

“People Who Self-Injure”
Principal Investigator, *name*

PARTICIPANT INFORMED CONSENT FORM
date

Please read the following material that explains this research study. Signing this form will indicate that you have been informed about the study and that you want to participate. I want you to understand what you are being asked to do and what risks and benefits, if any, are associated with the study. This should help you decide whether or not you want to participate in the study.

I, *name*, am a faculty member at the *school*. I would appreciate your helping me out in my study on people who hurt themselves. If you ever want to contact me about my study, you may reach me at the *school address*, *school phone #*. Another excellent way to contact me is by email at: *email address*.

Project Description: I am interested in learning more about the phenomenon of people who self-injure. I would like to know more about why people do this, how it feels at the time, and how it affects you subsequently. In particular I am curious to know how people come to do this, if there is a subculture that supports it, why this gives some people a sense of relief, and how you then have to manage the information about this behavior with others. I would like to know how it affects you when you reveal this information to others or when others find out about it.

Procedures: I would like to talk to you about this and to tape-record our conversation. I hope you will share some of your experiences and thoughts with me on this matter. If you are interested in seeing some of the topics I might ask you about, you can look on my website at *my website*. Depending on how much you have to say, our conversation is most likely to take anywhere from 45 minutes to two hours. Together we can arrange a mutually convenient time for us to talk. If we are in the same town, we can meet in my office where we can chat in privacy and without interruption. If you live far away from me, we can conduct our conversation on the telephone.

Risks: There are some potential risks you may encounter from doing this interview. You may talk about things that stress you. You may find discussing the self-injury a sensitive and emotional subject. We may venture into difficulties you have in managing your behavior with others and your feelings about that. You may worry that I will judge you or think less of you for this practice. Please be assured that this is not the case. Your behavior, while non-conformist, is not illegal or immoral. My goal is to understand this behavior, not to judge you. If you feel that you need further help, I am happy to help you find someone good to talk to in your area. I have a list of counselors in Boulder specifically trained to deal with this topic that I am happy to share with you. I also have a list of national specialists who provide treatment in this area on my website. If there are any subjects you would prefer not to talk about, just say so and we can go on to another subject. Everything that you say will be held in the strictest confidence. There will be no compensation, nor will you incur any expenses (including telephone charges for distance interviews), for this interview.

Benefits: There are no direct benefits for your participation in this study.

Initial _____

Study Withdrawal: If you decide to participate in this project, please understand that your participation is voluntary and that you have the right to withdraw your consent or to discontinue your participation at any time. You have the right to refuse to answer any question(s) for any reason.

Confidentiality: In addition, I will maintain the privacy of the experiences you discuss in all published and written data resulting from this study. Sociologists are interested in trends and patterns of behavior rather than individual accounts, and I will use pseudonyms to disguise the identity of my subjects as a confidentiality measure.

I will be tape recording our conversations so that I can remember most accurately what you have said. Please be assured that I will keep these data in the most secure location, locked in my office, and that they will be destroyed when I have finished with this research. I will shred my notes and erase over any tapes with a demagnetizer.

Invitation for Questions:

If you have questions about this study, please feel free to ask me them before you sign this consent form.

If you have any questions regarding your rights as a participant, any concerns regarding this project, or any dissatisfaction with any aspect of this study, you may report them – confidentially, if you wish, -- to the *IRB administrator*, or by telephone to *phone #*.

Authorization:

I have read this paper about the study and know the possible risks and benefits. I know that being in this study is voluntary. I choose to be in this study. I know that I can withdraw at any time. I have received on this date, a copy of this document.

I agree _____ I do not agree _____ to be audio taped

Name of Participant (printed) _____

Email Address _____

I verify that I am 18 years of age or older: _____ (please check)

Signature _____ Date _____

(also please initial the previous page of the consent form)

For IRB Use Only

This permission form is approved for use from _____ to _____.

Executive Secretary, Human Research Committee

(Signature)