

# **RUNAWAY AND HOMELESS YOUTH AND RELATIONSHIP VIOLENCE**

## **Evaluating Your Program – What Do You Need to Know?**

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The complexity of working with vulnerable populations is compounded by the fact that minor consent and confidentiality laws, as well as mandated reporting requirements, vary from state to state. All Runaway and Homeless Youth (RHY) and Domestic Violence (DV) service providers are encouraged to consult with legal advocates familiar with working with vulnerable youth and the local laws, as well as consulting with national organizations such as National Center for Youth Law and Break the Cycle.

Laws for confidential service delivery (and associated data collection) also vary from state to state. Anyone trained in conducting intake assessments for RHY should be trained in assessing for violence, but should also ensure that youth are aware of the limits of confidentiality (conditional confidentiality) prior to proceeding with any assessment where mandated reporting requirements are likely to arise. The critical balance of ensuring safety, protecting privacy and supporting confidentiality, while fulfilling mandated reporting requirements cannot be overstated.

Conducting program evaluation and research with RHY which involves any data collection above information collected that is necessary for service delivery requires that the procedures are reviewed by a research ethics board to ensure that the safety of this vulnerable population is of foremost concern. For the collection of any research data that involves sensitive subjects, evaluators should obtain a federal Certificate of Confidentiality (issued by the National Institutes of Health) to protect the data from potential subpoena.

Due to the challenges of conducting research with this vulnerable population, many of the studies on RHY rely on cross-sectional surveys (surveys done at a single point in time), tend to be biased towards youth who are using services, primarily urban settings, and rely on youth self-report of their behaviors.<sup>25</sup> In light of the ethical challenges of data collection as well as difficulty collecting information on sensitive topics such as violence, including whether waiver of parental consent is appropriate or not, numerous authors have written about research with this population without clear consensus.<sup>25-29</sup> Prior to engaging in data collection, agency providers are strongly encouraged to consult with a research ethics board to ensure that safety and confidentiality of participants are well protected.

### ***Evaluation design***

The evaluation design for an RHY/DV provider partnership will vary depending on the key outcomes of interest. An evaluation may want to focus initially on service providers' (including street outreach workers) knowledge, attitudes, and behaviors, e.g., How have the RHY program and DV agency's providers changed in their level of knowledge of abusive behaviors among RHY, their level of confidence in assessing for partner violence, and their experiences with handling positive disclosures?

Another strategy for basic data collection that is minimal risk to youth is to conduct an anonymous needs assessment survey. On-line survey software can facilitate such data collection, where youth utilizing an RHY program can be asked to complete an anonymous

survey on-line after they have completed their intake where there is absolutely no way for providers to know who entered what information. This strategy allows for data collection about the population's violence experiences and related risk behaviors (including suicidality and depressive symptoms) at baseline, but as the data collected is anonymous, positive responses cannot be tracked to any one individual. Unfortunately, this kind of aggregate level of data collection cannot be used to conduct a pre-post evaluation. Another key consideration is the low literacy levels of RHY: some researchers have argued for doing face to face interviews to address low literacy and comprehension barriers,<sup>20</sup> while others have utilized computer-assisted audio technology (ACASI).

To assess whether the incorporation of a DV curriculum into RHY programming has had measurable impact in changing youth knowledge, attitudes, and behaviors, another strategy to protect the anonymity of subjects is to have each participant create a secret code which only they will know that they enter on both pre and post tests, which allows for the survey information to be linked (whether there was individual level change) without anyone being able to discern the identity of any participant.

Depending on the level of confidential services provided in the context of an RHY program, the participant may be receiving services (related to pregnancy, sexual health, substance abuse) as 'mature minors.' In this instance, 'mature minors' may be able to consent for their own participation in a study, if obtaining parental consent would breach confidentiality and potentially result in the minor refusing all care. This concept of 'mature minor' varies state to state, and different research ethics boards are likely to interpret the definition of a 'mature minor' differently.

More intensive data collection (including in-depth interviews) may require adult caregiver consent (especially if they are wards of the state), and providers are advised to consult with their local research ethics board (which may be a local academic medical center) prior to collecting data that is in addition to the basic information collected for service provision.

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