ILLINOIS
CRIMINAL JUSTICE
INFORMATION AUTHORITY

300 W. Adams Street • Suite 200 • Chicago, Illinois 60606 • (312) 793-8550

AGENDA

Institutional Review Board
December 7, 2017 (1:00 – 3:00 PM)
Illinois Criminal Justice Information Authority
300 W. Adams Street, Suite 200
Chicago, IL 60606

I. Call to Order and Roll Call
II. Approval of October 19, 2017 Meeting Minutes
III. Applications for Review
   1. Evaluation of Dual Diagnosis Program in Logan Correctional Center (pp. 2-37)
      Jessica Reichert
   2. Preliminary Study of LGBTQ Victimization and Help-Seeking (pp. 38-69)
      Amanda L. Vasquez and Jaclyn Kolnik
   3. Evaluation of PERC (Pathway to Enterprise for Returning Citizens) (pp. 70-84)
      Jessica Reichert and Justin Escamilla
   4. Community Focus Groups to Inform Countering Violent Extremism Training Curriculum (pp. 85-106)
      Megan Alderden and Lily Gleicher
IV. Old Business: None
V. New Business
   1. Exempt IRB applications: None
   2. Expedited IRB applications:
      Building capacity for producing unbiased estimates of recidivism: Examining the recidivism of firearm offenders using state criminal history and mortality data (amendment)
      Christine Devitt Westley
   3. IRB application amendments:
      Outcome Evaluation of the Safe Passage Initiative (pp. 107-118)
      Jessica Reichert
   4. 2018 IRB meetings:
      Thursday, February 1
      Thursday, May 3
      Thursday, August 2
      Thursday, November 1
VI. Adjourn

This public meeting will be accessible to persons with disabilities in compliance with Executive Order #5 and pertinent State and Federal laws upon anticipated attendance. Persons with disabilities planning to attend and needing special accommodations should contact by telephone or letter John Klaer, Associate Director, Office of Administrative Services, Illinois Criminal Justice Information Authority, 300 W. Adams St. Suite 200, Chicago, Illinois, 60606-5150 or at (312) 793-8550. TDD services are available at (312) 793-4170.

Illinois Criminal Justice Information Authority

IRB

APPROVAL APPLICATION for Research Involving Human Subjects

PROPOSAL INFORMATION

Principal investigator(s): Jessica Reichert, Senior Research Analyst

Principal investigator(s) email: Jessica.Reichert@Illinois.gov

Office Address: Illinois Criminal Justice Information Authority
300 W. Adams Street, Suite 200

City, State, Zip code: Chicago, IL, 60606

Office phone: (312) 793-8550

Project staff and affiliation:
Sharyn Adams, Research Analyst ICJIA
Alysson Gatens, Research Analyst ICJIA
Christine Head, Research Intern, ICJIA; Graduate student, UChicago Social Service Administration

Start date of project: December 7, 2017

End date of project: December 8, 2018

Title of proposal: Evaluation of Dual Diagnosis Program in Logan Correctional Center

Initial approval type: **Full IRB:** X **Expedited:** _____ **Exempt:** _____

Is this IRB linked to other IRB approval? [ ] Yes [X] No

If **YES**, please explain:

Will the data be primary data or secondary data? [X] Primary [X] Secondary

If **SECONDARY**, please briefly indicate the source of the data:

The sources of the secondary data are the Illinois Department of Corrections; Illinois State Police, Criminal History Record Information (CHRI); and WestCare Foundation Illinois. Data include:

- IDOC files

- CHRI- Arrest history
- WestCare Treatment files including:
  - Buss-Perry Aggression Questionnaire
  - PCL-5 (PTSD checklist)
  - ASI (Addiction Severity Index)
  - Client exit/satisfaction survey
- Wells Center Treatment files including:
  - Names and dates of birth of program participants
  - Names and dates of birth of individuals on the program waiting list who did not receive the program

How is the end date of the study defined?

The publication of one or more evaluation reports on the Illinois Criminal Justice Information Authority (Authority) website and/or in a peer-reviewed journal.

I. VULNERABLE SUBJECTS

Will any of the following groups potentially be included in your sample?

	Yes	No
Minors under age 18		X
Adult prisoners or individuals in secure confinement	X	
Juveniles in correctional or detention facilities		X
Probationers, parolees, or individuals under court or correctional supervision		X
Developmentally disabled, intellectually disabled, or cognitively impaired		X
Individuals held in residential treatment, locked facilities, or hospitalized		X
Pregnant women, if focus of research		X
Non-English speakers		X
Wards of the state		X
Other—please specify		X

II. PROJECT DESCRIPTION

A. PROJECT SUMMARY

1. Please provide a brief summary (3 – 5 sentences), in lay terms, of the purpose of the study and the procedures subjects will undergo.

ICJIA has administered federal grant funding for the Dual Diagnosis program since 2008; however, there has been no formal evaluation of the program. The purpose of the study is to:

- Learn how the program operates and the effectiveness of the program.
- Make suggestions for program enhancement.
- Guide funding decisions and possible program expansion.

Two data sources will be used:

- Administrative data:
    - All written policies and procedures;
    - Data contained in Illinois Department of Correction's administrative files and databases;
    - Arrest and court disposition data available through the state's Criminal History Information System;
    - WestCare Treatment files, including the Buss-Perry Aggression Questionnaire, PCL-5 (PTSD checklist), ASI (Addiction Severity Index), and client exit/satisfaction survey
    - Wells Center Treatment files including the names and dates of birth of program participants and those on the program's waiting list.
- Interviews with program staff and program clients.

B. PROCEDURES

2. Describe the procedures involving human subjects and list the steps you will take. Include the following information:

Component 1: Client interviews (n=25)

a.) *Time involvement of subjects:* 30 minutes to 1 hour

b.) *Location(s) the study will be conducted with subjects, including a description, if applicable:* Private location in Logan Correctional Center

c.) *Amount of payment to subject, if any (consent form must note plan for payment if they withdraw voluntarily):* None

d.) *What subjects will experience or do:* Answer questions in a one-on-one interview with an ICJIA researcher

Component 2: Staff interviews (n=3)

a.) *Time involvement of subjects:* 45 minutes

b.) Location(s) the study will be conducted with subjects, including a description, if applicable: Private location in Logan Correctional Center

c.) Amount of payment to subject, if any (consent form must note plan for payment if they withdraw voluntarily): None

d.) What subjects will experience or do: Answer questions in a one-on-one interview with an ICJIA researcher

Component 3: Analysis of recidivism of former Wells Center program participants (n=500)

a.) Time involvement of subjects: Not applicable

b.) Location(s) the study will be conducted with subjects, including a description, if applicable: Not applicable

c.) Amount of payment to subject, if any (consent form must note plan for payment if they withdraw voluntarily): None

d.) What subjects will experience or do: This component involves analysis of secondary, administrative records, without contact with the actual involved individuals. The subjects will not have to do anything.

C. EQUITABLE SELECTION OF SUBJECTS

3. Please answer the following information about your proposed sample.

a.) Anticipated total number of subjects in study: 528

Interviews clients=25
Interviews staff=3
Secondary data/ prior clients: 500 subjects

b.) Number in age ranges: Under 18 _____ 18 and older 528

*c.) Potential inclusion: race/ethnicity (check **ALL** that apply). If known, provide number:*

African American	X	American Indian	X		
Asian	X	Hispanic	X		
White	X	Other		Bi-racial	X
Unknown		Comments	_____		

d.) Prisoners or individuals in secure confinement(n): 25

e.) Probationers, parolees, or other individuals under court or correctional supervision: 500

4. Describe the procedures for subject recruitment

Administrative data X Recruitment X

5. Identify the criteria for inclusion/exclusion of subjects and provide a clear rationale for them.

We will include all staff (currently 3) and all current program clients (capacity is 25).

For secondary analysis, we will include prior clients from 2009-2013.

D. RISK/BENEFIT ASSESSMENT

6. Briefly describe the potential benefits of the project to subjects and/or to society. Note: Social science research typically does not provide a direct benefit to the subjects.

There are no direct benefits for those who choose to participate in this study. However, there is potential benefit to the field of treatment of prisoners for mental health and substance use disorders, as well as for integrating services for those with co-occurring disorders. In addition, the study can guide funding decisions and possible program expansion.

7. Does this study involve any of the following?

Yes	No	
	X	Use of deception by researchers
	X	Use of punishment by researchers
	X	Use of drugs by subjects for study purposes
	X	Covert and/or participant observation
	X	Induction of mental and/or physical stress to subjects by researchers
	X	Procedures which risk physical harm to the subject
	X	Materials and behaviors commonly regarded as socially unacceptable
X		Procedures by researchers that might be regarded as an invasion of privacy to subjects or cause a degree of discomfort
	X	Possible/probable disclosure of information by subjects to researchers that may be harmful to the subject (e.g., child abuse, criminal behavior, immigration status)

a.) If you checked <u>YES</u> to any of the above procedures, explain the procedure in detail, as well as provide the methods being used to control or minimize the danger to the subjects.

Researchers will ask subjects about prior traumatic or adverse experiences in their lives to better understand their issues and needs that have lead them to the program. These questions have the potential to be regarded as private and sensitive information. In addition, these questions may cause discomfort because it is asking subjects to share

information about traumatic events.

To minimize discomfort, subjects will be informed that they can skip any questions or stop the interview at any time. Subjects will be informed that if they would like to talk to someone after the interview, they can ask to see a WestCare counselor who will be made available to meet with them.

b.) Please indicate the theoretical and/or methodological necessity for employing each procedure(s) checked YES.

Since researchers are evaluating a dual diagnosis program, researchers will ask questions about mental health and substance use, including prior treatment for those conditions. These questions are necessary to answer the research question—Who were the clients of the program? Researchers will also understand prior treatment attempts and how they were different or the same, and more or less successful than their current program.

8. If the study involves deception, when and how will the subjects be debriefed? (Generally, the nature of the deception and its necessity should be explained to the subjects).

Not applicable

9. Are provisions for subject's medical care available in the event of a personal (physical or mental) injury resulting solely from subject's participation in the research? Please explain.

Yes **X** No ____ Not applicable ____

Subjects will be informed that if they would like to talk to someone after the interview, they can ask to see a WestCare counselor who will be made available to meet with them.

10. Will other care or counseling be available or referrals made to agencies for the subject should he or she become stressed, uncomfortable, angry, or experience other psychological difficulties as a result of participating in the research? Please explain.

Yes **X** No ____ Not applicable ____

Subjects will be informed that if they would like to talk to someone after the interview, they can ask to see a WestCare counselor who will be made available to meet with them.

Minimal risk: A risk is minimal where the probability and magnitude of harm or discomfort anticipated in the proposed research are not greater, in and of themselves, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

Greater than minimal risk: A risk is greater than minimal where the probability and magnitude of harm or discomfort anticipated in the proposed research are greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

High risk: A risk is high when a moderate-to-high probability of serious adverse effects might occur as a result of participation in a research study.

Risks and benefits that would result even if the research weren't undertaken should not be considered.

11. Indicate the overall degree of the research's *physical* risk to the subject, according to the definitions provided below.

__X__ Minimal

_____ Greater than minimal

_____ High

12. Indicate the overall degree of the research's *psychological* risk to the subject, according to the definitions provided below.

_____ Minimal

__X__ Greater than minimal

_____ High

13. Indicate the overall degree of any *other* risk to the subject the research may have (e.g., social, economic), according to the definitions provided below.

__X__ Minimal

_____ Greater than minimal

_____ High

E. COMPENSATION

14. Will the participants be compensated monetarily for entering the study?

Yes ____ No __X__

*a.) If **YES**, what is the amount and source of the funds?*

Amount **$** _____ Source of funds _____

*b.) If **YES**, how will that money be distributed to subjects (e.g., gift cards, cash)? Explain.*

15. Are there other inducements planned to recruit subjects? If YES, describe other inducements.

Yes ____ No __X__

F. CONFIDENTIALITY

16. Will any data be gathered through photographic, video or sound recording devices?

Yes ____ No __X__

*a.) If **YES**, how will the confidentiality of the materials produced by such devices be*

protected?

Note: A separate line of the consent form for the subjects to agree to be video/audio taped or photographed must be included.

b.) What will be done with the still photos, video, or audio recordings after the study has been completed? Will this information be destroyed, kept xx number of years, used in publications, etc? How does the investigator(s) define "completion" of the study?

17. Will names or individual identifiers of subjects be recorded? If YES, answer *a* through *d* below.

Yes **X** No ____

a.) Where will the names or other individual identifiers be recorded (e.g., on test protocols, on a separate list with code numbers, etc)?

A "data master list" will be created that contains each individual's name, date of birth, State Identification Number, and numeric code assigned by the research team. The individual's name, date of birth, and State Identification Number will be used to link the IDOC data, program data, and criminal history records together.

An "interview master list" will be created to keep track of individuals who have consented to participating in an interview and been interviewed.

Individuals who are participating in interviews will be asked to sign an informed consent form.

b.) Describe project procedures for maintaining the security of these records at every point in the data collection process.

Researchers will obtain a list of all individuals who have participated in the program since its inception from program staff at IDOC. The data master list will include each individual's name, date of birth, State Identification Number, and numeric code assigned by the research team. The individual's name, date of birth, and State Identification Number will be used to link the IDOC data, program data, and criminal history records together. Once the data have been merged, the final dataset will be stripped of all identifying information. The final de-identified dataset will be used for all analyses conducted. The final de-identified dataset will be maintained separately from the master list on a secure, password protected server accessible only to research staff.

An interview master list will be created containing the names of current program staff and clients. The list will be used to keep track of individuals who have consented to participating in an interview and been interviewed. The list will be maintained separately from all other materials, including interview notes, in a secure location only accessible to research staff. This list will also maintain the numerical key codes that link interview materials to interviewees.

Prior to being interviewed, participants will be asked to sign an informed consent form. Signed consent forms of those individuals who have agreed to be interviewed will be transported to ICJIA's office and maintained securely in a locked cabinet accessible only to research staff. Signed consent forms will be maintained separately from interview notes. Staff will also ensure that during notetaking no identifying information about the subject or

others is recorded. All interview notes will be secured in a locked cabinet accessible only to research staff. Notes that are later transcribed will be maintained separately from the master list on a secure, password protected server accessible only to research staff.

c.) Would it be possible to conduct the proposed project without recording names or other individual identifiers? Please explain why or why not.

Yes ____ No X

Identifying information is needed to link various datasets together. It would not be possible to accurately link those data without identifiers. Additionally, an interview master list is necessary to manage the interviews of program staff and participants.

d.) Will access to names be under your exclusive control?

Yes X No ____

*If **NO**, what will be done to protect the confidentiality of the subjects? Who would have access to names or other individual identifiers? Describe the procedures for maintaining security of paper files, automated files, and other records.*

e.) Will names of subjects be included in any publication based on this study? If YES, for what reason(s)?

Yes ____ No X

18. Sometimes research findings are presented in a manner that permits knowledgeable readers to infer the identity of a person used as a subject, even if names are omitted. Do you expect to present findings that may possibly provide such clues? If YES, explain.

Yes ____ No **X**

19. Will information be obtained pertaining to persons other than immediate subjects (e.g., their friends)? If YES, how will the confidentiality of such persons be protected?

Yes ____ No **X**

G. INFORMED CONSENT

20. Do you intend to obtain informed consent?

Verbal	Written	No consent needed	Waiver of consent documentation
_____	X	_____	X

If **NO CONSENT NEEDED** or **VERBAL**, please answer *a* through *c* below.

a.) Why do you not intend to use written forms?

b.) In what manner and to what extent would potential subjects be given advance information about the procedure in which they are asked to participate? If using a contact letter, please include it.

c.) In what manner would potential subjects be advised that their participation and continuation in the project would be entirely voluntary? Please provide a copy of the text to be used.

21. If receiving verbal or written consent, please attach a copy of the script or the consent form that you will use.

Attached **X** Unable to provide ____ Not applicable ____

a.) If you are unable to provide the script or consent form, please explain why

22. Please give a detailed description of the process that will be used to obtain consent and answer all applicable questions:

a.) Who will obtain consent?

ICJIA researchers will obtain consent at the time of the interview.

b.) How will consent be obtained?

A consent form will be provided before the interview begins.

c.) How often will consent be obtained (e.g., longitudinal or long-term field studies)?

Consent will be obtained only once, prior to the start of the interview.

d.) How will you verify the subject fully understands the consent?

Before the start of the interview, researchers will ask participants if they have any questions about the consent form. The researcher can offer to read the consent form if the subject needs assistance.

e.) How will your investigators be trained to use the informed consent process?

All Authority research staff are certified in the National Institutes of Health Office of Extramural Research's web-based training course "Protecting Human Research Participants."

23. Will/is the consent form be translated for non-English speaking participants?

Yes ____ No **X**

*a.) If **NO**, please explain why.*

The dual diagnosis program is delivered in English and the training materials are in English. To date, no program applicants have indicated they are non-English speaking.

*b.) If **YES**, please provide an explanation of who will/did translate the forms and their*

qualifications.

24. Does the consent form you have attached fully comply with ICJIA instructions for consent forms that are in compliance with general requirements as outlined in the *Code of Federal Regulations 46.116* and the Authority's IRB procedures? Please refer to the checklist. N/A

Yes **X** No ____

*a.) If **NO**, please explain why.*

25. Will all project staff be IRB certified and trained to follow the basic guidelines for the ethical care of subjects?

Yes **X** No (explain below) ____

Illinois Criminal Justice Information Authority

IRB

APPROVAL APPLICATION: for Research Involving Human Subjects

SIGNATURE PAGE

PROJECT NAME: Evaluation of Dual Diagnosis Program in Logan Correctional Center

This page is to be signed by the principal investigator.

_____ _____

Signature of Principal Investigator Date

IRB ACTION:

Request Approved _____ **Request Denied** _____

IRB Requests Modifications (see explanation below) _____

_____ _____

Signature of IRB Chair **Date**

Modifications Requested by IRB:

IRB Expiration:

The IRB approval granted for this project expires on _____

Date

Study ID:_____

Interviews with Dual Diagnosis Program Clients

Background and Demographics

1. **What is your date of birth?** _____/_____/_____

2. **Current age?** _____

3. **Where were you born?**

   3a. **Country**: _____

   3b: **State**: _____

   3c: **City**: _____

4. **What is your ethnicity—are you Spanish/Hispanic/Latino?**
   ☐ No
   ☐ Yes

5. **What is your race?**
   ☐ White
   ☐ Black or African American
   ☐ American Indian or Alaskan Native
   ☐ Asian
   ☐ Native Hawaiian or other Pacific Islander
   ☐ Some other race: Provide name of your race: _____

6. **What is the highest level of education you have attained?**
   ☐ No schooling completed
   ☐ Completed elementary school (Grades K through 8)
   ☐ Completed some high school, but did not obtain GED
   ☐ Completed some high school and obtained my GED
   ☐ High school graduate
   ☐ Correspondence high school degree
   ☐ Completed some college/vocational schooling, but did not receive a diploma or certificate
   ☐ Diploma or certificate from a junior college/community college/trade school/vocational school
   ☐ Correspondence bachelor's degree
   ☐ Bachelor's degree from a four-year college (e.g., B.A./B.S./LL.B)
   ☐ Completed some graduate or professional schooling
   ☐ Graduate or professional degree (e.g., M.A./M.S./M.ED/PhD)

7. **What is your current marital status?**
   ☐ Never married
   ☐ Married
   ☐ Separated
   ☐ Divorced
   ☐ Widowed

☐ Other _____

8. **Do you currently have an intimate partner/ significant other/ spouse?**
   ☐ Yes
   ☐ No

9. **Do you have children?**
   ☐ Yes
   ☐ No

9a. **When you are not incarcerated where do your children stay?**
   ☐ With you
   ☐ With a grandparent
   ☐ With their other parent
   ☐ With your partner /significant other /spouse
   ☐ A friend
   ☐ You do not have custody

10. **Have you ever been homeless?**

11. **Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?** ***Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.***
   ☐ Yes, now on active duty
   ☐ Yes, on active duty during the last 12 months, but not now
   ☐ Yes, on active duty in the past, but not during the last 12 months
   ☐ No, training for Reserves or National Guard only
   ☐ No, never served in the military

10a. **If yes, when did you serve on active duty in the U.S. Armed Forces?** ***Indicate EACH period you served, even if just for part of the period.***
   ☐ September 2001 or later
   ☐ August 1990 to August 2001 (including Persian Gulf War)
   ☐ September 1980 to July 1990
   ☐ May 1975 to August 1980
   ☐ Vietnam era (August 1964 to April 1975)
   ☐ March 1961 to July 1964
   ☐ February 1955 to February 1961
   ☐ Korean War (July 1950 to January 1955)
   ☐ January 1947 to June 1950
   ☐ World War II (December 1941 to December 1946)
   ☐ November 1941 or earlier

12. **In general, would you say your heath is…?**
   □ Excellent
   □ Good
   □ Average

□ Below average
□ Very poor

13. **What medical conditions or disabilities do you currently have?**

□ Arthritis	□ Glaucoma	□ Liver Disease
□ Asthma	□ High blood pressure	□ Osteoporosis
□ Bleeding problems	□ High cholesterol	□ Seizures
□ Breathing difficulty	□ Hearing impairment	□ Stroke
□ Cancer	□ Heart problems	□ Thyroid problem
□ Diabetes	□ Joint replacement	□ Ulcers
□ Emphysema	□ Kidney disease	□ Visual impairment

□ Other: _____

14. **Right now, how serious do <u>you</u> think your <u>drug problems</u> are?**
□ Not at all
□ Slightly
□ Moderately
□ Considerably
□ Extremely

15. **How many times <u>before now</u> have you ever been in a <u>drug treatment program</u>? [Do not include AA/NA/CA meetings]**
□ Never
□1 time
□ 2 times
□ 3 times
□ 4 or more times

16. **How important is it for you to <u>get drug treatment now</u>?**
□ Not at all
□ Slightly
□ Moderately
□ Considerably
□ Extremely

Mental Health Questions

17. **Have you been diagnosed with any of the following mental health disorders?**
□ Anxiety disorder (such as acute stress, panic, agoraphobia, obsessive-compulsive, PTSD, generalized anxiety)
□ Eating disorder (such as anorexia, bulimia)
□ Mood disorder (such as depression, bipolar)
□ Personality disorder (such as paranoid, schizoid, antisocial, borderline personality)
□ Schizophrenia or another psychotic disorder (such as delusional disorder, schizoaffective disorder)
□ Other:_____

18. **Have you ever been admitted to a psychiatric hospital/residence?**
    □ No
    □ Yes ⇨*Specify reason(s) for admission(s)*:

    a. If yes, how many times have you been admitted?

19. **In the past six months, have you had any emotional or psychological difficulties?** (*Probe: Did you have any problems with feeling sad or nervous?)*

    □ Yes
    □ No

Traumatic events

The following questions are on serious or traumatic life events. These events actually occur with some regularity and affect how people feel about, react to, and/or think about things afterward. For each event, please tell me whether it happened and, if it did, the number of times and your approximate age when it happened (give your best guess if not sure). You can tell me your relationship to the person involved and more about the event if you want.

Crime-Related Events		**Circle one**		***If you circled yes, please indicate***	
				Number of times	**Approximate age(s)**
1	Has anyone ever tried to take something directly from you by using force or the threat of force, such as a stick-up or mugging?	No	Yes		
2	Has anyone ever attempted to rob you or actually robbed you (i.e., stolen your personal belongings)?	No	Yes		
3	Has anyone ever attempted to or succeeded in breaking into your home when you were <u>not</u> there?	No	Yes		
4	Has anyone ever attempted to or succeed in breaking into your home while you <u>were</u> there?	No	Yes		
General Disaster and Trauma		**Circle one**		***If you circled yes, please indicate***	
				Number of times	**Approximate age(s)**
5	Have you ever had a serious accident at work, in a car, or somewhere else? (**<u>If yes</u>**, please specify below) _____	No	Yes		
6	Have you ever experienced a natural disaster such as a tornado, hurricane, flood or major earthquake, etc., where you felt you or your loved ones were in danger of death or injury? (**<u>If yes</u>**, please specify below) _____	No	Yes		
7	Have you ever experienced a "man-made" disaster such as a train crash, building collapse, bank robbery, fire, etc., where you felt you or	No	Yes		

	your loved ones were in danger of death or injury? (**If yes**, please specify below) _____				
8	Have you ever been exposed to dangerous chemicals or radioactivity that might threaten your health?	No	Yes		
9	Have you ever been in any other situation in which you were seriously injured? (**If yes**, please specify below) _____	No	Yes		
10	Have you ever been in any other situation in which you feared you might be killed or seriously injured? (**If yes**, please specify below) _____	No	Yes		
11	Have you ever seen someone seriously injured or killed? (**If yes**, please specify who below) _____	No	Yes		
12	Have you ever seen dead bodies (other than at a funeral) or had to handle dead bodies for any reason? (**If yes**, please specify below) _____	No	Yes		
13	Have you ever had a close friend or family member murdered, or killed by a drunk driver? (**If yes**, please specify relationship [e.g., mother, grandson, etc.] below) _____	No	Yes		
14	Have you ever had a spouse, romantic partner, or child die? (**If yes**, please specify relationship below) _____	No	Yes		
15	Have you ever had a serious or life-threatening illness? (**If yes**, please specify below) _____	No	Yes		
16	Have you ever received news of a serious injury, life-threatening illness, or unexpected death of someone close to you? (**If yes**, please indicate below) _____	No	Yes		
17	Have you ever had to engage in combat while in military service in an official or unofficial war zone? (**If yes**, please indicate where below) _____	No	Yes		
Physical and Sexual Experiences		**Circle one**		***If you circled yes, please indicate***	
				Repeated?	**Approximate age(s) and frequency**
18	Has anyone ever made you have intercourse or oral or anal sex against your will? (**If yes**, please indicate nature of relationship with person [e.g., stranger, friend, relative, parent, sibling] below) _____	No	Yes		
19	Has anyone ever touched private parts of your body, or made you touch theirs, under force or threat? (**If yes**, please indicate nature of relationship with person [e.g., stranger, friend, relative, parent, sibling] below) _____	No	Yes		

20	Other than incidents mentioned in Questions 18 and 19, have there been any other situations in which another person tried to force you to have an unwanted sexual contact?	No	Yes		
21	Has anyone, including family members or friends, ever attacked you with a gun, knife, or some other weapon?	No	Yes		
22	Has anyone, including family members or friends, ever attacked you without a weapon and seriously injured you?	No	Yes		
23	Has anyone in your family ever beaten, spanked, or pushed you hard enough to cause injury?	No	Yes		
24	Have you experienced any other extraordinarily stressful situation or event that is not covered above? (**If yes**, please specify below) _____	No	Yes		

20. Did you talk about any or all of these in the dual diagnosis program here at Logan?

19a. If no, why not?

About the Dual Diagnosis Program[1]

26. How long have you been in the program?

27. Is this the first time you have received treatment for substance abuse?
    a. If yes, how was your experience?

28. Is this the first time you have received any mental health treatment?
    a. If yes, how was your experience?

29. Have you ever been in another program that addresses mental health and substance abuse together?
    a. If yes, how was your experience?

30. Where do you meet for the program at Logan? Was it a comfortable space?

31. Do you feel physically safe while in the program?

32. What was your favorite part of the program? Why?

33. What is one part of the program that you would change? How would you do things differently?

34. Did you feel comfortable speaking freely during group session?

[1] Some questions adapted from Philadelphia ACES Survey

Illinois Criminal Justice Information Authority
Research Information and Consent for Participation in Research
Dual Diagnosis Program at Logan Correctional Center
Client Interview

You are being asked to participate in a research study. Researchers are required to provide a consent form such as this one to tell you about the research, to explain that taking part is voluntary, to describe the risks and benefits of participation, and to help you to make an informed decision. You should feel free to ask the researchers any questions you may have.

Principal Investigator Name and Title: Jessica Reichert, Senior Research Analyst
Department and Institution: Research and Evaluation Center, Illinois Criminal Justice Information Authority, 300 W. Adams St., Suite 200, Chicago IL 60606 or (312) 793-8550.
This project was funded by the Justice Assistance Program.

Why am I being asked?

You are being asked to be a subject in a research study about the Dual Diagnosis Program at Logan Correctional Center, which assists incarcerated women with mental health issues and substance use disorders. You are being asked to complete an interview about yourself and your views and experiences with the Dual Diagnosis Program. It will take about 30 minutes to 1 hour complete. You have been asked to participate in this research because you are a participant in the Dual Diagnosis Program.

Your participation in this research is voluntary. Your decision to participate or not will not affect your current or future dealings with WestCare, Illinois Department of Corrections, or the Illinois Criminal Justice Information Authority. **If you decide to participate, you are free to withdraw at any time without affecting that relationship.** Approximately 25 subjects may be involved in this research study.

What is the purpose of this research?
Researchers at the Illinois Criminal Justice Information Authority are evaluating the Dual Diagnosis Program. The Dual Diagnosis Program is a program that aims to disrupt behavior, drug use, and criminal behavior of individuals with co-occurring disorders through effective intervention programs. Researchers are trying to learn more about program participants, the program itself, and its effectiveness.

What procedures are involved?
You will be asked to complete a research interview to be held at a private location in Logan Correctional Center.

What are the potential risks and discomforts?
Researchers will ask about prior traumatic or adverse experiences to better understand the needs that have led you to the program. You may feel that this information is private and sensitive. They may cause you discomfort. You can skip any questions that you do not want to answer or end the interview at any time. You may also choose to stop the interview at any time.

If you would like to talk to someone after the interview, you can ask to see a WestCare counselor who will be made available to meet with you.

Are there benefits to taking part in the research?
This study is not designed to benefit you directly. This study is designed to learn more about the Dual Diagnosis Program. The study results may be used to help other women like you in the future.

What other options are there?
You have the option to not participate in this study.

What about privacy and confidentiality?
Only the members of the research team will have direct knowledge that you participated in this study. Information about you, such as your name, will be recorded on a master list so that we can keep track those who want to be interviewed. This list will be maintained separately from all other materials in a secure location only accessible to research staff. The list will be stored on password-protected, secure computers and servers.

We are asking that you sign this consent form that says you have agreed to participate in an interview. This form will also be stored security in a locked cabinet. We will also be taking notes using pencils and paper. Those notes will also be kept in a locked cabinet apart from the signed consent forms. You should also know that we will not write down any information, such as your name or the names of others, in our notes.

The interviews conducted will be part of a report about the program. The Authority will publish the results from the study on their website. Authority staff may also share the results at meetings or other public forums. When the results of the research are published or discussed at conferences, no information will be included that would reveal your identity.

What are the costs for participating in this research?
There are no costs to you for participating in this research.

Will I be reimbursed for any of my expenses or paid for my participation in this research?
You will not be offered payment for being in this study.

Can I withdraw or be removed from the study?
If you decide to participate, you are free to withdraw your consent and discontinue participation at any time.

Who should I contact if I have questions?
Contact the researchers Jessica Reichert, Senior Research Analyst, at (312) 793-8550 or Jessica.Reichert@Illinois.gov if you have any questions about this study or your part in it, or, if you have questions, concerns or complaints about the research.

What are my rights as a research subject?

If you feel you have not been treated according to the descriptions in this form, or if you have any questions about your rights as a research subject, including questions, concerns, complaints, or to offer input, you may call the IRB secretary, Simeon Kim, Associate General Counsel, at (312) 793-8550 or Simeon.Kim@Illinois.gov.

Remember:

Your participation in this research is voluntary. Your decision whether or not to participate will not affect your current or future relations with WestCare, Illinois Department of Corrections, or ICJIA. If you decide to participate, you are free to withdraw at any time without affecting that relationship.

I have read (or someone has read to me) the above information. I have been given an opportunity to ask questions and my questions have been answered to my satisfaction. I agree to participate in this research. I will be given a copy of this signed and dated form.

_____ _____

Signature Date

_____

Printed Name

_____ _____

Signature of Person Obtaining Consent Date (must be same as subject's)

_____

Printed Name of Person Obtaining Consent

Case Control #_____

STAFF INTERVIEWS AT LOGAN CORRECTIONAL CENTER

Interviewer initials: _____

Date of interview: _____/_____/_____

Location of interview: _____

Time interview started ___:_____ AM/PM

DEMOGRAPHICS

Thank you for agreeing to talk with me today. We are really interested in your opinion and experience and any information you can give will be extremely helpful. Do you have any questions before we start?

1. What is your date of birth? _____/_____/_____

2. Current age? _____

3. Are you Spanish/Hispanic/Latino?
   □ No
   □ Yes

4. What is your race? (Read from the list. Check all that apply-whatever race the respondent identifies with. Do not check if none specified.) Use ANSWER CARD.
   □ White
   □ Black of African American
   □ American Indian or Alaskan Native
   □ Asian
   □ Native Hawaiian or other Pacific Islander
   □ Some other race, Provide name of your race: _____

5. What is your highest level of education attained:
   □ No schooling completed
   □ Completed elementary school (Grades 1 through 8)
   □ Completed some high school, but did not obtain GED
   □ Completed some high school and obtained my GED
   □ High school graduate
   □ Correspondence high school degree
   □ Completed some college/vocational schooling, but did not receive a diploma or certificate
   □ Diploma or certificate from a junior college/community college/trade school/vocational school
   □ Correspondence bachelor's degree
   □ Bachelor's degree from a four-year college (e.g., B.A./B.S./LL.B)
   □ Completed some graduate or professional schooling
   □ Correspondence graduate or professional degree
   □ Graduate or professional degree (e.g., M.A./M.S./M.ED/PhD)

6. Have you ever served in the U.S. military? Include the Armed Forces active-duty, the military Reserves, or the National Guard?
   □ No
   □ Yes

YOUR WORK WITH WESTCARE AT LOGAN CORRECTIONAL CENTER

7. What is your job title? _____

8. How long have you been in this position? _____

9. Please describe your daily work activities.

10. How many hours per week do you work?_____ hours

11. How long have you worked for WestCare at Logan Correctional Center?

    _____years _____months

12. Why did you decide to work with WestCare at Logan Correctional Center?

13. What is the best part of the job with WestCare at Logan Correctional Center?

    How has the program changed?

14. What is the worst part of the job?

15. What is the most challenging part of the job?

16. Did you receive any inmate mental health-related training for your job?
□ Yes
□ No⇒ Go to Q. 17

16a. What training did you receive?

16b. Was the training offered by WestCare or the correctional center?
□ WestCare
□ Logan Correctional Center

17. Did you receive any inmate substance use disorder training for your job?
□ Yes
□ No⇒ Go to Q. 18

17a. What training did you receive?

17b. Was the training offered by WestCare or the correctional center?
□ WestCare
□ Logan Correctional Center

18. Do you receive any ongoing inmate mental health-related training on the job?
□ Yes
□ No

19. Do you receive any ongoing inmate substance use disorder training on the job?
□ Yes
□ No

20. What are your current mental health-related training needs?

21. What are your current substance use disorder training needs?

22. Have you received any other mental health-related training outside of this job?
□ Yes
□ No⇒ Go to Q. 23

22a. What other trainings?

23. Have you received any other substance use disorder training outside of this job?
□ Yes
□ No⇒ Go to Q. 24

23a. What other trainings?

24. Please describe your license and/or mental health experience/expertise

25. Please describe your license and/or substance use disorder experience/expertise

DUAL DIAGNOSIS POLICIES & PROCEDURES IN LOGAN CORRECTIONAL CENTER

26. Do you try to detect signs and symptoms of mental health issues and/or substance use disorders among the inmates?
    □ Yes
    □ No⇒ Go to Q. 27

    26a. What signs and symptoms do you look for?

27. Are inmates given *screenings* for mental health issues and/or substance use disorders?
    □ Yes
    □ No⇒Go to Q. 28

    27a. How? (What instruments are used? Who administers?)

28. Are inmates given *assessments* for mental health issues and/or substance use disorders?
    □ Yes
    □ No⇒Go to Q. 29

    28a. How? (What instruments are used? Who administers?)

29. Are mental health issues addressed in substance abuse treatment?
    □ Yes
    □ No⇒Go to Q. 30

    29a. How?

30. What do you think the main goals of the Dual Diagnosis program are?

31. How does an inmate get into the Dual Diagnosis program? Are there any admission limitations regarding symptom acuity or severity?

32. Does the Dual Diagnosis program provide gender specific treatment for female inmates? If yes, explain.

33. Does the program match patients with individual peer supports or role models?

34. How would you define a *successful completion* of the Dual Diagnosis program?

35. Under what circumstances can an individual be removed from the program?

36. How is the length of treatment for participants in the Dual Diagnosis program decided?

37. Does the program conduct case reviews to monitor appropriateness/effectiveness of services for patients with a dual diagnosis?

38. In general, what services/assistance do you think individuals with a dual diagnosis need? Does the Dual Diagnosis program meet those needs? If no, why not?

	Meet needs?		
Services/assistance	***Yes***	***No***	**If no, why not?**
	□	□	
	□	□	
	□	□	
	□	□	
	□	□	
	□	□	

39. Are there times when there is tension/friction between program participants and staff?
□ No ⇒ Go to Q. 40
□ Yes
39a. If yes, what kind of tension/friction?

39b. If yes, how is it handled?

40. Are there times when there is tension/friction among program participants?
□ No ⇒ Go to Q. 41
□ Yes
40a. If yes, what kind of tension/friction?

40b. If so, how is it handled?

41. Are the facilities for the Dual Diagnosis program at Logan Correctional Center adequate for inmates to feel safe while participating in the program?

42. Are the facilities for the Dual Diagnosis program at Logan Correctional Center adequate for staff to feel safe while performing their duties?

43. Is religion or spirituality incorporated into the program?
    □ No ⇒ Go to Q. 44
    □ Yes

    43a. If yes, how is it incorporated?

44. Does the Dual Diagnosis program provide any specific trauma-focused/PTSD-related services?
    □ Yes
    □ No⇒ Go to Q. 45

    44a. Please describe these services or programs.

45. Does the program have a formal relationship with a prescriber? Do you have access to the prescriber to discuss patients?

46. What are the Dual Diagnosis program's procedures for crisis intervention including suicide risk?

47. How does the Dual Diagnosis program handle those inmates with mental health issues and/or substance use disorders that require hospitalization?

48. Does the Dual Diagnosis program make treatment linkages to community resources after an inmate is released into the community? If yes, explain.

YOUR VIEWS ON DUAL DIAGNOSIS

49. Do you think there are a disproportionate number of inmates with co-occurring mental health issues and substance use disorders?
    □ Yes
    □ No⇒ Go to Q. 50

    49a. Why do you think there are a disproportionate number?

50. Based on your experiences, how would you describe inmates with co-occurring mental health issues and substance use disorders? [observed behaviors, personalities, issues, needs, etc.]

51. To what extent do you think inmates with mental health issues tend to also have substance abuse issues?

52. Do you have any special training in PTSD or trauma?

□ Yes

□ No⇒ Go to Q. 53

52a. What type of training did you receive?

53. Do you think inmates are sufficiently being screened for PTSD?

54. How does Logan Correctional Center staff interact with inmates who have a dual diagnosis?

55. Do you think the correctional center staff is equipped to handle inmates with a dual diagnosis?

□ Yes

□ No

54a. Please explain

56. What services/assistance do you think inmates need for mental health issues?

57. What services/assistance do you think inmates need for substance use disorders?

58. What if anything should be done to improve detection of co-occurring mental health issues and substance use disorders of inmates?

59. What do you think of the *quality* of dual diagnosis-related services in the correctional center?

60. What do you think of the *quantity* of dual diagnosis-related services in the correctional center?

61. What do you think of the quality of the physical facilities for the Dual Diagnosis program in the Logan Correctional Center (e.g., privacy, lighting, seating)?

62. What are the strongest parts of the Dual Diagnosis program?

63. What are the weakest parts of the Dual Diagnosis program?

64. What, if anything, should be done to improve dual diagnosis-related services or programs for inmates?

65. Do you have any other comments?

Thank you for answering the questions during this interview.
Your participation is very helpful to us and greatly appreciated.

FOR OFFICE USE ONLY	
Time interview ended ___:_____ AM/PM	Data Entry Date: ____/____/____ Data Entrv Initials:

Illinois Criminal Justice Information Authority
Research Information and Consent for Participation in Research
Dual Diagnosis Program at Logan Correctional Center
WestCare Foundation Staff Interview

You are being asked to participate in a research study. Researchers are required to provide a consent form such as this one to tell you about the research, to explain that taking part is voluntary, to describe the risks and benefits of participation, and to help you to make an informed decision. You should feel free to ask the researchers any questions you may have.

Principal Investigator Name and Title: Jessica Reichert, Senior Research Analyst
Department and Institution: Research and Evaluation Center, Illinois Criminal Justice Information Authority, 300 W. Adams St., Suite 200, Chicago IL 60606 or (312) 793-8550.
This project was funded by the Justice Assistance Program.

Why am I being asked?

You are being asked to be a subject in a research study about the Dual Diagnosis Program at Logan Correctional Center, which assists incarcerated women with mental health issues and substance use disorders. You are being asked to complete an interview about yourself, and your views, experiences, and role in the Dual Diagnosis Program. The interview will take about about 45 minutes to 1 hour to complete. You have been asked to participate in this research because you are a staff member of the Dual Diagnosis Program.

Your participation in this research is voluntary. Your decision whether or not to participate will not affect your current or future dealings with WestCare, Illinois Department of Corrections, or the Illinois Criminal Justice Information Authority (ICJIA). **If you decide to participate, you are free to withdraw at any time without affecting that relationship.** Approximately, three subjects (staff) may be involved in this research study.

What is the purpose of this research?

Researchers at the Illinois Criminal Justice Information Authority are evaluating the Dual Diagnosis Program. The Dual Diagnosis Program is a program that aims to disrupt behavior, drug use, and criminal behavior of individuals with co-occurring disorders through effective intervention programs. Researchers are trying to learn more about how the program operates and the effectiveness of the program.

What procedures are involved?

You will be asked to complete a research interview at a private location in Logan Correctional Center.

What are the potential risks and discomforts?

To the best of our knowledge, the things you will be doing have no more risk of harm than you would experience in everyday life. Some questions may make you uncomfortable. Please know, you may choose at any time not to answer the questions asked. You may also choose to stop the interview at any time.

Are there benefits to taking part in the research?
This study is not designed to benefit you directly. This study is designed to learn more about the Dual Diagnosis Program. The study results may be used to understand programming to better treat other women with these issues in the future.

What other options are there?
You have the option to not participate in this study.

What about privacy and confidentiality?
Only the members of the research team will have direct knowledge that you participated in this study. Individual identifiers will be recorded on a master list in order to keep track of those who consented to be interviewed. This list will be maintained separately from all other materials in a secure location only accessible to research staff. The list will be stored on password-protected, secure computers and servers. Personal information will be stored securely—signed consent forms will be maintained in a locked cabinet separate from interview notes. We will also make sure not to record any personal identifying information, such as your name or the names of others, when taking notes.

A report will include a summary of information received from this and other sources. The Authority will publish the results from the study on their website. Authority staff may also share the results at meetings or other public forums. When the results of the research are published or discussed at conferences, no information will be included that would reveal your identity.

What are the costs for participating in this research?
There are no costs to you for participating in this research.

Will I be reimbursed for any of my expenses or paid for my participation in this research?
You will not be offered payment for being in this study.

Can I withdraw or be removed from the study?
If you decide to participate, you are free to withdraw your consent and discontinue participation at any time.

Who should I contact if I have questions?
Contact the researchers Jessica Reichert, Senior Research Analyst, at (312) 793-8550 or Jessica.Reichert@Illinois.gov if you have any questions about this study or your part in it, or, if you have questions, concerns or complaints about the research.

What are my rights as a research subject?
If you feel you have not been treated according to the descriptions in this form, or if you have any questions about your rights as a research subject, including questions, concerns, complaints, or to offer input, you may call the IRB secretary, Simeon Kim, Associate General Counsel, at (312) 793-8550 or Simeon.Kim@Illinois.gov.

Remember:

Your participation in this research is voluntary. Your decision whether or not to participate will not affect your current or future relations with WestCare, Illinois Department of Corrections, or ICJIA. If you decide to participate, you are free to withdraw at any time without affecting that relationship.

I have read (or someone has read to me) the above information. I have been given an opportunity to ask questions and my questions have been answered to my satisfaction. I agree to participate in this research. I will be given a copy of this signed and dated form.

_____ _____

Signature Date

_____

Printed Name

_____ _____

Signature of Person Obtaining Consent Date (must be same as subject's)

_____

Printed Name of Person Obtaining Consent

Illinois Criminal Justice Information Authority

IRB

APPROVAL APPLICATION for Research Involving Human Subjects

PROPOSAL INFORMATION

Principal investigator(s): Amanda L. Vasquez, Jaclyn Kolnik

Principal investigator(s) email: Amanda.L.Vasquez@illinois.gov; Jaclyn.kolnik@illinois.gov

Office Address: 300 W Adams St Suite 200

City, State, Zip code: Chicago, IL 60606

Office phone: 312-793-8550

Project staff and affiliation: ____Megan Alderden & Jennifer Hiselman, & Carly Pace, ICJIA___

Start date of project: December 2017

End date of project: December 2018

Title of proposal: Preliminary Study of LGBTQ Victimization and Help-Seeking

Initial approval type: **Full IRB:** X **Expedited:** _____ **Exempt:** _____

Is this IRB linked to other IRB approval? [ ] Yes [X] No

If **YES**, please explain:

Will the data be primary data or secondary data? [X] Primary [ ] Secondary

If **SECONDARY**, please briefly indicate the source of the data:

How is the end date of the study defined?

The completion of a survey tool for use in assessing the victimization and help-seeking experiences of LGBTQ identified individuals.

I. VULNERABLE SUBJECTS

Will any of the following groups potentially be included in your sample?

	Yes	No
Minors under age 18		X
Adult prisoners or individuals in secure confinement		X
Juveniles in correctional or detention facilities		X
Probationers, parolees, or individuals under court or correctional supervision		X
Developmentally disabled, intellectually disabled, or cognitively impaired		X
Individuals held in residential treatment, locked facilities, or hospitalized		X
Pregnant women, if focus of research		X
Non-English speakers		X
Wards of the state		X
Other—please specify		X

II. PROJECT DESCRIPTION

A. PROJECT SUMMARY

1. Please provide a brief summary (3 – 5 sentences), in lay terms, of the purpose of the study and the procedures subjects will undergo.

The purpose of the present study is to develop a survey tool to examine the victimization and help-seeking experiences of LGBTQ identified individuals in Illinois. Participants will be screened via phone to determine their study eligibility. Eligible participants will be asked to participate in a phone interview for researchers to learn more about their experience in thinking of and responding to questions, and assess their understanding of survey questions on discrimination, coping, and help-seeking. Participants will be emailed or mailed an informed consent sheet and list of community resources prior to the interview. This study will offer an understanding of how well select discrimination, coping, and help-seeking measures capture these phenomena among LGBTQ identified individuals.

B. PROCEDURES

2. Describe the procedures involving human subjects and list the steps you will take. Include the following information:

Individuals who identify as LGBTQ and have experienced at least one violent victimization experience in their lifetime will be recruited to participate in phone interviews with ICJIA research staff.

a.) *Time involvement of subjects:* Total time involvement of participants is estimated to be 50 minutes. Screening for study eligibility will take approximately 5 minutes. The interview with participants will take 30-45 minutes.

b.) *Location(s) the study will be conducted with subjects, including a description, if applicable:* Interviews will be conducted by phone.

c.) *Amount of payment to subject, if any (consent form must note plan for payment if they withdraw voluntarily):* Participants will receive a $30 gift card.

d.) *What subjects will experience or do:*

Researchers will use the following methods to recruit eligible participants.

1. Distribution of study flyer to LGBTQ specific and allied service agencies.
2. Distribution of study flyer via email listservs.
3. Use of online resources, such as ICJIA's website and social media accounts.
4. Ask participants to share study information with others.

Recruitment materials will direct potential participants to a phone number to call in order to be screened for eligibility to participate in the study.

Participants will be screened via phone to determine their study eligibility. Participants in the present study are those who:

1. Reside in Illinois;
2. Identify as LGBTQ
3. Are 18 years or older; and
4. Have experienced at least one violent victimization at any point in their lifetime.

For ineligible participants, research staff will offer to send a list of community resources via email or mail. Research staff will record their names and addresses, or email addresses in order to send them the resource list. All names, addresses, and email addresses will be kept in a password protected document saved in a protected file. This list will also be maintained in order to ensure that individuals are not screened more than once.

For eligible participants, research staff will invite them to participate in the study. They will be mailed or emailed an informed consent sheet for review and a list of community resources. Research staff will record participants' names, addresses, phone numbers, and email addresses in order to send them the study materials. This information will be kept in a password protected document saved in a protected file. To ensure victim's safety, researchers will ask if these methods of contact are safe and whether or not a message can be left.

After receiving the materials, participants may call or email to schedule an interview. Alternately, research staff will follow-up, via phone or email, with eligible participants one week after the

materials are sent to ensure participant receipt of materials and to schedule an interview.

The interview will be conducted over the phone, estimated to last approximately 30-45 minutes. The interview will be audio-recorded with the participant's permission. Interview questions will seek to learn more about participants' experience in thinking of and responding to questions on discrimination, coping and help-seeking, and in assessing participant understanding of the survey questions.

Within 72 hours of the interview, participants will be mailed or emailed a $30 gift card.

C. EQUITABLE SELECTION OF SUBJECTS

3. Please answer the following information about your proposed sample.

a.) Anticipated total number of subjects in study: 50

b.) Number in age ranges: Under 18 _____ 18 and older 50

*c.) Potential inclusion: race/ethnicity (check **ALL** that apply). If known, provide number:*

African American	x	American Indian	x		
Asian	x	Hispanic	x		
White	x	Other	x	Bi-racial	x
Unknown	x	Comments	_____		

d.) Prisoners or individuals in secure confinement(n): 0

e.) Probationers, parolees, or other individuals under court or correctional supervision: 0

4. Describe the procedures for subject recruitment

Administrative data _____ Recruitment X

5. Identify the criteria for inclusion/exclusion of subjects and provide a clear rationale for them.

Inclusion: Participants in the present study are those who:

1. Reside in Illinois;
2. Identify as LGBTQ
3. Are 18 years or older; and
4. Have experienced violent victimization at any point in their lifetime.

These criteria are necessary to better understand the victimization and help-seeking experiences of LGBTQ identified individuals in Illinois.

Given that the materials are written in English, participants will also be those who speak English.

Exclusion: Excluded individuals are those not meeting the above criteria. These individuals are excluded because the present study seeks to better understand the victimization and help-seeking experiences of LGBTQ identified individuals in Illinois.

D. RISK/BENEFIT ASSESSMENT

6. Briefly describe the potential benefits of the project to subjects and/or to society. Note: Social science research typically does not provide a direct benefit to the subjects.

Each participant will receive a $30 gift card. The study may benefit society by expanding knowledge of LGBTQ identified individuals understanding of survey measures focused on discrimination, coping, and help-seeking to better understand this population's experiences following victimization.

7. Does this study involve any of the following?

Yes	No	
	X	Use of deception by researchers
	X	Use of punishment by researchers
	X	Use of drugs by subjects for study purposes
	X	Covert and/or participant observation
	X	Induction of mental and/or physical stress to subjects by researchers
	X	Procedures which risk physical harm to the subject
	X	Materials and behaviors commonly regarded as socially unacceptable
	X	Procedures by researchers that might be regarded as an invasion of privacy to subjects or cause a degree of discomfort
X		Possible/probable disclosure of information by subjects to researchers that may be harmful to the subject (e.g., child abuse, criminal behavior, immigration status)

a.) If you checked <u>YES</u> to any of the above procedures, explain the procedure in detail, as well as provide the methods being used to control or minimize the danger to the subjects.

Participants will be asked to report if they have experienced a violent victimization at any point in their lifetime, and will be asked to think about their coping and help-seeking behaviors following victimization, as well as any discriminatory experiences they've had, which may be distressing. Researchers will provide participants with a list of community resources, including referral information for victim services and LGBTQ service providers they can contact if they experience distress. At the start of each interview, participants will be reminded of their ability to stop participation at any point, without affecting compensation or their relationship with ICJIA.

b.) Please indicate the theoretical and/or methodological necessity for employing each procedure(s) checked <u>YES</u>.

These procedures are necessary as this preliminary study seeks to better understand how to capture LGBTQ identified individuals' post-victimization experiences, to improve the State's knowledge of

this underserved victim population, and to improve victim service delivery.

8. If the study involves deception, when and how will the subjects be debriefed? (Generally, the nature of the deception and its necessity should be explained to the subjects).

N/A, the study does not involve deception.

9. Are provisions for subject's medical care available in the event of a personal (physical or mental) injury resulting solely from subject's participation in the research? Please explain.

Yes ____ No ____ Not applicable **X**

10. Will other care or counseling be available or referrals made to agencies for the subject should he or she become stressed, uncomfortable, angry, or experience other psychological difficulties as a result of participating in the research? Please explain.

Yes **X** No ____ Not applicable ____

Participants will be provided with a list of community resources. These resources will include referral information for victim services and LGBTQ service providers.

Minimal risk: A risk is minimal where the probability and magnitude of harm or discomfort anticipated in the proposed research are not greater, in and of themselves, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

Greater than minimal risk: A risk is greater than minimal where the probability and magnitude of harm or discomfort anticipated in the proposed research are greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

High risk: A risk is high when a moderate-to-high probability of serious adverse effects might occur as a result of participation in a research study.

Risks and benefits that would result even if the research weren't undertaken should not be considered.

11. Indicate the overall degree of the research's *physical* risk to the subject, according to the definitions provided below.

X Minimal

_____ Greater than minimal

_____ High

12. Indicate the overall degree of the research's *psychological* risk to the subject, according to the definitions provided below.

X Minimal

_____ Greater than minimal

_____ High

13. Indicate the overall degree of any *other* risk to the subject the research may have (e.g., social, economic), according to the definitions provided below.

__X__ Minimal

_____ Greater than minimal

_____ High

E. COMPENSATION

14. Will the participants be compensated monetarily for entering the study?

Yes __X__ No ____

*a.) If **YES**, what is the amount and source of the funds?*

Amount **$ 30** Source of funds **Victims of Crime Act**

*b.) If **YES**, how will that money be distributed to subjects (e.g., gift cards, cash)? Explain.*

Gift cards or e-gift cards will be mailed or emailed to participants as payment. Victim of Crime Act administrative funds have been earmarked for participant compensation. ICJIA staff will distribute these funds.

15. Are there other inducements planned to recruit subjects? If YES, describe other inducements.

Yes ____ No **X**

F. CONFIDENTIALITY

16. Will any data be gathered through photographic, video or sound recording devices?

Yes **X** No ____

*a.) If **YES**, how will the confidentiality of the materials produced by such devices be protected?*

Note: A separate line of the consent form for the subjects to agree to be video/audio taped or photographed must be included.

Should participants consent to audio recording, the interview will be recorded using a handheld recording device. Audio-recordings of interviews will be saved on secure computers and/or servers in the Authority offices accessible only to the research staff on this project. Audio-recordings on the recording devices will be erased within 48 hours of recording. Transcripts of the recordings will be stored securely on the Authority computers and servers separate from the master list of study participants and only accessible to the research staff on this project.

At the start of the interview, participants will be asked for their verbal consent to participate in the interview. If a participant does not agree to participate, the interview will be terminated.

Participants will also be asked if they agree to be audio-recorded. If an individual does not wish to be audio-recorded, the participant can still participate, and researchers will instead only take handwritten notes. The audio-recordings will be transcribed by research assistants associated with this project. Any identifying information will be redacted during the transcription process. The transcriptions will be maintained in a secure location separate from the master list of study participants. Only the transcriptions and written notes will be analyzed.

Researchers will take notes during the interviews whether or not the interview is audio-recorded. No identifying information will be recorded during the notetaking process. All notes will be stored in a filing cabinet in a locked office at the Authority. Only ICJIA research staff will have access to these materials.

b.) What will be done with the still photos, video, or audio recordings after the study has been completed? Will this information be destroyed, kept xx number of years, used in publications, etc? How does the investigator(s) define "completion" of the study?

Audio recordings will be transferred to secured computers accessible only to research staff and deleted from the recording device within 48 hours of the interview. Interview transcriptions will be maintained in computerized word processing files and stored securely on the Authority computers and servers accessible only to research staff. The transcripts and notes will be maintained separately from the recordings. Files will be stored for 3 years after the completion of the study. Completion of the study occurs when a survey tool for use in assessing the victimization and help-seeking experiences of LGBTQ identified individuals is developed. This data may be used in publications, including peer-reviewed journals and reports on ICJIA's website, and in presentations. Identifying information will be redacted in interview transcripts and replaced with a pseudonym or non-identifying descriptor in any publications or presentations.

17. Will names or individual identifiers of subjects be recorded? If <u>YES</u>, answer *a* through *d* below.

Yes **X** No ____

a.) Where will the names or other individual identifiers be recorded (e.g., on test protocols, on a separate list with code numbers, etc)?

Identifying information such as names, addresses, phone numbers, and email addresses will be stored in a master list in a password protected document on password-protected computers accessible only to research staff. Each individual who contacts the study will be assigned a unique code. Only research staff will have access to this master list that links a participant's identifying information to their unique code. This code will be used to track their participation in the study and to distribute payment. The master list will be maintained separately from all other study materials.

b.) Describe project procedures for maintaining the security of these records at every point in the data collection process.

Information about who has participated in our study will only be accessible to the research staff at ICJIA. Records with identifiable information (i.e., master list of participants) will be password protected files that will be stored on password protected computers accessible only to research staff. In this master list, participant will be assigned a unique identifier; this code will be used on all study materials and spreadsheets. Transcripts will be de-identified and labeled with the unique code. Handwritten notes will be de-identified, labeled with a unique code, and stored in a file cabinet in a locked office at ICJIA.

c.) Would it be possible to conduct the proposed project without recording names or other individual identifiers? Please explain why or why not.

Yes ____ No X

Researchers need to record personally identifying information to send a community resource list to ineligible study participants, and to send study materials, including the informed consent sheet and community resource list, and payment to participants.

d.) Will access to names be under your exclusive control?

Yes X No ____

*If **NO**, what will be done to protect the confidentiality of the subjects? Who would have access to names or other individual identifiers? Describe the procedures for maintaining security of paper files, automated files, and other records.*

e.) Will names of subjects be included in any publication based on this study? If YES, for what reason(s)?

Yes ____ No X

18. Sometimes research findings are presented in a manner that permits knowledgeable readers to infer the identity of a person used as a subject, even if names are omitted. Do you expect to present findings that may possibly provide such clues? If YES, explain.

Yes ____ No **X**

19. Will information be obtained pertaining to persons other than immediate subjects (e.g., their friends)? If YES, how will the confidentiality of such persons be protected?

Yes **X** No ____

Participants will be asked to think about their help-seeking experiencing following victimization, including ways in which others may have responded to them. Participants will not be asked to provide any identifying information for these individuals or agency representatives. Any identifying information that is voluntarily offered by participants will be redacted in the interview transcript and not recorded during notetaking. Audio-recordings will be erased within 48 hours of recording. Transcripts of the recordings will be stored securely on the Authority computers and servers separate from the master list of study participants.

G. INFORMED CONSENT

20. Do you intend to obtain informed consent?

X Verbal ____ Written ____ No consent needed ____ Waiver of consent documentation

If **NO CONSENT NEEDED** or **VERBAL**, please answer *a* through *c* below.

a.) Why do you not intend to use written forms?

The present research presents no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required outside of the research context. Requiring participants to complete a written consent form and mail that form to ICJIA researchers would increase the risk associated with participation.

b.) In what manner and to what extent would potential subjects be given advance information about the procedure in which they are asked to participate? If using a contact letter, please include it.

Consent forms will be sent in advance of the scheduled interview. Researchers will review the informed consent information prior to staring the interview. Participants will be asked if they have any questions about the consent form prior to beginning the interview. Participants will also be asked if they consent to participate in the study before the start of the interview.

c.) In what manner would potential subjects be advised that their participation and continuation in the project would be entirely voluntary? Please provide a copy of the text to be used.

The consent form provided to potential participants in advance of the scheduled interview will inform individuals that their participation and continuation in the project is voluntary. Additionally, at the beginning of our research protocol, the interviewer will restate the following: "Participation in this study is voluntary; You may request that the recording stop, choose to not answer a question, or end the interview at any time."

21. If receiving verbal or written consent, please attach a copy of the script or the consent form that you will use.

Attached **X** Unable to provide ____ Not applicable ____

a.) If you are unable to provide the script or consent form, please explain why

22. Please give a detailed description of the process that will be used to obtain consent and answer all applicable questions:

a.) Who will obtain consent? Research staff

b.) How will consent be obtained? Verbally before the start of the interview

c.) How often will consent be obtained (e.g., longitudinal or long-term field studies)?

Before the start of the interview, researchers will review the informed consent information prior to staring the interview and ask participants if they have any questions about the consent form. After any questions are answered, the interviewer will ask if the participant consents to the interview and to be audio-recorded.

d.) How will you verify the subject fully understands the consent?

Researchers will ask participants if they have any questions about the consent form. The consent forms will also provide contact information for the principal investigator, the Authority's IRB secretary to request further information about the studies, their rights as a research participant, and the initiative.

e.) How will your investigators be trained to use the informed consent process?

All Authority research staff are certified in the National Institutes of Health Office of Extramural Research's web-based training course "Protecting Human Research Participants."

23. Will/is the consent form be translated for non-English speaking participants?

Yes ____ No **X**

*a.) If **NO**, please explain why.*

It is expected that all of the individuals being surveyed will be English speaking.

*b.) If **YES**, please provide an explanation of who will/did translate the forms and their qualifications.*

24. Does the consent form you have attached fully comply with ICJIA instructions for consent forms that are in compliance with general requirements as outlined in the *Code of Federal Regulations 46.116* and the Authority's IRB procedures? Please refer to the checklist. N/A

Yes **X** No ____

*a.) If **NO**, please explain why.*

25. Will all project staff be IRB certified and trained to follow the basic guidelines for the ethical care of subjects?

Yes **X** No (explain below) ____

SIGNATURE PAGE

Illinois Criminal Justice Information Authority

IRB

APPROVAL APPLICATION: for Research Involving Human Subjects

PROJECT NAME:_____

This page is to be signed by the principal investigator.

_____ _____

Signature of Principal Investigator Date

IRB ACTION:

Request Approved _____ **Request Denied** _____

IRB Requests Modifications (see explanation below) _____

_____ _____

Signature of IRB Chair **Date**

Modifications Requested by IRB:

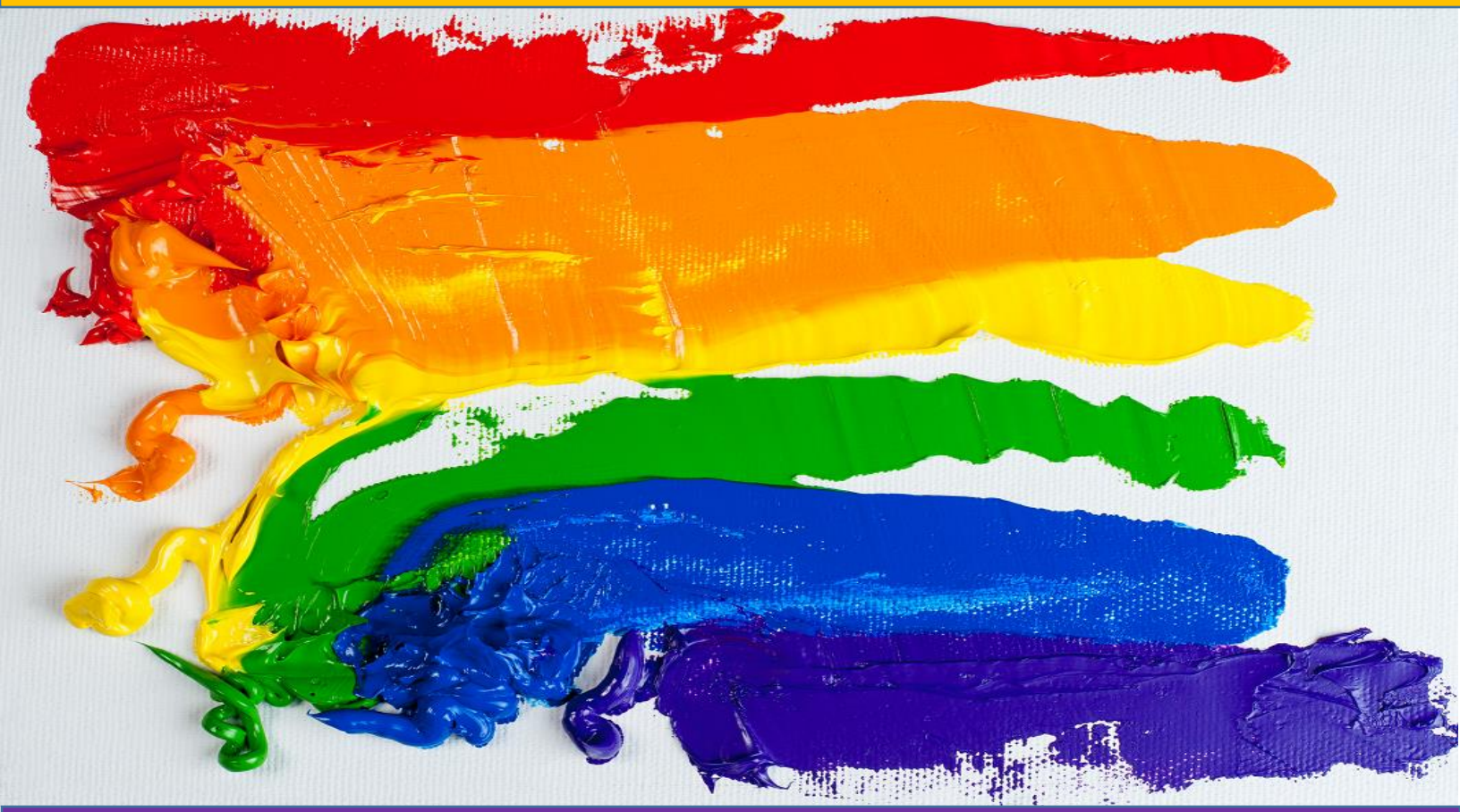
IRB Expiration:

The IRB approval granted for this project expires on _____

Date

Do you identify as lesbian, gay, bisexual, transgender, or queer?

Have you experienced a victimization?



We want to talk to LGBTQ identified persons who have experienced a victimization for a study on the victimization and help-seeking experiences of LGBTQ identified persons.

As a study participant, you would complete a phone interview and receive a gift card for your participation.

Contact the Center for Victim Studies at ICJIA
312-793-XXXX
cja.victimstudies@illinois.gov

All correspondence is confidential

LGBTQ Study – Center for Victim Studies 312-793-XXXX Cja.victimstudies@illinois.gov

LGBTQ Study – Center for Victim Studies 312-793-XXXX Cja.victimstudies@illinois.gov

LGBTQ Study – Center for Victim Studies 312-793-XXXX Cja.victimstudies@illinois.gov

Scan for more information

LGBTQ Study – Center for Victim Studies 312-793-XXXX Cja.victimstudies@illinois.gov

LGBTQ Study – Center for Victim Studies 312-793-XXXX Cja.victimstudies@illinois.gov

LGBTQ Study – Center for Victim Studies 312-793-XXXX Cja.victimstudies@illinois.gov

LGBTQ Study Phone Screen

Thank you for contacting us about participating in our research study.

First, we would like to ask a few questions to see if you qualify for the study. There will be no more than five questions.

> Question 1: Are you 18 years of age or older?
> Question 2: Do you identify as lesbian, gay, bisexual, transgender, or questioning/queer?
> Question 3: Has anyone ever harmed or hurt you by doing something that was against the law?

If NO to questions 1, 2, or 3:

Thank you for your interest in the study, however you do not meet the qualifications to participate. We appreciate you reaching out to us. If you would like, we can send you list of community resources that you may find helpful now or in the future. Would you like us to send you this information?

If YES to questions 1, 2, and 3:
Thank you for answering our questions. Based on your responses, you qualify to participate in this study. We just have a couple more questions to ask. [Questions 3 and 4 will inform what measures we provide respondents so that we do not ask individuals about help-seeking or disclosure when they have not engaged in such activities.]

> Question 4: Have you ever talked to a friend, family member or significant other about this experience?
> Question 5: Have you ever talked to a formal support provider such as a doctor, police officer, prosecutor, or social service provider about this experience?

We would like to send you the materials for the study, which include an informed consent sheet that provides you more information and asks for your consent to participate, and a list of community resources. Do you prefer to receive this information by mail or email?

If EMAIL: What is your name and email address?
If MAIL: What is your name and address?

We will follow-up with you in about a week to see if you have received the study materials, to answer any questions you may have, and to ask about your interest in scheduling an interview. What is the best phone number or email address to reach you at?

Can we leave a message for you at this phone number?

Dear [Participant],

Thank you for your interest in participating in our study of the victimization and help-seeking experiences of individuals who identify as LGBTQ. Specifically, we are trying to see how well certain survey questions that ask about discrimination, coping, and help-seeking capture the experiences of LGBTQ identified individuals.

We are asking you to participate in a 30-45 minute phone interview that will ask you information about your victimization experiences and [INSERT CONSTRUCT], as well as some basic demographic information about yourself. You will be offered a $30 gift card for your participation.

Please read the enclosed materials. We have included an informed consent sheet and a list of community resources. The consent form gives you some additional information about the study. The list of community resources may be helpful if you wish to contact someone regarding your experiences.

Please contact us at your earliest convenience to schedule an interview. You can reach research staff at 312-793-XXXX or via email at CJA.VictimStudies@illinois.gov. If you have any questions please feel free to contact us.

Thank you for your assistance!

Center for Victim Studies
Research and Analysis Unit
Illinois Criminal Justice Information Authority
300 W. Adams St., Suite 200
Chicago, IL 60606
O: 312-793-8550
F: 312-793-8422

Illinois Criminal Justice Information Authority
Research Information and Consent for Participation in Research
Preliminary Study of LGBTQ Victimization and Help-Seeking

You are being asked to participate in a research study. Researchers are required to provide a consent form such as this one to tell you about the research, to explain that taking part is voluntary, to describe the risks and benefits of participation, and to help you to make an informed decision. You should feel free to ask the researchers any questions you may have.

Principal Investigators Name and Title:	Amanda L. Vasquez Research Analyst, Center for Victim Studies Dr. Jaclyn Houston-Kolnik Research Manager, Center for Victim Studies
Department and Institution:	Research and Analysis Unit Illinois Criminal Justice Information Authority
Address and Contact Information:	300 W. Adams St., Suite 200, Chicago, IL 60606 Phone: 312-793-8550 Email: Jaclyn.kolnik@illinois.gov
Sponsor:	Victim of Crime Act (VOCA)

Why am I being asked?

You are being asked to be a subject in a research study to examine how well survey questions that ask about discrimination, coping, and help-seeking measures capture the experiences of individuals identifying as lesbian, gay, bisexual, transgender, or queer/questioning (LGBTQ) who have been the victim of a crime. You have been asked to participate in this study because you have been the victim of a crime and have identified as LGBTQ.

Your participation in this research is voluntary. Your decision whether to participate will not affect your current or future dealings with the Illinois Criminal Justice Information Authority (ICJIA). **If you decide to participate, you are free to withdraw at any time without affecting that relationship.**

Approximately 50 subjects may be involved in this research at ICJIA.

What is the purpose of this research?

Researchers are trying to create a survey that accurately captures the victimization and help-seeking experiences of LGBTQ identified individuals in Illinois. Specifically, researchers are trying to see how well certain survey questions that ask about discrimination, coping, and help-seeking capture the experiences of LGBTQ identified individuals.

What procedures are involved?

If you agree to participate, a researcher will ask you to participate in a phone interview. The interview will be audio-recorded with your permission. You can choose not to be audio-recorded. If you choose not to be audio-recorded we will simply document your responses using paper and pencil. You will be asked questions about your victimization experience(s). In addition, you may be asked questions about one of the following experiences: instances of discrimination, how you have dealt with your victimization, or experiences you had seeking help from others. You will also be asked some basic demographic information.

What are the potential risks and discomforts?

There may be risks from the study that are not known at this time. To the best of our knowledge, the things you will be doing have no more risk of harm than you would experience in everyday life.

Some questions may make you uncomfortable. Please remember, it is up to you to decide whether to answer any of the questions.

Will I be told about new information that may affect my decision to participate?

During the course of the study, you will be informed of any significant new research information (either good or bad), such as changes in the risks or benefits resulting from participation in the research or new alternatives to participation, that might cause you to change your mind about continuing in the research. If new information is provided to you, your consent to continue participating in this research may be re-obtained.

Are there benefits to taking part in the research?

You will be offered a $30 gift card for being in this study. You will receive no other direct benefit from participation in the research. Indirect benefits would include a better understanding of how to capture the experiences of LGBTQ identified individuals following victimization. This information could be used to inform future research that may have important policy implications for how the state can work to improve victim services for LGBTQ identified individuals.

What other options are there?

You have the option to not participate in this study. **Even if you initially choose to participate you may change your decision at any time without penalty.** You may also not answer a question at any time. This will not affect the compensation you receive for participating in the study.

You will be asked to be audio-recorded. You may choose to participate in an interview but not be audio-recorded. If you choose not to be audio-recorded, the information will be collected using pencil and paper.

What about privacy and confidentiality?

The people who will know that you are a research subject are members of the research team.

If you agree, interviews will be audio-recorded and saved on secure computers and/or servers in the Authority offices. Audio-recordings on the recording devices will be erased within 48 hours of recording. Interview transcriptions in computerized word processing files will be stored securely on the Authority's computers and servers. Any information that might identify you will be removed from the interview transcripts. Only the researchers will have access to the audio-recording, transcripts, and notes.

You may choose to participate in the study even if you do not want to be audio-recorded. In this case, we will simply take notes using pencil and paper. These notes will be later typed and stored securely on the Authority's computers and servers. These notes will not contain any information that might identify you.

The information collected in the study may be used to write a report. No potentially identifying information that can be attributed directly to you will be included in the report or discussed with others.

What are the costs for participating in this research?

There are no costs to you for participating in this research.

Will I be reimbursed for any of my expenses or paid for my participation in this research?

You will be offered a $30 gift card for being in this study.

Can I withdraw or be removed from the study?

If you decide to participate, you are free to withdraw your consent and discontinue participation at any time. This will not affect the compensation you receive for participating in the study.

Who should I contact if I have questions?

If you have any questions regarding this project you may contact Amanda L. Vasquez or Dr. Jaclyn Kolnik at 312-793-8550 or CJA.VictimStudies@illinois.gov

What are my rights as a research subject?

If you feel you have not been treated according to the descriptions in this form, or if you have any questions about your rights as a research subject, including questions, concerns, complaints, or to offer input, you may call the IRB secretary at 312-793-8550.

Remember:

Your participation in this research is voluntary. Your decision whether to participate will not affect your current or future relations with ICJIA. If you decide to participate, you are free to withdraw at any time without affecting that relationship.

Verbal consent (before the interview):

Now that I have reviewed with you the information contained in the consent form, do you have any questions about the consent form or this project?

If no: proceed below.
If yes: answer all questions.

Now that your questions have been answered, do you consent to participating in this research study?

If no: thanked for your time (conversation ended).
If yes: proceed below.

Do you consent to being audio-recorded?

If no: no problem. I will take handwritten notes during the interview instead.
If yes: let me turn on the recorder and we will begin.

LGBTQ* Service Providers

Central Illinois

Central Illinois Pride Health Center Bloomington, IL cipridehealthcenter@gmail.com (815) 893-7459	**Planned Parenthood-Bloomington Health Center** 1319 N. Veterans Parkway Bloomington, IL 61704 (309) 827-4014	**The Phoenix Center** 109 East Lawrence Avenue Springfield, IL 62704 (217) 528-5253

Collar Counties

Community Alliance & Action Network Joliet, IL info@caanmidwest.org	**McHenry County Pride** 5603 Bull Valley Rd., McHenry, IL 60050 McHenryCountyPride@gmail.com

Cook County

Broadway Youth Center 4009 N. Broadway, Chicago, IL 60613 (773) 935-3151	**Chicago Commission on Human Relations Community Tensions & Hate Crimes** (312) 744-2571	**IntraSpectrum Counseling** 180 North Michigan Ave, Suite 1830, Chicago, IL 60601 (773) 750-3505	**Test Positive Aware Network** 5537 N. Broadway St. Chicago, IL 60640 (773) 989-9400
Center on Halsted 3656 N Halsted St, Chicago, IL 60613 (773) 472-6469	**El Rescate** 2703 W. Division St Chicago, IL 60622 (872) 829-2662	**Lambda Legal Illinois** 105 W Adams St, Chicago, IL 60603 (312) 663-4413	**The Crib** **The Night Ministry** Info@thenightministry.org (773) 549-4158
Chicago House 1925 N. Clybourn Ave, Chicago, IL 60614 (773) 248-5200	**Howard Brown Health** 4025 N. Sheridan Road Chicago, IL 60613 (773) 388-1600 ****MULTIPLE LOCATIONS**	**New Town Alano Club** 909 West Belmont Ave 2nd Floor Chicago, IL 60657 info@newtownalanoclub.org (773) 529-0321	**West Suburban Senior Services LGBTQ Program** 8300 Roosevelt Road, Forest Park, IL (708) 234-1859

Northern Illinois

Harmony Center for Holistic Psychotherapy-Spectrum of Rockford L.G.B.T. Counseling Program 6625 N. 2nd Street Loves Park, IL 61111 (815) 639-0300

Southern Illinois

Rainbow Café LGBT Youth Center Carbondale, IL info@rainbowcafe.org (618) 521-2328	**Tri-State Alliance** PO Box 2901 Evansville, IN 47728 3statealliance@gmail.com (812) 480-0204

National Hotlines:

The Trevor Project: (866) 488-7386
Trans Lifeline: (877) 565-8860
GLBT National Hotline: 1-888-843-4564

Victim Service Providers

Central Illinois

Center for Prevention of Abuse P.O. Box 3855 Peoria, IL 61612-3855 (309) 691-0551 Crisis Line: 1-800-559-SAFE (7233)	**Sojourn Shelter and Services** 1800 Westchester Blvd. Springfield, IL 62704 Hotline: (217) 726-5200 Office: (217) 726-5100 TTY: (217) 726.7385 Toll-Free Hotline 1 (866) HELP4DV (435-7438)	**Prairie State Legal Services** 201 West Olive Street, #203 Bloomington, IL 61701 Phone: (309) 827-5021; (800) 874-2536

Collar Counties

Guardian Angel Home 168 N. Ottawa Street Joliet, IL 60432 24-Hour Domestic Violence Hotline: (815) 729-1228 24-Hour Sexual Assault Hotline: (815) 730-8984 TTY: (815) 741-4643	**Pioneer Center for Human Services** 4031 W Dayton St McHenry, IL 60050 Phone: (815) 344-1230	**Association for Individual Development** Kane County, IL Main Office Phone: (630) 966-4000

Cook County

Between Friends P.O. Box 608548 Chicago, IL, 60660 Phone: (773) 274-5232 Crisis Hotline: (800) 603-HELP(4357)	**Crisis Center for South Suburbia** Tinley Park, IL 24/7 Hotline Phone: (708) 429-7233	**Heartland Alliance Violence Recovery Services** Chicago, IL Phone: (773) 847-4417	**Metropolitan Family Services Legal Aid Society** Chicago, IL Phone: (312) 986-4200
Chicago Survivors Chicago, IL 24/7 Helpline: (855) 866-6679 Phone: (312) 488-9222	**Family Rescue** Chicago, IL 24-Hour Crisis Line: (800) 360-6619 (773) 375-8400	**Metro YWCA** Chicago: (312) 733-2102 West Suburbs: (630) 790-6600 South Suburbs: (708) 754-0486	**Rape Victim Advocates** 180 N. Michigan Ave. Suite 600 Chicago, IL 60601 Phone: (312) 443-9603

Northern Illinois

Family Resources, Inc. 1521 47th Avenue Moline, IL 61265 Phone: (309) 797-6534 24-Hour Toll Free Crisis Line: 1 (866) 921-3354	**Remedies** 220 Easton Parkway Rockford, IL 61108 Domestic Violence Phone: (815) 962-6102 24 Hr. Domestic Violence Hotline: (815) 962-6102	**Alternatives** Quad Cities Office 1803 7th Street Moline, IL 61265 (309) 277-0167 (800) 798-0988

Southern Illinois

The Women's Center Carbondale, IL Telephone: (618) 549-4807 Marion Office: (618) 993-3178 Harrisburg Office: (618) 294-8641 Franklin Co Office: (618)438-4118	**Land of Lincoln Legal Assistance Foundation, Inc.** Legal Advice and Referral Center Toll Free Number: (877) 342-7891

National and State Hotlines:

Adult Protective Services Hotline: 1 (866) 800-1409; 1 (888) 206-1327 (TTY).
Chicago Rape Crisis Hotline: (888) 293-2080 (Chicago Metropolitan Area), (630) 971-3927 (DuPage County), (708) 748-5672 (South Suburbs)
Illinois Crime Victim Assistance Line: 1-800-228-3368 (Voice); 1-877-398-1130 (TTY)
National Domestic Violence Hotline: 1 (800) 799−7233
RAINN Hotline: 1 (800) 656-HOPE

Illinois Criminal Justice Information Authority

Interview Protocol

Preliminary Study of LGBTQ Victimization and Help-Seeking

[After participant gives consent to being recording]

This conversation is now being recorded. To confirm, do you consent to being audio recorded?

If NO turn off audio recorder.

DEMOGRAPHICS:

Before we get to the survey items, I have some initial questions to learn more about you.

1. What is your age _____
2. How would you describe yourself in terms of race/ethnicity _____
3. What Illinois county do you live in? _____
4. What sex were you assigned at birth, on your original birth certificate?
    a. Male
    b. Female
5. What is your current gender identity? (Check all that apply)
    a. Male
    b. Female
    c. Trans male/Trans man
    d. Trans female/Tran woman
    e. Genderqueer/Gender non-conforming
    f. Different identity (please state): _____
6. How would you describe your gender expression _____

    [Options if prompted]

    a. Very feminine
    b. Mostly feminine
    c. Somewhat feminine
    d. Equally feminine and masculine
    e. Somewhat masculine
    f. Mostly masculine
    g. Very masculine
7. What is your sexual orientation_____

VICTIMIZATION QUESTIONS

In order to understand more about your victimization experiences, I am going to read a list of events that may have taken place. After each event, please respond yes, no, or prefer not to answer as to whether or not this event has occurred ***at any point in your entire life***, including early childhood.

Has/Have...

1. Physical force been was used against you in a robbery or mugging.
   Yes (1) No (2) Prefer not to answer (3)
2. An immediate family member, significant other, or ***very close*** friend died because of a serious injury or homicide.
   Yes (1) No (2) Prefer not to answer (3)
3. Someone (parent, other family member, significant other, friend, acquaintance, stranger, or someone else) used physical force against you to have intercourse, or to have oral or anal sex against your wishes, or when you were helpless, such as being asleep or intoxicated.
   Yes (1) No (2) Prefer not to answer (3)
4. Someone touched private parts of your body, made you touch their body, or tried to make you have sex against your wishes.
   Yes (1) No (2) Prefer not to answer (3)
5. ***As a child***, a parent, caregiver, or other person slapped you repeatedly, beat, or otherwise attacked you.
   Yes (1) No (2) Prefer not to answer (3)
6. ***As an adult***, a significant other, date, family member, stranger, or someone else kicked, beat, slapped, or otherwise physically harmed you.
   Yes (1) No (2) Prefer not to answer (3)
7. Someone has ***threatened*** you with a weapon like a knife or gun.
   Yes (1) No (2) Prefer not to answer (3)
8. ***As an older adult***, someone physically abused, threatened, or tricked you to give them money.
   Yes (1) No (2) Prefer not to answer (3)
9. Someone through force, fraud, or coercion made me provide labor services or involved you in the commercial sex trade.
   Yes (1) No (2) Prefer not to answer (3)
10. Someone held you captive against your will.
    Yes (1) No (2) Prefer not to answer (3)
11. Someone purposely set your house on fire.
    Yes (1) No (2) Prefer not to answer (3)
12. Someone repeatedly watched you, followed you, or made unwanted contacts towards you.
    Yes (1) No (2) Prefer not to answer (3)
13. You been hurt by someone's car when they were driving under the influence.

Yes (1) No (2) Prefer not to answer (3)

You indicated you have had the following experiences at some point in your life [LIST FROM ABOVE WHERE RESPONS IS YES]

Which experience impacted you the most?

DISCLOSURE QUESTIONS

We are also interested in whether you talked to anyone about [INSERT MOST IMPACTFUL EXPERIENCE], the experience you said impacted you the most.

Have you ever talked to anyone about [INSERT MOST IMPACTFUL EXPERIENCE]?

1. Yes
2. No
3. Prefer not to answer

[If NO or PREFER NOT TO ANSWER skip to SURVEY ITEMS]

Did you ever talk to…

1. A romantic partner
   Yes (1) No (2) Prefer not to answer (3)
2. A parent or step-parent
   Yes (1) No (2) Prefer not to answer (3)
3. A family member/relative other than parents
   Yes (1) No (2) Prefer not to answer (3)
4. A friend
   Yes (1) No (2) Prefer not to answer (3)
5. A minister, priest, rabbi, or other religious figure
   Yes (1) No (2) Prefer not to answer (3)
6. A psychiatrist or other mental health counselor
   Yes (1) No (2) Prefer not to answer (3)
7. A medical doctor, other medical person, or emergency room staff
   Yes (1) No (2) Prefer not to answer (3)
8. The police
   Yes (1) No (2) Prefer not to answer (3)
9. Victim service provider
   Yes (1) No (2) Prefer not to answer (3)
10. LGBTQ specific service provider
    Yes (1) No (2) Prefer not to answer (3)
11. Employer

Yes (1) No (2) Prefer not to answer (3)

12. Teacher
    Yes (1) No (2) Prefer not to answer (3)
13. Members of the media
    Yes (1) No (2) Prefer not to answer (3)
14. Anyone else (Please specify who:_____)
    Yes (1) No (2) Prefer not to answer (3)

People may learn about your experience in a variety of ways, such as you made the decision to tell them or due to other circumstances you talked with them about your experience (e.g., accessing medical care, missing work, the police came to talk to you, someone witnessed the event and asked you about it).

You said you told [LIST FROM ABOVE WHERE RESPONSE IS YES] about [INSERT MOST IMPACTFUL EXPERIENCE]. For the following questions, think about the first person you told in each of the categories. For example, if you told more than one friend think about the first friend you told.

Did you…

1. Make the decision to talk with this person?
2. Due to other circumstances, talk with them about your experience?

INTERVIEWER RECORD:

Did the respondent….
1. …need you to repeat any part of the question? Yes (1) No (2)
2. …have any difficulty using the response options? Yes (1) No (2)
3. … ask for clarification or qualify their answer? Yes (1) No (2)

We are interested in whether or not the prior questions accurately captured your experience(s) talking to others.

1. How do you feel these questions captured your experience(s) talking to others?

SURVEY ITEMS:

Now we are going to transition to questions that ask about [INSERT CONSTRUCT NAME, e.g., coping]. There are [INSERT NUMBER BASED ON WHICH ASSIGNED SURVEY ITEM SET]

I will read each question and the response options aloud one at a time. From those response options, please indicate the response that best captures your experiences.

If needed, I can repeat the question or the response options, however I am not able to clarify the survey items themselves as we are interested in how you understand the survey item. If an item seems to be unclear, we may ask you further follow up questions to learn how we can better write the question to accurately capture your experience.

Do you have any questions about this process before we begin?

I will now read the first question and the response options.

Following each question, read the survey item and response options:

INTERVIEWER RECORD:

Did the respondent….
1. …need you to repeat any part of the question? Yes (1) No (2)
2. …have any difficulty using the response options? Yes (1) No (2)
3. … ask for clarification or qualify their answer? Yes (1) No (2)

ASK RESPONDENT:

1. Why did you choose that response option?

AT END OF SURVEY ITEMS:
We are interested in whether or not the prior questions accurately captured [INSERT CONSTRUCT, e.g., how you cope with stressful experiences].

1. What does [INSERT CONSTRUCT, e.g., coping] mean to you?
2. How do you feel these questions captured how you [INSERT CONSTRUCT, e.g., coped with your victimization experience]?
3. What other [INSERT CONSTRUCT, e.g., ways do you cope] that we did not ask about in the survey?

CONSTRUCT: DISCRIMINATION

Instructions:
In the following questions, we are interested in the way other people have treated you or your beliefs about how other people have treated you. Can you tell me if any of the following has ever happened to you:

Response options:
Yes/No/Prefer not to answer

Survey questions:

1. At any time in your life, have you ever been unfairly denied a promotion or fired?
2. For unfair reasons, have you ever not been hired for a job?
3. Have you ever been treated unfairly, prevented from doing something, or been hassled or made to feel inferior by teachers or classmates?
4. Have you ever been unfairly prevented from moving into a neighborhood because the landlord or a realtor refused to sell or rent you a house or apartment?
5. Have you ever moved into a neighborhood where neighbors unfairly made life difficult for you or your family?
6. Have you ever been unfairly denied medical care or provided medical care that was worse than what other people get?
7. In addition to what we have talked about, have you ever been treated unfairly, prevented from doing something, or been hassled or made to feel inferior by the police or the courts?
8. Thinking over your entire life, in addition to what we have talked about, have you ever been treated unfairly, prevented from doing something, or been hassled or made to feel inferior in some other aspect of your life?

Follow-up Questions (if yes to any):

9. What do you think is the main reason for these experiences?
    a. Your Ancestry or National Origins
    b. Your Gender Identity
    c. Your Gender Expression
    d. Your Race
    d. Your Age
    e. Your Religion
    f. Your Height
    g. Your Weight
    h. Some other Aspect of Your Physical Appearance
    i. Your Sexual Orientation

j. Your Education or Income Level
k. Prefer not to answer

2. When was the last time this happened?
    a. Past week
    b. Past month
    c. Past year
    d. More than a year ago
    e. Prefer not to answer

3. How many times has this happened in your lifetime?

CONSTRUCT: COPING

Instructions:
These items ask about ways you've been dealing with stress in your life. There are many ways to try to deal with stress. We are interested in how much you've been doing the following to deal with stress.

Response options:

Prefer not to answer	I haven't been doing this at all.	I've been doing this a little bit.	I've been doing this a medium amount.	I've been doing this a lot.

Survey questions:

1. I've been turning to work or other activities to take my mind off things.
2. I've been concentrating my efforts on doing something about the situation I'm in.
3. I've been saying to myself "this isn't real."
4. I've been using alcohol or other drugs to make myself feel better.
5. I've been getting emotional support from others.
6. I've been giving up trying to deal with it.
7. I've been taking action to try to make the situation better.
8. I've been refusing to believe that it has happened.
9. I've been saying things to let my unpleasant feelings escape.
10. I've been getting help and advice from other people.
11. I've been using alcohol or other drugs to help me get through it.
12. I've been trying to see it in a different light, to make it seem more positive.
13. I've been criticizing myself.
14. I've been trying to come up with a strategy about what to do.
15. I've been getting comfort and understanding from someone
16. I've been giving up the attempt to cope.
17. I've been looking for something good in what is happening.
18. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.
19. I've been accepting the reality of the fact that it has happened.
20. I've been expressing my negative feelings.
21. I've been trying to find comfort in my religion or spiritual beliefs.
22. I've been trying to get advice or help from other people about what to do.
23. I've been learning to live with it.
24. I've been thinking hard about what steps to take.
25. I've been blaming myself for things that happened.
26. I've been praying or meditating.

27. I’ve been working to hide my LGBT+ identity.
28. I’ve been changing what I say or do to cover up my LGBT+ identity.
29. I’ve been taking care to avoid places or people that are not LGBT+ friendly.
30. I’ve been seeking out places or people that support LGBT+ identified persons.

CONSTRUCT: SECONDARY VICTIMIZATION

Instructions:
As part of this study, we are trying to understand how agencies in this community treat victims of violence. These next few questions will ask you whether or not you have experienced certain things.

Response options:
Yes/No/Prefer not to answer

Survey questions:

1. Seem reluctant to provide services/take a report/treat you?
2. Refuse to provide services/take a report/treat you?
3. Ask if you could have done anything to prevent or stop the victimization?
4. Ask you why your memory was vague or scattered?
5. Ask about your prior victimization history?
6. Tell you the case was not serious enough to pursue or there was not enough evidence?
7. Have an impersonal or detached interpersonal style?
8. Give you information about the victimization you experienced or the impact of trauma?
9. Seem to believe your story?
10. Support your decisions?
11. Say there was nothing they could do?
12. Blame you for the victimization?
13. Use a gender pronoun that does not match your gender identity?
14. Seem to treat you unfairly or differently than others?
15. Give you information on services for victims?

Dear [Participant],

Thank you for participating in our study that is trying to learn more about the victimization and help-seeking experiences of individuals who identify as LGBTQ. Your participation is invaluable in informing our understanding of the experiences of LGBTQ identified individuals in Illinois who have experienced victimization.

We have enclosed a $30 gift card in appreciation for your participation in this research study.

If you have any questions please feel free to contact us. You can reach research staff at 312-793-XXXX or via email at CJA.VictimStudies@illinois.gov.

Thank you for your assistance!

Center for Victim Studies
Research and Analysis Unit
Illinois Criminal Justice Information Authority
300 W. Adams St., Suite 200
Chicago, IL 60606
O: 312-793-8550
F: 312-793-8422

Illinois Criminal Justice Information Authority

IRB

APPROVAL APPLICATION for Research Involving Human Subjects

PROPOSAL INFORMATION

Principal investigator(s): Jessica Reichert, Senior Research Analyst
Justin Escamilla, Research Analyst

Principal investigator(s) email: Jessica.Reichert@illinois.gov
Justin.Escamilla@Illinois.gov

Office Address: Illinois Criminal Justice Information Authority
300 W. Adams Street, Suite 200

City, State, Zip code: Chicago, IL, 60606

Office phone: (312) 793-8550

Project staff and affiliation:

Start date of project: December 7, 2017

End date of project: December 7, 2018

Title of proposal: Evaluation of PERC (Pathway to Enterprise for Returning Citizens)

Initial approval type: **Full IRB:** X **Expedited:** **Exempt:**

Is this IRB linked to other IRB approval? [ ] Yes [X] No

If **YES**, please explain:

Will the data be primary data or secondary data? [ ] Primary [X] Secondary

If **SECONDARY**, please briefly indicate the source of the data:

PERC application data on all applicants
PERC administrative data on program participants
Illinois State Police, Criminal History Record Information, arrest records
Illinois Department of Employment Security, employment records
Illinois Department of Corrections, corrections records

How is the end date of the study defined?

The publication of one or more evaluation reports on the Illinois Criminal Justice Information Authority (Authority) website and/or in a peer-reviewed journal.

I. VULNERABLE SUBJECTS

Will any of the following groups potentially be included in your sample?

	Yes	No
Minors under age 18		X
Adult prisoners or individuals in secure confinement	X	
Juveniles in correctional or detention facilities		X
Probationers, parolees, or individuals under court or correctional supervision	X	
Developmentally disabled, intellectually disabled, or cognitively impaired		X
Individuals held in residential treatment, locked facilities, or hospitalized		X
Pregnant women, if focus of research		X
Non-English speakers		X
Wards of the state		X
Other—please specify		X

II. PROJECT DESCRIPTION

A. PROJECT SUMMARY

1. Please provide a brief summary (3 – 5 sentences), in lay terms, of the purpose of the study and the procedures subjects will undergo.

PERC is a new program to help formerly incarcerated men and women start their own businesses. The program includes classroom training on business fundamentals and mentoring and coaching to develop a business plan. Post-release classroom training will begin at five south and west side Chicago locations in early 2018. Graduates of the program will be eligible to apply for special loans to help them start a business.

The purpose of the study is to identify and share effective program components that contribute to successful participant outcomes. These components will be identified through the collection and analysis of administrative program information about each training organization and the participants. This information will help to measure specific outcomes for participants such as

reductions in recidivism, the creation of their own business, obtainment of a loan, and/or employment outcomes after the training takes place. This information will also help educate policy makers about the potential benefit of offering formerly incarcerated men and women intensive business training and planning followed by small loans to start their own business. Researchers will employ a randomized control trial design. Research will track administrative data on subjects who are applicants to the PERC program and who consent to participation in the study.

B. PROCEDURES

2. Describe the procedures involving human subjects and list the steps you will take. Include the following information:

Component 1: Client treatment records (n=375)

a.) Time involvement of subjects:

Potential participants will be asked to review and sign a consent form allowing researchers access to administrative data and records. It will take approximately 2 minutes to read and sign the consent form.

b.) Location(s) the study will be conducted with subjects, including a description, if applicable:

ICJIA researchers will provide consent forms to staff of Illinois Department of Corrections (IDOC) and Safer Foundation, which operates several correctional facilities. IDOC staff will administer and collect consent forms to program applications at eight Correctional Centers (CC): Hill CC, Lawrence CC, Robinson CC, Sheridan CC, Kewanee CC, Pinckneyville CC, Logan CC, and Big Muddy CC. The Safer Foundation staff will administer and collect consent forms at two of their Adult Transition Centers (ATC) in Chicago: ATC-North Lawndale, and ATC-Crossroads.

c.) Amount of payment to subject, if any (consent form must note plan for payment if they withdraw voluntarily): None.

d.) What subjects will experience or do: Subjects will sign a consent form.

C. EQUITABLE SELECTION OF SUBJECTS

3. Please answer the following information about your proposed sample.

a.) Anticipated total number of subjects in study: 375
Training group participants: 125
Non-training group participants: 250

b.) Number in age ranges: Under 18 0 18 and older 375

*c.) Potential inclusion: race/ethnicity (check **ALL** that apply). If known, provide number:*

African American	X	American Indian	X		
Asian	X	Hispanic	X		
White	X	Other	X	Bi-racial	X

Unknown ☐ Comments _____

d.) Prisoners or individuals in secure confinement(n): 375
(Note: at the time of consent, subjects will be prisoners)

e.) Probationers, parolees, or other individuals under court or correctional supervision: 375
(Note: subjects will be tracked post-release)

4. Describe the procedures for subject recruitment

Administrative data X Recruitment X

Potential subjects in prison will be offered the opportunity to participate in the study. The informed consent form will outline the purpose of the study, the risks, benefits and procedures involved should they choose to participate, and the voluntary nature of the study. The form will be provided to participants by IDOC and Safer staff.

5. Identify the criteria for inclusion/exclusion of subjects and provide a clear rationale for them.

All offenders meeting certain criteria for the program and completing an application will be offered the opportunity to participate in this study+.

Program criteria/eligibility:

- Be housed in one of the 10 prisons
- Released by March 1
- Released to a Cook County address
- No conviction for certain felony white collar/financial crimes or class X sex offenses
- Completed an application by due date

The study will track outcomes of those who consent to the study. Participants will be randomly assigned by ICJIA researchers to the treatment group (PERC group) and control group (business as usual group).

D. RISK/BENEFIT ASSESSMENT

6. Briefly describe the potential benefits of the project to subjects and/or to society. Note: Social science research typically does not provide a direct benefit to the subjects.

Benefits to subjects include:

- A chance to receive free business-skills training
- An opportunity to apply for a special loan upon completion of the program

Benefits to PERC include:

- A comprehensive program evaluation that identifies effective practices and areas in need of improvement.
- Outcome information that informs potential funders and policy makers about the efficacy of the program model and its implementation.

Benefits to the field include:

- Provide information on effective critical program components of a business program for

returning citizens.

- Offer the most rigorous research design possible to be able to determine outcomes.
- Contribute to the literature on the effectiveness of a unique program that offers not only training, but potential business loans to returning citizens.

Benefits to ICJIA include:

- Provide information as a part of ICJIA's broader evaluation goals to determine effectiveness criminal justice programs in general, especially those funded, administered, or operated by the Authority.
- Provide information on effective critical components and outcomes to guide Authority support and potential funding, as well as potential replication and expansion beyond the Chicago area.

7. Does this study involve any of the following?

Yes	No	
_____	X	Use of deception by researchers
_____	X	Use of punishment by researchers
_____	X	Use of drugs by subjects for study purposes
_____	X	Covert and/or participant observation
_____	X	Induction of mental and/or physical stress to subjects by researchers
_____	X	Procedures which risk physical harm to the subject
_____	X	Materials and behaviors commonly regarded as socially unacceptable
_____	X	Procedures by researchers that might be regarded as an invasion of privacy to subjects or cause a degree of discomfort
_____	X	Possible/probable disclosure of information by subjects to researchers that may be harmful to the subject (e.g., child abuse, criminal behavior, immigration status)

a.) If you checked <u>YES</u> to any of the above procedures, explain the procedure in detail, as well as provide the methods being used to control or minimize the danger to the subjects.

b.) Please indicate the theoretical and/or methodological necessity for employing each procedure(s) checked <u>YES</u>.

8. If the study involves deception, when and how will the subjects be debriefed? (Generally, the nature of the deception and its necessity should be explained to the subjects).

Does not apply.

9. Are provisions for subject's medical care available in the event of a personal (physical or mental) injury resulting solely from subject's participation in the research? Please explain.

Yes ____ No ____ Not applicable **X**

10. Will other care or counseling be available or referrals made to agencies for the subject should he or she become stressed, uncomfortable, angry, or experience other psychological difficulties as a result of participating in the research? Please explain.

Yes ____ No ____ Not applicable **X**

Minimal risk: A risk is minimal where the probability and magnitude of harm or discomfort anticipated in the proposed research are not greater, in and of themselves, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

Greater than minimal risk: A risk is greater than minimal where the probability and magnitude of harm or discomfort anticipated in the proposed research are greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

High risk: A risk is high when a moderate-to-high probability of serious adverse effects might occur as a result of participation in a research study. Risks and benefits that would result even if the research weren't undertaken should not be considered.

11. Indicate the overall degree of the research's *physical* risk to the subject, according to the definitions provided below.

X Minimal

_____ Greater than minimal

_____ High

12. Indicate the overall degree of the research's *psychological* risk to the subject, according to the definitions provided below.

X Minimal

_____ Greater than minimal

_____ High

13. Indicate the overall degree of any *other* risk to the subject the research may have (e.g., social, economic), according to the definitions provided below.

X Minimal

_____ Greater than minimal

_____ High

E. COMPENSATION

14. Will the participants be compensated monetarily for entering the study?

Yes ____ No **X**

*a.) If **YES**, what is the amount and source of the funds?*

Amount _____ Source of funds _____

*b.) If **YES**, how will that money be distributed to subjects (e.g., gift cards, cash)? Explain.*

15. Are there other inducements planned to recruit subjects? If YES, describe other inducements.

Yes ____ No **X**

F. CONFIDENTIALITY

16. Will any data be gathered through photographic, video or sound recording devices?

Yes ____ No **X**

*a.) If **YES**, how will the confidentiality of the materials produced by such devices be protected?*
Note: A separate line of the consent form for the subjects to agree to be video/audio taped or photographed must be included.

b.) What will be done with the still photos, video, or audio recordings after the study has been completed? Will this information be destroyed, kept xx number of years, used in publications, etc.? How does the investigator(s) define "completion" of the study?

17. Will names or individual identifiers of subjects be recorded? If YES, answer *a* through *d* below.

Yes **X** No ____

a.) Where will the names or other individual identifiers be recorded (e.g., on test protocols, on a separate list with code numbers, etc.)?

The Illinois Department of Corrections will provide the applications of those eligible for PERC who have consented to the study. The applications will contain individual identifiers including names, dates of birth, DOC number, and social security number. A master list of all individuals who have consented to the study will be created. That master list will contain the names, dates of birth, DOC number, and social security number along with a unique study ID number assigned by the research staff. These data contained in the master file will be used to match participants to their corresponding Illinois criminal history arrest records, IDOC incarceration records, and Illinois Department of Employment Security employment records. Once matching is complete, a de-identified working file will be constructed from this master file for all subsequent analysis purposes. The unique study ID will be the linking variable between the master list and the de-identified dataset.

b.) Describe project procedures for maintaining the security of these records at every point in the data collection process.

Individual identifiers of the sample (treatment and control group) are needed to link to administrative data. Once the data have been linked, the data will be stripped of the identifiers. Only the unique study ID number will remain. Only the final, de-identified dataset will be used to analyze the data.

The master list containing the personally identifying information and study ID will be maintained on secure, password protected servers and computers accessible only to the research staff. The final de-identified dataset will also be kept on secure, password protected servers and computers accessible only to the research staff separate from the master list.

c.) Would it be possible to conduct the proposed project without recording names or other individual identifiers? Please explain why or why not.

Yes ____ No X

Researchers need to link pre- and post-tests and administrative data in order to answer its research questions.

d.) Will access to names be under your exclusive control?

Yes X No ____

*If **NO**, what will be done to protect the confidentiality of the subjects? Who would have access to names or other individual identifiers? Describe the procedures for maintaining security of paper files, automated files, and other records.*

e.) Will names of subjects be included in any publication based on this study? If YES, for what reason(s)?

Yes ____ No X

18. Sometimes research findings are presented in a manner that permits knowledgeable readers to infer the identity of a person used as a subject, even if names are omitted. Do you expect to present findings that may possibly provide such clues? If YES, explain.

Yes ____ No **X**

19. Will information be obtained pertaining to persons other than immediate subjects (e.g., their friends)? If YES, how will the confidentiality of such persons be protected?

Yes ____ No X

G. INFORMED CONSENT

20. Do you intend to obtain informed consent?

_____ Verbal ___X___ Written _____ No consent needed _____ Waiver of consent

If **NO CONSENT NEEDED** or **VERBAL**, please answer *a* through *c* below.

a.) Why do you not intend to use written forms?

b.) In what manner and to what extent would potential subjects be given advance information about the procedure in which they are asked to participate? If using a contact letter, please include it.

c.) In what manner would potential subjects be advised that their participation and continuation in the project would be entirely voluntary? Please provide a copy of the text to be used.

21. If receiving verbal or written consent, please attach a copy of the script or the consent form that you will use.

Attached **X** Unable to provide ____ Not applicable ____

a.) If you are unable to provide the script or consent form, please explain why.

22. Please give a detailed description of the process that will be used to obtain consent and answer all applicable questions:

a.) Who will obtain consent? ICJIA researchers will provide consent forms to staff of Illinois Department of Corrections (IDOC) and Safer Foundation, which operates several correctional facilities. IDOC staff will administer and collect consent forms at eight Correctional Centers (CC): Hill CC, Lawrence CC, Robinson CC, Sheridan CC, Kewanee CC, Pinckneyville CC, Logan CC, and Big Muddy CC. The Safer Foundation staff will administer and collect consent forms at two of their Adult Transition Centers (ATC) in Chicago: ATC-North Lawndale, and ATC-Crossroads.

If a research subject has been released from one of the above facilities and is eligible to be in the research study, researchers will attempt to work with their parole officer to administer a consent form to be in each study.

b.) How will consent be obtained?

Researchers will offer a brief script for IDOC and Safer staff administering the consent forms. A paper form will be used to obtain consent for participation in the study.

c.) How often will consent be obtained (e.g., longitudinal or long-term field studies)?

Consent will be obtained once after completing an application and meeting eligibility requirements.

d.) How will you verify the subject fully understands the consent? The consent forms are written in a 9th grade or lower reading level. The consent forms will provide contact information for the principal investigator, the Authority's attorney/IRB secretary to request further information about the studies, their rights as a research participant, and the initiative.

e.) How will your investigators be trained to use the informed consent process?
IDOC and Safer staff are experienced in obtaining consent for participation in research and other programming. The hard copies of the consent forms will be mailed to ICJIA

researchers. IDOC and Safer will not be involved in the random selection of individuals into the treatment or control group.

All Authority research staff are certified in the National Institutes of Health Office of Extramural Research's web-based training course "Protecting Human Research Participants."

23. Will/is the consent form be translated for non-English speaking participants?

Yes ____ No **X**

*a.) If **NO**, please explain why.*

The application for the PERC program is in English and the program will be offered in English. Therefore, non-English speaking individuals will not be able to participate in the program or the study.

*b.) If **YES**, please provide an explanation of who will/did translate the forms and their qualifications.*

24. Does the consent form you have attached fully comply with the Authority's instructions for consent forms that are in compliance with general requirements as outlined in the *Code of Federal Regulations 46.116* and the Authority's IRB procedures? Please refer to the checklist.

Yes **X** No ____

*a.) If **NO**, please explain why.*

25. Will all project staff be IRB certified and trained to follow the basic guidelines for the ethical care of subjects?

Yes **X** No (explain below) ____

Attachments

PERC administrative application
PERC consent form
PERC signature page
PERC IDOC/Safer consent script

Illinois Criminal Justice Information Authority

IRB

APPROVAL APPLICATION: for Research Involving Human Subjects

SIGNATURE PAGE

PROJECT NAME: Evaluation of PERC (Pathway to Enterprise for Returning Citizens)

This page is to be signed by the principal investigator.

_____ _____

Signature of Principal Investigator Date

IRB ACTION:

Request Approved _____ **Request Denied** _____

IRB Requests Modifications (see explanation below) _____

_____ _____

Signature of IRB Chair **Date**

Modifications Requested by IRB:

IRB Expiration:

The IRB approval granted for this project expires on _____

Date

Script for IDOC and Safer Personnel:

This is a consent form to participate in a research study. It explains taking part in the research is your choice and describes the risks and benefits of participation. The information is being given to you to help you to make an informed decision. Please take a minute to review it and sign the signature page if you would like to participate.

Pathway to Enterprise for Returning Citizens

Application Instructions: To apply for the Pathway to Enterprise for Returning Citizen (PERC) program, please fill out the information below.

First Name

Last Name

Date of Birth
(mm/dd/yyyy)

Social Security Number
(xxx-xx-xxxx)

IDOC Facility Name

Individual IDOC #

Which of the following best describes where you expect to live immediately after you are released?

- ◯ My house or apartment
- ◯ The house or apartment of a friend or family member
- ◯ A shelter/transitional facility
- ◯ Other (please describe)

Address upon release
(street address, city, state, zip code)

Phone number you will be able to be reached at upon release (including area code)

Date of prison release
(mm/dd/yyyy)

Which of these are you most interested in learning how to do through PERC? (Check all that apply)

- ☐ Understand financial management
- ☐ Launch a business
- ☐ Improve time management
- ☐ Refine an existing business idea
- ☐ Create a business plan
- ☐ Access business funding and/or funders
- ☐ Network with entrepreneurs
- ☐ Other

Have you ever been the owner of your own business in the past?

◯ Yes ◯ No

Gender
(Check one)

◯ Male ◯ Female ◯ Other

Which of the following best describes your race/ethnicity (Check one)

- ◯ White (non-Hispanic)
- ◯ Hispanic or Latino
- ◯ Black/African-American
- ◯ Asian/Pacific Islander
- ◯ Native American/Alaska Native
- ◯ Other

What is the highest level of education you have completed?
(Check one)

- ◯ Bachelor's degree or higher
- ◯ Associate degree
- ◯ Technical/Vocational school
- ◯ Some college (no degree)
- ◯ High school/GED
- ◯ Some high school (no diploma)
- ◯ Junior high school (6th-8th grade)
- ◯ Elementary school (1st-5th grade)
- ◯ No schooling completed

Your Business Idea

Being part of PERC requires you to pursue a business idea where you will sell a product or service to customers. The business idea you choose might be related to the skills or talents you already possess or a personal hobby or passion. You will need to ask yourself "What do people want or need?" and "How can I sell it to them?"

Please describe the business you want to start, including the primary product or service you will sell.

Who would want to buy your product or service and why?

Is there anything else you would like to tell us about your business idea? (optional)

Applicant signature: _____ Date: _____

Thank you for your interest in the PERC program. You will be notified if you have been selected for enrollment.

By signing this form I consent to participate in this research study. I understand that by being part of the research study, researchers will randomly assign me to receive training or not.

_____ _____

Signature Date

_____

Printed Name

Illinois Criminal Justice Information Authority

IRB

APPROVAL APPLICATION for Research Involving Human Subjects

PROPOSAL INFORMATION

Principal investigator(s): Megan Alderden, PhD and Lily Gleicher

Principal investigator(s) email: Megan.alderden@illinois.gov; lily.gleicher@illinois.gov

Office Address: 300 W Adams, St. 200

City, State, Zip code: Chicago, IL 60606

Office phone: 312-793-8550

Project staff and affiliation: __ICJIA_____

Start date of project: 10/01/17

End date of project: 10/01/18

Title of proposal: Community Focus Groups to Inform Countering Violent Extremism Training Curriculum

Initial approval type: **Full IRB:** x **Expedited:** _____ **Exempt:** _____

Is this IRB linked to other IRB approval? [ ] Yes [x] No

If **YES**, please explain:

Will the data be primary data or secondary data? [x] Primary [ ] Secondary

If **SECONDARY**, please briefly indicate the source of the data:

How is the end date of the study defined?
Completion of training curriculum and final report for the Illinois Criminal Justice Information Authority.

I. VULNERABLE SUBJECTS

Will any of the following groups potentially be included in your sample?

	Yes	No
Minors under age 18		X
Adult prisoners or individuals in secure confinement		X
Juveniles in correctional or detention facilities		X
Probationers, parolees, or individuals under court or correctional supervision		X
Developmentally disabled, intellectually disabled, or cognitively impaired		X
Individuals held in residential treatment, locked facilities, or hospitalized		X
Pregnant women, if focus of research		X
Non-English speakers		X
Wards of the state		X
Other—please specify		x

II. PROJECT DESCRIPTION

A. PROJECT SUMMARY

1. Please provide a brief summary (3 – 5 sentences), in lay terms, of the purpose of the study and the procedures subjects will undergo.

The purpose of this study is to gather community input as part of an evaluation of a community-based violence prevention program. The information will also be used to inform the development of the bystander intervention/gatekeeper training program.

The program will be implemented in up to four communities in Illinois. Researchers will conduct focus groups with community leaders and members about their perceptions of, and attitudes towards targeted violence prevention programs and more specifically about their perceptions about the utility of bystander training programs as it relates to reducing ideologically inspired violence. Junaid Afeef--the program director for the bystander training program--will contact community leaders from each of the respective sites and provide them with a script and information sheet to recruit community members to participate in the focus groups. Each community will have up to 6 focus groups, each with up to 8 community members. It is anticipated that each focus group will take about 1-2 hours.

B. PROCEDURES

2. Describe the procedures involving human subjects and list the steps you will take. Include the following information:

a.) *Time involvement of subjects:*
Approximately 1-2 hours per focus group.

b.) *Location(s) the study will be conducted with subjects, including a description, if applicable:*
Each focus group will occur in the locale of the sites that have agreed to participate in the training. The locations will be chosen by the community leaders, and will be in a setting that provides privacy.

c.) *Amount of payment to subject, if any (consent form must note plan for payment if they withdraw voluntarily):*
No payment will be offered.

d.) *What subjects will experience or do:*
Community members will be asked to participate in a focus group. During the focus group, participants will be asked questions about community concerns and their perceptions of bystander intervention/gatekeeper program elements.

C. EQUITABLE SELECTION OF SUBJECTS

3. Please answer the following information about your proposed sample.

a.) Anticipated total number of subjects in study: 200

b.) Number in age ranges: Under 18 0 18 and older 200

*c.) Potential inclusion: race/ethnicity (check **ALL** that apply). If known, provide number:*

African American	x	American Indian	x		
Asian	x	Hispanic	x		
White	x	Other	x	Bi-racial	x
Unknown	x	Comments			

d.) Prisoners or individuals in secure confinement(n): 0

e.) Probationers, parolees, or other individuals under court or correctional supervision: 0

4. Describe the procedures for subject recruitment

Administrative data _____ Recruitment x

5. Identify the criteria for inclusion/exclusion of subjects and provide a clear rationale for them.

Prior to the focus groups, Junaid Afeef, the ICJIA-TVPP director, will contact identified community leaders in each of the pilot communities and provide them a recruitment script as well as an information sheet containing the location, date, time, and purpose of the focus groups to members in their community (see Community Leader Script; DHS-CVE Community Focus Group Flyer). Community leaders will recruit individuals from their respective communities to participate in the focus group. Only individuals 18 years and older will be recruited.

Only adult members of the community will be recruited as the purpose of the focus groups is to gain insight from these implementation sites as to how the program can best be designed and implemented and to document information that will inform the overall evaluation of the program.

D. RISK/BENEFIT ASSESSMENT

6. Briefly describe the potential benefits of the project to subjects and/or to society. Note: Social science research typically does not provide a direct benefit to the subjects.

There are no direct benefits to the subjects. The benefit for society is to help better inform community-based CVE/TVP programs and efforts. The information and feedback received from participants may inform the work that ICJIA-TVPP does in the future and will be used to document the program's implementation (e.g., process evaluation).

7. Does this study involve any of the following?

Yes	No	
_____	x	Use of deception by researchers
_____	x	Use of punishment by researchers
_____	x	Use of drugs by subjects for study purposes
_____	x	Covert and/or participant observation
_____	x	Induction of mental and/or physical stress to subjects by researchers
_____	x	Procedures which risk physical harm to the subject
_____	x	Materials and behaviors commonly regarded as socially unacceptable
_____	x	Procedures by researchers that might be regarded as an invasion of privacy to subjects or cause a degree of discomfort
_____	x	Possible/probable disclosure of information by subjects to researchers that may be harmful to the subject (e.g., child abuse, criminal behavior, immigration status)

a.) If you checked <u>YES</u> to any of the above procedures, explain the procedure in detail, as well as provide the methods being used to control or minimize the danger to the subjects.

b.) Please indicate the theoretical and/or methodological necessity for employing each procedure(s) checked YES.

8. If the study involves deception, when and how will the subjects be debriefed? (Generally, the nature of the deception and its necessity should be explained to the subjects).

N/A

9. Are provisions for subject's medical care available in the event of a personal (physical or mental) injury resulting solely from subject's participation in the research? Please explain.

Yes ____ No ____ Not applicable **x**

10. Will other care or counseling be available or referrals made to agencies for the subject should he or she become stressed, uncomfortable, angry, or experience other psychological difficulties as a result of participating in the research? Please explain.

Yes ____ No ____ Not applicable **x**

Minimal risk: A risk is minimal where the probability and magnitude of harm or discomfort anticipated in the proposed research are not greater, in and of themselves, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

Greater than minimal risk: A risk is greater than minimal where the probability and magnitude of harm or discomfort anticipated in the proposed research are greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

High risk: A risk is high when a moderate-to-high probability of serious adverse effects might occur as a result of participation in a research study.

Risks and benefits that would result even if the research weren't undertaken should not be considered.

11. Indicate the overall degree of the research's *physical* risk to the subject, according to the definitions provided below.

x Minimal

_____ Greater than minimal

_____ High

12. Indicate the overall degree of the research's *psychological* risk to the subject, according to the definitions provided below.

x Minimal

_____ Greater than minimal

_____ High

13. Indicate the overall degree of any *other* risk to the subject the research may have (e.g., social, economic), according to the definitions provided below.

__x__ Minimal

_____ Greater than minimal

_____ High

E. COMPENSATION

14. Will the participants be compensated monetarily for entering the study?

Yes ____ No __x__

*a.) If **YES**, what is the amount and source of the funds?*

Amount **$** _____ Source of funds _____

*b.) If **YES**, how will that money be distributed to subjects (e.g., gift cards, cash)? Explain.*

N/A

15. Are there other inducements planned to recruit subjects? If YES, describe other inducements.

Yes ____ No __x__

F. CONFIDENTIALITY

16. Will any data be gathered through photographic, video or sound recording devices?

Yes __x__ No ____

*a.) If **YES**, how will the confidentiality of the materials produced by such devices be protected?*

The focus groups will be audio recorded. The inform consent document (see Focus Group Consent Form) provided to individuals will inform the participants that the focus group will be audiotaped and how the audio recordings will be used, stored, and disposed of. The focus group facilitator will go over the informed consent document at the beginning of the focus group. All signed consent sheets will be stored in a locked cabinet accessible only to research staff located in a locked office.

Once the focus group is completed, the audio recording will be transferred from the recording device to a password protected folder on a secure server accessible only to

research staff associated with this project. The audio recording will be deleted from the recording device after successful transfer to the secure server. The recording will be stored for 3 years, per federal regulation (45 CFR 46), at which point the audio recordings will be destroyed.

The focus group audio recording will be transcribed using a professional transcription service that is NIH and CITI trained and certified in Protecting Human Subject Research Participants. No identifying information will be included in the recording transcription. The transcripts will be maintained separately from the audio recordings and consent sheets in a password protected folder on a secure server accessible only to research staff on this project.

b.) What will be done with the still photos, video, or audio recordings after the study has been completed? Will this information be destroyed, kept xx number of years, used in publications, etc? How does the investigator(s) define "completion" of the study?

The audio recording will be wiped clear from the recording device after transfer to the computer. The recording will be stored for 3 years, per federal regulation (45 CFR 46), at which point the audio recordings will be destroyed. The grant study period is from August 1, 2017 through July 31, 2019. Completion of the study is determined by the end of the grant period; however, production of deliverables may extend past July 31, 2019. These deliverables include a formal report for ICJIA-TVPP director, Mr. Afeef, as well as a report for the ICJIA website.

17. Will names or individual identifiers of subjects be recorded? If <u>YES</u>, answer *a* through *d* below.

Yes **x** No ____

a.) Where will the names or other individual identifiers be recorded (e.g., on test protocols, on a separate list with code numbers, etc)?

Prior to the focus group starting, participants will be asked not to share personally identifying information. However, it is possible during the course of the focus groups that such information is shared. In such cases, the information will be removed from all recording transcripts during the transcription process. Only the transcripts will be used during analysis. No identifying information will be recorded by researchers taking notes during the focus groups.

b.) Describe project procedures for maintaining the security of these records at every point in the data collection process.

Once the focus group is complete, the researcher will transfer the audio recordings from the recording device to a password protected folder on a secure server accessible only to research staff associated with this project. The audio recording will be deleted from the recording device after successful transfer to the secure server. The recording will be stored for 3 years, per federal regulation (45 CFR 46), at which point the audio recordings will be destroyed. The transcripts will be maintained separately from the audio recordings and consent sheets in a password protected folder on a secure server accessible only to research staff on this project.

c.) Would it be possible to conduct the proposed project without recording names or other individual identifiers? Please explain why or why not.

Yes ____ No x

Prior to the focus group starting, participants will be asked not to share personally identifying information. However, it is possible during the course of the focus groups that such information is shared.

d.) Will access to names be under your exclusive control?

Yes ____ No x

*If **NO**, what will be done to protect the confidentiality of the subjects? Who would have access to names or other individual identifiers? Describe the procedures for maintaining security of paper files, automated files, and other records.*

Other focus group participants will know who attended the focus groups and will know of any personally identifying information shared during the course of the focus groups. Prior to the focus group starting, participants will be asked not to share personally identifying information and the information discussed during the focus groups. Researchers will inform the other participants that although we will do everything we can to protect their identity and the information shared, we are unable to provide full protection given the presence of other individuals in the focus groups.

Researchers will do everything in their control not to share identifying information, including maintaining the audio recordings in a password protected folder on a secure server accessible only to research staff associated with this project, deleting the recording device after successful transfer to the secure server, using a transcription service that is certified in human subjects protections, removing all potentially identifying information during transcription, ensuring no identifying information is recorded when taking notes during the focus groups, and ensuring that audio records, transcripts and notes, and consent forms are maintained separately and in secure locations accessible to only research staff on this project.

e.) Will names of subjects be included in any publication based on this study? If YES, for what reason(s)?

Yes ____ No x

18. Sometimes research findings are presented in a manner that permits knowledgeable readers to infer the identity of a person used as a subject, even if names are omitted. Do you expect to present findings that may possibly provide such clues? If YES, explain.

Yes ____ No **x**

19. Will information be obtained pertaining to persons other than immediate subjects (e.g., their friends)? If YES, how will the confidentiality of such persons be protected?

Yes ____ No **x**

G. INFORMED CONSENT

20. Do you intend to obtain informed consent?

_____	Verbal	x	Written	_____	No consent needed	_____	Waiver of consent documentation

If **NO CONSENT NEEDED** or **VERBAL**, please answer *a* through *c* below.

a.) Why do you not intend to use written forms?

b.) In what manner and to what extent would potential subjects be given advance information about the procedure in which they are asked to participate? If using a contact letter, please include it.

c.) In what manner would potential subjects be advised that their participation and continuation in the project would be entirely voluntary? Please provide a copy of the text to be used.

21. If receiving verbal or written consent, please attach a copy of the script or the consent form that you will use.

Attached	**x**	Unable to provide	____	Not applicable	____

a.) If you are unable to provide the script or consent form, please explain why

22. Please give a detailed description of the process that will be used to obtain consent and answer all applicable questions:

a.) Who will obtain consent?
The researcher(s) facilitating the focus group.

b.) How will consent be obtained?
There will be a consent form provided to individuals who come to the focus groups that explains the purpose of the focus group and what the researchers intend to do with the information (see Focus Group Consent Form). Participants will be able to ask questions and will also be provided the researchers' contact information should they have questions following the completion of the focus group. The facilitator will go over the informed consent form with participants and answer any questions.

c.) How often will consent be obtained (e.g., longitudinal or long-term field studies)?
Once at the beginning of the focus group.

d.) How will you verify the subject fully understands the consent?
Researchers will ask if participants have any questions about the consent form and will be asked to sign the consent form if they agree to participate in the focus group. The consent form will also be written at an appropriate reading level for laypersons.

e.) How will your investigators be trained to use the informed consent process?
All researchers are trained in human subjects research protocols and are familiar with the informed consent process.

23. Will/is the consent form be translated for non-English speaking participants?

Yes ____ No **x**

*a.) If **NO**, please explain why.*

The trainings are delivered in English and the training materials are in English. To date, no program applicants have indicated they are non-English speaking.

*b.) If **YES**, please provide an explanation of who will/did translate the forms and their qualifications.*

24. Does the consent form you have attached fully comply with ICJIA instructions for consent forms that are in compliance with general requirements as outlined in the *Code of Federal Regulations 46.116* and the Authority's IRB procedures? Please refer to the checklist. N/A

Yes **x** No ____

*a.) If **NO**, please explain why.*

25. Will all project staff be IRB certified and trained to follow the basic guidelines for the ethical care of subjects?

Yes **x** No (explain below) ____

Illinois Criminal Justice Information Authority

IRB

APPROVAL APPLICATION: for Research Involving Human Subjects

PROJECT NAME:__ Community Focus Groups to Inform Countering Violent Extremism Training Curriculum _____

This page is to be signed by the principal investigator.

_____ _____

Signature of Principal Investigator Date

IRB ACTION:

Request Approved _____ **Request Denied** _____

IRB Requests Modifications (see explanation below) _____

_____ _____

Signature of IRB Chair **Date**

Modifications Requested by IRB:

IRB Expiration:

The IRB approval granted for this project expires on _____

Date

Illinois Criminal Justice Information Authority
Script for Focus Group Participant Recruitment – Initial Contact

The Illinois Criminal Justice Information Authority (ICJIA) is working in partnership with Illinois communities on a project that seeks to develop a training program that helps community members intervene before crime or violence occurs. The program will focus on helping community members be able to recognize behaviors or actions that might indicate a concern worth paying attention to and know how to respond.

Researchers will be gathering community input by conducting six focus groups—small group discussions—with various community members in [Community Name]. Each group will include up to eight people. The information gathered during the focus groups will be used to develop and evaluate the training program.

The focus groups are completely voluntary and the discussion will be confidential. Here [Included] is a flyer with more detailed information about a focus group in your community, including the location and date/time. Please contact Megan Alderden, PhD at Megan.Alderden@illinois.gov or (312) 793-8550 if you have questions about the focus groups.

Illinois Criminal Justice Information Authority
Research Information and Consent for Participation in Research
Community Member Focus Group

You are being asked to participate in a focus group—a researcher-led small group discussion—as part of a larger research study. Researchers are required to provide a consent form such as this to tell you about the research, to explain that taking part is voluntary, and to describe the potential risks and benefits of participation. Although this is being provided to you to help inform your decision to participate, you should feel free to ask the researchers questions you may have at any time.

Principal Investigator Name and Title: Megan Alderden, PhD, Research Director
Lily Gleicher, M.S., Research Analyst

Department and Institution: Research & Analysis Unit, ICJIA
300 W. Adams St., Suite 200, Chicago, IL 60606
(312) 793-8550

What is the purpose of this research?
Researchers at the Illinois Criminal Justice Information Authority (ICJIA) are gathering community input on a project that seeks to develop a training program that helps community members intervene before crime or violence occurs. The program will focus on helping community members be able to recognize behaviors or actions that might indicate a concern and know how to respond. The information gathered will be used to develop the training program. The information will also be used as part of a larger evaluation of the bystander training program.

Why am I being asked?
You are being asked to participate in this focus group because you have been identified as a community member of [COMMUNITY NAME]. Approximately 8 other community members may be involved in this focus group.

What am I being asked to do?
You are being asked to participate in a focus group with other members of your community. The focus group will last about 1 ½ to 2 hours. During the focus group researchers will ask questions about:

- Your views about violence and safety in your community.
- Your opinions about the program's design and content.
- Concerns you may have about the program.

The focus group will be audio-taped. Your participation in the focus group is voluntary. Your decision to participate does not require you to attend the training program being developed. Your decision whether to participate will not affect your current or future relations with the Illinois Criminal Justice Information Authority. You may decide not to answer any of the questions asked. **If you decide to participate, you are free to withdraw at any point in time.**

What are the potential risks and discomforts to participating?
To the best of our knowledge, participating in the focus group will have no more risk for harm than you would experience in everyday life. There may be some questions that make you feel

uncomfortable. Please remember that participation is completely voluntary and you may choose to not answer any question or participate at any time without penalty.

Will I be told about new information that may affect my decision to participate?
During the course of our research, you will be informed of any significant new research information (either good or bad), such as changes in the risks or benefits resulting from participation in the focus group or new alternatives to participation, that might cause you to change your mind about participating. If new information is provided to you, your consent to continue participating in this research may be re-obtained.

Are there benefits to taking part in the research?
You will not receive any direct benefits; however, information gathered from the focus groups will be used to inform the development of training program that aims to intervene before crime or violence occurs. This will provide benefit to the communities receiving the training. The information will also be used as part of a larger evaluation of the training program that will benefit future programs.

What other options are there?
You have the option to not participate in this study.

What about privacy and confidentiality?
We will be audio recording the focus group. Researchers will do everything we can to protect your identity. This includes the following.

- Only the researchers working on this project will have access to the signed consent forms, interviewer notes, audio recording, and audio transcript.
- All interview notes and transcripts will be recorded in a manner that protects your identity. This includes ensuring that any names or other identifying information is removed.
- The interview notes, recordings, and transcripts will electronically stored on password-protected computers and servers that only the researchers have access to. The interviewer notes and transcripts will be maintained separately from the audio recordings and signed consent forms.
- No information will be included that would reveal your identity when the results of the research are published, discussed, or presented to persons outside the research team. This includes sharing specific, identifying information to those developing the program.
- Recordings and transcripts will be destroyed three years following the completion of the program evaluation.

Please know that although we will do everything possible to protect your identity, it is still possible that someone may guess that you participated in a focus group. Additionally, other participants in your focus group may share with others that you attended and something you have said. Although the researchers are unable to prevent other participants from sharing information about what was discussed, we will do everything we can to ensure we do not release any information that can be directly linked to you.

What are the costs for participating in this research?
You may have transportation costs to get to the location of the focus group.

Will I be reimbursed for any of my expenses or paid for my participation in this research?
There will no reimbursement for any expenses or payment for participation in this focus group.

Can I withdraw or be removed from the study?
If you decide to participate, you are free to withdraw your consent and discontinue participation at any time without penalty. At any time, you can take a break from the focus group or decide to not answer a question.

Who should I contact if I have questions about the research?
Contact the researchers Megan Alderden, PhD, Research Director, at (312) 793-8550 or Megan.Alderden@illinois.gov if you have any questions about this study or your part in it, or, if you have questions, concerns or complaints about the research.

Who should I contact about my rights as a research subject?
If you feel you have not been treated according to the descriptions in this form, or if you have any questions about your rights as a research subject, including questions, concerns, complaints, or to offer input, you may contact the IRB secretary, Simeon Kim, Associate General Counsel, at (312) 793-8550 or Simeon.Kim@Illinois.gov.

Remember:
Your participation in this focus group is voluntary. Your decision whether to participate will not affect your current or future relations with the Illinois Criminal Justice Information Authority. If you decide to participate, you are free to withdraw at any time or skip any questions without affecting that relationship.

I have read (or someone has read to me) the above information. I have been given an opportunity to ask questions and my questions have been answered to my satisfaction. **I understand that the focus group will be audio recorded for research purposes only.** I agree to participate in this focus group research. I will be given a copy of this signed and dated form.

_____ _____
Signature Date

_____
Printed Name

_____ _____
Signature of Person Obtaining Consent Date (must be same as subject's)

_____
Printed Name of Person Obtaining Consent

Focus Group Questions

Introductory Script

The Illinois Criminal Justice Information Authority (ICJIA) is working in partnership with communities in Illinois on a project that seeks to develop a training program that helps community members intervene before crime or violence occurs. The program will focus on helping community members be able to recognize behaviors or actions might indicate a concern worth paying attention to and know how to respond.

My name is [name], and I am a researcher with that agency. This is [other researcher name], [she/he] is also a researcher on this project and will be helping me by taking notes. Our role is to assist project staff by hosting several focus groups—which are small group discussions guided by trained researchers—with folks like you about this project. Researchers assist program staff by engaging in lots of different activities, including talking with stakeholders like you. As a researcher, I am required to inform you of your rights, including the confidential nature of this discussion, and provide you with information to help you decide whether you would like to participate in this discussion. That information is on this sheet, which you can take home with you.

[Full Review of Informed Consent]

Does anyone have any questions about the information just provided?

- If yes: [respond to questions].
- If no: Great. I ask that you sign the consent form if you are willing to participate in this discussion.

Let's get started. We do ask that you try not to share personally identifying information, such as your name, or the names of others. If you forget, don't worry. We will make sure any references to names or other information that could be identifying are removed from our notes or transcripts.

If you don't mind, I thought we could start by talking a little bit about your role within or relationship to [name] community.

Community Concerns

Now I would like to talk a little bit about things you are concerned about in your community as it relates to community members' health and well-being.

- Thinking about the health and well-being of members of your community, what do you feel are the primary issues/concerns?
    - What about specifically for youth and young adults in your community?

- What would you say are some of the primary safety concerns facing your community?
    - Is violence a concern?
    - What about specifically for youth and young adults?
      Probe:
        - School violence

    - Mass shootings
    - What about hate crimes?
- Where might ideologically inspired violence fall on your list? [By ideologically inspired violence, I mean violence that is encouraged, condoned, or engaged in for the purpose of furthering a particular political, social, economic, religious, or ideological perspective. This includes hate crimes.]

Bystander/Gatekeeper Program Elements

As mentioned, the primary purpose of this group's discussion is about a project our agency is engaged in that seeks to develop a workshop for community members that helps them know what behaviors or actions might indicate a concern worth paying attention to, what response options might exist, and encouraging them to take action. You may be aware of similar programs of like this. They are sometimes referred to as bystander intervention or gatekeeper programs. They have been successfully used in the area of bullying intervention and suicide. These types of programs have been shown to increase community members' knowledge of concerning behaviors worth noting and prepare them to intervene successfully.

As noted, one aspect of bystander intervention and gatekeeper programs is providing individuals with information about behaviors that may be concerning and are worth paying attention to. We would like to use a similar approach.

- How receptive do you feel community members would be if the intervention related specifically to preventing ideologically inspired violence? As you may recall, by ideologically inspired violence we mean: violence that is encouraged, condoned, or engaged in for the purpose of furthering a particular political, social, economic, religious, or ideological perspective. This includes hate crimes.
    - What concerns might they have about a program like this?
    - What might be the best approach to a program like this?

- If we developed a workshop that uses a bystander intervention or gatekeeper approach, who might be best positioned to deliver that training? (Probe: community organization, community leaders, local professionals, community members?)

As mentioned, one aspect of bystander intervention and gatekeeper training is preparing individuals to take some type of action if they see something of concern. I would like to talk about specific types of information that we could provide to participants. For each piece of information I would like you to think about how comfortable you or others might feel using that information to take some sort of action.

Social Isolation

Sometimes people might notice that someone is socially isolated—or not engaged with others.

- How comfortable would you be talking with someone you casually know if he or she appeared socially isolated?

- How comfortable would you be encouraging this person to connect with a local resource?

- Who might you be most comfortable encouraging them to connect with?
- Does this resource—the one you feel most comfortable using—exist in your community?
- What if that person was a family member or relative? (Same resource?)
- What about a close friend? (Same resource?)

- Another option for might be to refer someone you are concerned about to a specially trained individual or group who would contact that person to assess the situation and help create a plan to support them. That means sharing information about that person with someone else. How comfortable would you or other community members be referring a person you casually know to a resource if he or she appeared socially isolated?
  - Who might you be most comfortable contacting?
  - Does this resource—the one you feel most comfortable using—exist in your community?
  - What if that person was a family member or relative? (Same resource?)
  - What about a close friend? (Same resource?)

- At what point do you feel should family members be involved in the discussion? Are there times that they shouldn't be?

Change in Behavior

Sometimes individuals might notice a sudden change in behavior that makes them concerned.

- How comfortable would you be talking with someone you casually know if his or her behavior suddenly changed in a way that made you concerned?

- How comfortable would you be encouraging this person to connect with a local resource?
  - Who might you be most comfortable encouraging them to connect with?
  - Does this resource—the one you feel most comfortable using—exist in your community?
  - What if that person was a family member or relative? (Same resource?)
  - What about a close friend? (Same resource?)

- Another option for might be to refer someone you are concerned about to a specially trained individual or group who would contact that person to assess the situation and help create a plan to support them. That means sharing information about that person with someone else. How comfortable would you or other community members be referring a person you casually know to a resource if his or her behavior suddenly changed in a way that made you concerned?
  - Who might you be most comfortable contacting?
  - Does this resource—the one you feel most comfortable using—exist in your community?
  - What if that person was a family member or relative? (Same resource?)
  - What about a close friend? (Same resource?)

- At what point do you feel should family members be involved in the discussion? Are there times that they shouldn't be?

Viewing On-line Violent Speech

Sometimes individuals might notice that someone is frequenting on-line speech that promotes violence as a legitimate response to perceived harms.

- How comfortable would you be talking with someone you casually know if his or her behavior suddenly changed in a way that made you concerned?

- How comfortable would you be encouraging this person to connect with a local resource?
  - Who might you be most comfortable encouraging them to connect with?
  - Does this resource—the one you feel most comfortable using—exist in your community?
  - What if that person was a family member or relative? (Same resource?)
  - What about a close friend? (Same resource?)

- Another option for might be to refer someone you are concerned about to a specially trained individual or group who would contact that person to assess the situation and help create a plan to support them. That means sharing information about that person with someone else. How comfortable would you or other community members be referring a person you casually know to a resource if his or her behavior suddenly changed in a way that made you concerned?
  - Who might you be most comfortable contacting?
  - Does this resource—the one you feel most comfortable using—exist in your community?
  - What if that person was a family member or relative? (Same resource?)
  - What about a close friend? (Same resource?)

- At what point do you feel should family members be involved in the discussion? Are there times that they shouldn't be?

Justified Violence

Sometimes individuals might hear people they know make comments that others who use violence to bring about change are justified in doing so.

- How comfortable would you be talking with someone you casually know started making comments that people who use violence to bring about change are justified in doing so?

- How comfortable would you be encouraging this person to connect with a local resource?
  - Who might you be most comfortable encouraging them to connect with?
  - Does this resource—the one you feel most comfortable using—exist in your community?
  - What if that person was a family member or relative? (Same resource?)
  - What about a close friend? (Same resource?)

- Another option for might be to refer someone you are concerned about to a specially trained individual or group who would contact that person to assess the situation and help create a plan to support them. That means sharing information about that person with someone else. How comfortable would you or other community members be referring a person you casually know to a resource if he or she started making comments that people who use violence to bring about change are justified in doing so?
  - Who might you be most comfortable contacting?
  - Does this resource—the one you feel most comfortable using—exist in your community?

- What if that person was a family member or relative? (Same resource?)
- What about a close friend? (Same resource?)

- At what point do you feel should family members be involved in the discussion? Are there times that they shouldn't be?

Peer Group

Sometimes individuals might notice that a person they know has started associating with groups or individuals who support or engage in violence.

- How comfortable would you be talking with someone you casually know if he or she said or wrote something that suggested they intend to use violence?

- How comfortable would you be encouraging this person to connect with a local resource?
  - Who might you be most comfortable encouraging them to connect with?
  - Does this resource—the one you feel most comfortable using—exist in your community?
  - What if that person was a family member or relative? (Same resource?)
  - What about a close friend? (Same resource?)

- Another option for might be to refer someone you are concerned about to a specially trained individual or group who would contact that person to assess the situation and help create a plan to support them. That means sharing information about that person with someone else. How comfortable would you or other community members be referring a person you casually know to a resource if he or she said or wrote something that suggested they intend to use violence?
  - Who might you be most comfortable contacting?
  - Does this resource—the one you feel most comfortable using—exist in your community?
  - What if that person was a family member or relative? (Same resource?)
  - What about a close friend? (Same resource?)

- At what point do you feel should family members be involved in the discussion? Are there times that they shouldn't be?

Violent Speech

Sometimes individuals might notice that someone is talking or writing about that they intend to use violence.

- How comfortable would you be talking with someone you casually know if he or she said or wrote something that suggested they intend to use violence?

- How comfortable would you be encouraging this person to connect with a local resource?
  - Who might you be most comfortable encouraging them to connect with?
  - Does this resource—the one you feel most comfortable using—exist in your community?
  - What if that person was a family member or relative? (Same resource?)

    - What about a close friend? (Same resource?)

- Another option for might be to refer someone you are concerned about to a specially trained individual or group who would contact that person to assess the situation and help create a plan to support them. That means sharing information about that person with someone else. How comfortable would you or other community members be referring a person you casually know to a resource if he or she said or wrote something that suggested they intend to use violence?
    - Who might you be most comfortable contacting?
    - Does this resource—the one you feel most comfortable using—exist in your community?
    - What if that person was a family member or relative? (Same resource?)
    - What about a close friend? (Same resource?)

- At what point do you feel should family members be involved in the discussion? Are there times that they shouldn't be?

Some places may not have all the resources available to them to help address the different needs of people living in the community.

- If a new resource was developed specifically to assist communities that could be a referral resource for individuals whose behaviors or actions might indicate a concern worth paying attention to, what would you need to know about this resource in order to feel comfortable contacting them?

Sometimes individuals who notice something concerning might not take action because they are fearful of getting others in trouble or hurting them in some way. They may fear having law enforcement become involved.

- What concerns might you have?
- What might ease those concerns?

Is there anything else that we didn't discuss that you feel is important?

JOIN OUR COMMUNITY FOCUS GROUP

Purpose: Gather community input to develop a training program to help community members intervene before crime or violence occurs. The program will focus on helping community members recognize behaviors or actions that might indicate a concern worth paying attention to and know how to respond.

The focus groups will be:

- Confidential.
- Voluntary.
- Audio recorded for research purposes only.
- Used for research & program development purposes.

[date]

[location]

[time]

Conducted by: Researchers at the Illinois Criminal Justice Information Authority.

Questions? Contact Megan Alderden PhD, Research Director, ICJIA, Megan.Alderden@illinois.gov

Illinois Criminal Justice Information Authority

IRB

AMENDMENT APPLICATION: for Research Involving Human Subjects

Any change to an approved research protocol, including the research plan, consent process and form, co-investigators, other research personnel, and/or methods of subject recruitment requires the submission of an Amendment. Please clarify the change(s) to be made and the rationale for the change(s). A cover letter or additional information may also be attached.

Amendments to approved IRB applications must be submitted to the chair or co-chairs of the IRB and receive signed approval. Maintain for your records initial approvals and signatures.

Amendments to protocols may not be initiated until IRB approval has been obtained.

PROPOSAL INFORMATION

Principal investigator(s): Jessica Reichert, Senior Research Analyst

Principal investigator(s) email: Jessica.Reichert@illinois.gov

Unit: Research & Analysis

Office Address: Illinois Criminal Justice Information Authority
300 W. Adams Street, Suite 200

City, State, Zip code: Chicago, IL 60606

Office phone: 312-793-8550

Initial start date of project: May 18, 2017

Initial end date of project: May 18, 2018

Title of proposal: Outcome Evaluation of the Safe Passage Initiative

Date of initial approval: May 18, 2017

Initial approval type: **Full IRB:** _____ **Expedited:** X **Exempt:** _____

AMENDMENT INFORMATION

Amendment initiated by: Jessica Reichert

What elements of the approved project are you proposing to change?

_____ Investigators or research staff (I)

_____ Project advisors or consultants (II)

__X__ Protocol (e.g., instruments, data collection, recruitment procedures, compensation) (III)

_____ Consent procedures (IV)

_____ Consent documents (V)

__X__ Project sites or study participants (VI)

_____ Changes in confidentiality, privacy, or security (e.g., data dissemination, storage, security, personnel, access) (VII)

_____ Funding/sponsorship (VIII)

_____ Start or end date change or modification (IX)

_____ Other (please specify) (X):

_____ Risk/benefits assessment (XI)

I. INVESTIGATOR CHANGE ☐ Changes ☒ No changes

☐ Adding or ☐ changing co-principal investigator

Name: _____

Title: _____

Reason for change _____

IRB certified ☐ Yes ☐ No

Certification course: _____ Date certified: _____

Certification number (if applicable) _____

☐ Adding or ☐ changing research staff

Name: _____

Title: _____

Reason for change _____

IRB certified [ ] Yes [ ] No

Certification course: _____ Date certified: _____

Certification number (if applicable) _____

[ ] Other change(s) to personnel or staff

Explanation: _____

IRB certified [ ] Yes [ ] No

Certification course: _____ Date certified: _____

Certification number (if applicable) _____

Have updated privacy certificates been filed? [ ] Yes [ ] No (explain why):

II. PROJECT ADVISORS OR CONSULTANTS [ ] Changes [X] No changes

[ ] Adding or [ ] changing project advisor or consultant

Name: _____

Title: _____

Reason for change _____

IRB certified [ ] Yes [ ] No

III. PROTOCOL CHANGE [X] Changes [ ] No changes

1.) Please explain in detail what changes you plan to make to the study design or protocol (such as changes to instruments used, data collection, recruitment procedures, or compensation).

The original protocol stated that substance abuse treatment providers will send participant data through the mail. However, it was learned that most providers prefer to securely send participant data through encrypted emails using a secure file transfer.

2.) Please explain in detail the rationale for the above change(s). What prompted the investigators to propose the amendment? Is the amendment the result of an adverse/negative event?

The proposed change is to add to the IRB application that data will be shared via secure transfer. This is to accommodate the preference of treatment providers. Data will still be kept secure. This is not due to an adverse/negative event.

3.) Does this amendment alter, in any way, the assessment of potential risks described in your approved protocol?

_____ Yes __X__ No

4.) If you answered yes to question 3, please explain in detail how this alters the assessment of potential risk and whether the benefits of the study outweigh the risks.

IV. CONSENT PROCEDURES [ ] Changes [X] No changes

5.) If you are changing your consent procedures, please explain these alterations in detail.

6.) Please explain in detail the rationale for the above change(s). What prompted the investigators to propose the change? Is this change the result of an adverse/negative event?

V. CONSENT DOCUMENTS [ ] Changes [X] No changes

7.) What types of changes are being made to the consent documents/forms?

_____ Adding or removing information from the consent form so that it is consistent with an already approved IRB statement (e.g., the cost section, or phone number change)

_____ Revising the consent form to reflect what was already approved in the protocol

_____ Defining a phrase(s) more clearly in lay language

_____ Incorporating in the consent form updated IRB-mandated language

_____ Minor editorial changes to the consent form which do not alter the meaning or procedures (e.g., spelling changes, revising a statement)

_____ Removal of questionnaires or instruments that required consent forms

_____ Other (please specify):

8.) Please explain in detail how you will alter the consent documents.

9.) Please explain in detail the rationale for the above change(s). What prompted the investigators to propose the change? Is this change the result of an adverse/negative event?

10.) Please submit the original and altered consent documents and highlight the changes. If filing the amendment electronically, are these documents appended to this form or contained in a separate document?

_____ Appended _____ Attached form

VI. PROJECT SITES OR STUDY PARTICIPANTS [X] Changes [ ] No changes

11.) What types of changes are being made to the project sites or study participants?

_____ Changing who is included in the study sample

__X__ Inclusion of new or additional special populations as subjects

_____ Changing sites or programs

__X__ Changing the number of subjects

_____ Other (please specify):

12.) Please provide a detailed explanation of how you will change who will be included in your study sample, if applicable.

The anticipated total number of subjects in study is larger than originally stated in the initial IRB application. The sample size did not, but should, include a comparison group of non-clients.

The proposed sample:

a.) Anticipated total number of subjects in study: 610
Former clients n=160
New clients n=150
Non clients n=300

13.) Please provide the rationale for making these changes.

The change is to reflect the full sample size number. The study will compare outcomes of the clients in the treatment group (those referred to treatment through Safe Passage), as well as clients comprising the comparison group (those referred in other ways, not through Safe Passage).

14.) Will your study now include new or additional special populations? If yes, please indicate which ones:

_____ Minors under age 18

_____ Adult prisoners or individuals in secure confinement

_____ Juveniles in correctional or detention facilities

_____ Probationers, parolees, or individuals under court or correctional supervision

_____ Developmentally disabled, intellectually disabled, or cognitively impaired

_____ Individuals held in residential treatment, locked facilities, or hospitalized

_____ Pregnant women, if focus of research

_____ Non-English speakers

_____ Wards of the state

_____ Other—please specify:

15.) Please provide an explanation of why you are changing the sites or program of study, if applicable.

Not Applicable

16.) Please provide the rationale for making these changes.

Not Applicable

17.) Are you changing the number of subjects that will be included in your sample?

X Adding subjects to sample _____ Reducing sample size

18.) How many subjects will be added to or subtracted from your initial sample size and what will your final sample size be?

310	Initial sample size	300	Number added	_____	Number reduced	610	Final sample size

19.) Please provide the justification for making this increase/decrease.

The change is to compare outcomes of the treatment group (those referred through Safe Passage) and a comparison group (substance abuse treatment clients referred in other ways, not through Safe Passage).

20.) Please explain any other changes you are making to the project sites or study participants and provide the rationale or justification for these changes, if applicable.

VII. CONFIDENTIALITY, PRIVACY, OR SECURITY ☐ Changes ☒ No changes

21.) What changes are being made that may affect the confidentiality or privacy of the subjects, or security of the subjects or data?

22.) Please provide the rationale for making these changes.

23.) Please indicate what steps will be taken to ensure the privacy, confidentiality, and security of the study subjects or data.

VIII. FUNDING OR SPONSORSHIP [ ] Changes [X] No changes

24.) How has the funding or sponsorship of this study changed?

_____ Funding added _____ Funding decreased _____ New funding source _____ Funding restored

25.) How will the changes in funding and/or sponsorship affect the protection of the human subjects in the study?

IX. DATE CHANGE OR MODIFICATION [ ] Changes [X] No changes

26.) What date changes are you making to the study?

[ ] Start date [ ] End date

Initial start date _____ New start date _____

Initial end date _____ New end date _____

27.) Please explain the necessity for these changes.

X. OTHER CHANGES [ ] Changes [X] No changes

28.) Please provide a detailed explanation of other changes being made to the IRB that are not covered in previous sections.

29.) Please provide the rationale for the changes and provide a statement as to how they may affect the protection of human subjects in your study?

XI. RISK/BENEFIT ASSESSMENT

30.) Discuss how these proposed changes may affect the risks posed to human subjects.

There will no additional risks to human subjects.

31.) Discuss how these proposed changes may affect the potential benefits of the project to subjects and or society.

The changes will better be able to know outcomes of the programs compared to a comparison group.

Illinois Criminal Justice Information Authority

IRB

Amendment Application

SIGNATURE PAGE

Outcome Evaluation of the Safe Passage Initiative to IRB on May 18, 2017

This page is to be signed by the principal investigator.

_____ _____

Signature of Principal Investigator Date

IRB ACTION:

Request Approved _____ **Request Denied** _____

IRB Requests Modifications (see explanation below) _____

_____ _____

Signature of IRB Chair **Date**

Modifications Requested by IRB:

IRB Expiration:

The IRB approval granted for this project expires on _____

Date