

American Rescue Plan for Domestic Violence Shelter and Supportive Services Project Informed Consent Agreement for Participation in a Research Project

Introduction

You are invited to participate in a research project to learn if services provided to survivors of domestic violence (DV) help you heal and become independent. This evaluation includes a survey tool called the “Measure of Victim Empowerment Related to Safety” (MOVERS) and is being conducted with the Department of Public Health, Office of Women’s Health.

To participate in this project, you need to give your informed consent. Informed consent means you understand what this project is about, the potential risks of participating, and your rights and protections. This document gives information that is important for this understanding. Please take as much time as you need to decide if you want to participate. You do not have to participate, and you can stop participating at any time. You will receive the services you need whether or not you participate. You can ask questions at any time.

What is the Purpose of MOVERS Assessment?

The purpose of this project is to learn if services provided for survivors of domestic violence in Los Angeles County are helpful. You were invited to participate because you are enrolling in the American Rescue Plan (ARP) for Domestic Violence (DV) for Shelter and Supportive Services Project. We would like to hear your thoughts about how you feel and think about your safety while you are receiving services for survivors of DV.

What Will Happen During the MOVERS Assessment?

If you decide to participate in this project, you will be asked to complete the MOVERS assessment. The assessment measures how you feel and think about your safety and while receiving domestic violence services. We will not ask for your name, birthdate, or any information that may identify you.

Do I Have to Participate in the MOVERS Assessment?

No. Being in the DV for Domestic Violence for Shelter and Supportive Services Project is completely voluntary. It is your choice whether to complete the assessment, and you can refuse to participate. You can also skip questions or stop participating at any time. Whatever you decide, there will not be any negative consequences for you. You will still be able to receive the same services.

What Are the Potential Risks or Discomforts If I Participate in the MOVERS Assessment?

You may feel emotional, upset, or uncomfortable while you complete the assessment. If this happens you can take a break from the assessment. I can provide support or can invite our Counselor into the session for support, and/or we can schedule a counseling session today or on another day. This counseling will be provided at no cost to you.

What Are the Potential Benefits if I Participate in the MOVERS Assessment?

Participation in this project may not help you directly. The information we learn from your responses will help us improve programs to help survivors of domestic violence.

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How Will My Information Be Kept Private?

We will not include your name or other information that might identify you on materials for this study. We will make sure that there is no identifying information about you or anyone else in the comments. The computer in which the information is kept is secure and protected so that only people who have permission will be able to see the research information. All files related to the assessment will be destroyed three to five years after the evaluation is complete.

Will I Be Paid for Participating in the MOVERS Assessment? Will My Costs Be Covered?

No, you will not be paid for your participation in this project. There will be no cost for your participation.

Whom Can I Contact About the MOVERS Assessment?

If you have any questions, concerns, or complaints about this project, please contact the Principal Investigator, Dr. Susie Baldwin, Medical Director, Office of Women’s Health, Los Angeles County Department of Public Health, at (626) 293-2600.

How Do I Give My Consent to Participate in the MOVERS Assessment?

If you understand and agree with everything stated above, please check the box below. We will also give you a copy of this consent form.

Are You Willing to Volunteer to participate in the MOVERS Assessment?

Yes No

Signature of Facilitator / Person Obtaining Consent

Date