



## CONSENT FORM

**Title of Research Project:** An Evaluation Study of Interventions for Children Impacted by Exposure to Violence

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**PURPOSE OF STUDY:** This is a study that is part of an evaluation of the Baltimore City Safe Start Initiative's efforts to reduce the impact of exposure to violence on children in your community. The study will help us learn whether Safe Start Intervention Services helps children and their families get better when they have been traumatized by exposure to violence. You and your child are eligible for this study because you are enrolled in Safe Start.

**PROCEDURES:** If you agree to participate in this part of the evaluation, you will be asked to allow us to contact you immediately after your child has completed treatment and six months later to find out how you and your child are doing. If you agree to be contacted, a professional will complete two questionnaires with you in person. One of the questionnaires is a checklist that will ask you about your child's behavior and the other questionnaire will ask you about any stressors in your family. The interview should take about 20 – 30 minutes to complete both questionnaires.

**RISKS/DISCOMFORTS:** There is a possibility that some of the questions on the questionnaire may make you feel uncomfortable. If you do not feel comfortable at any time during the interview, you can choose not to answer certain questions or you can choose to stop the interview. There is also a risk that there may be a disclosure of physical and/or sexual abuse of your child. If this occurs, we are legally obligated to report such abuse to the proper authorities.

**BENEFITS:** A benefit to you for participating in this study is that you and your child will receive services from Safe Start to address issues associated with violence that may have previously been unidentified or inappropriately addressed.

**ALTERNATIVES TO PARTICIPATION:** You have the alternative to not participate in this evaluation. A refusal to participate in the study does not affect your enrollment in Safe Start Intervention Services or receipt of services.

**CONFIDENTIALITY:** All information collected for this study will be kept strictly confidential. This means that your answers to the questions will not be shared with anyone in the community or with anyone outside of the Safe Start evaluation team. All confidential data will be stored in locked files or password protected electronic records at the Family League of Baltimore City. Your name will not appear on any of the study data in any way. Also, your name will not appear on any reports or publications associated with this study. As noted above, any chart information we get from mental health providers in the community will be shredded after we summarize the information on a sheet that does not have your name on it. A Privacy Certificate to safeguard privacy and confidentiality of data obtained for the purpose of the evaluation is on file at the Office of Juvenile Justice and Delinquency Prevention and the Family League of Baltimore City. The confidentiality of your information will be maintained to the fullest extent permitted by law.

**COMPENSATION:** You will be paid a stipend of \$25.00 for participating in this study.

**RIGHT TO WITHDRAW:** Your participation in this study is voluntary. You are not obligated to participate in this evaluation study. You are free to withdraw your consent at anytime. Refusal to participate will not affect your current or future treatment status with Safe Intervention Services in any way.

If you agree to participate in the evaluation study, please sign below:

\_\_\_\_\_  
**Signature of parent/guardian**

\_\_\_\_\_  
**Witness to Consent** (optional unless subject illiterate or unable to sign)

\_\_\_\_\_  
**Patient's Signature** (inc. children when applicable)

\_\_\_\_\_  
**Signature of Investigator**

**VALIDATE CONSENT FORM WITH  
IRB STAMP OF APPROVAL**

\_\_\_\_\_  
**Date**

**Void one year from above date  
HSRC# \_\_\_\_\_**