




# MASSACHUSETTS STATE REPORT

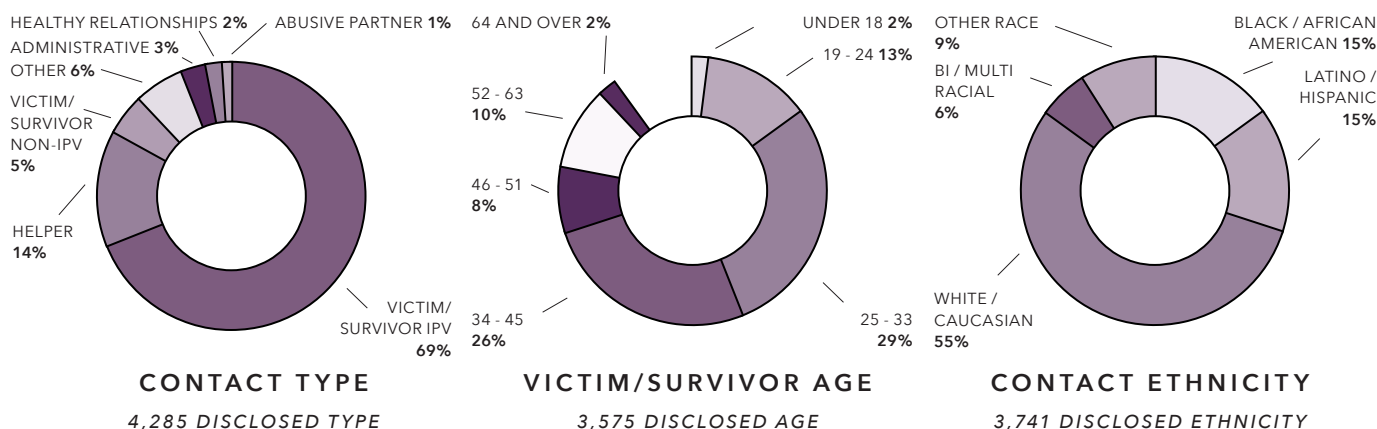
Based on The National Domestic Violence Hotline's contacts documented January–December 2019

In 2019, the National Domestic Violence Hotline documented **4,285** contacts from Massachusetts. The state ranks 16th in terms of contact volume to The Hotline. The Hotline provides crisis intervention, safety planning, referrals and domestic violence (DV) and intimate partner violence (IPV) education for these contacts.

	Phone	<b>3,376</b>
	Chat	<b>909</b>
	TTY	<b>0</b>
	<b>Total</b>	<b>4,285</b>

## WHO IS CONTACTING THE HOTLINE?

*Due to rounding of our data calculations, these numbers may not equal 100%*



### CONTACT TYPE DEFINITIONS:

**Victim/Survivor Intimate Partner Violence (IPV):** A contact who has experienced abuse by an intimate partner and is looking for information, resources, emotional or other support regarding the abusive relationship.

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

**Healthy Relationship Inquiry:** A contact discussing intimate partner relationships who is not experiencing a pattern of abusive behaviors.

**Abusive Partner:** A contact who engages in a pattern of behavior to establish power and control over an intimate partner.

**Other:** A contact who is not currently experiencing violence and has needs outside the scope of healthy relationships or intimate partner violence services.

NOTE: This contact type excludes wrong numbers.  
Contacts may report one or more types of abuse.

### TOP 10 CITIES BY CONTACT VOLUME

City	%
Boston	27%
Springfield	6%
Worcester	5%
Fall River	2%
Lowell	2%
New Bedford	2%
Cambridge	2%
Brockton	1%
Lawrence	1%
Quincy	1%

## WHAT VICTIMS ARE EXPERIENCING

# 96%

### EMOTIONAL / VERBAL ABUSE

Behavior that isn't physical, which may include verbal aggression, intimidation, manipulation, and humiliation, which most often unfolds as a pattern of behavior over time.

# 65%

### PHYSICAL ABUSE

Non-accidental use of force that results in bodily injury, pain, or impairment. This may include being slapped, burned, cut, bruised, or improperly physically restrained.

# 26%

### ECONOMIC/FINANCIAL ABUSE

When one intimate partner has control over the other partner's access to economic resources, which diminishes the victim's capacity to support themselves.

# 17%

### DIGITAL ABUSE

The use of technologies such as texting and social networking to bully, harass, stalk, or intimidate a partner.

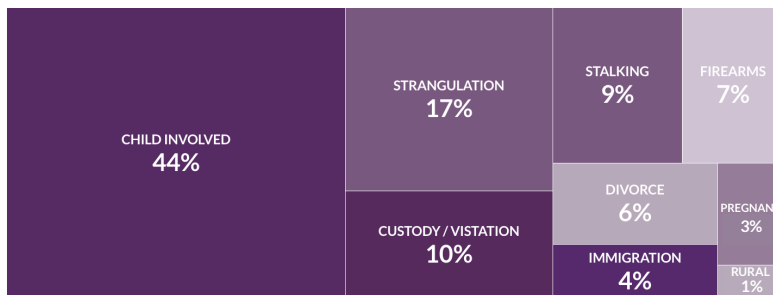
# 11%

### SEXUAL ABUSE

Non-consensual sexual interaction through coercion, guilt, or force. This may include pressure to engage in sexual activity, refusal to use contraception, or demanding of sexual images or video.

3.456 DISCLOSED EXPERIENCES

## MOST COMMONLY DISCLOSED FACTORS BY VICTIM/SURVIVORS



## VICTIM/SURVIVOR NEEDS COMMONLY REQUESTED SERVICES:

DV SHELTER	1,162	33%
LEGAL ADVOCACY	791	23%
INDIVIDUAL PROFESSIONAL COUNSELING	701	20%
SUPPORT GROUPS	422	12%
LEGAL REPRESENTATION	279	8%
PROTECTIVE/RESTRAINING ORDER	251	7%

### REFERRALS TO LOCAL SERVICE PROVIDERS

## 3,412

### OFFERS TO DIRECT CONNECT

## 1,430

### OFFERS ACCEPTED

## 789

### REFERRALS TO OTHER RESOURCES

## 2,154

Best practice is to refer each contact to 3 resources.

## MOST-REFERRED RESOURCES

- 1 SAFELINK
- 2 211 - UNITED WAY
- 3 WOMENSLAW.ORG
- 4 AUNT BERTHA
- 5 SCARLETEEN

Providers are direct providers of domestic violence services, offered in their local community free of charge to victims/survivors.

Resources are social service agencies or informative programs. They are not domestic violence specific, and they can be either statewide or nationwide.



This publication was made possible by Grant Number 90EV0426 from the Administration on Children, Youth and Families, Family and Youth Services Bureau, U.S. Department of Health and Human Services. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services.