Methodological Challenges of Collecting Evaluation Data from Traumatized Clients/Consumers

Rebecca Campbell Adrienne Adams Michigan State University

Debra Patterson Wayne State University

Overview

- Define hard-to-find, traumatized, and/or vulnerable populations
- Describe the context of our study
- Introduce three data collection methods
- Highlight results regarding response rate
- Discuss implication for evaluation

Background

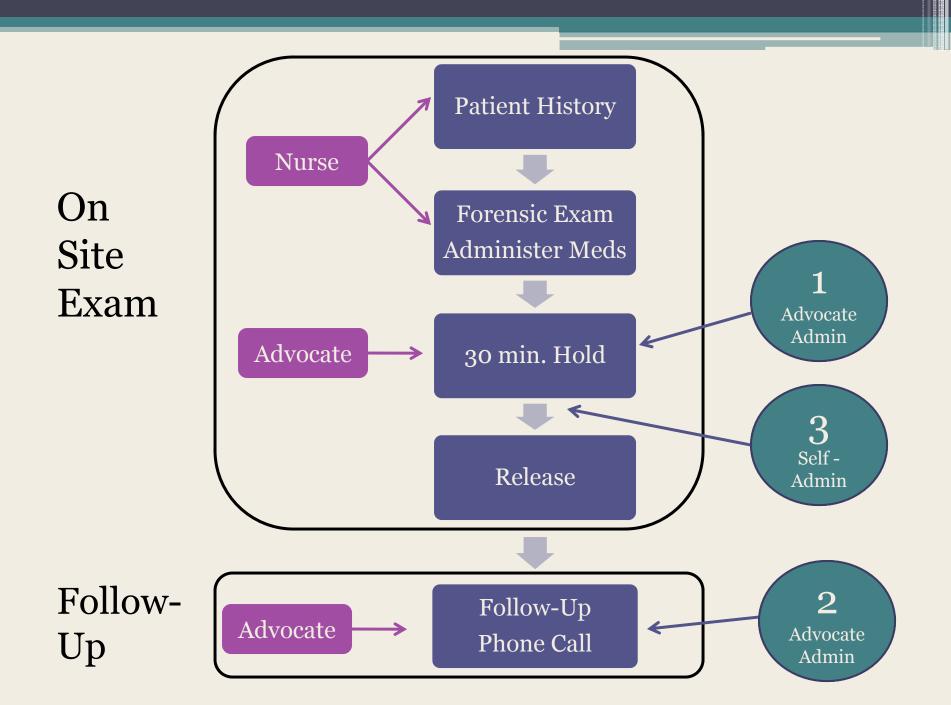
- Many populations targeted for evaluation are hard-tofind, traumatized, and/or vulnerable (HTF-T-V)
- Socially and physically disenfranchised, stigmatized, and/or traumatized
 - Urban poor, homeless, undocumented immigrants, drug users, LGBT, sex workers, battered women, rape survivors
- HTF-T-V pose methodological challenges for evaluators
 - Sampling
 - Data Collection

Context of Our Project

- Program provides medical forensic exams & crisis intervention IMMEDIATELY post assault
- Program wanted to assess survivors' perceptions of the quality of care received during exam
- How do you collect evaluation data directly from survivors IMMEDIATELY post assault?

Context of Our Project

- Evaluation needed to flow into normal services
- We, the evaluators, could NOT collect the data ourselves for multiple reasons
 - Logistics
 - Sensitivity to circumstances
- Program staff would need to collect data



Results

	Method 1: On-Site, In-Person Admin by Advocate	Method 2: Telephone Follow-Up by Advocate	Method 3: On-Site, Client Self- Admin	All Methods Combined
Number of eligible clients served by	177	18	157	5 0
Number who completed evaluation	17 15 (88%)	3 (17%)	7 (41%)	52 25 (48%)



Results

- Collected data on clients perceptions of methods
- All three methods were well-received by clients
- Differential response rate is NOT due to client preferences for a particular method

Results

- Explored whether clients rated the services they received differently by method
- No difference in the clients ANSWERS to the evaluation questions as a function of method

Why Differential Response Rate?

- Why is Method 2 so low?
- Reflects challenges of doing follow-up with HTF-T-V for either program purposes or evaluation
- On-site data collection is key

Why Differential Response Rate?

- Why difference between Method 1 and 3?
- If you give tired, traumatized people the option to privately opt out, many will
- Asking questions directly is key

Take Home Message

- But it is possible to do evaluation with HTF-T-V population
- Collect data on-site and ask directly
- But with HTF-T-V populations, evaluators may not be able to do data collection directly
- SO, work with program staff to decide when, where, and how to do evaluation data collection