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Evaluation of Technology-based Advocacy
Services

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Brief Summary: Phase Two of ETA: Evaluation of Technology-based Advocacy Services

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Hotlines, in both phone and digital (chat and text) formats, are critical first points for survivors of intimate partner violence (IPV), sexual assault (SA), and human trafficking (HT) to access information and support, mitigate violence impacts, and improve safety. Despite recent increasing use of chat and text for hotlines in community-based agencies serving survivors of violence, there has been little research on the outcomes and participant experiences of digital hotline modalities. In order to address this gap, we first conducted a formative evaluation of a digital hotline in Austin, Texas with a 2018 Office for Victims of Crime (OVC)/National Institute of Justice (NIJ) grant (2018-ZD-CX-0004). The project, **Evaluation of Technology-assisted Advocacy (ETA)** was a mixed-methods, practitioner/researcher partnership that 1) described service participant and staff experience; 2) descriptively examined digital (chat/text) hotline services; and 3) articulated the model of digital hotline services, goals, activities, expected outcomes, and clear indicators of model fidelity. In this next phase, the research team built on phase one findings by conducting a rigorous process and outcome evaluation of digital hotline services for survivors of IPV, SA, and HT at two Texas agencies providing hotline services.



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Major Goals, Objectives, and Research Questions

The project goals of *Evaluation of Technology-based Advocacy (ETA) Phase Two* were to 1) expand the evidence-base on the use and implementation of digital hotline advocacy services, including indicators of model fidelity, cost, and service needs; 2) assess the short and long-term outcomes of digital hotline for victims of IPV, SA, and HT; and 3) understand the impact of COVID-19 on the delivery of digital hotline services to aid future disaster and emergency planning. To conduct this study, we partnered with two large Texas community-based organizations serving survivors of IPV, SA, and HT.

Community Partners

SAFE Alliance SAFeline

SAFeline is a program of SAFE Alliance, an organization in Austin, Texas that provides services related to SA and exploitation, IPV, HT, and child abuse and neglect. The SAFeline provides 24/7 phone, chat, and text support to victims of crime and violence, with a focus on Travis County, Texas, home to the city of Austin. SAFeline offers crisis intervention, safety planning, emotional support, screening for admission to most SAFE services, and information and referrals. SAFeline is the only bilingual (English/Spanish) call/chat/text line in Travis County, Texas.

Houston Area Women's Center Hotline

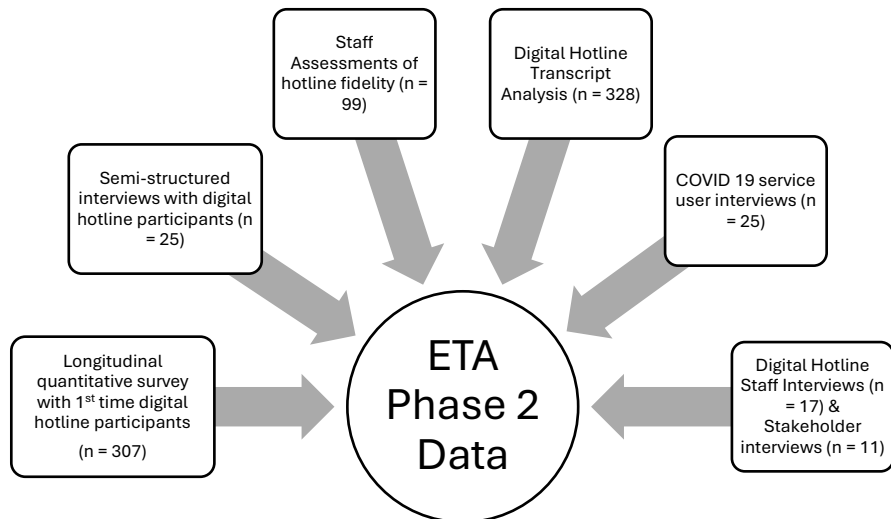
The Houston Area Women's Center (HAWC) is the largest and most comprehensive service provider and advocate for survivors of IPV, SA, and HT in the Greater Houston region. HAWC's services are free, confidential, and available in multiple languages, as well as for the deaf/hearing impaired, to best address the unique needs of every client. HAWC's hotline is the entry point to all programs and services including danger assessment, safety planning,

hospital accompaniment, intake and referral to emergency housing, long term housing and access to comprehensive survivor empowerment programs like counseling, legal advocacy, and economic empowerment.

Research Design and Methods

In order to achieve goals identified for **ETA Phase Two**, we recruited and prospectively followed 307 first time digital hotline service participants from HAWC and SAFE with surveys over 4 time points. We also conducted 25 semi-structured follow-up interviews with participants enrolled in the longitudinal study. We recruited staff members to complete 99 assessments of digital hotline program fidelity and we analyzed service use data and chat/text transcripts (n=328). Finally, we recruited 25 people who used chat/text services at either agency during the COVID-19 pandemic to participate in interviews to understand needs and experiences, and we

Figure 1. Data Sources



reviewed 203 transcripts from the first year of the COVID-19 pandemic. To aid in all areas, we interviewed 17 staff members from HAWC and SAFE to gain insight about their experiences providing digital hotline services,

including perceived program outcomes, and service modifications used during the COVID-19 pandemic. An additional 11 professionals from other community settings were interviewed to understand the role of hotline in the community.

ETA Phase Two Project Objectives

1. Evaluate short- and long-term outcomes of digital hotline services representing program goals: safety, resources, health, and support.
2. Examine the role of digital hotline fidelity on digital hotline service participants with measures initially developed in Phase 1 and adapted in Phase 2.
3. Assess the impact of COVID-19 on digital hotline services.

Data Analysis

Descriptive statistics provide a profile of the sample regarding the key study outcomes (violence experiences; demographic and behavioral characteristics). Confirmatory analyses were conducted to test the proposed hypotheses in study objective one. Prevalence and incidence rates over the study periods as well as tests for within person change for paired data were used to assess the impact of the digital hotline on short (6 week)- and long-term (6 month) changes over time in safety and violence experiences, resource access, support and health. Exploratory analysis was also conducted after all primary and secondary research questions had been addressed to identify relationships and patterns in the data that may not have been anticipated in the onset of the study.

Qualitative interview transcripts from interviews (staff, COVID-19 services, and longitudinal study participants) were recorded with participant permission. Transcripts and field memos were used for analysis. Content analysis techniques were used to analyze staff and stakeholder interviews for programmatic approach and COVID-19 experiences and service applications. Thematic analysis was used to analyze COVID and longitudinal participant interview data.³

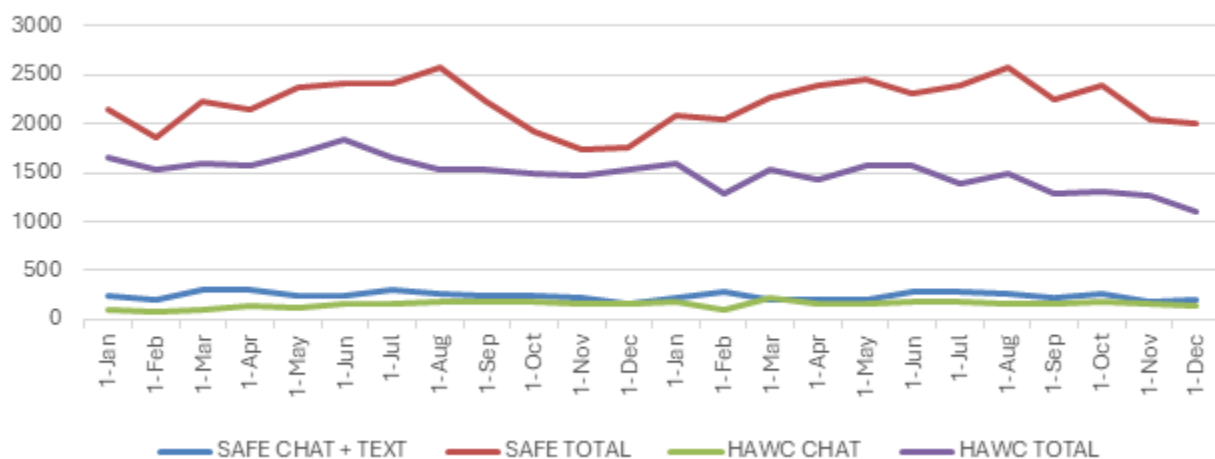
³ Braun & Clarke, 2006; Braun & Clarke, 2020; Guest et al., 2012

Outcomes

Hotline Service Use at HAWC and SAFE

Agency partners at HAWC and SAFE provided deidentified hotline use data for calendar years 2022 and 2023. In 2022, the agencies had a combined 44,888 service interactions (phone, chat, and text), with an average of 3741 a month. The most service interactions in 2022 were recorded in June (n=4247). In 2023, the agencies had a combined 44,010 service interactions, with an average of 3668 a month. The most service interactions were recorded in August (n=4075). Over the two-year study period, 10.83% of hotline interactions were digital (chat or text).

Figure 2. *All Agency Hotline Interaction 2022 and 2023*



Objective One: Longitudinal Outcome on Safety, Resources, Health, and Support

Study Participation. The longitudinal study invitation was sent to participants by a digital hotline advocate at HAWC or SAFE following a service interaction. Participants were eligible if they were 16 or older and using digital hotline for the first time in the past seven days. A total of 307 completed the baseline assessment. Longitudinal survey participants were asked to complete surveys at six weeks, three months, and six months after their initial assessment. The

timing of assessments was linked to findings from the first phase of the *ETA* project on probable hotline outcomes. Participants were sent a \$30 gift card for each survey completed, and an extensive retention protocol was implemented to maintain contact over the study period.

Demographics. Participants (n=307) were recruited nearly equally from SAFE (48.9%) and HAWC (51.1%). See Table 1 for participant demographics.

Table 1. *Demographics of Baseline Longitudinal Sample*

| Demographics ¹ | n | % | Demographics | n | % |
|---|-----|------|--|-----|------|
| Sex | | | Highest Level of Education | | |
| Female | 279 | 90.9 | 8th grade or less and Some high school | 25 | 8.1 |
| Male | 15 | 4.9 | High school graduate or GED | 76 | 24.8 |
| Missing ⁴ | 13 | 4.2 | Some college/vocational training | 131 | 42.8 |
| | | | Bachelor's degree | 52 | 17.0 |
| Race/Ethnicity | | | Advanced degree (Masters, PhD, JD, etc.) | 22 | 7.2 |
| American Indian, Alaska Native, Native Hawaiian or Pacific Islander | 3 | 1.0 | | | |
| Asian | 11 | 3.6 | Relationship Status | | |
| Black or African American | 73 | 23.8 | Married/partnered | 84 | 27.4 |
| Hispanic or Latino/a | 93 | 30.3 | Single | 136 | 44.3 |
| Multi-racial | 31 | 10.1 | Divorced/Separated | 63 | 20.5 |
| White or Caucasian-Non-Hispanic | 96 | 31.3 | Dating/Hooking up | 24 | 7.8 |

¹Indicates valid percentages

Participant Health, Housing, and Economics at Baseline. The majority of participants (65.4%) indicated that they were in good to excellent physical health. About half (48%) indicated they had a disability. Nearly 75% of participants had symptoms indicating probable posttraumatic stress disorder (PTSD) using a standardized screener and 47.2% had moderate to severe depression symptoms using a standardized screener. Nearly 1/5 (19.2%) indicate potential problematic drinking. Half of baseline participants were employed, with a majority (55%) with an income under \$1000 a month. Over 70% of participants had at least one lifetime experience of homelessness at baseline.

⁴ For questions about missing data, contact the first author.

Violence Experiences. At baseline, virtually all participants (93%) had experienced at least one measured form (physical, sexual, psychological, stalking) of intimate partner violence (IPV) in their lifetime, and 76.3% had experienced at least one type of IPV in the past 6 months. The large majority of baseline participants had also experienced sexual assault at least once in their lifetime (81%), with current or former partners (57.8%) being the most common perpetrator, followed by an acquaintance. Just under half (49.3%) had experienced at least one type of human trafficking in their lifetime, and 17.8% had experienced it in the last six months.

Service Experiences. The most common goals, as reported by baseline participants,

“To be honest, I literally cried for 30 minutes when I got in the car after that chat. I was just so grateful that that person was so mindful of everything I was going through as if she understood or she was in my shoes and was able to give me all the provided information I needed and didn’t take anything for granted.”
(Service Participant 1)

when reaching out to digital hotline were 1) shelter (23.8%), followed by 2) counseling (17.6%). The most typical referrals offered by digital hotline staff were 1) additional shelter programs

(13.4%), 2) legal services (12.4%) and 3) counseling (11.7%). Overwhelmingly, participants agreed that digital hotline staff helped somewhat (23.5%) or a lot (62.9%) with their goals when accessing services. A strong majority (82%) were satisfied or very satisfied with their digital hotline staff interaction.

Safety Strategies. Participants were asked at baseline about strategies that they had employed to improve their personal safety. The most common strategies used in the previous six months were 1) leaving room or home to avoid partner; 2) doing things requested by partner to keep the peace and 3) using social media to connect with friends and family.

Longitudinal Outcomes

Four assessments were obtained for 182 (59.3%) participants and 3 surveys were completed at baseline, six-weeks, and six-months for 203 participants (66.1%).⁵ A total of 209 participants (68.1%) completed a baseline and six-month assessment only, and 77.2% (n=237) completed baseline and six weeks only. Short (6 weeks) and long (6 months) changes were analyzed for measures of health, safety, support and coping, and resource and economic changes.

Health Changes Associated with Digital Hotline Use. Digital hotline was associated with significant reductions in depression symptoms, with decreases in participants who were moderately severely/severely depressed and increases in participants with mild or no depression symptoms. Symptoms associated with probable PTSD significantly decreased at all time points. No significant changes were noted at any time point for physical health or hazardous drinking.

“I think it had a very positive impact on my safety. I feel like you may try to hurry up and call somebody and then forget to clear your call log. Then, say, your abuser comes in. Who was this? Then calls the number and then oh, you were trying to do this. Say you’re on chat. You could just hurry up and exit the browser, clear your history, and that’s that. I feel like it was a very safer option than calling and speaking to somebody. Yeah. Like I said, I feel like it has a very positive—or it had a very positive impact on my safety.”
(Service Participant 22)

Safety Changes Associated with Digital Hotline Use. Perception of safety increased significantly and positively from baseline to six weeks, and baseline to six months. Internal tools for safety, which assess the extent to which a participant perceives they have the skills and resources to address safety needs, significantly increased as all comparisons.

Violence Changes. At baseline, participants were asked about violence experiences at lifetime and the prior six months. Significant reductions in physical and psychological IPV were observed 6 months after the first digital hotline use. No significant changes were observed in

⁵ A total of 209 participants (68.1%) completed a baseline and six-month assessment only, and 77.2% (n=237) completed baseline and six weeks only.

sexual IPV or stalking. There were no significant changes observed for sexual assault rates six months post-baseline. There were significant increases in trafficking reported six months post-baseline. See Table 2 for more on changes in violence experiences.

Table 2. Violence Experience Changes

| Violence type | 6-month incidence baseline | 6-month incidence follow-up | P-value ² |
|-------------------|----------------------------|-----------------------------|----------------------|
| Psychological IPV | 50.5 | 41.2 | <0.001 |
| Physical IPV | 43.0 | 28.4 | <0.001 |
| Sexual IPV | 32.0 | 25.6 | 0.09 |
| Stalking | 39.5 | 39.2 | 0.91 |
| Sexual Assault | 40.5 | 39.7 | 0.99 |
| Trafficking | 15.3 | 32.5 | <0.001 |

² Paired t-test of within person change from baseline

Support and Coping Changes Associated with Digital Hotline Use. Significant increases in expectations of support were found from baseline to six weeks and baseline to six months. Assessment of coping strategies revealed no significant changes between time periods. Hopefulness significantly increased from baseline to six weeks and baseline to six months.

Resource and Economic Changes Associated with Digital Hotline Use. Differences in income

“I was able to start having the courage to reach out and get help from people and admit that I needed help because I have a lot of pride and a huge ego, and I don’t like asking for help. It showed me that it was okay to start asking for help. Then in the process of doing that, it helped kind of open my eyes to my living situation and realize that I had been living in domestic violence without realizing it....That one chat experience is what led me to start asking for help and trying to get a sense of community. I started attending church and everything again because of it.”
(Service Participant 12)

were assessed from baseline to the six-month follow-up on economic and resource factors. Significantly fewer participants were making less than \$1000 a month at follow up and significantly more were making \$3,000-\$4,000 a month. No significant differences were observed in employment status. Participants reported a significant decrease in

trouble finding housing, trouble getting housing because of credit, and having utilities cutoff from baseline at all three follow ups. No significant differences were observed for trouble buying food and other needs.

Subsequent Service Use and Associated Changes. Subsequent hotline use decreased at each assessment. At six weeks post baseline, 45.6% had used hotline services again at HAWC, SAFE or another violence-focused agency. At three months, 33.7% had used hotline services again at HAWC, SAFE or another violence-focused agency. At six months, 29.7% had used hotline services at HAWC, SAFE or another violence-focused agency. Repeated hotline use was associated with educational attainment, in those participants with some high school or less were more likely to use hotline again. Repeated hotline use was also associated with probable depression, probable PTSD, and new experiences of IPV and sexual assault at the final follow up (six months). Increased perception of internal tools to manage safety concerns was significantly associated with no repeated hotline use at the final follow up (6 months).

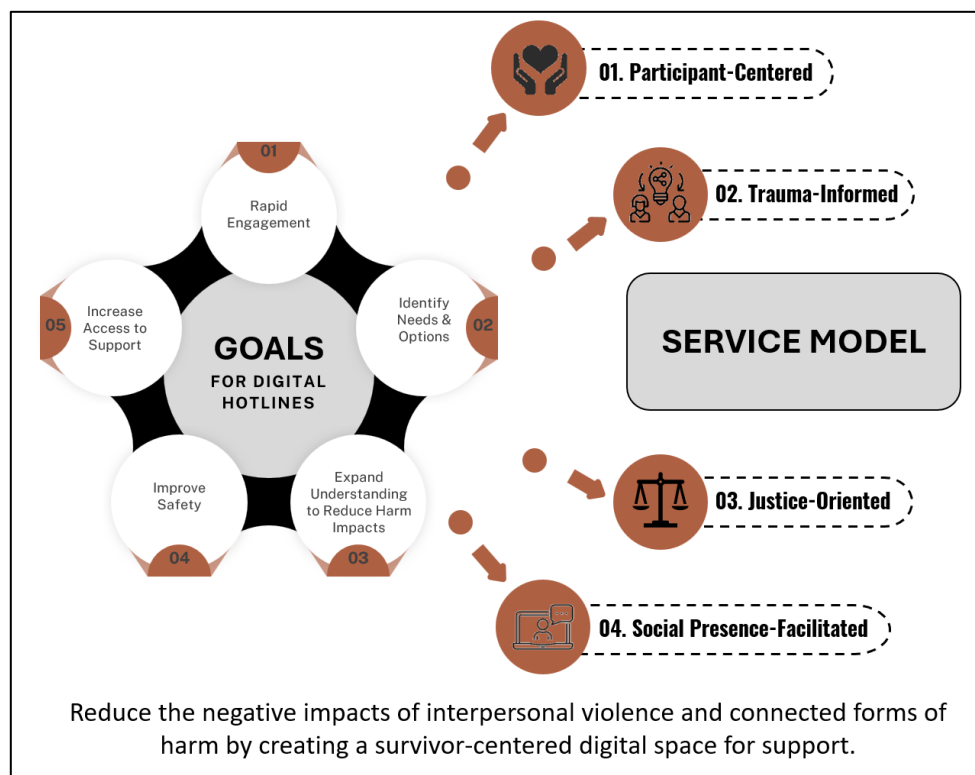
Objective Two: Fidelity

To examine model fidelity to the logic model and programmatic goals, we analyzed four streams of data: 1) baseline survey data from longitudinal participants (n=307); 2) staff fidelity survey data (n=99); 3) deidentified transcripts from HAWC (n=68) and SAFE (n=260) and 4) staff and stakeholder interviews (n=28). Transcript data were quantified for demographic and skill-based information, and qualitative data were analyzed using content analysis methods. The Foundations of Advocacy Behavior (FAB) Scale⁶, which assesses core advocacy skills for staff working with violence survivors, was used to measure fidelity to the service model. The mean FAB score was 2.2 (range, 0-3, SD.77) indicating overall very positive experiences with hotline advocates. High fidelity advocacy behaviors were highly positively correlated with participant satisfaction.

⁶ Sullivan et al., 2019

Mapping Logic Model Fidelity. Multiple data streams, including service participant panel data, transcript data, and staff fidelity checks, found evidence for strong alignment between the logic model and the services being provided at HAWC and SAFE. The service approach is 1) participant-centered; 2) trauma-informed; 3) justice oriented, and 4) social presence-facilitated. Fidelity mapping indicated robust support for goal one, highlighting the importance that staff and survivors place on timely engagement and the efficacy of this form of service delivery in relation

Figure 3. ETA Phase Two Logic Model to connection. Over 90% of longitudinal study



participants waited less than 5 minutes for connection to an advocate. For goal two, longitudinal participants completing their baseline survey felt that hotline advocates

understood and valued the importance of their opinions about their situation and needs. Related to goal three, educational activities were less endorsed in both hotline participant and staff data, although psychoeducation was still an important component of some service interactions. Additionally, over 90% of baseline panel participants identified that their advocate helped them address feelings of self-blame related to abuse. Goal four focuses on safety, and there were clear

indications across all mapped data sources that activities such as safety assessment and planning were endorsed frequently. Goal five, focused on providing useable and desired resources and referrals, had extensive evidence of use across all mapped fidelity data sources. Eighty percent of baseline panel participants felt that the staff person they worked with was somewhat or very knowledgeable about community resources, and nearly as many felt that the staff member was actively working to connect them with community resources. After mapping fidelity data streams and reviewing the outcome data from our study, the logic model was updated to reflect project learnings.

Objective Three: COVID-19 and Future Disaster Planning

ETA phase two sought to deepen understanding of digital hotlines during the COVID-19 pandemic and generate knowledge to inform future disaster and emergency planning. We conducted and analyzed 25 client and 27 staff and stakeholder interviews and analyzed 203 de-identified transcripts to expand understanding of changing practice during the pandemic.

Main Needs, Concerns, and Experiences of Participants. The main themes related to survivor needs and concerns during the COVID-19 pandemic were: 1) Economic/financial obstacles and instability; 2) Concerns about health and safety from COVID; 3) Housing insecurity; and 4) Emotional and mental health needs. During the pandemic, many participants faced severe financial challenges due to job losses and reduced income; financial insecurity and limited access to resources such as food, transportation, and basic-need supplies were recurring issues. Virtually all staff, and participants alike, interviewed reported increased intensity and lethality of violence during the first year of the

“Just lost my job, lived off my 401(k), just completely depleted it because of no job because of COVID workforce reduction. Eventually—this was June last month—I got evicted because I couldn’t—eventually—I mean, excuse me, essentially, I was fine because I had my 401(k), right, but after a period of time, I was not able to keep up, so yeah, I got evicted.”
(Service Participant 18)

COVID-19 pandemic. Additionally, for those seeking shelter, participants frequently faced barriers in accessing emergency shelters due to capacity limits and waitlists at both agencies. Lastly, isolation and uncertainty during COVID-19 caused a decline in positive mental health for many of the participants and stay-at-home orders resulted in feeling disconnected from support systems.

Staff Skills and Strategies. Qualitative data were analyzed, and themes were developed related to staff strategies to address pandemic-related concerns. Themes around staff management of COVID impacts on survivors and violence prevention agencies included: 1) Interpersonal connection and compassionate communication; 2) Knowledge and resource sharing; 3) Coping strategies for mental health; and 4) Safety planning. Clients reported that advocates prioritized empathy, patience, and non-judgmental communication to help several participants feel heard and supported during the pandemic. By staying informed about rapidly changing government relief programs and local resources, advocates were able to guide participants to requested resources. Additionally, advocates provided participants with practical coping strategies, such as mindfulness exercises, breathing techniques, and grounding methods, to help manage symptoms, emotions, and experiences. For participants facing IPV, HT, and SA and the related unsafe and challenging situations during the COVID-19 pandemic, advocates worked with them to create plans for their safety, identifying potential escape routes, other sources of support, emergency contacts, and shelter options. Notably, for many participants, hotline, in phone or digital form, was perceived to be the only resource available during stay-at-home orders and intensive COVID restrictions, making the service all the more essential.

Lessons for future disasters. As has been previously documented⁷ violence was perceived to have increased during the COVID-19 pandemic, leading to increased needs for services responses. Study findings indicate that not only is digital hotline seemingly effective at addressing safety concerns and reducing violence risks, it is also an important tool to addressing isolation and mental health concerns. Lessons to apply in future disasters include:

- Digital hotline is effective and should be expanded during times of disaster.
- Hotlines need to be equipped with accessible financial and housing resources for people with immediate needs.
- HAWC and SAFE, innovatively pivoted mental health and peer support services to virtual formats, allowing for quick supportive connections.
- Digital hotline can be a gateway for connection to high impact virtual services.

Project Limitations

This project has some limitations of note. Our project sites were in one state (Texas) and two large programs with comprehensive services. As such, we cannot generalize our findings to community-based violence programs, especially those in rural areas or with limited or no residential offerings. Our study is also limited by self-report of participant outcomes (e.g. no additional verification of other service use) and by a lack of a comparison group.

Summary

Based upon study findings, digital hotline is a highly effective and relatively low-cost intervention that can improve health and safety and reduce violence and financial instability. Further, the role of hotline as an access point to additional services means that service benefits can be expanded via additional resource access. In this mixed-methods longitudinal study in two

⁷ Piquero et al., 2021

Texas programs, digital hotline was found to be effective at addressing survivor needs and implemented with high levels of fidelity to a trauma informed, survivor-centered, and accessible service model. Future study is needed to understand the comparative benefits of hotline and to understand longer term impacts.

Questions or comments? Please reach out to Leila Wood leila.g.wood@uth.tmc.edu

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