

Utilization of a Text-Based Sexual Assault Crisis Hotline

Master's Thesis

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Introduction

In the past decade, there has been a rapid increase in the use of technology and smartphones as a way to communicate to others, especially among young adults and teenagers. Text messaging is becoming a popular means to communicate with others on a daily basis because it is quiet, fast, mobile, and practical. Many individuals now prefer to talk to others through text messaging instead of making a phone call. The advancement of text messaging is also expanding into the mental health field as a way for individuals to text therapists and other professionals during times of crisis. This research study focuses on the advancement and utility of a text-based sexual assault crisis hotline within two small counties of New York, as well as college-aged students' willingness to utilize crisis hotlines when in a crisis.

Literature Review

Cellular Market on the Rise

The cellular market is an industry that has been continually growing since the mid-1990s. By 2010, half of all persons on earth are expected to own and utilize a cell phone (Reid & Reid, 2007). Before the cellular market expanded to the United States, it was first popularized in Europe and Asia with the development of text messaging, also known as short message service (SMS). Short message service became the preferred method of communication amongst teens and young women (Reid & Reid, 2010). Reid and Reid (2010) expressed that women are more likely than men to use SMS to maintain close relationships. When women text message, they typically use expressive language and write longer passages, whereas men are more brief and “to the point”.

Comparison of SMS to Voice Messaging

When comparing SMS to voice messaging, SMS is low cost, quick, portable, and private. Additionally, SMS provides an increased response time for the user to think about what they want to say before sending it in a message. Depending on the recipient of the message, the user can be either formal or informal in his/her message. To make typing long messages quicker, there are short cuts for words (e.g., “u” for “you”). Since SMS is relatively new, there are individuals that continue to prefer voice messaging, also known as “voice mail” as a means to communicate because they perceive it to be more personable and intimate. In order to investigate preferential use of text messaging amongst individuals, Reid and Reid (2010) analyzed the affordance pathways hypothesis. Reid & Reid’s (2010) hypothesis stated the notion that, “mobile phone users must first discover the interpersonal affordances of SMS in order to transform it into a social medium, and that key social and psychological variables differentially predispose them to discover this functionality” (p. 4). The first affordance is related to the ability to have control over the wording of responses when text messaging. While writing a text message, a user is able to carefully construct his/her response, whereas during voice calls, a user almost immediately has to respond to the other user otherwise there is a potential of having an awkward pause. Nowadays, it is interpreted as overly eager if a user responds too quickly with his/her text message. On the other hand, it is considered rude if a user does not reply within a few hours from the time that the message was originally sent. Text messages do not disappear unless the user physically deletes the message. Therefore, text messages are typically always viewed and never missed (Thurlow, 2003). The second affordance is the ability for the user to SMS with multiple users at once. Text messaging allows a user to engage in multiple conversations at one time.

Each conversation is private, simultaneous, and can be sent from any location as long as the user has mobile phone service. In Reid and Reid's (2010) research, it was found that almost half of the participants preferred using their mobile device for texting, when compared to voice calls. The participants reported that they could clearly express themselves and engage in extended conversations more often when texting.

Increased Utility of Technology in Cases of Sexual Violence

According to the National Intimate Partner and Sexual Violence Survey (2013), one in three women in the United States has been a victim of sexual assault or abuse during her lifetime (Black et al., 2011). Based on this statistic, intimate partner violence is a major concern within the United States, along with any other form of sexual assault. Danielson and Holmes (2004) indicated that assault is found highest among women between the ages of 16 and 24 years. This particular age group is four times more likely to be sexually assaulted when compared to all other age groups (Danielson & Holmes, 2004). Intimate partner violence and sexual assault tend to have negative short-term and long-term outcomes on victims who do not seek adequate therapy or support. Those negative outcomes include alcohol/drug abuse, anxiety, depression, and social isolation. Gilroy, McFarlane, Nava, and Maddoux (2013) indicated that as a victim turns to isolation as a coping mechanism, this will often expose him/her to further abuse or potential death from suicide. Researchers have found that one protective mechanism against social isolation and other related negative outcomes is social support. In a study of 696 abused women in Canada, Ansara and Hindin (2010) had found that social supports such as health care providers and law enforcement have been helpful resources for victims of sexual violence. Cases that were more severe and involved in nature were handled more frequently by crisis centers and

helplines (Gilroy, McFarlane, Nava, & Maddoux, 2013). These crisis centers and helplines were mostly accessed through mobile phones and the internet. Furthermore, Rothman, Meade, and Decker (2009) found that 88% of women living in a shelter for abused women preferred to use email as a safe and effective way to communicate with the shelter's support staff once they returned to the community. Similar to email, text messaging is starting to become a popular means for nursing and other professionals to communicate with clients. Having various methods of communication available is helpful depending on the client's situation. On the other hand, in another sample of 300 abused women, 80% of the women preferred face-to-face communication and voice messaging when in need of social support (Gilroy, McFarlane, Nava, & Maddoux, 2013). However, this preference may change as technology becomes more developed, familiar, and less costly.

Technology and Mental Health Interventions

The internet is an important resource to utilize when seeking medical help, especially with mental health interventions. Online, a user can seek free or low-cost therapeutic interventions, resources, and treatment options. Similar to text messaging, the internet is often anonymous and easy to access. In a survey of urban minority youth, 96% of youth indicated that they have access to the internet either at home, school, or work (MEE Productions, 2010). In the same survey, 92% of youth said that they own a mobile phone and use it for texting, internet access, photos, and games (MEE Productions, 2010). With the increase in ownership and usage of technology, online mental health interventions can offer cost-effective methods for individuals to seek the help that they need. European countries already utilize internet-based interventions at little to no cost on the user's end. These interventions and services are available in many forms which include emailing, text messaging, audio-only, and webcam. On webcam, the therapist and

client can meet virtually online. With audio-only, the client can watch and listen to pre-recorded clips. However, according to Barak and Grohol (2011), these internet-based mental health interventions are not meant to be a replacement for face-to-face intervention, rather it should be set in place alongside in-person help. Thus far, Barak & Grohol (2011) have not found any significant differences between providing face-to-face therapy and providing online therapy. This research suggests that online therapy has the potential to be as effective as in-person therapy. If online therapy develops and increases in availability, it is certain that individuals would utilize mental health services and therapy more frequently because of the convenience of not leaving the comfort of their own home.

SMS Delivered Mental Health Interventions

A literature review completed by Fjeldsoe, Marshall, and Miller (2009) revealed that SMS-delivered, or text-delivered mental health interventions are effective for short-term behavioral outcomes. Furthermore, Krishna, Boren, and Balas (2009) reviewed twenty-five empirical studies that investigated the use of SMS in clinical practice and mental health intervention. Overall, Krishna, Boren, and Balas (2009) found significant improvements within the majority of their studies in patients' mental health when they utilized SMS as a way to receive intervention. Text-based mental health interventions may be preferred because users may feel more comfortable participating in interventions and therapies online or behind a screen versus in-person due to its anonymity; therefore, there is less exposure to judgment and shame. Shame is a large factor as to why individuals do not seek mental health services from therapists as much as they should. Interventions via text messaging may be a preference among adolescents because of their familiarity with technology, as well as that stigma or shame that is associated with sexual violence. In general, teens are uncomfortable talking about the topic of sex and/or

rape. Therefore, the teen can report a sexual assault anonymously to avoid being put into an uncomfortable position. Another reason as to why text-based mental health interventions may be effective is because the user can choose when to login to his/her sessions which can lead to a sense of independence and control over his/her own healing process. Currently, interventions related to texting are targeted towards the younger generations.

Mobile Crisis Hotlines

Due to the development of telephones and cellphones, crisis hotlines have made a positive impact on individuals. Crisis hotlines are convenient and often available 24/7. Therefore, crisis hotlines provide the opportunity for individuals to receive immediate support during the most challenging of times. In a study conducted by Gould, Kalafat, Munfakh, and Kleinman (2007), the effectiveness of phone-based crisis hotlines was researched. This was done by examining the outcomes of callers' long-term mental health by evaluating the changes in the caller's emotional state from the beginning to the end of his/her call, and again as a follow-up within 3-weeks of the initial phone call. All of the callers utilized the hotline regarding suicide. In addition to thoughts of suicide, the callers contacted the hotline in need of support for abuse, violence, physical health problems, work problems, addictions, mental health problems, and interpersonal problems.

Of the 1,085 callers who completed the baseline assessment, there was a decrease in the "intent to die" from the beginning of the phone call to the end of the phone call (Gould et al., 2007). Additionally, there was a reported decrease in callers' psychological pain and sense of hopelessness from the end of the initial phone call to the follow-up assessment 3-weeks later. However, the researchers had found that the callers' "intent to die" had not decreased from the end of the initial phone call to the follow-up assessment 3-weeks later (Gould et al., 2007).

Gould's (2007) research findings suggest that frequent follow-up phone calls and referrals to outside services are warranted for high-risk suicidal callers. The hotline helps reduce a caller's suicidal ideations temporarily, but not long-term.

Conceptual Bases for Mobile Crisis Hotlines

There are four conceptual bases for crisis intervention. The first conceptual basis states that time is limited and therefore presents the opportunity for either positive or negative outcomes based on the individual's pre-existing coping strategies. The second conceptual basis states that if an individual typically has poor pre-existing coping strategies (i.e. drug/alcohol use, violence, or suicidal behavior), then the individual tends to respond more poorly to the crisis. The third conceptual basis states that crises typically lead to increased anxiety which negatively affects an individual's ability to problem solve rationally. The final conceptual basis states that since the individual's ability to effectively problem solve are hampered with, the individual tends to be more open to interventions (Kalafat et al., 2007). Crisis hotlines that are 24/7 were developed based on these four concepts for intervention. Volunteers who run the crisis hotlines complete training in regard to how to properly respond to crisis situations. Most crisis hotlines follow a six-step problem solving intervention model, originally adopted by the Los Angeles Suicide Prevention Center (Farberow, Heilig, & Litman, 1968). The first step of the problem solving intervention model is to establish and build rapport with the client. A client will not open and share how they feel without a sense of trust in the helper. The second step is to define the problem and assess the risk. The helper needs to investigate what the underlying issue is in order to develop proper solutions. Additionally, the helper must assess the client's risk. It is important to be aware of statements such as, "I want to hurt myself", "I want to hurt others" and "Others are hurting me". These statements are red flags and must be addressed. The third step is to

identify the client's affect and strategize different ways to help reduce his/her anxiety. The fourth step is to figure out what the client's pre-existing coping skills were, whether or not he/she uses those skills, and whether or not he/she finds those skills to be helpful. The fifth step is to teach new ways of coping and develop positive alternatives for addressing the client's problem. The final step is to provide immediate responses to suicidal callers. If a caller is suicidal, it is important to refer that client to proper care. Based on the client's needs, further resources and referrals may be warranted.

Crisis hotlines use several differing therapeutic approaches when supporting clients. The approaches include phone-based Cognitive Behavior Therapy (CBT), Solution Focused Brief Therapy, which focuses on small objectives, and Common Factors Therapy, which is a therapeutic intervention based on a common set of factors in psychotherapy (Ingram et al., 2008). It has been noted that a systematic, behavior-based approach is appropriate when helping persons of all ages with a variety of concerns (i.e. mental health, relationship issues, parenting issues).

Barriers to Help-Seeking

Kessler et al (2005) states that approximately one in four adults in the United States are in need of mental health services. However, fewer than 8 million people will actually seek professional support (Kessler et al., 2005). According to the U.S. Department of Health and Human Services (1999), approximately 70% of youth and 90% of older adults in need of mental health services will go untreated (Ingram et al., 2008). Young persons are among those that are least likely to consult with healthcare professionals during a time of mental distress (Joyce & Weibelzahl, 2011). What barriers keep individuals from seeking support and the proper mental health services that they need? Literature on the theory of help seeking is sparse. However, there

is evidence to suggest that many college students that are at risk do not utilize the university's counseling center as much as they should (Chung & Klein, 2007). The largest barrier to utilizing a mental health resource is related to the stigma associated with mental health related issues. Additional barriers include the individual denying the severity of his/her problem, belief that he/she can fix the problem without formal treatment, mistrust in mental health providers, and financial burdens. Barriers that are more relevant to teenagers include preference to solve their own problem, social inexperience, lack of insight, confidentiality, and ignorance (Rickwood, Deane, Wilson, & Ciarrochi, 2005). As for social inexperience, there are many steps a person has to take in order to seek help from another person. These steps include making a phone call, arranging a meeting, and explaining the problem. Individuals can avoid this barrier by sending a quick text message to the mental health provider. Sending a text message greatly reduces the number of steps an individual has to take in order to receive help. Furthermore, those who are uncomfortable asking for help can do so without facing the other person. As for confidentiality, sending a text message to a health care provider can be done silently and privately. The only individuals that read the text message include the recipient and the client. By texting, the individual reduces his/her chance of running into someone while going to the mental health provider and saves him/her the hassle of explaining where he/she is going. As for financial costs, cell phone plans allow unlimited texting at minimal cost. Therefore, texting is an easy and affordable way to communicate with mental health providers. In an effort to reduce the communication barriers with mental health providers, the development of accessible and creative ways to seek support must be established, such as text messaging.

The First Text-based Crisis Hotline Service

Educational Messaging Services (EMS), the Crisis Call Center, the University of Nevada, Reno, and the Nevada Office of Suicide Prevention collaborated to develop the nation's first text-based crisis hotline. The program that the team developed is called, TextToday (Evans, Davidson, & Sicafuse, 2013). This relatively new program advertised their crisis hotline by hanging posters and take-away cards around the state of Nevada. From May 2010 through June 2011, TextToday received a total of 377 texts by 172 individuals. In total, 53.1% of the individuals texted the hotline more than once. The average text message conversation lasted approximately 2 hours and 46 minutes (Evans, Davidson, & Sicafuse, 2013). The majority of text messages were sent from females. Therefore, females utilized TextToday more frequently than males. Of the individuals that texted the hotline, the majority were not necessarily in a "crisis" at the time of texting. Rather, 59.4% of the individuals sought information and support (Evans, Davidson, & Sicafuse, 2013). However, 7.7% of the individuals were considered at-risk for suicide. Individuals in the study reported that they preferred to text their friends rather than call over the phone because of the "ease" and "speed" of texting (Evans, Davidson, & Sicafuse, 2013). Furthermore, the individuals felt that the confidentiality of the texting facilitated more honest, deep conversation. The individuals reported that they were not as "shy" or "awkward" texting their problem, whereas they might have been more shy sharing a problem in-person with someone. The individuals within the study further mentioned that texting allowed them to maintain privacy by limiting the chances of other people overhearing the conversation.

Limitations When Using Mobile Crisis Hotlines

In sum, mobile crisis hotlines have many advantages. However, there continues to be users that find text-based hotlines to be challenging to use. For example, counselors are trained

to depend on facial expressions, vocal cues, and body language to determine a client's emotional well-being (Evans, Davidson, & Sicafuse, 2013). Therefore, one limitation of a texting hotline is that it might be difficult to assess a client's well-being based solely on printed text. However, many cellphones are built with a "smiley face" feature, which helps a user convey his/her feelings when texting. A second limitation of a texting hotline is the amount of time the counselor has to wait for the client to text back. Again, it is difficult to gage how the client is feeling when he/she takes a long time to respond. A third limitation of a texting hotline is the limited amount of demographic data that counselors collect from clients. Counselors often rely on the sounds of a user's voice to estimate his/her gender and age (Evans, Davidson, & Sicafuse, 2013). With text messaging, it is difficult to collect demographic data unless the counselor directly asks for that information; however, directly asking for the information might deter clients from utilizing the support service. Depending on the client, he/she may even prefer texting to keep his/her identity hidden. As individuals and counselors become increasingly familiar with the utility of cellphones and text messaging, the future of text-based crisis hotlines has a promising future within the field of mental health despite these limitations.

This research study investigates the overall utilization of a text-based sexual assault crisis hotline within both Clinton and Essex counties. Over the course of one year, researchers collected data from participants that texted a text-based crisis hotline. Participants texted the hotline in regard to crises related to sexual assaults and trauma. The researchers compared their findings with Planned Parenthood's phone-based crisis hotline. The information was used to support the potential use of technology in crisis counseling. In addition to the text-based hotline, the researchers conducted a survey in regard to college-aged students' past history of utilizing crisis hotlines, their potential use of crisis hotlines, their preference between text-based and

phone-based hotlines, and willingness to utilize a crisis hotline when in a crisis situation. The information collected from the surveys will be used to find out whether or not college-aged students are open to utilizing supports such as crisis hotlines when in a crisis instead of turning to other forms of support. Furthermore, the researchers will discover if college-aged students favor texting compared to talking over the phone.

Method

Participants

From May 12, 2014 through May 12, 2015, the text-based sexual assault hotline received texts from five separate participants. The age of the participants ranged from 20 to 58 years old. All participants were female. Of the five participants, three were Caucasian and two were of unknown ethnicity. All of the participants are current survivors from various forms of sexual assault and trauma. Two of the participants are adult survivors of childhood sexual abuse and adult survivors of rape more than one year ago. Two participants are adult survivors of childhood sexual abuse and survivors of assault by a blood relative, also known as incest. The last participant is an adult survivor of rape within the past year.

Alongside the text-based sexual assault hotline, Planned Parenthood of Clinton County responded to calls from a phone-based sexual assault hotline. The phone-based sexual assault hotline received calls from two separate participants. The age of the participants from the phone-based sexual assault hotline ranged from 24 to 30 years old. The gender of the participants was an unknown factor. All participants were Caucasian. Both participants are adult survivors of rape within the last year.

In addition to the crisis-based hotlines, the researchers conducted a survey at the State University of New York at Plattsburgh in order to examine college-aged students' tendencies to

utilize crisis hotline services, attitudes towards phone-based crisis hotlines versus text-based crisis hotlines, and which method of communication they would be more likely to utilize when in a crisis situation. A total of 114 participants completed the survey. Participants were both male and female. More specifically, 105 females and 9 males completed the survey. The ages of the participants ranged from 18 to 32 years old. The mean age of the total participants was 20.7 years old. The participants varied in academic year ranging from freshman to senior year. Race varied between the participants. However, the majority of the participants were Caucasian.

Measures

The researchers downloaded a free phone application titled, "Google Voice" for creating the text-based crisis hotline. Google Voice is a phone application that provides the user with an account and one phone number that differs from the user's personal phone number. The phone number is tied to the user, not to the device or location. Therefore, the researchers were able to download the Google Voice account onto their individual smart phones. To contact the text-based crisis hotline, the participants would text the Google Voice phone number. Once the participants texted the Google Voice phone number, the researchers would receive a notification on their smart phone that a participant had texted the crisis hotline. Once a researcher responded to the text, the text-based conversation would appear on both of the researchers' smart phones within the Google Voice application. The researchers were able to save all text-based conversations within the Google Voice application for viewing. The text-based hotline was advertised by the distribution of posters around the State University of New York at Plattsburgh campus and inside local middle schools and high schools within Clinton County. Within the local schools, the posters were displayed in the nurse's offices, as well as in the guidance department. In addition, the researchers distributed business cards to local school psychologists.

The business cards provided the text-based crisis hotline number, as well as the phone-based crisis hotline number.

A 9-item questionnaire was developed by the researchers in order to indirectly examine college-aged students' tendencies to utilize crisis hotline services, their attitudes towards phone-based crisis hotlines versus text-based crisis hotline, and which method of communication they would be more likely to utilize when in a crisis situation. The survey was conducted at the State University of New York at Plattsburgh. The first part of the questionnaire elicited demographic information with regard to age, gender, race, undergraduate studies, graduate studies, and academic year. The second part of the questionnaire elicited information with regard to whether or not the participant used a crisis hotline in the past. If the participant had used a hotline in the past, the participant was asked to state the reason for utilizing the hotline. If the participant used a crisis hotline in the past, the participant was asked to state whether it was a phone-based hotline or a text-based hotline. The participant was then asked a hypothetical question, which asked if he/she had to use a crisis hotline and if he/she had a choice, which type of hotline would he/she prefer to use (phone-based or text-based). Furthermore, the second, more qualitative part of that question was to state why he/she would prefer one hotline over the other. The participant was then asked if in a crisis, would he/she utilize a crisis hotline for support or instead turn to some other form of support. As a follow-up question, if the participant responded, "other form", the participant was asked to state what the other form of support would be.

Procedure/Design

Due to the small sample size, a qualitative approach was used to examine the demographics of victims of sexual assault in both Essex and Clinton counties in Upstate New York who sought out counseling services from a text-based hotline, rather than a phone-based

hotline. The study examined the nature of the texts, as well as the sheer volume of the texts. The researchers wanted to determine the utility of a text-based hotline versus a phone-based hotline within the two counties. Participants that took part in the study provided information strictly on a volunteer-base level. Inclusion criteria were based on the participants that texted the hotline number and were currently in a form of crisis related to sexual assault, abuse, or other related concern. Any texts or calls thought to be a hoax and/or prank were not included in the study. When the participants first contacted the text-based hotline, consent was provided via a text message. The consent listed the participant's basic rights, his/her right to refuse to be involved in the study, the potential risk of involvement, and the purpose of data collection. Data collection did not occur unless the individual agreed to participate based from the consent in the text message. If the caller did not agree to participate in the study, services were still provided to the fullest extent. All text messages between the participant and the researchers were safely locked on the cell phone with a secured password code. This was to ensure that the text messages remained confidential and were to not be tampered with. The participant's information was then stored in a database via numerical coding in order to protect identity.

For the participants that chose to utilize Planned Parenthood's phone-based sexual assault hotline rather than the text-based sexual assault hotline, those participant's demographics were collected via the Planned Parenthood phone operator. When the participants first contacted the phone-based hotline, consent was provided over the phone. The consent described the participant's basic rights, his/her right to refuse to be involved in the study, the potential risk of involvement, and the purpose of data collection. Data collection did not occur unless the individual agreed to participate based on his/her verbal consent. If the caller did not agree to participate in the study, services were still provided to the fullest extent. The participant

information was stored in the Planned Parenthood database via numerical coding in order to protect identity. Data collection ended on May 12, 2015. At that time, the researchers collected the phone-based data from Planned Parenthood and compared those findings with the data collected from the text-based crisis hotline. The information collected was used to support the potential use of technology in crisis counseling.

Additionally, the researchers conducted a survey at the State University of New York at Plattsburgh in order to indirectly examine college-aged students' tendencies to utilize crisis hotline services, their attitudes towards phone-based crisis hotlines versus text-based crisis hotlines, and which method of communication they would be more likely to utilize when in a crisis situation. All participants that completed the survey were strictly volunteers. Written consent was obtained from all volunteers before completion of the survey. The written consent informed the participants of their basic rights, the right to refuse to be involved in the study, the potential risks of involvement, and the purpose of data collection. Data collection was anonymous and coded as a group in order to maintain anonymity. With the information gathered from this survey, the researchers will determine (with new technology) if college-aged students would prefer to text or call a crisis hotline when in a crisis. This information will provide insight into the potential use for text-based crisis hotlines within the near future.

The researcher analyzed the frequencies and percentages of the following independent variables from the survey data: participant age, gender, race, and academic year. Furthermore, the researcher analyzed the frequency and percentage of the above independent variables within each survey question.

Results

Text-based and Phone-based Crisis Hotlines

Results for the utilization of text-based and phone-based sexual assault hotlines are as follows. In total, five separate participants texted the text-based hotline. However, two participants did not provide their demographic information and therefore were not included in the data analysis. All three participants were Caucasian/white in race and female in gender. According to Table 1, Participant A was the youngest participant to text the text-based hotline. Furthermore, Participant A texted the hotline on more than one occasion and averaged the most text exchanges during her conversations with the researcher. Participant A sought support in regard to coping with being a victim of childhood sexual abuse and incest. Participant B texted the text-based crisis hotline seeking support in regard to coping with being a victim of childhood sexual abuse, as well as being an adult survivor of rape more than one year ago, but as an adult. Participant B utilized the crisis hotline most frequently when compared to the other two participants, averaging 39.9 text message exchanges during her conversations with the researcher. Participant C was the oldest participant to text the text-based crisis hotline and sought support in regard to being a victim of childhood sexual abuse and incest.

Table 1
Text-based Crisis Hotline

Participant	Age	Reason for Texting	Number of Times Texted Hotline	Average Amount of Text Exchanges
A	20	Adult survivor of childhood sexual abuse & Incest	3	67 .0
B	24	Adult survivor of childhood sexual abuse & Adult survivor of rape more than 1 year ago, but as an adult	8	39.9
C	58	Adult survivor of childhood sexual abuse & Incest	5	44.6

Two participants called Planned Parenthood's phone-based sexual assault crisis hotline. Both participants called the phone-based sexual assault hotline on one occasion and sought

support in regard to coping with being an adult survivor of rape within the last year, as shown in Table 2.

Table 2
Phone-based Crisis Hotline

Participant	Age	Reason for Calling	Number of Times Called Hotline	Average Duration of Phone Calls
D	24	Adult survivor of rape within the last year	1	81
E	30	Adult survivor of rape within the last year	1	24

Survey

As for the survey conducted, the independent variables which include the participants' gender, age, race, and academic year were analyzed using frequency and percentages.

First, the researcher analyzed the frequency of the participants' gender. The majority of participants that completed the survey were female in gender, as shown in Table 3. Nine males completed the survey.

Table 3
Frequency of Gender

	N	Percent
Male	9	7.89
Female	105	92.11

The researcher then analyzed the frequency of the participants' age. The mean age of the participants was 20 years old. Higher frequencies of surveys were completed by participants who were under the age of 23, as shown in Table 4. Typically, undergraduate students' ages range from 18 to 22 years old. The survey was completed by primarily undergraduate students and this may be a reason as to why there were low survey completion rates for participants over the age of 25.

Table 4
Frequency of Age

	N	Percent
18	11	9.65
19	23	20.18
20	31	27.20
21	21	18.42
22	10	8.77
23	8	7.02
24	3	2.63
25	1	.88
26	1	.88
28	2	1.75
29	1	.88
32	1	.88
Unknown	1	.88

Next, the researcher analyzed the frequency of the participants' race. According to Table 5, the majority of participants that completed the survey were Caucasian/white in race. Participants that were Hispanic/Latino in race had the second highest frequency of survey completion. Participants that were African American/black in race had the third highest frequency of survey completion. Those participants that were Asian/Pacific Islander and Native American/American Indian in race had the lowest rate of survey completion.

Table 5
Frequency of Race

	N	Percent
White	80	70.18
Hispanic/Latino	20	17.54
Black/African American	10	8.77
Asian/Pacific Islander	1	.88
Native American/American Indian	0	0.00
Other	3	2.63

Lastly, the researcher analyzed the frequency of the participants' academic year. The majority of participants that completed the survey were in their junior year of undergraduate study. Sophomores had the second highest frequency for survey completion. Seniors had the third highest frequency for survey completion. Freshmen had the lowest frequency for survey completion, as show in Table 6.

Table 6
Frequency of Academic Year

	N	Percent
Freshmen	17	14.91
Sophomore	30	26.32
Junior	32	28.07
Senior	28	24.56
Graduate	6	5.26
Unknown	1	.88

After analyzing the frequencies of the independent variables, the researcher then analyzed the frequencies and percentages of those same independent variables within each dependent variable. The dependent variables are the survey questions.

The researcher analyzed the frequency of the participants' gender with their response to the survey questions. According to Table 7, in the past, female participants have utilized a crisis-based hotline more frequently than male participants. Furthermore, female participants have used phone-based hotlines more frequently than male participants. The participants were asked how open they would be to utilizing a text-based hotline when in a crisis. The researcher had found that female participants were more willing than male participants when it came to using a text-based hotline versus a phone-based hotline when in a crisis. If ever in a crisis, female participants were more open to utilizing a crisis hotline for support when compared to the male participants. However, the majority of participants (male and female) would prefer to utilize some other form of support such as turning to a friend, family member, or advisor when in a crisis situation.

Table 7
Survey Questions & Gender

	Gender	N	Percent
Have Utilized a Crisis Hotline Before	Male	1	.88
	Female	7	6.14
Previously have Used a Phone-based Hotline	Male	1	.88
	Female	6	5.26
Willingness to Use a Text-based Hotline When in a Crisis	Male	3	2.63
	Female	38	33.33
Would Utilize a Hotline for Support (rather than turning to other form)	Male	3	2.63
	Female	36	31.58

The researcher analyzed the frequency of the participants' age with their response to the survey questions. According to Table 8, participants that were 18, 20, and 22 years of age have utilized a crisis-based hotline more frequently than any other age group. Furthermore, participants that were 18, 20, and 22 years of age have used phone-based hotlines more frequently than any other age group. The participants were asked how open they would be to using a text-based hotline when in a crisis. The researcher had found that participants that were 20 years of age were more willing than any other age group to using a text-based hotline versus a phone-based hotline when in a crisis. Lastly, if in a crisis, participants that were 20 years of age would be more open to utilizing a hotline for support when compared to the other age groups. However, the majority of participants of all ages would prefer to utilize some other form of support such as turning to a friend, family member, or advisor when in a crisis situation

Table 8
Age & Survey Questions

	Age	N	Percent
Have Utilized a Crisis Hotline Before	18	2	1.75
	19	0	.00
	20	2	1.75
	21	1	.88
	22	2	1.75
	23	1	.88
	24	0	.00
	25	0	.00
	26	0	.00
	28	0	.00
	29	0	.00
	32	0	.00
	Unknown	0	.00
Previously Have Used a Phone-based Hotline	18	2	1.75
	19	0	.00
	20	2	1.75
	21	1	.88
	22	2	1.75
	23	0	.00
	24	0	.00
	25	0	.00
	26	0	.00
	28	0	.00
	29	0	.00
	32	0	.00
	Unknown	0	.00
Willingness to Use a Text-based Hotline When in Crisis	18	2	1.75
	19	8	7.02
	20	11	9.65
	21	6	5.26
	22	8	7.02
	23	2	1.75
	24	1	.88
	25	0	.00
	26	1	.88
	28	1	.88
	29	1	.88
	32	0	.00
	Unknown	0	.00
Would Utilize a Hotline for Support (rather than turning to other form)	18	4	3.51
	19	9	7.89
	20	12	10.53
	21	7	6.14
	22	4	3.51
	23	1	.88
	24	0	.00
	25	0	.00
	26	0	.00
	28	0	.00
	29	0	.00
	32	1	.88
	Unknown	1	.88

The researcher analyzed the frequency of the participants' race with their response to the survey questions. According to Table 9, in the past, participants that were Caucasian/white in race have utilized a crisis-based hotline more frequently than any other race. Furthermore,

participants that were Caucasian/white in race have used phone-based hotlines more frequently than any other race. The participants were asked how open they would be to using a text-based hotline when in a crisis. The researcher had found that participants that were Caucasian/white in race were more willing to utilize a text-based hotline versus a phone-based hotline when in a crisis. Lastly, if in a crisis, more participants that were Caucasian/white in race would be open to utilizing a hotline for support when compared to the other races. However, the majority of participants of all races would prefer to utilize some other form of support such as turning to a friend, family member, or advisor when in a crisis situation.

Table 9
Race & Survey Questions

	Ethnicity	N	Percent
Have Utilized a Crisis Hotline Before	Caucasian/White	5	4.39
	Hispanic/Latino	0	.00
	Black/African American	2	1.75
	Native American/American Indian	0	.00
	Asian/Pacific Islander	0	.00
	Other	1	.88
Previously Have Used a Phone-based Hotline	Caucasian/White	5	4.39
	Hispanic/Latino	0	.00
	Black/African American	2	1.75
	Native American/American Indian	0	.00
	Asian/Pacific Islander	0	.00
	Other	0	.00
Willingness to Use a Text-based Hotline When in Crisis	Caucasian/White	34	29.82
	Hispanic/Latino	3	2.63
	Black/African American	2	1.75
	Native American/American Indian	0	.00
	Asian/Pacific Islander	0	.00
	Other	2	1.75
Would Utilize a Hotline for Support (rather than turning to other form)	Caucasian/White	24	21.05
	Hispanic/Latino	7	6.14
	Black/African American	4	3.51
	Native American/American Indian	0	.00
	Asian/Pacific Islander	0	.00
	Other	4	3.51

The researcher analyzed the frequency of the participants' academic year with their response to the survey questions. According to Table 10, in the past, participants that were in

their junior year of undergraduate studies have utilized a crisis-based hotline more frequently than any other academic year. Furthermore, the participants that were in their junior year of undergraduate studies have used phone-based hotlines more frequently than any other academic year. The participants were asked how open they would be to using a text-based hotline when in a crisis. The researcher had found that participants in their sophomore year of undergraduate studies were more willing than any other academic year to utilize a text-based hotline versus a phone-based hotline when in a crisis. Lastly, if in a crisis, more sophomores than any other academic year would be open to utilizing a crisis hotline for support. However, the majority of participants of all academic years would prefer to utilize some other form of support such as turning to a friend, family member, or advisor when in a crisis situation.

Table 10
Academic Year & Survey Questions

	Academic Year	N	Percent
Have Utilized a Crisis Hotline Before	Freshman	0	.00
	Sophomore	1	.88
	Junior	4	3.51
	Senior	3	2.63
Previously Have Used a Phone-based Hotline	Freshman	0	.00
	Sophomore	1	.88
	Junior	4	3.51
	Senior	2	1.75
Willingness to Use a Text-based Hotline When in Crisis	Freshman	3	2.63
	Sophomore	14	12.28
	Junior	11	9.65
	Senior	10	8.77
Would Utilize a Hotline for Support (rather than turning to other form)	Freshman	9	7.89
	Sophomore	13	11.40
	Junior	6	5.26
	Senior	10	8.77

Discussion

In this study, the researcher had two main focuses. First, the researcher wanted to find whether or not a text-based sexual assault hotline would be utilized as a form of support for individuals in crisis. Second, through a survey, the researcher wanted to examine college-aged students' history of utilizing phone-based crisis hotlines, their attitudes towards text-based crisis hotlines versus phone-based crisis hotlines, which method they would prefer to use if in a crisis, and willingness to utilize a crisis hotline service when in a crisis situation versus turning to some other form of support.

Based on the data collected from the crisis hotlines, the researcher concluded that if available, individuals would utilize text-based crisis hotlines for support regarding previous sexual assault and trauma. All 3 participants that texted the researcher's text-based crisis hotline sought support relating to previous sexual abuse. In fact, all 3 participants were adult survivors of childhood sexual abuse. Furthermore, the 2 participants that called the phone-based crisis hotline were both adult survivors of rape within the last year. Therefore, those participants that utilized the phone-based crisis hotline were victimized more recently when compared to the participants that texted the text-based crisis hotline. The participants that texted the text-based hotline texted on more than one occasion, whereas the participants that called the phone-based hotline called on one occasion. This pattern may be related to the negative long-term effects that childhood sexual abuse has on victim's mental health when he/she does not seek immediate therapy. Negative long-term effects include depression, isolation, drug/alcohol abuse, and even suicide. When victims do not seek immediate therapy, they are more likely to develop maladaptive coping strategies. When the maladaptive coping strategies do not work, he/she utilizes other short-term supports such as crisis hotlines to remediate the feelings of anxiety,

stress, nervousness, helplessness, and depression. The participants that texted the text-based crisis hotline expressed mostly feelings of anxiousness in regard to the trauma from their past. Specifically, the participants reported having difficulties with falling asleep, as well as the constant fear of potentially becoming a victim of repeated assault. In order to reduce the participants' anxieties and help them cope with their past trauma, the researcher utilized grounding techniques and taught coping strategies such as reading a preferred book, taking deep breathes, petting an animal, taking a walk, and taking a hot bath when responding to the participant's crisis. However, these coping strategies are only temporary relief, unless the participant independently applies the learned strategies throughout his/her daily routine. The participants that do not apply these taught strategies independently throughout their daily routine will often call a hotline to seek support more frequently once they start to feel anxious. This pattern explains why there were participants that texted the hotline more than once.

Overall, both the phone-based crisis hotline and the text-based crisis hotline were favorable forms of support for the participants within the two small counties of the sample. In the United States, there continues to be a definite need for further resources and creative systems of support such as crisis-based hotlines to help minimize the negative short-term and long-term effects on mental health of sexual assault and abuse victims, while increasing the victim's positive coping mechanisms. With the rapid change in technology and the advancement of smart phones, having access to a text-based hotline is gradually evolving among the population.

Based on the completed surveys, the researcher had found that in the past, participants that were Caucasian/white in race, female in gender, younger in age, and in their junior year of undergraduate study have previously utilized crisis hotlines more than participants that were of another race, male in gender, older in age, and in other years of undergraduate academic study.

This finding was similar to the findings from past literature. Females are more apt to seek support from others when going through a crisis, whereas males prefer to solve their own problems. Furthermore, participants that were Caucasian/white in race, female in gender, 20 years of age, and in their sophomore year of undergraduate study were more open to using a text-based hotline versus a phone-based hotline when in a crisis situation. Additionally, the same demographics of participants are more willing to utilize a hotline for support versus turning to some other form of support when in a crisis compared to participants that were of another race, male in gender, different age, and in a different year of undergraduate academic study. Even though Caucasian/white females of younger generations are more willing to utilize a text-based hotline when in a crisis, the majority of all participants continue to prefer utilizing some other source of support when in a crisis versus utilizing a hotline. Those other supports include utilizing a friend, family member, or teacher. Based on the participants' overall responses to the survey, if there was increased access to text-based crisis hotlines, more individuals would be willing to utilize it. However, the availability of text-based crisis hotlines continues to be limited and remains a relatively novel concept.

There are many advantages as to why individuals would want to utilize a text-based crisis hotline. The first advantage is that texting is quiet; therefore, no one will overhear the conversation. This is especially important when the victim lives in the same residence as the person doing the abusing. Secondly, some individuals find texting as an easier, less pressured form of communication (i.e., edit thoughts, no awkward pauses, and longer response time). A third advantage is for those individuals that have social anxiety. One participant who completed the survey reported that he/she had social anxiety and preferred to utilize text-based crisis hotlines because he/she found that expressing his/her feelings via typing was more favorable

than verbalizing his/her feelings over the phone. This participant found it to be a comforting way to communicate. A fourth advantage is that texting is less formal than a phone call. Texting can be spontaneous and completed throughout the day from any location. A fifth advantage is the potential of not misunderstanding various dialects. At times, it is difficult to understand certain dialects over the phone. Texting reduces that barrier. The final advantage is that texting is private and mobile. With a phone call, if privacy is warranted, the user typically has to find a quiet space to call the individual. With texting, privacy is always guaranteed.

Even though the text-based crisis hotline has many advantages to its users, there are also several limitations to this study. The first limitation was the small sample size. The text-based hotline was only advertised in Clinton and Essex counties. The researcher did not have control as to how many participants texted the hotline. Larger samples provide an ability to better detect significant differences between values. The second limitation was not being able to follow-up with the participants that utilized the text-based crisis hotline. It would have been beneficial to interview the participants and ask for their input in regard to the usefulness of the text-based hotline. A third limitation was consent and how it might deter individuals from following through with utilizing the hotlines for support. The individuals that texted or called the hotlines were in a state of crisis; therefore, when the researcher gave the initial statement of consent before even helping the individual, it might have come across as intimidating. For the purpose of collecting research, a statement of consent had to be given. Typically, when an individual calls or texts a crisis hotline, he/she will not have to receive a statement of consent before receiving support. A fourth limitation is the general stigmatization related to crisis hotlines and sexual assault. Many participants that were surveyed preferred to utilize other forms of support when in a crisis. The reason for this may be that individuals carry the connotation that crisis hotlines are

not as comforting or personable as communicating with a person face to face, or that one of the individuals communicating is not providing his/her full attention. The final limitation was the possibility of the researchers missing text messages due to being out of proximity from the phone or sleeping through the texting ring tone. The researchers overcame this limitation by having both of the researchers download the Google Voice application onto their individual smart phones. If one researcher missed a text, the other researcher was also able to view the text and reply at any time.

Based on the data from the text-based and phone-based hotline, it is likely that sexual assaults are being unreported to authorities across the United States. According to the U.S. Department of Justice-Federal Bureau of Investigation, the most recent statistics reveal that there are 0 reports of forcible rape within both Essex and Clinton counties. However, sexual assault is likely happening in these 2 counties since participants from those 2 counties utilized the text-based and phone-based crisis hotline for support. If time was not limited, it would be interesting to explore in future research as to why sexual assaults are going unreported within those counties, and the connotations individuals have in regard to reporting sexual assault. Furthermore, since participants utilized the hotlines and survey participants responded that they would be willing to utilize hotlines as a means for support, it would be interesting to look at the long-term mental health of sexual abuse victims who used hotlines for support versus the victims who utilized other means for support (i.e., therapist, friends, family, or teacher). The researcher could compare the resiliency, coping strategies, and overall well-being of both.

(Additional Materials in Appendix)

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Appendix

Text-based/Phone-based Crisis Hotline Informed Consent

“This hotline is a research project between SUNY Plattsburgh and sexual assault services. Texts and any subsequent conversations are confidential except for any person wanting to harm themselves or others or in a case of child and/or elder abuse.”

INFORMED CONSENT TO PARTICPATE IN RESEARCH
Survey on the Utilization of a Text-Based or Voice-Based Hotlines When in Crisis

This survey seeks to determine college student's tendencies to utilize crisis hotline services, their attitudes toward phone-based crisis hotlines versus text-based crisis hotlines, and which method of communication they would be more likely to use in a crisis situation.

For this study, you will be asked to complete a simple questionnaire. You may stop at any time or withdraw from participating at any time. This survey should take about 10-15 minutes to complete.

The nature of this survey has the potential to be a triggering event for those who have experienced personal trauma. Participants are encouraged to utilize counseling services if they experience any negative effects as the result of this survey. SUNY Plattsburgh offers free counseling services to students. Contact information can be found on the SUNY Plattsburgh website or through the test administrators.

There is no payment or compensation offered and there are no direct benefits for participating in this study. The completed test forms will be kept in a secure location. All data will be entered, analyzed, and reported as a group. Your individual data is confidential to the extent permitted by law and will never be made public.

Your participation is entirely voluntary. If you wish to stop your participation in this study at any time and for any reason you are free to do so without any negative consequences.

I have read this consent form and agree to participate in this study. I understand that I can contact Dr. Dale Phillips at [\(518\) 564-3395](tel:5185643395) at any time regarding questions related to this study

Sign Name

Print Name

**Survey
Crisis Hotlines**

Demographics

- 1. What is your age?** _____

- 2. Place an (X) to indicate:**
 - a. Male _____
 - b. Female _____

- 3. Place an (X) to indicate your race:**
_____ White
_____ Hispanic or Latino
_____ Black or African American
_____ Native American or American Indian
_____ Asian / Pacific Islander
_____ Other: Please Specify _____

- 4. If you are an undergraduate student: Please indicate**
 - a. Major? _____
 - b. Minor? _____
 - c. Academic Year? _____

- 5. If you are a graduate student: Please indicate**
 - a. Expected Degree? _____
 - b. Graduate Program? _____
 - c. Year in Graduate Program? _____

