

Attachment B.4

**Parent Permission Script
RIViR Study**

RIViR Study Parent Permission Script (for Parents of Youth Younger than Age 18)

[To be read by program staff to parents over the phone.]

We are inviting your child to be part of a research study with the Mature Plus II program as part of our involvement with the Administration for Children and Families' Healthy Marriage and Relationship Education Program. Your child was chosen because of his/her involvement with the Mature Plus II program. Before you decide whether you want your child to take part in this study, we would like to read some information to you so that you understand what the study is about and what your child will be asked to do. I'll go over it with you now.

What should I know about this research?

- Your child is being asked to take part in this research.
- Someone will explain this research to you.
- This form sums up that explanation.
- Taking part in this research is voluntary.
- You can choose for your child not to take part. There will be no penalty or loss of benefits to which he or she is otherwise entitled.
- You can agree to allow your child to take part and later change your mind. There will be no penalty or loss of benefits to which your child is otherwise entitled.
- If you don't understand, ask questions.
- Ask all the questions you want before you decide.

The study is sponsored by the federal government and is conducted by RTI in North Carolina. In this study we are testing ways to ask youth who are served by programs like the Mature Plus II program about their romantic relationships. The study will involve up to 1200 youth and adult participants at multiple locations around the country.

Your child will be asked to participate in two surveys and one interview at three different times over the course of 2 months. The first set of questions will take place in the next few weeks. The questions will be about romantic relationships, including experiences with unhealthy relationship behaviors and violence. RTI will also receive information about your child, like his or her age and race/ethnicity, collected by the Mature Plus II program. For the interview, your child will receive written information about teen dating violence and healthy relationships and will be asked questions after receiving it.

Your child's decision to take part in this research study is completely voluntary. You do not have to agree to allow your child to participate in order for him or her to get services from the Mature Plus II program or anywhere else. Your child will also be asked if he or she is willing to voluntarily participate in the study. In order for your child to participate, BOTH you and your child must agree

to this. If your child does participate in the study, he or she can skip any questions or leave the study at any time.

Each survey will take about 10 minutes, and the interview will take about 15 minutes.

Some of the questions may seem personal or bother your child. If he/she feels uncomfortable or upset during the surveys or interview, he/she may skip any of the questions or stop answering questions. The other risk is that someone might find out your child's answers during the interview or surveys. In order to avoid that, we will do the interview in a private setting where no one can overhear the answers. We will try to make sure that no one can see your child's answers during the surveys. Also, we will handle and store all of the information your child provides to us in a secure manner.

There are no direct benefits to your child from participating in this study. However, the study results could help service providers learn about ways to improve services.

Your child will receive a \$5 gift card after answering each set of survey and interview questions as a token of appreciation.

We will do our best to keep all of the answers to the questions private. This includes the federal agency funding the research and the institutional review board overseeing the study. No one else, including you or your child's boyfriend or girlfriend, will be able to find out their answers. Your child's name will be replaced with a number for the purposes of this study. The project staff will not share your child's information with anyone outside the study or with the Mature Plus II program, except under certain circumstances if your child gives permission (for example, for us to refer him or her to the school counselor).

There are two other exceptions to privacy: 1) If your child tells us that someone's life or health could be in danger, and 2) if he or she tells us that a child is being abused or neglected. If this happens, we may need to report to someone whose job it is to see that your child and/or others are safe and protected. We may want to share the results of the study with other people who worked on the study and the funding agency, but no names or other personal information will be included.

After all interviews are completed, a summary will be written that contains information from all participants. The staff doing the study will not use your child's name in any reports.

The Institutional Review Boards (IRB) at RTI and at New England IRB have reviewed this research.

If your child participates in this study, we will contact him or her to participate in two additional interviews, over the course of the next 2 months.

If you have any questions, concerns or complaints about this study, or you think the research has hurt your child, you can use the numbers on the consent form to contact the Mature Plus II program Project Director, Phillippia Faust, or Tasseli McKay, the study director at RTI. If you have any questions, concerns or complaints about the study or about your child's rights as a participant, you can contact the local IRB contact.

Do you have any questions for me now? (Answer questions)

Do you agree to let your child participate in this study? (If yes:) Great! I will send you a copy of the permission form with a note saying that you gave your permission over the phone. (Confirm address and document permission received on the parent permission form.)

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| RTI ID: | | | | | | |
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[PLEASE PRINT] Child's name: _____

Parent/guardian was read the permission script over the phone.

PARENT GIVES PERMISSION for child to take part in this study.

PARENT DOES NOT GIVE PERMISSION for child to take part in this study.

[PLEASE PRINT] Parent/Guardian name: _____

Staff Member Signature: _____

Date: _____
