to SAFE's promotion of the study, snowball sampling methods were also used, as needed. Staff interviewees were asked to share the opportunity to participate with other potential participants. The voluntary and confidential nature of the interview was emphasized in all study materials and consent processes. Participants were consented using the form in Appendix D. With participant permission, interviews and focus groups were recorded and transcribed verbatim as data sources.

Staff interviews were analyzed using a Grounded Theory approach (Corbin & Strauss, 2008; Charmaz, 2006), using the constant comparison method of coding. Verbatim transcripts of staff interviews were analyzed first by two independent coders to develop a codebook of concepts related to providing chat/text services (see Wood et al., 2021 for additional information). Data was then analyzed line-by-line by Wood (co-PI) and Hairston (project director) and a codebook was developed, which guided subsequent axial coding phases where concepts were linked into themes (Corbin & Stauss, 2008). Select transcripts related to adolescent service users were reviewed by Temple (Co-I) and Latinx service users by Parra-

Cardona (Co-PI) to enhance logic model applicability for these populations. In the final selective coding phase, themes were linked to higher-level concepts (Charmaz, 2006), to develop the logic model detail theory of change. At least two coders were used at all stages of analysis to support the trustworthiness of codes and themes, and practitioner partners reviewed codes for resonance.

Eleven SAFELINE advocates and administration staff participated in initial interviews to discuss their professional experience in the field, their experiences providing services through SAFELINE, and their recommendations for improvements. Table 2 below details participant demographics information for those staff interview.

Table 2: SAFELINE staff interview participant demographics

	$=n^3$
<b>Gender</b> ( $n=11$ )	
Female	11
<b>Age</b> ( $n=11$ )	
20-25	4
26-35	4
36+	3
<b>Race/Ethnicity</b> ( $n=11$ )	
White	3
Hispanic/Latinx	6
Other	2
<b>Time at SAFELINE</b> ( $n=9$ )	
Less than 1 year	2
1-2 years	3
3-4 Years	2
5+ Years	2

### *Prospective service user and service user interviews*

The evaluation team conducted 50 interviews with individuals that had previously used SAFELINE phone, text, or chat advocacy services (service users). Service users were provided a \$25 gift card for their participation in the study. See Appendix E for interview protocol. The

<sup>3</sup> Three SAFELINE advocates and managers were interviewed multiple times. This table reflects individual demographic for each SAFELINE staff and manager that was interviewed.

evaluation team also interviewed survivors of interpersonal violence that have used other SAFE services or could have potentially used SAFELINE services (prospective service users). Interview prompts included questions about participant demographics, service experience, and recommendations for service improvement. See Appendix F for interview protocol. The research team worked with SAFELINE staff to promote the study among individuals that may have used SAFELINE. Promotional materials included information on how to participate in an interview about their experience with SAFELINE. The study was promoted in print and electronic forms among residential clients of SAFE Alliance's shelter and supportive housing program, as well as all non-residential programs that serve individuals that have used the hotline previously. The research team also posted a flyer about the study on SAFE's social media sites and website that included information on the study and researcher team contact information. The evaluation team sent fliers and promotional scripts to SAFE to post and share with potential participants. To reach prospective service users, the evaluation team reached out to individuals in previous studies conducted by the team and had agreed to be contacted again about future studies with a promotional email and the study flyer. The evaluation team also promoted the study among prospective SAFELINE service users by sending the flyer and promotional message out to other departments at SAFE working with clients that might not have used the hotline before, including the counseling department and youth programs. The voluntary and confidential nature of the interview was emphasized in all study materials and consent processes. Participants were consented using the forms in Appendix E and F. With participant permission, interviews and focus groups were recorded and transcribed verbatim as data sources.

Data were analyzed using thematic analysis. Thematic analysis phases include data familiarization, generation of initial codes, search and reviewing themes, defining and naming

themes, and summary of results (Braun & Clarke, 2006). Two members of the team reviewed transcripts for familiarization and initial codes and themes. Those codes were discussed with the broader research team, including practitioner partners and the SAFELINE staff. Themes were then developed, reviewed by the team, and refined into a codebook. Themes relevant to the research questions are presented in the findings section. Table 3 below outlines the demographic information of those individuals. About half (52%) of the interviews were conducted with prospective service users and the other half (48%) were conducted with individuals that had used any (phone, text, or chat) SAFELINE services.

Table 3: SAFELINE service user and prospective service user interview participant demographics

		n=50
<b>Gender</b>		=n
	Female	46
	Male	4
<b>Age</b>	19-25	14
	26-30	8
	31-35	17
	36-40	3
	41+	8
<b>Race/Ethnicity</b>	White	21
	Hispanic/Latinx	11
	Black/African American	8
	Multiple/Additional	10
<b>Type of Interaction</b>	Prospective Service User	26
	SAFELINE Service User	24

### *Brief client surveys*

The evaluation team worked with SAFELINE advocates to implement a brief client satisfaction survey at the termination of a text or chat sessions. After chat and text sessions where the advocate felt there were no safety concerns for doing so, they sent the service user a link to an online survey. The survey included questions about SAFELINE service use, service

experiences, and recommendations for improvement. The brief client survey was completed by 171 SAFeline service users. This method was used in Finn et al.'s (2011) evaluation of the National Sexual Assault Online Hotline and provided important insight about programmatic needs. SAFeline service users received an invitation to participate in the brief survey following a chat or text session. A short script promoting the study was approved for use by SAFE Alliance that users were sent immediately following a text session with a promotional message about the brief survey and a secure link to the online survey. Initially, individuals that participated in the brief client survey were given the option to enroll in a drawing for a \$25 Amazon gift card for their time and effort. Enrollment in the drawing occurred after consent was given and prior to the participant taking the survey. However, due to low participation in the survey, the project team modified the incentive structure, with NIJ and UT Austin IRB approval, to be able to send all participants in the survey a \$10 Amazon gift card for their time and effort. The change in incentive structure led to a sharp increase in participation in the brief client survey. Promotional text, consent language, and the brief client survey can be found in Appendix B and was developed from tools used by Finn et al. (2011); Riger et al., (2002) and Sullivan & Bybee (2002). Data were analyzed using descriptive and bivariate statistical methods in SPSS.

## **Evaluation Steps**

### ***Evaluability assessment and cost indicators***

Using Trevisan & Walser's (2017) model of evaluability assessment (EA), the evaluation team worked with SAFE Alliance to assess evaluability of SAFeline. The EA steps are: 1). Develop an initial program theory; 2). Focus the evaluability assessment; 3). Gather feedback on the program theory; and 4). Use the evaluability assessment (Trevisan & Walser, 2017). The EA was focused on the outcomes of the formative evaluation and explored the potential for

subsequent process and outcome evaluation, including eventual comparison of technology-based models. Program function and quality were key points in assessment of further evaluation. Staffing burden, agency capacity, resource and technical support needed, and salience to the interpersonal violence field were key considerations. The evaluation team analyzed access to and the feasibility of collecting data pivotal to further evaluation. These efforts culminated in the development of the SAFEline logic model and the fidelity assessment, outlined below, and the assessment and planning for next phases of the evaluation, detailed at the end of this report. As part of the evaluability assessment, cost indicators were developed with SAFEline team based on agency report and best practices identified from the literature review. Those estimates were revised when programmatic changes occurred after COVID-19.

#### ***Pilot testing of data collection systems***

SAFE Alliance currently uses a case management data system, Apricot, to track information related to SAFEline calls. The research team and SAFE Alliance used the draft logic model and implementation guidance, along with the descriptive information gathered in the first phase, to improve current data collection systems based on information needed to understand SAFEline's use, reach, and programmatic theory of change.

#### ***Developing and testing the SAFEline logic model and fidelity assessments***

Data analysis of the above data points informed a preliminary draft of a logic model that illustrates the programmatic theory of change for SAFEline. Using Sullivan's (2018) social and emotional wellbeing framework for trauma-informed, victim-centered advocacy for guidance, the research team identified the process components for different technological applications of the SAFEline model of advocacy including chat, text, and phone. The logic model includes inputs, activities, outputs, identification of target audience, short-, medium-, and long-term

outcomes and external factors influencing the program and participants (Jordan, 2013). The SAFEline logic model was developed from chat and text transcript analysis, interviews, and document and literature review. The draft logic model was review by SAFEline staff and program leaders and refined again. Key stakeholders provided comments on a revised draft.

After the SAFEline advocacy model was further articulated through the descriptive and assessment phases detailed above, measures of fidelity were developed. Fidelity measures provided a way to assess program integrity to the service model (Grinnell et al., 2016). Measures of fidelity were created and pilot tested with SAFEline advocates over a two-week period during August 2021. SAFEline advocates were asked to complete an online fidelity measure checklist 1-2 times per shift for chat, text, and phone interactions. The fidelity checklist was developed from the logic model and includes 18 items including service date, time, and duration, type of harm referenced by service user, needs, and self-reported skills used by the advocate during the session. The evaluation team reviewed pilot results and conducted follow-up interviews and focus groups about the utility and applicability of the fidelity tool with staff, which was revised for clarity and administrative ease. The logic model and fidelity measures were then revised a final time after analysis of the brief client survey and service user interviews, which served as verification of the theory of change from a client perspective.

### ***Implementation model development***

After the final revisions on the logic model, fidelity tool, evaluability assessment, and pilot of data systems, additional analysis was conducted to create an implementation guide. A review of literature provided a foundation for implementation indicators. Guidance was developed using participatory practices with SAFE Alliance staff, service and prospective service user, and stakeholder feedback. Service user data informed best practices, and

prospective service user data informed key barriers and access elements. From the evaluation products and the analysis, an implementation guide was developed. Findings in this technical report extended the content of the implementation guide.

## **Evaluation Findings**

### **SAFELine Service Use**

Three years (2018, 2019, 2020) and one partial year (2021) of SAFELine service data were analyzed for the evaluation project. Since 2018, SAFELine has completed an average of 18,735 call, chat, and text sessions per year. As of July 2021, SAFELine has completed nearly 10,000 call, chat, and text sessions during 2021. As outlined in Table 4 below, SAFELine service use increased during the COVID-19 pandemic (March, 2020 to February, 2021) from the previous year (March, 2019 to February, 2020).

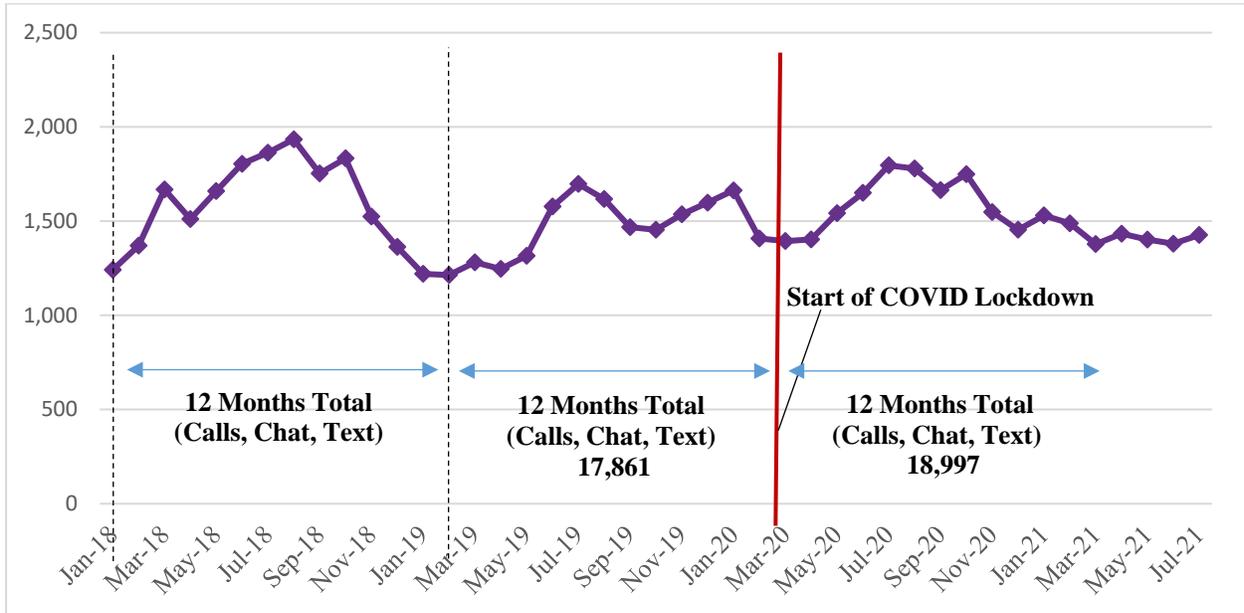
Table 4: SAFELine call, text, and chat volume by year (2018-2021)

Contact Volume on SAFELine	
March 2018- February 2019	
Calls	16,560
Text	1,349
Chat	1,437
Total Contacts	19,346
March 2019-February 2020	
Calls	15,020
Text	1,078
Chat	1,763
Total Contacts	17,861
March 2020-February 2021	
Calls	15,936
Text	1,620
Chat	1,441
Total Contacts	18,997

Figure 1 below details the call, text, and chat volume trend over the three-year period of this project (2018-2021). To understand more about the impact of the COVID-19 pandemic on service use, we analyzed data from March to February to coincide with the beginning of stay-at-

home orders in Texas on March 13, 2020. Service contacts were highest in 2018-2019, but increased by over 1000 interactions from 2019-2020 to 2020-2021. High service use in 2018 was driven by a spike in sexual assault related calls from July through October 2018.

Figure 1: Call, chat, and text volume by year



Across the three years of data analyzed for this project, the majority (82%) of all service interactions occurred during the weekdays, Monday-Friday. Each weekday has a similar session volume from day-to-day. Mondays and Tuesdays had the largest percentage of service interactions. Consistently since 2018, about 18% of call, chat, and, text sessions occurred over the weekend (Saturday and Sunday). Table 5 below details the session volume by year and weekday since 2018.

Table 5: Call, text, and chat session volume by day of the week

Day	2018		2019		2020		2021	
	(Jan-Dec 2018)		(Jan-Dec 2019)		(Jan-Dec 2020)		(Jan- Aug 2021)	
	=n	%n	=n	%n	=n	%n	=n	%n
Sunday	1,531	9%	1,521	9%	1,802	9%	1,018	10%
Monday	2,969	17%	2,992	17%	3,184	17%	1,703	17%
Tuesday	3,019	18%	2,956	17%	3,181	17%	1,685	17%
Wednesday	2,945	17%	2,777	16%	3,176	17%	1,592	16%
Thursday	2,798	16%	2,729	16%	2,960	16%	1,537	15%
Friday	2,418	14%	2,667	16%	2,912	15%	1,501	15%
Saturday	1,589	9%	1,600	9%	1,809	9%	1,032	10%

SAFEline call, chat, and text sessions typically last between 5-20 minutes with some lasting over an hour. Over 43% of sessions last from 1-5 minutes, 40% of sessions last from 6-20 minutes, and 13.6% of calls last between 20-60 minutes.

In Table 6 below, the chat and text volume over the three-year period of the project are outlined. Chat and text volumes have increased each year since those services were implemented in January 2016 (chat) and January 2018 (text). In the first full year of the COVID-19 pandemic, SAFEline chat and text sessions increased by 220 additional contacts from the previous year.

Table 6: Chat and text volume by year

Chat and Text Volume	=n
March 2018- February 2019	2786
March 2019- February 2020	2841
March 2020- February 2021	3061

Since 2018, the majority (73.5%) of SAFEline sessions were related to IPV (dating violence included). Table 7 below outlines the number of call, text, and chat sessions related to IPV and sexual assault each year. Table 7 also outlines the percent change in number of these types of sessions from the previous year. The number of calls related to sexual assault dropped 19.2% between 2018 and 2019 but increased 2.5% in 2020. Similarly, IPV-related sessions dropped 4.1% between 2018 and 2019 but increased 6% from 2019 to 2020.

Table 7: Call, text, chat type per year and percent change from previous year

	March 2018-Feb 2019	March 2019-Feb 2020	% Change from Previous Year	March 2020-Feb 2021	% Change from Previous Year
IPV-related session	13,882	13,307	-4.1%	14,104	+6.0%
Sexual assault-related session	2,701	2,182	-19.2%	2,236	+2.5%

Table 8 below outlines the details of the chat and text transcripts included in this evaluation.

Analysis of 392 transcripts of chat and text interactions offered additional insight to complement agency data on who is using the service. In the transcript review of SAFEline chat and text sessions, 79.1% of sessions were initiated by a survivor/victim and 20.7% were initiated by an informal or formal support person.

Table 8: SAFELINE chat and text transcript review details

	=n	%n
<b>Type of Interaction (n=429)</b>		
Chat	264	61.5%
Text	165	38.5%
<b>Type of Service User (n=387)<sup>4</sup></b>		
Survivor/Victim	307	79.3%
Informal Support Person	67	17.3%
Formal Support Person	13	3.4%
<b>Presenting Reason for Outreach (n=453)<sup>5</sup></b>		
Intimate Partner Violence/Family Violence	202	44.6%
Other Type of Concern <sup>6</sup>	68	15.0%
Adult Sexual Assault (not from a current or former partner)	58	12.8%
Child Abuse or Neglect	53	11.7%
Other <sup>7</sup>	29	6.4%
Stalking	22	4.9%
Potential Human Trafficking	21	4.6%

The most frequent presenting reason for reaching out to SAFELINE in transcript review was IPV.

In interviews, staff described the most situations driving SAFELINE service use. One staff member summarized typical hotline reach outs:

For the hotline, people who are calling is survivors of domestic violence. Those are the most of the calls. We get calls from a lot of people who are experiencing domestic violence then sexual abuse, human trafficking, and then any other type of—we'll get calls from perpetrators as well looking for people who are on the shelter or things like that. But mostly there are—I wanna say that a good chunk of my callers throughout the day or week, whatever is people who are experiencing domestic violence. We also get calls from family members, friends, coworkers, organizations trying to get resources and information for loved ones who are experiencing some form of violence. [SAFELINE Staff]

<sup>4</sup> Some transcripts did not include the presented information and therefore (=n) is lower than the total number of transcripts.

<sup>5</sup> Some transcripts included multiple experiences to interpersonal violence and therefore (=n) is higher than the total number of transcripts.

<sup>6</sup> This category can include donations drop-off information, other physical assault, relationships advice, etc.

<sup>7</sup> This category includes elder abuse and neglect, sexual harassment, physical assault (non-sexual) and other types of interpersonal violence.

### ***Reaching traditionally underserved groups***

SAFEline chat and text services began with a goal of reaching traditionally underserved and marginalized violence survivors, with an emphasis on young survivors, those who are D/deaf hard of hearing, and Latinx communities. While the agency does not keep routine data about the age of SAFEline service users, agency staff reported seeing increased service contacts from people who present to be adolescents and emerging adults since chat and text service began. Youth reach out because of violence from adults in their household or harm from peers and/or dating partners. For example, a self-reported 16-year-old sent a chat because *“I need some shelters for youth in abusive households.”* A self-reported 13-year-old used text services on SAFEline to address a sexual assault:

I need help my boyfriends dad molested me i guess when i was aleep because i felt him touch me in my sleep so moved to the couch with my boyfriend but this happened a couple days ago then i was awake and he came up close to me and tried to touch me in my private area and then i told my friend to get me a uber back home an i left and i decided to get help today because this has happen to me before and i stayed quite but i cant [Text Transcript, Service User]

Young people also reach out to help their friends, like one chat service user. *“My friend just told me that she got raped the other night. she is under 18 and she doesn’t want to report it because she doesn’t want her parents to know and the other people in that friend group”* A SAFEline advocate discussed the need to reach youth and the difficulties of reaching people under 18.

I wish I could say that I felt we were effective with youth, but I just don’t think we are. Youth? Yes, 18 to 24- but kiddos? No. They don’t know about us. They don’t know we’re here. I get calls all the time from—or chats and texts—I get calls all the time, actually, from people who are in some position of power over those kids, a counselor, a mom, a dad—that are calling on behalf, but I’m not getting those—I don’t see those texts or those chats from the [youth]. [SAFEline Staff]

However, advocates also realize that chat- and text-based services are becoming more and more popular with a broader age group of individuals that may not have had access to technology-based forms of communication even a few years ago.

When I first started a few years back, you know, I did feel like there were more teens, more youth chatting in and texting in. But as I've been there longer and longer, I feel like those platforms have been used by a wide range of people like different people, and that that's increased. I feel like definitely more so than like the amount of teenagers or youth that use it. [SAFEline Staff]

There are services available for individuals that are D/deaf and hard-of-hearing at SAFE and in the Austin community. In 2020, SAFEline received 80 calls from American Sign Language (ASL) speakers. SAFEline advocates recognize that chat and text-based advocacy services may be beneficial for this community. A staff member shared “*I would say most of our deaf callers call—most of our deaf contacts call us first and then they might use text or chat as a more convenient way to interact with us, but relay’s pretty effective.*” Another staff member discussed how they make services more accessible for D/deaf service users.

Yeah. I think for our deaf clients for chat, we actually got in contact with our ASL staff that we have here. We were able to craft a document where it was deaf-friendly. If we ever in a chat with a client, and they would like to get on a waitlist, then we will use that as a way to not complicate things ‘cause sometimes our words translate different to how deaf clients read or understand things, so that was really helpful. [SAFEline Staff]

SAFE does not keep routine data about the race or ethnicity of SAFEline service users. However, the agency does keep data on the number of SAFEline Spanish-language contacts. SAFEline regularly has a Spanish-speaking advocate on staff for phone, chat, and text interactions. In 2020, SAFEline received 924 calls, chats, and texts from individuals that required a Spanish speaker. Service user interviews also indicated how critical Spanish language services are:

If you were to have one for the Latino population in Spanish, that would be great. I wanna take them out if we’re looking into someone—if we’re looking at a population—in fact, I’m not sure if you’re asking if it was to be—I wanna say them, but it would have

to be in English and Spanish, like the application would have to be made particularly for them and their type of Spanish. [SAFEline Service User]

Additionally, for hotline calls, SAFEline uses a language line for individuals that speak languages other than English or Spanish.

Most of our callers are English speaking, Spanish speaking, but sometimes we will get calls from other people with different languages. Ideally, obviously, we would know all the languages, but we'll call a language line so that we can try to assist the person. [SAFEline Staff]

Other English language learners and those speaking a language other than English or Spanish have limited access to SAFEline text- and chat-based advocacy services.

### **SAFEline Service User Needs**

Of SAFEline service users who participated in the brief client survey, 67.9% reported that was the first time they were contacting SAFEline. Among survey participants, 49.7% reported they were accessing SAFEline for help with counseling or emotional support and 43.3% were accessing SAFEline for help with shelter or housing. Table 9 below outlines the SAFEline service user data from the brief client survey.

Table 9: SAFELINE service user interaction type and service needs

		n=171	
		=n <sup>8</sup>	%n
Previous SAFELINE Contacts			
	This is the first time	112	67.9
	2-3 times	38	23.0
	4-6 times	5	3.0
	More than 6 times	10	6.1
Type of Interaction <sup>9</sup>			
	Chat	122	71.3
	Text	37	21.6
	Call	29	17.0
Primary goal in contacting SAFELINE <sup>10</sup>			
	Help with counseling or support	85	49.7
	Help with abuse/violence	58	33.9
	Help with housing (other than shelter)	39	22.8
	Help with shelter	35	20.5
	Help someone else experiencing violence or abuse	32	18.7
	Other, please fill in <sup>11</sup> :	27	15.8

Needs expressed by service users was also explored in transcript reviews. As reflected in Table 10 below, the majority of SAFELINE service users in the reviewed transcripts requested legal advocacy (23%) or emergency shelter or non-emergency housing (21.4%). Additionally, 19.3% requested counseling or emotional support. Table 10 below outlines session and service user details in the 392 chat and text transcripts that were reviewed as part of this evaluation.

<sup>8</sup> Participants were able to select more than one and therefore, the total %n will be over 100%.

<sup>9</sup> Participants were able to select more than one and therefore, the total %n will be over 100%.

<sup>10</sup> Survey participants could pick multiple goals and therefore the %n will be over 100%.

<sup>11</sup> Included legal aid, financial assistance, and information about donation drop-offs.

Table 10: Needs expressed by service users in chat and text transcript review

<b>Needs Expressed</b> ( $n=379$ ) <sup>12</sup>		
Legal Advocacy	94	24.8%
Counseling/Emotional Support	87	23%
Emergency Shelter	73	19.3%
Relationship Advice	52	13.7%
Housing (non-shelter)	37	9.8%
Medical Care	29	7.7%
Economic and Childcare Assistance	7	1.8%

Interviews with staff and service users offered additional context to service user needs when reaching to SAFELINE. Four summary domains of need driving SAFELINE service use were developed from data analysis.

### ***Emotional support***

In transcript reviews, surveys, and interviews, one of the most frequent reasons people reach out to SAFELINE is for emotional support related to violence or harm. While survivors are most often the ones reaching out for services, informal supports like friends and family reach out to get help navigating situations as well. People access SAFELINE for support during times of crisis and stress, but also for ongoing healing support and to reduce isolation. One service user shared how they used SAFELINE for support.

Yeah, I have a therapist and stuff. I had a pretty good support system. Not as much now, but it was typically late. It was always at night. I needed that somebody who could answer late at night. That was where the hotline would fill that gap. [SAFELINE Service User]

### ***Safety***

SAFELINE is the first contact for people who are seeking to access additional services at SAFE Alliance. The most frequent service requested from SAFELINE service users is admittance to SAFE Alliance's emergency shelter. Service users commonly express a need to shelter due to

<sup>12</sup> Some transcripts did not include the presented information and therefore (=n) is lower than the total number of transcripts.

safety-related concerns related to violent partners and homelessness. One SAFELINE service user shared: *“I was desperate for any place to go to not be there when he came back because I was really worried that he was gonna kill me.”* There were an average of 2500 requests for admittance to SAFE’s emergency shelter each year between 2018-2020. Table 11 below outlines the shelter requests per year and percent change from the previous year. Shelter requests in the three-year period were highest in 2019-2020, and reduced in 2020-2021, during the COVID-19 pandemic.

Table 11: Total shelter requests per year and percent change from previous year

	March 2018-Feb 2019	March 2019-Feb 2020	% Change from Previous Year	March 2020-Feb 2021	% Change from Previous Year
12-Month Total Shelter Requests	2,666	2,777	+4.2%	2,344	-15.6%

As described in staff interviews and SAFELINE training, when a person requests admission for SAFE’s shelter, SAFELINE advocates complete an intake interview with the individual. The intake interview includes demographic questions including whether the individual has children, dietary restrictions, disabilities, safety-related questions. A core element of the intake interview is the Danger Assessment, a 20-question validated tool that assess the risk for domestic violence homicide (Danger Assessment, 2021). When an individual requests shelter admission via chat or text session, the advocates request that the individual call into the hotline, if possible, to complete the intake over the phone. SAFE operates a 36-bed shelter<sup>13</sup> that is consistently full, with an active waitlist. Admissions are prioritized on a number of factors, including higher

<sup>13</sup> SAFE offers additional shelter beds through Austin area hotels, which is expected to increase in 2022.

scores on the Danger Assessment. When there is a wait for shelter, advocates let the person know how the waitlist works and will then answer any further questions the individual may have at that time. Advocates will typically give further resources for other area emergency shelters at the same time. Participants on the waitlist are asked to “check-in” on the hotline at least every three days, via phone, chat, or text, to let the agency know that 1). They are still interested in a space at shelter and 2). If any factors related to safety have changed. Threats to safety drove not only shelter requests, but the need for legal aid, cash assistance, and safety planning support.

### ***Access to resources***

Along with immediate safety and stability, service users accessed SAFELINE for a variety of resource needs, including SAFE Alliance programs and other community programs. SAFELINE serves as a central portal for resource access for violence survivors and professionals working in other social service settings. As one service user noted “*I think with my family, we were just looking at all the available resources that were there for me.*” While shelter is the most frequently requested SAFE service, interviews and transcript reviews indicate that SAFELINE service users request help with safety planning; sexual assault medical or forensic exams; housing (non-emergency shelter), financial, legal, and immigration assistance; counseling and other mental health services; and resources for individuals that use violence.

### ***Information on rights and options***

SAFELINE service users also reach out to the hotline because of the need for information, especially about legal remedies and civil rights. “*I want to get a restraining order of some kind against my parents but don’t know where to start.*” [Chat Transcript, Service User]. An important finding of this evaluation is that people may also use SAFELINE to get information about alternatives to law enforcement in the case of violence and harm. Further, service users

expressed a need for legal advocacy for a range of issues including lease disputes, protective order applications or laws, and immigration concerns. One service user explained:

I called Safe Alliance to see what information do you have as far as how to get a protective order and how to get out of the lease that me and him share together for an apartment. That type of information. [SAFEline Service User]

## **How are Services Being Provided on SAFEline**

### *Service user experience and satisfaction*

While experiences of violence or harm often drive people to consider using SAFEline, several service users described taking time to consider using the service before they engaged.

One service user shared:

I got the number and I was wanting help to mentally prepare myself to leave the relationship because I had previously had attempted—well, not attempted. I did leave. It was a few times that I did leave, but he—or I allowed him to turn around and talk me into goin' back to him because of he was gonna change. I knew that I needed some kind of help, like to prepare myself mentally to be able to do this. [SAFEline Service User]

Part of the service user experience was deciding to reach out, and then deciding how to reach out (chat, text, phone). A sizeable minority of SAFEline service users are repeated users, who based on need, safety, and preference may alternate between chat, text, and call. Data collection activities with service users indicate overwhelmingly positive service experiences and high levels of satisfaction with SAFEline. Our survey of 171 people who used SAFEline showed that 82.9% of service users were satisfied with the amount of time SAFEline advocates spent with them during their session.) Of those surveyed, 79.5% reported overall satisfaction rates (satisfied/ very satisfied which indicates high levels of program acceptability and utility. Further, service users living in SAFE's shelter and supportive housing reported using SAFEline for ongoing assistance. Staff also felt satisfied from interactions with service users on SAFEline:

The satisfaction of seeing a caller that we'll bring into shelter, they go through the whole program and then leave the program with their own keys to their own space. That from

like, "Remember when this person came in? Look at her," and this and that. [SAFEline Staff]

A small group of service users interviewed and surveyed had negative experiences with SAFEline. The main reason for negative experiences was the inability to access a needed service, in particular SAFE's shelter service. One service user shared about their experience:

They clearly just wanted to get your information, and pass you off, and let you know that, 'Okay, we don't have anything available, so sorry, you're on the list. Bye-bye,' and that's not good. It hurts because you're—it's so insensitive, and they clearly don't care. You also wonder, in the back of your mind, "Am I on the list," or "Am I gonna come up next? Are they just telling me that?" Sometimes, you have friends inside. You have friends who are in the shelter who are telling you, "There's a ton of rooms open, and they just brought somebody in. There are rooms, and we don't understand what—" it's crazy. [SAFEline Service User]

Despite some negative experiences, data analysis revealed the service is generally perceived as helpful and positive, driven by the SAFEline service model.

### *The SAFEline service model*

Analysis of data collected for the evaluation demonstrates the SAFEline chat/text and phone approach is:

**Service user-centered.** Participants engaged with advocates on their self-defined goals at their own pace.

You can completely change someone's day and shift things. For me, SAFEline merges my values of being survivor-centered and being diverse and really creating healing spaces and healing experiences for survivors of trauma, and using technology to do it. That's what keeps me here; learning. [SAFEline Staff]

My goal is just for the interaction to be able to happen however it needs to happen for each individual client and for us as staff not to feel rushed because we have calls lining up in queue we've got to get to. This person is slowly unfolding, telling us about their situation, but I need to get to the bottom of this pretty quickly 'cause I see those calls coming in. Just being able to meet them where they are and tailor our response to what the client is indicating they need in that moment. I know that's so broad. [SAFEline Staff]

**Trauma-informed.** Advocates acknowledge and center the role of trauma and trauma reactions, as well as the need for safety, empowerment, and privacy, in their interactions with service users.

I think that being trauma-informed, not having to retraumatize them to talk to someone else or something like that, I will do that because I think that that is the most important thing, is to provide them services that don't retraumatize them, that are what they need, and to keep them from escalating. That is what I'm gonna do. I would say that's definitely the most important skill for me to do. [SAFEline Staff]

**Social justice-oriented.** Service user identities and cultural ties are valued, and experiences of historical and current oppression are considered in program design, referrals, and advocacy approach.

As a survivor, if you don't see anybody that looks like you or that can understand what you've lived, then you are going to be less trusting of that agency or service. Even if the person's trusting then, there's something about the cultural lived and shared experiences that I think can add a lot of value and accessibility to and for people that need support. [SAFEline Staff]

**Social presence-facilitated.** Advocates engaged with service users with individualized responses for unique situations, showing their professional personality and authentic human qualities.

I argue that our main job at the hotline is creating a community space for survivors of whatever kind of abuse and from there, figuring out what resources we're going to—what more tactile resources we can provide them. [SAFEline Staff]

These elements of the SAFEline service model were present throughout data collection activities and reflected in the codebook included in Table 12 below. Each code in the chat and transcript review codebook are included, along with the number of times each code was used in analysis. The most common advocate skill coded was empathy, sympathy, and validation followed by identification of caller goals and needs. The most common need expressed by service user was legal advocacy or aid, followed by counseling and emotional support.

Table 12: Chat and text transcript review codes and code counts

<b>Code</b>	<b>Code Count</b>
<b><i>Advocate Skill<sup>14</sup></i></b>	
Empathy, Sympathy and Validation	916
Identification of Caller Goals and Needs	421
Safety Assessment and Planning	417
SAFE Service Access	406
Help-Seeking Support	363
Resource Referral	314
Establishing Safety	293
Help Identify Formal and Informal Support	283
Identifying and Labeling Abusive Behavior	267
Psychoeducation	137
Probing and Open Questions	128
Boundaries of SAFELINE	108
Client Feedback about SAFELINE	101
Assessment	99
Reducing Blame	83
Call Termination Methods	81
Normalize	79
De-escalation/stabilization/Self-care	42
Giving Options	19
Welcoming	344
Strengths Perspective and Affirmations of Support	189
Reflective Listening	72
<b><i>Chat and Text Skills</i></b>	
Showing Presence	525
Use of Emotive Language/Emoticons	183
Clarifying Meaning	106
Encouraging Future Connection	90
Technical Problems	33

### **SAFELINE Logic Model**

Data analysis activities led to the creation of the SAFELINE logic model. An initial logic model was developed, and then refined through staff feedback. The following are goals and skills

<sup>14</sup> As skills were coded each time they were used, a single transcript could have multiple examples of this skill.

guiding chat and text hotline advocacy at SAFELINE. Programs considering adding or enhancing chat and text services may choose to use or adapt these goals and skills for their own agency setting and context. These goals and skills may be similar to phone-based advocacy as well as face-to-face advocacy. The SAFELINE approach with examples from authentic (and de-identified) service interactions and select outcomes are included below. The SAFELINE Logic Model can be found in Appendix A and offers additional details on skills and approaches. The SAFELINE logic model is for phone, chat, and text services, with additional guidance developed for chat and text interactions.

**Goal One: Rapid engagement for support and connection.** *Chat and text hotline-based advocacy aims to provide a means for survivors of violence to get support quickly, with minimal wait, from a person who responds with kindness and empathy.*

### Skills for Goal 1

- *Welcoming to services and establishing safety*

Hello! Thank you for reaching out to SAFELINE today. First, could you let me know if you are in a safe place to text? [Text transcript, Staff]

- *Identification of preferred language or communication*

Gracias por contactar el chat de SAFELINE! Estamos muy contentos de que haya tomado este paso. Al momento no tenemos una persona que hable español. Agradecemos su paciencia y esperamos poder conversar con usted en otro día. Por favor, de hablar a nuestra línea telefónica al 512-267-7233. [Chat transcript, Staff]

- *Empathic communication*

I am so sorry those things happened. It makes sense why you are not feeling safe. [Text transcript, Staff]

I use validating, if there is one, the top skills. Often times they're very upset, and in crisis. They're telling you all these things that are happening to them, and they're angry. It's not your fault that this is happening, so to de-escalate them, just like, "No, you're right, this sucks. I'm so sorry you're in this situation. It's very unfair. I agree with you, with what you're saying." I think that's one of the top skills needed to work on the hotline. [SAFEline Staff]

○ *Identifying strengths*

It seems like you are doing everything you can to keep yourself safe and aware. [Chat transcript, Staff]

○ *Establishing boundaries*

I can only give suggestions as I am not a counselor or a therapist. [Chat Transcript, Staff]

They're like, "No. I don't want that." Have you thought about peer support? Then at a certain point, after we've offered several things, it's "It seems like none of the resources that we have to offer are acceptable to you. Feel free to reach back out to us. We're gonna have to disconnect the chat." It's a boundaries thing. It's the same on the phone. In chat, you can let 'em go for a little longer. [SAFEline Staff]

○ *Guided call termination*

I want to let you know that I can spend about 10 more minutes chatting tonight. However, we do want to provide you with support. You are more than welcome to contact our 24/7 hotline or maybe we can find some support closer to where you live. But for these last 10 minutes I want to make sure we talk about what you think is the most important need you have right now. [Chat transcript, Staff]

I don't like forcing clients to stay with me just calling or chatting because that's not just very trauma-informed. They're already being controlled they're entire life why need to control them even more. [SAFEline Staff]

## Select Outcomes for Goal 1

### *Short-term (Immediately after service)*

- Calls/text/chats are answered with no or minimal wait time: Quick engagement without wait helps build rapport and address crisis, and is aligned with a survivor-centered and social presence-driven model.

- Service users are able to reach out through modality of their choice (chat/text/phone):  
Offering options for communication gives service users safe options to reach out in their preferred modality, increasing access to needed services and supports.
- Service users understand SAFELINE services: As a result of interactions on SAFELINE, services users should understand SAFELINE services and supports available to them on the hotline.
- Service users feel respected by advocates and perceive they are available to support them:  
Through empathy, engagement, and information-sharing skills, service users perceive advocates respect them and their needs.
- Increased access to support for vulnerable/hard to reach populations: Chat/text services offer opportunities for many populations to increase service access, including younger people, individuals that are D/deaf and hard-of-hearing, Spanish-speaking Latinx populations, and those lacking the ability to safely use phone support. SAFELINE has increased outreach to all of these populations since chat/text services began.

*Long-term (update to six months after service)*

- Repeated outreach to SAFELINE by service users. Service user needs shift over time as safety, resource, and healing needs evolve, necessitating repeated outreach. Continued use of the service illustrates relevancy and trust with the platform and the agency. Repeated use of SAFELINE was indicated by 32% of survey participants, and 93% of those surveyed indicated they would be likely to contact SAFELINE again.
- Increased chats, texts and calls: Increases in volumes of chat, texts, and calls indicate the service is helpful for the community. Chat and texts have increased every year since both services were implemented.

- Reduction of isolation. Resource and emotional support, as well as psychoeducation provided by chat/text services reduces isolation, especially when services are offered 24-hours a day/7-days a week and available for repeated use.

The assaults were getting closer and closer. They were happening more often. I was getting to a breaking point, I guess. I wanted to say that an assault would happen. I just needed to talk to someone, I guess is what I felt, like I was alone. [SAFEline Service User]

- Service users refer friends to SAFEline: Referrals from service users to other people in their lives to use SAFEline services indicate trust and connection with the service.
- Service users trust and feel cared for by SAFEline staff: Longer-term connection and program success is indexed by developing trusting relationships with SAFEline staff.

Even through text, there is that connection. They still have a way in letting—I feel like in—through that text, they sent out an arm and almost hugged me, you know? There still was that connection. There still was that assistance that I needed that was given to me at that moment that I needed it. [SAFEline Service User]

**Goal Two: Identify needs and options related to violence, abuse, harm, and related concerns.** *Chat and text hotline-based advocacy aims to help survivors of violence and supportive individuals identify options for support and to address needs based on their expressed concerns.*

### Skills for Goal 2

- *Assessment of needs and goals*

Can you tell me more about the specific type of legal assistance you require? For example, does this concern protective orders, child custody in a IPV situation, information about a criminal sexual assault or IPV case? Knowing more about the specifics can help us narrow down the best option [Chat transcript, Staff]

- *Collaboratively identify options*

You deserve to be comfortable and safe though and maybe we can brainstorm some ways to help you out if you'd like. [Chat transcript, Staff]

Yeah, I do think that that's the first question I do ask, is, "What services are you looking for," because you can—even if they have no clue, just their answer to that question still points you in the direction of if they're wanting counseling and they don't need shelter, or if it's not time to leave, they're not ready to leave at all, and they just want counseling, or if it's they need to get out now. Yeah, I think a lot of them don't even know what services are available to help them. [SAFEline Staff]

## Select Outcomes for Goal 2

### *Short-term (Immediately after service)*

- Identification of service user goals and needs, and survivor-defined options to address those goals and needs: Advocacy skills that use survivor-centered methods help to address the unique needs of individual service users.
- Service user feels understood and that their needs are addressed: Advocates use skills and resources to address needs, which even if they are not resolved immediately, are acknowledged.

### *Long-term (update to six months after service)*

- Progress of service user-defined goals. Identifying and addressing needs and options help with progression on service user goals.

I think listening really well and allowing me to guide the conversation as opposed to them just coming in and saying, "This is what you need, or this is what I'm gonna give to you." I think they did a really good job of actually trying to figure out what it is that you need. Once I received more services at SAFE, one thing that I've heard a lot is that they're trying to really impart on everyone is that the person that you're speaking to is the expert in their own life. I do think that those texts and chat conversations definitely felt that way. [SAFEline Service User]

- Increased hope and efficacy: Having needs addressed and survivor-defined options leads to increased sense of efficacy, and hopefulness.

**Goal Three: Expand understanding of violence, abuse, and harm through community and survivor education.** *Chat and text hotline-based advocacy aims to serve as a community education tool to increase understanding and knowledge of the impacts of violence, abuse, and harm on survivors, survivor support networks, and community members.*

**Skills for Goal 3**

- *Psychoeducation on violence and impacts*

I want you to know that all the behaviors your partner displays are things we've heard before. They are very common tactics to try and maintain control of their partner. But we that sometimes recognizing and understanding doesn't always change the way it makes you feel. you're doing the best you can <3 [Text Transcript, Staff]

It made me feel a lot less stupid, because I thought that I just—why does someone do that? Then, come to find out—'cause no one really talks to you about abusive relationships or anything like that, what happens when you go through them. References and support like this is good to know. [SAFELINE Service User]

- *Education on rights*

There are some ways to break your lease in Texas due to IPV without paying those fees. You will need certain paperwork though. I would suggest getting in contact with one of our free legal aid services to see what options you have. You shouldn't have to pay that much to get out of this dangerous situation. [Chat transcript, Staff]

- *Identification of wellness and grounding strategies*

I'm really glad you told your friend. It's really hard to deal with such a traumatic and triggering event without much support. I encourage you to tell the people that you trust the most what has happened to you. It's absolutely difficult and there is no rush or pressure for you to say anything to anyone. But I do believe it would be good to have a support system. [Text transcript, Staff]

**Select Outcomes for Goal 3*****Short-term (Immediately after service)***

- Increased knowledge of the impacts of trauma through psychoeducation: Hotline advocates provide information to improve understanding of trauma impacts, reducing shame and stigma for survivors and community members.
- Increased knowledge on rights and options: Information provided on SAFELINE increases knowledge of civil rights, legal and policy remedies, and access to options.
- Understands on-going self-care and wellness needs: Service users have increased knowledge about strategies for ongoing care after trauma and violence.

***Long-term (update to six months after service)***

- Abusive/harmful behaviors are identified by service user if they reoccur: Education about healthy and unhealthy relationships, violence, power, and control, paired with emotional support, increases knowledge and identification of behaviors for service users. Psychoeducation also reduces self-blame from abuse.

I learned a lot from the experience with the help line. I didn't realize that there was terminology for what I was going through or that there was actually stuff that was happening to me and I didn't know that it was like tactics, I guess, that the abuser uses when—in trying to fix the relationship, I guess. [SAFEline Service User]

- Mental health impacts are identified and addressed as needed: Psychoeducation, assessment, and goal identification help to understand health experiences and resource provision addresses needs, leading to supports that address mental health concerns like depression and anxiety.

**Goal Four: Improve survivor safety to prevent future violence and harm.** *Chat and text hotline-based advocacy aims to improve survivor safety, directly or through a support person, by assessing safety concerns and safety planning.*

**Skills for Goal 4**

- *Crisis de-escalation*

Are you comfortable talking to your partner about what's going on?...It sounds like she's wonderfully supportive :). Is there anything that helps when you're feeling overwhelmed like this?? [Text Transcript, Staff]

- *Identification of survivor-defined safety and harm-reduction strategies*

I'm sorry you are going through this. It's tough to see parents fight. I want you to know you are not alone. If you ever feel too unsafe and want to get out of that situation we can talk about options to remove yourself from there in a safe manner. [Chat transcript, Staff]

- *Safety assessment*

“Where do you plan on staying tonight [service user name]? Are you still at the bus stop right now? Is there any place you think is safe to stay at tonight? Is your friend not allowing you to stay with them anymore? [Text Transcript, Staff]

Sometimes when callers—they know they need help, they know they want to get help, but they don't know where or what. I always break it down. ... When you break it down, there'll be like, "I definitely need shelter." "Okay, let's talk about that." We'll talk about that; why they're needing shelter, where was their last incident of abuse? Always safety-plan. I always safety-plan even if for whatever reason, just in case or because they need it.” [SAFEline Staff]

- *Actual or waitlist for emergency shelter*

For shelter, at the moment we do have a waiting list based off of immediate physical danger. Is that something that interests you? It may be beneficial for you to call us on the hotline at 512-267-7233 if you are interested in the waiting list option as it is a process. [Chat transcript, Staff]

- *Technology safety*

Can we discuss a code word that we can use with you? We were concerned that your abuser was texting us yesterday. [Text transcript, Staff]

Oh, I did like on the SAFEline one, after you're done using it, there's always an option where you can escape the tab, and it just goes randomly. I think that's pretty helpful. [SAFEline Service User]

### ***Select Outcomes for Goal 4:***

#### ***Short-term (Immediately after service)***

- Collaborative safety plans are identified: Work between the advocate and the service user helps to identify strategies to improve safety based in the survivor's perception of risks.
- Crisis de-escalation and stabilization: Crisis intervention strategies increase emotional and physical safety, contributing to reduced distress.

#### ***Long-term (update to six months after service)***

- Safety skills are used as needed: Skills and approaches identified in collaborative planning are used as needed, and revised to meet changing safety needs.

- Safety and stability are improved: Through resource provision, safety planning, information, and housing, service user safety is improved in the long-term through chat and text services.

She stayed on that phone with me until I was completely calmed down. She lent me vent to her, she reassured me, “Hey, you know what? That’s not okay what he’s doing. You’re not wrong for feeling what you’re feeling. You’re doing the right thing by making that first step and tryin’ to get help.” The experience was very comforting for me because at that moment, I didn’t have no one to go to. I couldn’t go to my family, and I couldn’t go to his family. I only had Safe to go to. I did feel safe. I really did feel safe. Not only did I feel safe, but I felt like I had a piece of mind and I had support. That was something I never really had was that piece of mind. The major thing is that support, because I was able to call every single time there was an incident. Until I was put into the actual shelter, I would call almost every day with something new. [SAFEline Service User]

- Technology-related privacy is improved: Through information and strategies developed through advocacy, service users are able to improve their technology privacy, with the goal of reducing digital abuse and surveillance.

**Goal Five: Increase access to timely supports and address needs by opening door to the agency and beyond.** *Chat and text hotline-based advocacy aims to provide tangible resources and help support survivors of violence and others impacted by violence, abuse, and harm.*

#### Skills for Goal 5

- *Help-seeking assistance*

My name is [Advocate Name] btw. This is the CPS website for your state. Unfortunately it looks like you would have to make the report through the phone unless you could talk to a school counselor or teacher again and they could make the report as well. They are mandated reporters. [State CPS website link]. Additionally, I highly encourage you to call the National Runaway Hotline. [Chat transcript, Staff]

- *Identify informal support*

“That sounds like a lot to consider. Do you have any family members you could stay with for a while? [Chat Transcript, Staff]

- *Identify formal support*

To contact our counseling and support group services (we serve both children and adults) you can call xxx-xxx-xxxx and leave a message; they will return your call within a week to set up an appointment. Or you can come in between 9am-noon on Wednesday mornings for a first come, first served walk-in session. The earlier you arrive, the better as it can be very busy (even as early as 8am). [Chat transcript, Staff]

They <SAFEline staff> had asked, “What are my thoughts on speaking to someone like a therapist,” and I had said, “I’m not sure. I’ve never done that before. I can’t really afford it.” They were like, “Well, hey, if you’re interested, this is something that we could set you up with,” and the conversation went from there. [SAFEline Service User]

- *Resource referral*

“I really appreciate you chatting with me. This has been an even better experience than when I contact the national domestic hotline chat I didn’t know of some of the resources you listed.” [Chat Transcript, Service User]

***Select Outcomes for Goal 5:***

***Short-term (Immediately after service)***

- Referrals are given to address needs: Advocates provided service users with tailored referrals to help meet their expressed needs and concerns.
- Increased knowledge of SAFE services: Local chat, text, and phone hotlines serve as the entry portal to agency services. By offering chat and text services, service users have increased access to information about services offered at the organization, increasing awareness of options for help.

***Long-term (update to six months after service)***

- Informal and formal support are accessed as needed: Chat/text services provide service users with referrals and information to access formal supports, addressing needs and mitigating crisis. Advocates work with service users to identify supportive friends and family, which creates ongoing support after the chat/text interaction is over.

Actually, two times, the staff member was incredibly supportive and was willing to actually deploy one of their people to come to sit and talk with me even though I was outside their service area. They were still willing to because they detected the severity of the situation. One of 'em had even—it might have been the same one—had also contacted one of their SANE nurses who asked some questions on my behalf. Then they actually had the nurse side-by-side with them in some capacity to help me figure out what was going on. That was very resourceful of them and helpful of them. [SAFEline Service User]

### *Service user reported outcomes*

Brief client survey results collected after a chat/text interaction support the short-term outcomes in the SAFEline logic model. In the brief client survey, 79.6% of survey participants reported that they received a lot of, or some support from SAFEline during their session and 75.8% of service users agreed or strongly agreed they learned more about getting safer on SAFEline. Additionally, 84.1% of participants said they strongly agreed or agreed SAFEline advocates helped them with their needs and 85.3% of respondents felt that advocates were knowledgeable about available resources in the community. Almost 3 out of 4 (73.7%) respondents reported they led the call completely or mostly, a vital component of service user-led advocacy services. Table 13 below details SAFEline service user experiences reported in the brief client survey.

Table 13: SAFELINE service user experience

<b>Level of support from SAFELINE</b>	n=171	
	=n	%n
A lot of support	69	45.4
Some support	52	34.2
A little support	14	9.2
No support at all	17	11.2
<b>SAFELINE staff helped me with my needs</b>		
Strongly Agree	66	43.7
Agree	61	40.4
Disagree	10	6.6
Strongly disagree	14	9.3
<b>SAFELINE staff members are knowledgeable about resources</b>		
Strongly agree	74	49.7
Agree	53	35.6
Disagree	12	8.1
Strongly disagree	10	6.7
<b>Who decided what you discussed during your SAFELINE session today?</b>		
I did, completely	73	50.3
I did, mostly	34	23.4
The SAFELINE staff member and I, equally	31	21.4
The SAFELINE staff member did, mostly	4	2.8
The SAFELINE staff member, completely	3	2.1

Among participants, 75.8% reported knowing more about how to keep safe and 90.4% reported knowing more about choices available to them as a result of their interaction with SAFELINE. A majority of survey participants (82.9%) reported feeling satisfied with the amount of time advocates spent working with them and 79.5% reported feeling satisfied or very satisfied with the overall interaction. Although this was the majority of participants' first interaction with SAFELINE, 93.9% reported they are likely or very likely to contact SAFELINE again. Table 14 below outlines SAFELINE service user outcomes reported by participants in the brief survey.

Table 14: SAFELINE service user outcomes

	n=171	
	=n	%n
<b>I learned more about keeping safe because of my interaction with SAFELINE</b>		
Strongly agree	58	38.9
Agree	55	36.9
Disagree	23	15.4
Strongly disagree	13	8.7
<b>As a result of your time with SAFELINE staff, how much more information do you have about choices available to you?</b>		
A lot more information	60	40.8
Somewhat more information	44	29.9
A little more information	29	19.7
No more information	14	9.5
<b>Overall, how satisfied have you been with the amount of time SAFELINE staff put in toward working on these things with you today?</b>		
Not satisfied - Not enough time.	16	11.0
Satisfied - Just the right amount of time.	121	82.9
Not satisfied - Too much time.	9	6.2
<b>Overall, how satisfied are you with your interaction with SAFELINE?</b>		
Very satisfied	80	54.8
Satisfied	36	24.7
Somewhat unsatisfied	20	13.7
Very unsatisfied	10	6.8
<b>How likely would you be to contact SAFELINE again?</b>		
Very likely	43	66.2
Likely	18	27.7
Unlikely	3	4.6
Very unlikely	1	1.5

### *Digital specific skills*

Some advocacy skills are specific to the chat/text modalities. These include:

1. **Timely and welcome response.** *Answering chat and texts as soon as possible helps build rapport and trust with service users.*

Thank you for contacting SAFELINE. You are welcome to ask questions here or call us at xxx-xxx-xxxx. [Text Transcript, Staff]

2. **Metacommunication about content, tone, and response expectations.** *Advocates use written language to discuss the process of the service interaction, what the service user can expect from the advocacy, as well as clarify meaning and tone.*

I want to clarify to best understand. [Text Transcript, Staff]

I try to mirror the language. I try to mirror what the person is saying. I try to put in as much “I hear you” as possible’ cause I am—they know I can’t hear them, but I—or “I see you. I understand where you’re coming from.” Yeah, I try to use validating language as much as possible. [SAFEline Staff]

3. **Concise communication.** *Advocates aim to keep information on chat/text sessions short and concise to keep service users engaged and to illustrate active listening. Chat and text communication should be “nutrient rich” with important information and short in length due to text character limitations. Providing links to additional resource helps to keep communications brief.*

There is also a search engine called Aunt Bertha you might want to look at [it]. If you enter your zip code, it tells you different forms of financial and other assistance available in your area. <https://www.auntbertha.com/> [Text Transcript, Staff]

4. **Use of emotive language, emoticons, and minimal encouragers.** *Emotive language and emoticons are used in chat and text session to signal tone and personality such as exclamation points, smiley faces, and hearts.*

I’m so happy for you! :) You deserve to be in a healthy relationship! [Text Transcript, Staff]

### Adaptations for Chat, Text, and Phone

The ETA project sought to understand adaptations of phone advocacy for chat- and text-based advocacy. Listening sessions were conducted with SAFEline advocates working the phone hotline to understand variations from the model developed based on findings from the chat and text transcript review. From March 2021-August 2021, the evaluation team shadowed 42

SAFEline hotline calls over the course of 12 shifts with 6 different advocates. In total, the research team listened to 47 hours of hotline shifts on weekdays, evenings, and weekend shifts. Listening sessions on weekdays included both morning and afternoon shifts. The majority of calls observed related to IPV experiences (52%), followed by calls regarding sexual assault (12%), and those regarding child abuse (2%), and stalking/harassment (2%). The most frequent callers were those experiencing violence themselves (72%). About a quarter of calls (26%) came from both formal and informal support individuals requesting help or information on behalf of an individual experiencing violence.

Advocates provided resource referrals both internally to SAFE Alliance programs and externally to community/area resources. The most common external resource referrals were another shelter (39%) and community legal aid services (26%). The most common internal program referrals were to SAFE shelter (50%), SAFE counseling services (17%), and SAFE Futures (13%), SAFE's parenting program. Table 15 below outlines the skills, as adapted from the logic model, used by hotlines advocates during each call shadowed by the evaluation team.

Table 15: Skills used by advocate during hotline calls

<b>Skill (n=42)<sup>15</sup></b>	<b>=n</b>
Emotional Support	29
Help Seeking Support	26
Resource Referral	23
Validation of Feelings	21
Identification of Caller Goals	20
Encouragement	20
Safety Planning	12
Reflective Listening	10
Identify Social Support	10
Crisis Intervention	2

<sup>15</sup> %n and =n will be over 100% as some calls included multiple skills used.

Listening session data were analyzed alongside transcript reviews, interviews, and surveys to understand differences in chat and text advocacy in comparison to phone advocacy. Skills such as reflective listening, empathetic communication, and strengths-based communication were used in similar ways on phone advocacy and chat- and text-based advocacy sessions. The service model for chat and text has three notable shifts from phone-based advocacy: reliance on audio cues, different methods of building connection, and changing ease of information transmission. Phone interactions are typically shorter, with advocates relying on tone and audio cues to assess safety. During interviews with the evaluation team, staff described that that they need to “dig in” on chat and text calls to understand context and cues that may be more obvious on phone calls.

Definitely for chat, I tried to dig in a little bit just because text is not—you can’t hear texts. Whenever phone calls come, a person can tell you like, “Are you safe?” You’re like, “Yes,” but in reality, you hear that they’re scared, or something is not right, so you’re like, “Okay, but how about you call me in the next few minutes. Then if you’re not safe right now, go ahead and hang up. If you are safe, then we’ll go ahead and continue, but if at any point you just do not feel safe at all, go ahead and hang up. We’re here for you. We’ll go ahead and pick up your call whenever you call.” I feel like that reassures clients. For chat, it’s just they can just say straight up no... Definitely, chats too are a bit longer than calls just because that extra digging and just trying to figure out if what client is telling is us is truly true, or are they needing supportive services or more validation than what we’re just reading from. [SAFEline Staff]

Advocates, service users, and prospective service users frequently perceived that it was easier to build rapport and connection over the phone because of the ability to use audio cues and ambient noise to assess safety and build social presence.

Actually bein’ able to talk to a live person, it made me feel calmer, I guess, and more secure in knowing that by leaving the relationship that it was—that I wasn’t going to be alone and that if I ever needed to call them I could call them and just talk, because I actually had no one at the time...Phone was better’ cause I guess bein’ able to speak with a live person, it’s like it was more—it felt like I had a friend, I guess. [SAFEline Service User]

Some advocates and service users reported that it is easier to assess for safety over the phone.

I feel, is that on chat and text, you can't really you can't really tell if someone is like, escalated or not. Versus on a phone call. It's it's hard to tell, like it's a whole other buy on chat and text versus like on a phone call where you can hear like their tone and they, you know, they'll say whatever comes to mind right off the bat versus on chat. I feel like they do take the time to think about what they're looking for or what they're needing from our services. [SAFEline Staff]

Giving information and resources was considered easier by interviewed staff over chat and text then by phone. Advocates spent more time giving service users resource referral information including phone numbers and emails addresses over the phone. Advocates had to repeat themselves and gave fewer resources during each phone session than in chat and text sessions where they were able to copy/paste many resources at one time. In several cases on listening sessions, advocates asked service users if they would like the advocate to email them the list of resources they discussed.

### ***Offering communication choices is survivor-centered***

Interviews and surveys with service users and SAFEline staff emphasize the critical role of choice in how people are able to access hotline services. Aligned with the survivor-centered perspective, offering multiple modes of communication (chat, text, phone, and even video) provide people the opportunity to reach out in the way they feel most comfortable at that particular time. Some service users are “phone people” and some service users are “text people” and will use the modality of best fit for them at the time. Circumstances and safety considerations may shift communication preferences, making a range of reach-out options essential to meeting shifting safety needs. A prospective SAFEline service user explained why they would reach out by text for support.

I definitely feel more comfortable texting because of the same reason. I feel like especially when I hear somebody saying really personal things for them, I feel like sometimes it's hard to know what to say or how to answer in a way that helps them. As for the phone, I would feel more self-conscious. Am I saying the right thing? I have the

pressure to answer right away whereas to the text I can just take my time and compose a message that makes sense for that specific situation. [SAFEline Prospective Service User]

Alternatively, a SAFEline service user expressed her reason for using phone service.

I don't really like texting, to be honest. I find it like—it's on a small phone, and, so, I find it easier to just express that verbally. I'm a communicator. I prefer to communicate by voice. My voice, I want it to be heard. I want me to be heard. I want it to be unique. Hear the passion that's comin' behind how I'm feeling' cause listening to somebody is so much more than where text messages are very vague. [SAFEline Service User]

### **Barriers and Recommendations for Chat and Text Advocacy**

#### **Barriers to Service Quality on Chat and Text**

Five common barriers were identified in the evaluation that prevent high levels of service satisfaction and positive outcomes referenced in the SAFEline logic model. These barriers are common for many program-based chat and text lines. Barriers and potential solutions from SAFEline staff and current and prospective service user interviews are outlined below.

**Barrier 1: Lack of access to technology to use service.** The most common barrier to using the chat or text hotline is not having access to a phone or computer to use the service.

My situation, when I didn't have a phone, it was like, "Well, we call your phone and you don't pick up." Then you're just off the list. I didn't have a phone. I was callin' 'em from the police officer's phone, and then the cop just said, "You know what? You can have my phone. That's my personal phone. I have a work phone." When I told the girl it was the cop's phone, they were like, "Yeah, we can't call you or text you back on that 'cause it's not your phone." It was like, "Dang." Everything you're doin' to try to get in. [SAFEline Service User]

Some participants may have a phone or computer but their partner is monitoring the device:

I think if you're alone after something particularly violent has happened, or if you're isolated and moved to a city, I think it's helpful to hear someone over the phone. I think if it's an ongoing situation, maybe something where you're potentially more monitored, chat or text is definitely easier to access. [SAFEline Prospective Service User]

#### **Recommendations to address lack of access:**

1. Partner with libraries, community centers, schools, and other spaces with free computer access to promote chat and text hotlines as well as digital safety strategies. Many

prospective service users interviewed were in the service area for SAFeline but did not know that chat and text were available. A prospective service user shared their views on making the service more accessible.

Having those easy to find for someone who was considering that they may want to use the resource. I think just making it very user-centric, like we're here for you. We want to support you, meet your needs, as opposed to utilize us if blah, blah, blah. Then using words like safe, comfortable, supportive. [SAFeline Prospective Service User]

2. Offer resources to help potential service users secure a phone and/or tablet, including phone donation programs and cash assistance to maintain consistent access to a current, working device.
3. Provide "mobile" advocacy services at the location of service user choice for those that cannot use chat, text, or phone services.

**Barrier 2: Safety and use concerns.** Some potential service users, especially those who routinely rely on phone calls, rather than chat and text messages for communication, were unsure about how services would be offered over chat and text and if they would have the same level of support.

I don't feel texting is safe. I don't feel it's safe because you don't know who you're talkin' to, and then they have multiple receptionists, three shifts, about eight different people, so you don't know who you're talkin' to. You don't know who took that text or who submitted that text or if they even submitted it, and that's the problem I had, like, "Oh, well, it isn't documented, so there's nothin' that we can do. You're just off the list. [SAFeline Prosepective Service User]

People expressed concerns about safety and confidentiality over chat and text.

Definitely, confidential is one of them. That's really important because if you're dealing with abuse, you don't wanna have consequences from it. Confidential for sure. Because dealing with abuse, too, a lot of people have trouble—I guess this could go back to troubles with using it—if it's an app, and you can get on your phone or something like that, they might have controlling partners who go through their phones, and then, they could find it, so something discreet—something effective, too. [SAFeline Prospective Service User]

Additional safety concerns stemmed from fears of unwanted or unwarranted mandated reporting to child welfare systems, adult protective services, or for youth, parents or guardians.

One time a few years ago, I called a crisis line on campus and they immediately said I have to report this to <CPS>. I understood that they had to, but of course, I was uncomfortable and we didn't get to troubleshoot first how I was feeling or what I could do for my daughter, none of that. [SAFEline Prospective Service User]

There were also concerns that chat and text services would be impersonal, or “robotic.”

Yeah. I guess with chat bots and stuff, you never know whether you're talking to something automated, and I don't know. Not that I don't trust automated messages, just I guess a human element is important when you need help, or you're in an emergency. [SAFEline Prospective Service User]

### **Recommendations to address confusion about service use and confidentiality:**

1. Highlight confidentiality and privacy protections on website as well as chat and text service promotion.
2. Educate the community and potential service users about the nature of chat and text services and address common questions and concerns.
3. Introduce the advocate- and the advocacy services- at the beginning of services to indicate the authentic and individual nature of the chat or text interaction.

**Barrier 3: Long response times.** Some participants that used chat and text services at SAFEline and other agencies had challenges getting connected to an advocate in a timely manner which prohibited further chat and text use. Wait times in excess of 30-60 minutes (and sometimes longer) discouraged further service use. Delays in response to participant texts in the midst of service interactions can contribute to service users feeling unheard and unsupportive.

I just needed to talk to someone, I guess is what I felt, like I was alone. The only thing that I did not like about the text was that it took a while to get connected with someone. [SAFEline Service User]

**Recommendations for long response times:**

1. Engage potential service users with information about service wait time expectations and alternative forms of connecting quickly.
2. Increase staffing at high volume outreach times to meet service needs.
3. Show presence and support through timely response during service interactions. When managing several interactions, advocates can share additional resources and acknowledge wait times through caring communication.

**Barrier 4:** Advocate tone and communication is perceived as judgmental or unsupportive. On

some occasions, service users reached out on chat, text, or phone, and found the advocate's tone to be dismissive, unfriendly, or not empathic, limiting desire to use the service again.

No, sexual assault does not just happen. You know what I'm sayin'? Be a little more sentimental when asking questions, not just like, 'So what happened? How did it happen? What are you gonna do now?' It's just straightforward, no kind of phone into it. It's like an operator. [SAFEline Service User]

Service users sometimes experienced call ending techniques as cold or dismissive, however most service users commented about experiencing the advocates as warm and welcoming.

"The woman I talked to last weekend said that she was too busy to talk long too when I tried this morning so I just think it's best I go." [Chat Transcript]

"I appreciate the warmth and easiness of the conversation and it feels good to know I have a place to go to for guidance if I ever run into any other related issues in the future. Thank you." [Chat transcript]

**Recommendations for addressing misaligned communication approaches:**

1. Empathically seek clarification if service user needs or goals are unclear. Advocates can use paraphrasing and questions to seek clarification and confirmation that they understand the help needed by service users.

2. Use strengths-based language. Empathic and non-judgmental communication is both trauma-informed and respectful to service user lived experiences.
3. Outreach, if safely available. Some prospective and current service users indicated that along with supportive communication, having follow-up communication from SAFELINE staff would make them feel more connected, supported, and cared about during times of abuse and crisis. This option will not be available for most service users, but could help support those who have more intensive needs and are able to safely communicate. One service user shared:

It just would be nice for them to reach out back to me to just touch up on the situation, like if there's anything else that I need help with, or anyone or resources...I think that's super-duper important because the process of getting out of these situations is really rough. [SAFELINE Service User]

**Barrier 5:** The needed service or support is not available. Many service users accessing local program-based chat or text services are seeking emergency shelter, counseling, legal advocacy, and other supportive measures. High demands for interpersonal violence services, especially shelter, means often the requested service is not available for service users, contributing to service user discomfort and a lack of met needs. Some participants reported lists of referrals are overwhelming, creating more outreach work during a time of crisis.

I was able to reach someone who said the services you offer are not available and I could only leave a message for help and someone might get back to me in a few days and coming in for counseling wouldn't be in my best interest either. I am not surprised considering the 24 hr hotline doesn't even work. I am extremely disappointed and still need help. [Chat Transcript]

“Your waiting list is honestly bullshit I'm sorry. It's bullshit. I know you have rooms available and you just leave it empty.” [Text Transcript]

“They just tell the people straight up like that, and it's like, “Oh, we don't have no beds. Sorry, call back again,” like, “God damn.” I was in that situation, so I could just imagine what the person's feelin’”. [SAFELINE Service User]

**Recommendations for when needed service is not available:**

1. Link service user with other potential resources. Whenever possible, advocates can support service users by providing tailored referrals, including connections to resources available immediately to that person. Direct referrals can reduce the labor of service users in crisis reaching out to multiple agencies where services are also unavailable.
2. Manage expectations about service waitlists. Many programs, such as housing, counseling, and childcare, may be available to service users but have significant waitlists. Advocates on SAFELINE prepare service users for the potential of waitlists for services during the referral process. SAFE, as an agency regularly communicates on current waits among departments so that SAFELINE service users can be made aware of the most up-to-date service access wait times.
3. Offer any immediate service connection available. Service users seeking shelter or counseling may benefit from other programs while they wait for other supports to be available. If the agency has any immediate supports available, such as mobile advocacy or material supports, advocates can help make a short-term connection while waiting for the focal service.

**SAFELINE Chat and Text Implementation**

From ETA project activities, the collaborative team of researchers and SAFELINE staff developed the following recommendations with stakeholder support for implementing chat and text services.

**Starting Chat and Text Services: Safety and Privacy Considerations*****Platform safety***

Before opting for a particular company for chat and/or text services, SAFELINE sought to understand the platform's data security and privacy policies. This included exploring if or what data platforms track, (i.e. phone number, Internet Protocol (IP) address, and geographical location of service users). SAFELINE sought to select a platform that did not retain chat/text sessions long-term in accordance with the Violence Against Women Act (VAWA) and the Family Violence Prevention and Service Act (FVPSA). Prior to implementation, SAFELINE had an understanding of what data they are able to retain internally from individuals that use their chat and text services.

### ***“Covering tracks”***

SAFELINE selected chat and text platforms that allow service users an easy way to delete any chat or text conversations with the hotline for privacy and safety. This includes any data or information from the application that may be retained on the device as well (e.g. included on app list on phone, showing up in browser history, or data/memory storage lists). SAFELINE advocates mention safety measures like deleting conversations as part of routine service introduction and especially if the service user shares their device is being monitored or they have experienced other digital abuse.

### ***Addressing digital abuse***

SAFELINE has created processes and protocols to keep service users safer if their devices are monitored. Additionally, advocates discuss ways in which individuals can experience violence digitally such as cyber stalking, monitoring, and emotional abuse via chat, text, phone, and video as a part of safety planning.

***“Off-target” contacts***

SAFEline has a protocol in place to determine when a chat or text is off-target. This may include individuals that do not qualify for their services; sexual gratification chats/texts, or individuals being verbally or emotionally harmful toward advocates. Response to off-target calls includes routing those individuals to appropriate services via resource referrals or, in some cases, terminating the session.

***Communicating with service users about privacy and consent***

SAFEline advocates are familiar with all organizational privacy and consent policies as well as any professional licensing they are obligated to maintain. These policies, especially those around mandated reporting concerning child/elderly abuse and harm, are communicated clearly and succinctly to service users, when applicable. Ideally, privacy, reporting, and consent policies are communicated to the service user before they disclose something that needs to be reported. SAFEline advocates are trained to gently interrupt conversations about reportable incidences to discuss how, when, and to whom they have to fulfill mandated reporting obligations.

**Platform selection and considerations*****Cost***

When selecting a platform for chat and/or text, cost was a major consideration. SAFEline administrators building out chat and text functions had to consider initial fees for the software, ongoing maintenance fees and updates, and any potential hardware updates that would be needed. SAFEline is staffed 24 hours a day, 7 days a week by bilingual staff that can respond to service users in chat, text, and phone modalities. SAFEline has 10 full time and 13 part time or PRN<sup>16</sup> staff. Cost considerations for SAFEline and other chat/text lines include: labor (salary and

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<sup>16</sup> Pro re nata meaning, staff that work only as needed or requested by SAFEline managers.

benefits); Internet and network costs; chat/text/call center software costs, hardware (i.e. computers, headsets, and phones); Office space (if not working remote); service advertising and marketing; staff training; and electronic or cloud-based storage. Below, total costs for SAFELINE for 2020 are calculated. The cost per SAFELINE interaction is estimated to be \$43.54, inclusive of labor including supervision and leadership positions devoted to SAFELINE. Monthly, yearly, and annual cost per client served is outlined in Table 16 below.

Table 16: Costs to run the SAFELINE program

<b>Costs</b>	<b>Monthly Cost</b>	<b>Yearly Cost</b>	<b>Yearly Cost per Client Served*</b>
Total labor (Salary and benefits)	\$64,871	\$778,454	\$40.97
Call Center Service	\$619	\$7,429	\$0.39
Text Service	\$200	\$2,400	\$0.13
Chat Service	\$118	\$1,416	\$0.07
Office Space/Rent	\$530	\$6,360	\$0.33
Service Advertising	\$2,000	\$24,000	\$1.26
Staff Training	\$31	\$373	\$0.02
Equipment Costs	\$538	\$6,461	\$0.34
<b>Total Cost</b>	<b>\$4,036</b>	<b>\$820,432</b>	<b>\$43.54</b>

\*Cost per client served based on estimated 18,997 clients a year (2020 total)

### ***Integration***

When implementing chat and text services, SAFELINE administrators and advocates planned for service disruption to hotline services while chat and text platforms came online, the potential for changing staffing needs and availability, and for a potential increase in requests for available services at SAFE (as access is increased through chat and text hotline services).

### ***Training***

Staff at SAFEline receive an initial 40-hour general advocacy training, with an additional 20-hour hotline training that focuses on chat and text advocacy. A detailed outline of both the 40-hour general advocacy training and the 20-hour hotline training is included in Appendix K.

### ***Relief and PRN staff***

Programs implementing chat and text services should account for increased service volume, duration, and intensity that may accompany adding additional ways for survivors to reach out. Supportive staff may be needed in relief or PRN positions to allow employees to take time off, restore capacity during intensive periods such as the COVID-19 pandemic, or provide additional coverage in high volume service times. Relief and PRN staff that are bilingual are especially critical to reducing the extra burden placed on Spanish-speaking staff and to increase language access equity. A staff member in an interview shared more about this need.

Definitely more relief staff. We do have dedicated staff that likes to help clients, love listening to them, and just problem-solving. For me, I got lost into it to where like, “I have to help them. I have to figure out a way “that it wore me down. I think just having a relief just saying like, “Hey, you have PTO. Go ahead and take off. I’ll go ahead and take over your shift.” I think that would be some much helpful because just the next day, your freshened up, and you’re just ready to take on the next day. Many staff don’t have that kind of luxury at [program name]. I feel like they’re just maybe a bit worn out or, yeah, burned out. I don’t know. Back then, we didn’t have a lot of relief. I think only two or three, so I would take on several overnight shifts on top of my eight hours. That was very difficult. [SAFEline Staff]

### ***Outreach***

Agencies planning to add chat and text should consider how they will outreach and advertise the service, especially to survivors and key demographics of prospective services users. ETA findings indicate that it is important that all agency staff are well versed in chat and text service options, including privacy, confidentiality, and eligibility. It is especially critical for prevention, legal advocacy, and community outreach staff to share about the service. While many SAFEline service users are those wanting to begin service interactions at SAFE Alliance,

outreach about chat and text is important for those who are already using SAFE services such as housing and counseling as a method of 24-hour support.

Prospective and current service users most often heard about chat and text from a friend or family member, another social service provider, or from an internet search.

I could be wrong about this, but I would imagine that a lot of people and I know the same was true for me, the SAFELINE would be kind of their first point of contact because they weren't ready to be known yet. For me, that was a huge part of it. I hadn't really told anyone, and so being able to reach out anonymously was really important. [SAFELINE Service User]

Put it on social media. Everybody's on social media nowadays. Making more friendly commercials or ads about hotlines. Just so that people are aware that those services are there. If not, just—I don't know. Something out of their reach, should call the hotline. [SAFELINE Prospective Service User]

In interviews, current and prospective service users emphasized the importance of social media to advertise the service.

I think where we're at right now in the world, and especially with COVID still being a thing, I definitely think that digital presence would be really important. I get a lot of targeted ads on Instagram that are bullshit that are just so annoying. I think if SAFE were in a place to be able to advertise that way— I mean, I follow them on Instagram now, but, yeah, if there's any way for them to get the word out that way, I think it would be really important and to let people know that it is confidential and that the SAFELINE is something that's offered free of charge, I think would be really helpful, especially the confidentiality piece. [SAFELINE Service User]

## **Quality Monitoring**

### ***Fidelity Checklist Measure Pilot Survey***

In August 2021, the evaluation team worked with SAFELINE advocates to pilot a checklist to measure SAFELINE advocacy program fidelity. The checklist was piloted for 4 weeks and was completed by 5 SAFELINE advocates and 1 SAFELINE Manager after 47 sessions. Table 15 below includes the sessions detail from each fidelity checklist completed.

Table 17: Fidelity Checklist Data

		<i>n=47</i>
<b>Service Duration (<i>n=43</i>)</b>		
	0-5 minutes	16
	6-10 minutes	11
	11-20 minutes	8
	21+ minutes	8
<b>Type of Interaction (<i>n=45</i>)</b>		
	Phone	39
	Chat/Text	6
<b>Service User Group (<i>n=45</i>)</b>		
	Survivor/Victim	37
	Formal/Informal Support Person	5
	Unknown/Unidentified	3
<b>Type of Violence/Harassment (<i>n=46<sup>17</sup></i>)</b>		
	Adult IPV	31
	Stalking	8
	Adult Sexual Assault	6
	Physical Assault	6
	Child Abuse and Neglect	3
<b>Primary Objective of Service Interaction (<i>n=45</i>)</b>		
	Resource and Referral (within SAFE Alliance)	14
	Resource and Referral (outside of SAFE Alliance)	11
	Support and connection and Identify Needs and Options Related to Abuse/Violence	9
	Shelter Request/Check-in	6
	Improved safety/safety planning support	5
<b>Skills used by Advocate (<i>n=45</i>)</b>		
	Welcoming to Services	28
	Establishing Safety	24
	Assessment of Needs and Goals	23
	Encouraging SAFEline Use	22
	Resource Referral	18
	Crisis Intervention	15
	Help Identify Options	15
	Identify Formal Supports	14
	Help-Seeking Assistance	13

The fidelity assessments, along with transcript review, show high levels of adherence to the SAFEline model of service outline in the logic model.

### ***Brief survey***

Along with fidelity indicators, the ETA project team used the brief survey included in Appendix B to understand service user experience and adherence to the logic model. This survey assesses service user perception of the interactions, with a focus on core model elements of service-user centered practices. While it does not examine long-term impacts, it can be used and adapted for periodic or ongoing quality assessment.

### **Implications**

Hotlines for survivors of IPV, CAN, sexual assault, and human trafficking are vital to the ecosystem of services for victims of crimes. In addition to providing immediate support and crisis services, hotlines function as supportive space for survivors and their networks in professional and relational roles. Chat and text advocacy services provided by local programs such as SAFEline extend the benefits of national chat, text, and phone hotlines by providing service user-centered options for linkage to local supports. The ETA evaluation highlights the critical role of *local* hotlines in increasing safety and service access, and the urgent need for multiple options of communicating with hotline advocates, such as chat, text, and phone, which allow more people to access support, improve safety, and get their needs met. Chat and text hotline extends the survivor-centered advocacy service model by providing choice in communication, and, as evidenced by increasing service use at SAFEline, reaches more people in the community. Chat and text volumes have increased each year since those services were

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<sup>17</sup> Advocates were able to selected multiple types of violence and harassment and skills used.

implemented in 2018. In the first full year of the COVID-19 pandemic, chat and texts increased on SAFELine by 220 additional contacts from the previous year.

Chat and text join phone hotlines as a community education platform, where people seek information about relationships, rights, health, safety, and service options. As a local hotline, SAFELine also supports the Austin and Travis County community in accessing timely resources and supports. The community education benefit of SAFELine cannot be underestimated- the service augments what is often an insufficient educational response to learning about healthy and unhealthy relationships, consent, resources and rights, and is especially vital to young people. Critically, services like SAFELine link people to local supports for ongoing education and teaches people *how* to access help. SAFELine and similar platforms may be particularly impactful when linked with universal and targeted violence prevention programs, where chat, text, and phone can provide individualized information for people participating in educational programs that need support on their own unique situations.

SAFELine service use and access is influenced by both national and local trends. The spike in sexual assault related service contacts noted in September and October 2018 coincides with the testimony of Dr. Christine Blasey Ford related to the nomination of Brett Kavanaugh to the Supreme Court of the United States, and the start of the school year at the University of Texas at Austin. Shelter requests spiked in June and December 2019. In June 2019, SAFELine did an extensive outreach campaign and started a new program, Bridge to Safety, which includes cash assistance for shelter diversion. In December 2019, the City of Austin was in the process of enforcing limitations on homelessness encampments, and SAFE extended Bridge to Safety Services. Finally, shelter requests dropped in the first months of the COVID-19 pandemic, even as overall contacts remained the same and increased. Shelter requests decreased again in January

and February 2021, when the largest COVID-19 related stimulus checks were distributed. While we cannot directly attribute shifts in shelter requests and service access to these events, it does suggest local and national events impact service volume, which has direct implications for staffing and resource needs. The relationship between these trends needs to be explored in further evaluations.

Different from a national hotline, SAFEline is used frequently for access to SAFE Alliance services, which is both a major strength and significant challenge. Increasing access via chat and text also means increasing service requests, straining an agency already at capacity with active waitlists for shelter and counseling services. Opening the front door of SAFE Alliance wider by offering chat and text services reaches more people, but that must be matched by increased capacity throughout the agency. SAFE Alliance has addressed this challenge through new programming, additional shelter capacity, and seeking additional funding for more staff. Agencies considering implementing chat and text will benefit from community support to increase service capacity for internal and external referrals,

SAFEline was successful in reaching more survivors and support persons. Preliminary data results indicate that chat and text services increased access to teen and emerging adult survivors, Spanish-speaking service users, and those who are D/deaf and hard of hearing. Future evaluation activities will assess the depth of this increased contact. Programs looking to implement chat and text hotlines may have different target populations based on their communities, for example, male-identified survivors, persons using violence in relationships, or community members support friends. Communities considering implementing chat and text advocacy should assess the underserved groups they would like to access and evaluate the best methods to offer advocacy services. Partnering with community and culturally specific programs

will also help to implement relevant services and build community trust. As evidenced by the COVID-19 pandemic, chat and text advocacy increased access to people who were unable to audibly request services, benefiting all violence agencies working with people in abusive relationships.

Creating new modalities of advocacy services requires additional staff training, supervision, and support. Frontline interpersonal violence staff have been significantly strained during the COVID-19 pandemic (Wood et al., 2020b). Structural supports are needed to support staff providing hotline advocacy services, especially to address the occupational stress risks from providing crisis services. Increases in service contact volume should result in increases in pay, staffing, and supervision. Unlike advocates working in long-term programs, hotline advocates rarely know about the future of people they work for, and are limited to crisis-oriented interactions. Trauma-informed supervision approaches and structural support of staff wellness is critical to maintaining a high-quality chat and text hotline.

### **Limitations**

This formative evaluation had limitations that should be taken into consideration. The data collected for this formative evaluation occurred before and after the COVID-19 pandemic, which created delays and modifications in recruitment which may have impacted who was able to participate. Recruitment and promotion that may have previously occurred in-person took place virtually and over text fliers, which may have limited who received information about the study. The initial incentive structure for the brief survey was modified to increase participation, which meant the survey was taken more by participants who engaged in services after these changes were made. The chat and text transcripts did not include demographic information; therefore, the research team was not able to assess the demographic makeup of the chat and text

transcript sample and as such, insights related to the experiences of marginalized populations were not fully captured through the chat and text data. Further, the majority of the chat and text transcript data was provided to the research team prior to the beginning of the COVID-19 pandemic, and may not fully detail the needs of service users during the COVID-19 pandemic. The data captured does not offer perspective from individuals experiencing interpersonal violence that are unwilling or unable to access or engage with SAFELINE services, including those that do not have internet or phone access. Despite these limitations, the formative evaluation was methodologically robust with multiple sources.

### **Evaluation Next Steps**

The ETA project and evaluability assessment illustrated that SAFELINE is a strong candidate for an outcome evaluation. Moving forward, the evaluation team will build on this formative evaluation by conducting a rigorous process and outcome evaluation of chat- and text-based services for survivors of IPV, sexual assault, and human trafficking at SAFELINE, and an additional site, the Houston Area Women's Center. The next phase will assess program fidelity and impact, as well as staffing considerations and cost effectiveness of technology-based advocacy. The process and outcome evaluations in the next phase of this project will 1) expand the evidence-base on the use and implementation of chat- and text-based advocacy services, 2) assess short- and long-term outcomes of technology-based advocacy for survivors of interpersonal violence and 3) further understand the impact of COVID-19 on the delivery of technology-based advocacy to aid future disaster and emergency planning. This next phase of the ETA evaluation will be longitudinal, mixed methods, multi-site evaluation and a critical next step in understanding the efficacy of this source of support for survivors of interpersonal violence. It will also increase knowledge around COVID-19 to understand program changes

during disaster circumstances, including safety provisions, program modifications, and staffing considerations.

### **Cultural responsiveness and equity**

This evaluation was an initial step in understanding a chat- and text-based advocacy model that is survivor-centered, trauma-informed, social presence, and social justice oriented. Based on lessons-learned from this evaluation, SAFEline and the evaluation team expects to keep refining issues related to cultural responsiveness and equity in technology-facilitated advocacy models. Based on the present work, core components and basic mechanisms of chat- and text-based advocacy were identified, and in the future, cultural adaptations and modifications will be evaluated and included in implementation. The team will expand evaluation approaches assessing impacts of the chat and text advocacy services with traditionally underserved groups, with an emphasis on Latinx, Spanish-speaking communities; adolescents and emerging adults; and people who are D/deaf and hard of hearing.

### **Dissemination**

The ETA project has resulted in several dissemination projects to share project learning to practitioners, policy makers, and researchers.

### **Practitioner and policymaker products**

#### ***Fidelity measure checklist***

Measures of fidelity were developed in collaboration with SAFEline staff. The fidelity measures provide advocates and SAFEline managers a streamlined and effective way to assess if service model integrity is focused on program objectives. The tool can be used for fidelity and quality monitoring and supervision. See Appendix C for Fidelity Measure Checklist. This

checklist is available in the developed implementation guide (see below) which will be disseminated nationally through the Center for Violence Prevention at UTMB.

### ***Logic model***

A SAFELINE logic model was created after data analysis was conducted. The evaluation team developed an initial logical model that was then refined through SAFELINE staff feedback. The logic model includes five (5) goals that guide the SAFELINE model of advocacy. Key advocate skills are associated with each goal and the logic model includes short- and long-term outcomes of SAFELINE advocacy for service users. See Appendix A for Logic Model, which will be available to agencies and organization looking to evaluate and/or implement technology-based advocacy services through the Center for Violence Prevention at UTMB.

### ***Brief client survey***

The evaluation team developed a brief client survey that can be used as a “client satisfaction” survey and as part of a broader program evaluation. The brief client survey includes 14 questions including brief service interaction information, reason for reaching out to the services, and self-reported outcomes from their interaction with the program. Appendix B includes a sample promotional message for staff to send to potential survey participants following an advocacy session, a sample informed consent document, and the survey protocol. The brief client survey will be available to agencies and organization looking to evaluate and/or implement technology-based advocacy services through the Center for Violence Prevention at UTMB.

### ***Implementation guide***

The evaluation team developed *Chat and Text Advocacy Services for Survivors of Interpersonal Violence: An Implementation Guide*. The implementation guide is aimed

community practitioners and policy makers, including those considering building out digital services at their organization. The guide includes an overview of advocacy models for interpersonal violence survivors, adaptations for hotline/helpline advocacy, goals and skills used in chat and text advocacy, strategies for implementing chat and text advocacy, and recommendations for evaluating chat- and text-based services. The implementation guide was developed in collaboration with SAFELINE partners. This guide will be disseminated nationally through Center for Violence Prevention at UTMB.

### ***Workshops and presentations***

The evaluation team and SAFELINE staff have presented four webinars or conference presentation thus far about the ETA project. The first webinar in March 2021 was hosted by the Texas Council on Family Violence (TCFV) and had over 200 attendees. Based on this workshop, the research team was asked to facilitate a similar workshop at an annual conference hosted by the North Carolina Coalition Against Sexual Assault (NCCASA) in May 2021. This workshop was attended by over 50 individuals working in sexual assault and domestic violence agencies across North Carolina. The research team presented their findings in a national webinar hosted by the National Network to End Domestic Violence (NNEDV) in September 2021. This webinar was attended by 448 individuals from services agencies across the U.S. as well as several international attendees. Finally, the team presented in October 2021 at the American Public Health Association annual conference (number of attendees unknown due to format). A presentation has been accepted at the Society for Social Work Research in Washington D.C. for January, 2022.

***Academic Products***

The study team published a peer reviewed article in the Journal of Interpersonal Violence (see below). Additional articles are in preparation, including one focusing on service user experience, and another on service provision during COVID-19.

Wood, L., Hairston, D., Clark, E., Voth Schrag, R., Parra-Cardona, R. & Temple, J. (Online, 2021). Creating a Digital Trauma Informed Space: Chat/Text Advocacy for Survivors of Violence. *Journal of Interpersonal Violence*.

The ETA team intends to continue dissemination of findings in 2022 with additional webinars, conference proposals, and release of the implementation guide.

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# Goal 1.

## Rapid engagement for support and connection

### Activities

- Timely responsiveness to service users
- Welcoming to **SAFEline**
- Establishing:
  - safety for all callers
  - boundaries of **SAFEline** service possibilities
- Use of emotive language and emoticons to show presence (tech-based skill)
- Empathy, sympathy, and validation
- Promotion of service user strengths
- Encouraging future connections to **SAFEline**
- Guided call termination to end service interactions
- Metacommunication about content and tone (tech-based skill)
- Identification of preferred language or communication

### Outcomes

#### Short-Term

- Calls/texts/chats are answered with no or minimal wait time
- Increased service access for vulnerable/hard to reach populations
- **SAFEline** service users:
  - are able to reach out through modality of their choice (chat, text, phone)
  - understand **SAFEline** services
  - can identify personal strengths
  - feel respected and listened to by advocate
  - perceive advocates are present and available to support them
  - feel comfortable reaching out again

Immediately after service

#### Long-Term

- Repeated outreach on **SAFEline** by service users
- Increased:
  - chat, texts, and calls
  - chat, texts, and calls from hard-to-reach populations
  - community connection and support
- Reduction of isolation
- Service users:
  - refer their friends and social networks to **SAFEline**
  - trust **SAFEline** and SAFE Alliance
  - feel cared for by **SAFEline** staff and SAFE Alliance

0-6 months after service

### Activity Key

#### Welcoming to **SAFEline**

Advocate welcomes the service user to the interaction and ask them how they are doing and how they may help them today. Ex: *“Hello! Thank you for reaching out to **SAFEline** today.”*

#### Establishing safety for all callers

Advocate assesses for safety and makes sure the service user is safe to interact. Advocate might also assess for safety outside of the immediate situation. Ex: *“This is an advocate with **SAFE**. I’m so sorry for the delay! I am happy to assist you in any way I can. But first, can you let me know if it is safe to text?”*

#### Establishing boundaries of **SAFEline** service possibilities

Advocate shares what services they are able to provide/not provide through **SAFEline** with regards to their expertise. (i.e. *“I am not a lawyer...”, “I am not a counselor...”, or “I cannot provide you with any legal/counseling advice...”*). Also, when an advocate talks about the confidentiality boundaries of **SAFEline** or the service area of **SAFEline** specifically. *“I’m not a legal expert therefore I can’t really guide you in that area. But I can definitely give you some legal aid resources.”*

#### Empathy, sympathy, and validation

Supportive statements to convey empathy, sympathy, and validation. Advocate uses phrases to convey they understand how the caller might be feeling. Ex: *“I can understand why this must be so difficult for you...”, “Wow, that sounds really scary...” “you don’t deserve this”* or advocates may use details the service user has shared to express these *“It’s understandable to feel uneasy about the whole situation. You just went out to get drinks and the night ended so differently than you expected.”*

#### Promotion of service user strengths

Advocate uses words and phrases that reflect and focus on an individual’s self-determination, strength, and resiliency. Ex: *“You are really strong for making that decision...”, “You deserve to be happy and free from this control...”, “You know what is best for your life...” “It sounds like you’ve thought of really everything. He doesn’t know the exact location of your bestie’s place. You’re letting loved ones know. You’re safe for now until 11. I think you’ve got this.”*

#### Encouraging future connections to **SAFEline**

Advocate encourages service user to reach back out if they need any additional services. Ex. *“Please reach out to us if you need anything else.”, “We will be thinking about you. Please check in and let us know how you are doing.”*

#### Guided call termination to end service interactions

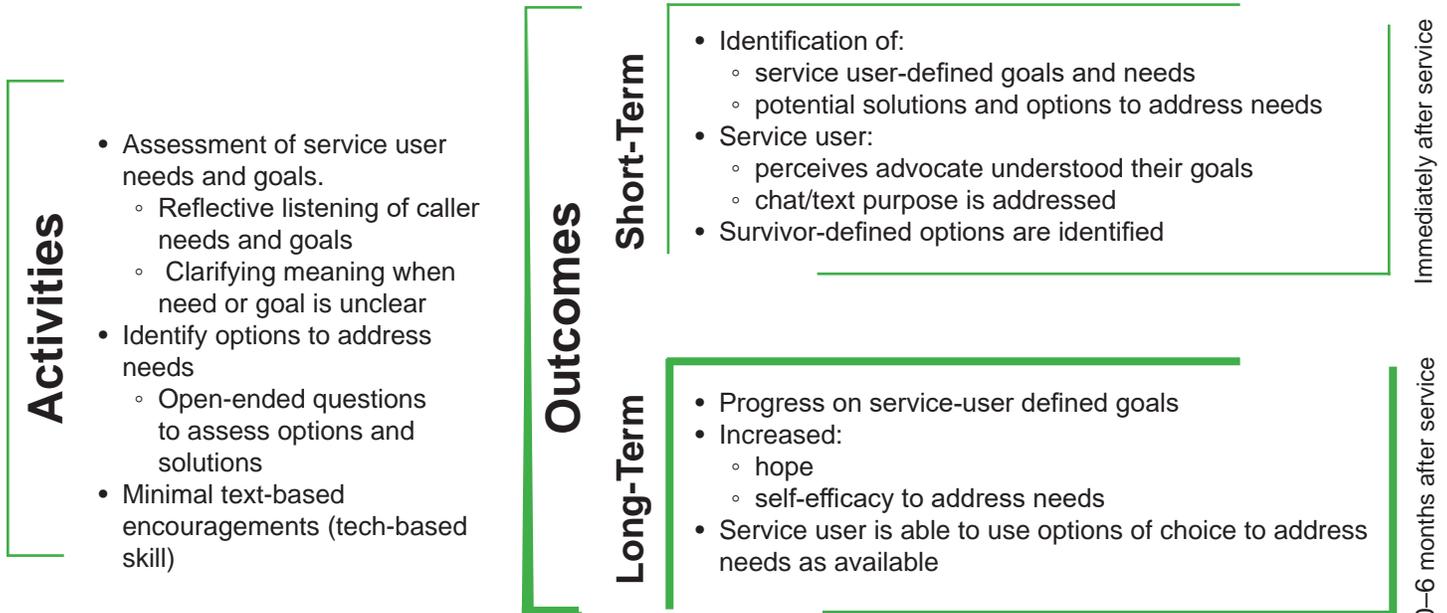
Advocate communicates about and/or previews needing to end the call. Ex. *“I am going to need to get off for the next chat. But thank you for reaching out and looking out for your family members and younger family members in this difficult situation.”*

#### Identification of preferred language or communication

Advocate assesses service user preferred language and/or communication modality. If the language of choice is not one the advocate can communicate in, they use resources to meet service user communication needs.

## Goal 2.

Identify needs and options related to violence, abuse, and harm, and related concerns



### Activity Key

Assessment of service user needs and goals

Advocate asks questions to identify service user/caller’s purpose, safety, needs, and level of immediate crisis. Advocate asks the service user how they can help them today. Advocate asks questions or makes statements that help identify what referrals or resources they may provide. Ex. “Hi, thank you for reaching the Safeline. How can I best support you today?”

Reflective listening of service user needs and goals

Advocate illustrates listening by reflecting content or asking further information about service user goals. Ex. “By help do you mean possibly getting on the waiting list for shelter? Or in general other information of resources that might help you secure shelter or temporary housing?”

Clarifying meaning when need or goal is unclear

Advocates ask to clarify statements and service user needs through follow-up questions. Ex. “Can you explain a little more about what you mean when you said...?” “What do you need to feel safe?”

Identifying options to address needs

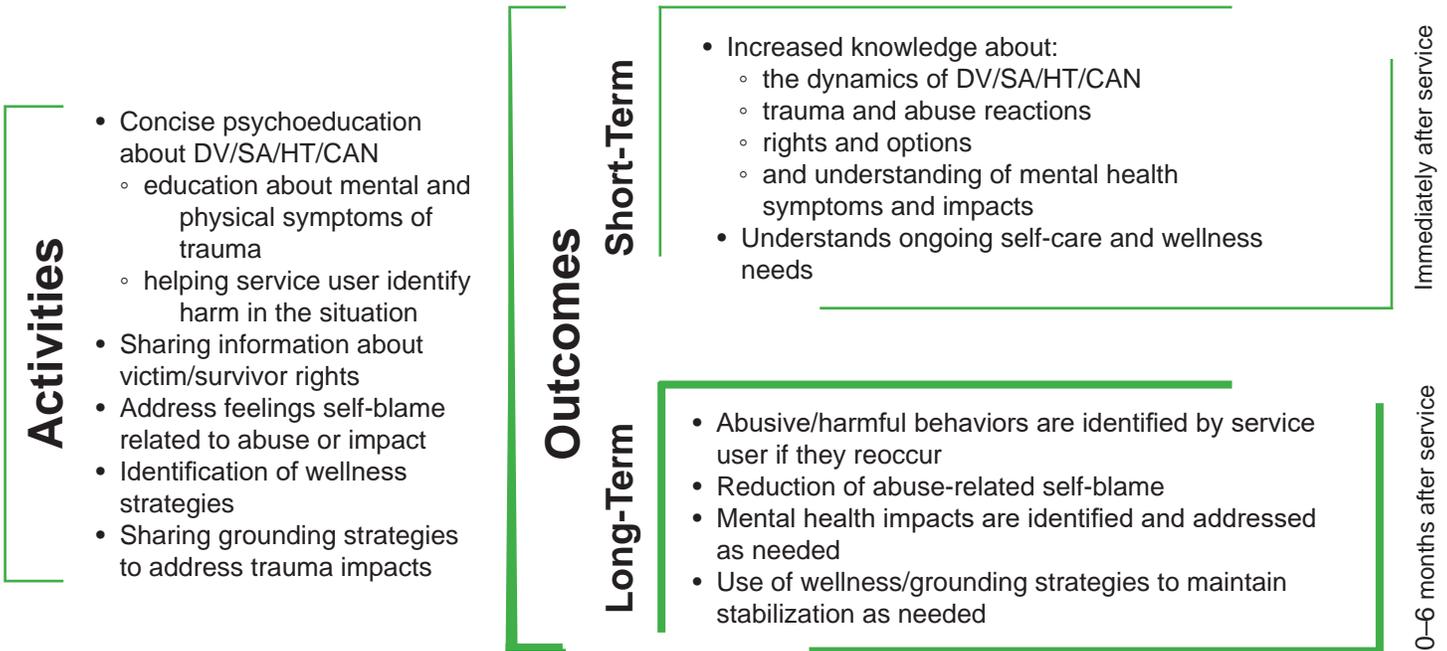
Advocate gives different options to service users. Ex. “It can be hard to find a counselor that you really like. There might be other ways to seek therapy with more privacy; like online or distance counselors for example? Have you tried other things outside therapy for self-care or support? Self-care and support can look different for each of us.”

Open-ended questions to assess options and solutions

Advocate uses probing and open questions to explore options, solutions, and scenarios, similar to techniques used in motivational interviewing. Advocate asks open-ended questions like “Help me understand...” “what would it be like”, “What have you tried and how did that go for you?”, “May I ask what you think might happen if you talk about it?”

## Goal 3.

Expand understanding of violence, abuse, and harm through community and survivor education



### Activity Key

Concise psychoeducation about DV/SA/HT/CAN

Advocate provides education about dynamics of domestic violence, sexual assault, human trafficking, and child abuse and neglect. Ex. *“Well, just because you are managing mental illness, does not invalidate your feelings. One type of emotional abusive behavior is labeling their partner “crazy” in situations like this. It is sometimes referred to as “gaslighting.”*

Education about mental and physical symptoms of trauma

Advocate gives service user information about different trauma reactions. Ex. *“I can understand why you are stressed, that actually happens often when someone experiences what you have experienced.”, “Feeling paranoid is something that people do experience after...”*

Helping service user identify harm in the situation

Advocate helps service user to understand abusive and harmful behavior. Ex. *“Wow, I’m so sorry. It sounds like he gaslights you and is very controlling and emotionally abusive. Smashing inanimate objects and blaming you for it is also abuse. You’ve done nothing wrong and you deserve much, much better.”*

Sharing information about victim/survivor rights

Advocate gives information, referrals, and resources about civil rights. Ex. *“Well, you are eligible for the address confidentiality program because of the stalking. We can even help you complete the paperwork here at our agency.”*

Address feelings self-blame related to abuse and/or impact

Advocate says to the service user that this is not their fault or they are not to blame for what is happening to them. Ex. *“I just want to reassure you that this isn’t your fault.”*

Identification of wellness strategies

Advocate works with service users to identify self-defined wellness strategies. Ex. *“Since you are feeling so upset right now, what would it look like to take a break from the conversation and do something that helps relax? Like laying down and reading?”*

Sharing grounding strategies to address trauma-impact

Advocate educates service users on breathing techniques and other approaches to “ground” during times of acute distress. Ex. *“Do you think it would help to try to just focus on one thing? Like turn everything else but the TV off, and try to watch while doing breathing exercises?”*

## Goal 4. Improve survivor safety to prevent future violence and harm



### Activity Key

#### Crisis de-escalation

Advocate uses strategies to address immediate crisis from service user. Ex: *“I can’t imagine how exhausted you are, you deserve care right now, not abuse. Do you have any safe places to go where you can take a break from this situation? Like a friend or family member’s home?”; “Have you tried going for a jog when you start feeling this way? Screaming straight into a pillow can definitely help in moments like these. But you don’t always have a pillow with you so that’s understandable as to why it’s not always an option.”*

#### Individualized Safety Planning

Advocate helps service user think about their safety. The advocate engages in an assessment of safety needs and issues with abusive partner. Specific activities include:

#### Identification of survivor-defined safety and harm reduction strategies

Advocate asks questions to help service user brainstorm ways to keep safe. Advocate will offer suggestions about how to remain safe or reduce the severity of the abuse. Ex: *“It sounds like you have a plan in place and I’m glad he doesn’t know her exact address. As far as getting the rest of your things, you can call 311 for a police escort for when the time comes to retrieve the rest of your stuff, if that’s helpful at all.”; “I worry that without action this will continue. If you do not want to get a protection order, you can also mention that to him in the hope that he will stop before you actually have to do that.”; “Is there a safe place you can go to unwind and get away from the situation?”; “That would be rough having to hide yourself in the bathroom. Would you be able to keep him from coming into your bedroom if need be?”*

#### Safety assessment

The advocate asks questions to assess the level of immediate danger the service user may be in. Ex: *“That sounds very unsafe. Have you or your family been in contact with the police about this?”; “Do you have any expected date of when he will be released? Or way of knowing?”; “Prior to last night, was that the last incident that occurred?”*

#### Actual or waitlist for emergency shelter

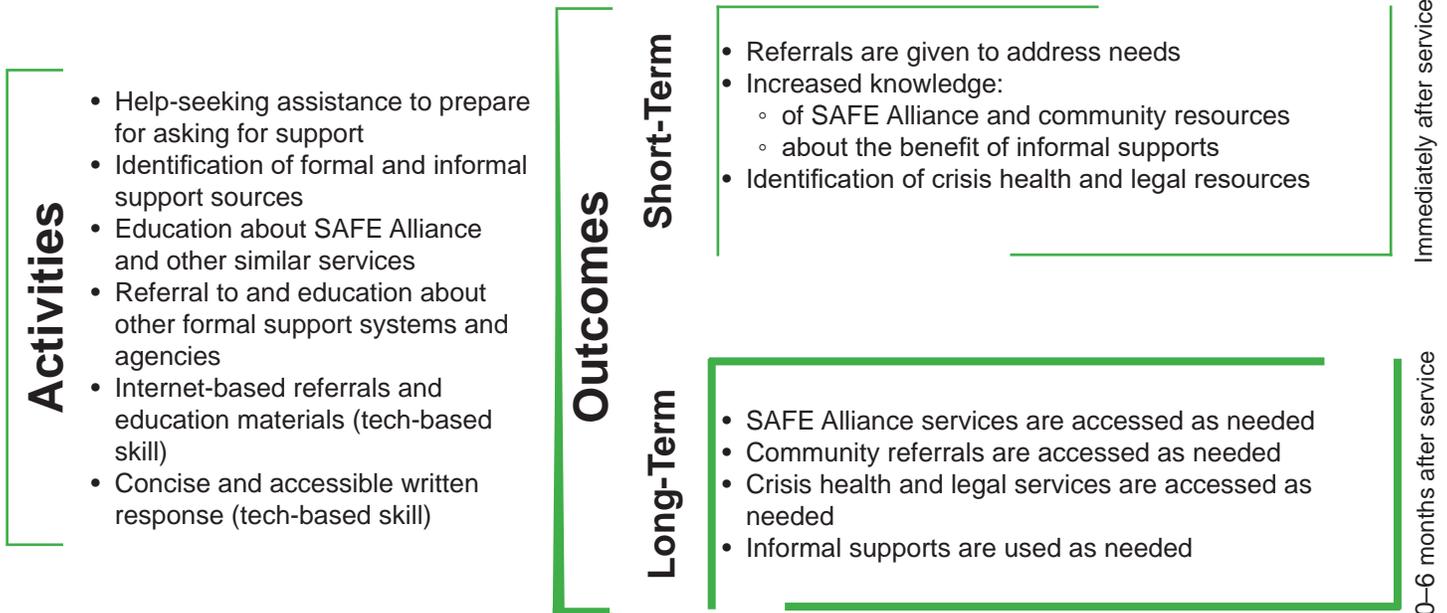
Assessment of need for emergency shelter via the lethality assessment. Ex. *“It sounds like you’re in immediate physical danger and would be a good candidate for the shelter. Throwing things and yelling at you is not ok. You have every right to be intimidated. We are here to help and support you. Please give us a call when you get a chance.”*

#### Technology safety.

Advocate provides information about safety and privacy considerations regarding the use of technology for services, personal and professional communications. This includes information about social media settings, digital tracking prevention, and cyber stalking.

# Goal 5.

Increase access to timely supports and address needs by opening doors to SAFE Alliance and beyond



## Activity Key

Help-seeking assistance to prepare for asking for support

Advocate helps the service user identify individuals, groups or organizations they can go to for help or to get their needs met. This could be any time the advocate or service user talks about identifying sources of support.

**Formal-** *“You can file a police report for the damage. Calling 311 may be able to help guide you in terms of pressing charges and what your options are there. You can also call the Texas Advocacy Project where they will connect you to an attorney for free legal advice. They may also be able to give you beneficial advice in terms of how to press charges and how to proceed with that process.”*

**Informal-** *“I hear you say you don’t have anywhere to go and are homeless. You don’t have any other family or friends that can help you or would be willing to pay a few nights at a motel for you?”*

Identification of formal and informal support sources

Advocate identifies specific formal and informal support services for the service user. Ex. *“Have you considered going to the Police or Child Protective Services?”; “Do you have any support outside of this relationship (friends, family, counselor,)?”*

Referral to and education about other formal support systems and agencies

Advocate gives service users information about resources outside of SAFE to address expressed needs. Ex. *“In the meantime, would it be helpful to send you a few numbers to other shelters in the area? That way you have a few options to reach out to tomorrow.”*

Education about SAFE Alliance and other similar services

Advocate gives information about how, when, who/what, to do to access SAFE services. Ex. *“You can text or call the same numbers you already have. We are 24/7 so an advocate will be able to speak with you for a few minutes if you need to. We also offer free counseling to victims of abuse. Is that something you’re interested in?... To contact our counseling and support group services you can call 512-356-1553 and leave a message; they will return your call within a week to set up an appointment. Or you can come in between 9 am–noon on Wednesday mornings for a first come, first served walk-in session.”*

## Technology Specific Skills

## Showing digital social presence

### Use of emotive language and emoticons

Emotive language and emoticons are used in chat and text calls to signal tone. Examples include use of exclamation points, smiley faces, and hearts.

!!! ☺ ☹ ☺ ♥ ♥ ♥

### Internet-based referrals and education materials

Advocate uses chat or text to send website addresses that are hyperlinked to the website.

### Minimal text-based encouragers

Advocate uses language to encourage service user. Advocate uses encouragers like a “verbal head nod.” Ex: “mmhmm”; “yeah”; “ok”.

### Concise and accessible written response

Advocate uses straightforward and short sentences to convey as much information as possible in a few lines of text. Ex: *“I think we can work within your limitations. I’d suggest getting in touch with the management at your apartment and explaining the situation. Since it sounds like she’s not paying rent, she might not have much legal grounds to be staying there. You can also contact the Austin Tenants Council to find out what your legal rights are: <https://www.housing-rights.org/>”*

### Timely responsiveness to service user

Advocate responds in a prompt manner to chat/texts from service users. Ex: *“Sorry about that earlier. There were a high number of chats and they become inactive after 8 minutes so I couldn’t reach back out. Do you mean evening hours for walk in counseling?”; “One moment please. Sorry about that. Was having an issue with my computer.”*

### Metacommunication about content and tone

Advocate uses language to convey tone and show presence via text. Advocate uses language that expresses emotion, personality, and empathy in a way that maintains human connection and clarity with the service user. *“We do not have a room tonight, but we might tomorrow. Please text us tomorrow morning to check back about the room. I encourage you to speak with the boss about getting a ride here and planning with him about being able to do so at anytime tomorrow if we have a room available... Thank you for reaching out to us tonight. I wish I had better news, but I am glad you will reach back out to us in the morning.”*; Ex: *“Ok, give me just a moment to type please.”; “I have more just bear with me for a few minutes please.”*

### Communication about response and service expectations

Advocate communicates to services user about how the chat/text functions of the hotline work and/or specifically mentions wait times for **SAFEline**. Ex: *“I’m glad you’re reaching out! Everything we talk about today is confidential (unless you tell me about child/elder abuse).”; “Also, I want to let you know that I can spend about 10 more minutes chatting tonight. However, we do want to provide you with support. You are more than welcome to contact our 24/7 hotline or maybe we can find some support closer to where you live. But for these last 10 minutes I want to make sure we talk about what you think is the most important need you have right now.”; “Our organization provides support to those affected by interpersonal violence, sexual assault, and human trafficking. We are located in Austin, Texas, USA and primarily focus our services here.”*

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## SAFEline Technology-facilitated Advocacy Model of Service

**Theoretical Bases:** Trauma theory and trauma-informed care; empowerment theory; strengths perspective; conservation of resources theory; transtheoretical model of behavioral change; social cognitive/self-efficacy theory.

This resource was prepared by the author(s) using Federal funds provided by the U.S. Department of Justice. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

## Inputs

### Resources and Funding

- Chat platform
- Text platform
- Phone call center
- Video platform (Bridge to Safety)

### Staffing

- **SAFEline** Program Director
- **SAFEline** Manager
- **SAFEline** Advocates
- Bridge to Safety advocate

### Virtual Space

- Web space
- Virtual promotion with quality assurance (i.e. the ability for managers to listen to advocate calls and a virtual waiting room for service users)
- Technical assistance/training for staff and Wifi for working remotely
- Collaborative app for teams (i.e. Slack, Teams, Google Chat)

### Physical Space

- **SAFEline** office space
- Staff break room

### Tools

- Training for staff
  - Tech-based team collaboration, still working together in the virtual space and access to all of the outputs
  - Shifts app. Have internal and external technology/apps
- Computers
- Phone

## Outputs

- One-time and repeated sessions
  - Text-based
  - Chat-based
  - Phone-based
  - Virtual/Video Bridge to Safety)
- Referral and resource list
- Community education materials
- Emergency shelter nights
- Training
- Employee supervision

## External Factors

**Resource availability:** **SAFEline** works to connect all service users to SAFE services and/or other informal and formal supports in the Austin area. However, currently there is a shortage of available services in the Austin area to meet demand. Service users often face long wait lists and other challenges when attempting to access such services as shelter, housing programs, financial assistance, and therapeutic services. **SAFEline** opens the door to longer-term services but the lack of longer-term service availability is an external factor that ultimately impacts service users' overall outcomes.

**Availability of housing in Austin area:** Austin is currently one of the most expensive places to live in Texas and there is a housing shortage. Even fewer safe, affordable housing options are available for low-income individuals and families. Because of these immense gaps in affordable housing, **SAFEline** is limited in how it can assist service users with long-term housing stability.

**Systemic racism and bias:** The **SAFEline** program works to acknowledge and address systemic racism and the many ways racism and bias affect service users. **SAFEline** advocates work to address systemic racism and bias on an individual level and are committed to promoting change within the organization. However, systemic racism and bias are also macro-level issues that cannot be solely mitigated for service users by **SAFEline** advocates. The inequities caused by systemic racism, individual racism, and implicit bias impact service users' long-term outcomes.

**Economic inequality:** **SAFEline** operates within a broader economic climate. The United States, Texas, and Austin are all facing income disparities and inequities. Advocates provide information and access to services that will help service users find some economic stability; however, the current economic environment makes long-term stability challenging and will affect the long-term outcomes of service users.

This project was supported by Award No. 2018-ZD-CX-0004 awarded by the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect those of the Department of Justice. Please contact Leila Wood, PhD, at The University of Texas Medical Branch for more information [leiwood@utmb.edu](mailto:leiwood@utmb.edu).

**Appendix B: Evaluation of Technology-Based Advocacy-Brief Survey for Service Users<sup>18</sup>**

*Survey questions to assess user experience were developed, tested and refined by the study team to correspond with the SAFELINE logic model. Questions were asked immediately following a chat or text session via voluntary and anonymous electronic survey.*

**Promotional message sent by SAFELINE advocate after chat/text session**

Thanks for chatting/texting with us today. We hope it was helpful and have one more thing to share with you.

SAFELINE is working with the University of Texas School of Social Work to evaluate SAFE's [text/chat] hotline services. As part of that study, we would like to hear about your experience using this service by completing a brief survey. This study has been approved by The University of Texas at Austin Institutional Review Board.

This will take no more than 5 minutes of your time. You will be eligible for a \$10 Amazon gift card in exchange for your time. You may take the survey only one time even if you use SAFELINE services more than once.

Your participation is completely voluntary and confidential. It will not affect your relationship with SAFE or any services you may be receiving. Identifying information will not be recorded by the research team. Your responses may be used for future research and shared with other researchers in the field but no identifying information will be shared.

If you have any questions or concerns please feel free to contact Leila Wood at [leiwood@UTMB.EDU](mailto:leiwood@UTMB.EDU).

If you would like to participate in the brief survey please reply click the link included below.

[LINK]

**Introduction and Informed Consent**

SAFELINE is working with the University of Texas School of Social Work and UT Medical Branch to evaluate SAFE's [text/chat] hotline services. The purpose of the study is to evaluate the SAFELINE text and chat functions. SAFELINE is working with researchers from the University of Texas School of Social Work and UT Medical Branch to conduct this evaluation. The data we collect will be used for the evaluation and it will also be used by the researchers to publish their findings in research journals.

This study is funded by the National Institute of Justice. As part of that study, we would like to hear about your experience using this service by completing a brief survey. This will take no more than 5 minutes of your time. You will be eligible for a \$10 Amazon gift card in exchange

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<sup>18</sup> Adapted in part by the study team from: Sullivan, C.M. & Allen, N. (n.d.) *The community advocacy fidelity questions*. Available at <https://cap.vaw.msu.edu/maintaining-program-integrity/>

for your time. An estimated 200 subjects will participate in this survey.

Your participation is completely voluntary and confidential and you can stop at any time. It will not affect your relationship with SAFE or any services you may be receiving. Identifying information will not be recorded by the research team. Your responses may be used for future research and shared with other researchers in the field but no identifying information will be shared.

You may only take this survey one time even if you used SAFELINE services more than once. Gift cards will be sent within 7 days. Responses deemed to be repeated response will not receive a gift card.

The risk involved in participation in this study is no greater than everyday life. There will not be any direct benefit to you; however, the data we gather may help SAFELINE to improve their services to its clients.

If you have any questions or concerns please feel free to contact Ruben Parra-cardona at UT Austin [rparra@austin.utexas.edu](mailto:rparra@austin.utexas.edu), Leila Wood at the University of Texas Medical Branch [leiwood@UTMB.EDU](mailto:leiwood@UTMB.EDU) or Jeff Temple at the University of Texas Medical Branch, 409-747-8560.

This study was approved by UT Institutional Review Board (IRB). If you have any concerns about your rights you can call them at 512-471-8871.

1. If you consent to participation in this study, please click yes below.
  - a. Yes
  - b. No (If no, direct to to end of survey.)
2. If you consent to the circumstances under which confidentiality from your survey answers can be broken, including reporting child abuse and neglect, please reply yes now.
  - a. Yes
  - b. No(If no, direct to to end of survey.)

### **Start of Survey**

1. How many times have you contacted SAFELINE before?
  - a. This is the first time
  - b. 2-3 times
  - c. 4-6 times
  - d. More than 6 times
2. This time, did you receive support on SAFELINE by:
  - a. Phone
  - b. Text
  - c. Online chat
3. How long did you wait to be connected with an advocate?

- a. 1 minute or less
  - b. 2-5 minutes
  - c. 6-10 minutes
  - d. 10-20 minutes
  - e. More than 20 minutes
4. What was the main reason you contacted SAFELINE this time? Please briefly describe:
- 
5. What was your primary goal in contacting SAFELINE this time? (Check all that apply.)
- a. Help with shelter
  - b. Help with abuse/violence
  - c. Help with counseling or support
  - d. Help with housing (other than shelter)
  - e. Help someone else experiencing violence or abuse
  - f. Other, please fill in: \_\_\_\_\_
6. How much support did you get from SAFELINE this time you contacted them?
- a. A lot of support
  - b. Some support
  - c. A little support
  - d. No support at all

Please tell us how much you agree or disagree with the following statements.

7. SAFELINE staff helped me with my needs
- a. Strongly agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree
8. SAFELINE staff members are knowledgeable about resources.
- a. Strongly Agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree
9. I learned more about keeping safe because of my interaction with SAFELINE.
- a. Strongly Agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree
10. As a result of your time with SAFELINE staff, how much more information do you have about choices available to you?
- a. A lot more information

- b. Somewhat more information
  - c. A little more information
  - d. No more information
11. Overall, how satisfied have you been with the amount of time SAFELINE staff put in toward working on these things with you today?
- a. Not satisfied - Not enough time
  - b. Satisfied - Just the right amount of time
  - c. Not satisfied - Too much time
12. Who decided what you discussed during your SAFELINE session today?
- a. I did, completely
  - b. I did, mostly
  - c. The SAFELINE staff member and I, equally
  - d. The SAFELINE staff member did, mostly
  - e. The SAFELINE staff member, completely
13. Overall, how satisfied are you with your interaction with SAFELINE?
- a. Very satisfied
  - b. Satisfied
  - c. Somewhat unsatisfied
  - d. Very unsatisfied
14. How likely would you be to contact SAFELINE again?
- a. Very likely
  - b. Likely
  - c. Unlikely
  - d. Very unlikely

## Spanish-Translated Consent Form

### Formulario de Consentimiento Breve Encuesta al Cliente

SAFE está trabajando con las Escuelas de Trabajo Social de la Universidad de Texas y la Junta Medica de UT para evaluar las funciones de los servicios de línea directa de chat/texto de SAFE. SAFELine está trabajando con investigadores de la Escuela de Trabajo Social de la Universidad de Texas y la Junta de UT para llevar a cabo esta evaluación. Los datos que se recolecten se usaran para la evaluación e investigación y también se usaran en publicaciones.

Este estudio está financiado por el Instituto Nacional de Justicia de los Estados Unidos. Como parte de este estudio, nos gustaría conocer su experiencia al usar este servicio completando una breve encuesta. Esto no tomara más de 5 minutos de su tiempo. Al participar, será elegible para una tarjeta de regalo de Amazon de \$10 a cambio de su tiempo.

Su participación es completamente voluntaria y confidencial y usted puede dejar de participar en cualquier momento. No afectara su relación con SAFE o con ningún servicio que este recibiendo. La información de su identidad no será registrada por el equipo de investigación. Sus respuestas de la Encuesta pueden ser utilizadas para futuras investigaciones y compartidas con otros investigadores en el campo. Sin embargo, no compartiremos ninguna información de su identidad personal. Los riesgos involucrados en la participación en este estudio no son mayores que la vida cotidiana.

Usted podrá tomar esta encuesta solo una vez. Las tarjetas de regalo serán enviadas dentro de 7 días. No se incentivarán las respuestas que se consideren un "bot" o una respuesta robótica o repetida. Los indicadores de un bot o de una respuesta repetida incluyen pruebas del mismo participante a través de la información de contacto u otros indicadores de coincidencia (por ejemplo, la dirección IP), información de contacto no válida y respuestas abiertas repetidas.

No habrá ningún beneficio directo para usted. Sin embargo, los datos que recopilemos pueden ayudar a SAFE a mejorar los servicios a sus clientes.

Si tiene alguna pregunta, duda o inquietud en este estudio, no dude en ponerse en contacto con Ruben Parra-Cardona a UT Austin [rparra@austin.utexas.edu](mailto:rparra@austin.utexas.edu), Leila Wood a la University of Texas y Medical Branch [leiwood@UTMB.EDU](mailto:leiwood@UTMB.EDU) or Jeff Temple University of Texas Medical Branch, 409-747-8560.

Este estudio fue aprobado por la Junta de Revisión Institucional (IRB). Si tiene alguna pregunta, duda o inquietud sobre sus derechos, puede comunicarse al 512-471-8871.

Si desea participar en la encuesta breve responda (si) a este mensaje.

Si acepta las circunstancias bajo las cuales se puede terminar la confidencialidad, incluida la denuncia de abuso y negligencia infantil, responda ahora.

## Spanish-Translated Survey Tool

Gracias por su interés en la encuesta de clientes de SAFELine. Usted podrá tomar esta encuesta solo una vez

Las tarjetas de regalo serán enviadas dentro de 7 días

No se incentivarán las respuestas que se consideren un "bot" o una respuesta robótica o repetida. Los indicadores de un bot o de una respuesta repetida incluyen pruebas del mismo participante a través de la información de contacto u otros indicadores de coincidencia (por ejemplo, la dirección IP), información de contacto no válida y respuestas abiertas repetidas.

Breve encuesta al cliente administrada por mensaje de texto o chat

1. ¿Cuántas veces ha contactado a SAFELine anteriormente?
    - a. Esta es la primera vez
    - b. 2-3 veces
    - c. 4-6 veces
    - d. Más de 6 veces
  2. Esta última vez, ¿qué tipo de apoyo recibió por medio de la SAFELine el (haga clic en todos los que correspondan)
    - a. Llamado
    - b. Texto
    - c. Chat en línea
  3. ¿Cuál fue la razón principal por la que contactó a SAFELine esta vez? (Describa brevemente en el cuadro a continuación).
- 
4. ¿Cuál fue su objetivo principal al contactar SafeLine esta vez? (Marque todas las solicitudes).
    - a. Ayuda con refugio/Vivienda
    - b. Ayuda con abuso / violencia
    - c. Ayuda con consejería o apoyo
    - d. Ayuda con seguridad
    - e. Ayuda con recursos comunitarios.
    - f. Ayudar a un cliente experimentando violencia o abuso
    - g. Ayudar a un amigo experimentando violencia o abuso
    - h. Otro, por favor complete: \_\_\_\_\_
  5. ¿Cuánto apoyo recibió de SAFELine esta vez que los contactó?
    - a. Mucho apoyo
    - b. Un poco de apoyo
    - c. Un poco de apoyo
    - d. No hay soporte en lo absoluto
- Díganos cuánto está de acuerdo o en desacuerdo con las siguientes declaraciones:*
6. ¿El personal de SAFE Alliance me ayudó con mis necesidades?
    - a. Totalmente de acuerdo
    - b. De acuerdo

- c. En desacuerdo
  - d. Fuertemente en desacuerdo
7. El miembro del personal de SAFELINE conocía los recursos.
- a. Totalmente de acuerdo
  - b. De acuerdo
  - c. No estoy segura/o
  - d. En desacuerdo
  - e. Fuertemente en desacuerdo
8. Gracias a mi interacción con SAFELINE, aprendí más acerca de cómo mantenerme a salvo.
- a. Totalmente de acuerdo
  - b. De acuerdo
  - c. En desacuerdo
  - d. Fuertemente en desacuerdo
9. Como resultado de su tiempo con el personal de SAFELINE, ¿cuánta más información tiene sobre las opciones disponibles para usted?
- a. Mucha más información
  - b. Algo más de información
  - c. Un poco mas información
  - d. No mas información
10. En general, ¿qué tan satisfecho ha estado con la cantidad de tiempo que el personal de SAFELINE dedicó a trabajar en estas cosas con usted hoy?
- a. Insatisfecho- No hay suficiente tiempo: 0
  - b. Satisfecho: la cantidad de tiempo justa: 1
  - c. Insatisfecho- Demasiado tiempo: 2
11. ¿Quién decidió lo que discutió durante su visita a SAFELINE?
- a. Lo hice yo, completamente: 1
  - b. Lo hice yo, casi por completo: 2
  - c. El miembro del personal de SAFELINE y yo, igualmente: 3
  - d. El miembro del personal de SAFELINE hizo, casi por completo: 4
  - e. El miembro del personal de SAFELINE, completamente: 5
12. En general, ¿qué tan satisfecho está con sus interacciones con SAFELINE?
- a. Muy Satisfecho
  - b. Satisfecho
  - c. Algo insatisfecho
  - d. Muy insatisfecho
13. ¿Que tan probable es que usted contacte a SAFELINE otra vez?

Totalmente de acuerdo  
De acuerdo  
En desacuerdo  
Fuertemente en desacuerdo

### Appendix C: SAFeline Staff Fidelity Checklist

*The following checklist was created by the evaluation team and pilot tested and refined by the SAFeline staff. This tool aligns with the SAFeline logic model and can be modified for use by other programs. Consider using the tool periodically or routinely in paper or electronic format. This tool can guide supervision, staffing, training, and transcript review.*

1. Staff Member Name: \_\_\_\_\_
2. Service Date: \_\_\_\_\_
3. Service time: \_\_\_\_\_
4. Service Duration (in minutes): \_\_\_\_\_
5. Service Type:
  - a. Chat
  - b. Text
  - c. Phone
6. Service User Group:
  - a. Survivor/victim
  - b. Formal support person (e.g. social service staff, school personnel, clergy)
  - c. Informal support person (e.g. parent, cousin, friend)
  - d. Additional (fill in)
7. Type of Violence/Harm Referenced: *(Check all that apply.)*
  - a. Intimate partner violence
  - b. Adult sexual assault
  - c. Child abuse &/or neglect
  - d. Stalking
  - e. Potential human trafficking/Confirmed human trafficking
  - f. Child sexual abuse
  - g. Other physical assault
  - h. Elder abuse
  - i. Teen dating violence
  - j. Additional (fill in)
8. Primary Objective of Service Interactions: *(Select the best fit.)*
  - a. Support and connection
  - b. Identify needs and options related to harm/violence
  - c. Learn more about violence and trauma impacts
  - d. Improved safety/safety planning support
  - e. Resource and referral (within SAFE Alliance)
  - f. Resource and referral (outside of SAFE Alliance)
  - g. Shelter request/check-in

9. Skills Used in the Session: (*Check all that apply.*)

- Welcoming to services:** Advocate welcomes the service user to the interaction and asks them how they are doing and how they may help them today.
- Establishing safety:** Advocate assesses for safety and makes sure the service user is safe enough to interact.
- Crisis intervention de-escalation:** Advocate uses strategies to address immediate crisis and safety needs of service user.
- Assessment of needs and goals:** Advocate asks questions to identify service user's purpose, goals, needs, and presenting issues.
- Identify service user strengths:** Advocate uses words, approaches, and phrases that reflect and focus on an individual's self-determination, strength, and resiliency.
- Explaining chat/text services:** Advocate communicates about how the chat/text functions of the hotline work, including technology safety.
- Safety planning:** Advocate helps service user think about their safety and engages in an assessment of safety needs and issues with sources of harm, such as current or former partner.
- Help service user identify options:** Advocate provides and helps to identify different options with service users.
- Help-seeking assistance:** Advocate helps the service user identify individuals, groups, or organizations they can go to for help or to get their needs met.
- Identify formal supports:** Advocate helps identify specific formal support services for the service user.
- Identify informal supports:** Advocate helps identify specific informal support services for the service user.
- Resource referrals-internal:** Advocate gives information about resources inside of the SAFE organization to address expressed needs.
- Resource referrals-external:** Advocate gives information about resources outside of SAFE to address expressed needs.
- Psychoeducation about relationships and trauma:** Advocate shares information about healthy and unhealthy relationships, trauma reactions, and violence impacts.
- Rights education:** Advocate gives information, referrals, and resources about civil rights.
- Identification of wellness strategies:** Advocates work with service users to identify self-defined wellness strategies, including coping approaches.
- Emoticons, emojis:** Advocate uses emotive language and emoticons in chat and text calls to signal tone.
- Establish boundaries of chat/text line:** Advocate shares what services they are able to provide or not provide through SAFeline or in their role as advocates.
- Encouraging service user to contact service again:** Advocate encourages service user to reach back out if they need any additional services.

10. What referrals did you provide?

- a. SAFE shelter
- b. SAFE counseling services
- c. Eloise House (SANE services)
- d. SAFE legal services
- e. SAFE donation center
- f. Other SAFE program
- g. Other Austin shelter
- h. Other Austin counseling services
- i. Transportation resources
- j. Food bank or other food resources
- k. Law enforcement/Criminal Justice
- l. Shelter outside of Austin
- m. Other legal aid
- n. Hospital/physical health resources
- o. Transitional or permanent housing resources (Non-SAFE or emergency shelter resources)
- p. Others (Fill in): \_\_\_\_\_

### **Service User Demographics**

*Please answer the following questions if disclosed during the service interaction.*

11. Age

- a. Under 18
- b. 18-25
- c. 26-50
- d. 50+

12. Gender

- a. Female
- b. Male
- c. Additional (fill in)

13. Did the chat/text session have any technical issues?

- a. Yes
- b. No

14. If yes, please describe the technical issues: \_\_\_\_\_

15. Did the service user mention any barriers to engaging in SAFEline services?

- a. Yes
- b. No

16. If yes, please describe the barriers encountered:

\_\_\_\_\_

17. Is there anything else to note about the service interaction?

\_\_\_\_\_

## Appendix D: Informed Consent Document and Interview Protocol for SAFE Staff

### Consent to Participate in Research Invitation to be Part of a Research Study

You are invited to be part of a research study. This consent form will help you choose whether or not to participate in the study. Feel free to ask if anything is not clear in this consent form.

#### Important Information about this Research Study

Things you should know:

- The purpose of the study is to evaluate the SAFeline text and chat functions. SAFeline is working with researchers from the University of Texas School of Social Work and UT Medical Branch to conduct this evaluation. The data we collect will be used for the evaluation and it will also be used by the researchers to publish their findings in research journals.
- In order to participate, you must be a staff member at SAFE.
- If you choose to participate, you will be asked to participate in a confidential interview or focus group on-site at SAFE. This will take approximately 1 hour of your time. You might be asked if you would like to participate in a follow-up interview.
- The risks involved in this study are not greater than everyday life.
- There is no direct benefit for participating in this study.
- Taking part in this research study is voluntary. You do not have to participate, and you can stop at any time.

More detailed information may be described later in this form. Please take time to read this entire form and ask questions before deciding whether to take part in this research study.

#### What is the study about and why are we doing it?

The purpose of the study is to evaluate the SAFeline text and chat functions. SAFeline is working with researchers from the University of Texas School of Social Work and UT Medical Branch to conduct this evaluation. The data we collect will be used for the evaluation and it will also be used by the researchers to publish their findings in research journals. Your participation will have no influence your job at SAFE Alliance. Participation in the study is completely voluntary and you can say “pass” to any of the questions asked.

#### What will happen if you take part in this study?

If you agree to be in this study, you will be asked to answer questions in an interview or focus group format. You will be asked to discuss a few topics including the roles you hold within the organization; the needs of individuals that use SAFeline, and the greatest gaps in services or supports you see through your work on SAFeline. We will ask to record the conversation. We will not ask you any personally identifying information. If you do happen to give us identifying information, it will be deleted from our records.

#### How long will you be in this study and how many people will be in the study?

Participation in this study will last up to 1 hour and the research team will be interviewing all of your other SAFeline colleagues that wish to participate. You may be asked to participate in a follow-up interview if the research team would like to ask you additional questions and/or receive clarification on specific questions from you. All follow-up interviews will take place within two years of your initial interview. If so, we will ask you for your contact information and preferred method of contact for follow-up.

**What risks and discomforts might you experience from being in this study?**

You may experience minimal mental and/or emotional discomfort. If you feel uncomfortable or upset during the interview, you may ask for a break, skip any questions, or withdraw participation from the study at any time. Your participation in the study is confidential.

**How could you benefit from this study?**

Although you will not directly benefit from being in this study, others might benefit because of improvements made to SAFeline text and chat hotline.

**What will happen to the samples and/or data we collect from you?**

Your participation in the study is confidential. No record of your identity will be collected during data collection other than your signature on this consent form and your contact information in order to reach out to you for a follow-up interview. All identifiable information will be deleted from interview records. Consent forms and contact information will be kept separate from your research data.

**How will we protect your information?**

Even though we will not be asking you any identifying information, we will protect your answers by keeping the records of this study private. We only collect your name or any other information that can directly identify you in order to contact you for a follow-up interview and identifying data will not be connected to your interview data.

Identifiable data may be shared outside the research team with the UT Austin IRB and UT Austin offices that monitor research safety and human subject's protection. Identifiable data collected can only be used for research and no other purpose without your consent as per DOJ regulation 34 USC 10231a.

De-Identified data from this study may be given to the following organizations:

- The study sponsor and/or representative of the sponsor.
- Representatives of UT Austin and the UT Austin Institutional Review Board
- Other collaborating organizations including SAFeline administrators and SAFE Alliance administrators.

All de-identified data, including copies of the informed consent documents, data collection instruments, surveys and other relevant research materials will be sent to the National Archive of Criminal Justice Data (NACJD).

Confidentiality can be broken in the following circumstances: 1) if State mandatory reporting laws require that it be broken and you have signed a separate consent form allowing the researchers to report suspected child abuse, 2) if you report information about future criminal conduct, or 3) if there is a risk of your doing immediate harm to yourself or others. In addition, statements blurted out during the course of this research might not be held strictly confidential.

#### **What will happen to the information we collect about you after the study is over?**

Your name and other information that can directly identify you will be deleted from the research data collected as part of the project. This could include emails scheduling interviews or contact for follow up.

#### **How will we compensate you for being part of the study?**

You will not receive any type of payment for your participation.

#### **Your Participation in this Study is Voluntary**

It is totally up to you to decide to be in this research study. Participating in this study is voluntary. Your decision to participate will not affect your relationship with The University of Texas at Austin and SAFE Alliance. You will not lose any benefits or rights you already had if you decide not to participate. Even if you decide to be part of the study now, you may change your mind and stop at any time. You do not have to answer any questions you do not want to answer. If you decide to withdraw before this study is completed, we will only share the information you have already given us with SAFE Alliance.

#### **Contact Information for the Study Team**

If you have any questions about this research, you may contact:

Ruben Parra-Cardona  
The University of Texas at Austin  
Email: [rparra@austin.utexas.edu](mailto:rparra@austin.utexas.edu)

Or  
Leila Wood, PhD, Co-Principal Investigator  
The University of Texas Medical Branch  
Email: [leiwood@UTMB.EDU](mailto:leiwood@UTMB.EDU)

Or  
Jeff Temple, PhD, Co-Principal Investigator  
The University of Texas Medical Branch  
Email: [jtemple@utmb.edu](mailto:jtemple@utmb.edu)  
409-747-8560

#### **Contact Information for Questions about Your Rights as a Research Participant**

If you have questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), please contact the following:

The University of Texas at Austin Institutional Review Board  
Phone: 512-232-1543  
Email: [irb@austin.utexas.edu](mailto:irb@austin.utexas.edu)

Please reference study number 2019-01-0137.

By signing this document, you are agreeing to be in this study. We will offer you a copy of this document for your records. We will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

*I understand what the study is about and my questions so far have been answered. I agree to take part in this study.*

---

Printed Subject Name

---

Signature

Date

By signing below, you are agreeing to the circumstances under which confidentiality can be broken, including reports of child abuse and neglect.

---

Signature

Date

## Start of Interview Protocol

### Demographic Information

Gender:

Age:

Race/ Ethnicity:

Location:

I want to ask you few questions about how services are provided at this agency. We can skip any questions you don't want to answer.

### Staff Role

1. What is your role at the agency? How long have you been at the agency?
2. What kinds of services does the SAFELINE (or SAFE Alliance advocacy) provide?

### Survivor Experience

We'd like to know more about your perception of survivor experiences using and accessing SAFELINE (or SAFE Alliance Advocacy services).

3. In your experience, who most commonly calls SAFELINE?
4. How do you think most people hear about SAFELINE?
5. Based on your experience working with survivors, what barriers are encountered?:
  - a. In accessing SAFELINE services?
  - b. In accessing other SAFE Alliance services?
  - c. When seeking other services or support for interpersonal violence experiences?
6. How does a survivor initially access SAFELINE services? What is their experience like?
  - a. Follow-up Questions: Is there a wait for any services? What are some of the first things discussed?
7. Do you have any specialized services for under-served or marginalized groups of victims on SAFELINE (i.e. culturally specific; teens; language specific; specialized services for survivors with disabilities, etc)?
8. Are there any groups of service users in particular that benefit from SAFELINE text or chat? Or users that do better on phone?

**Experience Working at SAFELine**

9. What are the most important skills you use at as an advocate on SAFELine (or SAFE Alliance)?
10. How do those skills or approaches change if you are communicating via text? Chat? Phone?
11. What are your biggest barriers to helping service users with their needs via text or chat?
12. What types of supports would help you better serve people on SAFELine? These supports could be ones provided by your organization; your community, etc.
13. What are some of the best (most successful) approaches you have used to convey emotions, thoughts, or feeling to SAFELine service users? How do they know you are “listening?”
14. What barriers or difficulties do you experience working at SAFELine?
15. What is it that keeps you working in at SAFELine and in this field?
16. How would you improve SAFELine (or SAFE Alliance) advocacy for future service users?

## Appendix E: Informed Consent Documents and Interview Protocol for SAFeline Service

### Users

#### Consent to Participate in Research

##### Invitation to be Part of a Research Study

You are invited to be part of a research study. This consent form will help you choose whether or not to participate in the study. Feel free to ask if anything is not clear in this consent form.

##### Important Information about this Research Study

Things you should know:

- The purpose of the study is to evaluate the SAFeline text and chat functions. SAFeline is working with researchers from the University of Texas School of Social Work and UT Medical Branch to conduct this evaluation. The data we collect will be used for the evaluation and it will also be used by the researchers to publish their findings in research journals.
- In order to participate, you must be a service user of SAFeline.
- If you choose to participate, you will be asked to participate in a confidential interview on-site at SAFE. This will take approximately 1 hour of your time. You might be asked if you would like to participate in a follow-up interview.
- The risks involved in this study are not greater than everyday life.
- There is no direct benefit for participating in this study].
- Taking part in this research study is voluntary. You do not have to participate, and you can stop at any time.

More detailed information may be described later in this form. Please take time to read this entire form and ask questions before deciding whether to take part in this research study.

For individuals that identify as deaf or hard of hearing, interviews and focus groups may be conducted using Video Relay Services (VRS).

##### What is the study about and why are we doing it?

The purpose of the study is to evaluate the SAFeline text and chat functions. SAFeline is working with researchers from the University of Texas School of Social Work and UT Medical Branch to conduct this evaluation. The data we collect will be used for the evaluation and it will also be used by the researchers to publish their findings in research journals. Your participation will have no influence on services you may receive or your citizenship status. Participation in the study is completely voluntary and you can say “pass” to any of the questions asked.

##### What will happen if you take part in this study?

If you agree to be in this study, you will be asked to answer questions in an interview format. You will be asked to discuss a few topics including your past experiences, your experiences accessing services, your social support and relationships, your interactions with SAFeline, and your ideas on potential improvements. We will ask permission to record this interview. You may decline recording and still participate in the study.

**How long will you be in this study and how many people will be in the study?**

Participation in this study will last 1 hour and the research team will be interviewing up to 50 other SAFEline users that wish to participate. You may be asked to participate in a follow-up interview if the research team would like to ask you additional questions and/or receive clarification on specific questions from you. All follow-up interviews will take place within two years of your initial interview. If so, we will ask you for your contact information and preferred method of contact follow-up.

**What risks and discomforts might you experience from being in this study?**

You may experience mental and/or emotional discomfort. If you feel uncomfortable or upset during the interview, you may ask for a break, skip any questions, or withdraw participation from the study at any time. No record of your identity will be collected during the interview.

**How could you benefit from this study?**

Although you will not directly benefit from being in this study, others might benefit because of improvements made to SAFEline text and chat hotline.

**What will happen to the samples and/or data we collect from you?**

Your participation in the study is confidential. No record of your identity will be collected during data collection other than your signature on this consent form and your contact information in order to reach out to you for a follow-up interview. All identifiable information will be deleted from interview records. Consent forms and contact information will be kept separate from your research data.

**How will we protect your information?**

Even though we will not be asking you any identifying information, we will protect your answers by keeping the records of this study private. We only collect your name or any other information that can directly identify you in order to contact you for a follow-up interview and identifying data will not be connected to your interview data.

Identifiable data may be shared outside the research team with the UT Austin IRB and UT Austin offices that monitor research safety and human subject's protection. Identifiable data collected can only be used for research and no other purpose without your consent as per DOJ regulation 34 USC 10231a.

De-Identified data from this study may be given to the following organizations:

- The study sponsor and/or representative of the sponsor.
- Representatives of UT Austin and the UT Austin Institutional Review Board
- Other collaborating organizations including SAFEline administrators and SAFE Alliance administrators.

All de-identified data, including copies of the informed consent documents, data collection instruments, surveys and other relevant research materials will be sent to the National Archive of Criminal Justice Data (NACJD).

Confidentiality can be broken in the following circumstances: 1) if State mandatory reporting laws require that it be broken and you have given separate consent allowing the researchers to report suspected child abuse, 2) if you report information about future criminal conduct, or 3) if there is a risk of your doing immediate harm to yourself or others. In addition, statements blurted out during the course of this research might not be held strictly confidential.

#### **What will happen to the information we collect about you after the study is over?**

We might ask you if we can reach out to you again for an additional interview and will collect your contact information in order to do so. If so, your name and other information that can directly identify you will be kept separate from your research data and any identifying information deleted from the research data collected as part of the project.

#### **How will we compensate you for being part of the study?**

You will receive a \$25 Amazon gift card. Payments will occur immediately before the interview and after you have given consent to participate. If you withdraw from the research before the end of the interview, you will still receive the \$25 gift card.

#### **Your Participation in this Study is Voluntary**

It is totally up to you to decide to be in this research study. Participating in this study is voluntary. Your decision to participate will not affect your relationship with The University of Texas at Austin SAFE Alliance. You will not lose any benefits or rights you already had if you decide not to participate. Even if you decide to be part of the study now, you may change your mind and stop at any time. You do not have to answer any questions you do not want to answer. If you decide to withdraw before this study is completed, we will only share the information you have already provided before you withdrew.

#### **Contact Information for the Study Team**

If you have any questions about this research, you may contact:

Ruben Parra-Cardona  
The University of Texas at Austin  
Email: [rparra@austin.utexas.edu](mailto:rparra@austin.utexas.edu)

Or  
Leila Wood, PhD, Co-Principal Investigator  
The University of Texas Medical Branch  
Email: [leiwood@UTMB.EDU](mailto:leiwood@UTMB.EDU)

Or  
Jeff Temple, PhD, Co-Principal Investigator  
The University of Texas Medical Branch  
Email: [jtemple@utmb.edu](mailto:jtemple@utmb.edu)  
409-747-8560

**Contact Information for Questions about Your Rights as a Research Participant**

If you have questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), please contact the following:

The University of Texas at Austin Institutional Review Board  
Phone: 512-232-1543  
Email: [irb@austin.utexas.edu](mailto:irb@austin.utexas.edu)

Please reference study number 2019-01-0137.

If you agree to participate in the study, please say yes now.

If you consent to the circumstances under which confidentiality can be broken, including reporting child abuse and neglect, please say yes now.

## **Parental Permission for Child Participation in Research**

### **Invitation to be Part of a Research Study**

We would like to invite your child to be part of a research study. This permission form will help you in choosing whether or not to allow your child to participate in the study. Feel free to ask if anything is not clear in this consent document.

### **Important Information about this Research Study**

Things you should know:

- The purpose of the study is to evaluate the SAFELINE text and chat functions. SAFELINE is working with researchers from the University of Texas School of Social Work and UT Medical Branch to conduct this evaluation. The data we collect will be used for the evaluation and it will also be used by the researchers to publish their findings in research journals.
- In order to participate, your child must be a service user of SAFELINE or a prospective user of SAFELINE.
- Your child needs to give their assent to participate.
- If you choose to allow your child to participate, they will be asked to participate in an interview on-site at SAFE. This will take approximately 1 hour of their time. They might be asked if they would like to participate in a follow-up interview.
- The risks involved in this study are not greater than everyday life.
- There is no direct benefit for participating in this study.
- Taking part in this research study is voluntary. You or your child may decline to participate or stop participating at any time.

More detailed information may be listed later in this form. Please take time to read this entire form and ask questions before deciding whether to allow your child to take part in this research study.

For individuals that identify as deaf or hard of hearing, interviews and focus groups may be conducted using Video Relay Services (VRS).

### **What is the study about and why are we doing it?**

The purpose of the study is to evaluate the SAFELINE text and chat functions. SAFELINE is working with researchers from the University of Texas School of Social Work and UT Medical Branch to conduct this evaluation. The data we collect will be used for the evaluation and it will also be used by the researchers to publish their findings in research journals.

Your child's participation will have no influence on services you or your child may receive or you or your child's citizenship status. Participation in the study is completely voluntary and they can say "pass" to any of the questions asked.

### **What will happen if your child takes part in this study?**

If you agree to allow your child to take part in this study, your child will be asked to answer questions in an interview format. They will be asked to discuss a few topics including their past experiences, their experiences accessing services, their social support and relationships, their

interactions with SAFELINE, and their ideas for potential improvements. We will ask permission to record this interview. You or your child can decline recording and your child can still participate.

#### **How long will your child be in this study and how many children will be in the study?**

Participation in this study will last up to 1 hour and the research team will be interviewing up to 50 other SAFELINE users that wish to participate. Your child may be asked to participate in a follow-up interview if the research team would like to ask additional questions and/or receive clarification on specific questions. All follow-up interviews will take place within two years of the initial interview. If so, we will ask your child for their contact information and preferred method of contact.

#### **What risks and discomforts might your child experience from being in this study?**

Your child may experience mental and/or emotional discomfort. If your child feels uncomfortable or upset during the interview, they may ask for a break, skip any questions, or withdraw participation from the study at any time. No record of their or your identity will be collected and no one will be able to know they took part in this study.

#### **How could your child benefit from this study?**

Although your child will not directly benefit from being in this study, others might benefit because of improvements made to SAFELINE text and chat hotline.

#### **What will happen to the samples and/or data we collect from your child?**

Your child's participation in the study is confidential. No record of your child's identity will be collected during data collection other than your signature on this consent form and your contact information in order to reach out to you for a follow-up interview. All identifiable information will be deleted from interview records. Consent forms and contact information will be kept separate from your child's research data.

#### **How will we protect your child's information?**

Even though we will not be asking you any identifying information, we will protect your answers by keeping the records of this study private. We only collect your name or any other information that can directly identify you in order to contact you for a follow-up interview and identifying data will not be connected to your interview data.

Identifiable data may be shared outside the research team with the UT Austin IRB and UT Austin offices that monitor research safety and human subject's protection. Identifiable data collected can only be used for research and no other purpose without your consent as per DOJ regulation 34 USC 10231a.

De-Identified data from this study may be given to the following organizations:

- The study sponsor and/or representative of the sponsor.
- Representatives of UT Austin and the UT Austin Institutional Review Board
- Other collaborating organizations including SAFELINE administrators and SAFE Alliance administrators.

All de-identified data, including copies of the informed consent documents, data collection instruments, surveys and other relevant research materials will be sent to the National Archive of Criminal Justice Data (NACJD).

Confidentiality can be broken in the following circumstances: 1) if State mandatory reporting laws require that it be broken and you have given separate consent allowing the researchers to report suspected child abuse, 2) if you report information about future criminal conduct, or 3) if there is a risk of your doing immediate harm to yourself or others. In addition, statements blurred out during the course of this research might not be held strictly confidential.

#### **What will happen to the information we collect about your child after the study is over?**

Your child's name and other information that could directly identify them will be deleted from the research data collected as part of the project.

#### **How will we compensate your child for being part of the study?**

Your child will receive a \$25 Gamestop gift card. Payments will occur immediately preceding the interview/focus group, after you have given consent, and your child has given their assent to participate. If your child withdraws from the research before the end of the interview, your child will still receive the \$25 gift card.

#### **Your Child's Participation in this Study is Voluntary**

It is totally up to you and your child to decide to be in this research study. Participating in this study is voluntary. The decision to participate will not affect your or your child's relationship with The University of Texas at Austin and SAFE Alliance. You and your child will not lose any benefits or rights you already had if you decide not to participate. Even if you decide to allow your child to be part of this study now, you may change your mind and stop at any time. Your child does not have to answer any questions they do not want to answer.

If you decide to withdraw your child from the study before it is completed, we will only use the information your child has already given us for this study.

#### **Contact Information for the Study Team and Questions about the Research**

If you have any questions about this research, you may contact:

Ruben Parra-Cardona  
The University of Texas at Austin  
Email: [rparra@austin.utexas.edu](mailto:rparra@austin.utexas.edu)

Or  
Leila Wood, PhD, Co-Principal Investigator  
The University of Texas Medical Branch  
Email: [leiwood@UTMB.EDU](mailto:leiwood@UTMB.EDU)

Or  
Jeff Temple, PhD, Co-Principal Investigator

The University of Texas Medical Branch  
Email: [jtemple@utmb.edu](mailto:jtemple@utmb.edu)  
409-747-8560

### **Contact Information for Questions about Your Rights as a Research Participant**

If you have questions about your rights or your child's rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), please contact the following:

The University of Texas at Austin Institutional Review Board  
Phone: 512-232-1543  
Email: [irb@austin.utexas.edu](mailto:irb@austin.utexas.edu)  
Please reference study number 2019-01-0137.

If you agree to allow your child to participate in the study, please say yes now.

If you consent to the circumstances under which confidentiality can be broken, including reporting child abuse and neglect, please say yes now.

## Assent to Participate in Research

### Why are we meeting with you?

A research study is usually done to find a better way to treat people or to understand how things work. You are being asked to take part in this research study because you have used the SAFeline chat and text hotline before.

The purpose of the study is to evaluate the SAFeline text and chat functions. SAFeline is working with researchers from the University of Texas School of Social Work and UT Medical Branch to conduct this evaluation. The data we collect will be used for the evaluation and it will also be used by the researchers to publish their findings in research journals.

This form may have some words that you do not know. Please ask me to explain any words you do not know.

If you identify as deaf or hard of hearing, interviews and focus groups may be conducted using Video Relay Services (VRS).

### What is the study about?

We are doing this study to understand how helpful the SAFeline hotline is and how it could be improved.

The purpose of the study is to evaluate the SAFeline text and chat functions. SAFeline is working with researchers from the University of Texas School of Social Work and UT Medical Branch to conduct this evaluation. The data we collect will be used for the evaluation and it will also be used by the researchers to publish their findings in research journals.

This study was explained to your parent/guardian and they said that you can be in it if you want to. Just because your parent/guardian said you could participate does not mean you have to participate. You may tell us you would like to participate or not.

### What am I going to be asked to do?

If you agree to be in this study, you will be asked to answer some questions about your experience using the hotline and how helpful it was to you.

This interview will take about up to 1 hour of your time and there will be 50 other hotline users that we will interview for this study. We will ask to record this conversation for accuracy. You can say no.

### Will any parts of this study make me feel bad?

Sometimes talking about these things makes people upset. You do not have to talk about anything you do not want to talk about. You can skip any questions you do not want to answer. If you do become upset, let us know and we can help you.

### How will this study help me?

This study won't help you, but we will learn more about SAFeline chat and text hotline that may be able to help you in the future or other kids like you that use the hotline.

### **What happens to my information collected for the research?**

Even though we will not be asking you any identifying information, we will protect your answers by keeping the records of this study private. We only collect your name or any other information that can directly identify you in order to contact you for a follow-up interview and identifying data will not be connected to your interview data.

Identifiable data may be shared with the UT Austin IRB and UT Austin offices that monitor research safety and human subject's protection. Identifiable data collected can only be used for research and no other purpose without your consent as per DOJ regulation 34 USC 10231a.

De-Identified data from this study may be given to the following organizations:

- The study sponsor and/or representative of the sponsor.
- Representatives of UT Austin and the UT Austin Institutional Review Board
- Other collaborating organizations including SAFeline administrators and SAFE Alliance administrators.

All de-identified data, including copies of the informed consent documents, data collection instruments, surveys and other relevant research materials will be sent to the National Archive of Criminal Justice Data (NACJD).

If you tell us you are in immediate danger of being harmed, and it hasn't been reported before, we will have to let other people know you are in immediate danger.

Confidentiality can be broken in the following circumstances: 1) if State mandatory reporting laws require that it be broken and you have given separate consent allowing the researchers to report suspected child abuse, 2) if you report information about future criminal conduct, or 3) if there is a risk of your doing immediate harm to yourself or others. In addition, statements blurted out during the course of this research might not be held strictly confidential.

### **Will I get anything to participate?**

You will get a \$25 Gamestop gift card for your participation in the interview. You will receive your gift card after you tell us you would like to participate in the study and before your interview begins.

### **Do I have to be in this study?**

You do not have to be in this study. It is up to you. You can say okay now and change your mind later. No one will be upset if you do not want to do this. All you have to do is tell us you want to stop. Even if your parent/guardian has said you may participate in this study, you may still say 'no'. If you decide to leave the study early, you will still receive your \$25 gift card.

### **Who do I talk to if I have questions?**

If you have any questions about this research, you may contact:

Ruben Parra-Cardona  
The University of Texas at Austin  
Email: [rparra@austin.utexas.edu](mailto:rparra@austin.utexas.edu)

Or  
Leila Wood, PhD, Co-Principal Investigator  
The University of Texas Medical Branch  
Email: [leiwood@UTMB.EDU](mailto:leiwood@UTMB.EDU)

Or  
Jeff Temple, PhD, Co-Principal Investigator  
The University of Texas Medical Branch  
Email: [jtemple@utmb.edu](mailto:jtemple@utmb.edu)  
409-747-8560

### **Youth Assent**

Before you say yes or no to being in this study, we will answer any questions you may have about the study.

If you agree to participate in the study, please say yes now.

If you consent to the circumstances under which confidentiality can be broken, including reporting child abuse and neglect, please say yes now.

## **Consentimiento para participar en la investigación**

### **Invitación a participar en un estudio de investigación**

Se le invita a participar en un estudio de investigación. Este formulario de consentimiento le ayudará a elegir si desea o no participar en el estudio. No dude en preguntar si algo no está claro en este formulario de consentimiento.

### **Información importante sobre este estudio de investigación**

Lo que debe saber:

- El objetivo del estudio es evaluar las funciones de texto y chat de SAFeline. SAFeline está trabajando con investigadores de la Escuela de Trabajo Social de la Universidad de Texas y de la rama médica de la UT para llevar a cabo esta evaluación. Los datos que recojamos se utilizarán para la evaluación y también serán utilizados por los investigadores para publicar sus conclusiones en revistas de investigación.
- Para participar, debe haber sufrido una agresión sexual, abuso y abandono infantil, tráfico de personas o violencia de pareja.
- Si decide participar, se le pedirá que participe en una entrevista confidencial o en un grupo de discusión in situ en SAFE. Esto le llevará aproximadamente 1 hora de su tiempo.
- Los riesgos de este estudio no son mayores que los de la vida cotidiana.
- No hay ningún beneficio directo por participar en este estudio.
- La participación en este estudio de investigación es voluntaria. No está obligado a participar y puede dejar de hacerlo en cualquier momento.

Más adelante en este formulario se puede describir información más detallada. Por favor, tómese el tiempo necesario para leer este formulario en su totalidad y hacer preguntas antes de decidir si quiere participar en este estudio de investigación.

En el caso de las personas que se identifican como sordas o con problemas de audición, las entrevistas y los grupos de discusión pueden realizarse utilizando los servicios de retransmisión por vídeo (VRS).

### **¿De qué trata el estudio y por qué lo hacemos?**

El objetivo del estudio es evaluar las funciones de texto y chat de SAFeline. SAFeline está trabajando con investigadores de la Escuela de Trabajo Social de la Universidad de Texas y de la rama médica de la UT para llevar a cabo esta evaluación. Los datos que recojamos se utilizarán para la evaluación y también los utilizarán los investigadores para publicar sus conclusiones en revistas de investigación. Se utilizarán grupos de discusión o entrevistas para discutir sus actitudes y opiniones sobre la línea directa SAFeline y por qué la utilizaría o no. Su participación no influirá en los servicios que pueda recibir ni en su condición de ciudadano. La participación en el estudio es completamente voluntaria y puede decir "no" a cualquiera de las preguntas que se le hagan.

### **¿Qué ocurrirá si participa en este estudio?**

Si acepta participar en este estudio, se le pedirá que responda a las preguntas en un formato de grupo de discusión con un máximo de 6 a 10 participantes más o en una entrevista individual, si lo prefiere. Se le pedirá que hable de algunos temas, como sus experiencias en el acceso a los servicios, su apoyo social y sus relaciones, sus interacciones anteriores con SAFE Alliance y sus ideas sobre posibles mejoras de SAFeline. Le pediremos permiso para grabar la conversación. Puedes participar incluso si no quieres que te graben.

### **¿Cuánto tiempo estará en este estudio y cuántas personas participarán en él?**

La participación en este estudio durará hasta 1 hora y el equipo de investigación entrevistará a otros 6-10 posibles usuarios que deseen participar. Es posible que se le pida que participe en una entrevista de

seguimiento si el equipo de investigación desea hacerle más preguntas o recibir aclaraciones sobre cuestiones específicas. Todas las entrevistas de seguimiento tendrán lugar en los dos años siguientes a su entrevista inicial. En ese caso, le pediremos su información de contacto y el método de contacto preferido para el seguimiento.

### **¿Qué riesgos y molestias podría experimentar al participar en este estudio?**

Es posible que experimente incomodidad mental y/o emocional al hablar de acontecimientos pasados. Si se siente incómodo o molesto durante el grupo de discusión, puede pedir un descanso, omitir cualquier pregunta o retirarse del estudio en cualquier momento. No se registrará su identidad y nadie podrá saber que ha participado en este estudio.

Línea nacional de atención a las agresiones sexuales: 1-800-656-HOPE

Línea Nacional de Violencia Doméstica: 1-800-799-7233 | 1-800-787-3224 (TTY)

### **¿Cómo podría beneficiarse de este estudio?**

Aunque usted no se beneficiará directamente de su participación en este estudio, otras personas podrían beneficiarse gracias a las mejoras introducidas en la línea directa de texto y chat SAFELine.

### **¿Qué ocurrirá con las muestras o los datos que recojamos de usted?**

Es posible que le preguntemos si podemos volver a ponernos en contacto con usted para una entrevista adicional y para ello recopilaremos su información de contacto. En ese caso, su nombre y otra información que pueda identificarle directamente se mantendrá separada de sus datos de investigación y se eliminará cualquier información identificativa de los datos de investigación recogidos como parte del proyecto.

### **¿Cómo protegeremos su información?**

Aunque no le preguntaremos ningún dato de identificación, protegeremos sus respuestas manteniendo la privacidad de los registros de este estudio. Sólo recogemos su nombre o cualquier otra información que pueda identificarle directamente para ponernos en contacto con usted para una entrevista de seguimiento y los datos de identificación no se conectarán a los datos de su entrevista.

Los datos identificables pueden ser compartidos fuera del equipo de investigación con el IRB de UT Austin y las oficinas de UT Austin que supervisan la seguridad de la investigación y la protección de los sujetos humanos. Los datos identificables recogidos sólo pueden ser utilizados para la investigación y ningún otro propósito sin su consentimiento según la regulación del DOJ 34 USC 10231a.

Los datos desidentificados de este estudio pueden entregarse a las siguientes organizaciones:

- El patrocinador del estudio y/o el representante del patrocinador.
- Representantes de UT Austin y de la Junta de Revisión Institucional de UT Austin
- Otras organizaciones colaboradoras, como los administradores de SAFELine y los de SAFE Alliance.

Todos los datos desidentificados, incluidas las copias de los documentos de consentimiento informado, los instrumentos de recogida de datos, las encuestas y otros materiales de investigación pertinentes se enviarán al Archivo Nacional de Datos de Justicia Penal (NACJD).

La confidencialidad puede romperse en las siguientes circunstancias 1) si las leyes estatales de notificación obligatoria exigen que se rompa y usted ha dado un consentimiento por separado que permite a los investigadores notificar la sospecha de maltrato infantil, 2) si comunica información sobre una futura conducta delictiva, o 3) si existe el riesgo de que se haga un daño inmediato a sí mismo o a otros.

Además, es posible que las declaraciones realizadas en el transcurso de esta investigación no sean estrictamente confidenciales.

#### **¿Qué ocurrirá con la información que recopilamos sobre usted una vez finalizado el estudio?**

Es posible que le preguntemos si podemos volver a ponernos en contacto con usted para una entrevista adicional y para ello recopilaremos su información de contacto. En ese caso, su nombre y otra información que pueda identificarle directamente se mantendrá separada de sus datos de investigación y se eliminará cualquier información identificativa de los datos de investigación recogidos como parte del proyecto.

#### **¿Cómo le compensaremos por participar en el estudio?**

Recibirá una tarjeta regalo de 25 dólares de Amazon. Los pagos se realizarán inmediatamente antes del grupo de discusión/entrevista y después de que haya dado su consentimiento. Si se retira de la investigación antes de que finalice el grupo de discusión, seguirá recibiendo la tarjeta de regalo de 25 dólares.

#### **Su participación en este estudio es voluntaria**

La decisión de participar en este estudio de investigación depende totalmente de usted. La participación en este estudio es voluntaria. Su decisión de participar no afectará su relación con la Universidad de Texas en Austin o con SAFE Alliance. Usted no perderá ningún beneficio o derecho que ya tenía si decide no participar. Incluso si decide formar parte del estudio ahora, puede cambiar de opinión y dejarlo en cualquier momento. No tiene que responder a ninguna pregunta que no quiera contestar. Si decide retirarse antes de que termine el estudio, sólo utilizaremos la información que ya nos ha proporcionado. Sólo utilizaremos los datos que se escribieron antes de retirarse del estudio.

#### **Información de contacto del equipo de estudio**

Si tiene alguna pregunta sobre esta investigación, puede ponerse en contacto con

Rubén Parra-Cardona  
La Universidad de Texas en Austin  
Correo electrónico: [rparra@austin.utexas.edu](mailto:rparra@austin.utexas.edu)

O  
Leila Wood, PhD, co-investigadora principal  
La rama médica de la Universidad de Texas  
Correo electrónico: [leiwood@UTMB.EDU](mailto:leiwood@UTMB.EDU)

O  
Jeff Temple, PhD, co-investigador principal  
La rama médica de la Universidad de Texas  
Correo electrónico: [jtemple@utmb.edu](mailto:jtemple@utmb.edu)  
409-747-8560

#### **Información de contacto para preguntas sobre sus derechos como participante en la investigación**

Si tiene preguntas sobre sus derechos como participante en la investigación, o desea obtener información, hacer preguntas o debatir cualquier duda sobre este estudio con alguien que no sea el investigador o los investigadores, póngase en contacto con las siguientes personas

Junta de Revisión Institucional de la Universidad de Texas en Austin

Teléfono: 512-232-1543

Correo electrónico: [irb@austin.utexas.edu](mailto:irb@austin.utexas.edu)

Por favor, haga referencia al número de estudio 2019-01-0137.

Si está de acuerdo en participar en el estudio, diga que sí ahora.

Si está de acuerdo con las circunstancias en las que se puede romper la confidencialidad, incluyendo la denuncia de abusos y negligencia infantil, por favor diga que sí ahora.

## **Autorización de los padres para la participación de los niños en la investigación**

### **Invitación a participar en un estudio de investigación**

Nos gustaría invitar a su hijo a participar en un estudio de investigación. Este formulario de permiso le ayudará a elegir si permite o no que su hijo participe en el estudio. No dude en preguntar si algo no está claro en este documento de consentimiento.

### **Información importante sobre este estudio de investigación**

Lo que debe saber:

- El objetivo del estudio es evaluar las funciones de texto y chat de SAFeline. SAFeline está trabajando con investigadores de la Escuela de Trabajo Social de la Universidad de Texas y de la rama médica de la UT para llevar a cabo esta evaluación. Los datos que recojamos se utilizarán para la evaluación y también serán utilizados por los investigadores para publicar sus conclusiones en revistas de investigación.
- Para participar, su hijo debe ser usuario de SAFeline o haber sufrido violencia en el pasado.
- Si decide permitir que su hijo participe, se le pedirá que participe en un grupo de discusión confidencial o en una entrevista in situ en SAFE. Esto les llevará aproximadamente 1 hora de su tiempo.
- Los riesgos de este estudio no son mayores que los de la vida cotidiana.
- No hay ningún beneficio directo por participar en este estudio.
- La participación en este estudio de investigación es voluntaria. Usted o su hijo pueden negarse a participar o dejar de hacerlo en cualquier momento.

Más adelante en este formulario se puede encontrar información más detallada. Por favor, tómese el tiempo necesario para leer este formulario en su totalidad y hacer preguntas antes de decidir si permite que su hijo participe en este estudio de investigación.

En el caso de las personas que se identifican como sordas o con problemas de audición, las entrevistas y los grupos de discusión pueden realizarse utilizando los servicios de retransmisión por vídeo (VRS).

### **¿De qué trata el estudio y por qué lo hacemos?**

El objetivo del estudio es evaluar las funciones de texto y chat de SAFeline. SAFeline está trabajando con investigadores de la Escuela de Trabajo Social de la Universidad de Texas y de la rama médica de la UT para llevar a cabo esta evaluación. Los datos que recojamos se utilizarán para la evaluación y también serán utilizados por los investigadores para publicar sus resultados en revistas de investigación. La participación de su hijo no influirá en los servicios que usted o su hijo puedan recibir ni en su condición de ciudadano. La participación en el estudio es completamente voluntaria y pueden decir "no" a cualquiera de las preguntas formuladas.

### **¿Qué ocurrirá si su hijo participa en este estudio?**

Si acepta que su hijo participe en este estudio, se le pedirá que responda a las preguntas en un formato de grupo de discusión con otros 6-10 participantes. Si lo prefieren, podemos entrevistarlos individualmente. Se les pedirá que hablen de algunos temas, como sus experiencias pasadas, sus experiencias de acceso a los servicios, su apoyo social y sus relaciones, sus opiniones sobre SAFeline y sus ideas sobre posibles mejoras. Pediremos que se grabe la conversación. Los niños pueden participar aunque no quieran ser grabados.

### **¿Cuánto tiempo estará su hijo en este estudio y cuántos niños participarán en él?**

La participación en este estudio durará 1 hora y el grupo de discusión incluirá a otros 6-10 niños que deseen participar. Si su hijo lo prefiere, podemos entrevistarlos individualmente, lo que también durará aproximadamente 1 hora.

### **¿Qué riesgos y molestias podría experimentar su hijo por participar en este estudio?**

Su hijo puede experimentar malestar mental y/o emocional. Si su hijo se siente incómodo o molesto durante la entrevista, puede pedir un descanso, saltarse alguna pregunta o retirarse del estudio en cualquier momento. Durante la recogida de datos no se registrará su identidad ni la de usted. La información que compartan será confidencial. Aquí tiene recursos si su hijo los necesita:

Línea nacional de atención a las agresiones sexuales: 1-800-656-HOPE

Línea Nacional de Violencia Doméstica: 1-800-799-7233 | 1-800-787-3224 (TTY)

### **¿Cómo podría beneficiarse su hijo de este estudio?**

Aunque su hijo no se beneficiará directamente de participar en este estudio, otros podrían beneficiarse gracias a las mejoras introducidas en la línea directa de texto y chat SAFELINE.

### **¿Qué ocurrirá con las muestras y/o los datos que recojamos de su hijo?**

La participación de su hijo en el estudio es confidencial. Durante la recopilación de datos no se recogerá ningún registro de la identidad de su hijo, salvo su firma en este formulario de consentimiento y su información de contacto para poder ponerse en contacto con usted para una entrevista de seguimiento. Toda la información identificable será eliminada de los registros de las entrevistas. Los formularios de consentimiento y la información de contacto se mantendrán separados de los datos de investigación de su hijo.

### **¿Cómo protegeremos la información de su hijo?**

Aunque no le preguntaremos ningún dato de identificación, protegeremos sus respuestas manteniendo la privacidad de los registros de este estudio. Sólo recogemos su nombre o cualquier otra información que pueda identificarle directamente para ponernos en contacto con usted para una entrevista de seguimiento y los datos de identificación no se conectarán a los datos de su entrevista.

Los datos identificables pueden ser compartidos con el IRB de UT Austin y las oficinas de UT Austin que supervisan la seguridad de la investigación y la protección de los sujetos humanos. Los datos identificables recogidos sólo pueden ser utilizados para la investigación y ningún otro propósito sin su consentimiento según la regulación del DOJ 34 USC 10231a.

Los datos desidentificados de este estudio pueden entregarse a las siguientes organizaciones:

- El patrocinador del estudio y/o el representante del patrocinador.
- Representantes de UT Austin y de la Junta de Revisión Institucional de UT Austin
- Otras organizaciones colaboradoras, como los administradores de SAFELINE y los de SAFE Alliance.

Todos los datos desidentificados, incluidas las copias de los documentos de consentimiento informado, los instrumentos de recogida de datos, las encuestas y otros materiales de investigación pertinentes se enviarán al Archivo Nacional de Datos de Justicia Penal (NACJD).

Si durante el estudio nos enteramos de que tiene la intención inmediata de hacerse daño a sí mismo o de dañar a otros, comunicaremos esta información a las autoridades competentes, incluida la policía.

La confidencialidad puede romperse en las siguientes circunstancias 1) si las leyes estatales de notificación obligatoria exigen que se rompa y usted ha dado un consentimiento por separado que permite a los investigadores notificar la sospecha de maltrato infantil, 2) si comunica información sobre una futura conducta delictiva, o 3) si existe el riesgo de que se haga un daño inmediato a sí mismo o a otros. Además, es posible que las declaraciones realizadas en el transcurso de esta investigación no sean estrictamente confidenciales.

#### **¿Qué ocurrirá con la información que recopilamos sobre su hijo una vez finalizado el estudio?**

El nombre de su hijo y cualquier otra información que pueda identificarlo directamente se eliminará de los datos de investigación recogidos en el marco del proyecto.

#### **¿Cómo compensaremos a su hijo por participar en el estudio?**

Su hijo recibirá una tarjeta regalo de Gamestop de 25 dólares por su participación en el grupo de discusión. Los pagos se realizarán inmediatamente antes del grupo de discusión/entrevista y después de que usted haya dado su consentimiento y ellos hayan dado su conformidad. Si su hijo se retira de la investigación antes de que finalice el grupo de discusión, seguirá recibiendo la tarjeta regalo de 25 dólares.

#### **La participación de su hijo en este estudio es voluntaria**

La decisión de participar en este estudio de investigación depende totalmente de usted y de su hijo. La participación en este estudio es voluntaria. La decisión de participar no afectará su relación o la de su hijo con la Universidad de Texas en Austin y la Alianza SAFE. Usted y su hijo no perderán ningún beneficio o derecho que ya tuvieran si deciden no participar. Incluso si decide permitir que su hijo forme parte de este estudio ahora, puede cambiar de opinión y dejar de hacerlo en cualquier momento. Su hijo no tiene que responder a ninguna pregunta que no quiera contestar.

Si decide retirar a su hijo del estudio antes de que éste finalice, sólo compartiremos la información que su hijo ya haya compartido con la Alianza SAFE.

#### **Información de contacto del equipo del estudio y preguntas sobre la investigación**

Si tiene alguna pregunta sobre esta investigación, puede ponerse en contacto con

Rubén Parra-Cardona  
La Universidad de Texas en Austin  
Correo electrónico: [rparra@austin.utexas.edu](mailto:rparra@austin.utexas.edu)

O  
Leila Wood, PhD, co-investigadora principal  
La rama médica de la Universidad de Texas  
Correo electrónico: [leiwood@UTMB.EDU](mailto:leiwood@UTMB.EDU)

O  
Jeff Temple, PhD, co-investigador principal  
La rama médica de la Universidad de Texas  
Correo electrónico: [jtemple@utmb.edu](mailto:jtemple@utmb.edu)  
409-747-8560

#### **Información de contacto para preguntas sobre sus derechos como participante en la investigación**

Si tiene preguntas sobre sus derechos o los de su hijo como participante en la investigación, o desea obtener información, hacer preguntas o discutir cualquier preocupación sobre este estudio con alguien que no sea el investigador o los investigadores, póngase en contacto con lo siguiente

Junta de Revisión Institucional de la Universidad de Texas en Austin

Teléfono: 512-232-1543

Correo electrónico: [irb@austin.utexas.edu](mailto:irb@austin.utexas.edu)

Por favor, haga referencia al número de estudio 2019-01-0137.

Si está de acuerdo en que su hijo participe en el estudio, diga que sí ahora.

Si está de acuerdo con las circunstancias en las que se puede romper la confidencialidad, incluyendo la denuncia de abusos y negligencia infantil, por favor diga que sí ahora.

### Consentimiento para participar en la investigación

#### ¿Por qué nos reunimos con usted?

Un estudio de investigación suele realizarse para encontrar una forma mejor de tratar a las personas o para entender cómo funcionan las cosas. Se le pide que participe en este estudio de investigación debido a diferentes experiencias que puede haber tenido en su vida.

Es posible que este formulario contenga algunas palabras que usted no conozca. Por favor, pídamle que le explique cualquier palabra que no conozca.

#### ¿De qué trata el estudio?

Realizamos este estudio para conocer la utilidad de la línea directa SAFELINE y cómo podría mejorarse. El objetivo del estudio es evaluar las funciones de texto y chat de SAFELINE. SAFELINE está trabajando con investigadores de la Escuela de Trabajo Social de la Universidad de Texas y de la Rama Médica de la UT para llevar a cabo esta evaluación. Los datos que recojamos se utilizarán para la evaluación y también serán utilizados por los investigadores para publicar sus conclusiones en revistas de investigación.

Este estudio fue explicado a tus padres/tutores y ellos dijeron que puedes participar en él si lo deseas. El hecho de que tus padres/tutores hayan dicho que puedes participar no significa que tengas que hacerlo. Puedes decirnos que te gustaría participar o no.

Si se identifica como sordo o con problemas de audición, las entrevistas y los grupos de discusión pueden realizarse utilizando los servicios de retransmisión por vídeo (VRS).

#### ¿Qué me van a pedir que haga?

Si acepta participar en este estudio, se le pedirá que participe en una sesión de grupo focal y que responda a algunas preguntas sobre SAFELINE, la línea directa de chat y texto de la Alianza SAFE, y sobre cómo podría serle útil y qué sugerencias tiene para mejorarla. Si prefiere hacer una entrevista a solas, podemos hacerlo en su lugar.

Este grupo de discusión le llevará aproximadamente 1 hora de su tiempo y habrá entre 6 y 10 jóvenes más que participarán en el grupo de discusión con usted. Le pediremos que grabe la conversación. Puedes decir que no.

#### ¿Alguna parte de este estudio me hará sentir mal?

A veces, hablar de estas cosas hace que la gente se moleste. No tienes que hablar de nada que no quieras. Puede omitir cualquier pregunta que no quiera responder. Si se enfada, háganoslo saber y podremos ayudarle.

#### ¿Cómo me ayudará este estudio?

Este estudio no te ayudará, pero aprenderemos más sobre el chat y la línea directa de texto de SAFELINE que puede ser capaz de ayudarte en el futuro o a otros niños como tú que utilizan la línea directa.

#### ¿Qué ocurre con los datos que se recogen para la investigación?

Aunque no le preguntaremos ningún dato de identificación, protegeremos sus respuestas manteniendo la privacidad de los registros de este estudio. Sólo recogemos su nombre o cualquier otra información que pueda identificarle directamente para ponernos en contacto con usted para una entrevista de seguimiento y los datos de identificación no se conectarán a los datos de su entrevista.

Los datos identificables pueden ser compartidos con el IRB de UT Austin y las oficinas de UT Austin que supervisan la seguridad de la investigación y la protección de los sujetos humanos. Los datos identificables recogidos sólo pueden ser utilizados para la investigación y ningún otro propósito sin su consentimiento según la regulación del DOJ 34 USC 10231a.

Los datos desidentificados de este estudio pueden entregarse a las siguientes organizaciones:

- El patrocinador del estudio y/o el representante del patrocinador.
- Representantes de UT Austin y de la Junta de Revisión Institucional de UT Austin
- Otras organizaciones colaboradoras, como los administradores de SAFEline y los de SAFE Alliance.

Todos los datos desidentificados, incluidas las copias de los documentos de consentimiento informado, los instrumentos de recogida de datos, las encuestas y otros materiales de investigación pertinentes se enviarán al Archivo Nacional de Datos de Justicia Penal (NACJD).

Si nos dices que estás en peligro inmediato de sufrir daños, y no se ha denunciado antes, tendremos que hacer saber a otras personas que estás en peligro inmediato.

La confidencialidad puede romperse en las siguientes circunstancias 1) si las leyes estatales de notificación obligatoria exigen que se rompa y usted ha dado un consentimiento por separado que permite a los investigadores notificar la sospecha de maltrato infantil, 2) si comunica información sobre una futura conducta delictiva, o 3) si existe el riesgo de que se haga un daño inmediato a sí mismo o a otros. Además, es posible que las declaraciones realizadas en el transcurso de esta investigación no sean estrictamente confidenciales.

#### **¿Recibiré algo por participar?**

Recibirás una tarjeta regalo de Gamestop de 25 dólares por tu participación en el grupo de discusión. Recibirás la tarjeta regalo después de aceptar participar en el estudio y antes de la entrevista/grupo de discusión.

#### **¿Tengo que participar en este estudio?**

No tienes que participar en este estudio. Depende de ti. Puedes decir que sí ahora y cambiar de opinión más tarde. Nadie se molestará si no quieres hacerlo. Todo lo que tienes que hacer es decirnos que quieres parar. Aunque tus padres/tutores hayan dicho que puedes participar en este estudio, puedes decir "no". Si decides abandonar el estudio antes de tiempo, seguirás recibiendo tu tarjeta regalo de 25 dólares.

#### **¿Con quién puedo hablar si tengo preguntas?**

Puedes hacer cualquier pregunta en cualquier momento. Puedes preguntar ahora o más tarde. Sólo tienes que decírselo al investigador cuando lo veas, o pedirle a tus padres o a otro adulto que se ponga en contacto contigo:

Rubén Parra-Cardona  
 La Universidad de Texas en Austin  
 Correo electrónico: [rparra@austin.utexas.edu](mailto:rparra@austin.utexas.edu)  
 O  
 Leila Wood, PhD, co-investigadora principal  
 La rama médica de la Universidad de Texas  
 Correo electrónico: [leiwood@UTMB.EDU](mailto:leiwood@UTMB.EDU)  
 O

Jeff Temple, PhD, co-investigador principal  
La rama médica de la Universidad de Texas  
Correo electrónico: [jetemple@utmb.edu](mailto:jetemple@utmb.edu)  
409-747-8560

**El consentimiento de los jóvenes**

Antes de decir sí o no a participar en este estudio, responderemos a cualquier pregunta que tenga ahora.

Si está de acuerdo en participar en el estudio, diga que sí ahora.

Si está de acuerdo con las circunstancias en las que se puede romper la confidencialidad, incluyendo la denuncia de abusos y negligencia infantil, por favor diga que sí ahora.

## Start of interview protocol for SAFELINE service users

### Demographic Information

Gender:

Age:

Race/ Ethnicity:

### SAFELINE Service Access and Experience

The services at this agency are typically for people who have experience some sort of violence. I want to ask you few questions about how you came to use services at this agency. We can skip any questions you don't want to answer.

1. Before coming in to services at this agency, who did you tell about the violence you had experienced? Potential prompts (*To be asked if needed*):
  - a. Who was the first person you told?
  - b. Were you involved in other services or systems as a result of the violence (like law enforcement or CPS)?
2. Was there any particular event or concern that led you to seek services at SAFE Alliance? Potential prompts (*To be asked if needed*):
  - a. If so, what was it?
  - b. What did you know about this agency before you came?
  - c. Had you ever tried to use services at this agency before and been unable to?
3. To access services at SAFE Alliance, most folks have to contact the hotline, or SAFELINE through text, chat or phone. What kinds of contact with SAFELINE did you have?
  - a. *Prompt*: Text Chat Phone?
4. When you first accessed SAFELINE services, what was your experience like?
  - a. Follow-up Questions: Is there a wait for any services? What are some of the first things discussed?
5. How do you think most service users hear about SAFELINE (SAFE Alliance hotline)?
6. Are there any groups of service users in particular that benefit from SAFELINE text or chat? Or users that do better on phone?

### Advocate Skills

7. What are the most important skills the person at SAFELINE used to help you?

### Barriers and Challenges

8. What are your biggest barriers to receiving help over the phone? By chat? By Text?
9. What barriers or difficulties did you experience getting help/support on SAFELINE?

**Recommendations**

10. How would you improve SAFELINE (or SAFE Alliance) advocacy for future service users?

**Protocolo de entrevista semiestructurada a usuarios del servicio**Encuesta demográfica

Género:                      Edad:                      Raza/etnia:                      Ubicación:

Preguntas semiestructuradas:

Los servicios de esta agencia suelen ser para personas que han sufrido algún tipo de violencia. Quiero hacerle algunas preguntas sobre cómo llegó a utilizar los servicios de esta agencia. Podemos omitir cualquier pregunta que no quiera responder.

1. Antes de acudir a los servicios de este organismo, ¿a quién le contó la violencia que había sufrido? Posibles preguntas (a preguntar si es necesario)
  - a. ¿Quién fue la primera persona a la que se lo contaste?
  - b. ¿Estuviste involucrado en otros servicios o sistemas como resultado de la violencia (como la aplicación de la ley o el CPS)?
2. ¿Hubo algún acontecimiento o preocupación en particular que le llevó a buscar servicios en la Alianza SAFE? Posibles preguntas (Para preguntar si es necesario)
  - a. Si es así, ¿qué fue?
  - b. ¿Qué sabía de esta agencia antes de venir?
  - c. ¿Ha intentado alguna vez utilizar los servicios de esta agencia y no ha podido hacerlo?
3. Para acceder a los servicios de SAFE Alliance, la mayoría de la gente tiene que ponerse en contacto con la línea directa, o SAFELINE a través de texto, chat o teléfono. ¿Qué tipo de contacto con SAFELINE has tenido?
  - a. Prompt: ¿Texto Chat Teléfono?
4. Cuando accedió por primera vez a los servicios de SAFELINE, ¿cómo fue su experiencia?
  - a. Preguntas de seguimiento: ¿Hay que esperar para algún servicio? ¿Qué es lo primero que se discute?
5. ¿Cómo cree que la mayoría de los usuarios de los servicios se enteran de la existencia de SAFELINE (línea directa de la Alianza SAFE)?
6. ¿Hay algún grupo de usuarios del servicio en particular que se beneficie del texto o el chat de SAFELINE? ¿O usuarios que se desenvuelven mejor por teléfono?

Experiencia de trabajo en el programa

7. ¿Cuáles son las habilidades más importantes que la persona de SAFELINE utilizó para ayudarle?
8. ¿Cuáles son sus mayores obstáculos para recibir ayuda por teléfono? ¿Por chat? ¿Por texto?
9. ¿Qué barreras o dificultades has experimentado para obtener ayuda/apoyo en SAFELINE?
10. ¿Cómo mejoraría la defensa de SAFELINE (o SAFE Alliance) para los futuros usuarios del servicio?

## **Appendix F: Informed Consent and Interview Protocol for Prospective SAFELINE Service Users**

### **Consent to Participate in Research**

#### **Invitation to be Part of a Research Study**

You are invited to be part of a research study. This consent form will help you choose whether or not to participate in the study. Feel free to ask if anything is not clear in this consent form.

#### **Important Information about this Research Study**

Things you should know:

- The purpose of the study is to evaluate the SAFELINE text and chat functions. SAFELINE is working with researchers from the University of Texas School of Social Work and UT Medical Branch to conduct this evaluation. The data we collect will be used for the evaluation and it will also be used by the researchers to publish their findings in research journals.
- In order to participate, you must have experienced sexual assault, child abuse and neglect, human trafficking, or intimate partner violence.
- If you choose to participate, you will be asked to participate in a confidential interview or focus group on-site at SAFE, via phone, video conference, or in a space at the University of Texas at Austin, or another agreed upon location in the community. This will take approximately 1 hour of your time.
- The risks involved in this study are not greater than everyday life.
- There is no direct benefit for participating in this study.
- Taking part in this research study is voluntary. You do not have to participate, and you can stop at any time.

More detailed information may be described later in this form. Please take time to read this entire form and ask questions before deciding whether to take part in this research study.

For individuals that identify as deaf or hard of hearing, interviews and focus groups may be conducted using Video Relay Services (VRS).

#### **What is the study about and why are we doing it?**

The purpose of the study is to evaluate the SAFELINE text and chat functions. SAFELINE is working with researchers from the University of Texas School of Social Work and UT Medical Branch to conduct this evaluation. The data we collect will be used for the evaluation and it will also be used by the researchers to publish their findings in research journals. Focus groups or interviews will be used to discuss your attitudes and opinions on the SAFELINE hotline and why or why not you would use it. Your participation will have no influence on services you may receive or your citizenship status. Participation in the study is completely voluntary and you can say “pass” to any of the questions asked.

#### **What will happen if you take part in this study?**

If you agree to be in this study, you will be asked to answer questions in a focus group format with up to 6-10 other participants or an individual interview, if you prefer. You will be asked to discuss a few topics including your experiences accessing services, your social support and relationships, your previous interactions with SAFE Alliance, and your ideas on potential improvements to SAFEline. We will ask for permission to record the conversation. You can still participate even if you do not want to be recorded.

#### **How long will you be in this study and how many people will be in the study?**

Participation in this study will last up to 1 hour and the research team will be interviewing up to 6-10 other prospective users that wish to participate. You may be asked to participate in a follow-up interview if the research team would like to ask you additional questions and/or receive clarification on specific questions from you. All follow-up interviews will take place within two years of your initial interview. If so, we will ask you for your contact information and preferred method of contact for follow-up.

#### **What risks and discomforts might you experience from being in this study?**

You may experience mental and/or emotional discomfort talking about past events. If you feel uncomfortable or upset during the focus group, you may ask for a break, skip any questions, or withdraw participation from the study at any time. No record of your identity will be collected and no one will be able to know you took part in this study.

The National Sexual Assault Hotline: 1-800-656-HOPE

The National Domestic Violence Hotline: 1-800-799-7233 | 1-800-787-3224 (TTY)

#### **How could you benefit from this study?**

Although you will not directly benefit from being in this study, others might benefit because of improvements made to SAFEline text and chat hotline.

#### **What will happen to the samples and/or data we collect from you?**

We might ask you if we can reach out to you again for an additional interview and will collect your contact information in order to do so. If so, your name and other information that can directly identify you will be kept separate from your research data and any identifying information deleted from the research data collected as part of the project.

#### **How will we protect your information?**

Even though we will not be asking you any identifying information, we will protect your answers by keeping the records of this study private. We only collect your name or any other information that can directly identify you in order to contact you for a follow-up interview and identifying data will not be connected to your interview data.

Identifiable data may be shared outside the research team with the UT Austin IRB and UT Austin offices that monitor research safety and human subject's protection. Identifiable data collected can only be used for research and no other purpose without your consent as per DOJ regulation 34 USC 10231a.

De-Identified data from this study may be given to the following organizations:

- The study sponsor and/or representative of the sponsor.
- Representatives of UT Austin and the UT Austin Institutional Review Board
- Other collaborating organizations including SAFeline administrators and SAFE Alliance administrators.

All de-identified data, including copies of the informed consent documents, data collection instruments, surveys and other relevant research materials will be sent to the National Archive of Criminal Justice Data (NACJD).

Confidentiality can be broken in the following circumstances: 1) if State mandatory reporting laws require that it be broken and you have given separate consent allowing the researchers to report suspected child abuse, 2) if you report information about future criminal conduct, or 3) if there is a risk of your doing immediate harm to yourself or others. In addition, statements blurted out during the course of this research might not be held strictly confidential.

#### **What will happen to the information we collect about you after the study is over?**

We might ask you if we can reach out to you again for an additional interview and will collect your contact information in order to do so. If so, your name and other information that can directly identify you will be kept separate from your research data and any identifying information deleted from the research data collected as part of the project.

#### **How will we compensate you for being part of the study?**

You will receive a \$25 Amazon gift card. Payments will occur immediately before the focus group/Interview and after you have given consent. If you withdraw from the research before the end of the focus group you will still receive the \$25 gift card.

#### **Your Participation in this Study is Voluntary**

It is totally up to you to decide to be in this research study. Participating in this study is voluntary. Your decision to participate will not affect your relationship with The University of Texas at Austin or SAFE Alliance. You will not lose any benefits or rights you already had if you decide not to participate. Even if you decide to be part of the study now, you may change your mind and stop at any time. You do not have to answer any questions you do not want to answer. If you decide to withdraw before this study is completed, we only use the information you have already given us. We will only use data that was written prior to withdrawal from the study.

#### **Contact Information for the Study Team**

If you have any questions about this research, you may contact:

Ruben Parra-Cardona  
The University of Texas at Austin  
Email: [rparra@austin.utexas.edu](mailto:rparra@austin.utexas.edu)

Or  
Leila Wood, PhD, Co-Principal Investigator

The University of Texas Medical Branch  
Email: [leiwood@UTMB.EDU](mailto:leiwood@UTMB.EDU)

Or  
Jeff Temple, PhD, Co-Principal Investigator  
The University of Texas Medical Branch  
Email: [jtemple@utmb.edu](mailto:jtemple@utmb.edu)  
409-747-8560

### **Contact Information for Questions about Your Rights as a Research Participant**

If you have questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), please contact the following:

The University of Texas at Austin Institutional Review Board  
Phone: 512-232-1543  
Email: [irb@austin.utexas.edu](mailto:irb@austin.utexas.edu)

Please reference study number 2019-01-0137.

If you agree to participate in the study, please say yes now.

If you consent to the circumstances under which confidentiality can be broken, including reporting child abuse and neglect, please say yes now.

## **Parental Permission for Child Participation in Research**

### **Invitation to be Part of a Research Study**

We would like to invite your child to be part of a research study. This permission form will help you in choosing whether or not to allow your child to participate in the study. Feel free to ask if anything is not clear in this consent document.

### **Important Information about this Research Study**

Things you should know:

- The purpose of the study is to evaluate the SAFeline text and chat functions. SAFeline is working with researchers from the University of Texas School of Social Work and UT Medical Branch to conduct this evaluation. The data we collect will be used for the evaluation and it will also be used by the researchers to publish their findings in research journals.
- In order to participate, your child must be a user of SAFeline or have experienced violence in the past.
- If you choose to allow your child to participate, they will be asked to participate in confidential focus group or interview on-site at SAFE, via phone, video conference, or in a space at the University of Texas at Austin, or another agreed upon location in the community. This will take approximately 1 hour of their time.
- The risks involved in this study are not greater than everyday life.
- There is no direct benefit for participating in this study.
- Taking part in this research study is voluntary. You or your child may decline to participate or stop participating at any time.

More detailed information may be listed later in this form. Please take time to read this entire form and ask questions before deciding whether to allow your child to take part in this research study.

For individuals that identify as deaf or hard of hearing, interviews and focus groups may be conducted using Video Relay Services (VRS).

### **What is the study about and why are we doing it?**

The purpose of the study is to evaluate the SAFeline text and chat functions. SAFeline is working with researchers from the University of Texas School of Social Work and UT Medical Branch to conduct this evaluation. The data we collect will be used for the evaluation and it will also be used by the researchers to publish their findings in research journals. Your child's participation will have no influence on services you or your child may receive or you or your child's citizenship status. Participation in the study is completely voluntary and they can say "pass" to any of the questions asked.

### **What will happen if your child takes part in this study?**

If you agree to allow your child to take part in this study, your child will be asked to answer questions in a focus group format with 6-10 other participants. If they prefer, we can interview them individually. They will be asked to discuss a few topics including their past experiences, their experiences accessing services, their social support and relationships, their opinions on

SAFEline, and their ideas for potential improvements. We will ask to record the conversation. A child can participate even if they do not want to be recorded.

#### **How long will your child be in this study and how many children will be in the study?**

Participation in this study will last 1 hour and focus group will include 6-10 other children that wish to participate. If your child would prefer, we can interview them individually which will also last approximately 1 hour.

#### **What risks and discomforts might your child experience from being in this study?**

Your child may experience mental and/or emotional discomfort. If your child feels uncomfortable or upset during the interview, they may ask for a break, skip any questions, or withdraw participation from the study at any time. No record of their or your identity will be collected during data collection. Information they share will be kept confidential. Here are resources if your child needs them:

The National Sexual Assault Hotline: 1-800-656-HOPE

The National Domestic Violence Hotline: 1-800-799-7233 | 1-800-787-3224 (TTY)

#### **How could your child benefit from this study?**

Although your child will not directly benefit from being in this study, others might benefit because of improvements made to SAFEline text and chat hotline.

#### **What will happen to the samples and/or data we collect from your child?**

Your child's participation in the study is confidential. No record of your child's identity will be collected during data collection other than your signature on this consent form and your contact information in order to reach out to you for a follow-up interview. All identifiable information will be deleted from interview records. Consent forms and contact information will be kept separate from your child's research data.

#### **How will we protect your child's information?**

Even though we will not be asking you any identifying information, we will protect your answers by keeping the records of this study private. We only collect your name or any other information that can directly identify you in order to contact you for a follow-up interview and identifying data will not be connected to your interview data.

Identifiable data may be shared with the UT Austin IRB and UT Austin offices that monitor research safety and human subject's protection. Identifiable data collected can only be used for research and no other purpose without your consent as per DOJ regulation 34 USC 10231a.

De-Identified data from this study may be given to the following organizations:

- The study sponsor and/or representative of the sponsor.
- Representatives of UT Austin and the UT Austin Institutional Review Board
- Other collaborating organizations including SAFEline administrators and SAFE Alliance administrators.

All de-identified data, including copies of the informed consent documents, data collection instruments, surveys and other relevant research materials will be sent to the National Archive of Criminal Justice Data (NACJD).

If during the study we learn that you have an immediate intent to harm yourself or an immediate intent to harm others, we will report this information to the appropriate authorities including the police.

Confidentiality can be broken in the following circumstances: 1) if State mandatory reporting laws require that it be broken and you have given separate consent allowing the researchers to report suspected child abuse, 2) if you report information about future criminal conduct, or 3) if there is a risk of your doing immediate harm to yourself or others. In addition, statements blurted out during the course of this research might not be held strictly confidential.

#### **What will happen to the information we collect about your child after the study is over?**

Your child's name and other information that can directly identify them will be deleted from the research data collected as part of the project.

#### **How will we compensate your child for being part of the study?**

Your child will receive a \$25 Gamestop gift card for their participation in the focus group. Payments will occur immediately preceding the focus group/interview and after you have given consent and they have given their assent. If your child withdraws from the research before the end of the focus group, they will still receive the \$25 gift card.

#### **Your Child's Participation in this Study is Voluntary**

It is totally up to you and your child to decide to be in this research study. Participating in this study is voluntary. The decision to participate will not affect your or your child's relationship with The University of Texas at Austin and SAFE Alliance. You and your child will not lose any benefits or rights you already had if you decide not to participate. Even if you decide to allow your child to be part of this study now, you may change your mind and stop at any time. Your child does not have to answer any questions they do not want to answer.

If you decide to withdraw your child from the study before it is completed, we only share the information your child has already shared with SAFE Alliance.

#### **Contact Information for the Study Team and Questions about the Research**

If you have any questions about this research, you may contact:

Ruben Parra-cardona  
The University of Texas at Austin  
Email: [rparra@austin.utexas.edu](mailto:rparra@austin.utexas.edu)

Or  
Leila Wood, PhD, Co-Principal Investigator  
The University of Texas Medical Branch

Email: [leiwood@UTMB.EDU](mailto:leiwood@UTMB.EDU)

Or

Jeff Temple, PhD, Co-Principal Investigator

The University of Texas Medical Branch

Email: [jtemple@utmb.edu](mailto:jtemple@utmb.edu)

409-747-8560

### **Contact Information for Questions about Your Rights as a Research Participant**

If you have questions about your rights or your child's rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), please contact the following:

The University of Texas at Austin Institutional Review Board

Phone: 512-232-1543

Email: [irb@austin.utexas.edu](mailto:irb@austin.utexas.edu)

Please reference study number 2019-01-0137.

If you agree to allow your child to participate in the study, please say yes now.

If you consent to the circumstances under which confidentiality can be broken, including reporting child abuse and neglect, please say yes now.

## Assent to Participate in Research

### Why are we meeting with you?

A research study is usually done to find a better way to treat people or to understand how things work. You are being asked to take part in this research study because of different experiences you may have had in your life.

This form may have some words that you do not know. Please ask me to explain any words you do not know.

If you identify as deaf or hard of hearing, interviews and focus groups may be conducted using Video Relay Services (VRS).

### What is the study about?

We are doing this study to understand how helpful the SAFELINE hotline is and how it could be improved. The purpose of the study is to evaluate the SAFELINE text and chat functions. SAFELINE is working with researchers from the University of Texas School of Social Work and UT Medical Branch to conduct this evaluation. The data we collect will be used for the evaluation and it will also be used by the researchers to publish their findings in research journals.

This study was explained to your parent/guardian and they said that you can be in it if you want to. Just because your parent/guardian said you could participate does not mean you have to participate. You may tell us you would like to participate or not.

### What am I going to be asked to do?

If you agree to be in this study, you will be asked to participate in a focus group session and to answer some questions about SAFELINE, SAFE Alliance's chat and text hotline, and how it could be helpful to you and what suggestions you have for improvement. If you would rather do an interview alone, we can do that instead.

This focus group will take about 1 hour of your time and there will be 6-10 other youth that will participate in the focus group with you. We will ask to record the conversation. You can say no.

### Will any parts of this study make me feel bad?

Sometimes talking about these things makes people upset. You do not have to talk about anything you do not want to talk about. You can skip any questions you do not want to answer. If you do become upset, let us know and we can help you.

### How will this study help me?

This study won't help you, but we will learn more about SAFELINE chat and text hotline that may be able to help you in the future or other kids like you that use the hotline.

### What happens to my information collected for the research?

Even though we will not be asking you any identifying information, we will protect your answers by keeping the records of this study private. We only collect your name or any other information

that can directly identify you in order to contact you for a follow-up interview and identifying data will not be connected to your interview data.

Identifiable data may be shared with the UT Austin IRB and UT Austin offices that monitor research safety and human subject's protection. Identifiable data collected can only be used for research and no other purpose without your consent as per DOJ regulation 34 USC 10231a.

De-Identified data from this study may be given to the following organizations:

- The study sponsor and/or representative of the sponsor.
- Representatives of UT Austin and the UT Austin Institutional Review Board
- Other collaborating organizations including SAFEline administrators and SAFE Alliance administrators.

All de-identified data, including copies of the informed consent documents, data collection instruments, surveys and other relevant research materials will be sent to the National Archive of Criminal Justice Data (NACJD).

If you tell us you are in immediate danger of being harmed, and it hasn't been reported before, we will have to let other people know you are in immediate danger.

Confidentiality can be broken in the following circumstances: 1) if State mandatory reporting laws require that it be broken and you have given separate consent allowing the researchers to report suspected child abuse, 2) if you report information about future criminal conduct, or 3) if there is a risk of your doing immediate harm to yourself or others. In addition, statements blurted out during the course of this research might not be held strictly confidential.

#### **Will I get anything to participate?**

You will get a \$25 Gamestop gift card for your participation in the focus group/interview. You will receive your gift card after you agree to participate in the study and before the interview/focus group.

#### **Do I have to be in this study?**

You do not have to be in this study. It is up to you. You can say okay now and change your mind later. No one will be upset if you do not want to do this. All you have to do is tell us you want to stop. Even if your parent/guardian has said you may participate in this study, you may still say 'no'. If you decide to leave the study early, you will still receive your \$25 gift card.

#### **Who do I talk to if I have questions?**

You can ask any questions at any time. You can ask now or later. Just tell the researcher when you see them, or ask your parent or another adult to contact:

Ruben Parra-Cardona  
The University of Texas at Austin  
Email: [rparra@austin.utexas.edu](mailto:rparra@austin.utexas.edu)

Or

Leila Wood, PhD, Co-Principal Investigator  
The University of Texas Medical Branch  
Email: [leiwood@UTMB.EDU](mailto:leiwood@UTMB.EDU)

Or

Jeff Temple, PhD, Co-Principal Investigator  
The University of Texas Medical Branch  
Email: [jtemple@utmb.edu](mailto:jtemple@utmb.edu)  
409-747-8560

### **Youth Assent**

Before you say yes or no to being in this study, we will answer any questions you have now.

If you agree to participate in the study, please say yes now.

If you consent to the circumstances under which confidentiality can be broken, including reporting child abuse and neglect, please say yes now.

### Consentimiento para participar en la investigación

#### Invitación a participar en un estudio de investigación

Se le invita a participar en un estudio de investigación. Este formulario de consentimiento le ayudará a elegir si desea o no participar en el estudio. No dude en preguntar si algo no está claro en este formulario de consentimiento.

#### Información importante sobre este estudio de investigación

Lo que debe saber:

- El objetivo del estudio es evaluar las funciones de texto y chat de SAFeline. SAFeline está trabajando con investigadores de la Escuela de Trabajo Social de la Universidad de Texas y de la rama médica de la UT para llevar a cabo esta evaluación. Los datos que recojamos se utilizarán para la evaluación y también serán utilizados por los investigadores para publicar sus conclusiones en revistas de investigación.
- Para participar, debe haber sufrido una agresión sexual, abuso y abandono infantil, tráfico de personas o violencia de pareja.
- Si decide participar, se le pedirá que participe en una entrevista confidencial o en un grupo de discusión in situ en SAFE. Esto le llevará aproximadamente 1 hora de su tiempo.
- Los riesgos de este estudio no son mayores que los de la vida cotidiana.
- No hay ningún beneficio directo por participar en este estudio.
- La participación en este estudio de investigación es voluntaria. No está obligado a participar y puede dejar de hacerlo en cualquier momento.

Más adelante en este formulario se puede describir información más detallada. Por favor, tómese el tiempo necesario para leer este formulario en su totalidad y hacer preguntas antes de decidir si quiere participar en este estudio de investigación.

En el caso de las personas que se identifican como sordas o con problemas de audición, las entrevistas y los grupos de discusión pueden realizarse utilizando los servicios de retransmisión por vídeo (VRS).

#### ¿De qué trata el estudio y por qué lo hacemos?

El objetivo del estudio es evaluar las funciones de texto y chat de SAFeline. SAFeline está trabajando con investigadores de la Escuela de Trabajo Social de la Universidad de Texas y de la rama médica de la UT para llevar a cabo esta evaluación. Los datos que recojamos se utilizarán para la evaluación y también los utilizarán los investigadores para publicar sus conclusiones en revistas de investigación. Se utilizarán grupos de discusión o entrevistas para discutir sus actitudes y opiniones sobre la línea directa SAFeline y por qué la utilizaría o no. Su participación no influirá en los servicios que pueda recibir ni en su condición de ciudadano. La participación en el estudio es completamente voluntaria y puede decir "no" a cualquiera de las preguntas que se le hagan.

#### ¿Qué ocurrirá si participa en este estudio?

Si acepta participar en este estudio, se le pedirá que responda a las preguntas en un formato de grupo de discusión con un máximo de 6 a 10 participantes más o en una entrevista individual, si lo prefiere. Se le pedirá que hable de algunos temas, como sus experiencias en el acceso a los servicios, su apoyo social y sus relaciones, sus interacciones anteriores con SAFE Alliance y sus ideas sobre posibles mejoras de SAFeline. Le pediremos permiso para grabar la conversación. Puedes participar incluso si no quieres que te graben.

#### ¿Cuánto tiempo estará en este estudio y cuántas personas participarán en él?

La participación en este estudio durará hasta 1 hora y el equipo de investigación entrevistará a otros 6-10 posibles usuarios que deseen participar. Es posible que se le pida que participe en una entrevista de seguimiento si el equipo de investigación desea hacerle más preguntas o recibir aclaraciones sobre cuestiones específicas. Todas las entrevistas de seguimiento tendrán lugar en los dos años siguientes a su entrevista inicial. En ese caso, le pediremos su información de contacto y el método de contacto preferido para el seguimiento.

### **¿Qué riesgos y molestias podría experimentar al participar en este estudio?**

Es posible que experimente incomodidad mental y/o emocional al hablar de acontecimientos pasados. Si se siente incómodo o molesto durante el grupo de discusión, puede pedir un descanso, omitir cualquier pregunta o retirarse del estudio en cualquier momento. No se registrará su identidad y nadie podrá saber que ha participado en este estudio.

Línea nacional de atención a las agresiones sexuales: 1-800-656-HOPE

Línea Nacional de Violencia Doméstica: 1-800-799-7233 | 1-800-787-3224 (TTY)

### **¿Cómo podría beneficiarse de este estudio?**

Aunque usted no se beneficiará directamente de su participación en este estudio, otras personas podrían beneficiarse gracias a las mejoras introducidas en la línea directa de texto y chat SAFEline.

### **¿Qué ocurrirá con las muestras o los datos que recojamos de usted?**

Es posible que le preguntemos si podemos volver a ponernos en contacto con usted para una entrevista adicional y para ello recopilaremos su información de contacto. En ese caso, su nombre y otra información que pueda identificarle directamente se mantendrá separada de sus datos de investigación y se eliminará cualquier información identificativa de los datos de investigación recogidos como parte del proyecto.

### **¿Cómo protegeremos su información?**

Aunque no le preguntaremos ningún dato de identificación, protegeremos sus respuestas manteniendo la privacidad de los registros de este estudio. Sólo recogemos su nombre o cualquier otra información que pueda identificarle directamente para ponernos en contacto con usted para una entrevista de seguimiento y los datos de identificación no se conectarán a los datos de su entrevista.

Los datos identificables pueden ser compartidos fuera del equipo de investigación con el IRB de UT Austin y las oficinas de UT Austin que supervisan la seguridad de la investigación y la protección de los sujetos humanos. Los datos identificables recogidos sólo pueden ser utilizados para la investigación y ningún otro propósito sin su consentimiento según la regulación del DOJ 34 USC 10231a.

Los datos desidentificados de este estudio pueden entregarse a las siguientes organizaciones:

- El patrocinador del estudio y/o el representante del patrocinador.
- Representantes de UT Austin y de la Junta de Revisión Institucional de UT Austin
- Otras organizaciones colaboradoras, como los administradores de SAFEline y los de SAFE Alliance.

Todos los datos desidentificados, incluidas las copias de los documentos de consentimiento informado, los instrumentos de recogida de datos, las encuestas y otros materiales de investigación pertinentes se enviarán al Archivo Nacional de Datos de Justicia Penal (NACJD).

La confidencialidad puede romperse en las siguientes circunstancias 1) si las leyes estatales de notificación obligatoria exigen que se rompa y usted ha dado un consentimiento por separado que permite

a los investigadores notificar la sospecha de maltrato infantil, 2) si comunica información sobre una futura conducta delictiva, o 3) si existe el riesgo de que se haga un daño inmediato a sí mismo o a otros. Además, es posible que las declaraciones realizadas en el transcurso de esta investigación no sean estrictamente confidenciales.

### **¿Qué ocurrirá con la información que recopilamos sobre usted una vez finalizado el estudio?**

Es posible que le preguntemos si podemos volver a ponernos en contacto con usted para una entrevista adicional y para ello recopilaremos su información de contacto. En ese caso, su nombre y otra información que pueda identificarle directamente se mantendrá separada de sus datos de investigación y se eliminará cualquier información identificativa de los datos de investigación recogidos como parte del proyecto.

### **¿Cómo le compensaremos por participar en el estudio?**

Recibirá una tarjeta regalo de 25 dólares de Amazon. Los pagos se realizarán inmediatamente antes del grupo de discusión/entrevista y después de que haya dado su consentimiento. Si se retira de la investigación antes de que finalice el grupo de discusión, seguirá recibiendo la tarjeta de regalo de 25 dólares.

### **Su participación en este estudio es voluntaria**

La decisión de participar en este estudio de investigación depende totalmente de usted. La participación en este estudio es voluntaria. Su decisión de participar no afectará su relación con la Universidad de Texas en Austin o con SAFE Alliance. Usted no perderá ningún beneficio o derecho que ya tenía si decide no participar. Incluso si decide formar parte del estudio ahora, puede cambiar de opinión y dejarlo en cualquier momento. No tiene que responder a ninguna pregunta que no quiera contestar. Si decide retirarse antes de que termine el estudio, sólo utilizaremos la información que ya nos ha proporcionado. Sólo utilizaremos los datos que se escribieron antes de retirarse del estudio.

### **Información de contacto del equipo de estudio**

Si tiene alguna pregunta sobre esta investigación, puede ponerse en contacto con

Rubén Parra-Cardona  
La Universidad de Texas en Austin  
Correo electrónico: [rparra@austin.utexas.edu](mailto:rparra@austin.utexas.edu)

O  
Leila Wood, PhD, co-investigadora principal  
La rama médica de la Universidad de Texas  
Correo electrónico: [leiwood@UTMB.EDU](mailto:leiwood@UTMB.EDU)

O  
Jeff Temple, PhD, co-investigador principal  
La rama médica de la Universidad de Texas  
Correo electrónico: [jtemple@utmb.edu](mailto:jtemple@utmb.edu)  
409-747-8560

**Información de contacto para preguntas sobre sus derechos como participante en la investigación**

Si tiene preguntas sobre sus derechos como participante en la investigación, o desea obtener información, hacer preguntas o debatir cualquier duda sobre este estudio con alguien que no sea el investigador o los investigadores, póngase en contacto con las siguientes personas

Junta de Revisión Institucional de la Universidad de Texas en Austin

Teléfono: 512-232-1543

Correo electrónico: [irb@austin.utexas.edu](mailto:irb@austin.utexas.edu)

Por favor, haga referencia al número de estudio 2019-01-0137.

Si está de acuerdo en participar en el estudio, diga que sí ahora.

Si está de acuerdo con las circunstancias en las que se puede romper la confidencialidad, incluyendo la denuncia de abusos y negligencia infantil, por favor diga que sí ahora.

## **Autorización de los padres para la participación de los niños en la investigación**

### **Invitación a participar en un estudio de investigación**

Nos gustaría invitar a su hijo a participar en un estudio de investigación. Este formulario de permiso le ayudará a elegir si permite o no que su hijo participe en el estudio. No dude en preguntar si algo no está claro en este documento de consentimiento.

### **Información importante sobre este estudio de investigación**

Lo que debe saber:

- El objetivo del estudio es evaluar las funciones de texto y chat de SAFeline. SAFeline está trabajando con investigadores de la Escuela de Trabajo Social de la Universidad de Texas y de la rama médica de la UT para llevar a cabo esta evaluación. Los datos que recojamos se utilizarán para la evaluación y también serán utilizados por los investigadores para publicar sus conclusiones en revistas de investigación.
- Para participar, su hijo debe ser usuario de SAFeline o haber sufrido violencia en el pasado.
- Si decide permitir que su hijo participe, se le pedirá que participe en un grupo de discusión confidencial o en una entrevista in situ en SAFE. Esto les llevará aproximadamente 1 hora de su tiempo.
- Los riesgos de este estudio no son mayores que los de la vida cotidiana.
- No hay ningún beneficio directo por participar en este estudio.
- La participación en este estudio de investigación es voluntaria. Usted o su hijo pueden negarse a participar o dejar de hacerlo en cualquier momento.

Más adelante en este formulario se puede encontrar información más detallada. Por favor, tómese el tiempo necesario para leer este formulario en su totalidad y hacer preguntas antes de decidir si permite que su hijo participe en este estudio de investigación.

En el caso de las personas que se identifican como sordas o con problemas de audición, las entrevistas y los grupos de discusión pueden realizarse utilizando los servicios de retransmisión por vídeo (VRS).

### **¿De qué trata el estudio y por qué lo hacemos?**

El objetivo del estudio es evaluar las funciones de texto y chat de SAFeline. SAFeline está trabajando con investigadores de la Escuela de Trabajo Social de la Universidad de Texas y de la rama médica de la UT para llevar a cabo esta evaluación. Los datos que recojamos se utilizarán para la evaluación y también serán utilizados por los investigadores para publicar sus resultados en revistas de investigación. La participación de su hijo no influirá en los servicios que usted o su hijo puedan recibir ni en su condición de ciudadano. La participación en el estudio es completamente voluntaria y pueden decir "no" a cualquiera de las preguntas formuladas.

### **¿Qué ocurrirá si su hijo participa en este estudio?**

Si acepta que su hijo participe en este estudio, se le pedirá que responda a las preguntas en un formato de grupo de discusión con otros 6-10 participantes. Si lo prefieren, podemos entrevistarlos individualmente. Se les pedirá que hablen de algunos temas, como sus experiencias pasadas, sus experiencias de acceso a los servicios, su apoyo social y sus relaciones, sus opiniones sobre SAFeline y sus ideas sobre posibles mejoras. Pediremos que se grabe la conversación. Los niños pueden participar aunque no quieran ser grabados.

### **¿Cuánto tiempo estará su hijo en este estudio y cuántos niños participarán en él?**

La participación en este estudio durará 1 hora y el grupo de discusión incluirá a otros 6-10 niños que deseen participar. Si su hijo lo prefiere, podemos entrevistarlos individualmente, lo que también durará aproximadamente 1 hora.

### **¿Qué riesgos y molestias podría experimentar su hijo por participar en este estudio?**

Su hijo puede experimentar malestar mental y/o emocional. Si su hijo se siente incómodo o molesto durante la entrevista, puede pedir un descanso, saltarse alguna pregunta o retirarse del estudio en cualquier momento. Durante la recogida de datos no se registrará su identidad ni la de usted. La información que compartan será confidencial. Aquí tiene recursos si su hijo los necesita:

Línea nacional de atención a las agresiones sexuales: 1-800-656-HOPE

Línea Nacional de Violencia Doméstica: 1-800-799-7233 | 1-800-787-3224 (TTY)

### **¿Cómo podría beneficiarse su hijo de este estudio?**

Aunque su hijo no se beneficiará directamente de participar en este estudio, otros podrían beneficiarse gracias a las mejoras introducidas en la línea directa de texto y chat SAFELINE.

### **¿Qué ocurrirá con las muestras y/o los datos que recojamos de su hijo?**

La participación de su hijo en el estudio es confidencial. Durante la recopilación de datos no se recogerá ningún registro de la identidad de su hijo, salvo su firma en este formulario de consentimiento y su información de contacto para poder ponerse en contacto con usted para una entrevista de seguimiento. Toda la información identificable será eliminada de los registros de las entrevistas. Los formularios de consentimiento y la información de contacto se mantendrán separados de los datos de investigación de su hijo.

### **¿Cómo protegeremos la información de su hijo?**

Aunque no le preguntaremos ningún dato de identificación, protegeremos sus respuestas manteniendo la privacidad de los registros de este estudio. Sólo recogemos su nombre o cualquier otra información que pueda identificarle directamente para ponernos en contacto con usted para una entrevista de seguimiento y los datos de identificación no se conectarán a los datos de su entrevista.

Los datos identificables pueden ser compartidos con el IRB de UT Austin y las oficinas de UT Austin que supervisan la seguridad de la investigación y la protección de los sujetos humanos. Los datos identificables recogidos sólo pueden ser utilizados para la investigación y ningún otro propósito sin su consentimiento según la regulación del DOJ 34 USC 10231a.

Los datos desidentificados de este estudio pueden entregarse a las siguientes organizaciones:

- El patrocinador del estudio y/o el representante del patrocinador.
- Representantes de UT Austin y de la Junta de Revisión Institucional de UT Austin
- Otras organizaciones colaboradoras, como los administradores de SAFELINE y los de SAFE Alliance.

Todos los datos desidentificados, incluidas las copias de los documentos de consentimiento informado, los instrumentos de recogida de datos, las encuestas y otros materiales de investigación pertinentes se enviarán al Archivo Nacional de Datos de Justicia Penal (NACJD).

Si durante el estudio nos enteramos de que tiene la intención inmediata de hacerse daño a sí mismo o de dañar a otros, comunicaremos esta información a las autoridades competentes, incluida la policía.

La confidencialidad puede romperse en las siguientes circunstancias 1) si las leyes estatales de notificación obligatoria exigen que se rompa y usted ha dado un consentimiento por separado que permite a los investigadores notificar la sospecha de maltrato infantil, 2) si comunica información sobre una futura conducta delictiva, o 3) si existe el riesgo de que se haga un daño inmediato a sí mismo o a otros. Además, es posible que las declaraciones realizadas en el transcurso de esta investigación no sean estrictamente confidenciales.

### **¿Qué ocurrirá con la información que recopilemos sobre su hijo una vez finalizado el estudio?**

El nombre de su hijo y cualquier otra información que pueda identificarlo directamente se eliminará de los datos de investigación recogidos en el marco del proyecto.

### **¿Cómo compensaremos a su hijo por participar en el estudio?**

Su hijo recibirá una tarjeta regalo de Gamestop de 25 dólares por su participación en el grupo de discusión. Los pagos se realizarán inmediatamente antes del grupo de discusión/entrevista y después de que usted haya dado su consentimiento y ellos hayan dado su conformidad. Si su hijo se retira de la investigación antes de que finalice el grupo de discusión, seguirá recibiendo la tarjeta regalo de 25 dólares.

### **La participación de su hijo en este estudio es voluntaria**

La decisión de participar en este estudio de investigación depende totalmente de usted y de su hijo. La participación en este estudio es voluntaria. La decisión de participar no afectará su relación o la de su hijo con la Universidad de Texas en Austin y la Alianza SAFE. Usted y su hijo no perderán ningún beneficio o derecho que ya tuvieran si deciden no participar. Incluso si decide permitir que su hijo forme parte de este estudio ahora, puede cambiar de opinión y dejar de hacerlo en cualquier momento. Su hijo no tiene que responder a ninguna pregunta que no quiera contestar.

Si decide retirar a su hijo del estudio antes de que éste finalice, sólo compartiremos la información que su hijo ya haya compartido con la Alianza SAFE.

### **Información de contacto del equipo del estudio y preguntas sobre la investigación**

Si tiene alguna pregunta sobre esta investigación, puede ponerse en contacto con

Rubén Parra-Cardona  
La Universidad de Texas en Austin  
Correo electrónico: [rparra@austin.utexas.edu](mailto:rparra@austin.utexas.edu)

O  
Leila Wood, PhD, co-investigadora principal  
La rama médica de la Universidad de Texas  
Correo electrónico: [leiwood@UTMB.EDU](mailto:leiwood@UTMB.EDU)

O  
Jeff Temple, PhD, co-investigador principal  
La rama médica de la Universidad de Texas  
Correo electrónico: [jtemple@utmb.edu](mailto:jtemple@utmb.edu)  
409-747-8560

**Información de contacto para preguntas sobre sus derechos como participante en la investigación**

Si tiene preguntas sobre sus derechos o los de su hijo como participante en la investigación, o desea obtener información, hacer preguntas o discutir cualquier preocupación sobre este estudio con alguien que no sea el investigador o los investigadores, póngase en contacto con lo siguiente

Junta de Revisión Institucional de la Universidad de Texas en Austin

Teléfono: 512-232-1543

Correo electrónico: [irb@austin.utexas.edu](mailto:irb@austin.utexas.edu)

Por favor, haga referencia al número de estudio 2019-01-0137.

Si está de acuerdo en que su hijo participe en el estudio, diga que sí ahora.

Si está de acuerdo con las circunstancias en las que se puede romper la confidencialidad, incluyendo la denuncia de abusos y negligencia infantil, por favor diga que sí ahora.

### Consentimiento para participar en la investigación

#### ¿Por qué nos reunimos con usted?

Un estudio de investigación suele realizarse para encontrar una forma mejor de tratar a las personas o para entender cómo funcionan las cosas. Se le pide que participe en este estudio de investigación debido a diferentes experiencias que puede haber tenido en su vida.

Es posible que este formulario contenga algunas palabras que usted no conozca. Por favor, pídamle que le explique cualquier palabra que no conozca.

#### ¿De qué trata el estudio?

Realizamos este estudio para conocer la utilidad de la línea directa SAFEline y cómo podría mejorarse. El objetivo del estudio es evaluar las funciones de texto y chat de SAFEline. SAFEline está trabajando con investigadores de la Escuela de Trabajo Social de la Universidad de Texas y de la Rama Médica de la UT para llevar a cabo esta evaluación. Los datos que recojamos se utilizarán para la evaluación y también serán utilizados por los investigadores para publicar sus conclusiones en revistas de investigación.

Este estudio fue explicado a tus padres/tutores y ellos dijeron que puedes participar en él si lo deseas. El hecho de que tus padres/tutores hayan dicho que puedes participar no significa que tengas que hacerlo. Puedes decirnos que te gustaría participar o no.

Si se identifica como sordo o con problemas de audición, las entrevistas y los grupos de discusión pueden realizarse utilizando los servicios de retransmisión por vídeo (VRS).

#### ¿Qué me van a pedir que haga?

Si acepta participar en este estudio, se le pedirá que participe en una sesión de grupo focal y que responda a algunas preguntas sobre SAFEline, la línea directa de chat y texto de la Alianza SAFE, y sobre cómo podría serle útil y qué sugerencias tiene para mejorarla. Si prefiere hacer una entrevista a solas, podemos hacerlo en su lugar.

Este grupo de discusión le llevará aproximadamente 1 hora de su tiempo y habrá entre 6 y 10 jóvenes más que participarán en el grupo de discusión con usted. Le pediremos que grabe la conversación. Puedes decir que no.

#### ¿Alguna parte de este estudio me hará sentir mal?

A veces, hablar de estas cosas hace que la gente se moleste. No tienes que hablar de nada que no quieras. Puede omitir cualquier pregunta que no quiera responder. Si se enfada, háganoslo saber y podremos ayudarle.

#### ¿Cómo me ayudará este estudio?

Este estudio no te ayudará, pero aprenderemos más sobre el chat y la línea directa de texto de SAFEline que puede ser capaz de ayudarte en el futuro o a otros niños como tú que utilizan la línea directa.

#### ¿Qué ocurre con los datos que se recogen para la investigación?

Aunque no le preguntaremos ningún dato de identificación, protegeremos sus respuestas manteniendo la privacidad de los registros de este estudio. Sólo recogemos su nombre o cualquier otra información que pueda identificarle directamente para ponernos en contacto con usted para una entrevista de seguimiento y los datos de identificación no se conectarán a los datos de su entrevista.

Los datos identificables pueden ser compartidos con el IRB de UT Austin y las oficinas de UT Austin que supervisan la seguridad de la investigación y la protección de los sujetos humanos. Los datos identificables recogidos sólo pueden ser utilizados para la investigación y ningún otro propósito sin su consentimiento según la regulación del DOJ 34 USC 10231a.

Los datos desidentificados de este estudio pueden entregarse a las siguientes organizaciones:

- El patrocinador del estudio y/o el representante del patrocinador.
- Representantes de UT Austin y de la Junta de Revisión Institucional de UT Austin
- Otras organizaciones colaboradoras, como los administradores de SAFEline y los de SAFE Alliance.

Todos los datos desidentificados, incluidas las copias de los documentos de consentimiento informado, los instrumentos de recogida de datos, las encuestas y otros materiales de investigación pertinentes se enviarán al Archivo Nacional de Datos de Justicia Penal (NACJD).

Si nos dices que estás en peligro inmediato de sufrir daños, y no se ha denunciado antes, tendremos que hacer saber a otras personas que estás en peligro inmediato.

La confidencialidad puede romperse en las siguientes circunstancias 1) si las leyes estatales de notificación obligatoria exigen que se rompa y usted ha dado un consentimiento por separado que permite a los investigadores notificar la sospecha de maltrato infantil, 2) si comunica información sobre una futura conducta delictiva, o 3) si existe el riesgo de que se haga un daño inmediato a sí mismo o a otros. Además, es posible que las declaraciones realizadas en el transcurso de esta investigación no sean estrictamente confidenciales.

### **¿Recibiré algo por participar?**

Recibirás una tarjeta regalo de Gamestop de 25 dólares por tu participación en el grupo de discusión. Recibirás la tarjeta regalo después de aceptar participar en el estudio y antes de la entrevista/grupo de discusión.

### **¿Tengo que participar en este estudio?**

No tienes que participar en este estudio. Depende de ti. Puedes decir que sí ahora y cambiar de opinión más tarde. Nadie se molestará si no quieres hacerlo. Todo lo que tienes que hacer es decirnos que quieres parar. Aunque tus padres/tutores hayan dicho que puedes participar en este estudio, puedes decir "no". Si decides abandonar el estudio antes de tiempo, seguirás recibiendo tu tarjeta regalo de 25 dólares.

### **¿Con quién puedo hablar si tengo preguntas?**

Puedes hacer cualquier pregunta en cualquier momento. Puedes preguntar ahora o más tarde. Sólo tienes que decirselo al investigador cuando lo veas, o pedirle a tus padres o a otro adulto que se ponga en contacto contigo:

Rubén Parra-Cardona

La Universidad de Texas en Austin

Correo electrónico: [rparra@austin.utexas.edu](mailto:rparra@austin.utexas.edu)

O

Leila Wood, PhD, co-investigadora principal

La rama médica de la Universidad de Texas

Correo electrónico: [leiwood@UTMB.EDU](mailto:leiwood@UTMB.EDU)

O

Jeff Temple, PhD, co-investigador principal  
La rama médica de la Universidad de Texas  
Correo electrónico: [jetemple@utmb.edu](mailto:jetemple@utmb.edu)  
409-747-8560

### **El consentimiento de los jóvenes**

Antes de decir sí o no a participar en este estudio, responderemos a cualquier pregunta que tenga ahora.

Si está de acuerdo en participar en el estudio, diga que sí ahora.

Si está de acuerdo con las circunstancias en las que se puede romper la confidencialidad, incluyendo la denuncia de abusos y negligencia infantil, por favor diga que sí ahora.

## **Start of Prospective SAFELINE Service User Interview Protocol**

Thank you so much for agreeing to participate. I am going to be asking you questions about your opinions about using chat, text or phone if you or a friend experienced an unhealthy relationship, abuse or violence. I am also going to ask your experiences, services you have received and services that you might need. These questions are a research and evaluation effort to understand the use of chat and text technology to help people in who have experience unhealthy relationships or unwanted sexual contact.

Before we begin, I wanted to remind you that this is a confidential interview/focus group and you can skip any question you like. I am not part of this program and I will not share your answers with staff. Your answers will not affect the services you receive at all. Your input is a very important part of that process.

### **Demographic Information**

Gender:

Age:

Race/ Ethnicity:

### **Service Access and Experience**

1. What kind of support have you heard about for people who have experienced unhealthy relationships, abuse, or other types of violence like sexual assault?
2. SAFELINE is a service for people who have experienced unhealthy relationships, abuse, or other types of violence like sexual assault. Have you ever heard of this or a similar service?
  - a. Do you have any friends that have? If so, what did they say about it?
3. To access services at SAFE Alliance, most folks have to contact the hotline, or SAFELINE through text, chat or phone. If you needed help, which service would you be mostly likely to reach out via chat/text/phone?
  - a. Prompt: Can you say more about choice?
4. Would you feel comfortable contacting SAFELINE?
  - a. Prompt: Can you say more about that?
5. If you contacted SAFELINE by phone chat or text, what kind of support/information would you want?
  - a. What kinds of things would make you more comfortable?
  - b. What kinds of things would make you feel uncomfortable?
  - c. What skills or information would you want the person answering the chat, text or phone to have?
6. How do you think most service users hear about SAFELINE (SAFE Alliance hotline)?

7. Are there any groups of service users in particular that benefit from SAFeline text or chat? Or users that do better on phone?

**Barriers and Challenges**

8. What would be some of the main barriers to using SAFeline?

**Phone, Chat, and Text Skills**

9. When you are texting or chatting with someone, what makes you feel like they are really listening to you?
10. When you are talking on the phone with someone, what lets you know they are listening?

**Recommendations**

11. What would help you/people in your community feel comfortable using SAFeline chat, text or phone?

### Protocolo de entrevista semiestructurada para posibles usuarios del servicio

Muchas gracias por aceptar participar. Te voy a hacer preguntas sobre tu opinión acerca del uso del chat, el texto o el teléfono si tú o un amigo habéis experimentado una relación insana, abuso o violencia. También voy a preguntarte por tus experiencias, los servicios que has recibido y los que podrías necesitar. Estas preguntas son un esfuerzo de investigación y evaluación para entender el uso de la tecnología de chat y texto para ayudar a las personas que han experimentado relaciones insanas o contacto sexual no deseado.

Antes de empezar, quería recordarles que se trata de una entrevista/grupo de discusión confidencial y que pueden omitir cualquier pregunta que deseen. Yo no formo parte de este programa y no compartiré sus respuestas con el personal. Sus respuestas no afectarán en absoluto a los servicios que reciba. Su opinión es una parte muy importante de ese proceso.

#### Encuesta demográfica

Género:                      Edad:                      Raza/etnia:                      Ubicación:

1. ¿Qué tipo de apoyo ha escuchado para las personas que han sufrido relaciones insanas, abusos u otros tipos de violencia como la agresión sexual?
2. Safeline es un servicio para personas que han sufrido relaciones insanas, abusos u otros tipos de violencia, como agresiones sexuales. ¿Has oído hablar de este servicio o de otro similar?
  - a. ¿Tiene algún amigo que lo haya hecho? Si es así, ¿qué han dicho al respecto?
3. Para acceder a los servicios de la Alianza SAFE, la mayoría de la gente tiene que ponerse en contacto con la línea directa, o SAFeline a través de texto, chat o teléfono. Si necesitaras ayuda, ¿a qué servicio acudirías más probablemente por chat/texto/teléfono?
  - a. Pregunta: ¿Puede decir algo más sobre la elección?
4. ¿Te sentirías cómodo poniéndote en contacto con Safeline?
  - a. Prompt: ¿Puedes decir más sobre eso?
5. Si se pusiera en contacto con Safeline por teléfono, chat o texto, ¿qué tipo de apoyo/información desearía?
  - a. ¿Qué tipo de cosas le harían sentirse más cómodo?
  - b. ¿Qué tipo de cosas le harían sentirse incómodo?
  - c. ¿Qué habilidades o información quieres que tenga la persona que te conteste al chat, al texto o al teléfono?
6. ¿Cómo cree que la mayoría de los usuarios de los servicios se enteran de la existencia de SAFeline (línea directa de la Alianza SAFE)?
7. ¿Hay algún grupo de usuarios del servicio en particular que se beneficie del texto o el chat de SAFeline? ¿O usuarios que se desenvuelven mejor por teléfono?
8. ¿Cuáles serían algunos de los principales obstáculos para utilizar SAFeline?

9. Cuando envías mensajes de texto o chateas con alguien, ¿qué te hace sentir que realmente te está escuchando?
10. Cuando hablas por teléfono con alguien, ¿qué te hace saber que te está escuchando?
11. ¿Qué le ayudaría a usted y a las personas de su comunidad a sentirse cómodos utilizando el chat, el texto o el teléfono de Safeline?

## Appendix G: Logic Model Review Informed Consent Documents and Protocol

### Consent to Participate in Research

#### Invitation to be Part of a Research Study

You are invited to be part of a research study. This consent form will help you choose whether or not to participate in the study. Feel free to ask if anything is not clear in this consent form.

#### Important Information about this Research Study

Things you should know:

- The purpose of the study is to evaluate the SAFeline text and chat functions. SAFeline is working with researchers from the University of Texas School of Social Work and UT Medical Branch to conduct this evaluation. The data we collect will be used for the evaluation and it will also be used by the researchers to publish their findings in research journals.
- In order to participate, you must be a staff member at SAFE.
- If you choose to participate, you will be asked to participate in a confidential interview or focus group on-site at SAFE. This will take approximately 1 hour of your time. You might be asked if you would like to participate in a follow-up interview.
- The risks involved in this study are not greater than everyday life.
- There is no direct benefit for participating in this study.
- Taking part in this research study is voluntary. You do not have to participate, and you can stop at any time.

More detailed information may be described later in this form. Please take time to read this entire form and ask questions before deciding whether to take part in this research study.

#### What is the study about and why are we doing it?

The purpose of the study is to evaluate the SAFeline text and chat functions. SAFeline is working with researchers from the University of Texas School of Social Work and UT Medical Branch to conduct this evaluation. The data we collect will be used for the evaluation and it will also be used by the researchers to publish their findings in research journals. Your participation will have no influence your job at SAFE Alliance. Participation in the study is completely voluntary and you can say “pass” to any of the questions asked.

#### What will happen if you take part in this study?

If you agree to be in this study, you will be asked to answer questions in an interview or focus group format. You will be asked to discuss a few topics including the roles you hold within the organization; the needs of individuals that use SAFeline, and the greatest gaps in services or supports you see through your work on SAFeline. We will ask to record the conversation. We will not ask you any personally identifying information. If you do happen to give us identifying information, it will be deleted from our records.

#### How long will you be in this study and how many people will be in the study?

Participation in this study will last up to 1 hour and the research team will be interviewing all of your other SAFeline colleagues that wish to participate. You may be asked to participate in a

follow-up interview if the research team would like to ask you additional questions and/or receive clarification on specific questions from you. All follow-up interviews will take place within two years of your initial interview. If so, we will ask you for your contact information and preferred method of contact for follow-up.

#### **What risks and discomforts might you experience from being in this study?**

You may experience minimal mental and/or emotional discomfort. If you feel uncomfortable or upset during the interview, you may ask for a break, skip any questions, or withdraw participation from the study at any time. Your participation in the study is confidential.

#### **How could you benefit from this study?**

Although you will not directly benefit from being in this study, others might benefit because of improvements made to SAFeline text and chat hotline.

#### **What will happen to the samples and/or data we collect from you?**

Your participation in the study is confidential. No record of your identity will be collected during data collection other than your signature on this consent form and your contact information in order to reach out to you for a follow-up interview. All identifiable information will be deleted from interview records. Consent forms and contact information will be kept separate from your research data.

#### **How will we protect your information?**

Even though we will not be asking you any identifying information, we will protect your answers by keeping the records of this study private. We only collect your name or any other information that can directly identify you in order to contact you for a follow-up interview and identifying data will not be connected to your interview data.

Identifiable data may be shared outside the research team with the UT Austin IRB and UT Austin offices that monitor research safety and human subject's protection. Identifiable data collected can only be used for research and no other purpose without your consent as per DOJ regulation 34 USC 10231a.

De-Identified data from this study may be given to the following organizations:

- The study sponsor and/or representative of the sponsor.
- Representatives of UT Austin and the UT Austin Institutional Review Board
- Other collaborating organizations including SAFeline administrators and SAFE Alliance administrators.

All de-identified data, including copies of the informed consent documents, data collection instruments, surveys and other relevant research materials will be sent to the National Archive of Criminal Justice Data (NACJD).

Confidentiality can be broken in the following circumstances: 1) if State mandatory reporting laws require that it be broken and you have signed a separate consent form allowing the researchers to report suspected child abuse, 2) if you report information about future criminal

conduct, or 3) if there is a risk of your doing immediate harm to yourself or others. In addition, statements blurted out during the course of this research might not be held strictly confidential.

#### **What will happen to the information we collect about you after the study is over?**

Your name and other information that can directly identify you will be deleted from the research data collected as part of the project. This could include emails scheduling interviews or contact for follow up.

#### **How will we compensate you for being part of the study?**

You will not receive any type of payment for your participation.

#### **Your Participation in this Study is Voluntary**

It is totally up to you to decide to be in this research study. Participating in this study is voluntary. Your decision to participate will not affect your relationship with The University of Texas at Austin and SAFE Alliance. You will not lose any benefits or rights you already had if you decide not to participate. Even if you decide to be part of the study now, you may change your mind and stop at any time. You do not have to answer any questions you do not want to answer. If you decide to withdraw before this study is completed, we will only share the information you have already given us with SAFE Alliance.

#### **Contact Information for the Study Team**

If you have any questions about this research, you may contact:

Ruben Parra-Cardona  
The University of Texas at Austin  
Email: [rparra@austin.utexas.edu](mailto:rparra@austin.utexas.edu)

Or

Leila Wood, PhD, Co-Principal Investigator  
The University of Texas Medical Branch  
Email: [leiwood@UTMB.EDU](mailto:leiwood@UTMB.EDU)

Or

Jeff Temple, PhD, Co-Principal Investigator  
The University of Texas Medical Branch  
Email: [jtemple@utmb.edu](mailto:jtemple@utmb.edu)  
409-747-8560

#### **Contact Information for Questions about Your Rights as a Research Participant**

If you have questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), please contact the following:

The University of Texas at Austin Institutional Review Board  
Phone: 512-232-1543  
Email: [irb@austin.utexas.edu](mailto:irb@austin.utexas.edu)

Please reference study number 2019-01-0137.

By signing this document, you are agreeing to be in this study. We will offer you a copy of this document for your records. We will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

*I understand what the study is about and my questions so far have been answered. I agree to take part in this study.*

---

Printed Subject Name

---

Signature

Date

By signing below, you are agreeing to the circumstances under which confidentiality can be broken, including reports of child abuse and neglect.

---

Signature

Date

**Start of Protocol****Initial thoughts: (go around the room)**

1. I'd like to ask everyone here--What is your role at the agency?

*Prompt: Here is a draft logic model that includes elements for SAFeline that could be incorporated to make further program evaluation possible. We will give you a few minutes to look it over.*

2. What are your initial thoughts?
3. Does this match your expectations for SAFeline operations and for program evaluation?
4. Based on your experience working with SAFeline, do you think anything needs to change?:
  - a. If so, what specific items need to change and why?

**Individual Items**

*Prompt: Facilitators will go through each column in the logic model and ask the following questions:*

1. Do you think these are reasonable? Attainable?
2. Is there anything you would change? Why or why not?

**Overall Suggestions for Improvement**

1. How are things going, in general, at SAFeline?
2. Is there anything you would change overall?
3. Is there anything you wish was part of the program that's not?
4. Is there anything we have not discussed today that you would like to talk about before we end the focus group?

### Appendix H: Initial SAFELINE Chat and Text Transcript Review Codebook

Code	Definition
Advocate Skill-Assessment	Hotline worker is asking questions to identify service user safety, needs, and level of immediate needs/crisis. (i.e. “Hi, thank you for reaching out to SAFELINE today. Are you in a safe place to text?”).
Advocate Skill-Boundaries of SAFELINE	Hotline worker shares about what services they are able to provide and what they are not in regards to their expertise. (i.e. "I am not a lawyer...", "I am not a counselor...", or "I cannot provide you with any legal/counseling advice..."). Also when an advocate talks about the confidentiality boundaries of SAFELINE or the service area of SAFELINE specifically.
Advocate Skill-Call Termination Methods	Different ways the hotline worker ends the service interaction. (i.e. “Thank you for reaching out to us today. I have to get to other chat/texts. Please reach out to us again if you need anything.”).
Advocate Skill-Client Feedback about SAFELINE	Service user gives feedback about SAFE services during the chat/text session. (i.e. This is crazy..., or "That is helpful...").
Advocate Skill-De-escalation/stabilization/Self-care	Hotline worker asks about service user mental state, crisis intervention work, self-care to address trauma and stress (i.e. “What can you do right now to take care of yourself? Sometimes breathing or taking a walk can help.”).
Advocate Skill-Empathy, Sympathy and Validation	Supportive statements to convey empathy, sympathy and validation. Hotline worker uses phrases to convey they understand how the service user might be feeling. (i.e. "I can understand why this must be so difficult for you..."; "Wow, that sounds really scary..." "you don't deserve this").
Advocate Skill-Establishing Safety	Hotline worker assesses for safety and makes sure the service user is safe to chat/text. Worker might also assess for safety outside of the immediate situation. (i.e. “Where were you able to sleep last night? Do you have somewhere to go if they get violent again?”).
Advocate Skill-Giving Options	Hotline worker gives different options to service user. (“What would you like to do in this situation? We can talk through a couple of different options, if that works for you.”).
Advocate Skill-Help Identify Formal and Informal Support	Hotline worker helps the service user identify individuals or organizations they can go to for help or to get their needs met. This could be any time the worker or service user talks about identifying sources of support. (i.e. “Have you told any adults in your life about this-maybe an aunt or a school counselor?”)

Advocate Skill-Help-Seeking Support	Hotline worker identifies ways the service user may use to get help. Hotline worker identifies or works with service user to understand how, when, and who/what to ask for help. (i.e. "You can call 3-1-1 and ask for a police escort to come with you to your house to pick up your things.").
Advocate Skill-Identification of Service user Goals and Needs	Hotline worker asks the service user how they can help them today. Hotline worker asks questions or makes statements that help identify what referrals or resources they may provide. (i.e. "How can I help you today?" or "What can we do right now to help you through this situation?").
Advocate Skill-Identifying and Labeling Abusive Behavior	Hotline worker helps service user to understand what is abuse. (i.e. "No one deserves to be controlled...; or "What is happening to you is terrible and it is not your fault.").
Advocate Skill-Normalize	Hotline worker uses language to help service user understand that they are not alone in their experience and that their reactions, coping strategies, and/or trauma impact symptoms are "normal" under the circumstances. (i.e. "Unfortunately, we see this all the time. It's something that a lot of people in your situation experience.").
Advocate Skill-Probing and Open Questions	Hotline worker uses probing and open questions to explore options, solutions and scenarios. Some are in the vein of motivational interviewing. (Worker uses open-ended questions like "Help me understand..." "What would it be like..." "What have you tried and how did that go for you?" "What do you want to do next?").
Advocate Skill-Psychoeducation	Hotline worker gives service user information about different psychological issues. (i.e. I can understand why you are stressed, that actually happens often when someone experiences what you have experienced." "Feeling paranoid is something that people do experience after...").
Advocate Skill-Reducing Blame	Hotline worker says things to the service user that help them see the violence they are experiencing is not their fault. (i.e. "You did nothing wrong." "You do not deserve to be treated this way.").
Advocate Skill-Resource Referral	Hotline worker give service user information about resources outside of SAFE. (i.e. "I can give you some resources in your area for transportation help. Would that work for you?").
Advocate Skill-SAFE Service Access	Hotline worker gives information about how, when, who/what, to do to access SAFE services. (i.e. "Our counseling department has walk in hours from 8-4pm on Wednesdays. Their phone number is...")
Advocate Skill- Safety Assessment and Planning	Hotline worker is establishing safety and helping service user think about their safety. Assessment of safety needs and issues with an abusive partner (i.e. "I'm asking these questions because I'm thinking of ways to keep you safe while you are with him and if you leave.")

Advocate Skill-Strengths Perspective and Affirmations of Support	Hotline worker uses words and phrases that reflect and focus on an individual's self-determination, strength, and resiliency. (i.e. "You are really strong for making that decision..."; "You deserve to be happy and free from this control..."; "You know what is best for your life...") and affirmations of support for the service user (i.e. "I am here for you" "I am really glad you called").
Advocate Skill-Welcoming	Hotline worker welcomes the service user to the chat. Asks them how they are doing and how they may help them today. (i.e. "Hi, thank you for reaching out to SAFELINE today. What can I help you with?").
Advocate Skill-Reflective Listening	Reflecting content (i.e. "Wow, it sounds like when that happened, it was really scary.") Reflecting meaning (i.e. "It sounds like when you're best friend didn't call law enforcement, you felt really unsafe.>").
Age	Age or age range if indicated.
Gender	Gender of service user if indicated.
Geographic Location	Location of service user if indicated.
Interaction Type: Chat	Quantitative Indicator of chat.
Interaction Type: Phone	Quantitative Indicator of a phone call.
Interaction Type: Text	Quantitative Indicator of text.
Length of interaction	Length of interaction if noted.
Race and Ethnicity	Race and ethnicity if noted.
Law Enforcement	Any mention from hotline worker or service user about reaching out to law enforcement or past involvement with law enforcement. (i.e. "Have you considered calling the police when this happens?").
Need Expressed-Childcare	Service user identifies childcare as a need.
Need Expressed-Emergency Shelter	Service user identifies emergency shelter as a need.
Need Expressed-Financial Assistance	Service user identifies financial assistance as a need.
Need Expressed-Housing	Service user identifies housing as a need.
Need Expressed-Legal Advocacy + Needs	Service user identifies legal assistance as a need.
Need Expressed-Medical	Service user identifies medical assistance as a need.
Need Expressed-needs Counseling/emotional Support	Service user identifies counseling as a need.
Need Expressed-Relationship Advice	Service user is contacting hotline for relationship advice or services/referrals for relationship counseling.

Presenting Reason-Adult Sexual Assault (not a current or former partner)	Sexual assault is the reason for contacting the hotline.
Presenting Reason-Adults Sexually Abused/Assaulted as Children	Sexual abuse as a child is the reason for contacting the hotline.
Presenting Reason-Child Physical, Sexual Abuse or Neglect	Child abuse is the reason for contacting the hotline.
Presenting Reason-Intimate Partner Violence (will include physical, emotional, cyber, sexual, economic and reproductive coercion)	IPV is the reason for contacting the hotline.
Presenting Reason-Elder Abuse or Neglect	Elder abuse or neglect is the reason for contacting the hotline.
Presenting Reason-Other Physical Assault	Physical assault is the reason for contacting the hotline.
Presenting Reason-Other type of concern	Concern outside of adult, elder or child abuse and sexual assault is the reason for contacting the hotline.
Presenting Reason-Polyvictimization	Service user mentions experiencing multiple forms of violence.
Presenting Reason-Potential Human Trafficking	Any mention of being controlled by another person, clients or 'dates', not being in control of their money/identification documents, or in control of where they go and when. Any mention of being "in the life" refers to prostitution, this combined with elements of control, force, or coercion by another person are indicators of sex trafficking.
Presenting Reason-SAFE donations and volunteering information	Service user is asking about where to take donations or how to volunteer with SAFE.
Presenting Reason-Sexual Harassment	Sexual harassment is the reason for contacting the hotline.
Presenting Reason-Stalking	Stalking is the reason for contacting the hotline.
Presenting Reason-Teen dating violence	Teen dating violence is the reason for contacting the hotline.

Presenting Reason-Unknown	The violence experience that led the service user to reach out to the hotline is unknown or not discussed.
Substance Use	Any mention of drug and/or alcohol use or misuse.
Service User Experiences-Abuse Experiences	Service user discussing former and current experiences of violence.
Service User Experiences-Barriers to leaving	Service user talks about reasons/issues they are unable to leave their current situation.
Service User type-Formal Support Person	Service user is from formal support systems such as organizations/agencies, law enforcement, medical, or counseling)
Service User type-Informal Support Person	Service users is an informal support person, like family, friends, and other loved ones.
Service User type-Perpetrator/potential perpetrator	Service user indicates that they are a perpetrator or potential perpetrator.
Service User type-Unknown	The survivor/victim status of the service user is not mentioned during the service interaction.
Service User type-Victim/Survivor	Service user indicates that they are a victim or survivor.
Technical Skill-Clarifying Meaning	Hotline worker repeats or restates what the service user has just said or asks follow-up questions to get more information. Hotline worker say something like (i.e. "Just to clarify...").
Technical Skill-Encouraging Future Connection	Hotline worker encourages the service user to reach back out to the hotline if they need to in the future. Hotline worker says (i.e. "We are here 24/7 if you need to reach back out to us again.").
Technical Skill-Immediate Response/Immediacy	Hotline worker responds in a prompt manner to chat/texts from service users (i.e. "One moment, let me type some things out for you.").
Technical Skill-Minimal Encouragers	Hotline worker uses language to encourage service user. (i.e. "uh huh, yeah, ok,") like verbal head nodding.
Technical Skill-Showing presence	Hotline worker uses language to maintain a human connection with the service user. (i.e. "You're very welcome." "Stay safe tonight and keep in touch" "Is there anything else we can discuss today?"). Uses words symbols and other cues to indicate they are listening. Illustrates personality and personal touches.
Technical Skill-Technical Problems	Hotline worker communicates technical problems to the service user when they occur. (i.e. "I'm sorry about that, my computer needed to restart.").
Technical Skill-Use of Emotive Language/Emoticons	Hotline worker uses words or emoticons to convey emotion. (i.e. "Wow! Or Oh no! or :D <3").

### Appendix I: Codebook for SAFELINE Staff Interview Analysis

<b>Code</b>	<b>Definition</b>
Access to SAFELINE	Hotline worker discusses how people find SAFELINE services.
Advocate Skill: Assessment	Hotline worker discusses how they ask questions to identify service user safety and needs.
Advocate Skill: Boundaries of SAFELINE	Hotline worker discusses about how they discuss with service users what services they are able to provide and what they are not.
Advocate Skill: Call Termination Methods	Different ways the hotline worker ends calls.
Advocate Skill: Client Feedback about SAFELINE	Hotline worker discusses service user feedback.
Advocate Skill: Emotional Support	Hotline worker discusses use of supportive statements to convey understanding.
Advocate Skill: Establishing Safety	Hotline worker talks about assessing for safety and making sure the service user is safe to chat/text.
Advocate Skill: Help Identify Formal and Informal Support	Hotline worker talks about how they help the service user identify individuals or organizations they can go to for help or to get their needs met.
Advocate Skill: Help-seeking Support	Hotline worker talks about how they help service users to understand how, when, and who/what to ask for help.
Advocate Skill: Identification of Service User Goals and Needs	Hotline worker discusses strategies for identifying service user goals.
Advocate Skill: Identifying and Labeling Abusive Behavior	Hotline worker helps service user to understand abusive and harmful behaviors.
Advocate Skill: Psychoeducation	Hotline worker talks about giving service users information about relationships, trauma reactions, and violence impacts.
Advocate Skill: Resource referral/Community Referral	Hotline worker talks about giving service users information about resources outside of SAFE.
Advocate Skill: SAFE Service Access	Hotline worker talks about giving information about how, when, who/what, to do to access SAFE services.
Advocate Skill: Showing Presence	Hotline worker talks about using language to maintain a human connection with the service user. (i.e. "You're very welcome." "Stay

	safe tonight and keep in touch" "Is there anything else we can discuss today?"). Uses words, symbols and other cues to indicate they are listening.
Advocate Skill: Solution-focused/MI Questions	Hotline worker talks about using questions to help the service user in understanding their own readiness to change behaviors. Worker uses open-ended questions. (i.e. "Help me understand..." "What have you tried and how did that go for you?" "What do you want to do next?")
Advocate Skill: Strengths Perspective Use	Hotline worker talks about using words and phrases that reflect and focus on an individual's self-determination, strength, and resiliency.
Advocate Skill: Welcoming	Hotline worker talks about welcoming the service user to the chat.
Barriers to Access	Hotline worker talks about reasons/issues that make individuals unable to access SAFE, SAFELINE, and/or other services.
Chat/Text-specific Skills and Experiences	Hotline worker talks about skills they use only on chat and/or text but do not use on the phone hotline.
Demographics	Interviewee demographics.
Program Funding	Information about how the program is funded, donors, financial support, overhead, or financial needs or program.
Recommendations	Hotline worker give suggestions for improvement of SAFELINE services, operations, and/or protocols.
Role at SAFE	Interview participant's job title and/or description of job at SAFE.
SAFELINE History	Hotline worker discusses the history of SAFE and/or SAFELINE. Any ways that the program has evolved over time.
SAFELINE Service Users	Hotline worker talks about who uses SAFELINE and who does not use it.
Service Needs and Experiences	Hotline worker discusses service user experience with accessing SAFELINE and/or other services.
Supervising/Staff wellness/Advocacy Experiences	Any mention of supervisor, self-care, or ways that SAFELINE staff are able to prevent burnout and/or fatigue.
Tech Platform Experience	Hotline worker discusses their experience of using the chat/text platform, any recommendations for improvement, ways that is it working, or service users' experiences with the chat/text platform.

**Appendix J: Codebook for SAFELINE Prospective Service User and Service User Interview****Analysis**

<b>Code</b>	<b>Working Definition</b>
Abuse Experiences	Experiences of harm and violence as described by service users.
Advocacy Skills and Practices	Skills used by hotline workers on SAFELINE.
Barriers and Concerns-Service Use	Things, events, perceptions, or experiences that are concerning or potentially of concern impacting service use.
Benefits/Group Benefits about using Text/Chat	Individual discusses benefit from chat and text services/hotline availability.
Benefits/groups Benefits about using Phone	Individual discusses benefit from phone services/hotline availability.
Bias and Discrimination	Experiences of oppression and harm related to bias and/or discrimination.
Chat and Text Specific Skills	Skills or strategies used specifically for chat/text.
Concerns about Chat/Text	Concerns or barriers about using chat/text.
COVID-19 Needs/Service Experiences	Anything specific to COVID-19.
Other SAFE Service Experiences	Individual discusses service user experiences using SAFE programs other than SAFELINE.
Reason for SAFELINE Service Use/ Service Access	Reason or events that brought person to SAFELINE. How participants found SAFELINE/ accessed it or had problems accessing.
Recommendations	Individual offers recommendations for improvement of SAFELINE or SAFE services.
Service Experience Phone	Individual describes service experiences using SAFELINE phone-based hotline.
Service Experiences- Chat Text	Individual describes their service experiences using SAFELINE chat- or text-based hotline.
Service Goal- Expand understanding of violence, abuse, and harm	Includes discussion of/or service user experiences with education, sharing information on rights, address feelings of self-blame, self-care and wellness strategies, understanding of grounding strategies.
Service Goal- Improve survivor safety to prevent future violence and harm	Includes discussion of/or service user experiences with crisis de-escalation, safety planning, safety assessments, emergency shelter, or digital safety.
Service Goal- Increase access to timely support and address needs by opening doors to SAFE and beyond	Includes discussion of/or service user experiences with help seeking assistance, identification of formal and informal support, education about SAFE programs, or referrals to other resources.
Service Goal-Identify needs and options related to violence, abuse, and harm	Includes discussion of or service user experiences with assessment of service user needs and goals and how hotline worker helped service user identify options to address needs.

Service Goal-Rapid engagement for support and connection	Includes discussion of or service user experiences with timely support, welcoming, establishing safety and boundaries, empathy, sympathy and validation, identification of strengths, encouraging future connection, and call termination experiences.
Service User/Prospective Service User Demos	Any demographic information provided by interviewees.

### **Appendix K: Overview of SAFE 40-Hour Core Advocate Training**

All SAFE Alliance staff, including SAFELINE advocates, are required to complete the 40-hour “Core Advocacy” training within the first 6 months of their employment. The training program focuses mostly on sexual assault and intimate partner violence, but also includes content on HT, CAN, family violence, and other forms of interpersonal violence. This training was reviewed and approved by the Office of the Attorney General of Texas (OAG) (OAG, n.d.). See references for a link to the Sexual-Assault Training Program Certification (SATP) for more information on training certification and requirements.

**Day One.** The first day of training covered the historical context of violence against women and other marginalized identities. Presentations included an overview of interpersonal violence and abuse within a broader historical and social context including reflection on social identities, values and beliefs and how they may impact service delivery. The workshop also included an in-depth discussion of sexual violence including definitions, consent, and impact of rape culture. The purpose of the workshops was to provide staff with an understanding of the history of patriarchy, violence against women, and women’s movements; understand the social constructs and contexts around sexual violence, and know the SANE (forensic nurse examination) process and next steps.

**Day Two.** The second day of training covered legal information and tools for survivors of sexual violence and IPV, including sexual violence in the context of intimate partner violence, including an overview of the criminal justice system, victims’ rights, protective orders, and legal community resources. The workshop covered the perceptions individuals may have of the legal system versus what happens in reality, the different pathways (district, county, federal) that violence cases may take through the criminal justice systems, victim notification protocols, and

information about crime victims' compensation fund. There was additional discussion of the protective order process and what legal resources are available to individuals in the Central Texas region. Other workshops on day 2 included an overview of *Expect Respect: Supporting Young People*, a program within SAFE Alliance that supports the rights of young people to be physically and emotionally safe in their homes, school, and relationships. This presentation included information on how to work with young survivors, including sexual violence that occurs within the context of family violence. Following, there was a discussion on trauma, the brain, and resiliency that covered trauma-informed values, the neurobiology of trauma and toxic stress, and tips for SAFE employees. Finally, there was a workshop about empathetic communication and active listening facilitated by SAFE Alliance counselors on how to work with survivors.

**Day Three.** Day three of the training covered issues of social justice, intersectionality, and marginalized populations in relation to violence. The first workshop, *Power, Privilege & Oppression*, explored how our social identities, values, experiences, assumptions, and implicit biases impact SAFE's work. There was a discussion of the dynamics of power, privilege, and oppression with the purpose of understanding the complex realities and barriers that people face on the road to accessing services, healing and safety. Following, there was a workshop specifically on working with survivors through peer support programs and groups facilitated by a survivor-leader at SAFE. Afternoon training session consisted of a conversation on boundaries including a definition, what they look like in practice, and recognizing the importance of them in the field. The day concluded with a presentation from DeafSHARE Services, a program of SAFE Alliance for the deaf and hard of hearing community that included an overview of their services,

abuse in the deaf community, and barriers deaf and hard of hearing individuals face to accessing services.

**Day Four.** The fourth day of training continued to discuss service provision to specific marginalized and underserved populations. The morning workshop covered accessibility in services at SAFE Alliance and beyond, an overview of SAFE's disability services program, and a discussion on various kinds of disabilities. The workshop further covered violence in the lives of individuals with disabilities and older adults, and explored respectful and accessible responses to violence in the lives of older people and people with disabilities. The afternoon sessions covered additional content about IPV, including barriers to leaving an abusive relationship, and the dynamics of IPV. This workshop included a specific conversation about barriers men face in experiencing IPV. There was also presentation from a survivor of IPV about understanding what a survivor may be dealing with on a day-to-day basis. Training session also included skill building around working with LGBTQIA+ communities, building rapport with different communities, working with trans individuals in different violence situations, and safety planning with marginalized communities.

**Day Five.** The final day of training included a morning workshop on cultural humility and supporting immigrant survivors of violence, that included a discussion of cultural resonance and responsiveness as well as legal resources specific to the immigrant community. That workshop was followed by a session on supporting youth who have experienced trauma, a conversation about Adverse Childhood Experiences (ACEs), and building resilience among youth who have experienced trauma. The afternoon session was workshop on effective advocacy skills, foundations of effective advocacy, and social change. The training concluded with evaluations and an open-book 50 question final exam.

## Outline of Training Plan for SAFELINE Advocates

### *Select Core 40-hour training topics*

- Sexual Assault and IPV: Historical perspective, causes, and consequences
- SAFE service eligibility criteria and program highlights
- Advocacy and social change
- Program philosophy
- Legal options for survivors of violence
  - Overview of basic processes and information on referrals
  - Overview of how advocates should discuss legal options, including phrases such as “I am not a lawyer and cannot give you legal advice”
- Trauma responses and impact of trauma on the brain
- Empathetic communication and active listening skills
- Supporting individuals from marginalized populations that experience interpersonal violence
- Cultural humility
  - Include training on bias, discrimination, and social justice approaches
  - Systemic oppression and intersecting identities of survivors
- Safety planning
  - Include context and historical perspective as to why law enforcement may not be a safe option for all individuals
- Crisis intervention techniques
- De-escalation techniques
  - Include an overview of some basic grounding techniques appropriate for chat/text

Following the 40-Hour Core Advocate training, SAFELINE advocates complete an additional 20 hours of hotline-specific training. This training is not completed in one sitting and occurs over a period of time directed by the advocate and their supervisor.

### *20-Hour Hotline Specific Training*

- Hotline operations
  - Documentation
  - Remote working expectations
  - How to use equipment
  - How to use language lines and interpretation
- Community resources
- Mandated reporting (child maltreatment and elder and vulnerable adults)
- Handling off-target contacts
- SAFE shelter admissions and wait list management
- SAFELINE database protocols for documentation

### *Chat and Text Training*

- Navigating the platform (logging in and out, password security, support tools)
- Queue management and expectations
- Best practice for communicating via chat/text

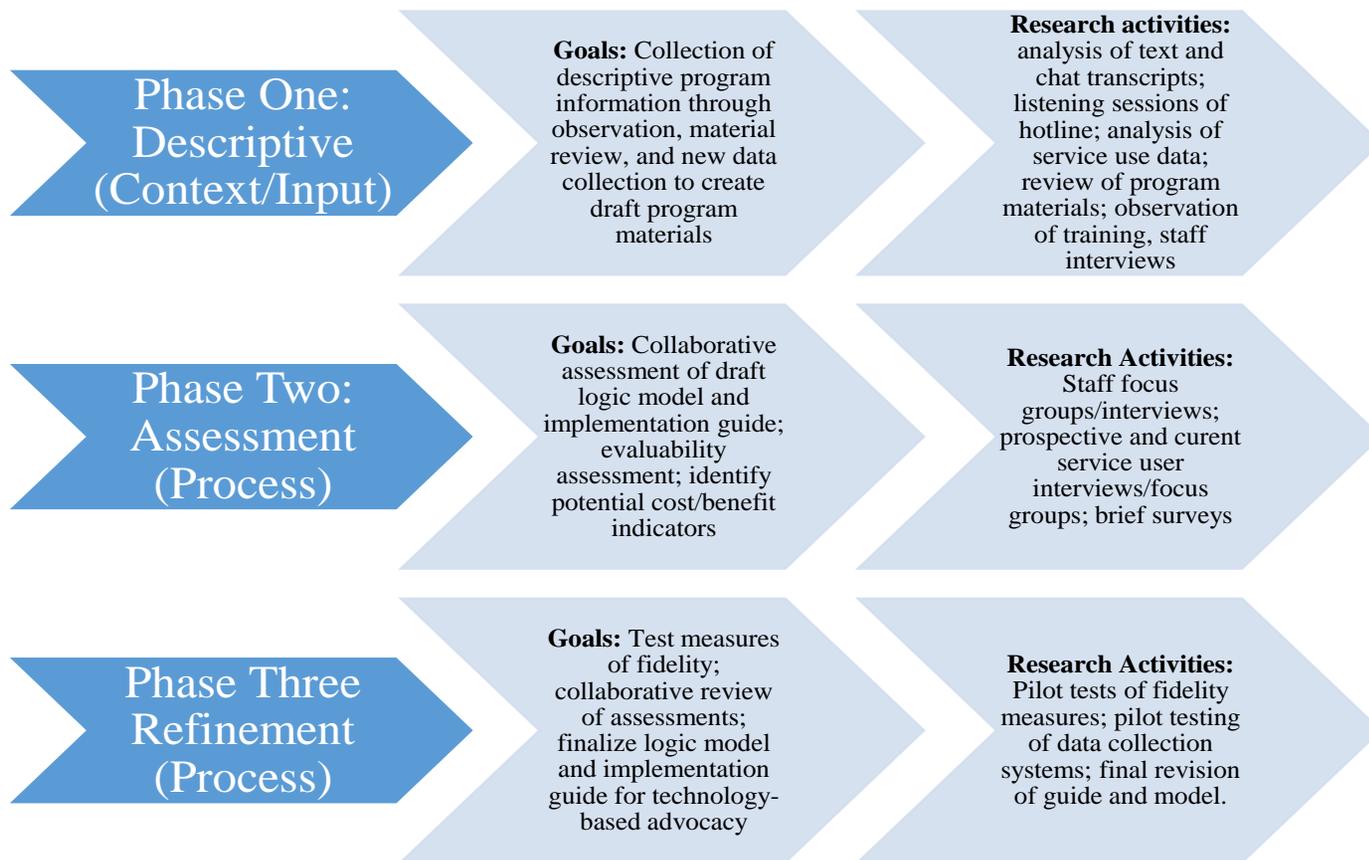
- Communication for consent and mandatory reporting in practice
- Addressing digital abuse and stalking threats

*Next steps after training*

After the initial operations training, SAFEline advocates complete the following activities to practice the chat/text modality:

1. Independent study and review of example chat and text transcripts.
2. Live observation and debrief in real time of chat and text hotline session conducted by an experienced SAFEline advocate.
3. Live observation of chat and text hotline session with supportive training for new advocate by an experienced staff member.

**Appendix L: Evaluation Model**



**Deliverables**

**Final Research Report.** A final research report was completed, inclusive of finalized logic models, that details descriptive programmatic information of SAFeline, results of pilot measures, and results of the evaluability assessment.

**Dataset for National Archive of Criminal Justice Data.**

**Scholarly Products.** To disseminate findings to the scientific research community, the evaluation team has published *Creating a Digital Trauma Informed Space: Chat and Text Advocacy for Survivors of Violence* in the Journal of Interpersonal Violence. More articles are planned.

**Practitioner and Policymaker Products.** An implementation guide was developed for use by other interpersonal violence social service agencies, and shared on the internet. Three webinars with SAFE Alliance to share results and best-practices with other agencies have occurred, with more planned.

**Collaboration & Iterative Research Process**  
 SAFE Alliance Research Team Internal & External Stakeholders

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