

**PROMISING PRACTICES IN SERVING CRIME VICTIMS
WITH DISABILITIES**

PARTICIPATION CONSENT FORM

A joint project of U.C. Crime Victims Assistance Program and Safe-Place, Austin, Texas

Thank you for agreeing to meet with us to talk about your experiences as a victim of violent crime. You will be asked questions about:

1. What you experienced as a victim of violent crime.
2. What you experienced as a victim of violent crime as a person with a disability.
3. Barriers that prevented you from receiving support and any information about services for victims of violent crime.
4. Ways in which educational groups and sharing of information can help break down barriers to services in the community for **all** victims of violent crime.

In addition:

- ❖ I understand that this meeting will be 45 minutes long, and I will be contacted after this meeting to discuss anything I may wish to add and to clarify any of my initial thoughts.
- ❖ I understand my participation is completely voluntary and that I have the right to stop participating at any time. If I choose to stop, I do not have to give explanations for doing so.
- ❖ I understand that this individual meeting is not provided as a counseling or support meeting. However, I understand that counselors from the U.C. Crime Victims Assistance Program are available should I need support after the meeting.

- ❖ I understand that I do not have to answer all questions asked of me.
- ❖ To protect myself and others, I may choose to share or may not choose to share experiences too personal or revealing.
- ❖ To protect myself and others, I agree **not** to talk about anything shared in the meeting with anyone afterward.
- ❖ I understand that information shared in this meeting will only be used for the development of programs that a) provide education and support for people with disabilities who are victims of violent crime, and b) promote community awareness of barriers to services in an effort to eliminate them.
- ❖ I understand that U.C. Crime Victims Assistance Program will act ethically and honestly with the information that is shared—this includes not disclosing my name or other identifying information.
- ❖ I understand that I will be reimbursed for my time and participation in this project. I will receive a \$50 honorarium for the individual meeting I attend.
- ❖ I understand that the information I provide will be kept confidential unless I reveal an intent to harm myself or others. Should this occur, it will be reported to the authorities.
- ❖ I understand that all information used **will not** include my name or any other identifying information.
- ❖ I understand that reasonable accommodations will be provided in order for me to fully participate in this project.

I have read and I understand this information and I agree to participate in this project. I also understand that should I think of anything else I would like to add after my meeting, I am free to contact U.C. Crime Victims Assistance Program.

Your signature

Date

___ The participant is unable to write, but has given verbal consent to participate.

Witness signature

Interviewer signature

I understand that some participants will have their meeting audio-taped, but it is up to me whether or not I want mine recorded.

___ Audio-taped

___ Not audio-taped