

August 23, 2017

Dear Parent:

Researchers from Rhode Island Hospital (Lifespan) are conducting research project. It is called "Promoting Healthy Relationships in Middle Schools". Your school is working with Day One, an agency in Rhode Island that provides treatment, intervention, advocacy and prevention services to Rhode Islanders of all ages (DayOneRI.org). In some schools, Day One implements educational workshops with teachers and parents to prevent bullying, harassment and violence in relationships. This includes information related to dating and sexual behavior. In some schools, Day One also displays posters using students' artwork that promotes healthy relationships.

Your child's participation in the educational activities offered by Day One, as well as the surveys designed to better understand how these activities are working, are optional. The purpose of this letter is to inform you about the program, so that you can opt your child out of participation if you choose. We would also like to invite you to a parent information session to learn more about the project.

We will conduct surveys with students at the beginning and end of the school year to see how and if the programs work. The survey can be completed over the course of two, thirty minute administrations, or in sixty minutes, total. The survey is scheduled at a time that will not interfere with educational activities. In the middle of the school year, students will be asked to complete a brief survey (2 minutes) to see if they are aware of whether programs on healthy relationships have been conducted in their school.

The survey is voluntary. This means that your child does not have to do the surveys. If s/he does participate, his/her information will be kept completely confidential, and private. Confidential means that parents, teachers, and the school staff will not be able to see your child's answers to the surveys. Your child's answers to the survey are anonymous for the study staff. Anonymous means that there is no way to link your child's answers to their name for the study staff. Individual students' written responses to the surveys will not be shared with the school, or with anyone outside of the research staff. Students can also skip questions that make them feel uncomfortable. Questions will address personal attitudes, and experiences, including initiation of dating and sexual behavior. Although we cannot link a student's survey to their name, if a student talks to a member of the program staff about a personal experience of abuse, we will follow standard school protocols for reporting this information. If a child is in foster care, the foster parent should contact the child's caseworker to determine who can decide whether the child can participate.

Information sessions are scheduled at the following times to provide you with an opportunity to meet the study staff, and ask questions. They are scheduled for:

- Thursday, August 31, 2017, 6-7 PM – Burrillville Middle School Open House
  - 2220 Broncos Hwy, Harrisville, RI 02830

A link to a video describing the study can be found at: [https://youtu.be/uqJ7\\_7KqkS8](https://youtu.be/uqJ7_7KqkS8)  
You may also contact the study director with any questions.

**Please take a few moments to read the enclosed information statement. If you do not want your child to participate in the surveys please complete and sign the short form on the last page of this package.** We hope you will be as excited about this project as other parents have been.

Sincerely,

Lindsay M. Orchowski, Ph.D., Principal Investigator, Rhode Island Hospital, 401-444-7021  
[Lindsay\\_Orchowski@Brown.edu](mailto:Lindsay_Orchowski@Brown.edu)

## **Promoting Healthy Relationships in Middle Schools PARENT INFORMATION STATEMENT**

### **RESEARCHERS' STATEMENT TO PARENTS**

We are asking permission for your child to take part in an evaluation study at his/her school. This study is funded by a grant awarded to Rhode Island Hospital from the Centers for Disease Control and Prevention (CDC). All research studies at Lifespan hospitals follow the rules of the state of Rhode Island, the United States government and Lifespan.

This letter will give you information about the study so you can decide if you want your child to take part in the study. Please read the information carefully. This form will explain the possible risks and benefits of being in the study, and will provide other information. You can call the number at the end of this letter (Lindsay Orchowksi, Ph.D., 401-444-7021) to ask any questions you have about the research. There are also information sessions scheduled for parents (see cover letter for times), and a video describing the study (see cover letter for link). When all of your questions have been answered, you can decide if you want your child to take part in the study. If you decide that your child can be in the study, there is nothing that you need to do with this form. Please keep this form for your records.

### **WHAT IS THE PURPOSE OF THE STUDY?**

Your child's school may be implementing programs from Day One to promote healthy relationships. Day One is an agency in Rhode Island organized to deal with issues of violence (DayOneRI.org). Day One provides treatment, intervention, advocacy and prevention services. In some schools, teachers and parents will be invited to participate in educational workshops. In other schools, Day One displays posters with student art work that promote healthy relationships. Your school is one of approximately 12 schools in Rhode Island and surrounding areas who will participate in this prevention initiative over the next three years. The purpose of the study is to see how Day One's prevention activities work. We have to talk to students before, during, and after these programs to see how and if the activities work. Schools that participate in this project will work with Day One over three years to implement activities that are matched to their school community. All schools working with Day One can continue to implement their regular prevention activities during this project. All schools can also work with other organizations to bring prevention and education activities to their students during the project period.

### **WHAT DOES DAY ONE ADDRESS IN SCHOOLS?**

Promoting healthy relationships in youth means stopping bullying, harassment, dating and sexual violence before it starts. To do this we have to make sure students' first dating and sexual relationships are healthy ones. We also have to make sure that the prevention activities in schools are making a difference. Day One of Rhode Island works with schools to educate teachers, parents and students about these issues. For example, in some schools Day One works with students to design poster materials for middle schools that display student art work promoting respectful relationships among children and teens. This project is focused on testing whether these prevention activities work.

### **WHAT WILL THE SCHOOL WIDE SURVEY REQUIRE OF MY CHILD?**

We will do a survey with all students and teachers to help us find out how these prevention activities are working. The survey asks your child about their attitudes towards violence, as well as their personal experiences of bullying, harassment, and relationship violence. This involves asking students about the initiation of dating and sexual behavior. If you agree to let your child participate, he/she will complete surveys during school at a time that is determined by the school not to interfere with educational activities. We will do the surveys twice. The survey will take about 60 minutes to complete, but will be administered over the course of 2, 30 minute sessions. The students will mark their answers in a paper survey packet. They will not record their name. **The survey is entirely voluntary, confidential and anonymous.** Confidential means that you and the school cannot see your child's answers. Voluntary

means that your child can decide not to do the survey. Anonymous means that there is no way to link your child's answers to their name. Your child can also skip questions that make him/her feel uncomfortable. No information from the survey or about your child's participation will be in their school records. Under a law called the Protection of Pupil Rights Act, [20 U.S.C. Section 1232 (c)(1)(A)], you have the right to see a copy of a blank survey and read all the questions. Copies of the survey will be at the school's office for you to read.

If your child is in 8<sup>th</sup> grade, we would like to contact them in the 9<sup>th</sup> grade to complete a survey. This will allow us to see if the program has a long term impact. We will also ask all students who complete surveys to fill out a separate form with their email and family phone number, so that we can contact them if they move out of the district. For these purposes, we will ask things like your child's address, email and phone number. We will also ask for some names and phone numbers of people who would know how to contact your child if he or she moves or changes his or her email (such as a family member). We will keep this information private and separate from the survey information. It's just so we can contact your child to determine if they have moved, and to invite students who graduate from 8<sup>th</sup> grade to complete a follow-up survey the following year.

### **WHO WILL HAVE ACCESS TO THE INFORMATION?**

No information about your child's survey responses will be a part of their school record. Data will be utilized for research purposes only. Your child's surveys will be treated as private records and will be protected according to Lifespan privacy practices and policies that are based on state and federal law. You may withdraw your child from the study at any time. If you cancel your permission, your child will stop taking part in the surveys and no new information will be collected about your child. However, if you cancel your permission, it will not apply to actions already taken or information already collected about your child by the researchers before you canceled your permission. For more detail about your privacy rights see the Lifespan Joint Privacy Notice which is included with this packet.

### **HOW WILL YOU PROTECT MY CHILD'S PRIVACY?**

All answers that your child gives will be kept private. This is so because this study has been given a Certificate of Confidentiality. This means anything your child tells us on a survey will not have to be given out to anyone, even if a court orders us to do so, unless you and your child say it's okay. But under the law, there are times when the law might require or permit Lifespan to release your child's information without your permission. Rhode Island law requires researchers and health care workers to report abuse or neglect of children to the Department of Children, Youth and Families (DCYF) and to report abuse or neglect of people age 60 and older to the Department of Elderly Affairs. Our child abuse reporting protocols follow those already in place by your child's school. Specifically, we must report to the proper authorities when a child talks to us about an experience of suspected child abuse or if your child tells us he or she is planning to cause serious harm to themselves or others. This means that if your child tells us verbally that he or she is planning to hurt themselves or someone else, or if your child verbally tells us that someone, either an adult or child, is hurting them, then we will have to tell someone so we can get help. A copy of our child abuse reporting protocol is available at the school's office for you to read.

All the information your child gives as part of the surveys is anonymous, and will be kept strictly confidential. Your child's survey will only be identifiable from a unique ID number. His/her name will not appear on the completed survey. There is no way for us to link a child's survey to their name. Information collected will not become part of school records. No one at the school will see your child's responses. Surveys are administered and collected by our team. Students return the survey to us in a manila envelope. The results of this project will be only reported in ways that do not identify individual participants. There would be no way for anyone else to know who was in the study or to know any information that might identify who was in the study. All questionnaires and records will be kept in

locked files and will be retained for up to three years after the end of the study. Only the research team will ever have access to any personal data or other identifying information (i.e., name, email, address).

#### **ARE THERE ANY COSTS TO PARTICIPATE?**

This research does not involve treatment. There are no costs to participate in the study.

#### **ARE THERE ANY RISKS? WILL STUDENTS EXPERIENCE ANY DISCOMFORT?**

The survey will be administered by trained research facilitators from Rhode Island Hospital and staff from Day One. Our staff is experienced in working with youth. They will make every effort to provide a comfortable setting while your child completes his/her survey. We will make every effort to respect your child's privacy. Some questions ask about personal matters. Our staff members are trained to be aware of sensitive issues discussed on the survey, and will do their best to minimize any discomfort. Also, your child may decline to answer any question he/she does not want to answer. We are also willing to answer any questions or concerns that might arise after the survey. We will connect your child with the appropriate school resource person if your son/daughter asks us for assistance related to dating issues, bullying, or sexual harassment/violence. Day One staff is also available to work with the school in addressing these concerns.

#### **ARE THERE ALTERNATIVES TO TAKING PART IN THIS STUDY?**

Students who do not take part in the surveys will remain in the class during the sessions. Other activities will be provided for non-participating students. Students will not be singled out because they did not take part at any time.

#### **WHAT ARE THE BENEFITS OF THE STUDY?**

Although there may not be any direct benefits, your child may benefit indirectly by knowing he/she has made a contribution to research that will help others in the future.

**CAN I REFUSE TO HAVE MY CHILD PARTICIPATE? CAN MY CHILD WITHDRAW?** Participation in the study is completely voluntary. It is up to you whether you want your child to be in the study. Even if you allow your child to participate, your child may choose not to complete the survey. Your child is not required to participate. If you decide that you want your child to participate, you and your child can always change your mind and withdraw them at any time. If you or your child decides to not participate or to withdraw from the study at any time, there will be no penalties or consequences. Deciding not to have your child complete the surveys, or withdrawing them later, will not affect the services they usually get in the school, Further, your refusal would have no impact on your or their existing treatment, charges billed to you, or benefits at any Lifespan health care site. If new information becomes available that might change your mind about whether you want your child to complete the surveys, the researcher will share this information with you as soon as possible. There are no consequences for deciding to withdraw your child from the research. In addition, the sponsor (CDC) may choose to end the study at any time. If you withdraw your child from the study quit the study, no new information will be collected about your child unless you gave us permission to do so. However, the hospital or the researchers may continue to use information that was collected before you quit the study to complete analysis and reports of this research. All parents will be notified about the study. Children will also receive information prior to the survey.

#### **IS THERE ANY RISK OF INJURY AS A RESULT OF COMPLETING THESE SURVEYS?**

There is no anticipated risk of injury as a result of completing these surveys.

#### **CONTACT INFORMATION**

If you have any questions about this study, you may contact Principal Investigator Lindsay Orchowski, Ph.D. at 401-444-7021 or via e-mail at [Lindsay\\_Orchowski@Brown.edu](mailto:Lindsay_Orchowski@Brown.edu).

**RIGHTS AND COMPLAINTS**

Signing or not signing this form does not take away any of your lawful rights. If you or your child have any complaints about your child’s participation in this study, or would like more facts about the rules for research studies, or the rights of people who take part in those studies, you may contact Janice Muratori, anonymously if you wish, in the Lifespan Office of Research Administration, telephone number (401) 444-6246.

**OTHER INFORMATION**

A description of this clinical trial will be available on <http://www.ClinicalTrials.gov>, as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time.

We look forward to working with your child.

We do not anticipate any foreseeable risks to your child.

We think that our research will be helpful in designing better intervention programs to assist in creating a safer school environment for your child.

**HOW DO I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THIS STUDY?**

If you agree to have your child participate, *you do not need to do anything.*<sup>1</sup> Please keep this form for your records.

If you do NOT agree for your child to participate, you must fill out the information below and return the form to your child’s school. If you turn this form in to the school, a copy will be given to you for your records.

**By signing this form, I am saying I do not want my child to participate.**

\_\_\_\_\_  
Child Name (please print) Grade Level

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Parent Name (please print) Date

\_\_\_\_\_  
Parent Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Parent Email

<sup>1</sup> If a child participating in this study is in foster care, the foster parent should contact the child’s caseworker to determine who can decide to opt the child out of the survey, if desired.

**PLEASE RETURN THIS FORM TO YOUR CHILD’S SCHOOL BY THE FOLLOWING DATE TO OPT YOUR CHILD OUT OF PARTICIPATING IN THE SURVEYS:**

**Due date: 9/4/2017**

**Designated school contact: Mandy LeComte, School Social Worker**