

## Attachment C: ADVHOCaT Consent Script

Hello. My name is [ADVHOCAT RESEARCH STAFF PERSON NAME]. I am a researcher at **The Hotline/LIR**. I would like to thank you for agreeing to participate in a study to improve The Hotline.

Before we begin, I would like to take a few minutes to review the purpose for this study and what will be done with the information you provide. You will be asked to answer some questions about your experience with The Hotline/LIR today and again, two weeks from today. Please feel free to ask me questions about the study at any time.

The Hotline is doing this study to evaluate short-term outcomes for Hotline contactors such as you. First, we will ask you questions about the conversation you had with an advocate today. Then, in two weeks, we want to ask you follow-up questions about what may have changed since you contacted The Hotline. You may choose how to take the follow up survey: over the phone with a research staff member at The Hotline/LIR, or online, on a secured website [[insert URL here once developed](#)].

Your safety is very important to us, and we will make every effort to ensure your privacy and keep your information confidential, to the extent permitted by law.

- We will not collect your name or other personally identifying information. Your answers will only be associated with a unique number and the code words we will create today.
- If you choose to complete the follow-up survey by phone in two weeks, you can call us or we can call you. If you choose for us to call you, we will agree on a date and time beforehand. We will only start the survey if we are sure you are the person we are talking to. In case someone else answers the phone, we will not say anything about the survey, The Hotline, or domestic violence.
- If you choose to complete a web-based follow up survey online, we will give you instructions on how to make sure that your computer and web browser do not show that you accessed the survey.

To help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. The researchers can use this Certificate to legally refuse to disclose information that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings, for example, if there is a court subpoena. The research team will use the Certificate of Confidentiality to resist any demands for information that would identify you. The Certificate of Confidentiality will not be used to prevent disclosure to state or local authorities of child abuse and neglect, or harm to self or others. However, please understand that a Certificate of Confidentiality does not prevent you from voluntarily sharing information about yourself in connection with your involvement in this research.

You may opt out of any contact with The Hotline/LIR at any time by texting STOP to XXX-XXX-XXXX, a dedicated text line for this project.

**Your participation should take approximately 8 and half minutes today and approximately 6 minutes in two weeks. Please understand your participation is entirely voluntary. You have the right to withdraw your consent or stop participating at any time. If you decide you do not want to participate, you will still receive the same services from The Hotline or other service agencies.**

If you choose to call us or complete the follow up survey online, you will also have the option to receive a reminder text message in 12 days. This text message will not include a phone number, URL, or any mention of The Hotline or domestic violence. The message itself will simply say "Have a nice day" and will be sent from an unidentifiable number.

If you decide to complete the follow up in two weeks by phone, we will ask for a code word that we can use to make sure that we are talking to you (and not someone else), and that it is a safe time to talk.. We will ask for this word if you call us or if we call you.

If you answer the phone and indicate that you are safe and available, we will continue with the follow-up survey that will take approximately 6 minutes to complete.

If you indicate that it is not safe by saying your code word, we will immediately end the call.

Please know you will not personally benefit from partaking in this project. If, at any time and for any reason, you would prefer not to answer any questions, please feel free to skip those questions. You will not be penalized for deciding to stop participating at any time.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is OMB No.: 0970-0468 and it expires on 07/31/2019.

If you have questions about your rights as a participant in this research, you can contact the office of Human Research at The George Washington University at (202) 994-2715.

By answering the survey questions, you are consenting to participate in this study. If you would like a written copy of this information that I just provided, please contact the office of Human Research at The George Washington University at (202) 994-2715.

To ensure anonymity, your signature is not required on this document. By saying or typing "Yes" to the following question and answering the survey questions, you are consenting to participate.

Do you consent to participate?