

Informed Consent

Promising Practices in Serving Crime Victims with Disabilities

This is a research study. Research studies include only subjects who choose to take part. You are being asked to take part in this study because you have been a victim of a crime and you have a disability, or you are a family member of someone who has been a victim of a crime and has a disability. Please take your time to make your decision. Be sure to ask questions about anything you don't understand.

STUDY INVESTIGATORS AND SPONSOR

Principal Investigator: Robin Vanderlaan, L.C.S.W.

Co-Investigator: Al Killen-Harvey, L.C.S.W.

Sponsor: Office of Justice Programs- Office for Victims of Crime

WHY IS THIS STUDY BEING DONE?

This research project hopes to strengthen San Diego County's capacity to identify and serve crime victims with a variety of disabilities and to support these victims as they seek access to other related services and interventions.

It is in no way an evaluation of your services or effectiveness as a professional nor is it intended to address any traumatic experiences you may have had.

WHAT MAKES THIS A RESEARCH STUDY?

The results of this study will provide information that will serve as the foundation for a strategic plan that may be implemented in San Diego County to further assist victims of crime with disabilities. Other possible outcomes from this study include the formation of a networking organization for individuals working with crime victims with disabilities as well as possible future trainings curricula.

HOW MANY PEOPLE WILL TAKE PART IN THE STUDY?

Up to 25 individuals who have familiarity with this subject matter may take part in this study.

HOW LONG WILL I BE IN THE STUDY?

You are being asked to participate in an individual interview that is one part of a larger study. If you agree to participate, you will be interviewed for approximately 60 - 90

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minutes. You can stop your participation at any time. However, if you decide to stop participating in the study, we encourage you to talk to the researcher first.

WHAT IS INVOLVED IN THE STUDY?

You are being asked to participate in an individual interview to discuss your experiences as a person with a disability who may or may not have been a victim of a crime. The interviewers may ask a series of questions about your experiences reporting the crime and receiving services as a result of the crime.

As part of your participation in this study, you are also being asked to allow the research team to audiotape your interview. Audiotapes will be used to record your comments for later review and coding because it will not be possible to take complete notes during the course of the interview. Information collected in the course of this study will be stored in a locked and secure location and your name will be kept separate from the responses you provide. The audiotapes will be destroyed within 3 years of completing the interviews for the study.

Please indicate below whether or not you agree to have your interview audiotaped by writing your initials beside your choice.

_____ Yes, I agree to have my interview audiotaped

_____ No, I do not want my interview to be audiotaped

We will let you know if there are any changes to the study or any new information that may change your mind about participating.

WHAT ARE THE RISKS OF THE STUDY?

It is not expected that being interviewed will harm you in any way. Nor will you be asked to disclose specific details of any traumatic or crime related experiences that you may have had. However, the discussion of these topics may cause you to remember feelings associated with past personal experiences of your own or others that are close to you. An individual skilled in crisis intervention will be immediately available to you if you are in need of support. Space will be arranged so you can counsel privately with the therapist and receive information about a range of agencies and services to access.

The information you provide will not be shared with any persons outside the research project. The identities of individual participants will not be disclosed. You are free to refrain from answering any questions you prefer not to answer. Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission unless required by law.

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Information collected in the course of this study will be stored in a locked and secure location and your name will be kept separate from the responses you provide. Other risks include possible discomfort you may experience answering questions or having this interview audiotaped.

For more information about these risks, please ask the researcher.

ARE THERE BENEFITS TO TAKING PART IN THE STUDY?

Participation in this focus group may not have any direct benefits for you. However, it is hoped that the information gathered will assist in improving the linkage between crime victims with disabilities and the appropriate service organizations.

WHAT OTHER OPTIONS ARE THERE?

You may choose not to participate in this study at any time. Choosing not to participate will in no way affect any relationships that you currently have with the Chadwick Center, Children's Hospital.

CAN I BE REMOVED FROM THE STUDY WITHOUT MY CONSENT?

There are no circumstances in which you would be dropped from the study without your consent. Your decision to participate in this study is completely voluntary.

WHAT ABOUT CONFIDENTIALITY?

Every reasonable effort will be made to keep the information you provide confidential. However, while you are in this study, all related information may be made available to:

- Office of Justice Programs- Office of Victims of Crime
- SafePlace: Domestic Violence and Sexual Assault Survival Center in Austin, Texas
- Children's Hospital Institutional Review Board (for the protection of human subjects in research)
- Other regulatory entities

These records will not be released without your consent to the extent the law allows. The researcher can use the study results as long as you and your clients cannot be identified.

We are required to report any disclosure of abuse to Child Protective Services or Adult Protective services; additionally, we are required to report any instance of threatened harm to yourself or to others.

All information identifying you will remain confidential. All databases are secured with passwords restricted to authorized study personnel. All study materials will be kept in

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locked files and will be available only to authorized study personnel. The audiotapes will be destroyed within 3 years of completing these interviews, and the study data will be destroyed within 5 years.

The results of this study may be published in scientific journals or presented at scientific meetings, but you or your clients will not be identified or described in such a way that anyone could be identified.

WHAT ARE THE COSTS?

There will be no extra costs to you if you decide to participate in this study.

WHAT IF I AM INJURED IN THE STUDY?

There is no risk of injury while participating in this study.

WILL I GET PAID TO BE IN THIS STUDY?

There is no financial remuneration for your participation in this study. If you would like, you will receive a report summarizing the results of this study, which will be completed by approximately the fall of 2003.

- | | |
|---|---|
| <input type="checkbox"/> Yes I would be interested in receiving study results | <input type="checkbox"/> No, I would not be interested in receiving study results |
|---|---|

WHO DO I CALL IF I HAVE QUESTIONS OR PROBLEMS?

For questions about the study, contact the researchers, Robin Vanderlaan or Al Killen-Harvey, at The Chadwick Center - Telephone (858) 966-8017.

WHAT ARE MY RIGHTS AS A RESEARCH SUBJECT?

Taking part in this study is voluntary. You may choose not to take part or you may leave the study at any time. No one from the Chadwick Center will be informed of your decision to participate. No one outside of the research study will know about whether you decide to participate unless you decide to reveal it. If you agree to participate, you are free to not answer any individual questions. If you decide to participate, you are free to withdraw your consent and discontinue participation at any time. Leaving the study will not result in any penalty or loss of benefits to which you are entitled.

If you have questions about your rights you may call:

The Office for Human Subjects Protection (858) 966-4008
(which is a group of people who review the research to protect your rights)

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We will tell you about new information that may affect your willingness to stay in this study.

SIGNATURE AND CONSENT TO BE IN THE STUDY

Your signature below means that you have read the above information about the Promising Practices in Serving Crime Victims with Disabilities study and have had a chance to ask questions to help you understand what you will do in this study. Your signature also means that you have been told that you can change your mind later if you want to. You will be given a copy of this agreement and a copy of the Subject's Bill of Rights. By signing this consent form you are not giving up any of your legal rights.

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF PERSON WHO EXPLAINED THIS FORM

DATE

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SUBJECT BILL OF RIGHTS

As a subject in a research study or as someone who is asked to give consent on behalf of another person for such participation, you have certain rights and responsibilities. It is important that you fully understand the nature and purpose of the research and that your consent be offered willingly and with complete understanding. To help you understand, you have the following specific rights:

1. To be informed of the nature and purpose of the research in which you are participating.
2. To be given an explanation of all procedures to be followed and of any drug or device to be used.
3. To be given a description of any risks or discomforts, which can be reasonably, expected to occur.
4. To be given an explanation of any benefits which may be expected to the subject as a result of this research.
5. To be informed of any appropriate alternative procedures, drugs, or devices that may be advantageous and of their relative risks and discomforts.
6. To be informed of any medical treatment which will be made available to the subject if complications should arise from this research.
7. To be given an opportunity and encouraged to ask any questions concerning the study or the procedures involved in this research.
8. To be made aware that consent to participate in the research may be withdrawn and that participation may be discontinued at any time without affecting continuity or quality of your medical care.
9. To be given a copy of the signed and dated written consent form if requested.
10. To not be subjected to any element of force, fraud, deceit, duress, coercion, or any influence in reaching your decision to consent or to not consent to participate in the research.

If you have any further questions or concerns about your rights as a research subject, please contact the researchers or the Office of Human Subject Protection at 858-966-4008 during normal working hours.

SUBJECT SIGNATURE

DATE

Initials _____