

**Providing a Citywide System of Single Point Access to
Domestic Violence Information, Resources, and Referrals to a
Diverse Population:**

**An Evaluation of the
City of Chicago Domestic Violence Help Line**

FINAL TECHNICAL REPORT

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The views expressed here are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

ABSTRACT

This is a report of a 2-year collaborative evaluation of the City of Chicago Domestic Violence Help Line. It assesses whether the Help Line effectively meets the needs of diverse victims of domestic violence. The three primary goals of the evaluation are as follows: 1) assess the effectiveness of the Help Line's operation in serving domestic violence victims from Chicago's diverse populations; 2) learn about the differing needs of diverse populations and their experiences utilizing the information, referrals, and linkages; and 3) provide information to other municipalities interested in establishing such public-private programs, collaborations, and policies.

The focus of the evaluation is from the user's perspective of the usefulness of the service. The primary purpose of the Help Line is to connect victims to domestic violence service providers. Therefore, the most important perspective is that of the domestic violence victim. Telephone interviews were conducted with 399 victims who had previously called the Help Line. Connecting to the service provision community is a key to the success of this model. Therefore, telephone interviews were conducted with 74 staff at domestic violence service provider agencies. Victims are referred to the Help Line from a variety of people; the number one referral source is the Chicago Police Department. A survey was administered and completed by 1,202 police officers. Finally, community awareness of the Help Line is essential to reach victims of domestic violence. To assess the awareness of the Help Line, 357 active community residents were surveyed at the 25 Police District Advisory Committees.

Overwhelmingly positive assessments of the Help Line's usefulness were given, which underscores the value of the Help Line. The interaction with the Victim Information and Referral Advocate (VIRA) was of primary importance in the victim's assessment of the Help Line. Victims identified the strong personal connection, the support and comfort, and the strategizing as important in their interaction with the VIRA.

The types of services requested by Black, White, and Latino victims differed. Black victims most often sought shelter service and Latino victims sought information on an Order of Protection or other general domestic violence information. Most obtained the information or service they requested and thought the information was useful. Most also tried to connect to the domestic violence service in the community, however, some were unable to connect for a variety of reasons.

Implications for policy and practice are discussed.

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EXECUTIVE SUMMARY

Evaluation Project

The City of Chicago Mayor's Office on Domestic Violence (MODV) in collaboration with the Center for Urban Research and Learning (CURL) at Loyola University Chicago was awarded a grant from the National Institute of Justice to conduct a 2-year evaluation of the City of Chicago Domestic Violence Help Line. The Help Line is a unique telephone service functioning as a clearinghouse for all domestic violence victim services in the Chicago metropolitan area. This service is toll-free, multi-lingual, confidential and operates 24-hours, 7 days a week. The purpose of the Help Line is to connect domestic violence victims to specialized services through direct referrals and three-way phone linkages. There are no similar models of Help Line service known to us in the country.

The Help Line began operation in October 1998 and since this time the Mayor's Office on Domestic Violence has contracted with the Chicago Metropolitan Battered Women's Network to operate the Help Line. Domestic-violence trained Victim Information and Referral Advocates (VIRAs) answer calls received through the Help Line and provide general domestic violence information, referral, and linkage between domestic violence victims and domestic violence services.

Grant funds were used to conduct the first evaluation of the City of Chicago Domestic Violence Help Line. The evaluation focuses on the users' perceptions of the Help Line and the 3 primary goals of the evaluation are: 1) assess the effectiveness of the Help Line's operation in serving domestic violence victims from Chicago's diverse populations; 2) learn about the unique needs of diverse populations and their experiences

using the information, referrals, and linkages; and 3) provide information to other municipalities interested in establishing such public-private programs and collaborations.

Methodology

In order to conduct a comprehensive evaluation, the perspective of a broad range of users of the Help Line was sought. Focus groups were conducted with the VIRAs to solicit information about their experiences on the Help Line. Information from these focus groups helped to guide the development of the victim interview instrument. Additionally, 399 telephone interviews were conducted with domestic violence victim callers to the Help Line over the course of one year. Telephone interviews were also conducted with 74 domestic violence service providers. As the largest referral source into the Help Line, 1,200 Chicago Police Officers completed a written survey about their experiences with the Help Line. Finally, to explore the general awareness of the Help Line we surveyed 377 members of the District Advisory Committees across the city.

Key Findings

Victims, police officers, domestic violence service providers, and DAC members all rated the usefulness of the Help Line highly.

Domestic Violence Victim Interviews

All victims rated the usefulness of the Help Line very high. The mean usefulness rating was 4.41 ($SD=1.13$) on a 5-point scale with 5 as the highest. Latino victims rated it the highest ($M=4.59$, $SD=.97$) and White victims rated it the lowest ($M=4.28$, $SD=1.17$), although this difference was not statistically significant.

Separate from the general usefulness of the Help Line, victims also rated highly the usefulness of information, referral or linkages they received with a mean of 4.27 ($SD=1.35$). Latinos once again rated it higher ($M=4.58$, $SD=1.1$) than Black or White victims, however this was not statistically significant.

Of the few victims who rated the usefulness low, most had difficulty connecting to the domestic violence service providers in the community.

Most victims would be highly likely to refer the Help Line to someone they knew (4.68 $SD=.89$), and the more useful victims perceived the Help Line, the more likely they were to refer it to someone they knew. *All* of the non-English speaking victims said they would be highly likely to refer a friend to the Help Line while the English speakers were slightly less likely 4.65 ($SD=.03$).

About one-third of the victims expressed that they had initially been hesitant to call the Help Line. Victims who worked within the social services or law enforcement field indicated hesitancy and mistrust of using the services or information they obtained from the Help Line.

Two-thirds (67%, $N=264$) of the victims reported that their experience with the Help Line resulted in increased knowledge or awareness and made comments such as, “I know now what my options are and what I need to do” and “I understand what an Order of Protection is now and how it can help me.” Fifty-three percent (210) of victims indicated that there was some kind of emotional response to their experience with the Help Line. For example, victims reported feeling better about oneself after calling or confronting their situation. Thirty-eight percent of victims reported that the call resulted in “action” such as obtaining an Order of Protection.

The most important aspect of the Help Line for domestic violence victims was their interactions with the VIRAs. Of the 399 interviewed victims, 370 made unsolicited comments about their interactions with the VIRAs. Three themes were identified in the victim/VIRA interaction: a *Strong Personal Connection*, receiving *Comfort and Support*, and the importance to the victim of *Strategizing* with the VIRA.

Domestic Violence Service Providers

Domestic violence service providers also reported having a positive assessment of making referrals to the Help Line, reporting they found the referral process easy. Eighty-two percent (61) of the domestic violence agency respondents stated they referred victims to the Help Line and some referred as many as 300 per month. On a difficulty scale of 1 = no difficulty, to 5 = very difficult, provider respondents found the referral process not difficult (Mean=1.23, SD=.46). Further, the respondents who worked in a domestic violence service agency prior to the creation of the Help Line reported that referrals are easier to make now than before the Help Line was established.

Similarly, providers reported that receiving referrals from the Help Line was not difficult and indicated that referrals made to their agency from the Help Line were appropriate. Only 15 respondents (20%) reported ever having received an inappropriate referral.

Similar to the victims, DV providers praised the Help Line VIRAs. DV providers typically commented that the VIRAs are knowledgeable and sensitive, thus making the referral process easier. Service providers also valued the “one-stop shop” feature of the centralized information and resource, that the Help Line keeps up-to-date and accurate information, the accessibility of a 24-hour 7 days a week staffed service, and the easily-

remembered number. The ability to use the Help Line's connection to the Language Line for interpretation services was also often used and valued by DV providers.

Chicago Police Department

The 1,200 officers surveyed as part of this evaluation had a positive assessment of the Help Line. Of the officers who had an opinion and reported having tenure on their job before the inception of the Help Line in 1998, 74% (299) found it easier to give a referral to a domestic violence victim than before the creation of the Help Line.

Ninety-five percent (1131) of the officers surveyed had responded to an incident of domestic violence in the past 6 months, giving the Domestic Incidence Notice (DIN) an average of 26.74 times (Md=10). Beyond providing the DIN, 82% (901) often or sometimes suggested to the victim to call the Help Line and 11% (111) reported often calling the Help Line for the victim.

Ten percent (122) of the officers reported that a victim expressed some hesitancy to call the Help Line because of the sponsorship and association of the Help Line with city government. In only a minuscule number of those cases (17) the victim refused to take the Domestic Incident Notice (DIN).

District Advisory Committee Members

District Advisory Committee (DAC) members completed a written survey on the characteristics of domestic violence and their knowledge and awareness of the Help Line. The majority of DAC respondents had a broad and comprehensive knowledge of the types of domestic violence behaviors as well as the relationships in which abuse could occur. There was also robust awareness (80%, 286) of the Help Line by the community

leaders, residents, and activists attending local police DAC meetings. Of those who knew about the Help Line, awareness of the specific services was generally very high with over three-quarters indicating they knew the Help Line could offer referrals for shelter, counseling, children's services, and general information.

Nearly one-quarter (24%, 80) of DAC members had either used the Help Line themselves or recommended that someone call the Help Line. The 2 most common services they sought when calling the Help Line were counseling services, followed by shelter. Of those that used the Help Line, 83% (64) thought it was useful and most (87 %, 62) believed they were treated with courtesy and respect. Eighty-three percent (229) reported that they would refer someone to the Help Line in the future.

Most DAC members (81%, 283) knew they could access the Help Line through the non-emergency city service number (311), but few knew the direct Help Line phone number (1-877-863-6338). Eighty-three percent of the DAC respondents said that leaflets and billboards on domestic violence were displayed and available within their specific community. However, slightly over half (57%, 157) said they were not displayed at their church, mosque, synagogue or temple.

Summary

Overall, the Help Line's users—domestic violence victims, service providers, the police, and DAC members—gave a very positive assessment of the Help Line. The high rating that all users gave to the Help Line's usefulness underscores the value of the Help Line for the city of Chicago. Victims consistently rated the overall usefulness of the Help Line highly and the majority would refer someone else to the Help Line. The vast majority of the domestic violence service providers who were interviewed and three-

quarters of the police officers surveyed indicated that the Help Line was a useful or very useful resource for victims. Furthermore, the majority of the DAC members who had previously used the Help Line thought the Help Line was useful.

Conclusions

The Help Line model is predicated on 3 components: 1) to provide a streamlined system for victims to easily access resources; 2) to empower victims; and 3) to increase community awareness of domestic violence and available support. The purpose is to provide a more efficient system for linking diverse victims to the services and resources in the Chicago area and to illustrate and document the needs of those victims to inform service delivery. The findings of this evaluation all point to:

- the effectiveness of the Help Line in meeting the needs of diverse victims;
- the effectiveness of the Help Line as a model of service delivery; as well as
- the effectiveness of providing the service as intended.

Not unexpectedly, 4 challenges were identified in the domestic violence service provision system beyond the Help Line. Those are: 1) when a domestic violence service exists but cannot always meet the demand; 2) when the service does not fit the particular needs of the victim; 3) when no services are available; and 4) when one dominant service need does not exist.

Interviewing victim callers to the Help Line not only provided the opportunity to assess the Help Line from the perspective of the victim but also allowed us to explore the needs, experiences, and actions of victims as they sought a safer life. One purpose of the Help Line is to illustrate and document the needs of the diverse population of domestic violence victims. This evaluation helps to meet that goal and provides valuable

information about victims who have called the Help Line. The findings indicate that there are differences in circumstances between different groups of victims, but rarely did a particular group have a circumstance that was not shared, though perhaps not to the same degree, by another group. The similarities and differences among racial/ethnic groups provide valuable information for further research and the development of domestic violence services.

DETAILED PROJECT REPORT

INTRODUCTION

The National Institute of Justice awarded a 2-year grant to the City of Chicago Mayor's Office on Domestic Violence to conduct a program evaluation of the City of Chicago Domestic Violence Help Line, in collaboration with Loyola University Chicago's Center for Urban Research and Learning. The Help Line is a toll-free, 24-hour, 7-days-a-week, multi-lingual, confidential service that functions as a clearinghouse for all domestic violence victim services in the Chicago metropolitan area (1-877-863-6338).

The impetus for this evaluation was the desire to assess whether the Help Line is meeting the needs as intended when founded in 1998. An evaluation of the Help Line had not been previously conducted and little research on Help Lines or Hotlines in general has been conducted. Another motivating factor was to further explore the needs of domestic violence victims from Chicago's diverse communities.

The 3 primary goals of the evaluation are: 1) to assess the effectiveness of the Help Line's operation in serving domestic violence victims from Chicago's diverse populations; 2) to learn about the differing needs of diverse populations and their experiences utilizing the information, referrals, and linkages; and 3) to provide information to other municipalities interested in establishing such public-private programs, collaborations, and policies.

Data were collected from 4 groups of users of the Help Line: domestic violence victims; Chicago Police Department patrol officers; District Advisory Committee members; and domestic violence service providers. Additionally, focus groups were

conducted with the Help Line staff. This produced 4 complex datasets with valuable information on the effectiveness of the Help Line.

We organize the report into 4 sections. In the first section, we present the Help Line model background describing the development, structure and underlying philosophy. Also in this section is a review of the literature in 3 parts: evaluation research; research on diverse communities; and criminal justice research. In the second section, we present the overall research design and methodology for this evaluation. Specific data collection methods for each research subgroup are described in subsequent sections. In the third section, we present each research sub-group, and describe the particular methodology and findings of each. Primacy is given to the victim interview findings, including both their assessment of the Help Line and the needs of diverse victims. In the final discussion we summarize the overall findings and make recommendations and concluding remarks.

The Help Line Model

Beginning in the 1970's, agencies providing domestic violence services have provided shelter (emergency, transitional, residential), domestic violence counseling (individual and group), legal services, legal advocacy and much more. The numerous agencies could at times work at cross-purposes. Navigating the array of domestic violence services may be overwhelming to victims and to people attempting to refer victims to services. In response, during the 1990's many locations began to build "coordinated community responses" to domestic violence, several of which were funded by the Violence Against Women Office (VAWA), focusing on streamlining systems'

responses to domestic violence at the local government level, city, county and statewide systems.

In 1996, Mayor Richard M. Daley designated a new office, the City of Chicago Mayor's Office on Domestic Violence (MODV), charged with the task of developing a coordinated response to domestic violence. The Mayor also established the Domestic Violence Advocacy Coordinating Council (DVACC) to inform the coordination of City departments and private service providers. DVACC members include representatives from both public and private systems such as the Chicago Police Department, the State's Attorneys Office, Cook County circuit court, Illinois Department of Children and Family Services, the Office of Emergency Communications and community-based domestic violence service providers.

In 1997, the DVACC conducted a needs assessment of domestic violence services and resources in Chicago (Landis, 1997). Gaps in the provision of domestic violence services and the need for a central information, resource, and referral link to Chicago area domestic violence service provider agencies were identified. Additionally, the state VAWA funds administered by the Illinois Criminal Justice Information Authority required the development of a Chicago response to domestic violence that included coordination of victim services, the police, and the court (the Chicago Response Protocol). To address the identified gaps and to provide the victim services component of the Chicago Response Protocol, the City of Chicago Domestic Violence Help Line was developed as a public-private partnership to provide a single point of access to all domestic violence services.

The Domestic Violence Help Line began operation in October 1998. The Help Line is intended to alleviate the frustrating and often tedious search for services by victims and those who respond to a victim's request for help, such as police officers. The Illinois Domestic Violence Act of 1986 mandated the Chicago Police Department to give a domestic violence referral to the victim in all domestic violence related calls. Prior to the Help Line, officers had difficulty locating and providing appropriate referrals for victims. The Help Line gives police officers a single phone number to access all domestic violence services in Chicago. As of 1999, the Chicago Police Department's mandatory protocol requires that every victim of domestic violence be given information about the City of Chicago Domestic Violence Help Line.

The Help Line is a public-private collaboration. The Mayor's Office on Domestic Violence provides the funding for the operation of the Help Line and provides the physical space and equipment. The Chicago Metropolitan Battered Women's Network (CMBWN), a private coalition of domestic violence provider agencies, supervises and staffs the Help Line. Victim Information and Referral Advocates (VIRAs) employed by the CMBWN answer calls to the Help Line.

Although hotlines exist nationally and for specific agencies locally, the Help Line provides citywide information. The City of Chicago Domestic Violence Help Line is a unique combination of 2 forms of hotline service. The Help Line provides access and referral to all domestic violence service provider agencies in metropolitan Chicago. Additionally, unlike the national or statewide hotlines, the Help Line is a local entity making direct referrals to services via three-way phone linkage. Referrals to crisis hotlines are made only when needed. VIRAs make referrals to domestic violence service

agencies, identify non-traditional domestic violence services, provide safety planning or tips, and help victims explore service options.

Users of the Help Line include domestic violence victims, perpetrators of domestic violence (abusers), people calling on behalf of a victim (third party callers), including friends or family of the domestic violence victim and first responders such as the police and other domestic violence service providers. The Help Line answers inquiries from victims, police officers, prosecutors, medical providers, schools, employers, social service agencies and the general public.

Philosophy

The operation of the Help Line (Appendix A) is based on Feminist and Empowerment Models--operating under the assumption that the victim knows what is best for her situation--and when provided with information can make her own informed decisions. Therefore, the VIRA is a peer rather than a director, collaborating with the victim. Together they identify the most appropriate service. VIRAs receive extensive training prior to and during employment on the Help Line to instill and reinforce these values.

The VIRA is a trained domestic violence advocate. Conversations with the VIRA are confidential and non-judgmental. The Help Line VIRAs provide information about domestic violence and the options available for the victim to make her own informed decisions about her situation. The VIRAs do not provide domestic violence services or crisis counseling. Callers in crisis are linked to an appropriate community-based domestic violence hotline or to 911 for those in immediate danger.

One key component of the Help Line is community awareness and outreach. The Mayor's Office on Domestic Violence (MODV) remains committed to conducting ongoing public awareness campaigns. These campaigns advertise the Chicago Domestic Violence Help Line, target traditionally underserved victims, and encourage concerned stakeholders and community residents to take a stand against domestic violence in Chicago. These public awareness campaigns are intended to increase the city's ability to educate victims safely about domestic violence and the available resources while simultaneously encouraging concerned individuals to begin addressing this important issue in their communities. The MODV provides a variety of educational forums and trainings in which information about the Help Line is provided. (See Appendix B for detailed information.)

The Help Line staff also actively promotes the Help Line through distribution of resource materials at area train stations, articles published in the Chicago Metropolitan Battered Women's Network newsletters, and demonstration of the Help Line via laptop computer at community events.

Literature Review

This study should be considered within the context of 3 strains of research: 1) evaluations of Hotlines and Help Lines; 2) studies of diversity and domestic violence; and 3) criminal justice research on addressing domestic violence.

Hotline/Help Line Evaluations

The Help Line model is unique to Chicago, but there are other hotlines and referral lines that provide domestic violence and other related services (i.e. runaway

hotlines). There are 2 basic forms of domestic violence telephone services--hotlines and telephone referral systems.

One form of hotline is provided by a particular domestic violence agency (most often a domestic violence shelter). It provides immediate contact between the domestic violence agency and the victim, usually in the form of crisis intervention counseling, and often assesses for services. These hotlines provide information and service for their own agencies but often do not know about other services available in the community or across the city. The second basic form of domestic violence telephone service is referral. These types of hotlines are often national or statewide hotlines that keep databases of local domestic violence hotlines. Callers receive information about domestic violence and are then transferred to another agency to further address their needs. The City of Chicago Domestic Violence Help Line combines the 2 models of service provision.

Few evaluations of hotlines and help lines have been conducted and none look at how victims utilize the information or how the services meet the needs of diverse populations. Some programs such as, The National Domestic Violence Hotline (April 2003 phone call) and The New York City Hotline (April phone call, Bea Hanson 2003), are considering doing a rigorous evaluation of their services. In 1996, the Center for Social Work Research conducted an impact assessment of the National Domestic Violence Hotline on local service providers in Texas (Center for Social Work Research, online). Also, DePaul University conducted an evaluation of the National Hotline which focused on client satisfaction (April 2003 phone call, Maureen Blaha). In 2004, National Runaway Switchboard conducted a caller satisfaction assessment during a one-week time period and found that 91% of the responders were helped by their services.

Evaluations conducted of domestic violence services primarily focus on projects aimed at reducing or ending violence, such as criminal justice responses and abuser treatment. For instance, the University of Illinois at Chicago's Domestic Violence and Sexual Assault Evaluation Team conducted an outcome evaluation of all 87 Illinois Department of Human Services (IDHS) funded domestic violence and sexual assault agencies (2001). The evaluations included agency crisis hotlines and analysis was based on clients self-reporting on the amount of information they received from the hotline and how supported they felt throughout their experience with the agency hotline. Similarly, Fleury (2002) conducted an evaluation of client satisfaction with the criminal legal system including police response, the prosecutor's handling of the case, the court system process, and the court outcome. She examined factors that may impact the client's satisfaction (violence experienced, relationship to abuser, economic dependence, social support, experience in contact with police and court).

Levin (1999), and Riger et al (2002) point out there is a need for intensive evaluation in domestic violence victim service provision. Previous studies focus primarily on customer satisfaction. The evaluation of the Help Line addresses use, client satisfaction, and the needs of diverse victims of domestic violence. The evaluation also provides a useful model for others in their own evaluations.

Diverse Communities

Domestic violence crosses all socioeconomic and racial boundaries. However, reported rates of domestic violence by ethnicity or race vary (Rennison and Welchans 2000; Sorenson 1996; Tjaden and Thoennes 2000; Hiselman 2005; Durose, Harlow, Langan, Motivans, Rantal, and Smith 2005). Little research has been conducted into the

reasons for the differing rates, or the distinct needs of these populations of victims. Furthermore, the research that does exist has mixed findings regarding differing rates of domestic violence. Sorenson (1996) found that all studies reported higher rates of domestic violence for African-Americans than Whites, but the size of the difference varied by study. Additionally, studies that included Hispanics reported higher rates, lower rates, and similar rates to non-Hispanic Whites.

Historically, little domestic violence research has focused on women of color (Sorenson 1996, NIJ Workshop Summary 2001) and less has focused on the needs of diverse communities or the impact of programs on communities of color (Lee 2002, NIJ Workshop Summary 2001). There is a need for a broader theoretical understanding of domestic violence in minority communities (Bell 2000, Bograd 1999, Martinson 2001). As Yoshihama at the NIJ Workshop (2001) stated, federally-funded research projects assume there is only a single domestic violence phenomenon. Missing from the research is recognition of the differing experiences and needs of diverse populations including racial, ethnic (Brograd 1999, Martinson 2001, Tjaden and Thoennes 2000), linguistic, geographic, experiential, and sexual preference differences.

Some research has addressed the differing experiences of diverse victims of domestic violence. These have highlighted the necessity of recognizing the impact of racism and stereotypes on the African-American woman's perception of and use of domestic violence services (Bell 2000, Sorenson 1996, Martinson 2001, Taylor 2005). Additionally, Sorenson (1996) states because of racial and ethnic stereotypes, domestic violence services may not recognize the differing needs of ethnic groups, such as providing appropriate grooming aids or food (Sorenson 1996). However, there remains a

gap in the research into what the needs of those specific populations are and whether service needs differ. The evaluation of the City of Chicago Domestic Violence Help Line seeks to not only identify factors of inaccessibility but to explore the different needs across diverse groups of victims of domestic violence. Furthermore, Tjaden and Thoennes (2000) report that Hispanic women were more likely than non-Hispanic women to report that they had been raped by a current or former intimate partner. This evaluation explores differences in experience of abuse.

Immigrant victims of domestic violence are another population that has received little research attention (Davis and Erez 1998, Sorenson 1996, Raj and Silverman 2002). In their NIJ-funded research, Davis and Erez (1998) examined whether language, expectations, and treatment by officials caused immigrant victims more difficulty in dealing with the criminal justice system and found that immigrant victims of domestic violence were less likely to report the violence. Similarly, Sorenson (1996) suggests that for immigrant women, an inability to communicate in English, insufficient language/culturally appropriate services, and limited knowledge about legal rights are some of the barriers to using services. Raj and Silverman (2005) explored the limited literature addressing domestic violence in immigrant communities and found women's vulnerability to domestic violence, definitions of domestic violence, and barriers to help-seeking are increased by cultural and contextual factors. Missing from that research are the specific needs of immigrant victims from their perspective. Finally, Lesbian, Gay, Bisexual and Transgender (LGBT) relationships, as well as male victims in heterosexual relationships, are often excluded in domestic violence research (Riger 2002, Bograd 1999), but are examined in this evaluation of the Help Line.

Criminal Justice

Accountability to the domestic violence service provision community, to victims of domestic violence, and to others utilizing the service of the Help Line is a key justification for an evaluation. One component of the community is the City of Chicago Police Department (CPD). A unique feature of the Help Line is the close referral relationship it maintains with the CPD; almost half of the callers to the Help Line each year were referred by police officers.

While there is a great deal of research examining the effectiveness of various criminal justice system interventions, less research examines the effectiveness of these systems from the user's viewpoint. Some research has examined the police officer's perception of and attitude towards domestic violence and the impact of these perceptions on police response decisions (Stith 1990, Buchanan and Perry 1985, Finn and Stalans 1995). However, no research explores the police experience with linkage to, and utilization of, domestic violence victim services and resources. Feder (1997) found that the police officer's perception of the utility of police involvement accounts for some of the variation in police decisions to arrest. Additionally, since the police are often the first to intervene in domestic violence, their effective handling of the situation could encourage the woman to seek further help (Martinson 2001).

In this evaluation, we expect that police belief regarding utility of the referral and the Help Line impacts their assessment of the effectiveness of the Help Line and their presentation of the Help Line as a resource to victims.

Finally, little research explores police response with diverse communities. Sorenson (1996) states that police may be called to African-American homes only in

instances of severe abuse. This then, forms the basis of the officer's perception and reinforces stereotypes about violence in that community. Additionally, Sorenson (1996) speculates that there may be patterns in reporting to police across ethnic communities. Little research examines how often police encounter language and other cultural barriers to the officer's referral of the victim to services.

OVERALL RESEARCH DESIGN AND METHODOLOGY

This evaluation flows from the model of the Help Line and the research reviewed above. We examined the effectiveness of the Help Line's operation in serving domestic violence victims and the Help Line's effectiveness at reaching and meeting the needs of diverse victims. To effectively pursue the evaluation, our research design has 3 key features. First, our research is participatory and collaborative. Second, our research includes the perspective of key groups of Help Line users. Third, our research combines both quantitative and qualitative research methods

Participatory and Collaborative

Participatory and collaborative approaches to evaluation research are gaining momentum in the social sciences (Suarez-Balcazar and Harper 2003). This participatory approach ensures that all research questions are designed and developed with equal participation by both community and university researchers and that the resources, values, and knowledge of each partner are utilized. This method ensures that the knowledge gained from the research can be disseminated through both the academic and practice communities (Dalton, Elias, and Wandersman 2001).

Both of the organization partners in this project--the Mayor's Office on Domestic Violence (MODV) and Loyola University Chicago Center for Urban Research and Learning (CURL)--have long practiced collaborative work. The mission of MODV is to develop a coordinated and comprehensive community response to domestic violence. To do this, MODV collaborates and forms partnerships with public and private organizations providing research and developing policy related to domestic violence. CURL's work focuses on developing research partnerships between university researchers and community and public organizations. Their focus is on research that promotes community improvement and social justice.

The participatory research plan of this evaluation allowed both research partners to be active partners in the design and implementation of the research. Both partners are skilled in research, negotiation, developing partnerships, and were respectful of the ethical and practice divisions necessary to conduct a rigorous evaluation. MODV also brought with it access to its working partners, most notably the Chicago Police Department and the network of domestic violence providers. Additionally, it brought its expertise in working with victims of domestic violence. CURL researchers had extensive experience in working with non-academic partners and brought with it a large research staff not available at MODV. Together the partners developed an Advisory Board composed of experts in the field who advised both in the design of the project and the preliminary analysis.

Differing Perspectives

A number of different perspectives were sought in order to assess the effectiveness of the Help Line, test the design of the Help Line model, and learn of the differing needs of diverse populations. Data were collected from 4 key user groups:

- Chicago Police Officers, the largest referral source to the Help Line;
- Community resident members of the 25 Police Districts' District Advisory Committee (DACs);
- Domestic Violence Service Provider Agencies; and
- Victims who called the Help Line.

In addition, focus groups (see Appendix C) were conducted with the Victim Information and Referral Advocates (VIRAs), who answer calls received at the 24-hour Help Line, to inform the development of the victim interview instrument and become familiar with the Help Line procedures and patterns of interactions.

Quantitative and Qualitative

This study has 2 dimensions of analysis; it is both a case study and a comparison study. It is a study of the Help Line as a unit. It is a particular situational study, which allows us to examine the soundness of this particular program's underlying theory and whether it is able to address the victim's needs in a particular location, Chicago. Since the ultimate unit of analysis of this study is the Help Line, it could be considered a case study (Walton, 1992). It is both a study of a particular situation yet has a sense of generality (Walton, 1992). The evaluation draws on a varying combination of

quantitative and qualitative data collected from surveys, interviews, focus groups, and administrative data (Exhibit 1).

However, in examining issues of diversity of experience among the victim callers, it is a comparison study of different groups' outcomes. In this model, race/ethnicity as suggested by Sorenson (1996), become variables in the analysis. We explore differences between groups in what services they utilize, how they utilize the services, and the impact of those services.

Not only do we have a combination of units of analysis, but we also combine qualitative and quantitative data analysis. Victim responses to open-ended questions and other comments made by victims provide rich qualitative data that helps us understand the particularities and subtleties of the interactions, various reactions, and actions taken, by victim callers. Mixing quantitative methods of research--triangulation--gives us a strength of analysis that would not have been obtained by using either method alone (House 1994; Feagin, Sjoberg and Orum 1991).

Exhibit 1**Summary of the Five Data Sources**

Data source	Method of data collection	Data analysis techniques	N
Victim Information and Referral Advocates (VIRAs)	Four Focus Groups	Qualitative analysis of comments	3 VIRA groups 1 Supervisor group
Police	Self-administered Surveys	Quantitative analysis (descriptive statistics)	1202
District Advisory Committees (DACs)	Self-administered Surveys	Quantitative analysis (descriptive statistics)	357
Chicago-area Domestic Violence Service Providers	Structured Telephone Interviews	Quantitative analysis (descriptive and inferential statistics) and Qualitative analysis of open-ended responses	74
Victims who called the Help Line	<ul style="list-style-type: none"> ○ Administrative Data ○ Structured Telephone Interviews 	Quantitative analysis (descriptive and inferential statistics) and Qualitative analysis of open-ended responses and researcher's notes from interviews	<ul style="list-style-type: none"> ○ 6974 ○ 399

Our research questions addressed 5 major areas:

- 1) the effectiveness of the Help Line services in addressing the differing needs identified by a diverse population of victims;
- 2) the effectiveness of outreach efforts aimed at increasing awareness of the Help Line in diverse communities;
- 3) the effectiveness of linking together referral systems (first responders) and domestic violence service providers;
- 4) satisfaction and confidence of users (victims, referral sources including police, service providers) in the Help Line; and

5) the capacity of the current domestic violence service provision system in Chicago to serve the needs of the diverse population throughout the city.

Protection of Human Subjects and Informed Consent

Both Loyola University Chicago's Institutional Review Board for the Protection of Human Subjects and the City of Chicago Department of Public Health's Institutional Review Board for the Protection of Human Subjects approved the research protocol and informed consent forms. The police surveys and the community resident surveys were anonymous. The provider phone interview responses and VIRA focus groups responses were confidential, although the VIRAs were made aware that the researchers could not ensure that the other focus group respondents would maintain confidentiality.

Supervisory staff was portioned to a single focus group and none was present in the 3 staff focus groups. The victim phone interviews were anonymous. There were many safety provisions in both the recruitment and interview protocol for the victim phone interview that are described below in the Victim Interview portion of this methodology section.

Participation was voluntary for all of the surveys, focus groups, and interviews. For the 2 surveys, the respective consent form was read to each survey group, and a copy of the form was given to each participant. In the VIRA focus groups, each VIRA who participated signed a consent form. A consent script was included at the beginning of each provider interview and consent was implied by participation. Finally, a consent script was included at the beginning of each victim interview and the victim attested their willingness to participate.

Limitations

As in any research, there are a variety of limitations. By the nature of the Help Line, only victims who are seeking information or services can be interviewed. This population perhaps includes victims who have not utilized any other forms of domestic violence services but may not reflect the population of domestic violence victims. While there have been numerous studies done to attempt to estimate the extent of domestic violence, the true prevalence is not known.

We placed a variety of restrictions upon data collection in the interest of the safety of the domestic violence victim that further limited our sample. The purpose of the Help Line is to link victims to services, but we did not want to interrupt the service in the interest of research. Therefore, victims who were in a crisis situation were not invited to participate but rather linked or referred to an appropriate service immediately. We also did not interview victims under the age of 18 years as these victims cannot consent to participate because of their minor status. Future research should explore methods for including this important victim population.

In addition, we were not able to interview the recruited victims who did not have safe phones. Procedures for participants to call back to an 800 number were not successful (see Appendix G). We are confident, from the administrative data, that this group does not vary on any demographic basis from those interviewed and provides a sufficient sample to compare the experiences of different demographic groups in using the Help Line. However, there might be other factors that make this group without contact information different from the interviewees that may limit our findings.

We expected that victims might be currently residing with their abusive partner. To limit the potential time frame in which an abuser may “discover” the victim being interviewed, we developed the interview to be completed in approximately 10 minutes. Much more may have been learned from these victims if we had the opportunity to conduct in-depth personal interviews.

We did not leave any messages on voicemail at either a landline or cellular phone line because of the potential for the abuser to hear the message. Today, it is common practice to screen incoming calls. Therefore, we did not connect with some willing interviewees because we did not leave messages. Future research will want to consider the effect of voice mail screening. Providing a toll-free number for potential participants to call back does not appear to be an effective method.

In order to recruit respondents for the domestic violence service provider interview, the Domestic Violence program managers and executive directors were asked to identify a key informant for an interview. Many of the domestic violence agencies are quite large, with up to 100 employees. Because of the time and cost restraints on this project however, we could only interview one or 2 informants at each agency. In an attempt to obtain as much information as possible we requested that informants discuss with colleagues their experiences prior to the interview. However, we do not know if this occurred. Furthermore, this research is limited to the staff identified by the directors and managers.

This research was overly ambitious, with the amount of time and money limiting the amount of analysis that could be done. For example, not included in this report is in-depth analysis of the help-seeking behaviors of victims. Further, given the small number

of male victim interviews, we were limited in the analyses that could be made with this population.

Finally, the Police Officer and DAC member surveys were administered at one point in time. They were both limited to persons that were present at the Police Department and DAC meetings on those particular survey administration days.

VICTIMS AND THE HELP LINE

The key user of the City of Chicago Domestic Violence Help Line is the domestic violence victim. An assessment of the ability of the Help Line to serve those victims is a central factor of this evaluation, and the most important perspective on the usefulness of the Help Line is that of the domestic violence victim. It is from them that we can best assess if the Help Line meets their linkage, referral, and informational needs.

Methodology

For this evaluation, there are 2 victim data sources. First, there is the administrative data that the Help Line routinely collects on each caller. Second, there are data collected from phone interviews with a sample of the victim callers to the Help Line.

Administrative Data

As an integral design of the Help Line, a rich assortment of information is collected about each caller and stored in an ACCESS database. A variety of people place calls to the City of Chicago Domestic Violence Help Line. For example, during the time period July 22, 2004 through August 10, 2005, 18,238 callers sought information, resources, and referrals from the Help Line. Of these, 6,974 were victimsⁱ of domestic violence calling to obtain information or services for themselves.ⁱⁱ

Exhibit 2**Administrative Data: Demographics on all victims who called the Help Line (N=6974)**

Age N=5949		Sex N=6513		Race/Ethnicity N=6259			
Range	Mean & SD	Male	Female	Black	White	Latino	Other
13-94	M=33.38 SD=10.24	5.1% (335)	94.9% (6178)	55.7% (3487)	20.1% (1256)	21.1% (1319)	3.1% (197)

Collection Process

During the course of each call to the Help Line, the VIRA records general non-identifying information about the victim and basic information about the victim's service needs into an ACCESS Database. Data used in this report include demographic information such as victim's sex, age, race/ethnicity, children and living circumstances. Other data include language used in the call, how the caller learned about the Help Line, and the types of services the caller requested.

Victim Interviews

Brief telephone interviews were conducted with a representative sample of a subset of victim callers to the Help Line. For reasons of safety, this subset did not include victims who were in crisis or any victim under 18 years old. In addition, since the focus of the study was on intimate partner violence, victims whose abuser was a non-spousal family member were not included.

The phone interviews were designed to take place apart and subsequent to the Help Line call. This decision was made for a variety of methodological and safety reasons. The time lag allowed respondents to have some time to assess her or his

experience and to have had the possibility of using the information and therefore gauging its usefulness, providing for a more valid assessment of their experience.

Phone interviews were conducted over 55 weeks between July 2004 and August 2005 with 399 victims who called the Help Line. The brief interviews ranged from 5 to 45 minutes, averaging about 10 minutes. The interviews were conducted on an average within 11 days from the victim's call to the Help line, thus allowing us to ascertain both the victim's assessment of her or his interaction with the Help Line and how she or he subsequently used the information/linkage/referral from the Help Line. The vast majority (391) of the completed interviews was the result of calls originating from the researchers, with 8 calls originating from a call to an 800 number (See safety procedures and Appendix E.)

Recruitment and Interview Process

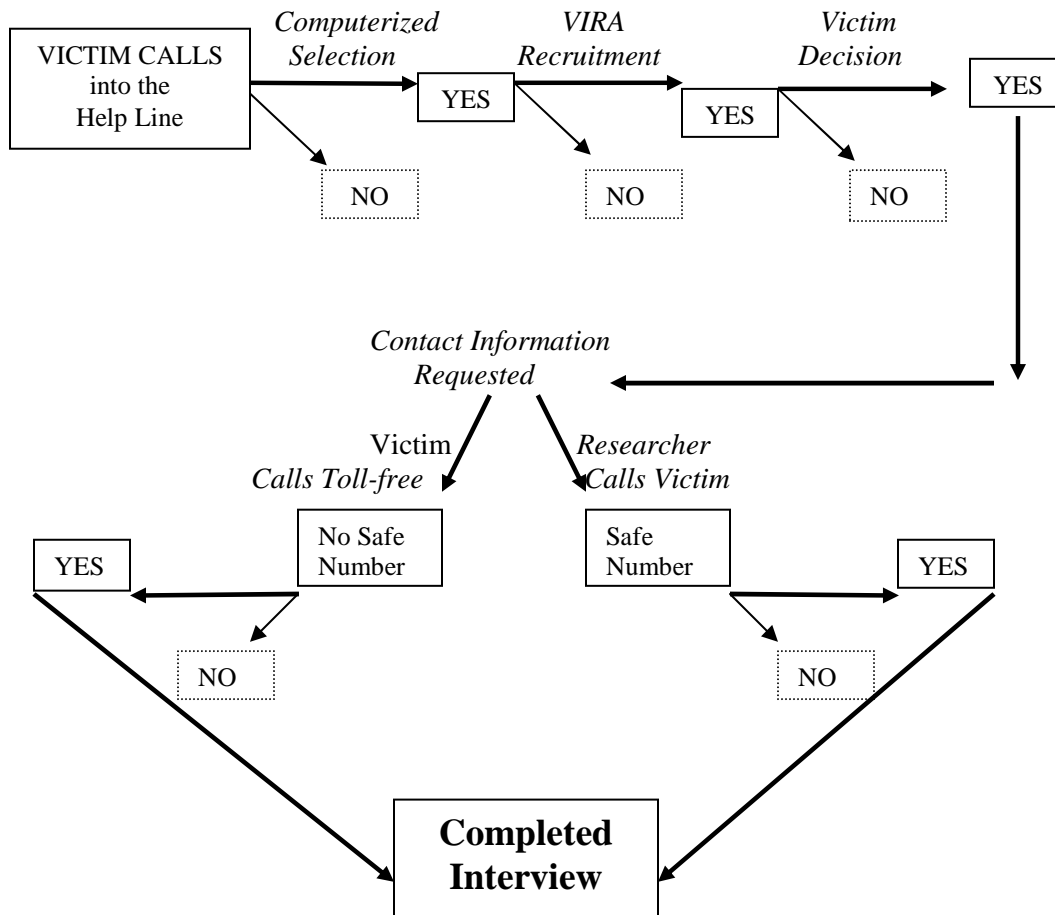
The victim interview design is illustrated in exhibit 3. The research collaboration partners each had a distinct role in the recruitment and interview process. Under the direction of the MODV research director and co-principal investigator, the sample selection was managed and the victims were recruited for the study. Under the direction of CURL senior research fellow and co-principal investigator, the interviews were conducted and the interview data were maintained and analyzed.

All the VIRAs recruited victims to the study during the course of their staffing of the Help Line. During a Help Line call, if the VIRA determined that the victim met the criteria to be included in the study, the VIRA proceeded to ask the victim to participate in a later telephone interview. If the victim agreed, a safe phone number, name and time for

a return call were gathered, if available. If a safe number was not available, the caller was provided with a toll-free phone number to call in order to participate in the interview.

Exhibit 3

Victim Interview Recruitment Process



Each week the MODV transmitted by computer disk to the CURL research team selected information on all those individuals who had been asked to participate in the study for the preceding week and their responses.

The CURL researchersⁱⁱⁱ then proceeded to call recruited victims. A Spanish-speaking researcher called all Spanish-speaking victims and conducted those interviews.

Other researchers used the Language Line, a 24 hour, 7 days a week over-the phone interpretation service.

Safety Procedures.

In the recruitment process, only victims who were *not* in crisis were asked to participate in the study. This was determined in 2 ways. First, no victims seeking immediate crisis intervention services were recruited. Additionally, when the VIRAs assessed that the victim was in a crisis situation, a decision was made that it would not be appropriate to recruit the individual to participate in the study. A safe phone number and a safe time to call were obtained from victims who agreed to participate.

In the calling procedure, there were steps that the interviewer followed to maintain safety of the respondent. First, in order to approach each call safely, the interviewer checked the transmitted MODV Help Line data prior to calling. For instance, interviewers were able to ascertain whether or not the abuser was of the same sex as the victim, and what type of relationship and abuse exists, and the safe time to call the respondent. Interviewers never called outside the victim's reported safe time.

Second, to ensure safety of the potential participants of our study, we set a time limit for attempted calls at 3 weeks. The sensitivity of our research prohibited us from making too many call attempts to the victim's home because we were unsure if the environment was safe, for example, if the abuser was monitoring the victim's use of the phone. If we did not reach the victim at the 3-week mark, we terminated the calling process. However, if we contacted the victim at 3 weeks and were still negotiating a good time to conduct the interview, we continued call attempts for an additional 2 weeks.

Third, upon reaching the client, interviewers prompted the respondent about the study itself (using the name “City Health Survey”) and only continued the call if the respondent remembered the survey. If there was any indication that this was not the case, the interviewer terminated the call. If the respondent indicated any emergency or crisis, team members were prepared to refer him/her back to the Help Line and/or the police. However, this situation never occurred.

Fourth, no voice mail messages were left. In addition, all calls originated from specific phone stations at Loyola that were dedicated to the study. A protocol was developed to ensure if an abuser attempted to track a call by using caller ID; whoever picked up the line was prepared with a responding script.

Finally, we designed the interview to be as unobtrusive as possible. We intended the interview to be completed in as few as 10 minutes. We asked no questions about the nature of the violence. Also, cognizant that the victim respondents often still needed information and assistance, we included opportunities for the victim respondent to request, if they needed, to be connected to the Help Line for more information and/or referrals/linkages.

Data Collection

MODV used a computerized sampling frame programmed into the Access database program used by the VIRAs to record data during each call. The database was programmed to select callers to be invited to participate in a later interview. From July 22, 2004 through October 20, 2004, we used a systematic stratified sample of victim callers to the Help Line. This sampling frame was developed to achieve equal racial representation for White, Black and Latino^{iv} victim callers. After several weeks (8 weeks

of recruiting plus 5 weeks of pilot recruitment) we determined that with the sampling frame in place, we would not achieve a sufficient representative sample size, and therefore it was modified. Subsequently, all individuals in the targeted population were asked to participate (see Appendix D for more details of sampling).

Characteristics of Research Population

During the time period July 22, 2004 through August 10, 2005, the City of Chicago Domestic Violence Help Line responded to calls from 6,974 domestic violence victims who were searching for services for themselves. The vast majority of the victim callers were female (95%, 6,178). The mean age of victim callers was 33.38, (SD= 10.24), ^v of which 69 were under the age of 18.

The Help Line callers reflect the diversity in race and ethnicity of the population of the City of Chicago. Over half of the victim callers were Black (56%, 3487), 20% (1256) were White, 21% (1319) were Latino, and 3% (197) were another racial group including Middle Eastern, Asian, Native American and multi-racial.

There was a great deal of diversity in the types of relationships of abuser to victim. Most victims were in heterosexual relationships; however 3% (200) of callers were in same sex relationships. The 3 most likely relationships were spouse (35%, 2151), cohabiting partner (24%, 1484) or ex-spouse/partner (18%). Just over 9% (581) were dating partners, 6% had a child in common but no other relationship, and just under 2% were a personal attendant, roommate, or in some other relationship. For 7% (412) of the victims, their abuser was a family member such as a parent/step or sibling/step (these victims were not recruited for participation in the interview).

Victim callers came from all geographic areas of the city: 29% (1344) North, 33% (1574) Central, and 38% (1797) in the South sector of the city. Victims outside Chicago but within Illinois are 18% (1051) and another 1% (73) of the victim callers were out of the state of Illinois, representing 21 different states.

The vast majority of the calls were conducted in English. Of the 6974 victim callers to the Help Line, 11% were conducted in a language other than English. The vast majority of those conducted in another language was conducted in Spanish (10%, 709). Polish was the next most often used language but comprised less than 1% of the victim calls. One to 4 calls were conducted (total 20) with victims in the following languages: Arabic, Bosnian, Chinese, Creole, Croatian, Filipino, French, Greek, Hindi, Mongolian, Russian, and Urdu. Two calls were conducted over the TTY for hearing impaired/deaf victim callers.

Some victim callers (10%, 725) requested the domestic violence service provider have the ability to provide services in the victims' language. The victim may have conducted the call to the Help Line in English but required services in another language while others conducted the call to the Help Line in another language but did not require the service provider conduct services in that language.

Victim Interviews Take-Up Rates

Discontinuation of the sampling allowed us to achieve a representative sample of victim callers to the Help Line. A minimum of 264 interviews was needed to achieve a representative sample of the 6,974 Help Line callers who called between July 22, 2005 and August 10, 2005 (with a confidence interval of 5 and a confidence level of 95%).

During this time period, 397 interviews were completed (2 additional interviews from the pilot period included in the analysis)^{vi}.

The study was successful in obtaining a take-up rate that led to sufficient interviews to represent the target population. Of 6,974 victims of domestic violence, the VIRAs made an attempt to recruit 3,138 victims to participate in a later interview. Of the 3,138 recruited, 51% (1597) agreed to participate in the evaluation interview. Eight hundred twenty-three victims with phone numbers were contacted for the study^{vii}. Of those called, 47% (389) were interviewed (see Exhibit 4). In addition, 728 victims were recruited for interviews but were not able to give phone numbers. Either they did not have access to a phone, or they did not have a “safe phone.” Eight of those called the 800 number and were interviewed, resulting in a total of 397 interviews. Of the 823 victims who gave contact information (name and safe phone number), 325 could not be reached to complete an interview.

Exhibit 4**Sample Description**

	All Victims N=6974	Target Population N=3138	Agreed N=1597	Info given* N=823	No Contact N=325	Declined N=101	Completed N=397*
<i>Age</i>	13 – 94 M=33.38 SD 10.243	18-94 M=33.15 SD 9.65	18-94 M=33.09 SD 9.84	18-94 M=32.73 SD 9.98	18-65 M=31.82 SD 9.39	18-74 M=36.20 SD 11.14	18-69 M=32.62 SD 0.039
<i>Sex</i>							
Male	5.1% (335)	5.5% (171)	4.9% (79)	6.8% (56)	7.4% (24)	7.9% (8)	6% (24)
Female	94.9% (6178)	94.5% (2962)	95.1% (1517)	92.9% (764)	92.6% (301)	91.1% (92)	94% (373)
<i>Race</i>							
Black	55.7% (3487)	52.7% (1652)	58.4% (931)	57.5% (470)	57.4% (186)	52.2% (53)	59.7% (237)
White	20.1% (1256)	20.4% (638)	17.2% (275)	18.4% (151)	15.4% (50)	26.7% (27)	17.9% (71)
Latino	21.1% (1319)	23% (722)	20.8 (332)	20.6% (169)	23.5% (76)	17.8% (18)	19.1% (76)
Other	3.1% (197)	3.9% (123)	3.5% (57)	3.3% (27)	3.7% (12)	3% (3)	3.2% (13)

*Does not include 2 interviews conducted prior to July 22, 2005.

Instrument and Measurements

The primary research goals of the interview were: 1) to collect respondents' assessments of their experience with the Help Line; 2) to learn how they had used the information and referrals following their call to the Help Line; and 3) to obtain any demographic and other characteristic that would help us understand how diverse clients might interact with the Help Line. In addition, we wanted to ascertain help-seeking behaviors of the victim callers. Our instrument design was shaped by the Help Line service program design and victim safety concerns. It contained both closed and open ended questions.

Development of Instrument.

We developed the instrument (see Appendices E and F) collaboratively with the research team, the Help Line staff, and the project's Advisory Board. Focus groups with the VIRA's delineated the Help Line call process and provided input on what was to be covered in the evaluation. The Advisory Board reviewed 2 drafts of the instrument. With the assistance of 2 shelters, we then recruited 5 former victims to test the instrument who had previously called and were familiar with the Help Line. Finally, the instrument was piloted for 8 weeks with victim callers to the Help Line. There were no substantial changes made to the interview after the pilot and those cases were included in the study.

Instruments in Spanish and other languages.

Since 11% of the victims who call the Help Line speak a language other than English, primarily Spanish, we simultaneously developed the English and Spanish interview instruments. This allowed us to modify and change wording or terms that were not "workable" in both languages and replace them with comparable wording. In addition, we also knew that we would be using the Language Line to translate into languages other than English and Spanish. A draft English copy of our instrument was sent to the Language Line for review and feedback by translators of the ten most commonly translated languages.

Measurements used.

First, several questions covered what kinds of information (both general information and specific referrals and linkages) clients were seeking, how useful they found the interactions with the Help Line in getting that information, and what they did

with the information that they received. Usefulness on these dimensions and others was measured on a Likert scale with a five-value range. Second, questions were included that measured the accessibility of certain features of the Help Line. Third, questions to measure the impact of the Help Line call on the victims were included. Fourth, questions were included in the survey to see how victims accessed that system of services and what gaps and challenges they encountered during that process. Finally, the Help Line collected most demographic information during the Help Line call, however there was some additional information that was covered including the living situation of the respondents and their employment status.

Merging of Victims' Administrative and Interview Data.

Caller identification numbers were used to merge data between the MODV and CURL. Every person who called the Help Line received a caller identification number so that every time they called, the VIRA could reference their personal file. CURL used the unique caller identification numbers to label each interview. The MODV provided CURL with each caller's demographic information, as well as information on the abuser and type of abuse so that there was no need to ask for that information during the interviews. This may have made callers more comfortable because they did not have to disclose demographic information during the interview. Data were picked up directly from MODV and not e-mailed to ensure client confidentiality. Caller identification numbers made data management very discreet and no personal identifiers were needed to sort the data.

Quantitative Analysis and Methods Used

All of the victim interviews were entered into an Access database and ultimately imported into SPSS 13.0. Quantitative analysis was performed using SPSS. The original database contained approximately 187 variables. As a part of the analysis process, nearly 200 additional variables were created and the final database contains over 350 variables. Both descriptive (e.g. frequencies, measures of central tendency, standard deviation, correlations) and inferential (e.g. chi-square, t-tests, ANOVA) statistics were used in the analyses.

Qualitative Coding and Reliabilities

The open-ended responses from the interviews were coded for relevant themes. The qualitative analysis of the victim interview was done using the N6 Nudist qualitative coding software. All of the interviews were imported in notepad form to the N6 database for the project. In each interview, we looked at the open-ended responses to questions regarding what happened when victims received information or referrals, how the information impacted their situations, and various comments regarding the Help Line itself. We created thematic codes based on victim's comments. Additionally, all demographic information was attached to each case in order to distinguish groups by race, age, location, and children.

Each of the interviews was coded based on shared themes jointly developed by the research team after individual exploratory coding of a sample of qualitative data. One team member then used these themes as a basis for coding all the responses to the open-ended questions. She made some modifications in the themes based on her coding. The research team then reviewed and confirmed the modifications.

Data Security

The interview instrument and contact log were password protected, which ensured safety. After the interview was complete, the contact information was moved to a password protected final contact log, saved in 2 electronic project folders, and a hard copy was printed. The hard copy was stored in a locked office. Additionally, participants who were unreachable or declined to participate were also removed from the contact log and placed in the final contact log.

Challenges to the Study

There were numerous challenges to the study, most notably problems with grafting a selection program onto the Help Line's database system, ensuring the commitment of the VIRAs, recruitment and recruitment reliability, connecting with victims for the interview, and conducting the interviews in languages other than English. (See Appendix G for a more detailed discussion.)

Characteristics of Interview Sample

Of the 399 victims who were the respondents of the interview, nearly all (94%, 375) were female. The average age of the victims was 32. The victims were racially and ethnically diverse and the largest single group was Black (60%, 238). Additionally, the sample of victims consisted of 18% White victims (72), 19% (76) Latino and 3% (13) Other. These others included Asians (1%, 4), Middle Eastern (.5%, 2), multi-racial (.8%, 3), and Native American (1%, 4). Nine percent (36) of the respondents were interviewed in a language other than English, in most cases (33) in Spanish. Nearly two-thirds (64%) reported that they had children. Further, a large proportion (83%, 331) were living with

someone else, such as children, family members or other people. Eleven percent (42) indicated that they were not permanently housed. Finally, of those that we had information for, over half (52%, 199) were employed.

FINDINGS

Help Line Use by Victim Callers

Overall Usefulness of Help Line Very High

All victims rated the overall usefulness of the Help Line very high. On a scale of 1 being the lowest rating of usefulness and 5 being the highest rating, the mean rating across all ethnic/racial groups^{viii} was 4.41 ($SD=1.13$). Latino victims rated it the highest ($M=4.59$, $SD=.97$) and White victims rated it the lowest ($M=4.28$, $SD=1.17$), although this difference was not statistically significant. There was not a significant difference between males and females in their ratings of overall usefulness.

Assessment of Low-Raters

Very few (10%, 38) of the victim respondents rated the Help Line a “1” or “2” on the 5-point scale. However, we were interested in looking at this sub-set of people to determine if there was anything that differentiated them from other callers. A dichotomous variable was created to indicate whether the respondent was a “high rater” (rated the Help Line a 3, 4 or 5) or a “low-rater” (rated the Help Line a 1 or 2). Slightly more of the “low-raters” indicated that they tried to get services from DV providers after their call with the Help Line.

Of those who tried to get services, “low-raters” had a more difficult time getting the service than “high raters.” This could be because service space/slot was not available,

did not meet with some personal preferences of the victim, or was inappropriate (i.e. too far away from the victim's home). Therefore, it may be that those who rated the Help Line low were frustrated with their inability to connect with services and not the Help Line itself. Also noteworthy, the "low-raters" were more likely to report hesitancy to call the Help Line in the first place. This hesitancy was associated with uncertainty about whether they could get help or not.

Whether the Victim Would Refer Others to Help Line

As a further measure of how useful victims perceived the Help Line, they were asked how likely they would be to refer someone they knew was experiencing domestic violence to the Help Line. On a scale from 1 to 5, the mean rating was 4.68 (SD=.89), indicating that the victims would be highly likely to refer the Help Line to someone they knew. In addition, there was a strong, positive correlation between the overall usefulness rating and the rating of how likely they would be to refer someone to the Help Line, $r(394)=.534$, $p<.001$. That is, the more useful victims perceived the Help Line, the more likely they were to refer it to someone they knew. The 36 Non-English speakers rated this item significantly higher than English speakers ($t(397)=-7.1$, $p<.001$). In fact, the mean rating for non-English speakers was 5.0 with a standard deviation of 0. That is, *all* of the non-English speakers said they would be highly likely to refer a friend to the Help Line. The mean for the English speakers was 4.65 (SD=.03).

Hesitancy of Victim Callers

Of the 399, approximately one-third (35%, 141) said that they were hesitant to call the Help Line. There were no differences between racial/ethnic groups in whether or not they were hesitant to call the Help Line.

When asked why they hesitated, victims had a broad variety of complex explanations. Several major themes emerged. Many victims said they did not know what to expect (49) either with just what kind of services they could get or the quality of the service. Many mentioned feeling fearful (26) or embarrassed (17). Some said they did not want to take an action that would acknowledge their abuse and that the acknowledgement might put them at risk (31). Other themes included discomfort with being labeled a victim of domestic violence (7), worry about language barriers (8), and not being sure that what they experienced would be considered abuse (8).

Interestingly, victims who worked within the social services or law enforcement field indicated hesitancy and mistrust of using the services or information they obtained from the Help Line. While the number of victims interviewed working in law enforcement or social services who expressed fear is small (7), they are important to mention because of their added barrier not only to accessing the Help Line but also using services.

As one victim working in the social services commented, “I was hesitant to call because I didn’t know if this was confidential and I know most of the counselors, who are they going to refer me to? I know how things work and people talk. I know the trade.”

Another victim working in law enforcement stated, “I give the number out to people who call me. I feel like I can’t use the services, this is a tight field and people know what is going on with you. Everyone is intertwined.”

Types of Services Requested

The 6 most requested services by victims were shelter, Order of Protection, general information, counseling, safety tips and planning, and legal services. Exhibit 5 provides a breakdown of services victims requested, separated by racial/ethnic group. Black callers (35%, 82) requested shelter more than any other racial/ethnic group. Whites (21%, 15) and Latinos (21%, 16) were more likely to request counseling for themselves than the other groups. Further, worth noting is that Latinos requested Order of Protection information (34%, 26) and legal services more often than the other groups. Also, the 36 non-English speaking victims were more likely to request general information 42% (15) and divorce 11% (4).

Exhibit 5

Reason for Call by Racial/Ethnic Group and Gender

	Blacks N=237	Whites N=72	Latinos N=76	Others N=13	Males Only N=24
Shelter	34.5% (82)	18.1% (13)	15.8% (12)	15.4% (2)	8.3% (2)
General Information	16.8% (40)	13.9% (10)	26.3% (20)	38.5% (5)	29.2% (7)
Order of Protection	19.3% (46)	16.7% (12)	34.2% (26)	-----	45.8% (11)
Safety Tips	13.4% (32)	20.8% (15)	18.4% (14)	7.7% (1)	16.7% (4)
Counseling for Self	14.3% (34)	20.8% (15)	21.1% (16)	15.4% (2)	4.2% (1)
Legal Services	6.3% (15)	13.9% (10)	18.4% (14)	23.1% (3)	8.3% (2)

There were also some differences between the service requests for males and females when calling the Help Line. Men were much less likely (8%, 2) to request shelter than females (29%, 107), which was found to be statistically significant, $\chi^2(1, 399)=4.64, p<.05$. Males were also much more likely (46%, 11) to request Order of Protection information than females (20%, 74) which was also found to be significant, $\chi^2(1, 399)=9.17, p<.01$. Furthermore, males (4%, 1) were less likely to request counseling than females (18%, 66), approaching, but not reaching, statistical significance $\chi^2(1, 399)=2.91, p<.09$.

Exhibit 6

Mean Usefulness by Service Requested

Service	N*	Mean	SD**
Shelter	92	4.05	1.6
Order of Protection	78	4.62	1.01
General Info	74	4.27	1.32
Counseling	61	4.51	1.06
Safety tips and planning	58	4.67	.78
Legal Services	38	4.00	1.52

* N is less than the number of people who requested the service because not every victim respondent provided a rating of the service.

** Calculated with N-1 in the denominator

Usefulness of Information, Referrals or Linkages

Respondents were also asked to rate the usefulness of the information, referrals, or linkages that they specifically obtained from the Help Line. In looking at the 6 most

requested services, all of them received high usefulness ratings. As can be seen in exhibit 6, there were no mean ratings lower than 4.0 on a scale where 1 is the lowest value and 5 is the highest possible rating. The overall ratings of usefulness were high, with a mean of 4.27 ($SD=1.35$).

Additional analyses compared ratings of individual services by racial/ethnic group. Differences in means across racial/ethnic groups approached, but did not reach, statistical significance ($F(3, 356)=2.18, p=.089$). Shelter and legal service had the highest standard deviations, indicating that people's experiences with these 2 services varied more than with other services. Latinos had the highest ratings of usefulness ($M=4.58, SD=1.1$) of all of the groups. In turn, Latinos who were interviewed in Spanish rated individual services the highest ($M=4.85, SD, 442$). This was statistically significant ($F=4.26, p=.042$). There were no differences between males ($M=4.17, SD=1.37$) and females ($M=4.42, SD=1.17$) in overall ratings of the Help Line.

Value of Help Line Features

Victim respondents were asked to rate on a scale of 1 to 5 how important a number of features of the Help Line were in their decision to call, such as the toll-free number, 24-hour availability, confidentiality, sponsorship by city government, and if it was well advertised. The data has been summarized in exhibit 7. As seen below, all features were rated as both useful (4) and very useful (5). The 2 highest rated features were 24-hour service ($M=4.82, SD=.68$) and confidentiality ($M=4.84, SD=.58$). Looking at different groups of victims, we find that some accessed some of these features differently.

Exhibit 7**Help Line Feature Ratings**

	N	Mean	S.D.
Toll-free	397	4.51	.98
24 Hour	395	4.82	.68
Confidential	396	4.84	.58
Sponsored by City Government	397	4.56	.99
Advertising	396	4.02	1.38

Differences Among Various Races/Ethnicities

There were significant differences when assessing the usefulness of the Help Line being widely advertised by racial/ethnic group $F(3, 392)=4.28, p<.01$. Specifically, Latinos had the highest rating (4.43, $SD=1.15$), followed by Blacks ($M=4.03, SD=1.38$), followed by those in the “Other” category ($M=3.92, SD=1.38$). Whites had the lowest overall rating on this item ($M=3.62, SD=1.5$). Using a Tukey post-hoc comparison with a Games-Howell correction, we see that there is a significant difference between Latinos and Whites and a marginally significant difference between Latinos and Blacks.

Non-English Speakers

Victims interviewed in a language other than English rated the toll-free feature significantly higher ($M=4.83, SD=1.01$) than English speaking respondents (4.48, $SD=.61$), $t(56.32)=-3.02, p<.05$). Non-English speakers also rated sponsorship by city government higher ($M=4.89, SD=.66$) than English-speakers ($M=4.52, SD=1.01$). This difference was significant: $t(55.78)=.233, p<.01$.^{ix}

In addition, while there was no significant difference in non-English speakers' ratings of advertising from English speakers, only 33% (12) of those interviewed in another language said that they knew that they would be able to speak to someone in their own language before they called.

Differences Between Female and Male Victims

Females rated confidentiality higher ($M=4.87$, $SD=.41$) than males (4.39 , $SD=1.23$) and this difference was marginally significant, $t(22.47) = 1.85$, $p<.08$. Finally, female callers rated sponsorship by city government ($M=4.59$, $SD=.96$) higher than males ($M=4.08$, $SD=1.25$) which was a marginally significant difference, $t(24.8)=1.19$, $p<.07$.

Obtaining Services from the Help Line

In assessing what types of services respondents received, we asked them what they were calling for and if they received information, a referral, or a direct linkage. Of the 399 phone interviews, victims received varying combinations of 3 distinct kinds of help: information, direct linkages to community based services, and/or referrals to community based services. Three hundred thirty-two (83.2%) received a total of 396 various kinds of information. Three hundred twenty-two (81%) received a total of 430 referrals to community based service(s). Fifty-six (14%) were directly linked to a total of 59 community based service(s). In most cases, individuals received a referral or linkage during their call. Seventy-eight callers (21%) only accessed the Help Line for general information or someone to talk to^x.

Racial/Ethnic Groups Report Differences in Getting What They Were Looking for

As can be seen in exhibit 8, the majority of people answered “yes” to the question “Did you get what you were looking for?” in all categories of services. (In evaluating this information it is important to note that the open-ended comments inform us that when the victims responded to this questions it does not mean that they actually went to a shelter, or got an Order of Protection, rather it as likely meant that they got referral information on the service.) There were significant differences by racial/ethnic group in response to this question. Blacks were significantly more likely to say they did not get what they were looking for than other groups, $\chi^2(3, 395)=7.95, p<.05$.

Exhibit 8

Did you get what you were looking for?

	Yes	No	Total
Shelter	58.7% (64)	41.3% (45)	100% (109)
Counseling	83.6% (56)	16.4% (11)	100% (67)
Legal Services	71.4% (30)	28.6% (12)	100% (42)
General Information	82.7% (62)	16.0% (12)	100% (74)
Order of Protection	89.4% (76)	10.6% (9)	100% (85)
Safety Tips and Planning	87.1 % (54)	12.9% (8)	100% (62)

Majority Tried to Connect to Services with Varying Outcomes

We have follow-up information on 302 callers who received a referral or linkage. Approximately two-thirds (64%, 194) of these callers had tried to connect to the service. Of those who we know tried to connect, nearly half (48%, 93) were able to get the service they wanted.

We found that the most common reason for not being able to connect to a service was because the service was unavailable (23%, 57) or the victim was unable to get through due to the phone line being busy or being put on hold (11%, 26). Some victims reported being ineligible for the service (5%, 13). Other reasons included the service being too far (8%, 19), or deciding on another non-Help Line service (2%, 5).

We attempted to do further analysis of these re-coded variables broken down by the specific type of service and by racial/ethnic group. However, because of the small cell sizes, we were unable to perform any meaningful analyses. Therefore, only frequencies were calculated. This information has been summarized and included in Appendix H.

Those who connected to services were looking for different services than those who did not. Specifically, those who answered “no” were looking for shelter, housing and legal services more often than those who answered “yes.” This difference is significant, $\chi^2(72, 398)=369.53, p<.001$.

Location Often a Factor in Connecting to Services

Looking at victims’ comments when they discuss connecting to services, we see that a persistent theme is geographic location. While a particular service referral may have been found, for many the identified service was not in the victim’s neighborhood. For some victims, getting to a preferred service often depends upon how far the service is from their neighborhood. Additionally, victims indicated they had difficulty traveling to shelters out of their local neighborhood or area because of children’s school schedules, transportation and work. As one victim lamented, “I just got of the hospital and they told me there were no services in my area, so I would have to go to Elgin or further in the

city.” She was unable to drive an hour, so she went to a hotel that night. Likewise, another victim expressed, “I can’t just go that far away from my house. What happens to my job or school? Leaving and going north is not an option.”

The Help Line administrative data and reports of VIRAs underscore the limitations and constraints associated with location. The geographical location of the caller and where they could receive services was a barrier identified by VIRAs during focus groups. VIRAs stated some victims wanted to stay in their neighborhood but there are no services available. Depending on the type, services could not be found in the victim’s neighborhood for 45% to 74 % of the victim callers to the Help Line (see exhibit 9).

Exhibit 9

Service Found by Location

	Shelter	Counseling	Legal	Other
In Neighborhood	25.8% (512)	54.7% (583)	25.6% (357)	32.4% (110)
Out of Neighborhood	74.2% (1469)	45.3% (483)	74.4% (1037)	67.6% (229)
TOTAL	100% (1981)	100% (1066)	100% (1394)	100% (339)

Other Limitations to Service

In addition to whether a particular type of service is available and located in the victim’s neighborhood, there are other factors that victims reported limited their ability to connect to a service.

Of the 40.2% (45) of victims who indicated they did not receive shelter, there were a variety of reasons or barriers to obtaining the service. One particular barrier mentioned by victims was children. For example, common statements by victims were, “I

don't want to go to shelter and put my kids through that," "I don't want to go into shelter around the holidays, I can't do that to them." Victims also identified the limited availability of non-shelter housing or other alternatives to shelter as another barrier to service.

More specifically, victims noted eligibility as a barrier to services such as shelter, legal advice, and divorce. For instance, as one victim stated, "I need a lawyer but they say I make too much money to qualify for free legal aid." Some victims stated they were ineligible for shelter because they had a son over the age of 12, had too many children or had access to other resources such as a car, job and relatives. Divorce was also difficult to obtain due to lack of financial resources. As one victim noted, "In order to get a divorce, first I have to get out the house, then I have to come up with the money to get the lawyer. One won't happen without the other."

Impact of Help Line on the Victim

Impact of Information

Another way of ascertaining the usefulness of the Help Line to callers is to examine how it affected their situations. We asked the respondents how their experience with the Help Line and the information they received actually affected their situation. We then analyzed victims' open-ended responses and coded them in 4 ways—increased knowledge/awareness, emotional impact, action taken, and no impact.

Increased Knowledge/Awareness

Two-thirds (67%, 264) reported that their experience with the Help Line resulted in increased knowledge or awareness and made comments such as, "I know now what my

options are and what I need to do” or “ I understand what an Order of Protection is now and how it can help me.”

Emotional Impact

Just over half (53%, 210) reported emotional responses to their experiences with the Help Line. These effects varied from simply feeling better about oneself after calling to confronting their situation and rejecting the denial of abuse. As one victim lamented, “I realize now what a roller coaster I have been on and I stopped letting myself cry. Even though I cried to the VIRA, it still felt very good.”

Action Taken

Additionally, we coded for action--whether or not the victim used the information or did something as a result of their interaction with the Help Line. Thirty-eight percent of callers reported that the call resulted in “action.” Comments by the victims regarding action ranged from matter of fact statements such as, “I knew I wanted an Order of Protection. So I went and got it” to “I called the counselor and talked about what was happening.” It is important to note we also coded for change in the victims situation as a result of their experience, but due to the inconsistency in defining change, we eliminated this variable.

No Impact

Finally, only 15% (59) of victims indicated that their experience resulted in “nothing.” More specifically, in the cases of the individuals who indicated “no impact” with regard to information, this response was likely related to unavailability of services (i.e. the information they needed was unavailable).

VIRA Interaction

The VIRA serves as the link between the victim and service. Of the 399 victims interviewed, 370 victims made some reference to the importance of the interaction between the VIRA and themselves even though the victims were not specifically asked to comment on the interaction with the VIRA. Victims volunteered these comments when discussing the information they received from the Help line, how the information impacted their situation, and when they made suggestions and final comments about the Help Line. It is clear the interaction between victim and VIRA has a profound effect on the success of the Help Line. Three themes were identified in the victim/VIRA interaction.

VIRA/Victim Interaction as a Strong Personal Connection

One theme is the VIRA as an advocate, friend, or confidante. Victims did not view the VIRA as an impersonal resource connecting them to an appropriate service. For instance, as one victim comments, “I was mistrustful to call at first but the VIRA really made me feel like I was talking to a friend. She made me feel secure.” The victims felt they were able to trust the VIRA. Often they made statements such as, “I know that she wants to help me,” and “I could trust in the fact that she was pointing me in the right direction,” or “I knew if she had information for me, she would give it to me.” The victims did not view the VIRA as part of the social service system but rather as an insider. They were friends in whom they could confide and trust. As one victim noted, “The VIRA was really on my side. She reminded me how much courage it took to call. It was someone who really got what I was saying.”

The importance of seeing the VIRA as not merely an impersonal resource operator but as a friend or ally is essential to the overall effectiveness of the Help Line. It is what makes the interaction unique for the victim and affords them a sense of trust and support during an overwhelming emotional time in their lives. A male victim expressed, “The VIRA empathized with what I was going through.” The victim later noted he was sure the VIRA was not sexist because she was really willing to help him out. This interaction demonstrates a sense of unity. Victims expressed feeling a special connection with the VIRAs and that they were invested in helping them find service. This special connection often counterbalanced the negative response to unavailable services. For instance, of the victims who could not connect to service due to unavailability, 79% (26) indicated they did not blame the VIRA for limited availability to services and felt the VIRA would help them if they could. As one victim noted, “I think the Help Line is great, I can’t say anything bad about them. They need more services, there aren’t enough out there. That isn’t the Help Line’s fault. They are providing a great service.”

VIRA/Victim Interaction as Comfort and Support

Victims not only saw VIRAs as friends and allies but received a sense of comfort from them as well. For instance, one victim stated, “Sometimes I am not too sure of myself when I call the Help Line, and the VIRAs give me the support I am looking for.” The VIRAs not only provide victims with services but they act as a buffer against the fears of reaching out for help. They make the interaction less terrifying or stressful. For example, one victim discussed her feelings when calling the Help Line, “I felt comfortable with the VIRA, she was a listening ear for me.” The VIRA is there anytime of day and the victims expressed “just knowing someone was there at 2am” made them

feel better. Other victims made comments such as, “Who else can you call in the middle of the night?” or “The VIRA was there to just calm me down and let me know I did the right thing. I didn’t know what I wanted, but she made me feel better.”

The comforting service from the VIRA corresponds with viewing the VIRA as not an impersonal resource. The VIRA/victim interaction goes beyond friendship and service. The VIRA is a confidante. As one victim stated, “I didn’t just get information, I got someone who knew what it was like to be where I am. The VIRA understood and she didn’t judge me. She was there, when I couldn’t be there for myself.” The VIRA serves as a non-judgmental friend, as well as a link to services. For example, as one victim revealed, “Life, it’s hard, you often (are) in denial. The VIRA was there for me, the Help Line was there for me.” She later noted she “would have given up or something” if they (VIRA) had not been there for her.

VIRA/Victim Interaction as Strategizing

Another important aspect of VIRA/Victim interaction is the VIRA as a source of knowledge. Victims noted the VIRA often strategized with them regarding their specific situations. They helped them come up with plans. For instance, as one victim notes, “The operator understood my story and was comforting. She also reminded me that when renewing my Order of Protection to be careful to not let him (abuser) know where I am. She explained to me how to do that, we had a plan.” The words “we had a plan” give clues to how the victim categorizes the VIRA. The victim’s comments demonstrate the bond of togetherness she feels toward the VIRA and “their” ability to come up with a plan. Again, the victim believes the VIRA is invested in her safety and will help come up with a plan to accomplish this goal.

Victims often expressed a sense of hopelessness during the interviews but pointed out the VIRA gave them tips and advice for their specific situation. Even if the victim did not get the service they needed, the VIRA offered advice such as, “Call this shelter tomorrow, they usually open up more than others,” or “Okay there is motel that will only charge 30 (dollars) for the night, if you need to get out now.” Victims depended on the VIRA to guide them through the process and they trusted the VIRAs without hesitation. As one victim stated, “She told me that I could go and get this Order of Protection. She promised someone would be there to meet me. I was scared, but someone was there to meet me at the court. They walked me through the whole thing.”

Some victims did not get immediate response from the service provider they were connected to, but the VIRA helped them find other solutions. One victim discussed calling back a second time to talk with the VIRA, “She gave me lots of information and she didn’t rush me. She said ‘let time take its course and let’s think about what to do now.’ She told me to change my locks, and I hadn’t thought of that. She also told me to read up on abuse, understand what is going on. Being informed is power.” The VIRA becomes the giver of knowledge for the victim. However, it is not merely information of an open shelter or a counseling number but the process of “making a plan” that differentiates the Help Line from calling 311. The personal attention the victims feel when talking with the VIRA gives them a sense of togetherness in a sometimes very frightening experience. As one victim affirmed,

The VIRA helped me out a lot. She was very positive and told me this was abuse. I knew in my heart what she was saying was true. I would have brought it to her attention if she was saying something that wasn’t right but she just wanted me to be safe.

DIVERSE VICTIMS OF DOMESTIC VIOLENCE

In the previous section, we found some differences between how victims of different ethnicities, sex, and languages, experienced and assessed the Help Line.

- While the ratings on the Help Line were high for all groups, Latinos rated the usefulness higher than other racial/ethnic groups. Non-English speakers rated the usefulness of Help Line higher than English speakers.
- The groups varied in their ratings of the various features of the Help Line.
- There were differences among groups in the type of services they were seeking. Black victims were more likely to say they did not get what they were looking for than other racial/ethnic groups and they were also more likely to be seeking shelter than other racial/ethnic groups.

In this section, we look further at victims of different races/ethnicities and at male victims. For each group we describe the demographic characteristics, their employment status, living arrangements, type of abuse, and their relationships to their abusers. All comparisons of the characteristics among racial/ethnic groups are presented in exhibit 11. Comparisons of characteristics for men and women are found in exhibit 12.

Black Victim Callers

Each year since the inception of the Help Line, just over half of the Chicago victim callers to the Help Line have been Black. Of the 399 victims interviewed, 59.6 % (238) were Black. Ninety-four percent (225) of the respondents were women. Black respondents range in age from 18 to 61, with a mean age of 31.7.

Employment

Less than half (43%, 103) were employed, which is significantly less than the White and Latino victims ($\chi^2(3, 380)=12.20, p<.001$). A small number (3%, 7) reported being disabled.

Living Arrangements

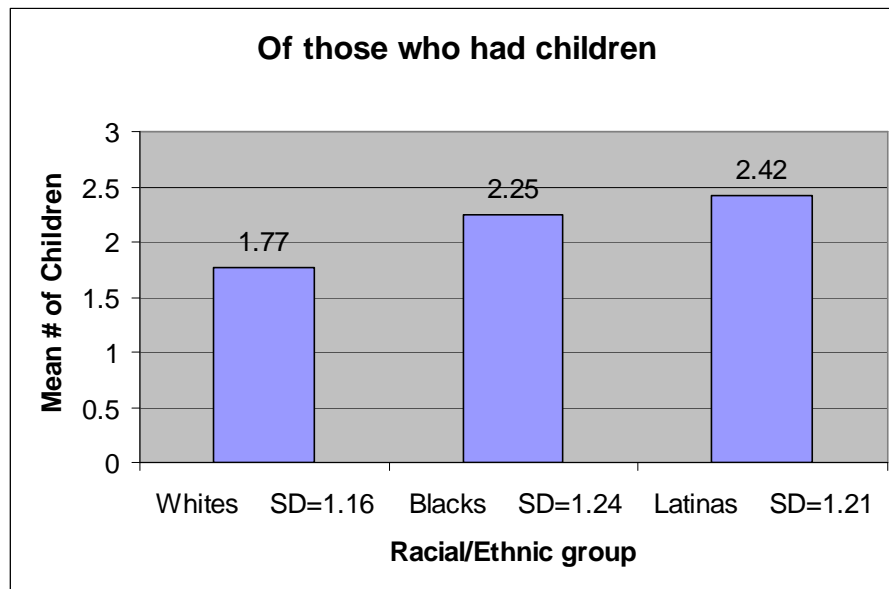
Most (87%) were living with someone else, which may include children. Of those living with others, the amount of people in the household ranged from 1 to 9, and on average they lived with 2.56 other people ($SD=1.42$), in a variety of living situations. Thirty-three (14%) victims indicated that they were not permanently housed. Of those, 9 (4%) were homeless, 8 (3%) were living in a shelter and 16 (6%) were temporarily staying with or “doubling up with” friends.

Children in the Household

Sixty-six percent (156) had minor children living in the household. These Black victims had more children than the White victims, but significantly fewer than the Latino victims. Of those who had children in the household, the number of children ranged from 1 to 7, with an average of 2.25, ($SD=1.24$; see exhibit 10). Twenty-two percent (34) were older boys between the ages of 12 and 17.

Exhibit 10

Children in Household



The Relationship Between the Victim and the Abuser^{xi}

In most cases, the victims were in heterosexual relationships, but there were 5 women in same sex relationships and 3 men in same sex relationships. There was not one predominate type of relationship between the victim and abuser. Blacks were less likely to be married to their abuser. Most victims experienced more than one kind of abuse; 88% experienced physical abuse and a small minority reported (9%) experiencing sexual abuse.^{xii}

Latino Victim Callers

Each year since the inception of the Help Line, just over 20% of the Chicago victim callers to the Help Line have been Latino. Nineteen percent (76) of the 399 victims interviewed were Latino and 92% (70) of them were women. They ranged in age

from 18 to 69, with a mean age of 31.6 years old. Nearly half, 43% (33) were interviewed in Spanish.

Employment

As discussed previously, there were significant differences in employment status by racial/ethnic group. Fifty-eight percent (44) of Latinos were employed, which was higher than Black and less than the White victims. Only one person reported being disabled.

Living Arrangements

Of all groups, Latinos were most likely (90%) to be living with someone else, which may include children. Of those that did report living with someone, the total number of other people residing in the same household ranged from 1 to 7 with an average of 3.13 (SD=1.52). Only 4 (5%) Latino victim respondents reported not being permanently housed. Of those, none of them reported being homeless, 2 (3%) reported being in a shelter and 1 (1%) reported temporarily staying with or “doubling up with” friends.

Children in the Household

Eighty-two percent (62) stated that minor children lived in the household. Latinos had more children in the household than the other groups. Using a Tukey post-hoc comparison, we see that the difference was only marginally significant between Latinos and Whites and not significantly different than Black callers. Of those victims who had children in the household, the number ranged from 1 to 5, with an average of 2.42, (SD=1.21). Eighteen percent (14) of the victim callers had older boys between the ages

of 12 and 17, which was a greater number than the other 2 groups but does not reach significance.

The Relationship between the Victim and the Abuser

In most cases, the victims were in heterosexual relationships, but there was 1 woman in a same sex relationship and 2 men in a same sex relationship. The abuser was most likely to be a spouse. A majority of the Latino victims report experiencing physical abuse (78%) and sexual abuse (17%). The amount of sexual abuse reported was significantly higher than that reported for Blacks or Whites^{xiii}.

White Victim Callers

Each year since the inception of the Help Line, approximately 15% of the Chicago victim callers to the Help Line have been White. Of the 399 victims interviewed, 18% (72) were White. Of those, 94% (68) were women. They ranged in age from 18 to 55, with a mean age of 36, which was significantly older than the Black or Latino victims.

Employment

White victims had the highest employment rate of all of the racial/ethnic groups, with 61% (44) being employed. Also, a higher percentage (7%, 6) of these victims was disabled than the Black or Latino victims^{xiv}.

Living Arrangements

White victims were significantly more likely to be living alone ($\chi^2(3, 380)=12.20$, $p<.001$). Only 64% were living with someone else. White victims also lived in the

smallest households. Of those who were living with someone else, the total number of others in the household ranged from 1 to 8 with an average of 2.43 (SD=1.58). Four indicated that they were not permanently housed. One victim (1%) reported being homeless, 2 (3 %) were living in a shelter and 3 (4%) were temporarily staying with or “doubling up with friends.”

Children in the Household

Just over half, 51% (37) had minor children living in the household, significantly less than the other groups ($\chi^2(3, 399)=19.99, p<.001$). Of those victim callers that did have children in the household, the number ranged from 1 to 6, with an average of 1.77 (SD=1.16). Eleven percent (8) of the victim callers had older boys between the ages of 12 and 17.

The Relationship Between the Victim and the Abuser

In most cases, the victims were in heterosexual relationships, but 2 women were in a same sex relationship and 1 man was in a same sex relationship. The spouse was the abuser for 44% of the White victims. A higher percentage of White victims were abused by an ex-spouse or partner than were Latinos or Blacks. The majority (81%) reported experiencing physical abuse, with a small minority experiencing sexual abuse (4%).

Exhibit 11**Interviewed Victim Characteristics by Race**

	Black	Latino	White
Interviewed 386*	59.6% (238)	19% (76)	18% (72)
Sex-Female	94.5% (225)	92.1% (70)	94.4% (68)
Age Range Mean	18-61 31.7	18-69 31.6	18-55 36.01
Employed	43.2% (103)	57.8% (44)	61% (44)
Disability	2.9% (7)	1.3% (1)	8.3% (6)
Living w/ Someone	86.9% (207)	89.5% (68)	63.9% (46)
Mean number in HH	2.56 SD 1.42	3.13 SD 1.52	2.43 SD 1.58
Temporary Housing	14.3% (33)	5.3% (4)	5.5% (4)
Children in HH	65.5% (156)	81.6% (62)	51.3% (37)
Mean No. Children	2.25 SD 1.24	2.42 SD 1.21	1.77 SD 1.16
Boys 12-17	21.8% (34)	18.4% (14)	11.1% (8)
Same Sex Relationship	3.4% (8)	4.2% (3)	3.9% (3)
Spouse	22.7% (54)	47.4% (36)	44.4% (32)
Partner, Living Together	24.4% (58)	17.1% (13)	12.5% (9)
Partner, Dating	16.4% (39)	7.9% (6)	13.9% (10)
Ex Spouse/Partner	21.8% (52)	14.5% (11)	22.2% (16)
Other	14.7% (35)	13.2% (10)	7% (5)
Physical Abuse	87.8% (209)	77.6% (59)	80.6% (58)
Sexual Abuse	8.8% (21)	17.1% (13)	4.2% (3)

* 13 respondents of other race/ethnicity not included in the table.

Male Victims

Along with interviewing racially and ethnically diverse victims, we also interviewed a small but sufficient number (24) of male victims to be able to ascertain some distinct needs and differences. Refer to exhibit 12 for all comparisons.

Each year since the inception of the Help Line, approximately 6% of the victim callers to Help Line were men (see exhibit 12). Similarly, six percent (24) of the victims interviewed for this study were men. They were significantly older than the women victims who called ($t(395)= 2.34, p<.05$), ranging in age from 24 to 61, with a mean age of 37 ($SD=10.19$).

Male callers were slightly more likely to be Latino than the female victims, however, this was not statistically significant. Half were Black (13, 54%), followed by Latino (6, 25%) and White (4, 17%). All were interviewed in English.

Employment

Sixty-six percent (16) of the men were employed, which was higher (but not significantly) than the employment rate of women (49%, 183). Most men were working full time. One man was disabled.

Living Arrangements

Men were less likely than women to live with someone. Sixty-seven percent of the men (16) were living with someone else compared to 87% of the women, although this was not a statistically significant difference. Of those living with others, the amount of people in the household ranged from 1 to 5, with the average number of 2 ($SD=1.17$).

All the men lived in stable housing, while 11% (42) of the women reported that they did not have permanent housing. This difference was marginally significant, $\chi^2(1, 399)=3.00, p<.09$.

Children in the Household

Significantly fewer men than women had minor children living in the household, $\chi^2(1, 399)=12.30, p<.001$. Only 25% (6) had children, and in those households there was only one child.

The Relationship between the Victim and the Abuser

Twenty-five percent of men (6) were in same sex relationships. There was not one predominate type of relationship between the victim and the abuser. One-fourth were spouse, cohabiting partner or ex-spouse/partner. Like women, most victims experienced more than one kind of abuse, 71% (17) experienced physical abuse, and only 4.2% (1) experienced sexual abuse.

Exhibit 12**Comparison of Male and Female Victims**

	Male N=24	Female N=375
Age	36.88	32.19
Black	54.2% (13)	60.0% (225)
Latino	25.0% (6)	18.7% (70)
White	16.7% (4)	18.1% (68)
Employment	66.7% (16)	48.8% (183)
Disability	4.2% (1)	3.5% (13)
Living w/ Someone	66.7% (16)	88.7% (325)
Mean number in HH	2.19 SD 1.17	2.62 SD 1.5
Temporary Housing	0 0	11% (42)
Same Sex	25% (6)	2.1% (8)
Spouse	25.0% (6)	33.6% (126)
Ex-partner or Spouse	25.0% (6)	19.5% (73)
Partner, not living together	16.7% (4)	13.9% (52)
Partner, living together	25.0% (6)	19.7% (74)
Other	8.4% % (2)	13.3% (50)
Physical Abuse	70.8% (17)	85.1% (319)
Sexual Abuse	4.2% (1)	10.4% (39)

OTHER USERS OF THE HELP LINE

Besides victims, a host of other individuals call the Help Line. Twelve percent of the 18,238 callers to the Help Line during the study period were third-party callers, calling on behalf of the victim. We sought the perspectives of these third-party callers, in order to include multiple perspectives in this assessment of the Help Line and its services for Chicago's diverse victims of domestic violence.

We focused on the perspectives of 3 groups of non-victims: domestic violence service providers; the police; and the community (i.e. residents, community organizations, agencies, and businesses). The 3 groups comprised 98% of the 2,209 third-party callers to the Help Line (see exhibit 13). In addition, victims reported to the Help Line these 3 groups were most likely to be their referral source (see exhibit 13).

Exhibit 13

Distribution of Third Party Callers to the Help Line during Study Period

Third Party Callers	
Police	4.7% (104)
DV Providers	26.6% (587)
Community	66.8% (1476)
Other Systems	1.9% (42)
TOTAL	2209

Exhibit 14**Referral Source of Victim Callers to the Help Line**

	All Victims	Target Victims	Interviewed Victims
Police	56.9% (3676)	58.5 (1767)	67.3% (257)
DV Providers	13% (841)	13.7% (413)	13.1% (50)
Community	16.9% (1090)	16.9% (511)	12.3% (47)
Other Systems	1.3% (83)	1.2% (35)	.8% (3)
Advertisement	11.9% (766)	9.8% (297)	6.5% (25)
TOTAL	6456	3023	382

In the following sections, we report on the interviews with 74 providers, surveys of 1,202 police officers, and surveys of 357 Chicago residents who participate in the Police District Advisory Committee (DAC).

Domestic Violence Service Providers

The partnership between the Help Line and the domestic violence service providers forms the backbone of the Help Line. Referrals and linkages to an array of DV providers, who provide services ranging from counseling to emergency shelters to job training and placement services, are a key resource for victims who call the Help Line. The providers were interviewed about their use of the Help Line and assessment of its usefulness, and their observations of the service barriers that victims experience.

Methodology

A telephone interview was conducted with 74 respondents from 55 Chicago-area agencies. Some of the organizations had multiple geographic locations or “sites” and therefore, sometimes more than one respondent was interviewed from one agency.

The organizations interviewed fell into 2 types. One type (“stand-alone agency”) existed specifically to provide domestic violence services. The other type (domestic violence program with non-domestic violence agency) was a domestic violence program within a larger multi-purpose agency.

Data Collection.

The service provider interview instrument (Appendix I) consisted of 21 closed and open-ended questions administered in a one-on-one telephone interview. The instrument was developed with input from the project’s Advisory Board. In addition, the instrument was piloted with 3 former domestic violence service providers. Interviews averaged 22.86 minutes (SD=8.78, Md= 21).

The list of all possible agencies was compiled by the Mayor’s Office on Domestic Violence (MODV) and the Help Line Director. Agencies that only served sexual assault victims or those that only provided abuser treatment services were excluded. Further, all agencies in the city were included, but agencies located in the suburbs were included only if a referral had been made there in the past year. Five were not included because of the small number of referrals; 4 agencies had fewer than 6 referrals in the previous year. A very thorough recruitment effort was instituted to ensure a high level of participation and to identify the appropriate staff at each agency site who interacted with the Help Line. Support for the project was sought at periodic meetings hosted by The Mayor’s Office on

Domestic Violence with the Executive Directors of the Chicago-area domestic violence service providers. An introductory letter was sent to the Program Director, and copied to the Executive Directors, in order to identify a key informant to participate in the interview. Telephone interviews were conducted from April to August 2005.

Response Rate

The response rate was 83%, with 55 out of a possible 66 agencies participating. There was not a significant difference between the participating and non-participating agencies. However, the representation of 16 agencies that serve the needs of specific populations of victims, such as certain ethnic groups or disability groups, was slightly lower than “mainstream” agencies. Of the “population-specific” agencies, the response rate was 75% (12), while of the “mainstream” agencies the response rate was 86% (43).

Provider Characteristics

Of the 74 interviews that were completed, 31 (42%) were with representatives from “stand-alone” domestic violence agencies. Forty-three (58%) interviews were conducted with domestic violence programs within non-domestic violence agencies. A further distinction was made between agencies with one site or agencies with multiple sites. The breakdown of interviews can be seen in exhibit 15.

Exhibit 15**Service Provider Interviews**

	# of interviews conducted	% of total interviews
Stand-alone		
Single site	17	23%
Multiple sites	14	19%
Total	31	42%
DV Programs within a non-DV agency		
Single site	22	30%
Multiple sites	21	28%
Total	43	58%
Grand Total	74	100%

The 74 respondents and their co-workers provide a wide range of services at their sites. Approximately three-fourths (75%, 56) offer walk-in counseling and about the same percentage (78%, 58) provide crisis counseling. Slightly fewer (60%, 44) offer legal advocacy, and even fewer (20%, 15) provide legal services. Less than one-quarter (24%, 18) of the providers interviewed had shelter at their specific site. Approximately two-thirds (68%, 50) reported offering “other services.”

Among the most common responses for the “other services” were outreach and training such as violence prevention and healthy-relationship workshops, and parenting classes. Also, several of the agencies provided transitional living and rental assistance as well as job training and placement services. Another common response was support groups for the victims and children’s services such as counseling and after-school mentoring programs. Nearly all (89%, 67) of the providers offer more than one service while 9% (7) only offer one service.

Respondents' Characteristics.

The respondents who were interviewed held a wide range of positions. We sought to interview staff who had previous experience with the Help Line. Of the 74 respondents, the majority (57%) were "Program-staff." This included positions such as Case Worker, Counselor, Intake Coordinator, and so forth. Approximately one-third (31%) of the respondents were Program Directors. Only 5 respondents (7%) were Executive Directors and even fewer (5.4%) respondents held other non-director administrative positions.

Findings

Providers Use of the Help Line as a Resource

In total, 82% (61) of the domestic violence agency respondents reported that they did refer victims to the Help Line. The average number of referrals made per month ranged from 0 to 300 with a mean of 18.34 ($SD=44.78$).

Of the agencies that made referrals, stand-alone agencies made significantly more referrals ($M=31.04$, $SD=63.37$) per month than DV programs within non-DV agencies ($M=7.6$, $SD=10.54$). This difference is statistically significant, $t(59)=2.09$, $p<.05$.

Positive Assessment of Help Line Referral Process

Domestic violence service providers had a positive assessment of referrals to the Help Line, reporting they found the referral process easy. When asked how difficult it is to make referrals to the Help Line on a scale from 1 being not difficult at all to 4 being very difficult, the vast majority rated the process not difficult, with a mean rating for this item of 1.23 ($SD=.46$).

The comments of providers give us some indications of why there is such a high assessment of the Help Line. Some comments focused on how the Help Line had more resources available than any one agency and therefore could provide up-to-date information about a wide range of services. Others concentrate on the easy accessibility of the Help Line, its 24/7 staffing, and the easily remembered phone number.

Help Line Brought Improvement to DV Referral System

Given the providers' strong assessment of the Help Line, it is not surprising that 83% of the 42 respondents who had worked in the system previous to the Help Line reported it was easier to make referrals now than before the Help Line.

Help Line's Effectiveness at Making Appropriate Referrals.

The number of referrals the providers *received* from the Help Line per month by each domestic violence service provider ranged from 0 to 300, with a mean of 19.61, ($SD=50.95$). Again, stand alone agencies reported receiving more referrals ($M=31.45$, $SD=56.6$) than DV programs within non-DV agencies ($M=11.63$, $SD=45.11$), although this difference was not statistically significant, $t(70)=1.64$, $p=.106$. Of those agencies with shelters, the number of referrals that were made directly to the shelter ranged from 0 to 300, with a mean of 60.10 ($SD=84.7$).

Easy to Receive Referrals.

Overall, the respondents also found it easy to receive referrals from the Help Line, with a mean of 1.61 on a scale from 1 being not difficult at all to 4 being very difficult ($SD=.85$).

Referrals Were Appropriate.

Only 15 respondents (20%) reported ever having received an inappropriate referral. However, from reviewing the comments, almost all of these mentioned that either it was a rare occurrence, or the Help Line had some misinformation about the agency in the past that has now been resolved. The most common reason cited for how the referral was inappropriate was that a victim thought the agency was a shelter when in fact it was not. Other reasons that the referrals were inappropriate included location and languages the agency could accommodate.

Positive Praise for VIRAs

In commenting on why it is so easy to receive a referral, several respondents praised the VIRAs, saying they were “great staff” who were both “knowledgeable” and “sensitive.” In fact, one person commented that, “because they are so knowledgeable about what we’re about, that’s (what) makes it so easy.” Having a good relationship with the Help Line staff seemed to be valued by the service providers who were interviewed.

Providers Assess Help Line as Useful Resource for Victims

Two-thirds of respondents (66%, 49) indicated that the Help Line was very useful as a resource to victims. An additional 23% (17) indicated that it is “useful.” And only 8% (6) indicated that it is “somewhat useful.” None of the respondents indicated that it was not useful at all. The 2 most important reasons that the service providers believed the Help Line was so useful was its centralization of information and its accessibility. Translation services and general information about the status of programs were also mentioned as important features of the Help Line.

One-stop Shop.

Eighty-four percent (62) felt having only one phone number to call was “very useful” while an additional 10% (7) said that it was “useful.” Many respondents underscored the value of there only being one number for people to call to get all information. They noted, “The number (1-877-863-6338 or 1-877 TO END DV) was an easy number for victims to remember.” Several referred to the Help Line as a “one stop shop” because it kept up-to-date, accurate information about a wide range of services and shelter availability. This can “lessen frustrations” for victims when they only have to call one place.

Availability and Accessibility.

Other respondents commented they found it useful for victims because it was a place to turn to when no one else is available. Since the Help Line is staffed 24 hours, a VIRA will always answer the call. One respondent referred to the Help Line as “a lifeline.” Another person stated that it was “a small comfort to know there is at least one place to start reaching out.” Others suggested that the fact that it was toll-free was crucial because anyone could use it at anytime.

Other Help Line Features can Augment Providers’ Services

The usefulness of the Help Line as a single number, and its easily accessible and available referral information were clearly its most important features to providers. In addition, just under half of the respondents, 49% (36) reported that they also used the Help Line for other functions. Many of the service providers mentioned calling the Help Line in order to get general information about services, bed availability in shelters, and

geographic locations of agencies. A second common use of the Help Line is for translation. Many of the service providers reported using the Help Line's connection to the 24-hour Language Line for interpretation services to assist them in serving a victim whose language they could not speak.

Providers' Assessment of the Capacity of Domestic Violence Service Provision System

To explore the capacity of the current domestic violence service provision system in Chicago to serve victims with varying needs and diverse circumstances, the provider respondents were asked about ten specific victim circumstances. Providers were asked if they or their colleagues had encountered victims in each of the ten circumstances. From their experience, providers were then asked if they had observed any particular difficulties victims in those circumstances face and to provide examples. Finally, providers were asked whether they see these difficulties happening a lot, sometimes, hardly or never (4 point scale, 1=never). Providers' comments were from their perspective and were based on their observations in general. Comments were not particular to an agency—Clarify what this means; I'm not sure. The mean ratings of difficulty faced ranged from a low 2.47 to a high of 3.62.

Exhibit 16**Providers Rating of Various Difficulties in Obtaining or Using Services**

	Victim Circumstances	% that have encountered	Mean frequency of difficulty	SD
1	Having kids or dependents	100%	3.62	.81
2	Having mental health issues	89.2	3.26	.77
3	Not speaking English	89.2%	3.24	.88
4	Under 18	66.2%	3.17	.86
5	Being an ethnic or racial minority	98.6%	3.15	1.16
6	Being a substance-abuser	85.1%	3.06	1.05
7	Being elderly	75.7%	2.61	.91
8	Having physical disabilities	71.6%	2.51	1.01
9	Being a male	67.6%	2.48	.91
10	Being LGBT	77%	2.47	1.02
	Other circumstances (Immigrant, Deaf, Blind, Non-verbal, having HIV/AIDS, etc.)	36.5%		

Victims with Dependent Children.

All providers encountered victims with dependent children. The overall rating of victims having problems observed in accessing services because of having children is very high (3.62). Specific difficulties that providers discussed for victims with kids or dependents are problems in finding shelter (especially for victims with older male children or many children), the lack of childcare services, and the victim's limited financial resources, especially related to finding adequate housing.

Victims with Mental Health Disabilities.

Almost all (89%) of the domestic violence professionals interviewed indicated that they had encountered victims with mental illness, and that they were very likely to have difficulty in obtaining or using services (3.36). The service providers observed a lack of connection between mental health and domestic violence service providers and the shortage of appropriate shelter. Several times providers mentioned that shelters often

could not accommodate victims with mental health issues. Shelters could not provide the “higher level of care” required by this group. Specifically, many shelters are not equipped to manage medication distribution for victims taking medications to treat their illnesses.

Victims Who Do Not Speak English.

The majority of the providers (89%) encountered victims who do not speak English and this is very likely (3.24) to create difficulties in accessing and using services. First, the providers described a lack of translators. Agencies have limited resources to be able to provide quick, affordable translation to all victims. Second, providers reported that the legal system is often difficult to navigate for victims who do not speak English. The court staff is often unsympathetic to non-English speakers, and the word of abusers who speak English is taken over that of the victims who do not speak English.

Victims Under 18.

Two-thirds (66%) of the providers reported that they had encountered victims under the age of 18. These youth are likely (3.17) to have difficulties because of the lack of parental consent which is required to obtain many services and because many of the youth are in denial that they are in an “abusive” relationship and therefore are reluctant to get help.

Ethnic or Racial Minority Victims.

All but one person in provider interviews (98.6%) reported that they had encountered ethnic or racial minority victims, and these victims were likely to encounter difficulty (3.15) in accessing or using services. The service providers reported that the

difficulties are associated with a lack of culturally sensitive services. Examples of cultural insensitivity ranged from a lack of understanding by service providers of women's roles in particular cultures to a lack of dietary options or discomfort between different cultural norms in some shelters.

Substance-addicted Victims.

Eighty-five percent of respondents reported having encountered substance-addicted victims and these victims were likely (3.06) to encounter difficulty in accessing or using services. Providers identified several difficulties for substance-addicted victims--a lack of connection between substance-abuse providers and DV providers, shelters not being equipped to accommodate substance abusers, and social stigma.

Elderly Victims.

Three-quarters (76%) of providers had encountered elderly victims but they reported that they were not very likely (2.61) to have observed them having difficulties accessing and using services. Providers described dependence on their abuser for care, mobility, and isolation as barriers for elderly victims.

Victims with Physical Disabilities.

Nearly three-quarters (72%) of the providers encountered victims with physical disabilities. However, again the frequency (2.51) for which the respondents observed difficulties in access or using services for this group were not as high as for other groups of victims. Providers described limited service availability (especially accessible shelters and housing options), limited physical mobility, and sensitivity, as difficulties for victims with physical disabilities.

Male Victims.

Approximately two-thirds (67.6%) of the providers reported that they had encountered male victims. Providers reported, on average, that male victims were less than somewhat likely (2.48) to encounter difficulties. One of the most commonly reported barriers was that there are not enough services that meet their specific needs, especially counseling and shelter. Secondly, providers reported that there is a realistic concern in the DV community that heterosexual males may be posing as victims when they are in fact, perpetrators. Given that concern, men must “jump through a few more hoops to prove that they’re actually victims.”

Lesbian, Gay, Bisexual, Transgender (LGBT) Victims.

Over three-quarters of the providers (77%) said that they had encountered LGBT victims. They were on the average less than sometimes likely to observe difficulties (2.47). They identified a lack of available specialized services, especially shelters and discrimination (especially in the court system) as barriers for LGBT victims.

Other Groups.

When providers were asked if there were any other groups the researcher had missed, nearly two-thirds answered “no.” Of the third (36.5%) that answered yes, there were a variety of responses for what the missing groups were. Some of the “other” groups that were mentioned included “deaf, blind or non-verbal,” “victims with HIV or AIDS,” and “victims who had been adjudicated.” The most common response (44%) was they had also encountered “undocumented” or “immigrant” population. Three-fourths

(75%) indicated they had observed barriers for this group “a lot.” The remainder (25%) said they had seen barriers for this group “sometimes.”

Chicago Police Department

A unique feature of the Help Line is the relationship with the Chicago Police Department, which is the largest referral source for the Help Line. This is due in part to the 1999 Chicago Police Department mandatory protocol that requires every victim of domestic violence be given information about the Help Line. Officers provide a key front-line link between a domestic violence victim and the Help Line. The officer’s perception of the usefulness of the Help Line may affect the victim’s decision to call. As the largest referral source, officers are in a position to provide useful feedback to the Help Line evaluation, not only in terms of the referral process, but also in terms of their observations of difficulties that victims may face.

Methodology

We conducted a survey (Appendix J) of 1,202 city police officers at the patrol level and Domestic Violence Liaison Officers^{xv}. The survey was developed in collaboration with the Chicago Police Department’s Research and Development Division and with feedback from the project’s advisory board. It was piloted with 4 officers that were not currently on patrol duty. The survey included questions about the officers’ use of the Help Line and their experiences with and victims’ reactions to the Help Line, including barriers encountered in serving victims from various racial, ethnic, linguistic, or life style groups (see Appendix J).

Data Collection

The CPD administered the survey to all Chicago Police Department officers in every one of the 25 Police Districts at each shift roll call on March 16, 2005, providing an accessible environment for distribution of the survey. Completion of the survey was voluntary and confidential. No record was kept of individual survey completion in order to mitigate the possible coercive effect of supervisors' administration of surveys. This resulted in 1,202 completed surveys.

Response Rate

For security reasons, the Chicago Police Department could not report the exact number of patrol officers in the city, the number scheduled or, the number who appeared at roll call on the day the survey was administered. Therefore, we are unable to directly ascertain the refusal rates or whether response rates differed by district.

There are 2 methods to estimate the number of Patrol Officers. At the time of our survey the CPD reported that there were between 30 and 50 officers per watch per district employed by the CPD (this includes all officers, whether or not they are currently on patrol). Using this estimation, we can infer that between 2,250 and 3,750 patrol officers could have been present at roll call. A second method involves a calculation by police beat. All 281 of the police beats are covered by at least one patrol car and may have several unmarked patrol cars depending upon the size of the area covered by the beat. This estimation procedure results in an estimate of 1,124 officers. We obtained 1,202 completed surveys suggesting a high completion rate. Additionally, all 3 shifts are represented, 34% (415) of the surveys were completed by shift 1; 27% (320) shift 2; and 39% (464) from shift 3.

Respondents' Characteristics

The only data available for comparison of our sample is that reported in the Chicago Police Department 2004 Annual Report, which is based on all sworn and exempt members of the Chicago Police Department. These figures include the patrol officers and all other sworn and exempt personnel. While the patrol officers are a subset of this larger group, the percentages completing the survey are very similar.

Exhibit 17

Characteristics of CPD personnel

	Sworn/Exempt Personnel	Completed Surveys*
Male	76.5% (10,268)	78.2% (816)
Female	23.5% (3,155)	21.8% (227)
White	56.0% (7,532)	47.6% (495)
Black	25.9% (3,480)	22.9% (238)
Latino	15.8% (2119)	19.7% (205)
Other	2.2% (292)	9.7% (101)
TOTAL	13,423	1202

*The percentages and n for gender and race/ethnicity are of those reporting. 159 respondents did not identify their gender and 163 did not designate their race/ethnicity.

The police sample consisted of 93% (1,054) beat officers, 4% (42) supervisors and 3% (34) selected other designations such as community policing officer. The median age of officers was 37 (mean 37.54) and had served on the force for an average of 9.18 years (Md= 8) with their tenure ranging from less than a year to 38 years.

Findings

Ninety-five percent (1,131) of the officers surveyed had responded to a DV incident in the past 6 months, giving the Domestic Incidence Notice an average of 26.74 times (Md= 10).

Assessment of Help Line Usefulness as a Referral Resource

The police officers surveyed had a positive assessment of the Help Line.

Useful to Victims.

Of the 717 officers who responded to the question about the usefulness of the Help Line, 64% (462) thought the Help Line was a useful or very useful resource for domestic violence victims. Sixty-one percent (717) of the 927 officers answering the question about the utility of having a single citywide phone number reported that this was a “useful” or “very useful” feature of the Help Line.

Easier to Refer Victims to Resources.

Of the officers who had an opinion and reported having tenure on their job before the inception of the Help Line in 1998^{xvi}, 74% (297) found it easier to give a referral to a DV victim than before the creation of the Help Line; 26% (104) did not find it easier. In addition, 77% (717) reported that having a single phone number provided by the Help Line was an important feature.

Many Officers Proactively Refer Victim to Help Line

The police officers are proactive, with 82% (901) having “often” or “sometimes” suggested the victim call the Help Line beyond giving the Domestic Incident Notice.

Most, 64% (650) never called the Help Line for the victim, but 11% (111) reported calling the Help Line often for the victim. Thirty percent (300) often or sometimes gave victims another domestic violence service phone number. Ninety-nine officers provided information about other things they did in addition to giving the DIN. The 4 most common activities were: advising victims about Orders of Protection or warrants; calling or referring to community resources; giving general advice and information; and transporting victims to a safer location such as to a family member, friend, or shelter.

Officers' Perceptions of Barriers

Ten percent (122) of the officers reported that a victim expressed some hesitancy because of the sponsorship and association of the Help Line with city government. In only a minuscule number of those cases (17) did the victim refuse to take the Domestic Incident Notice (DIN). To examine officers' perceptions of difficulties that are faced by the domestic violence victims they encounter, officers were asked:

We know officers encounter diverse groups of victims when fulfilling their duties. Sometimes victims face barriers that make it difficult for them to use a DV Help Line referral. From the following list, please indicate how often you encounter situations where you believe the following may be difficulties.

Officers rated each of the 8 potential circumstances on a four-level scale. Results are presented in exhibit 18.

Exhibit 18**Officer's Perceptions of Difficulties**

	Never	Hardly Ever	Sometimes	Often	TOTAL
Language Barriers	20.1% (218)	21.6% (235)	38.5% (418)	19.8% (215)	100% (1086)
Physical Disabilities	33.1% (354)	42.7% (456)	22.0% (235)	2.2% (24)	100% (1069)
Mental Disabilities	23.8% (254)	30.7% (327)	37.8% (403)	7.7% (82)	100% (1066)
Sexual Orientation	35.4% (378)	35.7% (381)	24.6% (262)	4.3% (46)	100% (1067)
Male Victims of DV	29.3% (311)	41.5% (441)	25.4% (270)	3.9% (41)	100% (1063)
Elderly/Senior Victims	26.6% (284)	36.8% (393)	33.5% (357)	3.1% (33)	100% (1067)
Youth/Minor Victims	23.6% (251)	31.1% (330)	39.7% (422)	5.6% (59)	100% (1062)
Many Children/Dependents	23.5% (249)	28.1% (298)	36.7% (389)	11.6% (123)	100% (1059)

Few officers (8%, 97) reported “never” to all 8 potential difficulties. Other than language and having multiple children or dependents, officers do not often encounter situations in which they perceive barriers. There is a vast array of languages spoken in Chicago, so it is not surprising that officers would encounter victims and perceive there to be difficulties for victims who do not speak English.

Police officers consistently rated the level of barriers encountered much lower than the domestic violence providers. Since the officers’ role is to intervene during a specific incident, their awareness of barriers differs from that of the providers. However, ordering the difficulties from most often to least often seen produces quite similar orders for police compared to providers. Providers saw the greatest barriers for victims with children or dependents, which is second to language for officers.

District Advisory Committee Members

Various Chicago residents call the Help Line seeking information or services to help a domestic violence victim. These callers from the community are family members, friends, neighbors, employers, medical professionals, clergy, teachers, Fire Department Personnel/EMT, and a gambit of other helping professionals. These community members are also the people who refer victims to call the Help Line.

While it was beyond the capacity of this study to survey a representative sample of these community residents, we were able to survey a convenience sample of Chicago residents who attend monthly Police District Advisory meetings in each of the 25 police districts. The attendees at these open community meetings range from residents to business owners, helping professionals and various public servants, community policing officers, firefighters, and city service employees, a population similar to the range of community callers to the Help Line. In addition, the DACs are part of the broad community policing approach of the CPD and a target of community outreach by the MODV and Help Line staff. Therefore, they are an important component in broadening the understanding of domestic violence and support for victims in local Chicago communities.

Methodology

In May through September of 2004, we surveyed (Appendix K and L) a total of 357 Chicago residents attending one of the 25 monthly Police District DAC (District Advisory Council to the District Commander) meetings. The DAC's 25 geographic districts encompass the whole city and thus their members provided a convenient sample

of active community residents, representatives from social service agencies, community and faith organizations and business leaders.

This short survey gathered information in 4 major areas: 1) individuals' understanding and knowledge of domestic violence and domestic violence services in their community; 2) their knowledge of the Help Line and its components; 3) their use of the Help Line; and 4) their assessment of the Help Line.

Data Collection

The 10-minute survey consisted of 23 closed and opened-ended questions primarily consisting of yes/no and simple Likert-scale items (Appendix K). Techniques and queries in question development were adopted from a variety of sources (Altfeld, 2004; Block, 1997; Transforming Communities, 2000). Knowledge of the types of domestic violence was tested using a question previously used in a community survey by the Mayor's Office on Domestic Violence that was adapted from the Community Attitudes Questionnaire, developed by the Transforming Communities (2000). Feedback was also obtained from the project's Advisory Board on the development of the instrument.

The surveys were conducted during a regularly scheduled monthly DAC meeting and were administered by Loyola University Chicago researchers. Attendance at the District's meeting varied from 8 to thirty-five members. Survey administration was incorporated into each meeting's agenda, which facilitated completion of the survey.

Response Rate

The research team surveyed 357 DAC members from 25 police districts in the city of Chicago and achieved an 89% participation rate out of the 403 surveys distributed. The participation rate was very low in only one district.

Characteristics of Respondents

Fifty-three percent (178) of the members surveyed were female and 47% (158) were male. More specifically, 48% (170) were White, 29% (103) Black, 6% (22) Latino, 1% (4) Asian American/Pacific Islander and less than 1% (1) was Native American.

Approximately one-third (29%, 49) of the sample was under the age of 45. The largest group of respondents (30.2%, 101) was between the ages of 46-55 and an additional 20% (67) were between the ages of 56 and 65. Finally, 20% (69) were over the age of 66.

Two-thirds of the members surveyed identified their professions. The range of professions and affiliations were broad, with nearly a quarter (23%, 49) retired or not currently working for other reasons. Other common categories of professions included “professionals” such as attorneys or business people and those working for government or social service agencies. Incidentally, 32 members were police officers within their specific community. There were a small number of volunteers, homemakers, and students (5) and 5% (11) of the respondents identified as some type of clergy.

Findings

Awareness of Domestic Violence

The majority of DAC respondents reported a broad and comprehensive knowledge of the types of domestic violence behaviors. Ninety-eight percent (341) of the respondents viewed domestic violence as physical abuse (i.e. hitting or kicking). Eighty-five percent (298) viewed domestic violence as emotional abuse, such as making a person feel worthless. Also, 87% (305) recognized forcing an intimate partner to have sex with them as domestic violence. The characteristic of domestic violence that was least recognized was constantly paging or checking up on the person (67%, 235). Approximately two-thirds of the respondents (64%, 224) recognized all 4 behaviors as domestic violence.

Additionally, 98% (343) of the respondents indicated that domestic violence could occur in a husband/wife relationship. Also, 89% (310) said it could occur in a same-sex relationship, 89% (308) by a caregiver of a disabled person or elderly person and 87% (303) in a sibling relationship and 93% (325) in a boyfriend/ girlfriend relationship.

Awareness of Help Line by Community Members

There is a robust awareness (80%, 286) of the Help Line by the community leaders, residents, and activists attending local police district advisory meetings (DACs). Of those who knew about the Help Line, awareness of the specific services was generally very high with over three-quarters indicating they knew the Help Line could offer referrals for shelter, counseling, children's services and general information. Results are summarized in exhibit 19. A much smaller percentage (60.9%, 228) was aware that the

Help Line could offer referrals for legal services. Looking at the individual police districts, it appeared that one of the districts had less awareness of the legal services than the others. The district did not have any unique socio-economic factors from other districts. Also, there did not appear to be differences by age or racial groups in the knowledge of the community members surveyed as a whole.

Exhibit 19

Awareness of Help Line Features by District Advisory Committees

Feature of Help Line	% Knew about Feature
Offers referrals for shelters	79.6% (265)
Offers referrals for counseling	80.7% (268)
Offers referrals for legal services	60.9% (228)
Offers referrals for services for children	75.1% (247)
Offers referrals for general information	79.6% (262)
Offers for any other services	9.5% (29)

Although the awareness of the Help Line was high, few of the DAC members knew the Help Line phone number. In fact, only 20% (55) reported they already knew the number. The most common response (81%, 283) for how to access the Help Line was to call 311, the non-emergency city service number. It is also interesting to note only 17% (52) indicated they could find the number on an advertisement. This is consistent with findings from the victim data that indicated people believed there should be more advertising of the Help Line.

Advertising as a Factor in Awareness

DAC respondents were asked which areas in their community had information about domestic violence available. Eighty-three percent of the respondents said that leaflets and billboards were displayed and available within their specific community. However, slightly over half (57%, 157) of the respondents indicated leaflets or posters were not displayed at their church, mosque, synagogue or temple. Incidentally, 42% (142) expressed that DV was addressed in some way in their church, mosque, temple or synagogue. In terms of advertisement to non-English speaking groups, 64% (184) of the respondents indicated seeing posters in their community in a language other than English. It is important to note that 75% (245) of DAC members were aware of somewhere to go to receive domestic violence services and resources.

Use and Assessment of the Help Line by Community Members

Community members attending DAC meetings were asked whether they had either used the Help Line themselves or recommended that someone call the Help Line.

Past Use of Help Line.

Nearly one-quarter (24%, 80) indicated that they had used the Help Line in the past. Of those respondents, nearly three-quarters (73%, 64) were interested in getting counseling services, while 61% (47) were interested in shelter.

Assessment of Help Line Use.

Of those that used the Help Line, 83% (64) thought it was useful, and 13% (10) did not know if it was useful or not, and less than 4% indicated that it was not useful.

Notably, a high proportion (87 %, 62) believed they were treated with courtesy and respect.

Help Line as Community Resource.

Next, respondents were asked whether or not they would call the Help Line or recommend it in the future to someone they knew was being abused. Eighty-three percent (229) indicated that they would do so, 15% (49) indicated that they were not sure, and only 2% (7) said that they would not. Slightly fewer (74%, 229) indicated that they would refer to the Help Line if they knew someone who was abusive. Nearly a quarter (24%, 73) answered that they did not know if they would and 3%, (9) stated that they would not.

When asked to respond to an open-ended question why they would or would not call or refer to the Help Line, a few themes emerged. An overwhelming majority of responses indicated that they would be likely to call for advice or general information. Further, several people also stated that they would call for help in a crisis or emergency situation. Finally, some indicated they would be likely to call in order protect themselves or another person. Of those who said they would not call or make a referral, several people expressed a concern that it was not their decision to make for someone else. Also, many indicated that they would call the police instead of calling the Help Line.

DISCUSSION

Overall, the users including domestic violence victims, service providers, and the police gave a very positive assessment of the Help Line. The high rating that all users gave to the Help Line's usefulness underscores the value of the Help Line. Victims

consistently rated the overall usefulness of the Help Line highly and the majority would refer someone else to the Help Line. The vast majority of the domestic violence service providers who were interviewed and three-quarters of the police officers surveyed indicated that the Help Line was a useful or very useful resource for victims. Furthermore, the majority of the DAC members who had used the Help Line previously thought the Help Line was useful.

In the next section, we first discuss some of the implications of the user's assessments of the Help Line from the perspective of the Help Line as a model in service provision. We talk about the 3 main components of the design of the Help Line model followed by evidence of those components, along with the importance and usefulness of those components to users of the Help Line, primarily domestic violence victims. After discussion of the Help Line Model, we move beyond the model to consider the service provision context in which the Help Line is situated. Finally, we consider the diverse needs of domestic violence victims.

Assessment of the Help Line Model

The Help Line model is predicated on 3 components: 1) to provide a streamlined system for the victim's easy access to resources; 2) to empower victims; and (3) to increase community awareness and support.

Streamlined System

Model for a Streamlined System

The Help Line provides a single point of access to all domestic violence services in the Chicago metropolitan area through one telephone number. This single point of

access allows for coordination of both the community and public responders (domestic violence service providers, Chicago Police Department) thereby streamlining the system.

The Help Line is a public private partnership, blending the resources and authority of city government with the knowledge and relationship with domestic violence service providers of the private coalition. The coordination of private and public systems and the simplifying of access aims at making services and information more accessible to all victims throughout Chicago.

Evidence of a Streamlined System

Since the Help Line is 7 years old, some providers and police officers had experience navigating the array of services prior to the Help Line. The majority of those providers with experience prior to the Help Line reported an improvement in the ease of making referrals with the advent of the Help Line. Veteran Police officers concurred, reporting that it was easier to give a referral to a domestic violence victim currently, than before the inception of the Help Line.

The availability of a citywide number that is staffed around the clock and provides information in one location clearly eased the victim's access to domestic violence services. Victims highly valued the ability to access and receive information 24 hours a day, 7 days a week. The Help Line immediately met the information and/or referral needs of the vast majority of interviewed victims. Domestic violence service providers and the police also identified these factors as important. The overwhelming majority of the service provider respondents' thought that the centralization of information was either "useful" or "very useful" to victims and referred to the usefulness

of having a “one-stop shop.” Some providers even called the Help Line a “life line,” others thought having one citywide referral number lessened frustrations for victims.

Over half of the providers reported using the Help Line for other services beyond receiving and making referrals. The providers used the Help Line to augment and extend their own limited resources. Among the many uses providers identified were using the Help Line as a centralized and updated source of information on shelter bed availability and general information about services including location of services. They also reported using the Help Line’s translation services and the link to the Language Line. Few providers had negative comments about the Help Line and those that did were about issues that had been “fixed.” All of these factors are indicators of a cooperative and effective system.

This sense of being part of a streamlined and cooperative system is underscored in the police data. Through inclusion of the Help Line number in the Domestic Incident Notice (DIN), many victims who call the Help Line were referred by police officers. Using the Help Line as a tool in their policing extends beyond the DIN for many officers. Many officers also suggest to the victim to call the Help Line and some even call the Help Line for the victim.

Empower Domestic Violence Victims

Empowerment Based Model

Based on feminist and empowerment models, the Help Line is predicated on the premise that a victim knows what is best for her or his own situation. The victim is not only capable, but is the most appropriate person to make the decisions. The Help Line’s role is to provide information so a victim can make informed decisions. Central to this

model is the role of the VIRA (Victim's Information Referral Advocate). The VIRA is a trained domestic violence advocate, not a generic information line operator.

Evidence of Victim Empowerment

While not specifically solicited during the interview, almost all of the victims made some positive reference to the importance of the specific VIRA to whom they talked. There were 3 key attributes the victims identified in the interaction with the VIRA: 1) a strategizing function; 2) a strong sense of personal connection; and 3) the supportive nature of the interaction. The importance of the VIRA being a trained professional and the advocacy approach embedded in the VIRA model are definitely demonstrated by the victims' comments.

Strategizing.

Many of the victims interviewed reported that their experience with the Help Line increased their knowledge and helped them to figure out how to address their situations. For some this led to new action, such as getting an Order of Protection, or beginning counseling. These findings underscore the success of the Help Line in meeting its goal of empowering victims because the VIRA provides information so victims can make their own informed decisions. In addition, over half of the victims reported that the interaction with the VIRA had a positive emotional effect on them.

Victims' reports about the effect the information had on them portray an active rather than a passive dynamic; the victims strategize with the VIRAs regarding their specific situations. Victims learned about the domestic violence service provision system, about their options, about ways to make their situations safer, and about specific

characteristics of services that may affect access (e.g., eligibility requirements). Victims associated a positive emotional effect with this learning and interaction. Often the victim's discussion with the VIRA would move the victim away from a sense of powerlessness or hopelessness. The strategy and problem solving interaction with the VIRA and the emotional boost from this interaction with the Help Line are key factors in understanding the utility of the Help Line to the victims.

Strong Personal Connection.

Victims did not view the VIRA as an impersonal resource but rather as a peer. For victims of domestic violence, the need for trust and expertise is essential in an overwhelming emotional time in their lives. We argue that the immediate personal connection victims reported feeling with the VIRA often provided the bridge from panic and helplessness to action. This connection would not be available and is probably a loss for other consumers who are more likely to encounter a computer program or an over-worked generalist when seeking information and resources. That the victim encountered a live, knowledgeable, helpful, and supportive person on the other end of the line is important to victims.

Supportive Interaction.

VIRAs do not provide counseling services, and their focus is on short interchanges of information and resources. However, victims often described the comfort and support they received from the VIRA. This support, as is the personal connection, was often a buffer against the fears of reaching out for help. Victims often simply need someone to listen to and believe them. While victims called seeking a wide range of

services and resources, many victims sought only general information and safety tips. The intent of the Help Line is to provide information and assist in strategy building, exactly what those victims sought. The “push” of information from the Help Line appears to match the learning needs “pull” of the victim.

Community Awareness

Outreach Model

Community awareness and outreach includes wide spread public awareness campaigns, developing community information materials, and providing training/education for concerned stakeholders (i.e. community businesses, health care) and community residents so they may take a stand against domestic violence in their communities. The findings from this study show some of the positive effects of this outreach and reinforce the need for continued outreach and advertising campaigns.

Evidence of Outreach

Nearly one-third of the victims who called the Help Line cited their referral source as either from advertising or from other community members. While these findings show the success of advertising, there were indications that even more advertising is needed. We were struck by the number of victims who rated the feature of the Help Line as being “widely advertised” somewhat lower than other features of the Help Line. Victims made many comments about this feature, including that they personally had not seen advertising, more advertising was needed, or continued advertising was necessary.

While the Help Line is advertised in many languages, only one-third of the victims who used the Help Line in another language reported knowing prior to their call that the Help Line could deliver services and information in their language. For non-English speakers obtaining information and navigating services of any kind in the United States is difficult. It is striking that so many called the Help Line even though they did not know the call could be conducted in their own language. Increased advertising that emphasizes the availability of conducting the call in other languages may increase the number of non-English speaking callers.

Evidence of Streamlining and Outreach

The MODV worked with the Chicago Police Department to develop the Domestic Violence Sub-committees out of the District Advisory Committees throughout the city. These sub-committees in turn also work to increase general awareness and support in each district. The broad and comprehensive knowledge of domestic violence displayed in the DAC survey responses point to some success in that endeavor. The success of this community awareness strategy is also illustrated by the widespread awareness of the Help Line reported by DAC members.

The DAC member surveys point to some particular areas for advertising. The majority knew that they could access the Help Line through calling the non emergency City Information phone number (311), however, few DAC members knew the specific Help Line phone number (1-877-863-6338). Additionally, most reported that various forms of advertising are visible in their community or place of employment, but fewer DAC members reported seeing Help Line information in their places of worship.

The findings of this evaluation all point to the effectiveness of the Help Line in meeting the needs of diverse victims and as a model of service delivery, specifically, in providing the service as intended.

Beyond the Help Line

Challenges to Service Connection

In the victim interviews we found that some victims did not always get their service needs met, at least not immediately. There are many reasons for this including the capacity of the current system, the distribution of services through the city, and the particular needs of the client. Some services are harder to access than others. For example, victims had more difficulty obtaining shelter than the victims looking for Orders of Protection. The perspectives of the domestic violence service providers and police officers echoed the victim interviews. Looking at the particular circumstances, we find the domestic violence system is challenged in 4, sometimes overlapping, ways.

1) *The service exists*, but cannot always meet the demand. Sometimes, often with shelter, the service is just not available at the time of the call. Victims reported being told that shelter space was not available on that particular day. Providers also commented that shelters often do not have adequate space for victims with large numbers of children.

2) *The service does not fit* the particular needs of the victim. For example, some victims reported not being able to meet the income requirement to access Legal Assistance programs. Others mentioned that services were too far away from where they live. Others could not find shelters willing to accept older boys.

3) *No services are available*. Often there is just no, or very limited services, available to which the Help Line can refer a victim. Some examples include emergency

shelter for male victims, shelters for actively substance abusing victims, dental care to replace or fix the victim's teeth, and counseling for child witnesses.

4) *There is not one dominant service need. Victims called for a wide range of services, and no one service was dominant.* Victims needed a basket of services, the most prominent of which were shelter, counseling, general information about safety strategies and the domestic violence system, Orders of Protection, and legal services.

Increasing Knowledge about Domestic Violence Victims

Interviewing victim callers to the Help Line not only gave us the opportunity to assess the Help Line from the perspective of the victims, but also allowed us to explore the needs, experiences, and actions of victims as they sought a safer life. One purpose of the Help Line is to illustrate and document the needs of the diverse population of domestic violence victims. This evaluation helps to meet that goal and provides valuable information about victims who have called the Help Line.

One unique feature of our sample is its primary composition of victims who are *not* residing in shelters. Domestic violence victim informants are often identified while receiving some type of domestic violence service. The most commonly surveyed population is victims living at domestic violence shelter. Some examples of this are Johnson (1990); Griffing, Ragin, Sage, Madry, Bingham and Primm (2002); Mitchell and Hodson (1983); and Riger, Rja and Camacho (2002). Other domestic violence victims are engaged at the end of participation in a support group (Edelson 1997) or are participants and partners of court-mandated batterer's treatment (Gondolf 2002, Austin and Dankwort 1999). These services provide a ready-made population from which to interview. Since many victims are identified for studies while at shelter or participating

in other services, we have the opportunity to look at the needs of victims not often studied.

A second unique feature is the diversity of our sample, a need that has been widely discussed (Bell 2000, Bograd 1999, Martinson 2001, NIJ Workshop Summary 2001). Just over half of the victims in our sample are Black, and just about a quarter each of White and Latino victims participated in the interviews. Additionally, we interviewed male victims, victims speaking languages other than English, and victims from same-sex relationships.

Diverse Victims and Diverse Patterns of Needs

While victims of different races/ethnicities, languages, and sex have differing needs, one type of need was not exclusive to one group of victims. However, some needs were more difficult to meet than others and therefore, the “success” rates in getting their needs met differed. As our findings indicate, there were some differences in circumstances between different groups of victims. However, it should be emphasized that rarely did a particular group have a circumstance that was not shared, though perhaps not to the same degree by another group. Below we provide a summary of the similarities and differences between each racial/ethnic group and for male interviewed victim respondents. This information has significant implications for further research and the development of domestic violence services.

Black Victims

We found that more Black victims were unemployed than other groups and more than the other victims were not living in stable housing. Most of the Black victims lived

with someone, most likely with their children and/ or other family members or friends. On average, 2.25 children lived in the household.

To a much greater extent than other victims, Black victims reported significant problems with their housing needs. Black victims were almost 3 times more likely than Whites or Latinos to report having unstable living situations such as living in shelter, and doubling up with relatives or friends. Their shelter requests were about twice as high as those of other ethnicities/races. Considering the limited availability of shelter, it is not surprising that victims looking for shelter were more likely to report not being able to connect to that service.

The combination of unemployment, unstable housing situations, and the greater requests for shelter points to a package of economic needs accompanying the domestic violence service needs of these callers. Further analysis is needed to closely examine the clustering of economic factors that may further illustrate the needs of victims in these circumstances.

Latino Victims

A greater percentage, more than half, of the Latinos were employed and few lived in unstable housing circumstances. The majority lived with someone. Most likely they lived in a traditional household (children and spouse) as they were likely to be married to their abuser and they had the most children (2.42) than non-Latinos. Just under half were interviewed in Spanish.

Latino victims were seeking information and referrals for an Order of Protection much more often than Black or White victims. Also, non-English speakers, primarily

Latino, were more likely to be seeking information about a divorce. This may be due in part to the higher percentage of Latinos who were married to their abusers.

Among the interviewed victims, a higher percentage of Latino victims related being sexually abused than other interviewed victims. However, from the administrative data (all victim callers to the Help Line), this difference was not found. It is possible that Latino victims who identified as being sexually abused were more open and willing to be interviewed than Latino victims who were not sexually abused.

Latino victims' requests for legal services were significantly higher than Whites, although their living situations were similar. This could at least be partially explained by the relatively greater access to resources that Whites typically have compared to Latinos. This is an area for further exploration.

White Victims

White victims reported the highest employment rates. They were on the average 5 years older than the other groups and few lived in unstable housing situations. A higher percentage of White interviewed victims were disabled than Black or Latino. Just over half did not have children living in the household and just over a third lived alone.

Unlike Black and Latino victims, one service was not predominantly requested by White victims. Their service needs appear to be much more diverse.

Non-English Speakers

Almost half of the non-English speakers were seeking general information, while a much smaller percentage of the English speakers were seeking general information. As George, Sharma and Sabina (2005) found, immigrants were likely to be unfamiliar

with American institutions and policies. Therefore, the non-English speakers may value obtaining information more than other types of callers.

Male Victims

The majority of male victims had stable housing situations, many lived alone, and most were employed. Male victims were slightly older than female victims.

Male victims sought the same kinds of services and information as female victims. However, fewer sought shelter and more (just under half) sought Orders of Protection. Their housing and employment situations may help to explain the fewer shelter requests. However, the lack of available shelter for men may also have a chilling effect on their requests for shelter.

It was difficult to find any explanation in the data as to why almost half the males sought Orders of Protection. Cynics might assume that the heterosexual callers were attempting to “trump” their female partners who might also be seeking an Order of Protection. We have no way of substantiating that belief and on the contrary, in the few cases where the male victim described the situation surrounding the Order of Protection, they described seeking the Order to prevent a former girlfriend from calling work or behaving inappropriately in social or public situations.

CONCLUSION

In conclusion, we have found that providing a centralized clearinghouse with one city-wide number is an effective method for linking domestic violence victims with services in the Chicago area. Other municipalities may utilize the findings of this evaluation to develop their own Help Line or similar service. There are several key

features identified by this research that we believe are necessary for a successful operation: the public-private partnership; the interactive role of the VIRA; the relationships with the Police Department and Domestic Violence Service Providers; the accessibility of translation/interpretation; and community outreach.

The relationships among the Chicago Metropolitan Battered Women's network, the VIRAs, the provider community to refer victims out to services, the Police Department to refer victims into the Help Line, and other third-party community stakeholders (health care, family, friends) to refer victims into the Help Line are essential to the operation of the Help Line Model. A key finding of this research is the success of the police referral of domestic violence victims. We found that while the victim's decision to call the Help Line is not always easy, they often do call when referred by the police. As Martinson (2001) suggests, the officer's positive assessment of the utility of the Help Line must have a positive effect on the victim seeking further help.

Of utmost importance is the interaction of the victim with the VIRA. The staffing by the Chicago Metropolitan Battered Women's Network brings a quality of service and expertise that a generic public help line or information number would be hard pressed to provide. The VIRAs do not just answer calls but provide a human connection and support that are critical to building a sense of safety and confidence for victims. The extensive and ongoing training of VIRAS ensures that the empowerment philosophy of the Help Line is maintained.

Outreach to the larger community through advertising and material distribution is important. While a wide range of advertising and distribution activities are done by the Help Line staff and the MODV, many respondents reported not knowing about the Help

Line prior to being referred by the police or someone else. While the Help Line receives thousands of calls from domestic violence victims each year, imagine the numbers of people who may be reached if the number were more widely known, not to mention the potential increase in calls if more non-English speaking victims knew that they could speak to the person on the other end of the line in their own language.

Capacity, an Ever-present Challenge

As is true across the country, domestic violence resources are limited. With the advent of Help Line, however, those resources are better streamlined and more effectively used. Advocating for more resources must continue to be a priority, but this research illustrates well that we must look beyond the “typical” kinds of domestic violence services. Victims seek a variety of resources, including some that do not yet exist.

While shelter is an extremely valuable resource for some victims of domestic violence, shelter should not be the sole focus of expanding resources. The majority of the victims were looking for services and resources unrelated to shelter, such as other housing options. Many victims were in unstable living conditions, but were not seeking shelter. In addition, going to shelter meant that children who may already be frightened by the violence in their home would have to sleep in unfamiliar surroundings and possibly attend new schools. Some victims were unwilling to place these additional burdens upon their children. This evaluation clearly illustrated the need to consider other housing options outside of shelter, as well as the range of other services victims requested beyond shelter.

Future Research

This research provides a pioneering effort to provide a rigorous, multi-dimensional evaluation of a Help Line. We have learned much about conducting research with domestic violence victims. Victims are much more willing to participate in research than we originally thought, despite no monetary compensation. However, the difficulties involved in reaching domestic violence victims after their initial call cannot be underscored enough. Technological advances have allowed for greater flexibility in managing personal calls but present new challenges for the researcher. Future research should examine the use of these advances, for example, Internet-based research, the use of cellular phones, and voice mail. Perhaps voice mail messages could have been left when victims do not reside with someone else or the abuser. Perhaps an innocuous voice mail message would have been acceptable. Future research will want to consider all of the safety ramifications in utilizing technology. We opted in this research to err on the side of caution and avoid potentially unsafe situations.

This evaluation begins to address the gaps in research with diverse populations, however much more is needed. We have only begun to scratch the surface of the complex needs of differing groups of victims. Future research should look more closely at the particular needs of victims in same sex relationships and male victims. In addition, further research and analysis is needed to further explore both the similarities as well as the differences in the needs of racial/ethnic groups.

APPENDICES

APPENDIX A

Operation of the Help Line

The CMBWN, under contract with MODV, employs a Help Line Director, an administrative assistant, 3 supervisors and twenty Help Line operators called Victim Information and Referral Advocates (VIRAs). The administrative assistant, one supervisor and ten VIRAs are bicultural and bilingual Spanish speaking. Full-time, part-time and per diem (as needed) staff the 3 shifts.

Telephone calls into the Help Line are routed through an Automatic Call Distribution system to the next available VIRA's telephone. The VIRA receives the call at a workstation equipped with a personal computer that is networked to a freestanding server. The Help Line uses an ACCESS database that operates from 2 main tables: the call information table and the service provider information table. The database was created with 2 important objectives in mind: quality service delivery and data collection. The goal was to develop a tool that allows for quick identification of an appropriate referral based on the caller's unique set of circumstances and needs. A second goal was research oriented, to take advantage of the opportunity to speak directly to domestic violence victims to find out who they are, the area of the city in which they reside, and what their needs for services are.

The first table in the database allows for the recording by the VIRA of case specific information (not victim identifying information) including demographics and service needs. The database automatically assigns a unique number for each call (Call ID). On any subsequent calls by this person, the record is retrieved, avoiding the need to ask the same questions. Call information recorded into the database includes victim and

abuser demographic information (age, sex, race), children, referral source, services requested, and zip code.

The second table in the database contains all domestic violence service provider agency information. Information is maintained in this database about all Chicago area domestic violence service providers including the contact phone number, address, types of services offered, ability to address any special needs, and their ability to provide services in other languages. Based upon the service need identified and the zip code where the victim desires services (e.g., near home/work), a referral or three-way phone link is made with an appropriate domestic violence service provider. Once an appropriate service referral is identified, a direct three-way phone link can be made between the Help Line caller, the VIRA and the community-based service to ensure that callers get connected directly to the program. If the caller prefers or if the agency is closed, the domestic violence agency's phone number is offered.

APPENDIX B

MODV Public Awareness

The MODV has engaged in a variety of public awareness initiatives including advertising on billboards, the Chicago Transit Authority, and local radio stations. In 2005, the MODV received funding to purchase advertisements to promote the Chicago Domestic Violence Help Line in local movie theaters, on cable stations, and in community based newspapers. In addition to these methods of advertising, the MODV creates and distributes written educational materials that are targeted to specific stakeholder groups. These materials include Safety Plans for victims, Guideline Cards for Concerned Family and Friends, Faith Leaders, Health Professionals, and Employers, and Subject Cards on Teen Dating Violence, Elder Abuse, and Violence in Lesbian, Gay, and Transgender Relationships. Many of these materials have been translated into other languages including Spanish, Polish, Arabic, Bosnian, Russian, Korean, and Mandarin. MODV has also purchased key chains, magnets, pencils, buttons, bumper stickers, plastic bags and tote bags that advertise the Help Line number.

Materials are distributed during every event where either MODV or Help Line staff is present. They are made available at resource tables at health fairs, community events, to churches, at concerts and other public spaces. They are distributed to police, firefighters, social service providers, medical providers, childcare agencies, schools, libraries, businesses, and at the police district's Domestic Violence Subcommittee meetings.

MODV has trained a variety of systems on general domestic violence awareness including use and referral to the Help Line. These systems include the Chicago Fire Department's Emergency Medical Technicians, the Chicago Police Department, Chicago Health Clinics; other locations include Welfare to Work and Job Readiness Training sites and Homeless service providers. Additionally, numerous presentations have been made at workshops and conferences, the public schools, public housing, community agencies and churches. MODV has provided hours of training on awareness around teen dating violence, sexual coercion and domestic violence to groups as diverse as the members of the National Cosmetology Association, The Illinois Department of Child Support Enforcement, The Illinois Family Violence Coordinating Councils, The Illinois Department of Human Services Teen Parent Services, The Illinois Department of Labor staff, Jewish Women International, The Faith Trust Institute and countless service providers, educators, health care professionals and faith leaders. Many radio and television interviews have also been conducted.

APPENDIX C

Victim Information and Referral Advocates Methodology

Four one-hour focus groups were conducted with VIRAs to explore perceptions of the effectiveness of the Help Line in meeting the needs of diverse victims of domestic violence and to help identify topics for victim interviews. The participants included part-time and full-time staff working on all 3 shifts and a separate group of the supervisory staff. Although participation was voluntary, all available staff participated during their quarterly staff meeting. At the time of the focus group, the all-female staff consisted of 25 VIRAs aged 25-52 with a mean age of 41.4. Eleven were Black, 11 were Latino, and 3 were White.

The research team developed the focus group question guide with feedback from the Help Line Director and the project's Advisory Board. Each group was asked to: 1) describe a typical incoming call; 2) describe how information is transmitted to the victim and how information is gathered from the victim; 3) describe the process of making referrals and linkages; and 4) offer any comments or suggestions for inclusion in the victim evaluation interviews.

APPENDIX D

Sampling Procedure

Originally, every caller stratified by race (every 8th Black, 3rd Latino, 3rd White and every of another race) was selected. When prompted by the computer, the VIRA attempted recruitment and then recorded the results of that attempt. If the VIRA determined that the victim was in current crisis or a dangerous or unsafe location, recruitment did not occur.

During the project's development we had determined that a sample size of 367 completed interviews was needed to achieve a representative sample at the 95% confidence level with a confidence interval of 5^{xvii}. We developed the sampling frame that identified 4 times that number (367x4) for recruitment. We believed quadrupling would account for the drop off due to refusals to participate, failure to contact, and disconnected phone numbers. We anticipated that some victims would not have access to private phones and therefore installed a toll-free number for these victims to be able to call and participate in the study.

During the 13 weeks in which the systematic stratified sampling frame was in effect, 2054 victims called the domestic violence Help Line, 532 (26%) were recruited, 36% (189) agreed to participate in an interview, 103 gave contact information and 39 interviews were completed. At this rate, we would not achieve a representative sample by the end of the data collection time period (over the course of 52 weeks at 3 interviews per week the final sample would have been 156 victims).

We tested a variety of strategies to increase take-up rates both at the recruitment end and the interview end. Several steps were taken: the time length of the recruitment script

(Appendix M and N) was decreased, discussions occurred with and between VIRAs on successful recruitment techniques, meetings were held with Help Line supervisors on successful recruitment, a list of tips was created for VIRAs to use, and the interval in the selection frame was decreased. To increase completion rates, during recruitment the VIRAs ask whether the phone number the victim supplied is a cell phone and when the phone is likely to be on. Researchers also began making evening and weekend phone calls to victims to conduct the interview.

More than half of the victim callers, while agreeing to participate in the study, could not give us a phone number where they could be reached. We had not expected to rely on the victim calling back to the 800-toll-free phone number for over half our calls. Given the experiences of other studies using 800 numbers, we knew the fall off rate was extremely high. To increase completion through victim call back to the toll-free 800 number, we tested different call back times, included evening times, and asked victims to specify the time/day they were likely to call back. Additionally, all shelters agreed to post a reminder flyer next to the communal telephone (where there was no communal phone, the shelter reminded during intake) to remind victims who agreed to participate to place the call.

While these changes increased the take up and completion rates slightly, we would still not achieve a representative sample by the conclusion of the recruitment period.

New Sampling: Recruitment of All Eligible Victims.

For the remainder of the project, from October 21, 2004 through August 10, 2005, every victim caller meeting the criteria (over 18, not in current crisis, not a family of origin relationship) was invited to participate in an interview. During this time period 4,920 victims called the Help Line, in 2,606 (53%) cases, a recruitment attempt was made by the VIRA, and 1,408 victims (54%) agreed to participate in an interview, 738 provided contact information and 358 completed an interview.

Eliminating the systematic stratified sampling enabled us to increase the number of victims invited to participate in the study. During the first 13 weeks (pilot and 8 weeks of sampling) 39 of the victim callers were interviewed. During the next 13 weeks, after the stratification was ended, we completed 105 interviews; the following 13 weeks, 99 interviews and then 133 in the next 13 weeks. The final 3 weeks we interviewed another 21 victims

Exhibit 20

Frequencies by the Two Sampling Frames

	When Sampling	When everyone was asked	All
Total Victims	2054	4920	6974
# Recruited	532	2606	3138
Of those, # Agreed	189	1408	1597
Of those who agreed, Contact information available	103	738	841
Completed Interviews	39	358	397

APPENDIX E

R#
Interviewer
Date of INT
Time Start of INT

Victim Interview Script and Consent

“Hello is this (Name supplied by potential Help Line interview participant at recruitment)?

(If no, the interviewer will say that she is conducting a Diversity Study for Loyola and will call back at another time.)

Track contact notes, if unable to reach here:

(If yes the interviewer will say:

“I am calling from Loyola University Chicago about the ‘City Health Survey’ do you remember agreeing to participate in this study?”

(Only after the interviewer is sure that the person is the potential Help Line participant will she continue. If she is not clear, she will apologize for calling in error and terminate the call.)

“As you recall a few weeks ago, you gave this number to the Help Line and agreed to participate in a short interview... Is this a good time?...Are you safe?”

(If no the interviewer will ask them if they need any assistance and if that is the case, will connect them to the Help Line via conference call.)

Track contact notes, if applicable here:

(If yes...continue:

“I want to talk to you about the purpose of this study, what I’m going to ask you about, and your rights...”

“The Mayor’s Office on Domestic Violence and Loyola University Chicago are conducting an evaluation of the Help Line you called a few weeks ago. The purpose of the evaluation is to look at meeting the needs of all kinds of callers and improving the services they get. We would like you to participate in this short, anonymous interview about your experiences with the Help Line.

“You were randomly selected to participate in this study and you will not be asked to give your full name or any other identifying information.

“Your participation in this interview is completely voluntary. The services you receive will in no way be affected by your participation. The interview will last approximately 15 minutes. You can stop at any time for any reason.

“There are no direct benefits to you for participation, but the information you give will help others who call the Help Line.

“In the interview I’m going to ask you about your experiences with the Help Line and whether it was helpful. No questions will ask you about your experience of domestic violence, but this discussion could cause you distress or discomfort. Remember at any time you can stop the interview and if you want I will refer you to the Help Line (i.e. give helpline # : 1-877-TO-END-DV or conference call if needed) . If at any time you are no longer safe, please feel free to end the interview.

“Do you have any questions before we begin? *(Field any questions here)*.

“If you need more information about this study... I can give you some contact numbers. Would like those now?”

(If yes, provide contact numbers. Check this box if numbers were provided

*Michelle Fugate, Mayor’s Office on Domestic Violence, 312-747-0730
Christine George, Center for Urban Research and Learning, 312-915-8625*

Mayor’s Office IRB, 312-747-9415

(If no, continue.

“Do you consent to voluntarily participate in this interview?”

(If no, check this box thank them and terminate the call).

(If yes, the interviewer will thank them and continue with the interview...

Victim Interview Questionnaire

1. We know there are a variety of things you may have considered when deciding to call the Help Line... How useful do you think the following features of the Help Line are to you? On a scale with 5 being very useful and 1 being not useful at all...how would you rate...

1a. That the Help Line is a toll-free number? 5

1b. That the Help Line is available twenty-four hours/seven days a week access? 5

1c. That the Help Line is confidential? 5

1d. That the Help Line is sponsored by City Government? 5

1e. That the Help Line is widely advertised? 5

FOR ALL NON-ENGLISH SPEAKERS:

1f. Did you know before you called that the Help Line was available in your language?

YES NO

1g. That the operators could speak your own language? 5

2. Were you hesitant to call the Help Line for any reason?

YES NO

If YES, *PROBE*:

3. Was the ID or identification number you were given by the operator useful?

YES NO

DIDN'T GET ONE

I DON'T KNOW

4. You called the Help Line at least once, were there other times you called in the last year?

YES NO

If YES: 4a. How many times in the last year did you call?

(Check to make sure: Does this include the call when the operator asked you to be in this study?)

5. What was the particular reason you called the Help Line this last time?

(*PROBE: precipitating event*)

6. When you called the Help Line, what were you looking for?

6a. Shelter Info Link Referral

(If OTHER, explain:

6b. Did you get what you were looking for?

YES NO

6c: What happened?

If they **received** Info/Link/Referral ask:

6d. How useful was (6A) to you with 5 being very useful and 1 being not at all useful? 5

6e. Shelter Info Link Referral

(If OTHER, explain:

6f. Did you get what you were looking for?

YES NO

6g: What happened?

*If they **received** Info/Link/Referral ask:*

6h. How useful was (6E) to you with 5 being very useful and 1 being not at all useful? 5

6i. Shelter Info Link Referral

(If OTHER, explain:

6j. Did you get what you were looking for?

YES NO

6k: What happened?

*If they **received** Info/Link/Referral ask:*

6l. How useful was (6E) to you with 5 being very useful and 1 being not at all useful? 5

7. Was there any other information you received when you were talking with the operator?

Probe: Were there things that the operator said that helped you out...

YES

NO

If YES, 7a. What did you get?

Shelter Info Link Referral

(If OTHER, explain:

7b: What happened?

7c. How useful was (7A) to you with 5 being very useful and 1 being not at all useful? 5

7d. Shelter Info Link Referral

(If OTHER, explain:

7e: What happened?

7f. How useful was (7D) to you with 5 being very useful and 1 being not at all useful? 5

8. Just thinking about your experience with the Help Line, generally how useful was the Help Line to you... with 5 being very useful and 1 being not at all useful? 5

9. How did the information impact or affect you or your situation?

9a.

Action

Emotion

Change in Thinking

Awareness/Knowledge

Nothing

9b.

Action

Emotion

Change in Thinking

Awareness/Knowledge

Nothing

10. In the future, if you knew someone who was abused how likely would you be to refer them to the Help Line on a scale with 5 being very likely and 1 being not at all likely? 5

11. What is a word or phrase that sums up your experience with the Help Line?

12. We are trying to improve the Help Line; do you have any suggestions for us?

YES NO

If YES:

I have a few final questions to ask you about yourself, I want to remind that everything you say is confidential.

13. Are you living with anyone?

YES NO

Homeless In Shelter

In an Institution

If NO: 13a. Who else lives there/who else is with you? (*Record ages for members under 18*).

14. Are you employed?

YES NO Disabled

If YES: 14a. In the last month, how many hours a week did you work on average?

15. I am going to run through a list of people, I'm wondering if you talked to any of these people about your situation in the last year? Sometimes people talk to others about their situation, and sometimes they don't.

Mark yes/no for each category.

Did you talk to?

For employed: Someone at work YES NO

Friends	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Family	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Police	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Counselor	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Neighbor	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Own teacher/professor	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Doctor	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Attorney	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Court Advocate	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Clergy	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Children's Teacher	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>

Some one who watches your child/ren YES NO N/A

(Then ask:

Were there others that I missed? (Other category) YES NO

If YES, list other responses:

15a. If **YES** to any above: Of those you listed, which person did you talk to the most?

16. Is there any more information you need regarding your situation?

YES NO

(If NO: 16a.: End the Interview, by thanking them for their participation.

If YES: 16b. What is it?

16c. Are you planning on calling the Help Line for this information?

YES NO

If NO: 16d. How were you planning on getting this information?

If YES: 16e. Would you like me to give you the Help Line number now for you to use at your own convenience?

YES NO

16f. If YES: give number (1-877-863-6338 [TO-END-DV]).

17. Before we end the interview, do you have any comments you would like to share about the Help Line?

Thank you for your participation.

Extra notes:

800-number call in? YES NO

If known, was contact number a cell-phone? YES NO

End time of INT

Duration

APPENDIX F

R#
Interviewer
Date of INT
Time Start of INT
Language

Victim Interview Script and Consent: Spanish

“Buenos dias, hablo con _____ *(Name supplied by potential Help Line interview participant at recruitment)?*

(If no, the interviewer will say that she is conducting a Diversity Study for Loyola and will call back at another time.)

Track contact notes, if unable to reach here:

(If yes the interviewer will say:

Estoy llamando de la Universidad de Loyola en Chicago sobre la encuesta de la salud municipal. Usted esta de acuerdo que si quieria participar en este estudio?

(Only after the interviewer is sure that the person is the potential Help Line participant will she continue. If she is not clear, she will apologize for calling in error and terminate the call.)

Hace unas semanas pasado que usted le dio este numero de telefono a la linea de ayuda y dijo que si quieria participar en esta encuesta. Es buen tiempo para usted? No esta en peligro?

(If yes the interviewer will ask them if they need any assistance and if that is the case, will connect them to the Help Line.)

Track contact notes, if applicable here:

(If no...continue:

“Ahora le voy a leer el proposito del estudio, lo que vamos a pedir de usted y sobre sus derechos.

“La oficina del alcalde contra la violencia domestica y la universidad de Loyola en Chicago estan conduciendo una evaluacion de la linea de ayuda al que usted llamo. “El proposito de la evaluacion es para mejorar el servicio y examinar la capacidad de satisfacer las necesidades de las personas que llaman la linea de

ayuda. Estamos solicitando que usted participa en una entrevista anonima sobre sus experiencias con la linea de ayuda.

“Usted ha sido seleccionada al azar para participar en esta entrevista. No le voy a pedir su nombre completo o cualquier otra informacion que la identifique.

“Su participacion en la entrevista es completamente voluntaria. Los servicios que usted recibe no seran afectados de ninguna manera por su participacion. La entrevista durara como unos 15 minutos y en cualquier momento y por cualquier razon, usted puede parar la entrevista.

“Usted no sera directamente beneficiado. Sin embargo, la informacion que usted provenga ayudara a mejorar el servicio proveido por la linea de ayuda.

“Las preguntas se enfocaran en sus experiencias con la linea de ayuda y si los servicios fueron utiles para usted. Aunque no le preguntara sobre sus experiencias con la violencia domestica, discusion sobre esto le podria causar angustia o algun malestar y usted puede parar la entrevista. Si es necesario, yo la puedo conectar con la linea de ayuda (i.e. give helpline # : 1.877.863.6338 or conference call if needed) y a cualquier momento si esta en peligro puede terminar la entrevista.

“Tiene alguna pregunta antes de comenzar? *(Field any questions here)*.

“Si usted necesita mas informacion sobre este estudio, puedo darle algunos numeros de telefono de los que estan encargados de este estudio. Usted quiere esta informacion?

(If yes, provide contact numbers. Check this box if numbers were provided

*Michelle Fugate, Mayor’s Office on Domestic Violence, 312-747-0730
Christine George, Center for Urban Research and Learning, 312-915-8625*

Mayor’s Office IRB, 312-747-9415

(If no, continue.

“Da usted su consentimiento para participar voluntariamente en esta entrevista?

(If no, check this box thank them and terminate the call).

(If yes, the interviewer will thank them and continue with the interview...

Victim Interview Questionnaire

1. Sabemos que hay una variedad de cosas que usted considero cuando decidio llamar la linea de ayuda – y quiero saber como usted clasificara estos detalles de

importancia. En una escala con 5 que fue muy importante y 1 que no fue importante, como clasificara usted:

- 1a. Que la llamada es gratis? 5
- 1b. Que la linea de ayuda esta disponible 24 horas al dia, 7 dias de la semana? 5
- 1c. Que la linea de ayuda es confidencial? 5
- 1d. Que la linea de ayuda es patrocinada por la ciudad? 5
- 1e. Que la linea de ayuda esta anunciada extensamente? 5

FOR ALL NON-ENGLISH SPEAKERS:

- 1f. Que los operadores hablan su idioma? 5
- 1g. Usted sabia antes de llamar que la linea de ayuda estaba disponible en su idioma?
YES NO

- 2. Tuvo alguna duda antes de llamar a la linea de ayuda por cualquier razon?
YES NO

If YES, *PROBE*:

- 3. El numero de identificacion que le dio la operadora fue util?
YES NO
DIDN'T GET ONE
I DON'T KNOW

- 4. Usted llamo la linea de ayuda por lo menos una vez, dentro del ano pasado hubo otras ocasiones en que usted llamo la linea de ayuda?
YES NO

If YES: 4a. Cuantas veces en el ano pasado llamaste a la linea de ayuda?

- 5. Por que llamo a la linea de ayuda la ultima vez?
(*PROBE: precipitating event*)

- 6. Cuando llamo la linea de ayuda, que fue lo que buscaba?

6a. Shelter Info Link Referral

(If OTHER, explain:

- 6b. Recibio lo que buscaba?
YES NO

6c: Que sucedio?

*If they **received** Info/Link/Referral ask:*

6d. Fuy util (6A) con 5 significando muy util y 1 significando que no le ayudo en ninguna manera? 5

6e. Shelter Info Link Referral

(If OTHER, explain:

6f. Recibio lo que buscaba?

YES NO

6g: Que sucedio?

*If they **received** Info/Link/Referral ask:*

6h. Fuy util (6E) con 5 significando muy util y 1 significando que no le ayudo en ninguna manera? 5

6i. Shelter Info Link Referral

(If OTHER, explain:

6j. Recibio lo que buscaba?

YES NO

6k: Que sucedio?

*If they **received** Info/Link/Referral ask:*

6l. Fuy util (6J) con 5 significando muy util y 1 significando que no le ayudo en ninguna manera? 5

7. Cuando usted llamo la linea de ayuda, hubo otra información que le dio la operadora

Probe: Hubo cosas que dijo la operadora que te ayudaron...

YES NO

If YES, 7a. Que recibió?

Shelter Info Link Referral

(If OTHER, explain:

7b: Que sucedio?

7c. Fuy util (7A) con 5 significando muy útil y 1 significando que no le ayudo en ninguna manera? 5

7d. Shelter Info Link Referral

(If OTHER, explain:

7e: Que sucedio?

7f. Fuy util (7D) con 5 significando muy útil y 1 significando que no le ayudo en ninguna manera? 5

8. Pensando de su experiencia con la linea de ayuda cuanto le ayudo? .. con 5 significando muy útil y 1 significando que no le fue útil de ninguna manera? 5

9. Como le afecto o impacto a usted y a su situación la información que recibió?

9a.

- Action / Acción
 Emotion / Emoción
 Change in Thinking / Cambio de pensamiento
 Awareness – Knowledge / Conocimiento
 Knowledge / Sabiduría
 Nothing / Nada

9b.

- Action / Acción
 Emotion / Emoción
 Change in Thinking / Cambio de pensamiento
 Awareness – Knowledge / Conocimiento
 Knowledge / Sabiduría
 Nothing / Nada

10. En el futuro, si usted sabe de alguien que era abusado(a), lo referías a La Línea de Ayuda? En una escala de 5 significando muy **probable** y 1 significando que no es probable? 5

11. Que palabra o frase más bien describe su experiencia con La Línea de Ayuda?

12. Estamos tratando de mejorar La Línea de Ayuda; usted tiene algunas sugerencias para nosotros?

YES NO

If YES:

Tengo unas cuantas preguntas finales para preguntarle sobre usted, quiero recordarle que la información que usted nos de es completamente confidencial.

13. Usted vive con alguien?

YES NO

Homeless In Shelter
 In an institution Other Explain:

If NO: 13a. Quien mas vive allí? (*Record ages for members under 18*).

14. Estas empleada?

YES NO Disabled

If YES: 14a. En el ultimo mes, cuantas horas promedio trabajo a la semana?

15. Voy a leer una lista de personas, y quiero saber si usted hablo con cualquiera de estas personas sobre su situación en el ultimo año? A veces la gente habla con otros sobre su situación, y a veces no.

Mark yes/no for each category.

Hablo con?

For employed: Alguien en su trabajo YES NO

Friends / Amigos	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Family / Familia	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Police / Policia	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Counselor / Consejero	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Neighbor / Vecino	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Own teacher/professor/Un maestro/profesor	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Doctor	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Attorney / Abogado	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Court Advocate / Juzgado	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Clergy / Clerigo	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Maestro/a de su hijos	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Alguien que cuida a sus ninos	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>

(Then ask:

Hubo otras personas que no mencione? (Other category) YES NO

If YES, list other responses:

If YES to any above, 15a. De las personas que enlisto, con cual persona hablo mas?

16. Y finalmente, hay otra información que usted quisiera recibir de La Linea de Ayuda.

YES NO

(If NO: 16a.: End the Interview, by thanking them for their participation.

If YES: 16b. Cual es?

16c. Ha pensando en llamar la Linea para esta información?

YES NO

If NO: 16d. Como pensaba obtener esta información?

If YES: 16e. Quiere el numero de telefono de la Linea de Ayuda?

YES NO

16f. If YES: give number 1.877.863.6338

17. Antes de terminar la entrevista, tiene algunos comentarios sobre la línea de ayuda?

Thank you for your participation.

Extra notes:

800 number call in? YES NO

If known, was contact number a cell phone? YES NO

End time of INT

Duration

APPENDIX G

Various Challenges to Study

Technology

Reliance on technology for sample identification meant that the computerized system's performance had to be continually monitored for inconsistencies and errors, of which we encountered many such as the pop-up notice not working that would inform VIRAs to recruit a particular individual. The inclusion of a computer consultant familiar with the original database ensured that we were able to address these problems.

Commitment of VIRAs

The VIRA's main responsibility is to the domestic violence victim, exploring options and providing referrals and linkages to the services that the victim needs. Gaining the VIRA's cooperation and commitment to the evaluation had to be obtained and continuously maintained.

One of the first methods was to have focus groups with the VIRAs. First, VIRAs were introduced to the project and the research team. The focus group discussion facilitated "buy-in" as the VIRAs input on the design of the interview was solicited. This solicitation continued throughout the project. Also, throughout the project the VIRAs were encouraged to ask questions of the Help Line staff and MODV Co-PI. The MODV Co-PI continuously requested input from the VIRAs about their success or any challenges in recruitment. The PI and the Help Line Director continued to stress the importance of recruiting participants throughout the length of the project.

Recruitment to Study

Just as in any type of telephone surveying or interviewing, obtaining agreement from potential participants for an interview was challenging. The fact that these potential participants are victims of domestic violence presented additional challenges. Victim callers sometimes were in transition between stable housing, or their phones could be monitored by the abuser.

Because the victims were calling the Help Line for some type of service or information related to their current situation, the VIRAs found that refocusing the victim's attention from their service need to a request to participate in an interview was difficult. The initial recruitment script was 2 minutes in length and contained detailed information about the purpose of the later interview. VIRAs reported that victims often lost interest before the entire script was read. Also, because the VIRAs were spending 2 minutes per call to recruit, they were more rushed in answering the next call into the Help Line. Significant changes were made to decrease the script to 6 sentences.

Obtaining the victim's agreement to participate was another challenge. Even after alterations to the script, the VIRAs experienced difficulty in obtaining agreement to participate. Each VIRA has developed a style and various strategies they personally use to gather pertinent information sometimes during difficult conversations. These same skills were used to attempt to obtain agreement to participate. Through trial and error the VIRAs discovered strategies for achieving positive recruitment. VIRAs found the most success when they did not include information about the interview length into their recruitment script. Leaving the time frame out and allowing the victim to question the VIRA about the time produced more positive outcomes.

While a victim's decision not to participate was accepted by the VIRAs, at times, the VIRA could anticipate that the caller might be hesitant, and used various non-coercive techniques to persuade agreement. One VIRA offered an example: after the caller was asked to participate, the caller was quiet (and possibly deciding whether to participate); in response, the VIRA stated "so that's a yes?" which lightened up the conversation, and caused the victim and VIRA to laugh. Another VIRA reported that when the victim had not made an immediate decision, she attempted to persuade the victim by stating how helpful it would be to the Help Line or to other women. These strategies are consistent with the findings of Dijkstra and Smit (2002) in their analysis of the verbal utterances of the interviewer and recipient in a CATI telephone survey.

Differing VIRA Recruitment Outcome

While there was a recruitment script, VIRAs were encouraged to develop their own style of recruitment. VIRAs then had vastly different recruitment results; some achieved high take-up rates, while others received very low-take up rates. Determining the exact cause of those differences proved problematic. An extremely useful strategy for improving the low-take up rates was to involve the VIRAs in the analysis of the recruitment take up rates. This strategy of involving the VIRAs in analysis proved to be the most successful method for increasing recruitment take-up rates.

To do this, data was provided to the VIRAs about the number of potential recruits, the percentage not recruited, the percentage agreement and the percentage declined to participate by VIRA and by total shift. While no distressing patterns appeared in the percentage recruitment or take-up/agreement, the VIRAs were surprised by their results. Those with low take up rates became determined to discover the reasons for the

difference, increased their efforts to obtain positive results, and ultimately increased the number of participants they recruited.

Connecting with Victims

Researchers were unable to contact victims either because of “bad” phone numbers—wrong phone numbers, disconnected phones (152) or due to the transient nature of the population, victims were often not reachable at the number given just 2 weeks prior (125).

Of the 101 victims who declined to participate when the researcher called, 57% did not give a reason. Of the 40% who did offer a reason, it was most likely to be that they could not remember calling the Help Line. Four individuals (3%) abruptly terminated the call. In addition, researchers terminated 11 calls because of possible safety concerns.

The greatest difficulty with victims completing an interview was in accessing the victim. In attempting to contact individuals for whom we had numbers, the use of voice mail to screen calls sometimes proved a difficult barrier for the researchers. Because of safety concerns, researchers could not leave voice mail messages. This especially seemed problematic for those 22% who had given us their cell phone numbers, since a high percentage permanently used voice mail to screen their calls. Also, we were limited to calling individuals at the times they had denoted as safe; often this was just a select number of hours a week.

In addition, cell phone users told VIRAs that the interviewer could call “anytime.” However, when the interviewer attempted contact the cell phone was turned off, most likely while the victim was at work. Therefore, we added questions to the

contact information to inquire whether the phone number given is a cellular number and when they are most likely to have the phone switched on. This greatly improved the likelihood that the interviewer would be able to reach the victim.

Fifty-two percent (728) of the individuals who volunteered to participate in an interview had no safe phone number. While 611 of those individuals did take the 800 number, only 8 used the 800 number. While low call back rates were expected on the toll-free number, we had hoped for a greater take up rate from this process than we received. A variety of changes were made and tactics employed to increase use of the toll-free number with little success. For example, the availability of the toll-free number was changed by increasing the days and the hours it was staffed, and putting reminder leaflets up the shelters. However, even with these modifications, the toll-free number was rarely called. It is not likely that a victim who received the desired information or referral from the Help Line would call somewhere else to participate in evaluation research.

Previous domestic violence-related research achieved limited success when relying on respondents to make a phone call to participate in research (Block, 2000). However, we wanted to attempt to interview victims without phones.

We suspect that some of the victims who accepted the toll-free number were in actuality a “soft no.” In other words, many of these victims wanted to please and therefore did not want to refuse so they just accepted the number. Others we believe were simply unable to find the time or safe space in which to make the phone call. Finally, many were entering shelter, which is a transitional time, and the victim may have

lost the phone number or forgotten about the evaluation. For these reasons, we developed the reminder flyer.

Interviews in Languages Other than English

While only a small percentage of interviews were completed in a language other than English (11%, N=36), they were a very important aspect of the research. Certain methodological differences are worth noting. Although we were successful in reaching non-English speaking victims there were some additional factors that had to be taken into consideration. First of all, the non-English speakers who gave us their working phone number were more likely to be employed in service or non-office jobs and were more difficult to connect with at work than office workers. For these participants it took several phone calls in order to successfully complete an interview.

Secondly, non-English interviews and interviews using the Language line took twice as long as English interviews. One reason they took longer is because of the translation process. The researcher who is bi-cultural and bi-lingual speaks slower in Spanish than in English. It also took time to translate the victims' responses to English.

APPENDIX H

Service Re-codes

Exhibit 21**Service Re-codes: If not tried, why not?**

	Shelter N=108	Counseling N=67	Legal N=41	OOP N=83	Gen Info N=75	Safety tips/planning N=61
No services in area	1	0	0	1	1	0
Got nervous/cold feet	1	1	0	0	1	0
Situation improved	3	0	0	1	2	0
Unknown	3	0	0	1	1	2
Sitting on/holding info	2	6	2	3	2	0
Decided on a non HL service	2		1	0	1	0
Felt there were no good options	2	2	1	0	1	2
Lost the info	0	1	1	0	0	1
N/A	94	55	36	77	66	56

If not, why not X Race (Collapsed across services)

	Black N=247*	White N=75	Latino N=99	Other N=14
No services in area	2	1	2	0
Got nervous/cold feet	1	0	2	0
Situation improved	2	1	3	0
Unknown	5	1	1	0
Sitting on/holding info	10	2	2	0
Decided on a non HL service	5	1	0	0
Felt there were no good options	2	3	3	0
Lost info	0	2		0
N/A	220	64	86	14

*247 is more than the 237 Black callers because some may have had more than 1 reason

APPENDIX I

Provider Interview

Pre-Interview Data: fill out prior to call if possible

Case number	Interviewer	Date	Start Time
-------------	-------------	------	------------

Demographic information:

Type: Stand Alone DV Program

Name of provider:

If applicable:Secondary Type: Site from Stand Alone DV program Site from DV Program within non-DV agency

Site Name:

Name of interviewee:

Position of interviewee:

Contact comments if necessary:

CONSENT SCRIPT:

The Mayor's Office on Domestic Violence and the Center for Urban Research and Learning at Loyola University are conducting an evaluation of the City of Chicago Domestic Violence Help Line. The purpose of the evaluation is to examine the Help Line's ability to meet the needs of diverse victims of domestic violence and to improve the service provided by the Help Line. We are requesting your participation in a confidential telephone interview.

Domestic violence service providers are key to the success of the Help Line. DV agencies both refer callers to the Help Line as well as receive referrals from the Help Line. It is important that the domestic violence service provider's use and experience with the Help Line be included in any evaluation efforts.

This project was introduced at a meeting of the Executive Directors of the Chicago area domestic violence service providers in April of last year. At that meeting, we sought the Executive Director's support in this process. A few months ago a letter was sent to the Program Director introducing the project and asking for a contact name and phone number. You were identified as the appropriate person to participate in a telephone interview.

Your participation in this interview is completely voluntary. If you wish to verify this with the Program Director or you do not believe you are the appropriate person to discuss use of the DV Help Line, we can set up another time. Your participation in this phone interview implies your voluntary consent to be interviewed. If you choose not to participate in this interview it will in no way affect your relationship with the City of Chicago Help Line, The Chicago Metropolitan Battered Women's Network, The Mayor's Office on Domestic Violence or any relationships you may have with Loyola University or CURL.

Questions on the interview address your experiences with the Help Line. Information collected from these interviews, as well as information from focus groups and surveys with other users will be used to improve the Domestic Violence Help Line service. The interview will last approximately 30 minutes. Your responses will be kept confidential, your name or agency will not be directly attributed to any of your responses. Unless you identify an issue specific to your agency and request that the information be shared to resolve the issue. However, given the comments it might be possible to identify certain attributes of the agency such as catchments area, and population served that may be unique to a particular agency.

There may be no direct benefits to you for completion of the interview. However, the information you provide will help to improve the service provided by the Help Line.

If you have any questions, please feel free to ask them. Otherwise, if you have further questions you may contact the researchers: Michelle Fugate, Coordinator of Research and Evaluation at the Mayor's Office on Domestic Violence (312) 747-0730 or Christine George at the Center for Urban Research and Learning at Loyola University (312) 915-8625.

INTERVIEW

If unable to discern type of program prior to interview begin interview with question "i", other wise begin with:

Q1a: Stand alone program

Q1d: DV program within non-DV agency

Q1g: Site Interview begin

- i. Do you only provide domestic violence services at your agency?

YES NO

IF YES, begin with Q1a Stand Alone DV Program questions

IF NO, begin with Q1d DV Program within Non-DV Agency questions

Q1a: Stand Alone DV Programs

We understand your agency offers the following services. (*Read already checked.*) Are there any others we missed (*check any if apply*)?

Walk-in counseling

- Crisis counseling
- Legal advocacy
- Legal services
- Shelter
- Other:

1b. How many paid staff work at this agency?

1c. How many volunteer staff with at this agency?

Q1d. DV Program within Non-DV Agency:

We understand your program offers the following services. (*Read already checked.*) Are there any others we missed (*check any if apply*)?

- Walk-in counseling
- Crisis counseling
- Legal advocacy
- Legal services
- Shelter
- Other:

1e How many paid staff work within the program/s?

1f. How many volunteer staff within the program/s?

Q1g. SITES:

We understand your site offers the following services. (*Read already checked.*) Are there any others we missed (*check any if apply*)?

- Walk-in counseling
- Crisis counseling
- Legal advocacy
- Legal services
- Shelter
- Other:

2. **(IF A PROGRAM DIRECTOR)** I am going to ask you some questions about how this DV program uses the Help Line. On average each month, how many referrals does the program make to Help Line?

(enter number) Ask if # is: Exact Number Approximate

2a. If it has a **Shelter**, How many referrals are made? (enter number)

3. On average each month, how many referrals are received from the Help Line?

(enter number) Ask if # is: Exact Number Approximate

- 3a. If it has a **Shelter**, How many referrals are received? (enter number)
- 4a. The following questions ask your opinion about working with the Help Line. We want to know how easy or difficult it is for your program to work with the Helpline. On a scale from 1 to 4, with 1 being no difficulties and 4 being a lot of difficulties, how difficult is it to make referrals to the helpline?
- 4 a lot of difficulties PROBE for All: (Ask them to give some examples, tell me about customer service, technical problems, getting connected to services, the process of calling in to the helpline, what makes this is so easy to use, etc..)
- 4b. On a scale from 1 to 4, with 1 being no difficulties and 4 being a lot of difficulties, how difficult is it to receive referrals from the helpline?
- 4 a lot of difficulties PROBE for All: (Ask them to give some examples, tell me about customer service, technical problems, service problems, do people directed to the wrong place, what makes this is so easy to use, etc..)
5. Now that the DV Help Line is available as a referral source, is it easier now to give a referral to a DV victim than before the DV Help Line existed?No
6. In your opinion, how useful is the DV Help Line as a resource to domestic violence victims on a scale from 4 to 1 with 4 being very useful and one being not useful at all?
- 4 - very useful PROBE: Why they think it is or is not useful?
7. As a service provider, how useful is the Help Line's single phone number compared to just having numerous phone numbers to different domestic violence services on a scale from 4 to 1 with 4 being very useful and one being not useful at all?
- 4 - very useful
8. Now we are going to shift a bit and focus on victims' experiences. We know you and your colleagues have encountered diverse groups of victims. Sometimes victims face barriers that limit their ability to use services. In the following questions, I will ask you to indicate how often you and your colleagues encounter situations where you believe a barrier might exist?

In regard to victims **who don't speak English**, using a scale with 4 being most of the time and 1 being never, how often do you think they experience difficulty in obtaining/using services?

4 - Most of the time

PROBE: Can you give me some examples (get details for each)?

How does [agency name] deal with this?

9. In regard to victims with **Physical Disabilities**, using a scale with 4 being most of the time and 1 being never, how often do you think they experience difficulty in obtaining/using services?

4 - Most of the time

PROBE: Can you give me some examples (get details for each)?

How does [agency name] deal with this?

10. In regard to victims with **Mental Disabilities**, using a scale with 4 being most of the time and 1 being never, how often do you think they experience difficulty in obtaining/using services?

4 - Most of the time

PROBE: Can you give me some examples (get details for each)?

How does [agency name] deal with this?

11. In regard to victims' **Sexual Orientation**, using a scale with 4 being most of the time and 1 being never, how often do you think they experience difficulty in obtaining/using services?

4 - Most of the time

PROBE: Can you give me some examples (get details for each)?

How does [agency name] deal with this?

12. In regard to **Male Victims of Domestic Violence**, using a scale with 4 being most of the time and 1 being never, how often do you think they experience difficulty in obtaining/using services?

4 - Most of the time

PROBE: Can you give me some examples (get details for each)?

How does [agency name] deal with this?

13. In regard to **Elderly/Senior Victims**, using a scale with 4 being most of the time and 1 being never, how often do you think they experience difficulty in obtaining/using services?

4 - Most of the time

PROBE: Can you give me some examples (get details for each)?

How does [agency name] deal with this?

14. In regard to **youth/minor Victims**, using a scale with 4 being most of the time and 1 being never, how often do you think they experience difficulty in obtaining/using services?

4 - Most of the time

PROBE: Can you give me some examples (get details for each)?
How does [agency name] deal with this?

15. In regard to victims **with children or dependents**, using a scale with 4 being most of the time and 1 being never, how often do you think they experience difficulty in obtaining/using services?

4 - Most of the time

PROBE: Can you give me some examples (get details for each, *ask about males, many children*)?

How does [agency name] deal with this?

16. In regard to **ethnic/racial minority victims**, using a scale with 4 being most of the time and 1 being never, how often do you think they experience difficulty in obtaining/using services?

4 - Most of the time

PROBE: Can you give me some examples (get details for each)?

How does [agency name] deal with this?

17. In regard to **victims who are addicted to substances**, using a scale with 4 being most of the time and 1 being never, how often do you think they experience difficulty in obtaining/using services?

4 - Most of the time

PROBE: Can you give me some examples (get details for each)?

How does [agency name] deal with this?

18. Other than those I just mentioned, are there any other things that make it difficult for a victim to get services?

YES NO

If YES, list:

If applicable: How does [agency name] deal with this?

I have a few final questions to ask you.

19. Sometimes, someone may be referred to your program from the Help Line and you need to refer them back to the Help Line. Has this ever happened to you?

No

If YES, what happened?

20. In what types of circumstances do you refer to other services within your program?

21. In addition to making referrals, how else do you use the Help Line?

22. Before we end the interview do you have any comments or suggestions you would like to make about the Help Line?

Field Notes:

Degree of Interview Cooperation: 5 - Very Cooperative

End Time:

Duration:

d. Sexual Orientation	Often	Sometimes	Hardly ever	Never
e. Male Victims of DV	Often	Sometimes	Hardly ever	Never
f. Elderly/Senior Victims	Often	Sometimes	Hardly ever	Never
g. Youth/Minor Victims	Often	Sometimes	Hardly ever	Never
h. Many children/dependents	Often	Sometimes	Hardly ever	Never

Any additional comments?

10. Are there religious/ cultural issues that you believe limit the victim’s ability to utilize the DV Help Line? **YES** **NO** **Don’t Know**
If Yes, Please

list: _____

11. Finally, as a police officer can you offer any suggestions for improving the DV helpline? Please list any comments or suggestions you may have for improving the effectiveness of the DV helpline.

12. Are you a: (please check)

Community Policing Officer Beat Officer DVLO TAC Officer Supervisor

13. Police District Number: _____ **Shift :** _____

14 How many years have you been a police officer? ____ Years
If less than 1 year, how many months have you been an officer? ____ Months

15. What is your? Sex: _____ **Age:** _____

16. Race/Ethnicity?

- African American/Black
- American Indian
- Asian
- Hispanic/Latino
- Middle Eastern
- White/Caucasian
- Other:(please specify)** _____

APPENDIX K

DAC Survey

Thank you for your participation in this survey about the City of Chicago's Domestic Violence Help Line and your awareness of the domestic violence services in your community. Your participation in this survey is completely voluntary and in filling out this survey it implies your voluntary assent.

1. Which of the following options can be seen as domestic violence between intimate partners? (Check all that apply)
 - Hit, kick, slap, push an intimate partner
 - Calling names to make them feel worthless
 - Forcing an intimate partner to have sex
 - Constantly calling, paging, and looking for your intimate partner

2. Domestic violence can occur in the following relationships...? (Check all that apply).
 - A husband/ wife relationship
 - A same sex relationship
 - A relationship with a caregiver (handicapped or elderly)
 - A relationship between siblings
 - A boyfriend/girlfriend relationship

3. Have you ever met someone who you believed was being abused by his or her intimate partner? (Please circle).
 Yes No

If yes, did you? (Mark all that apply).

- Refer them to a domestic violence provider
- Refer them to the police
- Called the police
- Refer them to a member of the cleric
- Refer them to the City of Chicago Domestic Violence HELP Line
- Give them advice
- Just didn't say anything
- Listened
- Didn't do anything
- Other (please list:)

4. In your opinion, to what extent is domestic violence a problem in your community? (Check all that apply)
- A serious problem
 - A somewhat serious problem
 - It is not serious problem
 - It is not a problem at all
 - I don't know/ I'm not sure
5. Are you aware of the Police District's Domestic Violence Sub-Committee in your community? (Please circle).
Yes No

6. Are you involved in any community efforts to put an end to domestic violence (formally or informally)? (Please circle).
Yes No

If yes, please list: _____

7. Has domestic violence ever been mentioned in your church/mosque/synagogue/temple? (Please circle).
Yes No I don't know

8. Have you seen flyers and/or posters about domestic violence in your community...? (Please circle).
- Church/temple/mosque/temple
Yes No
 - Place of employment
Yes No
 - Community/Neighborhood
Yes No

If you circled any of the options above, were any of the posters, information, leaflets, and/or billboards written in a language other than English? (Please circle).

Yes No

If yes, what language(s) (if known)?

9. Do you think that the posters, information, the leaflets, and/or billboards should be written in another language in your community? (Please circle).
Yes No Not Sure

If yes, what language(s) would be helpful in your community?

10. Do you know where to go to receive services/resources for domestic violence in your community? (Please circle).
Yes No

If yes, please explain where you would go:

11. Are you aware of the City of Chicago's Domestic Violence HELP Line? (Please circle).

Yes No

If yes, how did you learn about its services (Check all that apply)?

- Police Department
 - 911
 - Another organization against domestic violence
 - A social service agency
 - An advertisement (leaflets and/or billboards)
 - A health professional/organization
 - 311 (City Information Service)
 - 411 or the Yellow/White Pages
 - A lawyer or legal/court services
 - Employment/School
 - Presentations/Workshops
 - A friend
 - A fellow co-worker
 - Another method (please list):
-

12. Can you suggest other methods by which to obtain information about the Domestic Violence HELP Line for your community? (Please circle).

Yes No

If yes, please list:

13. If you needed access to the Domestic Violence HELP Line, how would you go about obtaining it? (Check all that apply).

- Call 311 (City Information Service)
- Look for the number in an advertisement
- I know the number
- A friend
- Another method
- I don't know

14. Did you know that the Domestic Violence HELP Line offers referrals for the following services? (Check all that apply).

Yes No

- Shelter
- Counseling
- Legal Services

- Services for Children who have
- Suffered from domestic violence
- General information about domestic violence

15. Do you know of other services offered by the Domestic Violence HELP Line? (Please circle).

Yes No

If yes, please list those services:

16. Have you ever called the Domestic Violence HELP Line? (Please circle).

Yes No

If no, please skip to question 19.

If yes, what types of services interested you (Check all that apply)?

- Counseling
 - Shelter
 - General Information bout Domestic Violence
 - Legal Services
 - Other (please list):
-
-

17. Did the Domestic Violence HELP Line help you? (Please circle).

Yes No

If no, please explain why not?

18. Was the person who called treated with courtesy and respect? (Please circle).

Yes No

If no, please explain:

19. In the future if you or someone you know is abused, would you call the Domestic Violence HELP Line? (Please circle).

Yes No I don't know

20. In the future if you or someone you know is abusive with another person, would you call the Domestic Violence HELP Line? (Please circle).

Yes No I don't know

Please explain why/ why not:

21. Are you an active participant in any of the following groups? (Please circle).

- DAC the Domestic Violence Sub-Committee

- Church/ mosque/ synagogue/ temple
- Local School Counsel
- CAPS/ Beat Meetings
- Block Club
- Neighborhood Watch
- Other: _____

22. What is your age? _____

Sex: _____

Race/Ethnicity: _____

Employment/Profession: _____

Age Range (please circle one):

18-24

25-35

36-45

46-55

56-65

66-75

76 and older

23. Please list any additional comments here:

For Office Use Only

DAC# _____

R# _____

APPENDIX L

DAC Encuesta

Gracias por su participación en esta encuesta sobre la Línea de Ayuda de la Ciudad de Chicago contra la Violencia Doméstica y su conocimiento sobre los servicios de violencia doméstica en su comunidad. Su participación en esta encuesta es voluntaria y el llenar esta encuesta implica su consentimiento voluntario.

1. Cuales de las siguientes opciones se pueden considera violencia domestica entre parejas intimas? (Marque todas las opciones que apliquen).

- Golpear, patear, bofetear, empujar a su pareja intima.
- Llamarle nombres para hacerlo(la) sentir menospreciado(a).
- Forzar a su pareja intima a tener sexo.
- Constantemente llamar y buscar a su pareja.

2. Violencia domestica puede ocurrir el las siguientes relaciones...? (Marque todas las opciones que apliquen).

- Una relación entre un esposo/esposa.
- Una relación entre miembros del mismo sexo.
- Una relación con su proveedor (encapacitado o de mayor edad).
- Una relación entre hermanos(as).
- Una relación entre novios y novias.

3. Alguna vez conociste a alguien que usted pensaba era abusado(a) por su pareja intima? (Por favor circule).
 Sí No

Si **sí**, usted le? ((Marque todas las opciones que apliquen).

- Dirijo a un proveedor de servicios de violencia domestica.
- Dirijo a la policía.
- Llamo a la policía.
- Dirijo a un miembro del clero.
- Dirijo a la Línea de Ayuda contra la Violencia Doméstica de la Ciudad de Chicago.
- Dio consejos.
- No se involucro.
- Escucho.
- No hizo nada.
- Otra cosa(por favor enliste:)_____

4. En su opinión, hasta que punto es la violencia domestica un problema en su comunidad? (Marque todas las opciones que apliquen).

- Un problema muy serio.
- Un problema algo serio.
- No es un problema muy serio.
- No es un problema.
- No se/ no estoy seguro(a).

5. Estas enterado(a) del Comité contra la Violencia Domestica del Distrito de Policía en su comunidad? (Por favor circule).

Sí No

6. Esta involucrado en esfuerzos comunitarios para acabar con la violencia domestica (formalmente o informalmente)? (Por favor circule).

Sí No

Si sí, por favor enliste:

7. Alguna vez han mencionado la violencia domestica en su iglesia/ mezquita/sinagoge/templo? (Por favor circule).

Sí No No se

8. Ha visto a, folletos, y/o carteleras sobre la violencia domestica en su ...? (Por favor circule).

Iglesia/sinagoge/mezquita/templo

Sí No

Lugar de empleo

Sí No

Comunidad/Barrio

Sí No

Si circulo algunas de las opciones, estaban los afiches, la información, los folletos, y/o las carteleras escritas en otro lenguaje aparte de Ingles? (Por favor circule).

Sí No

Si sí, cual(es) otro(s) idioma(s) (si sabe)?

9. Usted piensa que los afiches, la información, los folletos, y/o las carteleras deberían ser escritas en otro idioma en su comunidad? (Por favor circule).

Sí No No estoy seguro(a)

Si sí, cuales idiomas serian de beneficio en su comunidad?

Por favor Voltee

10. Usted sabe adonde ir para recibir servicios/recursos para la violencia domestica en su comunidad? (Por favor circule).

Sí No

Si sí, por favor explique adonde iría usted:

11. Esta enterado(a) sobre la Linea de Ayuda contra la Violencia Domestica de la Ciudad de Chicago? (Por favor circule).

Sí No

Si **sí**, como se entero de su servicios (Marque todas las opciones que apliquen)?

- Departamento de Policía
 - 911
 - Otra organización contra la Violencia Domestica
 - Una organización de servicios sociales
 - Un anuncio (, folletos y/o carteleras)
 - Un profesional de salud/ organización
 - 311 (Servicio de Información de la Ciudad)
 - 411 o Las Paginas Amarillas/Blancas
 - Un abogado o servicios legal/judicial
 - En su empleo/ escuela
 - Presentaciones/ talleres
 - Un amigo
 - Un compañero del trabajo
 - Otro modo (Por favor enliste):
-

12. Puede sugerir otros métodos para obtener información sobre la Línea de Ayuda contra la Violencia Domestica para su comunidad? (Por favor circule).

Sí No

Si **sí**, por favor enliste:

13. Si usted necesitaba acceso a la Línea de Ayuda contra la Violencia Domestica, como lo conseguiría? (Marque todas las opciones que apliquen)?

- Llamar al 311 (Servicio de Información de la Ciudad)
- Buscar el numero en un anuncio
- Yo se el numero
- Un amigo
- Otra forma
- No se

14. Usted sabia que La Línea de Ayuda contra la Violencia Domestica ofrece remisiones para los servicios siguientes? (Marque todas las opciones que apliquen)

Sí No

Refugio

Asesoramiento

Servicios Legales

Servicios para niños
que han sido expuestos
a la violencia domestica

Información general sobre
la violencia domestica

15. Usted sabe de otros servicios que ofrece la Línea de Ayuda contra la Violencia Domestica? (Por favor circule).

Sí No

Si **sí**, por favor enliste esos servicios:

16. Alguna vez a llamado a la Linea de Ayuda contra la Violencia Domestica? (Por favor circule).

Sí No

Si **no**, por favor **saltese** a la pregunta 19.

Si **sí**, que clase de servicios te o le interesaron (Marque todas las opciones que apliquen)?

- Asesoramiento
- Refugio
- Información general sobre la Violencia Domestica
- Servicios Legales
- Otro (por favor enliste:)

17. La Linea de Ayuda contra la Violencia Domestica le ayudo? (Por favor circule).

Sí No

Si **no**, por favor explique porque no?

18. La persona que llamo fue tratado con cortesía y respeto? (Por favor circule).

Sí No

Si **no**, por favor explique:

19. En el futuro si usted o alguien que conoce es abusado(a), usted llamaría a la Linea de Ayuda contra la Violencia Domestica? (Por favor circule).

Sí No No se

20. En el futuro si usted o alguien que conoce es abusivo(a) con otra persona, usted llamaría a la Linea de Ayuda contra la Violencia Domestica?

(Por favor circule).

Sí No No se

Por favor explique porque si o porque no:

21. Es usted un participante activo en cualquiera de los grupos siguientes? (Por favor circule).

- DAC el Comité de la Violencia Domestica
- Iglesia/mezquita/sinagoge/templo
- Consular Local de Escuelas
- CAPS/ Reuniones de Rondas
- Organización del Bloque
- Vigilancia de la Comunidad
- Otra: _____

22. Cual es su edad? _____

Sexo: _____

Raza/ Etnicidad: _____

Empleo/Profesion: _____

Extensión de edad (Por favor circule una):

18-24

25-35

36-45

46-55

56-65

66-75

76 o mayor

23. Por favor enliste comentarios adicionales aquí:

Para uso de la Oficina Solamente:

DAC# _____

R# _____

APPENDIX M

VIRA Script

REQUEST FOR VICTIM INTERVIEW

Before we end this call, I would like to ask you if you are interested in participating in an interview. A group of researchers are evaluating the usefulness of the Help Line to callers to the Help Line so that we can make changes to improve the services provided by the Help Line. The name of this evaluation is called the "City Health Survey."

If you agree to participate, the interview would be conducted over the phone by a female interviewer within 2 weeks. The interview is anonymous (you will not be identified, no one will know who you are or what you said in the interview).

However, since the interview will be over the phone at a later date, we will need a safe phone number where you can be reached.

Your participation in this interview is completely voluntary; you do not have to agree to the interview. You will still be connected to the service/agency you requested.

Before you decide, please consider your own safety. If a phone call from a researcher would in any way put you in danger, please do not agree to participate in the interview.

Do you want to participate in a voluntary telephone interview? Yes No

What is the phone number where you can be reached? _____

Check if no phone available or caller is in shelter _____

READ TEXT IN BOX IF NO PHONE NUMBER AVAILABLE

There is a toll-free phone number you can call at your own convenience to participate in the interview.

Would you like that number? 1-800-424-3982

Someone will be available to interview you during the hours of 10AM to 4pm.

When you call the toll-free number give the interviewer your CALL ID number.

Check if 800 given to caller _____

Is there a time when only you are likely to answer the phone? Yes No
specific days, times, anytime? _____

When the researcher calls, what name should she ask for?_____

When the researcher calls, she will identify the call as the “City Health Study”.

APPENDIX N

VIRA Script Spanish

Antes de terminar esta llamada, permitame preguntarle si esta interesada en tomar parte en una entrevista. Un grupo de investigadores estan evaluando que tan efectiva es La Linea de ayuda para poder hacer cambios necesarios y para mejorar los servicios prestados por esta linea de ayuda. Este estudio es conocida como “Encuesta Sobre la Salud Municipal.”

Si esta dispuesta a paticipar, un miembro del equipo le hablara por telefono dentro de unas dos semanas. La entrevista sera completamente confidencial (es decir, no sera identificada; no sabra nadie como contesto las preguntas). Sin embargo, desde que la entrevista se llevara cabo por telefono en un futuro cercano, es necesario que nos de un numero de telefono al que le pueden llamar.

Su participacion es totalmente voluntaria; aunque no desea participar en la entrevista, sigue siendo elegible para recibir todos los servicios de esta Linea.

Antes de tomar su decision, por favor considere su propia seguridad. Si cree que el hablar con la señorita implica cualquier peligro, por favor no participe en esta entrevista.

??Quiere participar en una entrevista voluntaria por telefono? Si No

??Cual es su numero de telefono? _____

Check If no phone available or caller is in shelter _____

READ TEXT IN BOX IF NO PHONE NUMBER AVAILABLE

También hay un numero de teléfono que es gratis que usted puede llamar si decide participar la entrevista.

Quiere el numero de teléfono? 1.800.424.3982

Alguien estara disponible para la entrevista entre las 10 de la mañana hasta las 4 de la tarde.

Cuando usted llame al numero telefonico gratis, por favor de dar ala persona que esta conduciendo la entrevista su numero de identificación o el numero de clave.

Check if 800 given to caller _____

??A que horas prefiere que le hablen por telefono? _____

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NOTES

ⁱ *Categorization as a victim.* Based on the caller's presentation to the VIRA, a designation of domestic violence victim/survivor is assigned to the caller during the original call. The designation is worked out through the interaction between the caller and the VIRA. Some callers define themselves as a victim of domestic violence immediately. Many, however, do not self define as a victim and may even reject that label while at the same time describing domestic violence perpetrated against them. While domestic violence service provider agencies may have criteria for considering someone a domestic violence victim, the same is not true for the Help Line. The Help Line does not have qualifying characteristics for domestic violence victims to receive referrals or linkages from the Help Line.

ⁱⁱ Of the other 11,264 callers to the Help Line, there were 2209 who called the Help Line to obtain information or services for someone else as a victim of domestic violence (3rd Party callers). There were 271 callers who identified as an abuser calling for information or services for themselves. There were 5220 other callers to the Help Line about community violence and other non-domestic violence related calls and 3564 were administrative calls.

ⁱⁱⁱ All interviewers received one week of training in domestic violence issues and safety concerns conducted by the Mayor's Office on Domestic Violence.

^{iv} Victim callers are asked to choose the racial category they believe best describes them. For ease in reporting, we group African, African American and Black respondents under Black, and Hispanic or Latino respondents under Latino. We do recognize that these groups are an oversimplification of the complex issue of race.

^v All statistics in this report are based on valid cases.

^{vi} This time period includes the first weeks of stratified random sampling of victim callers based on race. After week 8 sampling was discontinued and all victim callers meeting the criteria were invited to participate.

^{vii} Eight hundred and forty one names and phone numbers were transmitted from the Help Line to the researchers at CURL. However, only 823 of these were valid; the remaining were duplicate numbers or non-victim callers.

^{viii} Thirteen individuals identified with a race other than Black, Latino or White. They included individuals identifying as Middle Eastern, Asian, Native American, and mixed race. They are not included in this analysis.

^{ix} T-test values are reported here with equal variances not assumed.

^x In 19 cases we have no reports of services received.

^{xi} The demographic information, abuser relationship and type of abuse were collected during the initial call to the Help Line.

^{xii} The VIRAs ascertained the type(s) of abuse during their discussion with the victims, however the question was not directly asked.

^{xiii} We are wary of this finding, and it is very preliminary. A quick examination of the Help Line administrative data did not find the same significant difference. We need to examine this further.

^{xiv} The small cell sizes of people who were disabled precludes statistical analysis.

^{xv} The DVLO is a sworn member, trained on domestic violence, assigned to each district's community policing office. They are chosen by the district commander to act as a district-based resource on domestic violence issues for field officers and the community.

^{xvi} Excluded responses from officers employed less than 6 years from analysis.

^{xvii} Sample sized identified using the Sample Size Calculator at <http://www.surveysystem.com/sscalc.htm>