

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**NATIONAL SNAPSHOT OF
TRENDS IN THE NATIONAL
DOMESTIC VIOLENCE HOTLINE'S
CONTACT DATA
BEFORE AND DURING THE
COVID-19 PANDEMIC**

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Office of Inspector General

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Report in Brief

Date: April 2022

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



Why OIG Did This Audit

The COVID-19 pandemic (the pandemic) has posed special challenges for victims of domestic violence. Government agencies implemented extensive community mitigation activities, including issuing shelter-in place orders. Because of economic and other uncertainties surrounding the pandemic and shelter-in-place orders, victims may have been less likely to use crisis hotlines because their abusers were close by. The National Domestic Violence Hotline (the Hotline) provides life-saving resources and safety planning services for victims of domestic violence.

Our objectives were to: (1) identify trends in the Hotline's contact data before and during the pandemic and (2) identify challenges that the Hotline faced during the pandemic and actions that it took to address those challenges while continuing to support those affected by domestic violence.

How OIG Did This Audit

We obtained the Hotline's contact data for March 19, 2019, through March 18, 2021, and analyzed the following: contact volume and communication methods; demographic information (ethnicity, age group, and gender); situational information (abuse types, contact needs, barriers in service, and contact type); and referral information. We also obtained the Hotline's feedback on our analysis. We interviewed Hotline officials to identify challenges the Hotline faced during the pandemic and actions it took to address them.

National Snapshot of Trends in the National Domestic Violence Hotline's Contact Data Before and During the COVID-19 Pandemic

What OIG Found

Although our analysis showed little change in total contact volume from the period before to the period during the pandemic, we identified notable changes in the contact data for some subcategories of data that we analyzed. For example, the number of contacts that used online chat to contact the Hotline increased by 19 percent, the number of contacts that identified with the Asian ethnicity group increased by 24 percent, and the need for protective/restraining order assistance increased by 40 percent. Furthermore, our analysis showed notable fluctuations in the number of contacts for some subcategories of data in certain months during the pandemic. Although the Hotline provided explanations for what could have contributed to these fluctuations, it could not determine whether they were a result of the pandemic. The Hotline believed that the full impact of the pandemic may not be reflected in the contact data until more time has passed.

The Hotline identified four challenges that it faced during the pandemic: (1) connecting victims to providers and resources that were operating at a limited capacity because of the pandemic, (2) tracking the unique impact of the pandemic on victims to better serve contacts' needs, (3) addressing a decrease in contact volume from victims who may have needed help but did not contact the Hotline because they were in closer proximity to their abusers as a result of shelter-in-place orders, and (4) fostering meaningful connections among Hotline staff to carry its mission forward. To address these challenges, the Hotline took actions to help ensure that it continued to support those affected by domestic violence.

What OIG Recommends

This report includes no recommendations. However, considering the information in this report may help the Hotline evaluate its emergency response to identify areas in which it can improve and to ensure that it addresses any long-term effects of the pandemic.

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INTRODUCTION

WHY WE DID THIS AUDIT

The Family Violence Prevention and Services Act, as amended (the Act), authorizes funding to ensure provision of emergency shelter and other nonshelter support services to address and prevent domestic violence.¹ The Act provides funds to the National Domestic Violence Hotline (the Hotline), which is administered under a cooperative agreement by the Family and Youth Services Bureau (FYSB) within the Administration for Children and Families (ACF). The Hotline operates a 24-hour, national, toll-free, and confidential hotline to provide compassionate support, life-saving resources, and safety planning services for victims of domestic violence and maintains a comprehensive database of services for victims.² The Hotline also collects data on victims' contacts with the Hotline, including contact volume (i.e., the number of individual contacts) and the method of communication used to contact the Hotline (such as phone calls or text messages).³

The COVID-19 pandemic (the pandemic) has posed special challenges for victims of domestic violence. Federal, State, Tribal, and local government agencies have recommended and implemented extensive community mitigation activities, including issuing orders to residents to stay at home (i.e., shelter-in place orders) to help contain the spread of COVID-19. Because of economic and other uncertainties surrounding the pandemic and the shelter-in-place orders that were in effect for most States, isolated victims may have been less likely to use crisis hotlines because their abusers were close by, and victims may have faced repercussions if they reached out for help.

This report provides ACF with a national snapshot of trends in the Hotline's contact data from March 19, 2019, through March 18, 2021 (audit period), so that it can assess how the pandemic impacted the Hotline and identify actions that Hotline officials took to address challenges to providing services during the pandemic.⁴ This 2-year period covers the 12-month period before

¹ P.L. No. 98-457, Title III (Oct. 9, 1984); codified at 42 U.S.C. §§ 10401–10414.

² According to the Hotline, “domestic violence (also referred to as intimate partner violence (IPV), dating abuse, or relationship abuse) is a pattern of behaviors used by one partner to maintain power and control over another partner in an intimate relationship.”

³ In this report, the term “contact” refers to either the individual contact with the Hotline (e.g., through a phone call or a text message) or the person who contacted the Hotline. Also, in this report, we refer to all the data collected as “contact data.”

⁴ ACF receives a summary of the Hotline's contact data (e.g., contact volume) but does not receive detailed analysis comparable to what is provided in this report.

the beginning of the pandemic (March 19, 2019, through March 18, 2020) and the 12-month period after the pandemic was declared (March 19, 2020, through March 18, 2021).⁵

COVID-19 has created extraordinary challenges for the delivery of health care and human services to the American people. As the oversight agency for the Department of Health and Human Services (HHS), the Office of Inspector General (OIG) oversees HHS's COVID-19 response and recovery efforts. This audit is part of OIG's COVID-19 response strategic plan.⁶

OBJECTIVES

Our objectives were to: (1) identify trends in the Hotline's contact data before and during the pandemic and (2) identify challenges that the Hotline faced during the pandemic and actions that it took to address those challenges while continuing to support those affected by domestic violence.

BACKGROUND

Family Violence Prevention and Services Act

In 1984, Congress took action to address domestic violence as a public health issue by enacting the Act.⁷ The Violence Against Women Act of 1994 amended the Act to authorize funding for a 24-hour confidential telephone hotline, which allows survivors of domestic violence to access help.⁸ Under the Act, grant funding supports more than 1,500 domestic violence shelters and programs, more than 240 Tribes and Tribal organizations, and a network of State coalitions and national technical assistance providers—all working to ensure that vital crisis services are available to individuals experiencing domestic or dating violence and to their dependents. These coordinated efforts ensure that survivors can more easily access supportive services, violence-prevention resources, health care, housing, early childhood education, child support,

⁵ The World Health Organization declared the COVID-19 outbreak a pandemic on March 11, 2020. For this audit, we used March 19, 2020, as the beginning of the pandemic because this was the date that the first State (California) issued a shelter-in-place order. For purposes of this audit, "trends" refer to our comparative analysis of 2 years' worth of data.

⁶ OIG's COVID-19 response strategic plan and oversight activities can be accessed at [HHS-OIG's Oversight of COVID-19 Response and Recovery | HHS-OIG](#).

⁷ The Act defines "domestic violence" as "felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction." The Act also targeted dating violence. 42 U.S.C. § 10402.

⁸ Violence Against Women Act of 1994 (Title IV of the Violent Crime Control and Law Enforcement Act, H.R. 3355, Sept. 13, 1994), § 40211.

and responsible fatherhood services. Funding provided under the Act is administered by FYSB, a program office within ACF.

National Domestic Violence Hotline

The Hotline, which answered its first call in February 1996, operates a 24-hour, 7-days-a-week (i.e., 24-7), national, toll-free, and confidential hotline that provides crisis intervention, counseling, safety planning, and referrals to victims of domestic violence via phone, online chat, and texting. The Hotline’s mission is to “answer the call to support and shift power back to those affected by relationship abuse.”⁹ To achieve its mission, the Hotline has highly trained advocate staff who listen to and assess the needs of victims and survivors, identify appropriate services, and assist with safety planning.

To protect users, the Hotline never contacts victims directly. The Hotline also does not ask for identifying information from individuals who contact the Hotline (e.g., name and telephone number) and collects only non-identifying contact data (e.g., age and gender).

Collection of Contact Data

The Hotline collects contact data (e.g., the method of communication used to contact the Hotline, such as phone calls, online chats, or text messaging) and uses that data to compile information (e.g., the number of individual contacts with the Hotline).¹⁰ If a person discloses the information, the Hotline also collects demographic information (such as the person’s ethnicity, age group, and gender) and situational information.

Situational information consists of: (1) the type of abuse (e.g., physical abuse); (2) the type of need (e.g., shelter); (3) the type of barrier to accessing services (e.g., language), if applicable; and (4) the type of contact reaching out to the Hotline (e.g., a contact that has ever experienced abuse by an intimate partner and is looking for information, resources, or emotional support regarding the abusive relationship). Appendix B provides definitions of key terms from the Hotline’s data dictionary for situational information.

Because of the sensitive nature of the interactions with individuals who contact the Hotline and their urgent needs, the Hotline does not always collect all demographic information and situational information for each contact. For example, a person contacting the Hotline may disclose gender and age but choose not to disclose ethnicity.

⁹ National Domestic Violence Hotline website, available at <https://www.thehotline.org/about/>. Accessed on Oct. 4, 2021.

¹⁰ Online chat may refer to any kind of communication over the Internet that offers real-time (i.e., synchronous) transmission of text messages from sender to receiver; both the sender and receiver are assumed to be present during the chat session. Chat messages are generally short so that the receiver can respond quickly. In text messaging, communication is asynchronous; it is not assumed that the receiver of the message will respond quickly.

Providers and Resources for Victims of Domestic Violence

The Hotline maintains a comprehensive database of providers and resources for victims of domestic violence (including shelter, transitional housing, counseling, and legal services).¹¹ If an individual makes a phone call to the Hotline, the advocate may connect the caller to a provider or resource. Once the advocate has assessed the contact's circumstances and needs, the advocate may call the provider or resource to inform the provider or resource that the contact has requested services. If the provider or resource has available services, the advocate may connect the provider or resource with the contact (referred to as "direct connect"), and the advocate will then disconnect from the call. If an individual uses online chat or text messaging to contact the Hotline, the advocate may send the individual web links to providers or resources so that the individual can directly access the pertinent information. For each contact, the advocate may refer more than one provider or resource depending on the information disclosed during the interaction.

Funding for the Hotline

The Hotline receives funding under the Act through a cooperative agreement administered by FYSB. Under this agreement, FYSB is involved in developing long-term strategies for the continuation and evolution of the Hotline (e.g., strategies for staying technologically and culturally relevant) and participates in significant meetings (e.g., meetings that may impact the Hotline's policy, partnerships, and collaborations).

For the project period September 30, 2015, through September 29, 2020, FYSB awarded approximately \$40.7 million to the Hotline. Of this amount, \$2 million represented supplemental funding from the Coronavirus Aid, Relief, and Economic Security Act (P.L. No. 116-136, Mar. 27, 2020). For the project period September 30, 2020, through September 30, 2025, the total anticipated amount to be awarded was \$60 million (\$12 million per project period).

The Hotline's Response to the COVID-19 Pandemic

On March 11, 2020, the World Health Organization (WHO) characterized COVID-19 as a pandemic (which is an epidemic that has spread over several countries or continents, affecting a large number of people).¹² In accordance with the Hotline's Disaster Preparedness and Business Continuity Plan (continuity plan), on March 12, 2020, the Hotline activated its Emergency Response Team to ensure proper response and continuity in the Hotline's

¹¹ The Hotline uses the term "providers" to mean those offering domestic violence/IPV services to victims/survivors. The Hotline uses the term "resources" to mean those offering services generally not specific to domestic violence/IPV. These resources are usually a national resource, such as another hotline for suicide prevention or for reporting human trafficking.

¹² An epidemic refers to an increase, often sudden, in the number of cases of a disease above what is normally expected in that population in that area.

operations during the pandemic.¹³ Specifically, the response team monitored local and national guidance from the Centers for Disease Control and Prevention, WHO, and HHS. The response team also designed and implemented the Hotline’s plan for transitioning to “at home” work.

HOW WE CONDUCTED THIS AUDIT

We obtained contact data from the Hotline for the period March 19, 2019, through March 18, 2021.¹⁴ To identify trends in the Hotline’s contact data, we compared the contact data for the 12-month period before the beginning of the pandemic (March 19, 2019, through March 18, 2020) with the contact data for the 12-month period after the pandemic was declared (March 19, 2020, through March 18, 2021).¹⁵

We analyzed contact data for four categories (and subcategories, if applicable): (1) contact volume and communication methods; (2) demographic information (ethnicity, age group, and gender); (3) situational information (abuse types, contact needs, barriers in service, and contact type); and (4) referral information. Specifically, for the first three categories, we performed the following analysis:¹⁶

- For the data on communication methods and for each subcategory of demographic and situational information, we calculated the percentage of total contacts for each type of contact data for the periods before and during the pandemic. For example, for the ethnicity subcategory, we identified the ethnicity types (e.g., White, Asian, etc.) that had the highest percentages of total contacts.¹⁷ We then compared the data for the two

¹³ The continuity plan was designed to prepare the Emergency Response Team and staff for the restoration and recovery of services (e.g., online chat, text, phone, and websites) to the widest extent and as quickly as possible if a natural disaster, catastrophic event, or man-made event were to occur that caused interruption in Hotline operations.

¹⁴ These data also included data for contacts that were handled by Abused Deaf Women’s Advocacy Services (ADWAS) on behalf of the Hotline for the deaf population.

¹⁵ For purposes of our analysis, we excluded the data that were: (1) not handled by the Hotline or ADWAS, and (2) related to administrative contacts that were seeking basic information, rather than advocacy, or contacts that were inappropriately and intentionally misusing or abusing the Hotline’s services.

¹⁶ For purposes of our analysis, when we refer to data for a month (e.g., July), it represents the data for the entire month (e.g., July 1 through July 31).

¹⁷ This report uses the 2020 U.S. Census categories for identifying ethnicity types. Some of the Census terms differ from the terms used in the Hotline data we analyzed. The Hotline data refers to the White ethnicity type as “White/Caucasian” and the Asian ethnicity type as “Asian (East, Southeast, and South)” and “Asian (East, Southwest, and South).” We combined “Asian (East, Southeast, and South)” and “Asian (East, Southwest, and South)” into one Asian ethnicity type for reporting purposes.

periods to determine whether any changes occurred from one period to the other.¹⁸

- For the data on communication methods and for each subcategory of demographic and situational information, we calculated the percentage change (increase or decrease) for the types of contact data from the period before to the period during the pandemic. For example, for the ethnicity subcategory, we identified the ethnicity types (e.g., White, Asian, etc.) that had a notable change from one period to the other. We also identified notable fluctuations that occurred within the period during the pandemic.^{19, 20}

For the referral information category, we calculated the average number of referrals that the Hotline made to providers and resources for the periods before and during and pandemic and determined whether a change in the average number of referrals occurred from one period to the other.

Because of the sensitive nature of the interactions with individuals who contacted the Hotline and their urgent needs, the Hotline did not always collect all demographic information and situational information for each contact. Therefore, our analysis was limited by the information that the Hotline was able to collect, and the results of our analysis should not be used to make general assumptions about certain demographic groups.

We obtained the Hotline's feedback on the results of our analysis of the contact data. In addition, we interviewed Hotline officials to identify challenges that the Hotline faced during the pandemic and actions that it took to address those challenges.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix A describes our audit scope and methodology.

¹⁸ This analysis was not applicable for data on contact volume.

¹⁹ We considered a fluctuation to be notable for any month in which there was: (1) an increase of 10 percent or more above the calculated monthly average for the period during the pandemic and (2) a decrease of 10 percent or more below the calculated monthly average for the period during the pandemic. The calculated monthly average was based on the contact data for "complete" months during the pandemic (i.e., April 2020 through February 2021).

²⁰ We also obtained contact data for the period March 19, 2017, through March 18, 2019, the 2-year period before our audit period, because we wanted to obtain assurance that these contact data were generally consistent with the contact data for the first 12 months of our audit period (March 19, 2019, through March 18, 2020). Because the data were generally consistent, we did not include in our report the data for the 2-year period before our audit period.

RESULTS OF AUDIT

Our analysis of the Hotline's contact data showed little change in total contact volume from the period before to the period during the pandemic. In addition, trends for some subcategories remained generally consistent (e.g., the same three age groups represented the majority of contacts for both periods). However, there were notable changes in the contact data for some subcategories of data that we analyzed (e.g., there was a notable increase in contacts for three ethnicity types from the period before to the period during the pandemic). Furthermore, there were notable fluctuations in the number of contacts for some subcategories of data in certain months during the pandemic. The Hotline could not determine whether these fluctuations were a result of the pandemic. The box to the right identifies key trends we identified in the Hotline's contact data.

Furthermore, the Hotline identified four challenges that it faced during the pandemic:

- connecting victims to providers and resources that were operating at a limited capacity because of the pandemic,
- tracking the unique impact of the pandemic on victims to better serve contacts' needs,
- addressing a decrease in contact volume from victims who may have needed help but did not contact the Hotline because they were in closer proximity to their abusers as a result of the shelter-in-place orders that were implemented, and
- fostering meaningful connections among Hotline staff to carry its mission forward.

To address these challenges, the Hotline took actions to help ensure that it continued to support those affected by domestic violence.

Although this report includes no recommendations, the information in this report may help the Hotline evaluate its emergency response to identify areas in which it can improve and to ensure that it addresses any long-term effects of the pandemic.

Key Trends in the Hotline's Contact Data

- ✓ **Communication Methods.** From the period before to the period during the pandemic, the number of contacts that used online chat to contact the Hotline increased by 19 percent.
- ✓ **Demographic Information.** From the period before to the period during the pandemic, contact volume for the Asian ethnicity increased by 24 percent and for the under-18 age group increased by 54 percent.
- ✓ **Situational Information.** From the period before to the period during the pandemic, the need for protective/restraining order assistance increased by 40 percent, the mental health service barrier increased by 105 percent, and victim/survivor non-IPV contacts increased by 47 percent.
- ✓ **Referral Information.** The average number of referrals that the Hotline made to providers and resources remained generally consistent for the periods before and during the pandemic. On average, for both periods, the Hotline made 2.5 referrals per contact to providers and resources.

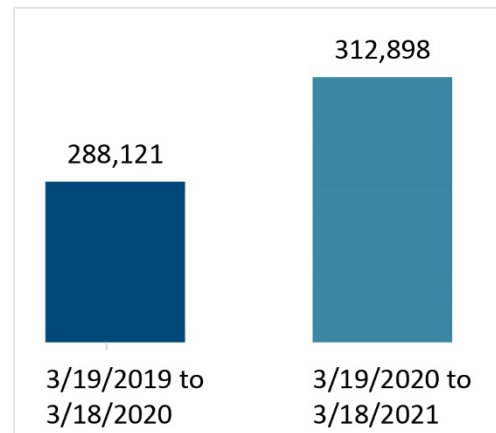
TRENDS IN THE HOTLINE’S CONTACT DATA BEFORE AND DURING THE COVID-19 PANDEMIC

Contact Volume and Communication Methods

Contact Volume Increased 9 Percent From the Period Before to the Period During the Pandemic

The volume of handled contacts showed little change from the period before to the period during the pandemic, increasing only 9 percent from 288,121 to 312,898 contacts (Figure 1). During our audit period, the Hotline handled (i.e., responded to) a total of 601,019 contacts.

Figure 1: Hotline Contacts for the Periods Before and During the Pandemic



Hotline’s Feedback on Our Analysis of Contact Volume

Hotline officials told us that they expected the overall increase in total contact volume for 2020 and 2021. They stated that they had seen steady increases in contact volume since 2015. They also stated that while there was a decrease in contact volume at the beginning of the pandemic (in March 2020), there was an increase in contact volume the following month, in April 2020.

Phone and Online Chat Were the Primary Methods of Communication for the Periods Before and During the Pandemic

For the periods before and during the pandemic, contacts primarily used two methods of communication: 99 percent of contacts used phone or online chat to contact the Hotline.²¹ The remaining 1 percent of contacts used other methods of communication.²² Our analysis showed that these percentages remained generally consistent for the periods before and during the pandemic.

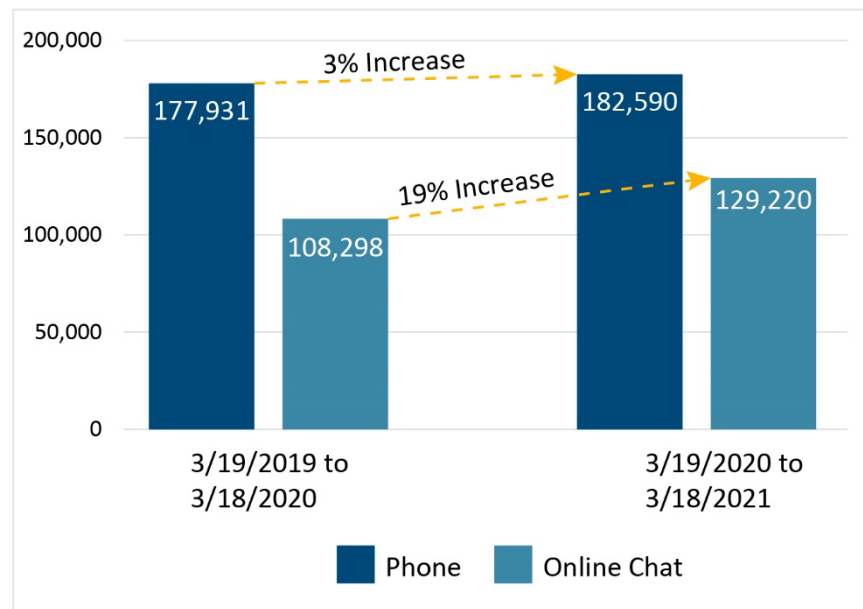
²¹ The Hotline collected this type of information for every contact. For each contact, only one method of communication was reported in the data.

²² Other methods of communications were email, mail, social media, text, and text telephone (a special device that enables people who are deaf, hard of hearing, or speech-impaired use the telephone to communicate by allowing them to type messages back and forth to one another).

Use of Online Chat To Contact the Hotline Had a Greater Increase in Contact Volume From the Period Before to the Period During the Pandemic

From the period before to the period during the pandemic, there was a greater percentage increase in the number of online chat contacts (19 percent) than the number of phone contacts (3 percent). (See Figure 2.)

Figure 2: Communication Methods for the Periods Before and During the Pandemic

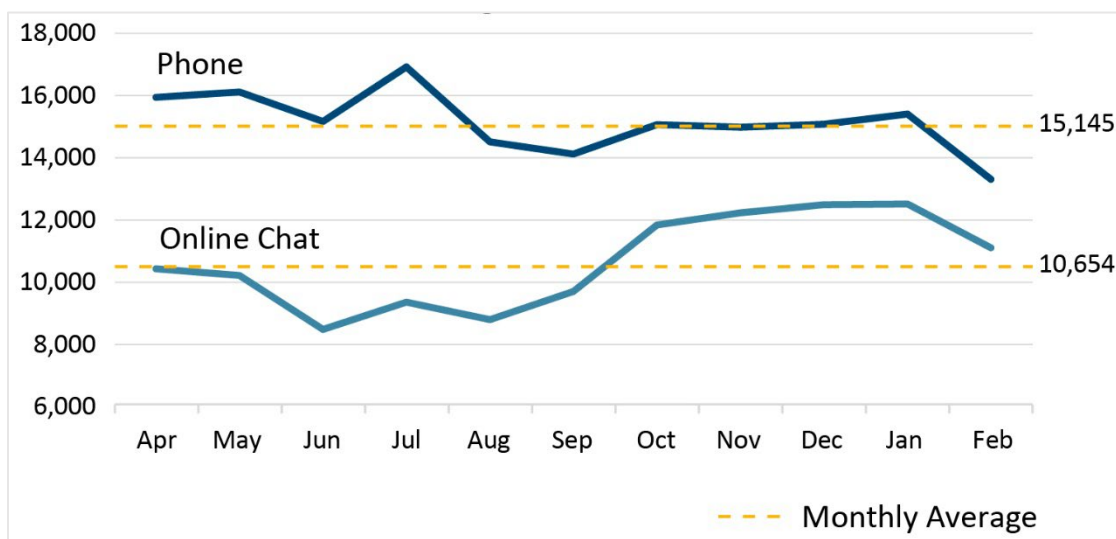


There Were Notable Fluctuations in Phone and Online Chat Contacts in Certain Months During the Pandemic

There were notable fluctuations in phone and online chat contacts in certain months for the period during the pandemic. (See Figure 3 on the following page.)

- The monthly average number of contacts by phone was 15,145. Relative to the monthly average, there was: (1) a notable increase for July 2020 (of 12 percent above the average) and (2) a notable decrease for February 2021 (of 12 percent below the average).
- The monthly average number of contacts by online chat was 10,654. Relative to the monthly average, there were: (1) notable increases for October through January 2021 (of 11 to 18 percent above the average) and (2) notable decreases for June through August 2020 (of 12 to 20 percent below the average).

Figure 3: Communication Methods During the Pandemic



Hotline’s Feedback on Our Analysis of Communication Methods

Hotline officials told us they were not surprised by the increase in the volume of contacts using online chat from the period before to the period during the pandemic. They stated that the increase was expected because the volume of contacts using online chat had grown rapidly since this communication method was introduced about 6 years ago. Hotline officials were not certain if the increase was due to the pandemic but stated that it could have been because the use of online chat was a more private method of communicating with the Hotline.

Demographic Information (Ethnicity, Age Group, and Gender)

Four Ethnicity Types Were Most Frequently Reported for the Periods Before and During the Pandemic

For the periods before and during the pandemic, over 70 percent of contact ethnicity types reported were associated with four ethnicity types: White, Black or African American, Hispanic or Latino, or the ethnicity was unknown.^{23, 24} For the period during the pandemic, there were

²³ The Hotline contact data refers to the Black or African American ethnicity type as “Black/African American” and the Hispanic or Latino ethnicity type as “Latino/Hispanic.”

²⁴ The Hotline contact data consisted of eight ethnicity types: Asian (East, Southeast, and South); Asian (East, Southwest, and South); Bi/Multiracial; Black/African American; Latino/Hispanic; White/Caucasian; “other;” and “unknown.” “Unknown” represented interactions in which contacts did not disclose an ethnicity or the data field for the ethnicity was blank. The Hotline did not collect ethnicity information for every individual who contacted the Hotline. When ethnicity information was collected, only one type of ethnicity was reported in the data for each contact.

minor increases in the percentage of contacts for the Hispanic or Latino ethnicity and unknown ethnicity types. (See Figures 4 and 5.²⁵)

Figure 4: Contact Ethnicity Types for the Period Before the Pandemic

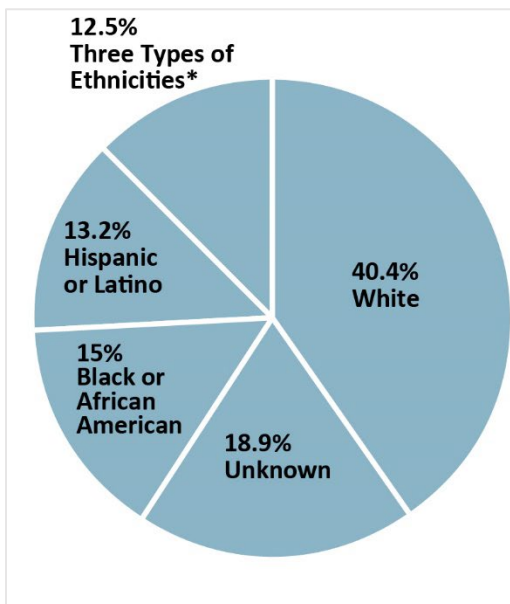
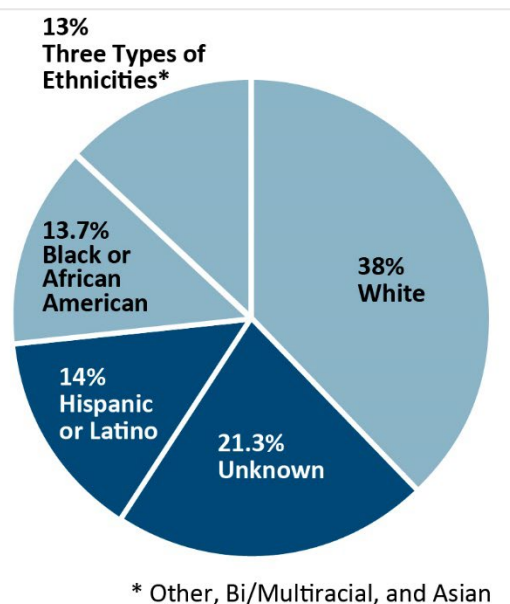


Figure 5: Contact Ethnicity Types for the Period During the Pandemic



Three Ethnicity Types Increased From the Period Before to the Period During the Pandemic, and There Were Notable Fluctuations in These Ethnicity Types in Certain Months During the Pandemic

The number of contacts that reported the Asian ethnicity had the greatest percentage increase in contact volume, followed by the contacts of unknown ethnicity and the contacts that reported the Hispanic or Latino ethnicity (Table 1).

Table 1: Increases in the Number of Contacts for Three Ethnicity Types

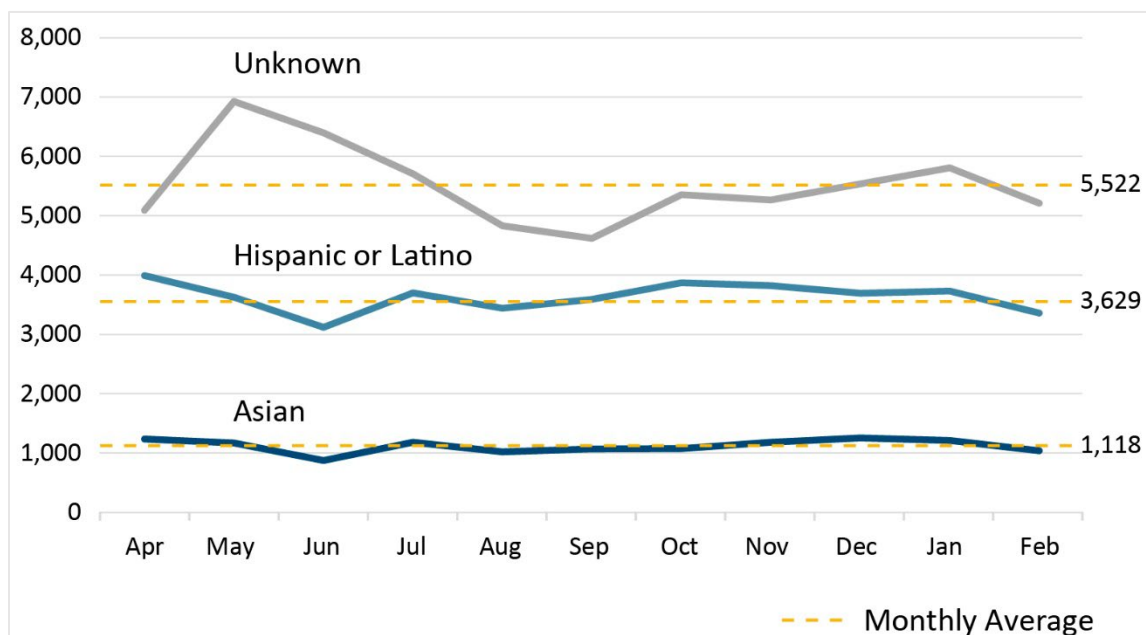
Ethnicity Type	Number of Contacts: Period Before Pandemic	Number of Contacts: Period During Pandemic	Percentage Increase
Asian	11,003	13,607	24%
Unknown	54,467	66,529	22%
Hispanic or Latino	38,120	43,735	15%

²⁵ For the three ethnicities with the highest percentages in Figures 4 and 5, the U.S. Census Bureau reported, as of July 1, 2021, the estimated percentages for the U.S. population as 60.1 percent for the White ethnicity, 18.5 percent for the Hispanic or Latino ethnicity, and 13.4 percent for the Black or African American ethnicity.

There were notable fluctuations in the number of contacts that reported these three ethnicity types in certain months for the period during the pandemic. (See Figure 6.)

- The monthly average number of contacts of unknown ethnicity was 5,522. Relative to the monthly average, there were: (1) notable increases for May and June 2020 (of 16 to 25 percent above the average) and (2) notable decreases for August and September 2020 (of 13 to 16 percent below the average).
- The monthly average number of contacts of Hispanic or Latino ethnicity was 3,629. Relative to the monthly average, there was: (1) a notable increase for April 2020 (of 10 percent above the average) and (2) a notable decrease for June 2020 (of 14 percent below the average).
- The monthly average number of contacts of Asian ethnicity was 1,118. Relative to the monthly average, there were notable increases for April and December 2020 (of 10 to 12 percent above the average), and there was a notable decrease for June 2020 (of 22 percent below the average).

Figure 6: Monthly Contacts by Ethnicity Type During the Pandemic



Hotline's Feedback on Our Analysis of Ethnicity Information

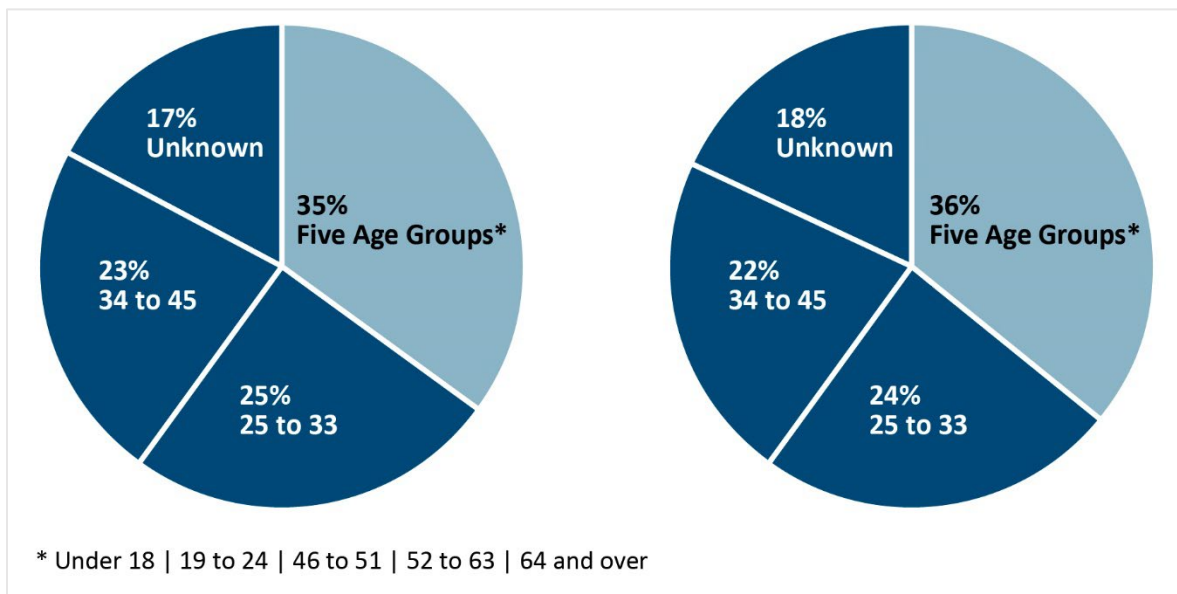
Hotline officials told us that they were not surprised by the results of our analysis of ethnicity information. Hotline officials stated that the rise in violence toward Asian Americans could have played a role in the overall increase in the volume of contacts of this ethnicity from the period before to the period during the pandemic. For changes in volume that occurred during the pandemic period, Hotline officials did not have ideas about why there were spikes or declines in certain months. Hotline officials stated that the spikes may have been triggered by information released by the media (e.g., social media and local news) during these months. Hotline officials explained that, at the beginning of the pandemic, there was an increase in media attention on the impact of shelter-in-place orders on domestic violence victims. Hotline officials noted that there were spikes in contact volume after the Hotline was mentioned in the media.

The Majority of Contacts Were Within The Same Three Age Groups for the Periods Before and During the Pandemic

For the periods before and during the pandemic, over 64 percent of the contacts were within the same three age groups: 25 to 33, 34 to 45, and “unknown” (e.g., contacts that did not disclose an age group).²⁶ The individual percentages for these age groups remained generally consistent for both periods. (See Figures 7 and 8.)

Figure 7: Contact Age Groups for the Period Before the Pandemic

Figure 8: Contact Age Groups for the Period During the Pandemic



²⁶ The data consisted of eight age groups: under 18, 19 to 24, 25 to 33, 34 to 45, 46 to 51, 52 to 63, 64 and over, and “unknown.” “Unknown” represented interactions in which contacts did not disclose an age group or the data field for the age group was blank. The Hotline did not collect age group information for every contact. When age group information was collected, only one age group was reported in the data for each contact.

The Number of Contacts Within Four Age Groups Increased From the Period Before to the Period During the Pandemic, and There Were Notable Fluctuations in These Age Groups in Certain Months During the Pandemic

There were notable percentage increases in the number of contacts within four age groups from the period before to the period during the pandemic. The number of contacts within the under-18 age group had the greatest increase: 54 percent (Table 2).²⁷

Table 2: Increases in the Number of Contacts for Four Age Groups

Age Groups	Number of Contacts: Period Before Pandemic	Number of Contacts: Period During Pandemic	Percentage Increase
Under 18	12,939	19,953	54%
Unknown	49,343	57,531	17%
64 and Over	6,716	7,411	10%
19 to 24	37,272	40,733	9%

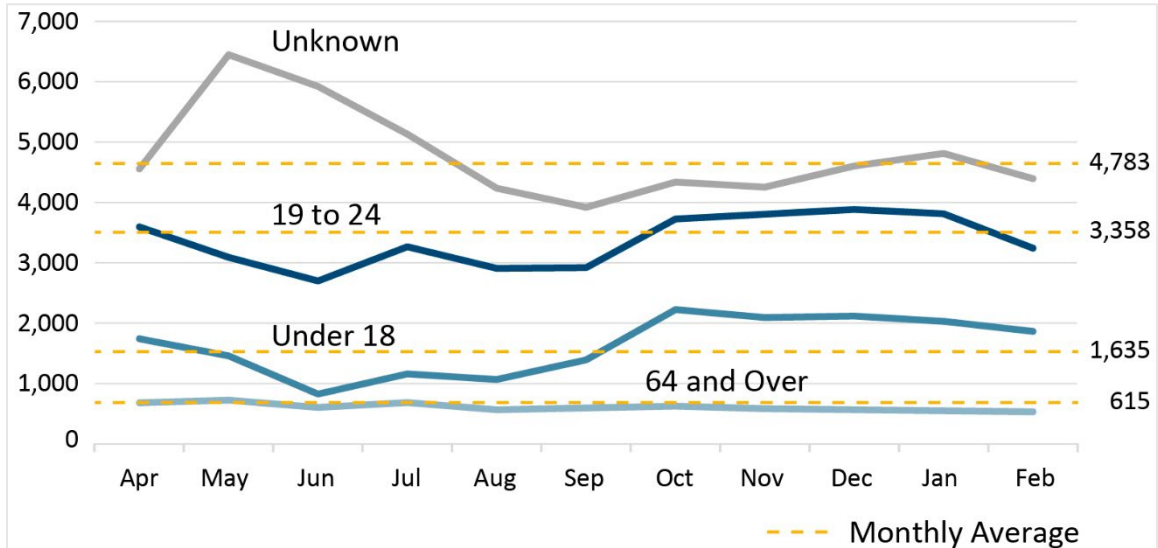
There were notable fluctuations in the number of contacts within these four age groups in certain months for the period during the pandemic. (See Figure 9 on the following page.)

- The monthly average number of contacts that did not disclose an age group (i.e., “unknown”) was 4,783. Relative to the monthly average, there were: (1) notable increases for May and June 2020 (of 24 to 35 percent above the average) and (2) notable decreases for August, September, and November 2020 (of 11 to 18 percent below the average).
- The monthly average number of contacts that were 19 to 24 was 3,358. Relative to the monthly average, there were: (1) notable increases for October 2020 through January 2021 (of 11 to 16 percent above the average) and (2) notable decreases for June, August, and September 2020 (of 13 to 20 percent below the average).
- The monthly average number of contacts that were under 18 was 1,635. Relative to the monthly average, there were: (1) notable increases for October 2020 through February 2021 (of 14 to 36 percent above the average) and (2) notable decreases for May through September 2020 (of 11 to 50 percent below the average).
- The monthly average number of contacts that were 64 and over was 615. Relative to the monthly average, there were notable increases for April, May, and July 2020 (of

²⁷ The Hotline advocate staff are trained to listen to and assess the needs of victims and survivors of relationship abuse, identify appropriate services, and assist with safety planning. Hotline advocates cannot make direct reports of any kind to law enforcement but are mandated to report child abuse to the appropriate authorities whenever personally identifying information is shared.

11 to 18 percent above the average); and there was a notable decrease for February 2021 (of 13 percent below the average).

Figure 9: Monthly Contacts by Age Group During the Pandemic



Hotline’s Feedback on Our Analysis of Age Group Information

Hotline officials told us that they were not surprised by what the results of our analysis showed related to the volume of contacts within the three age groups (25 to 33, 34 to 45, and “unknown”). They stated that the increase in volume for the 19-to-24 age group from the period before to the period during the pandemic could have been caused by college-aged students who returned home and were victims of abuse. Hotline officials did not know why there were spikes or declines in contact volume in certain months during the pandemic. Hotline officials stated that the spikes may have been triggered by information released by the media (e.g., social media and local news) during these months. Hotline officials explained that, at the beginning of the pandemic, there was an increase in media attention on the impact of shelter-in-place orders on domestic violence victims. Hotline officials noted that there were spikes after the Hotline was mentioned in the media.

The Female Gender Type Was Most Frequently Reported for the Periods Before and During the Pandemic

For the periods before and during the pandemic, over 70 percent of contacts reported the female gender type.²⁸ The remaining contacts reported the male or “other” gender types or did not identify a type (i.e., “unknown”).²⁹ The “other” types were nonbinary, transgender

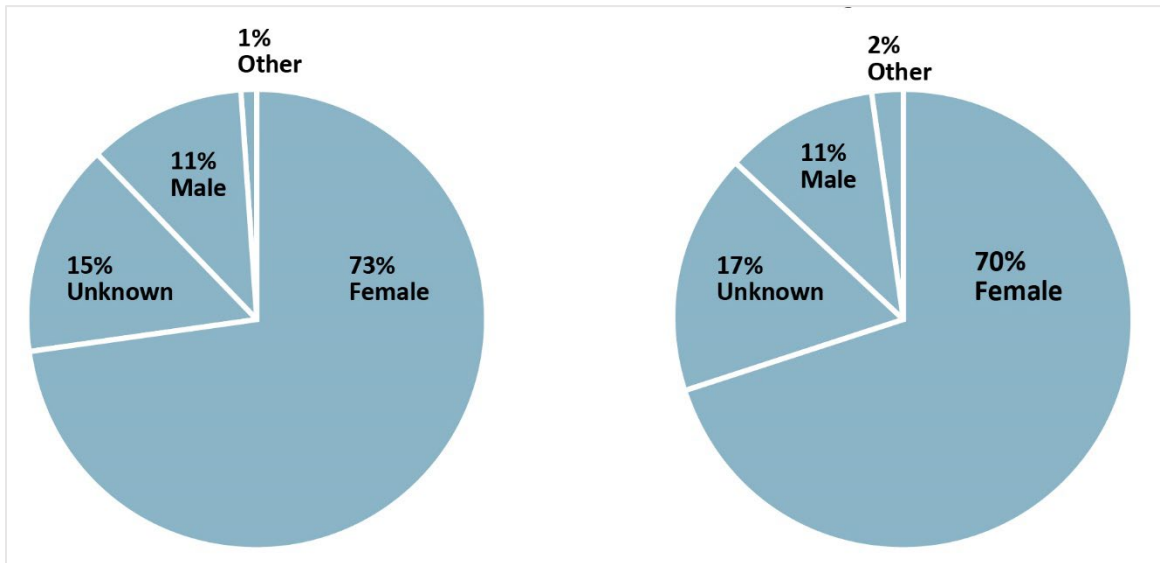
²⁸ The data consisted of four gender types: female, male, “other,” and “unknown.” “Unknown” represented interactions in which contacts did not disclose a gender or the data field for gender was blank.

²⁹ The Hotline did not collect gender information for every contact. When gender information was collected, only one gender type was reported in the data for each contact.

female, transgender male, two spirit, or another gender not listed.³⁰ The percentages for these genders remained generally consistent for both periods. (See Figures 10 and 11.)

Figure 10: Contact Gender Types for the Period Before the Pandemic

Figure 11: Contact Gender Types for the Period During the Pandemic



The Number of Contacts That Reported Gender Types Other Than Female Increased From the Period Before to the Period During the Pandemic, and There Were Notable Fluctuations in These Gender Types in Certain Months During the Pandemic

There was a notable percentage increase in the number of contacts that reported gender types other than female (4 percent) from the period before to the period during the pandemic. The “other” gender type had the greatest increase: 63 percent. (See Table 3.)

Table 3: Increases in the Number of Contacts for Gender Types Other Than Female

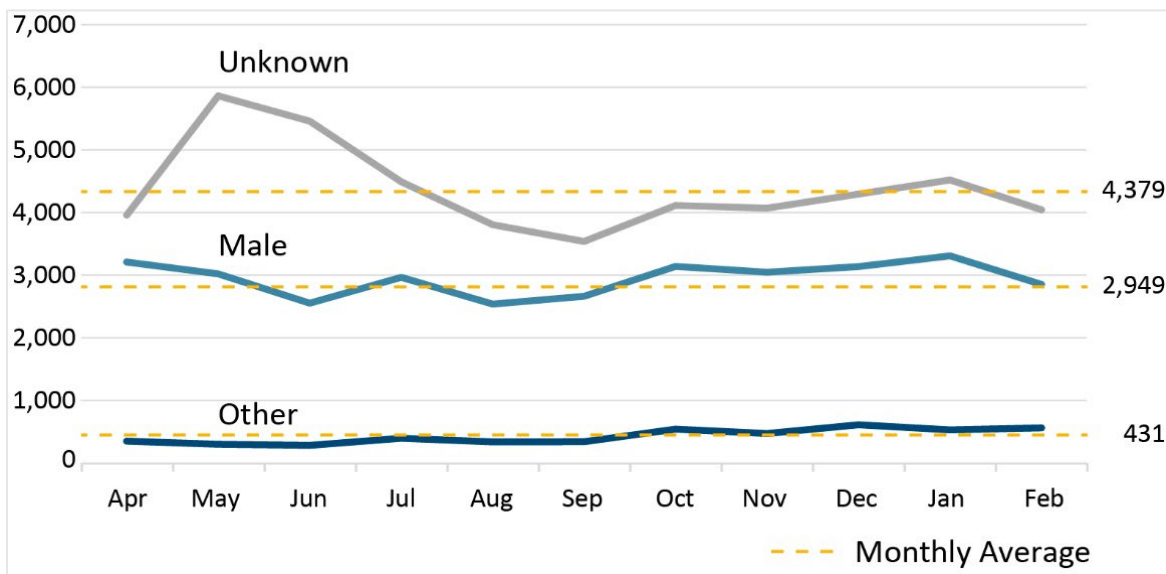
Gender Type	Number of Contacts: Period Before Pandemic	Number of Contacts: Period During Pandemic	Percentage Increase
Other	3,259	5,309	63%
Unknown	43,165	52,617	22%
Male	31,593	35,847	13%

³⁰ “Nonbinary” refers to a person with a gender identity outside of or beyond the two traditional concepts of male or female (e.g., gender-fluid). “Two spirit” refers to a person with a gender identity that may include feminine woman, masculine woman, masculine man, or feminine man.

There were notable fluctuations in the number of contacts that reported these three gender types in certain months for the period during the pandemic. (See Figure 12.)

- The monthly average number of contacts that did not disclose a gender (i.e., unknown) was 4,379. Relative to the monthly average, there were: (1) notable increases for May and June 2020 (of 25 to 34 percent above the average) and (2) notable decreases for April, August, and September 2020 (of 10 to 19 percent below the average).
- The monthly average number of contacts that reported the male gender type was 2,949. Relative to the monthly average, there was a notable increase for January 2021 (of 12 percent above the average); and there were notable decreases for June, August, and September 2020 (of 10 to 14 percent below the average).
- The monthly average number of contacts that reported the “other” gender type was 431. Relative to the monthly average, there were: (1) notable increases for October 2020 through February 2021 (of 10 to 43 percent above the average) and (2) notable decreases for April through June 2020 and for August and September 2020 (of 18 to 34 percent below the average).

Figure 12: Monthly Contacts by Gender Type During the Pandemic



Hotline’s Feedback on Our Analysis of Gender Information

Hotline officials told us that they were not surprised that the results of our analysis showed that most contacts reported the female gender type. They stated, however, that based on anecdotal information, it appeared that the Hotline was getting more contacts that reported the male gender type compared with previous periods. In terms of changes that occurred during the pandemic period, Hotline officials did not know why there were spikes or declines in certain months.

Situational Information (Abuse Types, Contact Needs, Barriers in Service, and Contact Type)

Two Types of Abuse Were Most Frequently Reported for the Periods Before and During the Pandemic

For the periods before and during the pandemic, the same two types of abuse were most frequently reported by contacts.³¹ For the period before the pandemic, emotional/verbal abuse was reported at a frequency of 89 percent, and physical abuse was reported at a frequency of 62 percent.³² For the period during the pandemic, these abuse types were reported at a similar frequency. (See Figures 13 and 14.)

Figure 13: Abuse Types for the Period Before the Pandemic

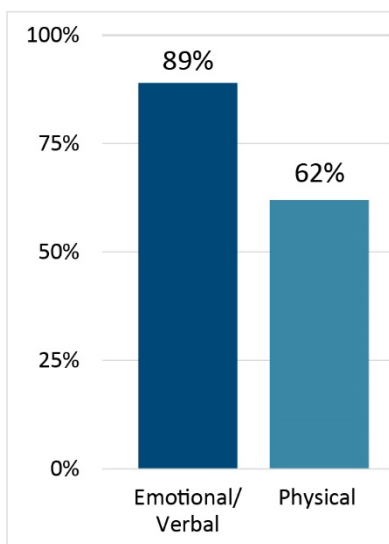
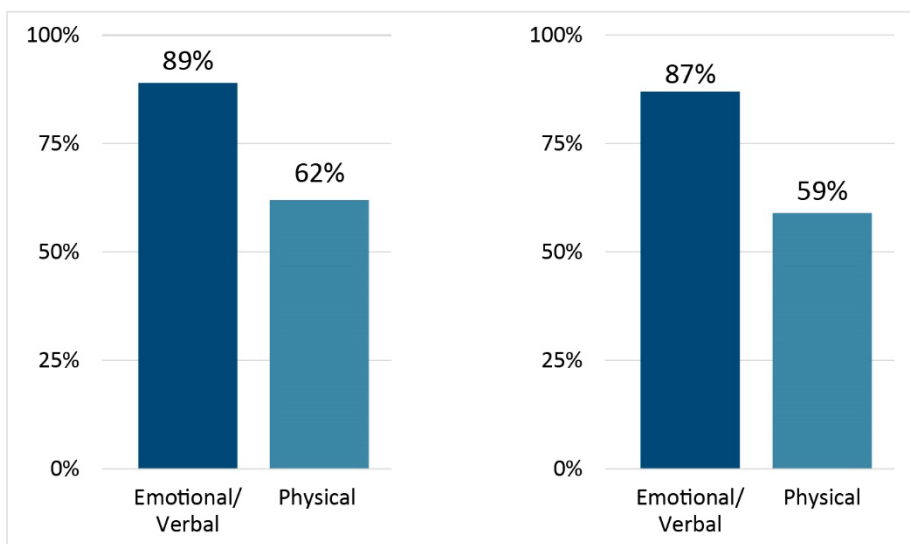


Figure 14: Abuse Types for the Period During the Pandemic



One Abuse Type Increased and Two Other Abuse Types Decreased From the Period Before to the Period During the Pandemic, and There Were Notable Fluctuations in These Abuse Types in Certain Months During the Pandemic

There was a notable percentage increase in the number of reports for contacts that did not disclose an abuse type (i.e., “unknown”) from the period before to the period during the pandemic. There were notable percentage decreases in two other types of abuse reported by

³¹ The data consisted of six types of abuse: digital, economic/financial, emotional/verbal, physical, sexual, and “unknown.” “Unknown” represented interactions in which contacts did not disclose an abuse type. Digital abuse is when the victim/survivor has at any point been subjected to control, harassment, intimidation, or threats via technological means (e.g., cyberstalking, nonconsensual sexting, and electronic surveillance).

³² The Hotline did not always collect type-of-abuse information for every contact. When the type of abuse was collected, one or more types of abuse were reported in the data for each contact.

contacts—sexual and digital (e.g., cyberstalking)—from the period before to the period during the pandemic. (See Table 4.)

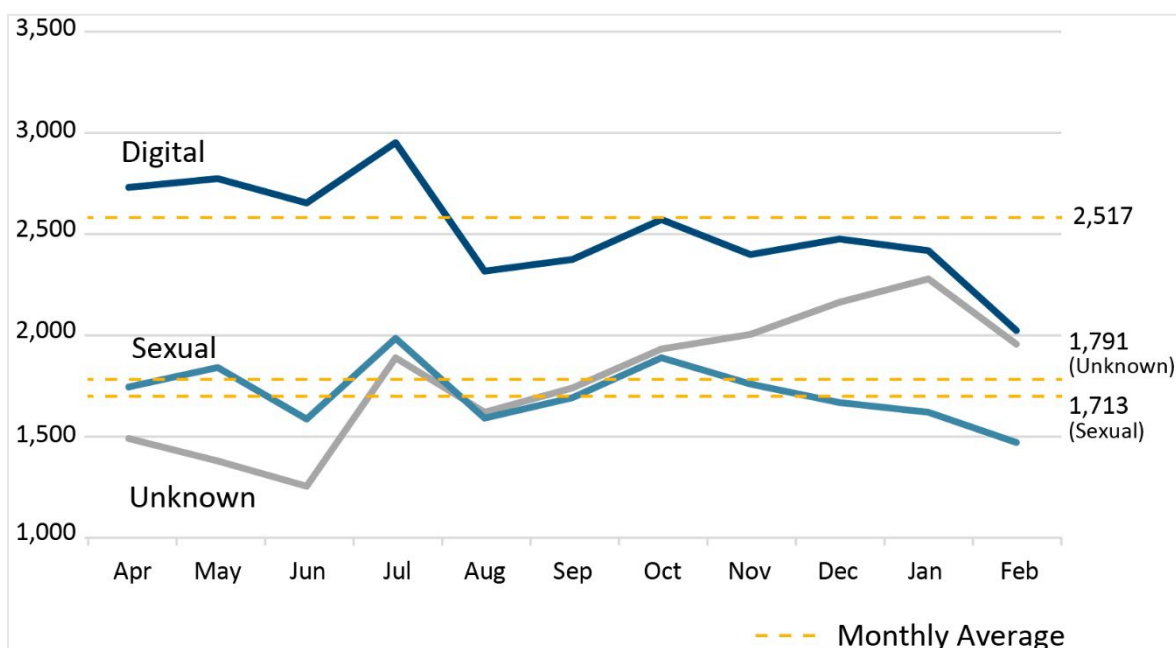
Table 4: Changes in Types of Reported Abuse

Abuse Type	Number of Reports: Period Before Pandemic	Number of Reports: Period During Pandemic	Percentage Change
Unknown	16,350	21,794	33%
Sexual	22,201	20,706	(7%)
Digital	32,889	30,259	(8%)

There were notable fluctuations in the number of reports for these three abuse types in certain months for the period during the pandemic. (See Figure 15 on the following page.)

- The monthly average number of reports of digital abuse was 2,517. Relative to the monthly average, there were notable increases for May and July 2020 (of 10 to 17 percent above the average), and there was a notable decrease for February 2021 (of 20 percent below the average).
- The monthly average number of reports of sexual abuse was 1,713. Relative to the monthly average, there were notable increases for July and October 2020 (of 10 to 16 percent above the average), and there was a notable decrease for February 2021 (of 14 percent below the average).
- The monthly average number of reports of “unknown” abuse was 1,791. Relative to the monthly average, there were: (1) notable increases for November 2020 through January 2021 (of 12 to 27 percent above the average) and (2) notable decreases for April through June 2020 and for August 2020 (of 10 to 30 percent below the average).

Figure 15: Monthly Abuse Types Reported During the Pandemic



Hotline’s Feedback on Our Analysis of Abuse Types

Hotline officials told us that they were not surprised that the results of our analysis showed that the most common types of abuse reported were emotional/verbal and physical. They stated that these two types of abuse had been reported most frequently in the past and often occurred with economic/financial abuse, which was therefore often underreported. Hotline officials stated that the increase in the “unknown” abuse type could be attributed to the nature of the Hotline’s interactions with victims. According to officials, the only information the Hotline has is the information that the contact is willing to share.

Two Types of Contact Needs Were Most Frequently Reported for the Periods Before and During the Pandemic

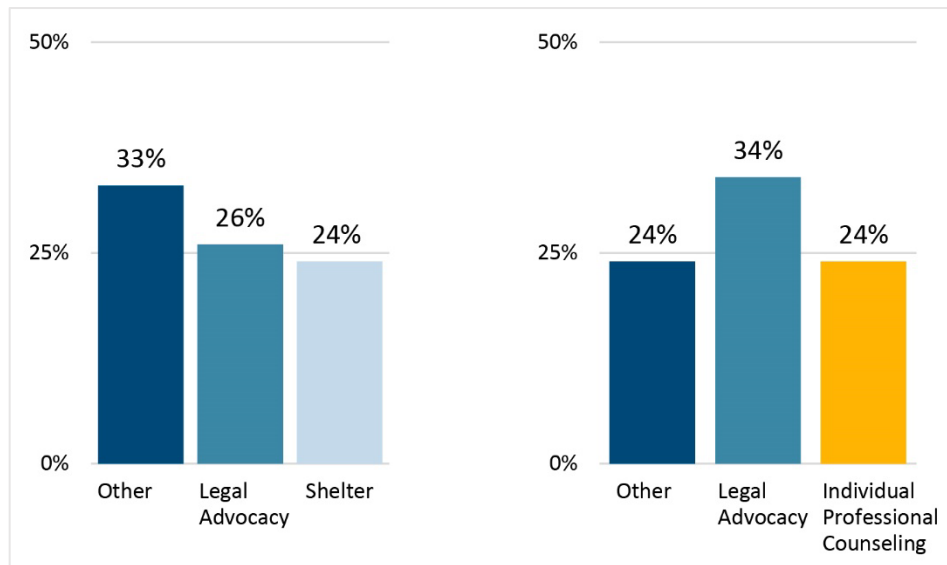
For the periods before and during the pandemic, contacts reported three types of needs most frequently: “other,” legal advocacy, and shelter.³³ Although there was some change in the frequencies for “other” and legal advocacy, these two types of needs remained generally

³³ The data consisted of 21 types of contact needs, including child counseling, domestic violence support groups, transportation, legal advocacy, protective/restraining order assistance, sexual assault support services, shelter, and transitional housing, as well as “other” and “not applicable.” “Other” represented a direct service or resource that the contact needed but that was not listed as a selection in the Hotline’s contact database. “Not applicable” represented interactions in which contacts did not request or need any direct service or resource at the time of the interaction.

consistent for both periods.³⁴ For the period during the pandemic, shelter was no longer one of the three types of needs most frequently reported.³⁵ Instead, individual professional counseling was one of the three types of needs most frequently reported.³⁶ (See Figures 16 and 17.)

Figure 16: Contact Need Types for the Period Before the Pandemic

Figure 17: Contact Need Types for the Period During the Pandemic



Four Types of Contact Needs Increased and One Type of Contact Need Decreased From the Period Before to the Period During the Pandemic, and There Were Notable Fluctuations in These Types of Contact Needs in Certain Months During the Pandemic

Five types of needs that were reported by contacts had a notable percentage change from the period before to the period during the pandemic. The need for protective/restraining order assistance had the greatest percentage increase, while the need for shelter had the greatest percentage decrease. (See Table 5 on the following page.)

³⁴ The Hotline did not always collect type-of-need information for every contact. When the type of need was collected, one or more types of need were reported in the data for each contact.

³⁵ “Shelter” was reported less frequently (23 percent) for the period during the pandemic.

³⁶ “Individual professional counseling” was reported less frequently (19 percent) for the period before the pandemic.

Table 5: Changes in Types of Reported Contact Needs

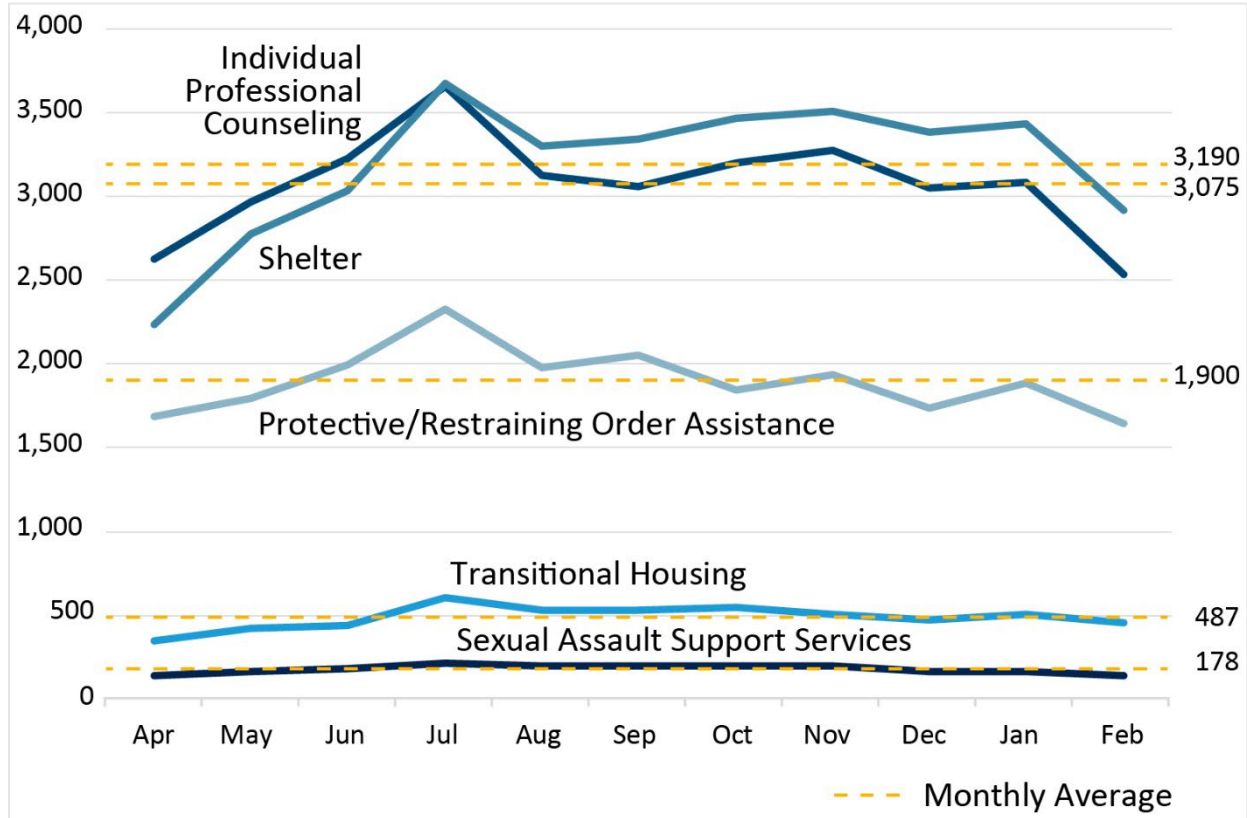
Contact Need Type	Number of Reports: Period Before Pandemic	Number of Reports: Period During Pandemic	Percentage Change
Protective/Restraining Order Assistance	16,181	22,678	40%
Sexual Assault Support Services	1,669	2,111	26%
Individual Professional Counseling	31,362	38,184	22%
Transitional Housing	5,258	5,830	11%
Shelter	39,115	36,788	(6%)

There were notable fluctuations in the number of reports for these five types of contact needs in certain months for the period during the pandemic. (See Figure 18 on the following page.)

- The monthly average number of reports for the need for individual professional counseling was 3,190. Relative to the monthly average, there were: (1) notable increases for July and November 2020 (of 10 to 15 percent above the average) and (2) notable decreases for April and May 2020 (of 13 to 30 percent below the average).
- The monthly average number of reports for the need for shelter was 3,075. Relative to the monthly average, there was a notable increase for July 2020 (of 19 percent above the average), and there were notable decreases for April 2020 and February 2021 (of 15 to 18 percent below the average).
- The monthly average number of reports for the need for protective/restraining order assistance was 1,900. Relative to the monthly average, there was a notable increase for July 2020 (of 23 percent above the average), and there were notable decreases for April 2020 and February 2021 (of 11 to 13 percent below the average).
- The monthly average number of reports for the need for transitional housing was 487. Relative to the monthly average, there were: (1) notable increases for July, August, and October 2020 (of 10 to 24 percent above the average) and (2) notable decreases for April through June 2020 (of 10 to 29 percent below the average).
- The monthly average number of reports for the need for sexual assault support services was 178. Relative to the monthly average, there were: (1) notable increases for July through November 2020 (of 10 to 22 percent above the average) and (2) notable

decreases for April 2020 and January and February 2021 (of 10 to 23 percent below the average).

Figure 18: Monthly Contact Need Types Reported During the Pandemic



Hotline’s Feedback on Our Analysis of Contact Needs

Hotline officials stated that they were not surprised by the results of our analysis of the contact needs most frequently reported by contacts. They stated that they had not looked at contact needs data in detail but were aware of the high percentage of the “other” category within this and other data categories. Hotline officials stated that they were working on adding a required prompt in the database for the Hotline to include specific details in the database on what “other” represented when this option was selected as a need.

In addition, Hotline officials stated that services for some of these types of needs (including protective/restraining order assistance, shelter, transitional housing, and legal advocacy) were “under-resourced” even before the pandemic and that they anticipated an increase in demand following the pandemic. The officials stated that they anticipated an increase in demand for individual professional counseling, legal representation, and legal advocacy. The officials also stated that it was necessary to work with policymakers and advocate for increased funding for the organizations responding to these needs. Hotline officials stated that the increase in the needs for shelter and transitional housing in July 2020 could have been caused by the increase in COVID cases that occurred nationwide at that time.

Three Types of Barriers to Accessing Services Were Most Frequently Reported for the Periods Before and During the Pandemic

For the periods before and during the pandemic, the same three types of barriers to accessing services were most frequently reported by contacts: “unknown,” “other,” and finance.^{37, 38} For the period before the pandemic, the “unknown,” “other,” and finance barriers were reported at frequencies of 54 percent, 25 percent, and 8 percent, respectively.³⁹ For the period during the pandemic, the “unknown” and finance barriers were reported at similar frequencies as they were in the period before the pandemic, but the “other” barrier was reported less frequently than it was reported in the period before the pandemic. (See Figures 19 and 20.)

Figure 19: Service Barrier Types for the Period Before the Pandemic

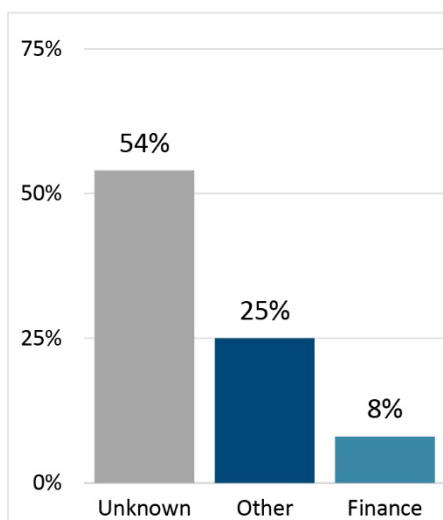
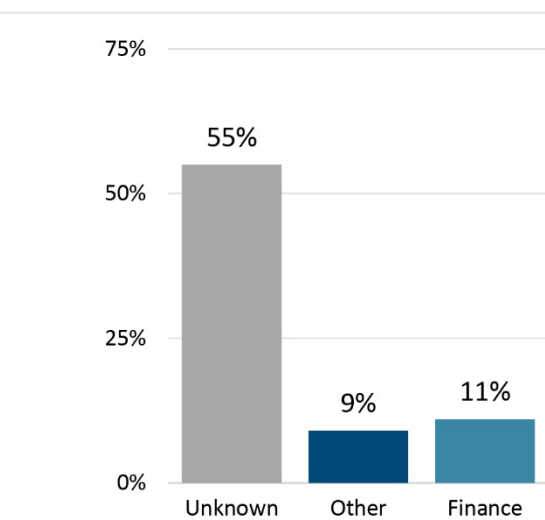


Figure 20: Service Barrier Types for the Period During the Pandemic



³⁷ The data consisted of 20 types of barriers to accessing services, including finance, immigration status, language, mental health, sexual orientation, transportation, and capacity, as well as “unknown” and “not applicable.” “Unknown” represented interactions in which barriers were not disclosed or able to be assessed during the interaction. “Not applicable” represented contacts that did not report any barriers to services or resources at the time of the interaction. Appendix B includes definitions for the mental health, finance, language, and capacity service barriers.

³⁸ “Other” represented an additional or a different barrier to service that was not listed as a selection in the Hotline’s contact database.

³⁹ The Hotline did not collect information on barriers in service for every contact. When the type of barrier in service was collected, one or more types of barriers were reported in the data for each contact.

Four Types of Service Barriers Increased From the Period Before to the Period During the Pandemic and There Were Notable Fluctuations in These Types of Service Barriers in Certain Months During the Pandemic

Four types of service barriers reported by contacts had a notable percentage increase from the period before to the period during the pandemic. The mental health barrier had the greatest percentage increase, followed by the finance barrier. (See Table 6.)

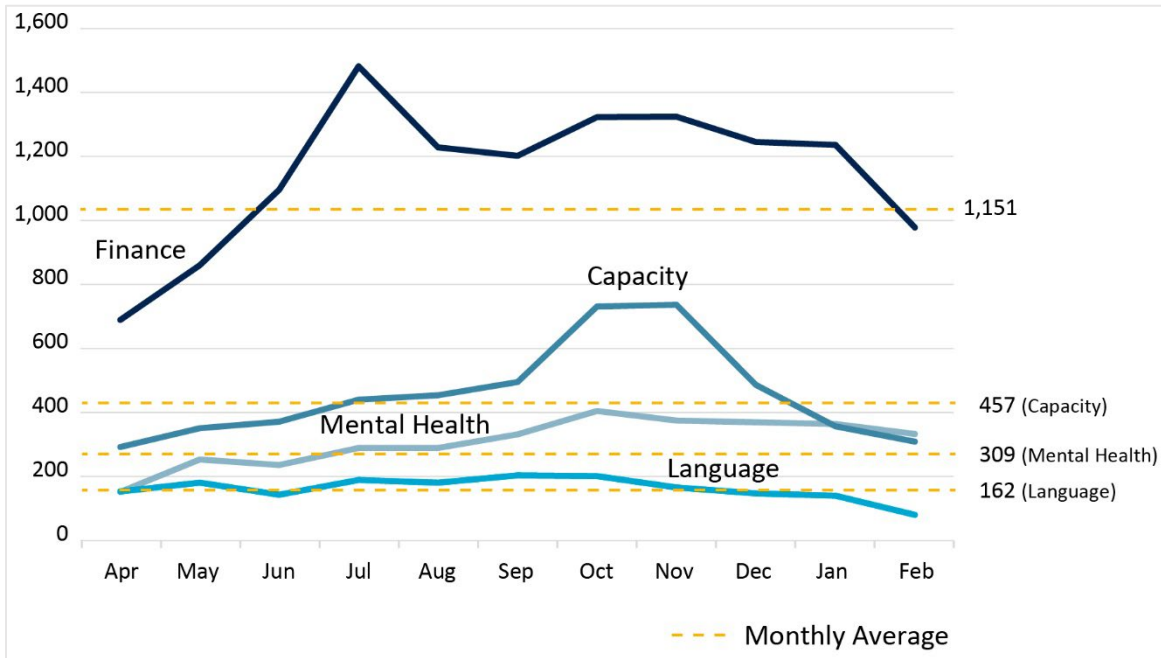
Table 6: Increases in Types of Reported Service Barriers

Service Barrier Type	Number of Reports: Period Before Pandemic	Number of Reports: Period During Pandemic	Percentage Change
Mental Health	1,798	3,694	105%
Finance	8,457	13,648	61%
Language	1,279	1,895	48%
Capacity	4,603	5,372	17%

There were notable fluctuations in the number of reports for these four types of service barriers in certain months for the period during the pandemic. (See Figure 21 on the following page.)

- The monthly average number of reports for the finance barrier was 1,151. Relative to the monthly average, there were: (1) notable increases for July, October, and November 2020 (of 15 to 29 percent above the average) and (2) notable decreases for April and May 2020 and February 2021 (of 15 to 40 percent below the average).
- The monthly average number of reports for the capacity barrier was 457. Relative to the monthly average, there were: (1) notable increases for October and November 2020 (of 60 to 61 percent above the average) and (2) notable decreases for April through June 2020 and January and February 2021 (of 19 to 36 percent below the average).
- The monthly average number of reports for the mental health barrier was 309. Relative to the monthly average, there were: (1) notable increases for October 2020 through January 2021 (of 18 to 31 percent above the average) and (2) notable decreases for April through June 2020 (of 18 to 51 percent below the average).
- The monthly average number of reports for the language barrier was 162. Relative to the monthly average, there were: (1) notable increases for May 2020 and July through October 2020 (of 12 to 26 percent above the average) and (2) notable decreases for June 2020 and January and February 2021 (of 12 to 51 percent below the average).

Figure 21: Monthly Service Barrier Types Reported During the Pandemic



Hotline’s Feedback on Our Analysis of Service Barriers

Hotline officials stated that they were not surprised by the results of our analysis of the most frequent types of barriers to accessing services reported by contacts. They stated that a Hotline advocate would have selected “unknown” (the most frequently reported service barrier before and during the pandemic) in cases where the advocate was unable to clearly identify the service barrier. Hotline officials also stated that the Hotline advocate would have selected the “other” barrier in cases where the specific barrier was not listed in the Hotline’s contact database. The officials stated that they were aware of the significant percentage of the “other” category. They stated that they were working on adding a required prompt in the database for the Hotline to include specific details in the database on what “other” represented when this option was selected as a service barrier.

Hotline officials stated that the increases in the finance barrier during the pandemic could be attributed to abusers not letting victims go to work (which would have affected the victims’ income) and abusers taking money from or withholding money from victims. Hotline officials stated that the increase in the capacity barrier could have been caused by reduced capacity at shelters. The officials stated that the overall increase in the mental health barrier could have been caused by those people who did not have mental issues before the pandemic but experienced anxiety, depression, etc., after the beginning of the pandemic. Finally, Hotline officials stated that the increase in the language barrier was possibly because there were not enough bilingual staff available at service providers (because of the reduced workforce during the pandemic).

Three Contact Types Were Most Frequently Reported for the Periods Before and During the Pandemic

For the periods before and during the pandemic, over 82 percent of contacts for three contact types were most frequently reported: (1) victim/survivor: intimate partner violence (IPV), (2) hang up, and (3) helper: IPV.^{40, 41} For the period before the pandemic, 85 percent of contacts reported these contact types.⁴² For the period during the pandemic, 82 percent of contacts reported the same three contact types. (See Figures 22 and 23.)

Figure 22: Contact Types for the Period Before the Pandemic

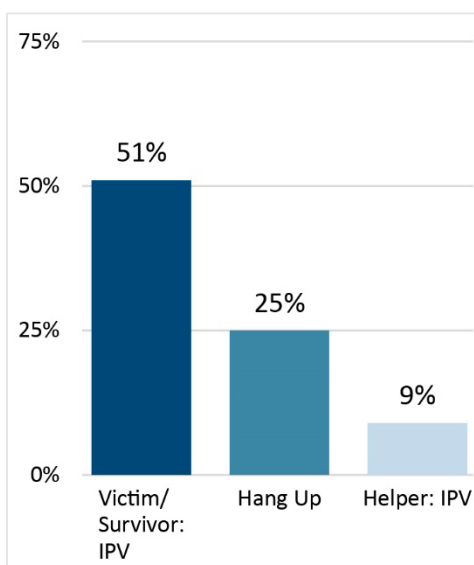
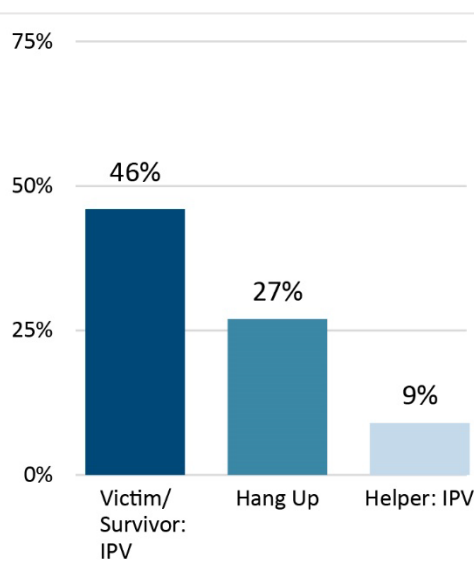


Figure 23: Contact Types for the Period During the Pandemic



The Number of Contacts for Four Contact Types Increased From the Period Before to the Period During the Pandemic, and There Were Notable Fluctuations in These Contact Types in Certain Months During the Pandemic

The number of contacts for four types of contacts had notable percentage increases from the period before to the period during the pandemic. The contact type “victim/survivor: non-IPV” had the greatest percentage increase, followed by “helper: non-IPV.” (See Table 7.)

⁴⁰ The data consisted of 11 types of contacts, including abusive partner, hang up, helper: abusive partner, helper: IPV, helper: non-IPV, and victim/survivor: non-IPV.

⁴¹ IPV describes tactics of power and control exerted by someone against a person with whom they are or were in an intimate relationship. This type of violence can occur among individuals of any gender identity or sexual orientation and does not require sexual intimacy (e.g., IPV may include tactics of emotional, financial, digital, spiritual, sexual, or physical abuse or stalking).

⁴² The Hotline collected this type of information for every contact. For each contact, only one contact type was reported in the data.

Table 7: Increases in Four Contact Types

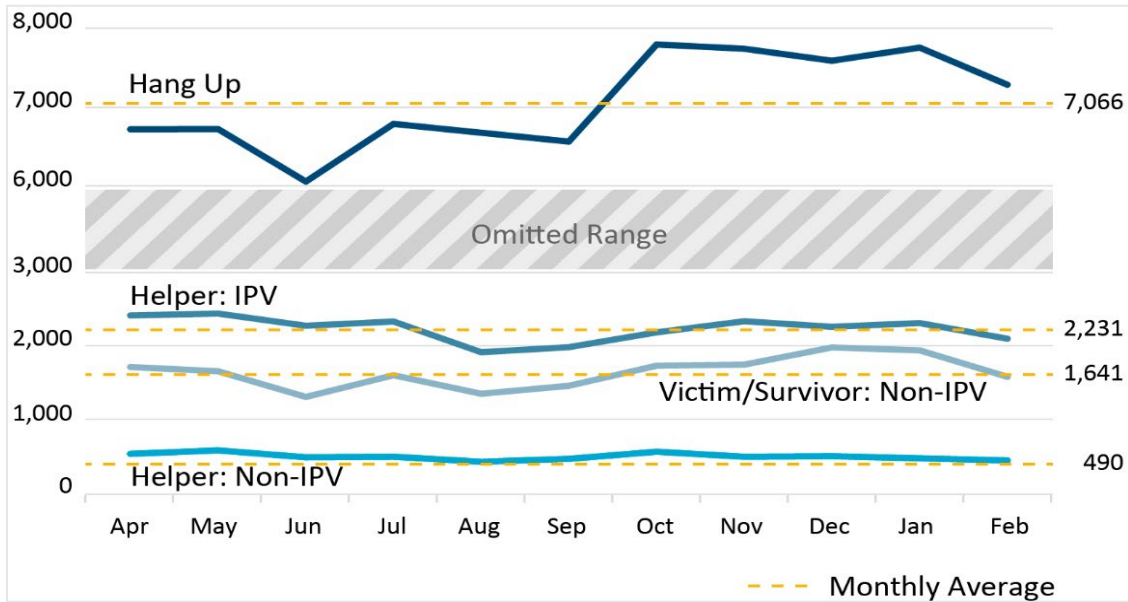
Contact Type	Number of Contacts: Period Before Pandemic	Number of Contacts: Period During Pandemic	Percentage Change
Victim/Survivor: Non-IPV	13,575	19,963	47%
Helper: Non-IPV	4,675	5,969	28%
Hang Up	71,329	84,828	19%
Helper: IPV	25,693	26,976	5%

There were notable fluctuations in the number of contacts for these four contact types in certain months for the period during the pandemic. (See Figure 24 on the following page.⁴³)

- The monthly average number of contacts for the contact type “hang up” was 7,066. Relative to the monthly average, there were notable increases for October and November 2020 and January 2021 (of 10 percent above the average), and there was a notable decrease for June 2020 (of 14 percent below the average).
- The monthly average number of contacts for the contact type “helper: IPV” was 2,231. Relative to the monthly average, there were: (1) no notable increases in any months during the pandemic and (2) notable decreases for August and September 2020 (of 11 to 14 percent below the average).
- The monthly average number of contacts for the contact type “victim/survivor: non-IPV” was 1,641. Relative to the monthly average, there were: (1) notable increases for December 2020 and January 2021 (of 18 to 21 percent above the average); and (2) notable decreases for June, August, and September 2021 (of 11 to 21 percent below the average).
- The monthly average number of contacts for the contact type “helper: non-IPV” was 490. Relative to the monthly average, there were: (1) notable increases for May and October 2020 (of 13 to 18 percent above the average) and (2) notable decreases for August 2020 and February 2021 (of 10 to 15 percent below the average).

⁴³ Figure 24 omits the 3,000 to 6,000 range for the number of contacts because these four contact types did not have any fluctuations in this range.

Figure 24: Monthly Contact Types Reported During the Pandemic



Hotline’s Feedback on Our Analysis of Contact Types

Hotline officials stated that they were not surprised by the results of our analysis of the most frequently reported types of contacts. They stated that they had expected the contact types “victim/survivor: IPV,” “hang up,” and “helper: IPV” to be ranked as the top three most frequently reported in the periods before and during the pandemic. Hotline officials also stated that they had expected the increase in contacts from helpers. They stated that as restrictions began to lift during the pandemic, more helpers reached out to the Hotline when victims were still unable to do so themselves. Finally, Hotline officials stated that they were surprised by the increase in the “non-IPV” contact types but stated that it made sense because a lot of students returned home during the pandemic. Hotline officials stated that the increase in the contact type “victim/survivor: non-IPV” could have been caused by college students who were returning home and reporting abuse that they saw among their family members. They stated that the increase in the contact type “helper: non-IPV” could have been caused by college roommates calling on behalf of college students who were returning home. Hotline officials stated that the increases in the “non-IPV” contact types from October 2020 through January 2021 could have been caused by the overall increase in calls for these months. They also stated that these increases could have been caused by media attention on Domestic Violence Awareness month (October).

Referral Information (Referrals to Providers and Resources)

During our audit period, the Hotline made over 790,000 referrals to providers and resources related to 310,560 contacts (of the 601,019 total contacts that were handled). For the contacts for which the Hotline referred providers or resources, over 90 percent of these contacts were

referred to a range of one to five providers or resources.⁴⁴ The remaining contacts were referred to a range of 6 to 15 providers or resources.

On average, the Hotline made 2.5 referrals per contact to providers and resources for the periods before and during the pandemic. The average number of referrals was similar for the two periods. (See Table 8.)

Table 8: Referrals Made by the Hotline

	Period Before Pandemic	Period During Pandemic
Number of Referrals	411,120	385,678
Number of Contacts	161,346	149,214
Average Number of Referrals	2.55	2.58

Many of these providers and resources offered a wide range of services. The most common types of services offered were legal services (e.g., advocacy and court accompaniment); domestic violence services (e.g., support groups, emergency transportation, and shelter); sexual assault support services; household goods/clothing; and food.

CHALLENGES THAT THE HOTLINE FACED DURING THE COVID-19 PANDEMIC AND ACTIONS IT TOOK TO ADDRESS THOSE CHALLENGES

The Hotline identified four challenges that it faced during the pandemic: (1) connecting victims to providers and resources that were operating at a limited capacity because of the pandemic, (2) tracking the unique impact of the pandemic on victims to better serve contacts’ needs, (3) addressing a decrease in contact volume from victims who may have needed help but did not contact the Hotline because they were in closer proximity to their abusers as a result of the shelter-in-place orders that were implemented, and (4) fostering meaningful connections among Hotline staff to carry its mission forward. To address these challenges and help ensure that it continued to support those affected by domestic violence during the pandemic, the Hotline took the actions described below.

Connecting Victims to Providers and Resources During the Pandemic

The Hotline faced difficulty connecting victims to providers and resources because the providers and resources were operating at a limited capacity due to the pandemic. In addition, as a national organization, the Hotline found it difficult to know what was happening in communities in different States because guidelines for sheltering in place and capacity limits were not consistent across the country. Furthermore, according to Hotline officials, Hotline advocates often called shelters to obtain information about capacity limits, but each shelter

⁴⁴ For each contact, the Hotline may refer more than one provider or resource depending on the information disclosed during the contact or may refer none if not needed.

seemed to be operating at a different capacity because there was no consistency in what local communities were doing in response to local guidance.

To address this challenge, the Hotline took several actions. Specifically, the Hotline:

- shifted its focus to safety planning to help victims (e.g., provided safety strategies to victims, such as advising them to take longer showers to get an emotional break from the abuser);
- created a blog on its website to provide information to victims in the event they could not reach out for help;
- conducted media interviews to discuss safety information and strategies for bystanders to use to support victims;⁴⁵ and
- created a reference guide, *Resources Affected by COVID-19*, for advocate staff to keep track and stay informed of how various programs were revising operations based on local COVID-19 guidelines.

Tracking the Impact of the Pandemic on Victims

Before the pandemic, the Hotline collected data on the types of barriers to service (such as finance, immigration status, and language) that affected a victim's ability to access local resources. These data helped the Hotline track the different types of barriers that victims were facing. However, the Hotline's contact database did not include a data field for tracking the impact of a public health emergency, such as the pandemic, on victims and survivors of domestic violence.

To address this challenge, the Hotline added "coronavirus" to its contact database as a possible response (or option) for the data categories "victim details" and "barriers in service."⁴⁶ For victim details, advocates selected "coronavirus" for victims who began experiencing abuse or whose abuse worsened because of the pandemic. For example, a victim was sheltering-in-place with an abuser and was unable to seek services because of testing positive for COVID-19 or being exposed to someone who had tested positive for COVID-19. For barriers in service, advocates selected "coronavirus" for issues related to the pandemic that inhibited the contact's ability to receive a service. For example, the shelter-in-place order restricted the contact's mobility. The Hotline began collecting this data on March 16, 2020, and created an internal dashboard that was updated daily with the latest information about contacts affected by the pandemic.

⁴⁵ Bystanders are individuals who witness unhealthy or abusive behaviors.

⁴⁶ Victim details are specific circumstances that a victim or survivor may be experiencing, including parts of an individual's current or past experience and their identity characteristics.

Although the Hotline began collecting data to track the impact of the pandemic, the Hotline did not analyze these data in detail to identify trends in contact data (e.g., ethnicity types with notable increases and identifying the unique circumstances these contacts experienced) and the overall impact of the pandemic on victims. Before the pandemic, the Hotline did not have funding to create a dedicated staff position for data analysis. However, Hotline officials stated that they received funding for and hired one data analyst but that “it would be great” if they could have a team dedicated to performing detailed analysis of the contact data.

Addressing Decreased Contact Volume at the Start of the Pandemic

The Hotline saw a decrease in contact volume at the start of the pandemic when shelter-in-place orders were first being implemented. For March 2020, contact volume decreased compared with March 2019. Shelter-in-place orders meant that many victims were in closer and more frequent proximity to their abusers and, therefore, these victims may not have contacted the Hotline even though they needed help.

To address this challenge, the Hotline took several actions. Specifically, the Hotline:

- updated its website to include articles and reports on the impact of the pandemic to raise awareness of the increased risk of domestic violence to victims during the pandemic and while sheltering-in-place;
- used media and other communication strategies to inform people that the Hotline was still available 24-7 and that online chat or text messaging could be safer options for victims who were isolated with their abusers; and
- partnered with No More in a campaign in which the Hotline’s information (including the 1-800 number) was published.⁴⁷

Fostering Meaningful Connections Among Staff During the Pandemic

The Hotline faced difficulty fostering meaningful connections among staff to carry out its mission because all staff transitioned to at-home work during the pandemic. To address this challenge, the Hotline found ways to connect with staff as well as ways to foster connections among staff. For example, the Hotline management held regular virtual meetings (via Teams and Zoom) to keep staff informed of current issues and foster connections with them. Also, the Hotline built “connection huddles” (i.e., groups) in which staff were able to connect for short periods of time to stay connected with one another. Furthermore, the Hotline built “learning huddles” in which staff were able to connect to discuss and learn about specific topics related to advocacy.

⁴⁷ No More is an organization dedicated to ending domestic violence and sexual assault by increasing awareness, inspiring action, and fueling cultural change.

CONCLUSION

Although our analysis found little change in total contact volume from the period before to the period during the pandemic, we identified notable changes in the contact data for some subcategories of data that we analyzed. For example, the number of contacts that used online chat to contact the Hotline increased by 19 percent, the number of contacts that identified with the Asian ethnicity group increased by 24 percent, and the need for protective/restraining order assistance increased by 40 percent. Furthermore, our analysis showed notable fluctuations in the number of contacts for some subcategories of data in certain months during the pandemic. Although the Hotline provided explanations for what could have contributed to these fluctuations, it could not determine whether they were a result of the pandemic. The Hotline believed that the full impact of the pandemic may not be reflected in the contact data until more time has passed.

The Hotline identified four challenges that it faced during the pandemic: (1) connecting victims to providers and resources that were operating at a limited capacity because of the pandemic, (2) tracking the unique impact of the pandemic on victims to better serve contacts' needs, (3) addressing a decrease in contact volume from victims who may have needed help but did not contact the Hotline because they were in closer proximity to their abusers as a result of the shelter-in-place orders that were implemented, and (4) fostering meaningful connections among Hotline staff to carry its mission forward. To address these challenges, the Hotline took actions to help ensure that it continued to support those affected by domestic violence. Even before the pandemic, the Hotline had a continuity plan in place that it could activate if a disaster were to occur. Pursuant to that plan, when the pandemic began and States implemented shelter-in-place orders, the Hotline activated its continuity plan and transitioned to at-home work to continue providing services 24-7 to those affected by domestic violence.

This report includes no recommendations. However, considering the information in this report may help the Hotline evaluate its emergency response to identify areas in which it can improve and to ensure that it addresses any long-term effects of the pandemic. Although the Hotline collected a significant amount of contact data, it did not collect all information because of the sensitive nature and urgency of the contacts, nor did it always analyze these data in detail to identify trends in the contact data and determine the overall impact of the pandemic on victims. Collecting all contact data and having dedicated staff to analyze the data in detail may help the Hotline identify the unique circumstances its contacts experience and enable the Hotline to better serve contacts from all demographic groups.

The Hotline did not have any comments on our draft report.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

We obtained contact data from the Hotline for the period March 19, 2019, through March 18, 2021.⁴⁸ To identify trends in the Hotline's contact data, we compared the contact data for the 12-month period before the beginning of the pandemic (March 19, 2019, through March 18, 2020) with the contact data for the 12-month period after the pandemic was declared (March 19, 2020, through March 18, 2021).⁴⁹ We focused our analysis on the contact data for four categories: (1) contact volume and communication methods, (2) demographic information, (3) situational information, and (4) referral information.

Because of the sensitive nature of the interactions with individuals who contacted the Hotline and their urgent needs, the Hotline did not always collect all demographic information and situational information for each contact. Therefore, our analysis was limited by the information that the Hotline was able to collect, and the results of our analysis should not be used to make general assumptions about certain demographic groups.

To identify challenges that the Hotline faced during the pandemic and actions that it took to address those challenges, we interviewed Hotline officials.

We did not perform an overall assessment of the Hotline's internal control structure. We limited our internal control review to obtaining an understanding of the Hotline's process for collecting and analyzing contact data and its policies related to its plan for ensuring continuity of services in the event of a disaster.

We conducted our audit from November 2020 to March 2022.

METHODOLOGY

To accomplish our objectives, we did the following:

- We reviewed grant award documents (e.g., the cooperative agreement between ACF and the Hotline).
- We reviewed Federal requirements at 42 U.S.C. § 10413, 45 CFR § 1370.32, and 45 CFR part 75.

⁴⁸ These data also included data for contacts that were handled by ADWAS on behalf of the Hotline for the deaf population.

⁴⁹ For purposes of our analysis, we excluded the data that were: (1) not handled by the Hotline or ADWAS; and (2) related to administrative contacts that were seeking basic information, rather than advocacy, or contacts that were inappropriately and intentionally misusing or abusing the Hotline's services.

- We interviewed ACF officials to obtain background and program information related to the Hotline.
- We reviewed shelter-in-place orders for the 50 States, the District of Columbia, and U.S. territories to identify when the first shelter-in-place order was implemented.
- We reviewed the Hotline’s continuity plan for ensuring the continuity of services after the shelter-in-place orders were implemented.
- We obtained contact data from the Hotline for the period March 19, 2019, through March 18, 2021, including data for contacts that were handled by ADWAS on behalf of the Hotline for the deaf population.⁵⁰
- We excluded the data that were related to: (1) contacts that were not handled by the Hotline or ADWAS; and (2) related to administrative contacts that were seeking basic information, rather than advocacy, or contacts that were inappropriately and intentionally misusing or abusing the Hotline’s services.
- We analyzed the contact data for four categories (contact volume and communication methods, demographic information, situational information, and referral information) and for some categories, we performed the following analysis:
 - For the data on communication methods and for each subcategory of demographic and situational information, we calculated the percentage of total contacts for each type of contact data for the periods before and during the pandemic. For example, for the ethnicity subcategory, we identified the ethnicity types (e.g., White, Asian, etc.) that had the highest percentages of total contacts. We then compared the data for the two periods to determine whether any changes occurred from one period to the other.
 - For the data on communication methods and for each subcategory of demographic and situational information, we calculated the percentage change (increase or decrease) for the types of contact data from the period before to the period during the pandemic. For example, for the ethnicity subcategory, we identified the ethnicity types (e.g., White, Asian, etc.) that had a notable change from one period to the other. We also identified notable fluctuations that occurred within the period during the pandemic.

⁵⁰ We also obtained contact data for the period March 19, 2017, through March 18, 2019, the 2-year period before our audit period, because we wanted to obtain assurance that these contact data were generally consistent with the contact data for the first 12 months of our audit period (March 19, 2019, through March 18, 2020). Because the data were generally consistent, we did not include in our report the data for the 2-year period before our audit period.

- We discussed the results of our analysis with Hotline officials to obtain their feedback.
- We interviewed Hotline officials to obtain information on the challenges that the Hotline faced and the actions it took to address these challenges.
- We discussed the results of our audit with Hotline officials.

We provided the Hotline with our draft report on March 11, 2022, for review. The Hotline did not have any written comments.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

APPENDIX B: KEY TERMS FROM THE HOTLINE'S DATA DICTIONARY FOR SITUATIONAL INFORMATION⁵¹

Abuse Types: All of the types of abuse that apply to the victim's experience as disclosed during the interaction with the Hotline's advocates. One form of abuse may encompass another. For example, "sexting" coercion includes digital, sexual, and emotional abuse.⁵² Online banking fraud includes financial, digital, and emotional abuse.

- *Digital:* The victim/survivor has at any point been subjected to control, harassment, intimidation, or threats via technological means (e.g., cyberstalking, nonconsensual sexting, and electronic surveillance).
- *Economic/Financial:* The victim/survivor has at any point been subjected to tactics limiting access to financial information, resources, or ability to achieve financial independence/stability (e.g., controlling or withholding funds, not allowing victim access to accounts, and forbidding or sabotaging employment).
- *Emotional:* The victim/survivor has at any point been subjected to tactics that cause psychological, mental, or spiritual harm (e.g., isolation from support systems or means of seeking support, stated or implied threats to the victim's safety or well-being, and verbal abuse).
- *Physical:* The victim/survivor has at any point been subjected to control, harassment, intimidation, or threats via physical means, or tactics that cause or have the intention of causing bodily injury/harm, disability, or death (e.g., hitting, grabbing, or punching; throwing objects at a victim; and use of restraints).
- *Sexual:* The victim/survivor has at any point been subjected to nonconsensual (by coercion, pressure, guilt, or force) sexual contact or interaction (e.g., shaming or harassing in regard to sexual behavior, orientation, or preferences; and sending or demanding sexual images).

Contact Needs: The requirements identified during the advocacy conversation (i.e., during the contact's interaction with the Hotline) and represented by the resources and providers referred to the contact and associated with the interaction.

- *Individual Professional Counseling:* Domestic violence counseling for victims with a licensed practitioner.

⁵¹ Definitions for key terms were excerpted from the Hotline's data dictionary.

⁵² Sexting is the act of sending sexually explicit photographs, videos, or messages.

- *Legal Advocacy*: Local support or information from a trained professional (not an attorney) regarding legal rights or options.
- *Protective/Restraining Order Assistance*: Assistance with protective or restraining order forms.
- *Sexual Assault Support Services*: Services for sexual assault victims, including but not limited to legal assistance, counseling, SANE (Sexual Assault Nurse Examiner) exam information, and accompanying the victim to a hospital.
- *Shelter*: Temporary or immediate 24-hour (which may be up to 6 months depending on the shelter) residential services available for victims of domestic violence.
- *Transitional Housing*: Residential options that assist victims of abuse without a permanent residence to move toward independent living.

Barriers in Service: Issues affecting the contact's ability to access local resources that were identified and discussed during the interaction with the Hotline's advocates.

- *Capacity*: Services are unavailable because of capacity.
- *Finance*: The contact does not qualify for income/need-based services or cannot pay a sliding-scale cost.
- *Language*: The contact is denied services or is afraid to work with a provider because provider staff are unable to communicate in the contact's language and the provider does not use interpretation services.
- *Mental Health*: The contact is denied services or is afraid to work with a provider because the provider does not accommodate use of psychiatric medications or does not accept clients with certain mental health conditions (e.g., mood disorders, eating disorders, and addiction).

Contact Type: A category used to represent the type of contact reaching out to the Hotline.

- *Hang Up*: A conversation that ends before enough information has been collected to determine the contact type.
- *Helper: IPV*: A contact other than an abusive partner reaching out to help, or associated with, the victim/survivor of intimate partner violence.
- *Helper: Non-IPV*: A contact wanting to help, or associated with, a person experiencing abuse from anyone other than an intimate partner.

- *Victim/Survivor: IPV:* A contact that has ever experienced abuse by an intimate partner and is looking for information, resources, or emotional or other support regarding the abusive relationship.
- *Victim/Survivor: Non-IPV:* A contact that has ever experienced abuse from anyone other than an intimate partner (i.e., a parent, sibling, or caretaker) and is looking for information, resources, or support regarding the abuse.