



Response Rates for Surveys of Sexual Assault Victims

The Center for Victim Research (CVR) Library's annotated bibliographies collect and summarize research about difficult-to-search topics in victim research.

Obtaining feedback from victims about victim services is essential for refining service delivery and ensuring that services are victim-centered and meet victims' needs. However, recruiting victims to obtain their feedback for service evaluation purposes is labor intensive, and often difficult work (Crandall & Helitzer 2003; Koss, White & Lopez 2017; Weist et al. 2007). Sexual assault victims are considered a "hard to find" (or, "hard to reach") research population, due in part the sensitive and traumatic nature of their victimization experiences (Campbell et al. 2008).

This annotated bibliography collects research about the typical response rates for victim service client satisfaction surveys and similar surveys. Also discussed is how anonymous versus confidential surveys may impact response rates. This bibliography focused on evaluations of community-based victim services in the United States. Articles were mostly published between 2000 to 2017. Contact the [CVR Research Librarian](#) for assistance locating additional articles and for accessing full-text.

Response Rates for Surveys Assessing Medical and Advocacy Services

*In the U.S., sexual assault nurse examiner (SANE) programs seek to provide comprehensive medical and emotional support services to survivors of sexual assault, including sexual assault medical forensic exams (SAMFEs) (Campbell et al. 2006; Zweig et al. forthcoming). Such programs often coordinate with local community-based victim advocacy services as well. Although research in this area is sparse, several evaluations of SANE programs have included survey data gathered from victims who have received services. Research studies that sought to engage sexual assault victims to conduct surveys are also included. **Response rates reported ranged from 17% to 88%, but response rates higher than 50% were not common.***

Developing recruitment methods for vulnerable, traumatized adolescents: A feminist evaluation approach by R. Campbell, M.R. Greeson, and G. Fehler-Cabral. (2014, *American journal of evaluation*, 35(1), 73-86.)

In this evaluation of a Midwestern SANE program, adolescent SANE patients were informed about a research opportunity immediately post-receipt of services. 21% of victims who agreed to be contacted were interviewed.

Longitudinal research with sexual assault survivors: A methodological review by R. Campbell, H. Brown Sprague, S. Cottrill, and C.M. Sullivan (2011, *Journal of interpersonal violence*, 26(3), 433-461.)

The authors reviewed longitudinal survey research on sexual assault victimization and methods used to recruit and retain study participants. Participants were typically recruited at first-response sites (such as SANE programs), soon after services were administered. The authors found that initial participation rates in studies that did not include an intervention (i.e. no service was provided as part of the study) were typically **below 45%** (rates ranged from 12% to 69%). Note: Initial participation does not account for whether a participant drops out a later date (e.g. before a second or third survey is administered).

A participatory evaluation project to measure SANE nursing practice and adult sexual assault patients' psychological well-being by R. Campbell, D. Patterson, A.E. Adams, R. Diegel, and S. Coats. (2008, *Journal of Forensic Nursing*, 4(1), 19-28)

In this participatory evaluation of a Midwestern SANE program, SANE patients were recruited to participate in evaluation research, including survey participation. (Participatory evaluation approaches seek to actively involve practitioners and patients/victims in the research process.) Over a 15-week period, trained victim advocates invited adult SANE patients to engage in the evaluation by completing a short survey, immediately post-receipt of medical forensic exam services. A 48% survey response rate was obtained (Campbell et al. 2008).

Methodological challenges of collecting evaluation data from traumatized clients/consumers: A comparison of three methods by R. Campbell, A.E. Adams, and D. Patterson. (2008, *American journal of evaluation*, 29(3), 369-381.)

In an evaluation of a SANE program that also included victim advocacy services, researchers compared several data collection methods to determine which would be most effective in terms of gaining feedback from victims who had received sexual assault medical forensic exams. Notably, researchers found that both patients and staff did not express a clear preference for any of the three methods.

- Method 1: Immediately post-receipt of medical forensic exam services, patients were invited to complete a self-administered survey. This approach yielded a **41% response rate**.
- Method 2: One week after service receipt, victim advocates followed up by phone to invite the victim to complete a survey over the phone. This approach yielded a **17% response rate**.

- Method 3: Immediate post-receipt of medical forensic exam services, patients were invited to sit with a victim advocate, who would administer the survey in-person. This approach yielded an **88% response rate**. This high response rate may be due to the method's timing and face-to-face administration method.

*In terms of using this information to inform benchmarking efforts, we recommend that in addition to referencing the response rates cited above, victim services programs can consider **develop benchmark goals based on their internal data** (e.g., increase the survey response rate by 5% over a two-year period).*

Confidential versus Anonymous Surveys

There are tradeoffs to consider when determining whether to make a survey anonymous (i.e. no identifying information is collected from the respondent) versus confidential (i.e. identifying information of some kind is collected from the respondent, but privacy is maintained), particularly when survey content is sensitive in nature.

Impact of different privacy conditions and incentives on survey response rate, participant representativeness, and disclosure of sensitive information: a randomized controlled trial by M. Murdoch, A.B. Simon, M.A. Polusny, A.K. Bangerter, J.P. Grill, S. Noorbaloochi and M.R. Partin. (2014, *BMC medical research methodology*, 14(1), p. 90)

In cases where follow-up to non-responders is not feasible (e.g. the project doesn't have resources to manage follow-up), anonymous surveys may yield higher response rates than confidential surveys (Murdoch et al. 2014).

Does anonymity increase response rate in postal questionnaire surveys about sensitive subjects? A randomised trial by M.J. Campbell and W.E. Waters (1990, *Journal of Epidemiology & Community Health*, 44(1), 75-76)

If follow-up outreach is feasible, confidential surveys are generally preferable if the goal is to increase response rates.

Based on the bibliography authors' experience conducting research with vulnerable populations and with victim service providers, using confidential surveys may help increase response rates. A confidential survey format allows the research team to track who has responded or not, and complete targeted follow-ups to non-responders. Although phone call reminders may be too resource-intensive, survey software (such as Qualtrics) often allow for automatic reminder emails to be sent to non-responders. Follow-up is often essential to boosting survey response rates. If follow up reminders are attempted (via phone or email), it is crucial to ensure that the method of contact is safe for the survey respondent. As such, we recommend developing and documenting a process to confirm that contact information is safe to use before launching any follow-up outreach.

Sources

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