The Ohio State University Assent to Participate in Research

Study Title: The Colorado Youth Project: An Online Cross Sectional and Longitudinal Study on Etiological Correlates and Group Differences Among Juvenile Sexual Offenders and Juvenile Delinquents.

Researcher(s): Jamie R. Yoder, PhD, Ohio State University

George Leibowitz, PhD, Ohio State University

Jesse Hansen, MPH, Colorado Sex Offender Management Board

Sponsor: The Ohio State University Criminal Justice Research Center

The Ohio State University College of Social Work

Phase I: Youth Adjudicated of a Sexual Crime/Community Sample

- **You are being asked to be in a confidential research study. Studies are done to find better ways to treat people or to understand things better.**
- **This form will tell you about the study to help you decide whether or not you want to participate.**
- **You should ask any questions you have before making up your mind. You can think about it and discuss it with your family or friends before you decide.**
- **It is okay to say "No" if you don't want to be in the study. If you say "Yes" you can change your mind and quit being in the study at any time without getting in trouble.**
- **If you decide you do NOT want to participate in the study, you and your family WILL STILL receive services.**

1. What is this study about?

We want to understand a little more about your strengths and challenges. There are two goals of this study. The first is to understand some of the reasons why you may have sexually inappropriate behaviors. The second goal of the study is to understand how we can help you stop the behaviors. We want to know more about your treatment needs. We also want to help other kids in similar situations as you.

2. What will I need to do if I am in this study?

If you choose to participate in this study, you will be asked to sign this *assent form*. By signing this form, you will be agreeing to 1) take a short survey and/or 2) allowing your treatment provider to follow you through treatment.

1) After signing this form, you will be given a short online survey. The survey will be on the computer. The survey will ask you for your name, address, and social security number.
2) You also have the option to agree to allow your treatment provider to follow you through treatment. This means that your treatment provider will complete a short survey about his or her work with you.

You have the option to agree to one, both, or none of the above research.

You will be given another chance to take a shorter computer survey when you leave treatment. If you decide to take the survey again, you will be required to sign another form like this. If you are over the age of 18, you will be asked to sign a similar form called a *consent* form.

3. How long will I be in the study?

1) The survey will take about 60 to 90 minutes. If you choose to participate, you will be asked to follow the directions and answer the questions. There will be additional assistance if you do not understand questions. You can ask to take a break while working on the questions.
2) The survey taken by providers will be about 15-30 minutes. They will take this every 6 months as long as you are in treatment.

4. Can I stop being in the study?

You have the option to stop the study at any time! If you decide to stop participating in the study or if you choose to not be involved in the study, there will be no consequences to you.

5. What bad things might happen to me if I am in the study?

There is a small chance you may feel upset from participating in this study. If this happens, you may drop out of the study at any time. Also, your treatment provider is present to supervise and support you during this time. If you feel distressed or upset because of the survey, you have the option to discuss these feelings with him or her. You also have the option to contact the research team, George Leibowitz, Jamie Yoder, or Jesse Hansen at any time. Their contact information is listed below.

6. What good things might happen to me if I am in the study?

From your participation, we can see how your treatment program has helped you. Also, from your participation, you are helping other kids in similar situations. You are also helping

researchers improve other treatment programs. We hope to improve treatment programs for other kids like you!

7. Will I be given anything for being in this study?

You have the choice between one $10 Amazon *or* one $10 Target gift card for your participation in this study. This will be given the first time you take the survey after you sign consent. You will receive the gift card immediately if you decide to take part in any of the research.

8. How will my information be protected online?

We will work to make sure that no one sees your survey responses without approval. But, because we are using the Internet, there is a chance that someone could access your online responses without permission. In some cases, this information could be used to identify you. Your data will be protected with a number to reduce the risk that other people can view the responses. If you decide to allow your treatment provider to follow you, we will use the same number to identify you. Only the research team and your treatment provider will have access to your name and your number.

9. We have to report any NEW or UNDISCLOSED offenses to authorities

If we learn of possible NEW offenses, we are required to report this to state officials. If we believe that you may harm yourself or others, we will obtain help to make sure you and/or others are safe. Example: Johny is in trouble for touching Susy in her privates. Johny also touched Molly in her privates. Johny admits to touching Susy, but not Molly. If Johny tells us that he also touched Molly, we will have to report this to state officials.

Confidentiality

Efforts will be made to keep your study-related information confidential. However, there may be circumstances where this information must be released. For example, personal information regarding your participation in this study may be disclosed if required by state law. Also, your records may be reviewed by the following groups (as applicable to the research):

- Office for Human Research Protections or other federal, state, or international regulatory agencies;
- The Ohio State University Institutional Review Board or Office of Responsible Research Practices;
- The sponsor, if any, or agency (including the Food and Drug Administration for FDA-regulated research) supporting the study.

10. Who can I talk to about the study?

For questions about the study you may contact

George Leibowitz, PhD
(802) 656-5576
gleibowi@uvm.edu
University of Vermont
443 Waterman Building
Burlington, VT 05405

Jamie Yoder, PhD
(614) 292-3521
yoder.333@osu.edu
The Ohio State University
1947 College Rd 325D
Columbus, OH 43202

Jesse Hansen, MPA
(303) 239-4592
jesse.hansen@state.co.us
The Colorado Sex Offender Management Board
700 Kipling Street, Suite 1000
Lakewood, CO 80215

To discuss other study-related questions with someone who is not part of the research team, you may contact Ms. Sandra Meadows in the Office of Responsible Research Practices at 1-800-678-6251.

Signing the assent form

I have read (or someone has read to me) this form. I have had a chance to ask questions before making up my mind. I want to be in part of the research study where I take the survey.

Signature or printed name of subject	**Date and time**	**AM/PM**

I have read (or someone has read to me) this form. I have had a chance to ask questions before making up my mind. I want to be in part of the research study where my treatment provider shares my progress in treatment.

Signature or printed name of subject	**Date and time**	**AM/PM**

Investigator/Research Staff

I have explained the research to the participant before requesting the signature above. There are no blanks in this document. A copy of this form has been given to the participant or his/her representative.

Printed name of person obtaining assent	**Signature of person obtaining assent**	
	Date and time	**AM/PM**