



**ILLINOIS
CRIMINAL JUSTICE
INFORMATION AUTHORITY**

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

AGENDA

Institutional Review Board

August 15, 2018 (2:00 – 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 June 27, 2018 Meeting Minutes
- III. Applications for Review
 - a. New applications:
 1. LGBTQ+ Victimization Survey (pp. 2 - 80)
Dr. Jaclyn Houston-Kolnik & Amanda Vasquez
 - b. Amendments:
 1. Victim and Family Member Interviews: Linking Systems of Care for Children, Youth, & Families (pp. 81-99)
Amanda Vasquez & Dr. Jaclyn Houston-Kolnik
- IV. Old Business: None
- V. New Business:
 - a. Expedited amendment to add staff:
 1. Outcome Evaluation of A Way Out Program
Jessica Reichert
- VI. Next IRB meeting – November 1st, 1 – 3 pm
- VII. 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
Institutional Review Board Initial Application for Research Involving Human Subjects

IRB Application Checklist

Date: 8/9/2018

Title of Proposal: LGBTQ+ Victimization Survey

Principal Investigator: Dr. Jaclyn Houston-Kolnik; Amanda L. Vasquez

Application

Title(s): Institutional Review Board
Initial Application for Research Involving
Human Subjects

Page(s): 15

Page(s): [Click here to enter text.](#)

Focus group protocol

Title(s): [Click here to enter text.](#)

Page(s): [Click here to enter text.](#)

Recruitment flyer

Title(s): Recruitment Flyers

Page(s): 3

Survey

Title(s): LGBTQ+ Full Survey

Page(s): 46

Recruitment script

Title(s): [Click here to enter text.](#)

Page(s): [Click here to enter text.](#)

Observation protocol

Title(s): [Click here to enter text.](#)

Page(s): [Click here to enter text.](#)

Contact script

Title(s): Contact Script

Page(s): 2

Follow-up script

Title(s): [Click here to enter text.](#)

Page(s): [Click here to enter text.](#)

Verbal or written consent

Title(s): Electronic and Written Consent

Page(s): 3

Payment protocol

Title(s): Payment

Page(s): 1

Intake form/screen

Title(s): Screener

Page(s): 3

Interview protocol

Title(s): [Click here to enter text.](#)

Illinois Criminal Justice Information Authority
Institutional Review Board Initial Application for Research Involving Human Subjects

I. PROPOSAL INFORMATION

1. **Principal investigator(s):** Dr. Jaclyn Houston-Kolnik; Amanda L. Vasquez
2. **Principal investigator(s) email(s):** Jaclyn.kolnik@illinois.gov; Amanda.L.Vasquez@illinois.gov
3. **Office Address:** 300 W Adams St Suite 200
4. **Office Phone:** 312-793-8945; 312-793-8645
5. **Project staff:** Jennifer Hiselman, Paola Baldo, Megan Alderden
6. **Start date of project:** 8/17/2018
7. **End date of project:** 8/17/2019
8. **Title of proposal:** LGBTQ+ Victimization Survey
9. **Initial approval type:**
 Full IRB Expedited Exempt
10. **Is this IRB linked to other IRB approval?**
 Yes No
- a. **If yes, please explain:** The previous LGBTQ+ study titled: "Preliminary Study of LGBTQ Victimization and Help-Seeking" was designed to ensure select study measures were worded appropriately for use with an LGBTQ+ population. The preliminary findings from that study have informed the survey items included in the present study.
11. **Will the data be primary or secondary?**
 Primary Secondary
- a. **If secondary, please briefly indicate the source of the data.**

II. VULNERABLE SUBJECTS

- Adult prisoners or individuals in secure confinement
- Developmentally disabled, intellectually disabled, or cognitively impaired
- Individuals held in residential treatment, locked facilities, or hospitalized
- Juveniles in correctional or detention facilities
- Minors under age 18
- Non-English speakers
- Pregnant women, if focus of research
- Probationers, parolees, or individuals under court or correctional supervision: Who are over 18 years old

Wards of the state: Who are over 18 years old

Other (please specify):

13. For each project staff member, please list name, Human Subjects Research Certification date, and expiration date.

Name	Certification date	Expiration date
Jaclyn Houston-Kolnik	7/17/2017	7/16/2020
Amanda Vasquez	3/9/2017	3/9/2019
Jennifer Hiselman	10/28/2015	
Paola Baldo	2/01/2018	01/31/2021
Megan Alderden	05/12/18	

III. PROJECT DESCRIPTION

A. PROJECT SUMMARY

14. 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 administer a survey tool to examine the experiences with harm (e.g., sexual, physical) and the help-seeking experiences of LGBTQ+ individuals in Illinois. Participants will be screened either electronically via an online screener or over the phone to determine their study eligibility. Eligible participants can choose to receive an email with a link to the online version of the survey, complete the online version immediately, or receive a paper copy of the survey by mail. The questions will ask about their experiences with harm, disclosure, and help-seeking experiences. Participants will be provided a list of community resources and the informed consent. This study will offer an understanding of the experiences with harm and the subsequent disclosure and help-seeking experiences of individuals identified as LGBTQ+.

B. PROCEDURES

15. Describe the procedures involving human subjects and list the steps you will take.

a. Time involvement of subjects:

The survey will take approximately 45 – 60 minutes to complete.

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

N/A. Surveys will be completed wherever the subject chooses to take our online or paper survey.

c. Amount of payment, if any (consent form must note plan for payment if they withdraw voluntarily):

Participants will receive a \$25 gift card for completing the online survey or returning the paper copy via the mail.

d. What subjects will experience or do:

Prior to the screener, individuals will be informed about the content of the screener, what will be done with the information collected in the screener and how such information will be protected; participants will be asked if they would like to continue with the screener.

Interested individuals will be screened into the study via a brief online screener or can call to be screened. Screening is estimated to take 5-10 minutes. Screening questions will ask the subjects about their age, sexual orientation, Illinois residency, and whether they have had experiences with harm at any point in their lifetime, along with contact information (e.g. phone number, email address, mailing address), and preferred contact method. Contact information will be used to send study materials and participant payments. Research staff will record participants' names, addresses, phone numbers, and email addresses to send them the study materials, including a community resource list and either a link to the online study or a paper copy of the study (including the informed consent form), depending on the participant's preferences as noted on the screener. All identifying information (participant names, addresses, phone numbers, and e-mail addresses) will be kept in a password protected document saved in a secure computer file accessible only to the assigned research staff. To ensure participant's safety, researchers will ask if these methods of contact are safe and whether a message can be left.

If the subject is not eligible for the survey and they completed the screener online they can download a community resource list at the end of the screener. If they are ineligible and screened by phone they can opt to have the community resource list emailed or mailed to them.

If the subject is eligible for the survey, the participant may choose to receive an email with a link to the online version of the survey, complete the online version immediately, or receive a paper copy of the survey by mail. Individuals who choose to complete the online version immediately will be directed to the start of the survey. Researchers will send study materials to all other participants via their preferred contact method (either email or mail). Participants who select email will be sent an individualized study link that will direct them to the online survey. Participants who select mail will be sent a printed copy of the survey. All participants will receive the informed consent form and a list of community resources. Individuals participating by mail will also receive a postage paid envelope to return the completed survey in to ICJIA. The informed consent form includes the details and purpose of the study, information regarding ICJIA and the Center for Victim Studies,

and their role and responsibilities as a participant of the study. On the informed consent form, participants will be instructed to click a button on the screen to confirm their consent to participating in the survey, if completing the survey online. For those who choose to receive a paper copy of the survey, there will be an informed consent form included with the materials mailed to the participant. The sheet informs the participant that in returning the completed survey to ICJIA they are consenting to participate in the study.

Once informed consent is obtained, eligible participants will be directed to a screen to certify they have not previously completed the survey.

Following this certification, participants will be directed to the full survey. Survey content will seek to learn more about participants' experiences with harm and subsequent help-seeking, including questions about:

- The types and characteristics of harm experienced
- Disclosure and help-seeking following experiences with harm
- Informal and formal reactions to disclosure and help-seeking
- Well-being (e.g., mental health and coping)
- Stressful life events, including discrimination experiences
- Demographic information (e.g. age, race, ethnicity, income level, etc.)
- Sexual and gender identity (e.g. sexual orientation, gender identity, gender expression)

At the suggestion of allied professionals who the researchers have worked with to design the present study, we have also included a page in the middle of the survey reminding participants to pause or take a break if needed to self-regulate potential triggers from the survey questions, before continuing through the remainder of the survey.

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. Researchers may follow up approximately 2 additional times to remind participants about the survey.

Within 3 business days of the survey completion, participants will be mailed or emailed a \$25 gift card.

C. EQUITABLE SELECTION OF SUBJECTS

16. Please enter the following information about your proposed sample:

- Anticipated total number of subjects in study:** 1500
- Number of subjects under 18:** 0
- Number of subjects 18 and older:** 1500
- Number of prisoners or individuals in secure confinement:** n/a
- Number of probationers, parolees, or other individuals under court or correctional supervision:** Unknown

f. Race of subjects (please provide number of subjects after description, if known):

- African American
- American Indian
- Asian
- Hispanic
- White
- Other
- Bi-Racial
- Unknown
- Comments: We do not know the race of the subjects who will participate in this study.

17. How will the subjects be recruited?

Researchers will use the following methods to recruit eligible participants.

1. Distribution of recruitment materials (e.g., study flier, information cards) to LGBTQ+ specific and allied service agencies.
2. Distribution of recruitment materials via email listservs.
3. Distribution of recruitment materials in public aid and other social service offices.
4. Distribution of recruitment materials to healthcare providers.
5. Distribution of recruitment materials to universities.
6. Distribution of recruitment materials at events, conferences, and meetings.
7. Use of online resources, such as ICJIA's website, social media accounts, Craigslist.
8. Ask participants to share study information with others.
9. Invitation of past ICJIA research participants who have expressed interest in future research opportunities.

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

Participants will be screened via phone or online 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 form of sexual or physical harm at some point in their lifetime.

18. 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 a form of harm at any point in their lifetime.

These criteria are necessary to better understand LGBTQ+ individuals' experiences with harm and help-seeking following these experiences 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 LGBTQ+ individuals' experiences with harm and help-seeking following these experiences in Illinois.

D. RISK/BENEFIT ASSESSMENT

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

Each participant will receive a \$25 gift card. The study may benefit society by expanding knowledge of LGBTQ+ identified individuals' experiences with harm, help-seeking, and well-being. This study may also help to shape processes, trainings, and services that are sensitive and tailored to the experiences of LGBTQ+ -identified persons.

20. Does the study involve any of the following?

- Use of deception by researchers
- Use of drugs by subjects for study purposes
- Covert and/or participant observation
- Induction of mental and/or physical stress to subjects by researchers
- Procedures which risk physical harm to the subject
- Materials or behaviors commonly regarded as socially unacceptable
- Procedures by researchers that might be regarded as an invasion of privacy or cause a degree of discomfort
- 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 any of the above procedures, please explain in detail, as well as providing the methods being used to control or minimize the danger to the subjects.

Participants will be asked to report if they have experienced harm at any point in their lifetime, and will be asked to think about their disclosure, help-seeking, and well-being following experiences with harm, 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 the survey, participants will be reminded of their ability to stop participation at any point, without affecting compensation or their relationship with ICJIA.

Additionally, there will be potentially distressing questions asked regarding suicidal ideations and attempts. Provided the sensitivity of such questions, researchers will include the phone number and website for a suicide hotline in the survey.

We will include a page in the middle of the survey reminding participants to pause or take a break if needed to self-regulate potential triggers from the survey questions, before continuing through the remainder of the survey. Participants will also be reminded that the survey does not need to be completed all at once. If they are completing the survey online, the survey platform will save their progress, and they can use the individualized link to return to the last question they answered.

b. Please indicate the theoretical and/or methodological necessity for employing each procedure checked above.

These procedures are necessary as this study seeks to better understand LGBTQ+ identified individuals' experiences with harm, to improve the state's knowledge of this underserved victim population, and to improve victim service delivery.

21. 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.

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

Yes

No

Not Applicable

If yes, please explain: Since participants will be responsible for self-administration of the survey (either through the online link or in a paper copy), researchers will not be able to explicitly see any potential signs of distress. However, participants will be provided with a list of community resources, including referral information for victim services and LGBTQ+ service providers. This list of resources will appear on the screen at the beginning, midway through the survey when participants are reminded to pause or take a break if needed, and at the end of the survey, for those who choose to take it electronically. For those who prefer to receive a paper copy, a hard copy of this list of resources will be included in the package mailed to them along with the survey. Additionally, there will

be a page in the middle of the survey reminding participants to pause or take a break if needed to self-regulate potential triggers from the survey questions, before continuing through the remainder of the survey, along with a suicide hotline number that appears directly following the set of questions regarding suicidal ideations and attempts.

23. Indicate whether subjects will be exposed to minimal or greater than minimal physical, psychological, or other (e.g. social, economic) risk. Risk is considered 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.

a. Degree of *physical* risk to the subject

Minimal Greater than minimal High

Please explain why you chose this designation: Physical risk of taking the survey is no more than ordinarily encountered in daily life.

b. Degree of *psychological* risk to the subject

Minimal Greater than minimal High

Please explain why you chose this designation: Participants will be answering survey questions regarding prior experiences with harm (e.g., physical, sexual), which could pose moderate psychological risk that is not encountered otherwise in daily life.

c. Degree of *other* (e.g. social, economic) risk to the subject

Minimal Greater than minimal High

Please explain why you chose this designation: Other risk of taking the survey is no more than ordinarily encountered in daily life.

E. COMPENSATION

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

Yes No

a. If yes, what is the amount and source of the funds?

Amount: \$25 gift card

Source of funds: Victims of Crime Act

b. If yes, how will that money be distributed to subjects (e.g. gift cards, cash)? Please explain.

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

25. Are there other inducements planned to recruit subjects?

- Yes No

a. **If yes, please explain:**

F. CONFIDENTIALITY

26. Will any data be gathered through photographic, video, or audio recording devices?

- Yes 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.**

No such data will be collected.

b. **What will be done with the still photos, videos, 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 define “completion” of the study?**

No such data will be collected.

27. Will names or individual identifiers of subjects be recorded?

- Yes No

a. **If yes, 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. **If yes, 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 working on this project. 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 working on this project. In this master list, participant will be assigned a unique identifier; this code will be used on all study materials and spreadsheets.

c. **If yes, would it be possible to conduct the proposed project without recording names or other individual identifiers? Please explain why or why not.**

No, it would not be possible to conduct the proposed project without recording names or other individual identifiers. Researchers need to record personally identifying information to send study materials, including payment.

d. **If yes, will access to names be under your exclusive control?**

Yes No

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

N/A

ii. Will the names of subjects be included in any publication based on this study? If yes, please explain.

No, names of subjects will not be included in any publication based on this study.

28. 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 finding that may possibly provide such clues?

Yes No

a. If yes, please explain: N/A

G. INFORMED CONSENT

29. Please indicate the type of consent you will collect.

- Written (answer question d.)
- Verbal (answer questions a-d.)
- Electronic (answer questions a-d.)
- No consent needed (answer questions a-d.)
- Waiver of consent documentation (answer questions a-d.)

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

A waiver of consent is needed for the screener only, which is intended to be short, accessible, and gather initial information to determine eligibility. Prior to the screener, individuals will be informed about the content of the screener, what will be done with the information collected in the screener and how such information will be protected; participants will be asked if they would like to continue with the screener. “These questions will ask you about your age, sexual orientation or gender identity, whether you have had experiences with harm, and if you qualify, your contact information. This information will be kept in password protected files that will be stored on password protected computers accessible only to research staff working on this project. Participation in this screener is voluntary and you can stop your participation at any time; would you like to continue with the screening questions?”

Written consent forms will be mailed to participants who prefer to receive the survey in a mailed paper format. The package that these participants receive will include the informed consent form, a list of community resources, the survey itself, and a postage paid envelope for returning the survey. Participants will be instructed in the consent form that by returning their survey to ICJIA they are consenting to participate in this research study.

For those who choose to take the survey administered online, we cannot obtain written consent. Instead we will display an informed consent form at the start of the survey, following the screening questions, and by clicking the arrow to continue, participants will consent to participating in the study.

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

For our screener, interested individuals will be given advance information about the content of the screener and the processes to maintain the confidentiality of the information collected in the screener. The language to be used is at the start of the screener.

For our survey, potential participants will be given advance information about study procedures via our recruitment flyer, online recruitment mediums (e.g., website, social media), or phone calls to research staff. This information will also be displayed online after eligible participants have answered screening questions on the survey website, as well as in paper format along with the survey for those who choose to receive the materials in that format. Participants that call ICJIA for the screener, rather than completing it online, will also receive this information from the researcher they are screened by at that time. Participants will also be asked if they consent to participate in the study before the start of the survey.

- c. In what matter 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.**

Prior to the screener, interested individuals will be advised that completing the screener is voluntary and they can stop anytime. Individuals will be asked if they would like to proceed: "Participation in this screener is voluntary and you can stop your participation at any time; would you like to continue with the screening questions?"

The informed consent form provided to eligible participants for the survey portions of the study will tell individuals that their participation and continuation in the project is voluntary and that they can discontinue their participation or withdraw their consent at any time without penalty. Additionally, at the beginning of our survey, the online or paper survey will restate the following: "Participation in this study is voluntary; You may choose to not answer a question (e.g., select "prefer not to answer"), end the survey, or withdraw your consent at any time without penalty."

- d. Please attach a copy of the script or the consent form you will use to the end of this document.**

All communication and recruitment materials have been attached.

30. 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?**

A waiver of consent is requested for the screener; participants will be asked if they would like to proceed with the screener after being information about the content and confidentiality of the screener.

Research staff will obtain informed consent from survey participants, either electronically or in paper form.

- b. How will consent be obtained?**

For those that choose to complete the survey online, informed consent will be obtained electronically from the survey participant. They will be instructed to click an arrow on the bottom of the screen to progress to the study to indicate they consent to participate in the study.

For those who choose to receive their survey as a paper copy in the mail, the informed consent form will be mailed to them along with the survey and the community resource list. The consent form will state that by returning the survey to ICJIA by email that they consent to participating in the research study.

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

Consent will be obtained one time at the start of the survey. In the informed consent form text for the online survey and the paper format survey, participants will be told they can discontinue their participation or withdraw their consent at any time without penalty.

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

All participants will be provided with contact information for the principal investigator and the Authority's IRB secretary to request further information about the study and their rights as a research participant.

e. How will project staff be trained to use the informed consent process?

All Authority research staff are certified in human subjects research.

31. Will the consent form be translated for non-English speaking participants?

Yes No

a. If **no**, please explain why.

The participants of the survey are all expected to be English-speaking.

b. If **yes**, please provide an explanation of who will translate the forms and their qualifications.

N/A

32. Does the consent form you have attached fully comply with ICJIA instructions for consent forms and general requirements outlines in the *Code of Federal Regulations 46.116*?

Yes No

a. If **no**, please explain why.

N/A

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

Yes No

a. If **no**, please explain why.

N/A

TO BE COMPLETED BY PRINCIPAL INVESTIGATOR:

Project Name:

LC1572 + Full Survey

Jaclyn Hill

Signature of Principal Investigator

8/7/18

Date

TO BE COMPLETED BY IRB CHAIR:

Request approved

Request denied

IRB requests modifications

Modifications, if requested:

Signature of IRB Chair

Date

TO BE COMPLETED BY IRB MANAGER:

The IRB approval granted for this project expires:

Recruitment Flyers

3 Pages

Do you identify as lesbian, gay, bisexual, transgender, queer, or gender non-conforming?

Have you experienced harm?

We want to learn more about LGBTQ+ individuals' experiences with harm in Illinois. To express your interest in a paid survey of your experiences of harm as a LGBTQ+ identified person contact us or visit:

[Insert Study Link]

You will be asked a few questions so we can send invited individuals the survey. Participants who take the survey will receive a \$25 gift card for their time. This study will help improve responses to and services for LGBTQ+ victims in Illinois.

You can also contact the researchers @ the Center for Victim Studies

XXX-XXX-XXXX or cja.victimstudies@illinois.gov

All correspondence is confidential

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

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[Insertlink]

cja.victimstudies@illinois.gov
312-793-XXXX



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cja.victimstudies@illinois.gov
312-793-XXXX



Scan for more information



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bisexual, transgender, queer, or
gender non-conforming?**

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This study will help improve responses to and services for LGBTQ+ victims in Illinois.

**You can contact the researchers @ the Center for
Victim Studies**

XXX-XXX-XXXX or cja.victimstudies@illinois.gov

All correspondence is confidential

Contact Script

2 Pages



**ILLINOIS
CRIMINAL JUSTICE
INFORMATION AUTHORITY**

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

Dear [Participant],

Thank you for your interest in participating in our study to understand the experiences with harm (e.g., sexual, physical) and the help-seeking experiences of LGBTQ+. We are trying to learn more about LGBTQ+ individuals' service needs and experiences with support sources (e.g., family, friends, agencies), following experiences with harm.

We are asking you to participate in a 45-60 minute survey that will ask you questions about your experiences with harm, service needs, help-seeking, overall well-being, and some basic demographic information. You will be offered a \$25 gift card for your participation. We will send the gift card to you within three business days of receiving the completed survey.

Please read the enclosed materials. We have included an informed consent sheet, the survey, a postage paid envelope for you to return the survey, 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 if you have any questions or if you need a replacement copy of the survey. 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**

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

Dear [Participant],

Thank you for your interest in participating in our study to understand the experiences with harm (e.g., sexual, physical) and the help-seeking experiences of LGBTQ+. We are trying to learn more about LGBTQ+ individuals' service needs and experiences with support sources (e.g., family, friends, agencies), following experiences with harm.

We are asking you to participate in a 45-60 minute survey that will ask you questions about your experiences with harm, service needs, help-seeking, overall well-being, and some basic demographic information. You will be offered a \$25 gift card for your participation. We will send the gift card to you within three business days of receiving the completed survey.

Please use the following link to access the survey

[INSERT LINK]

At the start of the survey, you will see an informed consent sheet, and a community resource list for you to download. 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.

The link is customized to you, which means you can begin the survey and return to it at a later date or time to complete it. Please contact us if you have any questions or if you have any trouble accessing the survey using the link. You can reach research staff at 312-793-XXXX or via email at CJA.VictimStudies@illinois.gov.

Thank you for your assistance!

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Electronic and Written Consent

3 Pages

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

You are being asked to participate in a research study conducted by researchers with the Illinois Criminal Justice Information Authority, a state agency that seeks to improve the administration of justice in the state. The agency's Center for Victim Studies focuses specifically on exploring the experiences of victims. 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: Amanda.L.Vasquez@illinois.gov
Jaclyn.Kolnik@illinois.gov

Why am I being asked?

You are being asked to be a subject in a research study to help the State of Illinois better understand the nature of lesbian, gay, bisexual, transgender, or queer/questioning (LGBTQ+) individuals' experiences with harm, the service needs of LGBTQ+-identifying individuals and their experiences with agencies following harm. You have been asked to participate in this study because you are an LGBTQ+-identifying adult (i.e., aged 18 and up) who has experienced harm at some point in your life.

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 700 subjects may be involved in this research.

What is the purpose of this research?

The purpose of this research is to better understand the nature of LGBTQ+ experiences with harm in Illinois, the service needs of LGBTQ+ individuals, and their experiences with agencies following harm. Researchers are seeking to increase the state's knowledge of LGBTQ+

experiences with harm and the resulting impacts, including mental health, substance use, coping, and experiences with agencies following the harm. Researchers also want to learn how service-seeking and -receiving for LGBTQ+ individuals differs from heterosexual and/or cisgender individuals, to inform future service provision for this target group.

What procedures are involved?

If you agree to participate, you will be invited to complete an online survey. You will be asked questions about the harm you have experienced, service needs, experiences with agencies following these harmful experiences, and some basic demographic information. We will also ask for your contact information (i.e., name, phone or email address, and/or mailing address) to send you the survey and/or payment for participation.

What are the potential risks and discomforts?

Some questions may make you uncomfortable or may cause you some emotional or psychological distress. Please remember, it is up to you to decide whether to answer any of the questions. We have provided a community resource list of adult victim service providers you may contact if you experience discomfort or distress that can be downloaded from the on-line survey or as part of your mail survey packet.

There may be other risks from the study that are not known at this time.

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 receive no direct benefit from completing the survey. Although you will not directly benefit, your participation will help the state gain a better understanding of LGBTQ+ experiences with harm, the service needs of LGBTQ+ individuals, and their experiences with agencies following harm.

What other options are there?

You have the option to not complete the survey. **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.

What about privacy and confidentiality?

Only the research team will know that you are a research subject.

If you agree to be contacted for the survey you will be asked to provide contact information (i.e., name, phone number or email address, and/or mailing address). Your contact information will be separated from the survey responses and replaced with 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 master list will be kept in a separate password protected file on password-protected computers.

The information collected in the study will be used to write a report. No potentially identifying information that can be linked 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?

To our knowledge there are no expenses for participating in this research. You will be reimbursed with a \$25 gift card for your participation.

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?

If you have any questions regarding this project you may contact Amanda L. Vasquez or Dr. Jaelyn 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.

Screeners

3 Pages

LGBTQ+ Victimization Survey Screener

Thank you for your interest in helping us better understand the experiences of LGBTQ+ individuals in Illinois who have experienced harm.

First, we would like to ask a few questions to see if you qualify for the study.

These questions will ask you about your age, sexual orientation or gender identity, whether you have had experiences with harm, and if you qualify, your contact information. This information will be kept in password protected files that will be stored on password protected computers accessible only to research staff working on this project.

Participation in this screener is voluntary and you can stop your participation at any time; would you like to continue with the screening questions?

- Yes → Continue to Q1
- No → End of screener/end of call

Q1. How did you hear about this study?

- a. Flyer
- b. Service provider
- c. Someone other than a service provider
- d. Email or listserv
- e. Social media (e.g. Facebook, Twitter)
- f. Other, please describe: _____
- g. Not sure or don't remember
- h. Prefer not to answer

Q2. How old are you today? (*Age in years*)

If <18 years old → Continue to Q6

If 18 years or older, THEN:

Q3. Do you currently live in Illinois?

- a. Yes
- b. No → Continue to Q6

Q4. Do you consider yourself to be lesbian, gay, bisexual, transgender, queer or questioning, or gender non-conforming?

- a. Yes
- b. No → Continue to Q6

Q5. Thinking about your whole life, have you ever been physically or sexually harmed?

- a. Yes
- b. No → Continue to Q6

Q6. Thank you for your interest in helping us better understand the experiences of LGBTQ+ individuals who have experienced harm. Unfortunately, you do not meet the qualifications to take part in this study.

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

Go to → **END SCREENER**

Q7. Would you be interested in participating in a paid survey?

- a. Yes → Continue to Q8
- b. No → **END SCREENER**

Q8. Invited participants can take part in this study by completing an online survey or by returning a completed paper survey.

Participants who prefer an online survey have two options. We can email you a link that customized to you, which means you can begin the survey and return to it at a later date or time to complete it link. Participants can also choose to complete the full survey now, which will take approximately 45-60 minutes. If you do not have approximately 60 minutes to complete the survey now, we recommend selecting an emailed link or mailed paper survey.

Participants who prefer a paper survey will be mailed a survey packet, including a postage paid envelope to return the survey.

If invited, please select how you would like to participate in the study.

- a. Receive an emailed online survey link
- b. Complete the online survey now (approximately 45-60 minutes)
- c. Mailed paper survey

Q9. Invited participants who return the survey will receive a \$25 gift card or e-gift card. Gift cards can be mailed or emailed.

If invited, please select how you would like to receive the gift card.

- a. Emailed e-gift card
- b. Mailed gift card

Q10. Please provide your contact information in the space provided. If you are invited to participate in this study we will use this contact information to send you the survey and to send you payment in the form of a gift card.

Name: *(text box)*

Phone number: *(text box)*

Email address: *(text box)*

If “mailed paper survey” for Q9 or “mailed gift card” for Q10 selected THEN:

Street Address: *(text box)*

City: *(text box)*

State: *(text box)*

Zip Code: *(text box)*

If both phone number and email address provided THEN → Continue to Q11

Q11. Please select how you prefer to be contacted. *(Allow multiple response options)*

- a. Email
- b. Phone

If phone number provided in Q10 THEN → Continue to Q12

Q13. Is it safe to leave a message at this phone number?

- a. Yes
- b. No

Q14. Thank you for your interest in helping us better understand the experiences of LGBTQ+ individuals who have been harmed by violence.

Participants invited to take part in this study of LGBTQ+ individuals' will be sent a survey. The survey will take 45-60 minutes to complete. Participants who return the survey will receive a \$25 gift card. This study will help to improve responses to and services for LGBTQ+ victims in Illinois.

If you have any questions please contact researchers by email at CJA.VictimStudies@illinois.gov or phone at XXX-XXX-XXX.

END SCREENER

Thank you for your interest in helping us better understand the experiences of LGBTQ+ individuals who have experienced harm.

Online screen ONLY: Below is a link to victim service resources and LGBTQ+ providers that may be helpful to you or others.

[CLICK HERE] for a downloadable PDF list of these resources.

A new tab or window will open.

Phone screen ONLY: 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 you have any questions please contact researchers by email at CJA.VictimStudies@illinois.gov or phone at XXX-XXX-XXX.

LGTBQ+ Full Survey

46 Pages

LGBTQ Victimization Survey

Introduction

Thank you for your interest in helping us better understand the experiences of LGBTQ individuals in Illinois who have been harmed by violence. Please continue to the next page. The following screen will give you more information about the study, including the goals of the study, your rights as a participant, and what to expect.

Informed Consent

[Insert Informed Consent]

Q1. To confirm, how old are you today? _____ (textbox)

VICTIMIZATION EXPERIENCES

Q2. The items listed below refer to experiences that may have taken place **at any point in your life.**

Please indicate if you have had any of the following experiences **when you were a child (under the age of 12 or youth (i.e., 12- 20 years old) or as an adult (i.e., at least 21 years old).**

	Child (under 12 years old)	Youth (12 - 20 years old)	Adult (21- 59 years old)	Older Adult (60 years or older)	I have not had this experience	Not sure or don't remember	Prefer not to answer
1. Physical force was used against me in a robbery or mugging.							
2. An immediate family member, significant other, or <u>very close</u> friend died because of a serious injury or homicide.							
3. Someone (parent, other family member, significant other, friend, acquaintance, stranger, or someone else) used physical force against me to have intercourse, oral or anal sex against my wishes or when I was helpless (Ex: I was asleep or intoxicated).							
4. Someone touched private parts of my body, made me touch their body, or tried to make me have sex against my wishes.							
5. Someone has <u>threatened</u> me with a weapon like a knife or gun.							
6. Someone, through force, fraud, or coercion made me provide labor services or involved me in the commercial sex trade.							

7. Someone held me captive against my will.							
8. Someone purposely set my house on fire.							
9. Someone repeatedly watched me, followed me, or made unwanted contacts towards me.							
10. I was hurt by someone's car when they were driving under the influence or were distracted.							

Q3. The items listed below refer to experiences that may have taken place **at specific points in your life.** Please indicate if you have any of the following experiences.

	Yes	No	Not sure or don't remember	Prefer not to answer
1. <u>As a child or youth (under the age of 21)</u> a parent, caregiver, or other person slapped me repeatedly, beat, or otherwise attacked me.				
2. <u>As an adult (over the age of 21),</u> a significant other, date, family member, stranger, or someone else kicked, beat, slapped, or otherwise physically harmed me.				
3. <u>As an older adult (over the age of 60),</u> someone, such as a caregiver, child, or other person, physically abused, threatened, or tricked me to give them money.				

[SKIP LOGIC FOR ONLINE: If NO victimization experienced → End Survey Message
If YES to Q2 or Q3 THEN display Q4]

Q4. You indicated you have had the following experiences at some point in your life.

[ONLINE: Display “Yes” responses to Q2 and Q3]

Do you have any reason to suspect that any of the experiences you selected was a hate crime or crime of prejudice or bigotry?

[CARRY FORWARD: “Yes” Selections from Q2 and Q3]

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

[SKIP LOGIC FOR ONLINE: If NO to all items → Continue to Q5
If YES to Q4 THEN display Q4a]

Q4a. You indicated the following experience(s) was a hate crime or crime of prejudice or bigotry.

An offender(s) can target people for a variety of reasons, but we are only going to ask you about a few today. Do you suspect the offender(s) targeted you because of:

[CARRY FORWARD: "Yes" Selections from Q4]

	Your race	Your religion	Your ethnic or national origin	Any disability you may have	Your gender	Your sexual orientation	Prefer not to answer
1. Physical force was used against me in a robbery or mugging.							
2. An immediate family member, significant other, or very close friend died because of a serious injury or homicide.							
3. Someone (parent, other family member, significant other, friend, acquaintance, stranger, or someone else) used physical force against me to have intercourse, oral or anal sex against my wishes or when I was helpless (Ex: I was asleep or intoxicated).							
4. Someone touched private parts of my body, made me touch their body, or tried to make me have sex against my wishes.							
5. As a child , a parent, caregiver, or other person slapped me repeatedly, beat, or otherwise attacked me.							
6. As an adult , a significant other, date, family member, stranger, or someone else kicked, beat, slapped, or otherwise physically harmed me.							
7. Someone has threatened me with a weapon like a knife or gun.							
8. As an older adult , someone physically abused, threatened, or tricked me to give them money.							
9. Someone, through force, fraud, or coercion made me provide labor services or involved me in the commercial sex trade.							
10. Someone held me captive against my will.							
11. Someone purposely set my house on fire.							

12. Someone repeatedly watched me, followed me, or made unwanted contacts towards me.							
13. I was hurt by someone's car when they were driving under the influence or were distracted.							

Q5. You indicated you have had the following experiences at some point in your life.

[Carry forward “Yes” Selections from Q2 and Q3]

Please select the experience that was **most recent**.

- Physical force was used against me in a robbery or mugging.
- An immediate family member, significant other, or **very close** friend died because of a serious injury or homicide.
- Someone (parent, other family member, significant other, friend, acquaintance, stranger, or someone else) used physical force against me to have intercourse, oral or anal sex against my wishes or when I was helpless (Ex: I was asleep or intoxicated).
- Someone touched private parts of my body, made me touch their body, or tried to make me have sex against my wishes.
- As a child**, a parent, caregiver, or other person slapped me repeatedly, beat, or otherwise attacked me.
- As an adult**, a significant other, date, family member, stranger, or someone else kicked, beat, slapped, or otherwise physically harmed me.
- Someone has **threatened** me with a weapon like a knife or gun.
- As an older adult**, someone physically abused, threatened, or tricked me to give them money.
- Someone, through force, fraud, or coercion made me provide labor services or involved me in the commercial sex trade.
- Someone held me captive against my will.
- Someone purposely set my house on fire.
- Someone repeatedly watched me, followed me, or made unwanted contacts towards me.
- I was hurt by someone’s car when they were driving under the influence or were distracted.

Q5a. As you answer the next set of questions think of the most recent experience.

You indicated this experience was: [INSERT MOST RECENT EXPERIENCE HERE].

When did this experience happen?

If this experience is ongoing, or happens often, please think of the last time this experience happened.

Month _____(Dropdown menu)

Year _____(Text box)

Q5b. Did the experience occur more than once with the same person, or persons, over a period of time?

- Yes
- No → Continue to Q5d
- Prefer not to answer → Continue to Q5d

Q5c. How many times have you had this type of experience?

- 1 time
- 2-4 times
- 5-10 times
- More than 10 times
- Prefer not to answer

Q5d. How old were you when this experience happened, or if it happened more than once with the same person or persons, when did it first happen?

_____(Drop down list of ages 1-100, and prefer not to answer)

Q5e. How many people did this?

- One
- Two
- Three or more
- Don't know
- Prefer not to answer

Q5f. What was your relationship to the person(s) at the time who did this? (Check ALL that apply).

- Relative
- Intimate Partner

- Well known or casual acquaintance (e.g., friends, dates, roommates, caregivers, coworkers)
- Police officer or other law enforcement official
- Stranger
- Other _____
- Prefer not to answer

Q5g. What was the gender of the person(s) that did this? (*Check ALL that apply*).

- Cisgender male
- Cisgender female
- Transgender male
- Transgender female
- Gender non-confirming
- Don't know
- Prefer not to answer

Q5h. Where did this experience, [INSERT MOST RECENT EXPERIENCE HERE] happen?

- In your home
- Near your home
- In or near a friend, relative, or neighbor's home
- While riding in any vehicle
- In a commercial space (e.g. bank, store, dance club)
- In a parking lot or garage
- In an open area (e.g. park, sidewalk)
- At school
- At work
- Other _____
- Prefer not to answer

Q5i. Did you experience any of the following forms of **physical** injury? (*Check ALL that apply*).

- None
- Bruises, black eye, cuts, scratches, swelling, chipped tooth
- Knocked unconscious
- Internal injuries
- Broken bones or teeth knocked out
- Gun shot, bullet wounds
- Knife or stab wounds
- Other _____
- Prefer not to answer

Q5j. Were you or the person(s) who did this using any alcohol or drugs when this happened? If the experienced happened more than once, were alcohol and drugs **ever** used?

- Yes
- No → Continue to Q6
- Prefer not to answer → Continue to Q6

Q5k. You indicated that you or the person(s) had been using alcohol or drugs when this experience, [INSERT MOST IMPACTFUL EXPERIENCE HERE] happened.

Please select who was using alcohol or drugs.

If this experience happened more than once please select who was most likely to be drinking of using drugs when this type of experience happened. (*Check ALL that apply*).

	Alcohol	Drugs	Neither	Not sure or don't remember	Prefer not to answer
1. I had been using					
2. The person(s) who did this had been using					

HELP-SEEKING

Q6. As you answer the next set of questions think of the experience that impacted you most. You indicated this experience was: [INSERT MOST RECENT EXPERIENCE HERE].

Have you ever talked with anyone about the experience? (*Check one*)

- Yes
- No → Skip to QX
- Prefer not to answer → Skip to QX

Q6a. We are interested in knowing who you talked to about this experience.

People may learn about your experience in a variety of ways. For instance, you may have decided to tell them or due to some other circumstance 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).

Please indicate if you **ever** talked to any of the following people about the most recent experience. You indicated this experience was: [INSERT MOST RECENT EXPERIENCE HERE].

	Yes	No	Prefer not to answer
1. A romantic partner			
2. A parent or step-parent			
3. A family member/relative other than parents			
4. A friend			
5. A minister, priest, rabbi, or other religious figure			
6. A psychiatrist or other mental health counselor			
7. A medical doctor, other medical person, or emergency room staff			
8. A police officer			
9. Victim service provider (not LGBTQ-specific), such as a victim advocate.			
10. LGBTQ specific service provider			
11. Employer			
12. Teacher, professor or coach			
13. Other school staff such as principals, school social workers, or administrative staff			
14. Community member			
15. Co-worker			
16. 1-800 number/hotline			

17. Attorney/other legal service provider			
18. Other person: _____			

You indicated you talked to another person, not listed above, about your experience. Please describe your relationship to this person.

(Text box available for answer).

Q6b. We are also interested in how individuals responded when you told them about the most recent experience. You indicated this experience was: [INSERT MOST RECENT EXPERIENCE HERE].

Thinking about the **first person** you talked to in each category, please answer the following questions. For example, if you talked with more than one friend, tell us about the **first** friend you talked with.

Was this person helpful?

	Very unhelpful	Somewhat unhelpful	Neither helpful nor unhelpful	Somewhat helpful	Very helpful	Prefer not to answer
1. A romantic partner						
2. A parent or step-parent						
3. A family member/relative other than parents						
4. A friend						
5. A minister, priest, rabbi, or other religious figure						
6. A psychiatrist or other mental health counselor						
7. A medical doctor, other medical person, or emergency room staff						
8. A police officer						
9. Victim service provider (not LGBTQ-specific)						
10. LGBTQ specific service provider						
11. Employer						
12. Teacher, professor or coach						
13. Other school staff such as principals, school social workers, or administrative staff						
14. Community member						
15. Co-worker						
16. 1-800 number/hotline						

17. Attorney/other legal service provider						
18. Other person						

Q5c. Listed below are the people you talked to about this experience: [INSERT MOST RECENT EXPERIENCE HERE].

Who was the first person you talked to about this experience?

- A romantic partner
- A parent or step-parent
- A family member/relative other than parents
- A friend
- A minister, priest, rabbi, or other religious figure
- A psychiatrist or other mental health counselor
- A medical doctor, other medical person, or emergency room staff
- A police officer
- Victim service provider (not LGBTQ-specific)
- LGBTQ specific service provider
- Employer
- Teacher, professor or coach
- Other school staff such as principals, school social workers, or administrative staff
- Community member
- Co-worker
- 1-800 number/hotline
- Attorney/other legal service provider
- Other person

Q5d. At what age did you first talk to this person?

_____ (Drop down list of ages 1-100, and prefer not to answer)

Q5e. People may learn about your experience in a variety of ways. For instance, you may have decided to tell them or due to some other circumstance 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).

For the following questions, think about **the first person** you talked to in each category and select the response that best corresponds with how they learned about the most recent experience that you had: [INSERT MOST RECENT EXPERIENCE HERE].

	I wanted or needed to tell them.	They learned about my experience and so I talked to them.	They asked me what was wrong and I felt I had to tell them.	I did not want to tell them, but had to in order to get what I needed.	Prefer not to answer
1. A romantic partner					
2. A parent or step-parent					
3. A family member/relative other than parents					
4. A friend					
5. A minister, priest, rabbi, or other religious figure					
6. A psychiatrist or other mental health counselor					
7. A medical doctor, other medical person, or emergency room staff					
8. A police officer					
9. Victim service provider (not LGBTQ-specific)					
10. LGBTQ specific service provider					
11. Employer					
12. Teacher, professor or coach					
13. Other school staff such as principals, school social workers, or administrative staff					
14. Community member					
15. Co-worker					
16. 1-800 number/hotline					
17. Attorney/other legal					

service provider					
18. Other person					

SOCIAL REACTIONS

Q6. The following is a list of reactions that other people sometime have when responding to a person with this experience.

Please indicate how often you experienced each of the listed responses from the first person you talked to about this experience, who you indicated was [INSERT MOST RECENT EXPERIENCE HERE].

	Never	Rarely	Sometimes	Frequently	Always	Prefer not to answer
1. Told you that you were irresponsible or not cautious enough.						
2. Reassured you that you are a good person.						
3. Treated you differently in some way than before you told them that made you uncomfortable.						
4. Told you to go on with your life.						
5. Comforted you by telling you it would be all right or by holding you.						
6. Tried to take control of what you did/decisions you made.						
7. Has been so upset that they needed reassurance from you.						
8. Made decisions or did things for you.						
9. Told you that you could have done more to prevent this experience from occurring.						
10. Provided information and discussed options.						
11. Told you to stop thinking about it.						
12. Expressed so much anger at the offender that you had to calm them down.						
13. Avoided talking to you or spending time with you.						

14. Treated you as if you were a child or somehow incompetent.						
15. Helped you get information of any kind about coping with the experience.						
16. Made you feel like you didn't know how to take care of yourself.						

SECONDARY VICTIMIZATION

Q7. As part of this study, we are trying to understand how agencies in the community treat victims of violence.

By agency, we mean an organization in your community such as a hospital, health clinic, police department, social services, victim services, university offices, property managers, or other groups in your community who provide services to or assist individuals.

These next few questions will ask you whether or not you have experienced certain things.

Please indicate if you had any of these experiences below when you connected with someone from an agency.

	Yes	No	Not sure or don't remember	Not applicable	Prefer not to answer
1. Someone seemed reluctant to provide services, take a report, or treat me					
2. Someone refused to provide services, take a report, or treat me					
3. Someone stated that or asked if I could have done anything to prevent or stop the victimization					
4. Someone asked me why my memory was vague or scattered					
5. Someone asked about my prior victimization history in a way that made me uncomfortable					
6. Someone told you the case was not serious enough to pursue or there was not enough evidence					
7. Someone seemed cold and unwelcoming					
8. Someone gave me information about the victimization I experienced or the impact of trauma					
9. Someone seemed to believe my story					
10. Someone supported my decisions					
11. Someone said there was nothing they could do					
12. Someone blamed me for the victimization					
13. Someone used a gender pronoun that does not match my gender identity					

14. Someone seemed to treat me unfairly or differently than others					
15. Someone gave me information on services for victims					

PAUSE – BREATHE

If you need a moment to pause, breathe, and return back to the study, please do so now.

When you are ready to move on, please click the arrow on the right to continue.

LAW ENFORCEMENT REPORTING

Q8. Did you report [INSERT MOST RECENT EXPERIENCE] to law enforcement/police?

- Yes, I reported the incident
- Yes, someone else reported the incident
- No → Continue to Q9
- Don't know → Continue to Q9
- Prefer not to answer → Continue to Q9

Q8a. Why didn't you report [INSERT MOST RECENT EXPERIENCE] to the police?

There is no right or wrong answer, we would just like to learn more about your decision to not report to the police. *Please select all that apply.*

- I feared retaliation against me or my family
- I feared I would have to tell them I identify as LGBTQ
- I didn't want to get involved
- I reported my crime to someone else (e.g. guard, school official, pastor, counselor, etc.)
- I was concerned I would not be believed
- I was concerned I would be blamed
- I was incapacitated
- I wasn't sure the crime took place
- I didn't have time to attend trials
- I could not miss work
- I didn't want the offender to get in trouble
- I didn't trust the police
- I didn't trust the State's Attorney
- I didn't think the police could do anything to help
- I didn't think the police would help me
- Too young/I was a child/Did not know what to do
- Other (*Specify*) _____
- Don't know
- Prefer not to answer

SERVICES (NEED, SEEK, RECEIVE)

Q9. We would also like to learn more about what services you may have needed and your experience in seeking or receiving these services.

As a result of the experience you noted was most recent, which was: [INSERT MOST RECENT EXPERIENCE], did you **need help or assistance** with any of the following?

	Yes	No	Prefer not to answer
Child care: Someone to watch my child/ren while I take care of things regarding my victimization.			
Children’s services: Services to help my child/ren deal with directly experiencing or witnessing victimization.			
Civil legal assistance: Someone to help me with non-criminal legal issues such as: acquiring identification or replacing documents, family matters (e.g., divorce, custody, child support), financial matters (e.g., bill collection or credit counseling), immigration matters (e.g., visas), or orders of protection.			
Counseling: Someone who is trained and trustworthy to talk about what happened to me. You may talk with this person one-on-one, along with family members, or as part of a larger group who may have similar experiences.			
Crime scene services: Someone to help clean-up the space in which a crime occurred.			
Criminal/juvenile justice system information/advocacy: Information about the criminal/juvenile justice system and what I can expect will happen.			
Crisis intervention: Someone to talk to about how you are feeling on an immediate or short-term basis.			
Emergency shelter: A safe place to stay on a temporary/emergency basis.			
Emergency funds/loan: Financial help to pay for emergency costs such as hygiene/basic need products, rental assistance, utilities, and shelter/hotel stay, etc., resulting from my victimization.			
Funeral/burial services: Financial help to pay for the for the funeral/burial of a loved one who was murdered.			
Help applying for crime victim compensation: Someone to help apply for financial assistance due to costs resulting from my victimization.			
Housing: Someone to help me find a safe place to live permanently.			
Information/advocacy on public resources: Information about and help with seeking public resources and benefits (e.g., Medicare, welfare) that may be available to me.			
Language/translation services: Someone to explain things to me in my native language.			

Life skills (e.g., employment, education, financial): Someone to help me with finding a job, increasing my skills/education, or learning how to manage a budget on my own.			
Medical/health care services: Help for a physical injury resulting from my victimization.			
Mental health: Someone to provide therapy or to prescribe medication to improve my mood.			
Relocation: Someone to help me find a new safe place to live where the offender(s) does not know where I am.			
Substance abuse: Counseling or other services to help me deal with alcohol and/or substance addiction/abuse issues.			
Transportation: Someone to help me with getting to places that will help me deal with my victimization.			
Other (Specify) _____			
None of these			
Don't know			

If NO to all items → Continue to Q9

If YES to Q9 THEN display Q9a

Q9a. You indicated that you needed help with the following services. Did you **seek help** for any of the following services?

	Yes	No	Don't know/Can't remember	Prefer not to answer
Child care: Someone to watch my child/ren while I take care of things regarding my victimization.				
Children's services: Services to help my child/ren deal with directly experiencing or witnessing victimization.				
Civil legal assistance: Someone to help me with non-criminal legal issues such as: acquiring identification or replacing documents, family matters (e.g., divorce, custody, child support), financial matters (e.g., bill collection or credit counseling), immigration matters (e.g., visas), or orders of protection.				
Counseling: Someone who is trained and trustworthy to talk about what happened to me. You may talk with this person one-on-one, along with family members, or as part of a larger group who may have similar experiences.				
Crime scene services: Someone to help clean-up the space in which a crime occurred.				
Criminal/juvenile justice system information/advocacy: Information about the criminal/juvenile justice system and what I can expect will happen.				

Crisis intervention: Someone to talk to about how you are feeling on an immediate or short-term basis.				
Emergency shelter: A safe place to stay on a temporary/emergency basis.				
Emergency funds/loan: Financial help to pay for emergency costs such as hygiene/basic need products, rental assistance, utilities, and shelter/hotel stay, etc., resulting from my victimization.				
Funeral/burial services: Financial help to pay for the funeral/burial of a loved one who was murdered.				
Help applying for crime victim compensation: Someone to help apply for financial assistance due to costs resulting from my victimization.				
Housing: Someone to help me find a safe place to live permanently.				
Information/advocacy on public resources: Information about and help with seeking public resources and benefits (e.g., Medicare, welfare) that may be available to me.				
Language/translation services: Someone to explain things to me in my native language.				
Life skills (e.g., employment, education, financial): Someone to help me with finding a job, increasing my skills/education, or learning how to manage a budget on my own.				
Medical/health care services: Help for a physical injury resulting from my victimization.				
Mental health: Someone to provide therapy or to prescribe medication to improve my mood.				
Relocation: Someone to help me find a new safe place to live where the offender(s) does not know where I am.				
Substance abuse: Counseling or other services to help me deal with alcohol and/or substance addiction/abuse issues.				
Transportation: Someone to help me with getting to places that will help me deal with my victimization.				
Other (Specify) _____				
None of these				
Don't know				

If YES to any items in Q9a → Continue to Q12

If NO to any items in Q9a, THEN:

Q9b. Why didn't you **seek** the services and support you needed? Please select all that apply.
(Check box available).

- Did not know how or where to get support services
- Did not have child care
- Unsure of how to find services in one's primary language
- Concerned that I would have to tell them my LGTBQ identity
- Concerned services would not be sensitive to one's beliefs
- Concerned services would not be sensitive to one's immigration status
- Concerned services would not be accessible due to a disability
- Assumed one did not qualify for services
- No transportation to reach service providers
- No service providers nearby
- Wait list for services was too long
- Worried about being blamed or not believed
- Wasn't sure these services would be able to help
- Cost of counseling or services
- Did not have insurance to cover it
- Was a child or was too young
- Other (*Specify*) _____
- Don't know

Q10. You indicated that you sought help for the following services listed below.

Did you receive help you sought?

If you received any help, regardless of how good the assistance was, please select "yes."

We will ask about how well these needs were met later in the survey.

[CARRY FORWARD from Q9a]

	Yes	No	Don't know/Can't remember	Prefer not to answer
Child care: Someone to watch my child/ren while I take care of things regarding my victimization.				
Children's services: Services to help my child/ren deal with directly experiencing or witnessing victimization.				
Civil legal assistance: Someone to help me with non-criminal legal issues such as: acquiring identification or replacing documents, family matters (e.g., divorce, custody, child support), financial matters (e.g., bill collection or credit counseling), immigration matters (e.g., visas), or orders of protection.				

Counseling: Someone who is trained and trustworthy to talk about what happened to me. You may talk with this person one-on-one, along with family members, or as part of a larger group who may have similar experiences.				
Crime scene services: Someone to help clean-up the space in which a crime occurred.				
Criminal/juvenile justice system information/advocacy: Information about the criminal/juvenile justice system and what I can expect will happen.				
Crisis intervention: Someone to talk to about how you are feeling on an immediate or short-term basis.				
Emergency shelter: A safe place to stay on a temporary/emergency basis.				
Emergency funds/loan: Financial help to pay for emergency costs such as hygiene/basic need products, rental assistance, utilities, and shelter/hotel stay, etc., resulting from my victimization.				
Funeral/burial services: Financial help to pay for the funeral/burial of a loved one who was murdered.				
Help applying for crime victim compensation: Someone to help apply for financial assistance due to costs resulting from my victimization.				
Housing: Someone to help me find a safe place to live permanently.				
Information/advocacy on public resources: Information about and help with seeking public resources and benefits (e.g., Medicare, welfare) that may be available to me.				
Language/translation services: Someone to explain things to me in my native language.				
Life skills (e.g., employment, education, financial): Someone to help me with finding a job, increasing my skills/education, or learning how to manage a budget on my own.				
Medical/health care services: Help for a physical injury resulting from my victimization.				
Mental health: Someone to provide therapy or to prescribe medication to improve my mood.				
Relocation: Someone to help me find a new safe place to live where the offender(s) does not know where I am.				
Substance abuse: Counseling or other services to help me deal with alcohol and/or substance addiction/abuse issues.				
Transportation: Someone to help me with getting to places that will help me deal with my victimization.				
Other (Specify) _____				
None of these				
Don't know				

If YES to any items in Q10 → Continue to Q12

If NO to any items in Q10, THEN:

Q10a. Why didn't you **receive** the services and support you needed? *Please select all that apply.*

- Did not know how or where to get support services
- Did not have child care
- Did not have services in one's primary language
- Services were not sensitive to one's beliefs
- Services were not sensitive to one's immigration status
- Services were not accessible due to disability
- Did not qualify for services
- No transportation to reach service providers
- No service providers nearby
- Wait list for services was too long
- Was blamed or not believed
- Cost of counseling or services
- Did not have insurance to cover it
- Was a child or was too young
- Scared
- Other (*Specify*) _____
- Don't know

Q11. Overall, how well do you think your needs were met?

	This need was not met	A little of this need was met	Some of this need was met	Most of this need was met	All of this need was met	Prefer not to answer
Child care						
Children’s services						
Civil legal assistance						
Counseling						
Crime scene services						
Criminal/juvenile justice system information/advocacy						
Crisis intervention						
Emergency shelter						
Emergency funds/loan						
Funeral/burial services						
Help applying for crime victim compensation						
Housing						
Information/advocacy on public resources						
Language/translation services						
Life skills (e.g., employment, education, financial)						
Medical/health care services						
Mental health						
Relocation						
Substance abuse						
Transportation						
Other (Specify) _____						
None of these						
Don’t know						

STRESSFUL LIFE EVENTS

Q12. The items listed below refer to other stressful events that may have taken place **at any point in your entire life**, including early childhood. Please indicate if you have any of the following stressful experiences.

	Yes	No	Prefer not to answer
1. I have had a chronic illness or currently have a chronic illness, such as HIV/AIDS.			
2. I have been in a life-threatening accident.			
3. An immediate family member, significant other, or <i><u>very close</u></i> friend passed away because of suicide.			
4. A parent, significant other, or family member repeatedly ridiculed me, put me down, ignored me, or told me I was no good			
5. I was a witness when another person was killed, seriously injured, or sexually or physically assaulted.			
6. Someone used my identification without my permission for purchases or employment, or lied to me for financial gain.			
7. I have been in other situations in which I was seriously injured or my life was in danger (e.g., involved in military combat or living in a war zone).			
8. I have been homeless, evicted, or had to find different places to sleep for short periods of time, such as on a friend's couch.			
9. I was kicked out of my family home or have run away from home.			
10. Others have teased or threatened me, have spread rumors about me, or hit, shoved, or otherwise hurt me, while I was at school or work, or electronically (e.g., via text, Instagram, Facebook, or other social media).			
11. Someone has threatened to out me, or tell others about my LGBTQ identity without my permission.			
12. I have been placed in the care of the Department of Children and Family Services or Child Protective Services, including foster care, group homes, or rehabilitation/treatment facilities.			

Q12a. Below are additional stressful events that may have taken place **at any point in your entire life**, including early childhood. Please indicate if you have had any of the following stressful experiences.

	Yes	No	Prefer not to answer
13. <u>At school or work</u> , I was disciplined for fighting back against bullies, or was disciplined more harshly than others.			
14. A police officer or other law enforcement official refused to take a complaint, or arrested me for making a complaint.			
15. I have been <u>unfairly</u> denied medical care or provided medical care that was worse than what other people get.			
16. I have been <u>unfairly</u> denied a promotion or fired, or for <u>unfair</u> reasons have not been hired for a job.			
17. I have been <u>unfairly</u> prevented from moving into a neighborhood because the landlord or realtor refused to sell or rent me a house or apartment, or have moved into a neighborhood where neighbors <u>unfairly</u> made life difficult for me.			

Q12b. Have you been in other situations that were extremely distressing that have not been covered above.

1. Yes (please describe):

2. No

3. Prefer not to answer

If YES to Q12, THEN:

Q13. Of the experiences you noted above, what do you think is the main reason for these experiences?

1. Your Ancestry or National Origins
2. Your Race
3. Your Gender Identity
4. Your Gender Expression
5. Your Sexual Orientation
6. Your Age
7. Your Religion
8. Your Height
9. Your Weight
10. Some other Aspect of Your Physical Appearance

11. Your Education or Income Level

12. Your Citizenship Status

13. Other (please describe): _____

14. Prefer not to answer

DEPRESSION

Q14. Below is a list of some of the ways you may have felt or behaved.

Please indicate how often you have felt this way during the **past week.**

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1- 2 days)	Occasionally or a moderate amount of time (3-4 days)	All of the time (5-7 days)	Prefer not to answer
1. I was bothered by things that usually don't bother me.					
2. I had trouble by keeping my mind on what I was doing.					
3. I felt depressed.					
4. I felt that everything I did was an effort.					
5. I felt hopeful about the future.					
6. I felt fearful.					
7. My sleep was restless.					
8. I was happy.					
9. I was lonely.					
10. I could not "get going."					

PSTD

Q15.

Below is a list of problems that people sometimes have in response to a very stressful experience.

Please read each problem carefully and indicate if you have felt or experienced the following during the **past month**:

	Every day	Several times a week	2-3 times a month	Once a Month	Never	Prefer not to answer
1. Had nightmares about the event(s) or thought about the event(s) when you did not want to.						
2. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s).						
3. Been constantly on guard, watchful, or easily startled.						
4. Felt numb or detached from people, activities, or your surroundings.						
5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused.						

SUICIDE

Q16. Have you seriously thought about killing yourself (e.g., thought about how you would do it, made a plan)? (*Check one*)

- No, never
- Yes, at some time in my life but ***not*** in the past 12 months
- Yes, in the past 12 months
- Prefer not to answer

Q17. Have you ever tried to kill yourself? (*Check one*)

- No, never
- Yes, at some time in my life but ***not*** in the past 12 months
- Yes, in the past 12 months
- Prefer not to answer

If you need someone to talk to about these experiences or thoughts, please call the Lifeline (800) 273-TALK (8255), or visit their website at [National Suicide Prevention Lifeline](#)

COPING

Q18. This set of questions also asks you to think about ways you've been dealing with stress in your life.

Please select how often you've been doing the following to deal with stress **in the past month.**

	Every day	Several times a week	2-3 times a month	Once a Month	Never	Prefer not to answer
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.						

Q18a. This set of questions also asks you to think about ways you've been dealing with stress in your life.

Please select how often you've been doing the following to deal with stress **in the past month.**

	Every day	Several times a week	2-3 times a month	Once a Month	Never	Prefer not to answer
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 watching TV, reading, exercising, sleeping, playing video games, or shopping.						
19. I've been accepting the reality of the fact that it has happened.						
20. I've been expressing my negative feelings.						

Q18b. This set of questions also asks you to think about ways you've been dealing with stress in your life.

Please select how often you've been doing the following to deal with stress **in the past month.**

	Every day	Several times a week	2-3 times a month	Once a Month	Never	Prefer not to answer
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.						
31. I've been doing things (i.e. cutting/scratching/burning myself, engaging in unsafe sex, driving recklessly, eating more or less than I should, etc.) to hurt my body.						
32. I've been doing things to put my physical health at risk.						

SUBSTANCE USE

Q19. Have you used alcohol or drugs in the **past year**?

By drug use we mean (1) using prescribed or over-the-counter drugs in excess of the directions, and (2) any nonmedical use of drugs. These drugs may include cannabis (marijuana, hashish), cocaine, opioids (e.g. heroin), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, stimulants (e.g., speed), or hallucinogens (e.g., LSD).

- Yes
- No → Continue to Q20
- Prefer not to answer → Continue to Q20

Q19a. For the following statements, please select whether you have done or felt the following **in the past year**:

Please select all that apply, for instance select both alcohol and drugs if the statement is true for both substances.

	Alcohol	Drugs	Neither	Prefer not to answer
3. Have you spent more time drinking or using drugs than you intended to?				
4. Have you ever neglected some of your usual responsibilities because of using alcohol or drugs?				
5. Have you felt you wanted or needed to cut down on your drinking or drug use?				

6. Has your family, friend, or anyone, else ever told you they objected to your drinking or drug use?				
7. Have you found yourself thinking a lot about drinking or using drugs?				
8. Have you ever used alcohol or drugs to relieve emotional discomfort, such as sadness, anger, or boredom?				

DEMOGRAPHICS

This set of questions asks you for some additional information about yourself.

Q20. How old are you today? _____ (*Text box to insert age*)

Q21. What is your current relationship status?

- Single/Not in a relationship
- In a relationship/Living with significant other
- In a relationship/Not living with significant other
- Married or Civil Union
- Divorced/Separated/Widowed
- Prefer not to answer

Q22. What is the highest level of education you have completed?

- High school incomplete or less
- High school graduate or GED
- Some college or trade school
- Four-year college degree/bachelor's degree
- Some postgraduate or professional schooling, no postgraduate degree
- Postgraduate or professional degree, including master's, doctorate, medical, or law degree
- Prefer not to answer

Q23. Last year, what was your total household income from all sources, before taxes?

- Under \$10,000
- \$10,000 to under \$20,000
- \$20,000 to under \$30,000
- \$30,000 to under \$40,000
- \$40,000 to under \$50,000
- \$50,000 to under \$75,000
- \$75,000 to under \$100,000
- \$100,000 to under \$150,000
- \$150,000 or more
- Prefer not to answer

Q24. What is your race or ethnicity? (*Check ALL that apply*)

- White
- Hispanic, Latino, or Spanish
- Black or African American
- Asian
- American Indian or Alaska Native
- Middle Eastern or North African
- Pacific Islander/Native Hawaiian
- Another race or ethnicity not listed (Please describe: _____)
- Prefer not to answer

Q25. What county do you currently live in?

_____ (*Drop down menu with all Illinois counties*)

Q25. How do you describe the area you reside in?

- Urban
- Suburban
- Rural
- Prefer not to answer

Q26. Do you prefer to communicate in a language other than English?

- Yes
- No
- Prefer not to answer

Q27. Were you born in the United States?

- Yes
- No
- Prefer not to answer

Q28. As you answer this next question please remember that **all** answers to questions in this survey are confidential. You may also skip this next question.

What is the status of your citizenship? (*Check ALL that apply*)

- I am a U.S. Citizen
- I have a Visa (e.g., student, tourist, etc.)

- I am working to become a U.S. Citizen
- I am undocumented
- Other
- Prefer not to answer

Q29. Do you have any medical or health-related disabilities, including physical, mental, or emotional conditions that interfere with daily living conditions?

- Yes
- No
- Prefer not to answer

Sexual Orientation

Q30. Do you consider yourself to be:

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Prefer not to answer

Q31. In the past year who have you had sex with?

- Men only
- Women only
- Both men and women
- I have not had sex
- Prefer not to answer

Q32. People are different in their sexual attraction to other people. Which best describes your feelings? Are you:

- Only attracted to females
- Mostly attracted to females
- Equally attracted to females and males
- Mostly attracted to males
- Only attracted to males
- Not sure
- Prefer not to answer

Gender Identity

Q33. What was your assigned sex at birth?

- Male
- Female
- Prefer not to answer

Q34. What is your current gender identity? (*Check all that apply*)

- Male
- Female
- Trans male/Trans man
- Trans female/Tran woman
- Genderqueer/Gender non-conforming
- Different identity (please describe): _____
- Prefer not to answer

Gender Expression

Q35. A person's appearance, style, or dress may affect the way people think of them.

On average, how do you think people would describe your appearance, style, or dress?

- Very feminine
- Mostly feminine
- Somewhat feminine
- Equally feminine and masculine
- Somewhat masculine
- Mostly masculine
- Very masculine
- Prefer not to answer

Q36. A person's mannerisms (such as the way they walk or talk) may affect the way people think of them.

On average, how do you think people would describe your mannerisms?

- Very feminine
- Mostly feminine
- Somewhat feminine
- Equally feminine and masculine

- Somewhat masculine
- Mostly masculine
- Very masculine
- Prefer not to answer

RESEARCH FOLLOW-UP

Q37. Our center regularly carries out studies to inform our understanding of victimization. May we contact you in the future regarding other research opportunities you may be eligible for?

- Yes
- No

Payment

1 Page



**ILLINOIS
CRIMINAL JUSTICE
INFORMATION AUTHORITY**

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

Dear [Participant],

Thank you for participating in our study that is trying to learn more about the experiences with harm and help-seeking 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 harm.

We have enclosed a \$25 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

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): Amanda L. Vasquez & Jaclyn Houston-Kolnik

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

Unit: Center for Victim Studies, Research & Analysis Unit

Office Address: 300 W Adams St. Suite 200

City, State, Zip code: Chicago, IL 60606

Office phone: 312-793-8550

Initial start date of project: March 2018

Initial end date of project: February 2019

Title of proposal: Victim and Family Member Interviews: Linking Systems of Care for Children, Youth, & Families

Date of initial approval: March 29, 2018

Initial approval type:

Full IRB: X

Expedited:

Exempt:

AMENDMENT INFORMATION

Amendment initiated by: Jaclyn Kolnik

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

- Investigators or research staff (I)
- Project advisors or consultants (II)
- Protocol (e.g., instruments, data collection, recruitment procedures, compensation) (III)
- Consent procedures (IV)
- Consent documents (V)
- 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):

Privacy certificates filed with the Department of Justice, Office for Victims of Crime will be submitted in accordance with all outlined requirements.

II. PROJECT ADVISORS OR CONSULTANTS Changes No changes

Adding or changing project advisor or consultant

Name: _____

Title: _____

Reason for change _____

IRB certified Yes No

III. PROTOCOL CHANGE

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).

To recruit individuals over the age of 18 who are in a juvenile corrections or detention facility, the proposed changes add additional recruitment strategies, including fliers that remove language about compensation to be sent to facilities and a study script that may be used to inform individuals who are in juvenile correctional or detention facilities about the opportunity to participate, the purpose of the study, and the criteria for participation. The researchers will work with correction and detention staff to set up specific days that the researchers will be at the facility to conduct interviews. Upon securing dates, the following script will be provided to the facility to invite interested individuals to participate in interviews on the day the researchers will be at the facility:

On [INSERT DATE/TIME], researchers will be in [LOCATION/ROOM] and are interested in talking with individuals who are 18 and older about their experiences with verbal, physical, or sexual harm and contact they may have had with different agencies or organizations because they needed help after such experiences. This research is part of an effort to improve services for young persons who have experienced harm.

If you are interested, you can visit [LOCATION] on [DATE/TIME] to answer a few questions to see if you are eligible to participate in a 60-90 minute interview. The questions will ask participants about their experiences with harm, needs, experiences with agencies and organizations after the harm, and recommendations for how agencies and organizations can better meet the need of young victims. All information given is private and confidential.

Interested individuals may express their interest and/or meet with researchers on those days and will complete the screener (paper or if available, online). Should they be eligible, an interview will be conducted.

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?

Researchers seek to explicitly include individuals over the age of 18 who are in a juvenile corrections or detention facility in this study. To reach these populations researchers will need to contact juvenile correctional and detention facilities. Researchers will obtain permission from agency directors.

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 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

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): We are editing the language to compensation for individuals who are over the age of 18 in a juvenile correctional or detention facility.

8.) Please explain in detail how you will alter the consent documents.

The interview consent forms will be amended to remove the language about compensation for participants who are over the age of 18 in a juvenile correctional or detention facility.

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?

Individuals who participate in the study and who are in juvenile correctional or detention facilities will not be offered compensation because compensation could be coercive for individuals who are in correctional or detention environments.

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 X Attached form

VI. PROJECT SITES OR STUDY PARTICIPANTS 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
_____ 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.

Researchers propose the inclusion of individuals over the age of 18 who are in a juvenile corrections or detention facility.

13.) Please provide the rationale for making these changes.

Young adults with involvement in the juvenile justice systems have high rates of victimization and have had contact with one or more service provider groups. Thus, a study that seeks to understand the victimization experiences of young adults and their contact with providers following victimization must include these populations to truly inform the field's understanding of how to improve services and supports for these populations. Failing to include these populations would lead to a gap in our understanding of young adults' experiences in navigating different systems of care following victimization.

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: **Who are over the age of 18**
- 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 states
- Other—please specify:

15.) Please provide an explanation of why you are changing the sites or program of study, if applicable.

N/A, the site of study is not changing, but rather we are proposing expanding the populations of the study to include individuals who are over the age of 18 in juvenile corrections or detention facilities.

16.) Please provide the rationale for making these changes.

N/A

17.) Are you changing the number of subjects that will be included in your sample?

No

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?

N/A

Initial sample size	Number added	Number reduced	Final sample size
_____	_____	_____	_____

19.) Please provide the justification for making this increase/decrease.

N/A

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.

N/A

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 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 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 No changes

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?

28.) Please provide a detailed explanation of other changes being made to the IRB that are not covered in previous sections.

XI. RISK/BENEFIT ASSESSMENT

30.) Discuss how these proposed changes may affect the risks posed to human subjects.

The study's overall risk has not changed because the procedures involved are the same, but we are proposing to expand recruitment to include a more vulnerable population, i.e., individuals who are over the age of 18 and in juvenile corrections or detention facilities. Expanding the inclusionary criteria to include individuals who are over the age of 18 and in juvenile corrections or detention facilities could increase risk to those participants. They represent a highly victimized population that has likely had considerable contact with systems following their experiences with victimization. However, involvement in this research study is voluntary and participants may discontinue their participation at any time without penalty. And in sharing their stories to help others they may feel a sense of empowerment that outweighs or mitigates risks of participating.

31.) Discuss how these proposed changes may affect the potential benefits of the project to subjects and or society.

Expanding the research study to include individuals who are over the age of 18 and in juvenile corrections or detention facilities will likely increase the study's benefit to society. Incorporating these additional perspectives will increase the field's understanding of victimization, and contact with providers following victimization informing our understanding of how to improve services and supports for young victims.

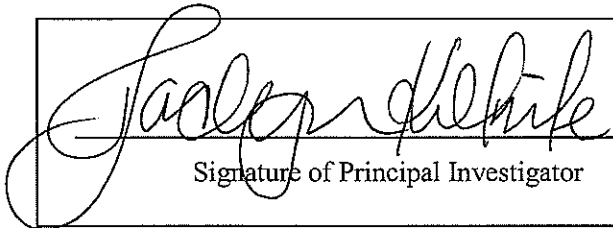
Illinois Criminal Justice Information Authority

**IRB
Amendment Application**

SIGNATURE PAGE

Victim and Family Member Interviews: Linking Systems of Care for Children, Youth, & Families
Presented to IRB on: []

This page is to be signed by the principal investigator.

 _____
Signature of Principal Investigator

8/9/18
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

**Are you a young
adult aged 18-25?**

OR

**Are you the parent or
caregiver of a child
under 18 years old?**



We would like to talk to adults aged 18-25 who have been harmed by violence and parents/caregivers of children under 18 who have been harmed by violence. We hope to better understand their needs and experiences finding help.

This study will help guide a statewide initiative to better serve young victims of crime and their families.

As a study participant, you would complete a brief survey. Eligible participants will be invited for an interview.

If you are interested, the researchers will be here on [DATE/TIME] in [LOCATION]

For questions, please contact:

**Center for Victim Studies
872-276-3799
cja.victimstudies@illinois.gov**

**All correspondence is
confidential**

Young Adults & Caregivers Study
[Date/Time]
[Location]
cja.victimstudies@illinois.gov

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Illinois Criminal Justice Information Authority
Research Information and Consent for Participation in Research
Victim and Family Member/Caregiver Interviews – Detention/Corrections:
Linking Systems of Care for Illinois Children, Youth, & Families

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: Amanda.L.Vasquez@illinois.gov
Jaclyn.kolnik@illinois.gov

Sponsor: Office for Victims of Crime: Linking Systems of
Care for Children and Youth State Demonstration
Project

Why am I being asked?

You are being asked to be a subject in a research study to help the state of Illinois better understand the nature of child and youth victimization, and the needs of children, youth, and their families and their experiences with systems of care following victimization. You have been asked to participate in this study because you are a young adult (i.e., aged 18-25) who has experienced victimization as a child or youth (i.e., under 21 years old) or you are the parent or primary caregiver of a child (i.e., under 18 years old) who has experienced victimization.

Your participation in this research is voluntary. Your decision whether to participate will not affect your current or future dealings with the Illinois Department of Juvenile Justice (IDJJ) 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 100 subjects may be involved in this research at ICJIA.

What is the purpose of this research?

The purpose of this research is to better understand the nature of child and youth victimization, and the needs of children, youth, and their families and their experiences with systems of care following victimization. Specifically, researchers are seeking to increase the state's knowledge of how systems of care are connected and whether they adequately meet the needs of child and youth victims, and their families.

What procedures are involved?

If you agree to participate, you will have the option to participate in the interview. We estimate that the interview will take approximately 60-90 minutes. 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 different experiences from your childhood or your child's experiences. Specifically, we will ask you about your or your child(ren)'s victimization experiences, your/your child(ren)'s needs and family members' needs following victimization, the kinds of resources you or your child(ren) may or may not have received, and the agencies and organizations that you or your child(ren) had contact with.

What are the potential risks and discomforts?

Some questions may make you uncomfortable or may cause you some emotional or psychological distress. Please remember, it is up to you to decide whether to answer any of the questions. You will be provided with a community resource list of adult victim service providers you may contact if you experience discomfort or distress, and a separate list of child victim service providers.

There may be other risks from the study that are not known at this time.

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 receive no direct benefit from participation in the research.

Indirect benefits include a better understanding of child and youth victimization, the needs of children, youth, and their families and their experiences with systems of care following victimization.

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.

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 research report. No potentially identifying information that can be attributed directly to you will be included in the report or discussed with others.

Out of a concern for the safety of yourself and others, if during the interview, you say you are going to cause serious harm to yourself or to someone else, the researcher may have to make a report. A description of different types of serious harm are below:

- a. *Physical harm* is any action that causes physical injury, pain, or leaves marks, such as hitting, shaking, or burning.
- b. *Sexual abuse* of a child includes any sexual contact with a child or youth. *Sexual abuse* of an adult is any unwanted sexual activity. *Sexual abuse* of an adult also includes any sexual activity with another person who is unable to understand or consent (e.g., are sleeping, have been using drugs or alcohol, have a mental disability).
- c. *Emotional abuse* is yelling, swearing, or criticizing another person repeatedly to make them feel bad about themselves.

- d. *Neglect* occurs when a parent or caregiver of a child or youth, or the caregiver of an elderly person or a person with disability, does not meet their basic needs (e.g., food, clothing, medical care) or keep them safe.

If you share about any current harm to someone who is a child, elderly, or disabled, the researcher may have to make a report. If the researcher needs to make a report, they may share your name and contact information, or information about the person causing the harm or being harmed, and a description of the harm to the appropriate agency such as the Department of Child and Family Services, Adult Protective Services, or local law enforcement.

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 not be reimbursed or paid 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?

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 IDJJ or 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.