

PETS IN FAMILIES STUDY

Adult Participant Informed Consent Form

I, the undersigned, _____, agree to participate in a research study whose general focus is looking at the connections between domestic violence toward women and the abuse of family pets and how this connection might be related to children's social and emotional development. The project has been funded by the National Institute of Child Health and Human Development and is a collaborative study approved by the Colorado Coalition Against Domestic Violence and the University of Denver Graduate School of Social Work. I understand that the information the researchers obtain from this study will help them understand the roles that pets play in families where there is domestic violence.

If my child chooses to participate in this study, I understand that my child's responses to questions that are part of this study will not be shared with me except in the following three situations: if my child 1) said that he or she was going to hurt himself or herself in some way, 2) said that he or she was going to hurt someone else in some way, or 3) said someone had hurt him or her in some way. Also, if information is revealed concerning suicide, homicide or child abuse and neglect, it may be required by law that this be reported to the proper authorities.

We will do everything we can to keep others from learning about your participation in this study. To further help us protect your privacy, we have obtained a Certificate of Confidentiality from the United States Department of Health and Human Services (DHHS). With this certificate, we cannot be forced (for example by court order or subpoena) to disclose information that may identify you in any federal, state, local, civil, criminal, legislative, administrative, or other proceedings. Parents or legal guardians have the right to information regarding a minor child, unless an Institutional Review Board has approved the study with a waiver of parental permission. You should understand that a Certificate of Confidentiality does not prevent you, or a member of your family, from voluntarily releasing information about yourself, your child, or your involvement in this study. The researchers however, will not disclose voluntarily, or without your consent, information that would identify you or your child as a participant in this research project.

If an insurer or employer learns about your participation, and obtains your consent to receive research information, then we may not use the Certificate of Confidentiality to withhold this information. This means that you and your family must also actively protect your own privacy! You should understand that we will in all cases, take the necessary action and report to authorities, any indication of abuse, and to prevent serious harm to yourself, your child, or others as in the case of child abuse or neglect. Disclosure will be necessary, however, upon request of DHHS for the purpose of audit or evaluation, and is limited only to DHHS employees involved in Study evaluation. Identifying information on research study participants will be protected and not disclosed regardless of any legal proceedings. I understand that all of the record sheets used to collect information for this study will have a code number and will not include my name or my child's name. The key to the code will be kept in a locked file cabinet at the Domestic Violence Program office and will only be accessible to the interviewer who speaks with my child or me (or another approved interviewer if the original interviewer is no longer available at Year 2). I understand that neither my child nor I will be identified in any reports about the results of this study.

I understand that each year my child and I participate in this study, I will receive compensation for my time (approximately two hours each year of the study). I will receive \$60 in Year 1, and \$110 in Year 2. In addition, my child will receive \$15 for participating each year of the study.

Parent's Initials _____

I understand that I will be asked questions about background information (for example, age, household income, education), abuse by my adult partner that I experienced in the past year, the positive and negative ways that pets have been treated in my family, my child's positive and negative behavior with animals, including pets, (if there are other children in the family) my other children's positive and negative behavior with animals, including pets, my child's strengths and his or her behavior problems, the types of domestic violence abuse my child may have been exposed to, and my child's ability to understand and relate to the emotions of others and to express his or her own emotions.

I have read the form that will be used to ask my child if he or she wants to participate in this study and understand the types of questions my child will be asked. I also understand that my child will be promised that his or her answers to the questions will not be shared with me.

I understand that some of the questions and the answers that my child or I give may be emotionally upsetting. I understand that a trained counselor at this agency is available to my child and me if we would like help in dealing with any emotional distress.

I understand that my participation in this project or my decision to not participate in this project will not affect the level or quality of services I am receiving or will receive from the Domestic Violence Program. If I decide to participate in this study, I understand that I am free to withdraw from the study at any time, without any penalty or other negative effect. If I am asked a question that I do not want to answer, I understand that I can require that the interviewer skip that question.

I have read and understood the foregoing descriptions of the Pets in Families Study. I have asked for and received a satisfactory explanation of any language that I did not fully understand. I agree to participate and to have my child participate (if he/she agrees) in this study, and I understand that I may withdraw my consent at any time. I have received a copy of this consent form.

Parent's Signature

Date

Parent's Printed Name

Interviewer's Signature

Date

If you have any concerns or complaints about: (1) questions, concerns or complaints regarding this study, (2) research participant rights, (3) research-related injuries, or (4) other human subjects issues, please contact Paul Olk, Chair, Institutional Review Board for the Protection of Human Subjects, at 303-871-4531, or you may contact the Office for Research Compliance by emailing du-irb@du.edu, calling 303-871-4050 or in writing (University of Denver, Office of Research and Sponsored Programs, 2199 S. University Blvd., Denver, CO 80208-2121).

This informed consent form was approved by the University of Denver's Institutional Review Board for the Protection of Human Subjects on August 13, 2014.



UNIVERSITY of
DENVER

GRADUATE SCHOOL OF SOCIAL WORK

PETS IN FAMILIES STUDY

Parental Permission for Child's Participation

I, the undersigned, give permission for my child, _____, to participate, if he or she chooses to do so, in a research study whose general focus is looking at the connection between domestic violence toward women and the abuse of family pets and how this connection might be related to children's social and emotional development. The project has been funded by the National Institute of Child Health and Human Development and is a collaborative study approved by the Colorado Coalition Against Domestic Violence and the University of Denver Graduate School of Social Work. I understand that the information the researchers obtain from this study will help them understand the roles that pets play in families where there is domestic violence. I understand that my child's responses to questions that are part of this study will not be shared with me except in the following three situations: if my child 1) said that he or she was going to hurt himself or herself in some way, 2) said that he or she was going to hurt someone else in some way, or 3) said someone had hurt him or her in some way. Also, if information is revealed concerning suicide, homicide or child abuse and neglect, it may be required by law that this be reported to the proper authorities.

The information provided by my child will be treated as confidential and protected by a federal Certificate of Confidentiality issued by the National Institutes of Health. This Certificate prevents others from accessing information collected as part of this study. Identifying information on research study participants will be protected and not disclosed regardless of any legal proceedings. I understand that all of the record sheets used to collect information for this study will have a code number and will not include my name or my child's name. The key to the code will be kept in a locked file cabinet at the Domestic Violence Program office and will only be accessible to the interviewer who speaks with my child (or another approved interviewer if the original interviewer is no longer available at Year 2). I understand that neither my child nor I will be identified in any reports about the results of this study.

I understand that each year my child and I participate in this study, I will receive compensation for my time (approximately two hours each year of the study). I will receive \$60 in Year 1, and \$110 in Year 2. In addition, my child will receive \$15 for participating each year of the study.

I have read the form that will be used to ask my child if he or she wants to participate in this study and understand the types of questions my child will be asked. I also understand that my child will be promised that his or her answers to the questions will not be shared with me.

I understand that some of the questions and the answers that my child or I give may be emotionally upsetting. I understand that a trained counselor at this agency is available to my child and me if we would like help in dealing with any emotional distress.

I understand that my child's participation in this project or my child's decision to not participate in this project will not affect the level or quality of services my child and I are receiving or will receive from the Domestic Violence Program. I understand that my child is free to withdraw from the study at any time, without any penalty or other negative effect. If my child is asked a question that he or she does not want to answer, I understand that my child can require that the interviewer skip that question.

Parent's Initials _____

I have read and understood the description of the Pets in Families Study. I have asked for and received a satisfactory explanation of any language that I did not fully understand. I agree to have my child participate in this study (if he/she agrees), and I understand that I may withdraw my permission at any time. I have received a copy of this parental permission form.

Parent's Signature

Date

Child's Printed Name

Interviewer's Signature

Date

If you have any concerns or complaints about: (1) questions, concerns or complaints regarding this study, (2) research participant rights, (3) research-related injuries, or (4) other human subjects issues, please contact Paul Olk, Chair, Institutional Review Board for the Protection of Human Subjects, at 303-871-4531, or you may contact the Office for Research Compliance by emailing du-irb@du.edu, calling 303-871-4050 or in writing (University of Denver, Office of Research and Sponsored Programs, 2199 S. University Blvd., Denver, CO 80208-2121).

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PETS IN FAMILIES STUDY Child Participant Assent Form

WE ARE DOING A STUDY TO UNDERSTAND MORE ABOUT PETS, OTHER ANIMALS, AND FAMILIES. You can decide whether you want to be part of this study after I tell you more about it. The help you and your family are getting here will stay the same even if you don't want to be part of this study. I will give children who decide to be part of the study \$15 spending money as a gift. Your mom said giving you this gift was okay. Your mom also gave us permission to ask you if you would like to be part of this study. If you decide to be part of this study, we will also want to ask you the same questions one year and a half from now. [Indicate grades child would be in at these times, e.g., "...when you are a 4th grader..."]

I will ask you questions about pets in your family and other animals. I will also ask you questions about the ways that your dad/mom's partner/man your mom has been living with has treated your mom during the past year. The time we will spend talking about this will be about a half-hour to an hour. If you get a little tired or need to use the bathroom during the question time, it will be fine to take a break. All you will need to say is, "I need a break, please."

Let's practice that. [HAVE CHILD VERBALIZE HOW THEY WOULD REQUEST A BREAK] *

I will ask you about the ways that you have seen **other people** treat pet animals in your home and other places. Some questions will be about pet animals and some questions will be about other kinds of animals - for example, animals you might see in your neighborhood or at a park. Your mom gave me permission to ask you these questions.

Can you repeat back to me what questions I will be asking you?

I will also ask you about how **you** treat animals. Your mom gave me permission to ask you these questions. Can you repeat back to me what questions I will be asking you?

I will also ask you questions about how your dad/mom's partner/man your mom has been living with has behaved with or treated your mom during the past year. If your mom has a new partner/relationship when we talk again next year, I will also ask you about how he has treated your mom. Most of the questions will be about the ways your mom was treated that were not good. I will ask you about things you have seen or heard or learned about after they happened. Your mom gave me permission to ask you these questions.

Can you repeat back to me what questions I will be asking you?

Sometimes, a question might upset you or make you feel bad. If you would like to talk with a counselor about this, there is one here who will be happy to meet with you. Can you tell me what will happen if a question or your answer upsets you or makes you feel bad?

I give you my word that I will not tell your mom or anyone else about the answers you give to any of these questions. I have talked about this with your mom and she said that it was okay for me to keep my word about this.

Can you tell me how I will keep my word about your answers to my questions?

*** Interviewer must check each box to verify that the child understood the information.**

There are only three times that I will have to tell other people what you tell me. The first is if you said that you were going to hurt yourself in some way. The second is if you said that you were going to hurt someone else in some way. The third is if you said someone had hurt you in some way.

Can you tell me the only three times I will have to tell other people what you tell me?

I will write down your answers to my questions to help me remember what you said. The papers I write the answers on will not have your name on them. They will have a secret code number like this (show sample record sheet). The code numbers will be kept in a locked drawer in a file cabinet and I am the only person allowed to open this drawer. No one else besides me will know that you gave these answers. Can you tell me the only person who will know the answers you give to my questions?

There are three more important things I need to tell you.

- If you **don't** want to answer any of the questions today, that's perfectly okay. I will thank you for listening to me and take you to wait for your mom.
- If you **do** want to answer the questions but after we start, you change your mind and want to stop, that's okay too. I will thank you for listening to me and take you to wait for your mom.
- If after we start, I ask you a question that you don't want to answer, just say to me, "I want to skip that question." That's okay and I will just go to the next question.

Let's practice how these three important things will work. [Ask child to rehearse a) refusing to participate, b) agreeing to participate but later changing their mind, and c) asking that a question be skipped. A script of a series of neutral questions about daily school-related activities will be developed to facilitate the rehearsal process.]

Now that I've told you about the study, would you like to be part of the study?

I UNDERSTAND WHAT THE PETS IN FAMILIES STUDY IS ABOUT. I AGREE TO TALK ABOUT HOW ANIMALS ARE TREATED IN MY HOME. I AGREE TO TALK ABOUT HOW I TREAT ANIMALS. I AGREE TO TALK ABOUT HOW MY DAD/MOM'S PARTNER/MAN MY MOM HAS BEEN LIVING WITH HAS TREATED MY MOM. I UNDERSTAND I CAN STOP ANSWERING QUESTIONS OR SKIP QUESTIONS IF I WANT TO AND THAT THIS WILL BE OKAY. I ALSO UNDERSTAND THAT I CAN LEAVE ANY TIME THAT I WANT TO AND THAT YOU WILL TAKE ME TO WAIT FOR MY MOM.

Child's Signature

Date

Child's Printed Name

Interviewer's Signature

Date

If you have any concerns or complaints about: (1) questions, concerns or complaints regarding this study, (2) research participant rights, (3) research-related injuries, or (4) other human subjects issues, please contact Paul Olk, Chair, Institutional Review Board for the Protection of Human Subjects, at 303-871-4531, or you may contact the Office for Research Compliance by emailing du-irb@du.edu, calling 303-871-4050 or in writing (University of Denver, Office of Research and Sponsored Programs, 2199 S. University Blvd., Denver, CO 80208-2121).

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