

## Sample Consent Forms

### Focus Groups

**Project Title** \_\_\_\_\_

**Why is this research being done?** This project is being conducted by \_\_\_\_\_ (agency). We are inviting you to participate in this research because you are (a) a person with a disability, (b) a disability service provider, (c) a victim service provider, (d) in law enforcement, or (e) other \_\_\_\_\_. The purpose of this research project is to identify gaps and barriers in services for crime victims with disabilities in our community. In the end, the goal of this project is to improve services for crime victims with disabilities in this community.

**What will I be asked to do?** As a participant of the focus group with \_\_\_\_\_ (agency), you will be asked to discuss either your personal or professional experience with (a) crimes against persons with disabilities in our community, (b) services for crime victims in our community, (c) services offered by disability service providers and victim service providers. The discussion will be led by a \_\_\_\_\_ (agency) staff member. The

meeting itself will not exceed 2 hours.

Questions that you might be asked during the meeting follow:

- Why do you think crime victims who have disabilities may not reach out for help?
- What do service providers (e.g., those working in disability, domestic violence, sexual assault, victim services, law enforcement) need to know to help persons with disabilities who are hurt by abuse or other crimes?
- How can our agency improve our services and become more welcoming to persons with disabilities?

**What about confidentiality?**

We will do our best to keep your personal information confidential. To help protect your confidentiality, all information received as a result of the focus group will be held completely confidential by

\_\_\_\_\_ (agency) and consultants/facilitators

involved in this project. To help protect your confidentiality, we will not include your name or any of your personal identifiable data in written notes and reports about the meeting. If \_\_\_\_\_

(agency) writes a report or article about this research, your identity will be protected to the maximum extent possible. However, sometimes information may be shared with partner agencies, or if you or someone else is in danger,

or if \_\_\_\_\_ (agency) is required to do so by law. In \_\_\_\_\_ (name of state), it is required by law to report current abuse against persons with disabilities.

All data obtained during the focus groups, such as written notes and reports, will be securely stored in password-protected computer files or locked file cabinets with limited access. To further protect confidentiality, we will ask all participants in the focus group, including you, not to share what people talked about or who attended the group.

Staff and consultants/facilitators involved in this project who will have access to the data will sign confidentiality agreements and receive training in confidential/ethical handling of sensitive data.

After a required 3-year retention period after the project ends in \_\_\_\_\_ (year), \_\_\_\_\_ (agency) will dispose of all written notes and reports by deleting password-protected computer files and shredding paper copies.

In accordance with legal requirements and professional standards, we will disclose to the appropriate individuals and authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others.

**What are the risks of this research?** There may be some risks from participating in this study. As a result of having to respond to questions about personal or professional experiences of crime, you may feel distressed or experience psychological or emotional trauma. We will minimize those risks by allowing participants to withdraw from the study at any time and by having a trained victim service provider/advocate present at the meeting in case immediate psychological assistance/counseling is necessary. You may leave the meeting at any time, and you do not have to answer any questions you do not want to. In addition, all focus group participants will receive written information about community resources for counseling and support.

**What are the benefits of this research?** Even though this research is not designed to help you directly, the results may help \_\_\_\_\_ (agency) and its community partners who work with victims of crime learn more about the level of service they currently provide as well as what improvements and innovations are desired, which will eventually improve the overall response to crime victims not only in your jurisdiction, but nationally as well. Future victims of crime would therefore benefit from the study.

**Do I have to be in this research?** Your participation in this research is completely voluntary. You may choose not to take part at all.

**May I stop participating at any time?** You may stop participating at any time. If you decide not to participate or if you stop participating at any time, you will not be penalized and will not lose any benefits for which you would otherwise qualify.

**Is medical treatment available if I am injured?** \_\_\_\_\_ (agency) does not provide any medical, hospitalization, or other insurance for participants in this study, nor will \_\_\_\_\_ (agency) provide any medical treatment or compensation for any injury sustained as a result of participation in this study, except as required by law.

**What if I have questions?** This research is being conducted by \_\_\_\_\_ (agency). If you have any questions about the research study itself, please contact \_\_\_\_\_ (project coordinator name), Project Coordinator, at \_\_\_\_\_ (insert contact info here: phone, e-mail, address).