

# Informed Consent Template for Participation in SART-Led Evaluations Involving Victims/Survivors

This template provides a flexible framework that can be customized depending on the type of evaluation your team is conducting – whether assessing team collaboration, victim/survivor outcomes, or system-level impacts.



## Introduction

You are invited to participate in an evaluation conducted by the [Your SART Name], a team dedicated to providing support for victims/survivors of sexual violence. [Include your SART Team mission and vision statement here if you have one].

We understand that discussing your experiences may be difficult, and we want to reassure you that your participation in this evaluation is your choice. Your voice is valuable, and your experiences will help guide how we provide support to other victims/survivors.

## Purpose of the Evaluation

The purpose of this evaluation is to gather feedback from victims/survivors of sexual violence on their experiences with [SART services, sexual violence response systems, healthcare providers, etc.]. This information will help us improve the support systems available to victims/survivors and ensure we meet their needs.

## Information About Evaluation Participation

### Procedures

As you move through this evaluation, you can take breaks or stop the interview at any time. We will work to ensure that the evaluation environment is supportive and respectful.

If you agree to participate, you will be involved in one or more of the following activities:

- **Surveys**  
You will be asked to complete a survey with [number] questions about your experiences with services provided by the SART or other related organizations. This survey will take approximately [duration].
- **Interviews**  
You may be invited to participate in a one-on-one interview, lasting about [duration], in which you can share your experiences in more detail.
- **Focus Groups/Group Interviews**  
You may join a group discussion with other victims/survivors, facilitated by a trained professional. This session will last about [duration] and focus on discussing your experiences with services and identifying areas for improvement.



All interviews and focus group sessions may be audio-recorded, with your permission, to ensure we accurately capture the discussion.

## Voluntary Participation

Your participation is completely voluntary. You may choose not to participate, and you can stop at any time without any negative consequences. If you choose to withdraw, any data collected up to that point will not be used in the evaluation.

## Data Retention, Storage, and Deletion Plan

### Retention

Data collected, whether through [audio recordings, video recordings, or written documents], will be securely retained for a duration of [6 months – 1 year or as specified by specific grant requirements]. This timeframe ensures there is ample time for thorough analysis and comprehensive reporting while balancing data privacy concerns.

### Storage

Data collected, [i.e. including audio, video, or written records], will be stored using a secure, encrypted platform [i.e. cloud-based or server-based encrypted platforms or password protected flash drives, etc.]. Access to this information will be limited to evaluators and data analysts, using strong password protection.

### Deletion Plan

Once the data is no longer required for evaluation purposes, all recordings (audio and visual) and written materials will be permanently deleted.

## Protecting and Sharing Evaluation Information

### Confidentiality

Your privacy is very important to us. The information you provide will be kept confidential, and no identifying information will be included in our reports or findings. If you participate in a focus group or group interview, we ask that all participants respect each other's privacy and not share any information outside of the group.

However, there are limits to confidentiality. If you disclose information about current harm to yourself or others, we may be legally obligated to report it.



## Evaluation Results

Your feedback will be used to [include the SART team's plan for using the feedback gathered i.e. policy changes, enhance training for first responders, strengthening partnerships, development of support resources]. Your responses may be included in reports, but all identifying information will be kept confidential.

## Information About Potential Risks and Benefits of Participation

### Potential Risks and Discomfort

Participating in the evaluation may involve discussing experiences related to sexual violence, which could be triggering. You may stop participating at any time, skip questions, or take a break during the evaluation process. An advocate from the local sexual violence agency will be on-site to provide support if needed. We will also provide you with a list of support services and resources available to you.

### Potential Benefit

While there may be no direct benefit to you for participating, your input will help to improve services for other victims/survivors and may inform policy changes or the development of support programs. The feedback you provide will be used to guide changes to our services, ensuring that victims'/survivors' needs are being met more effectively.

## Compensation/Incentives

As a thank you for your time and contribution, you will receive [describe compensation i.e., gift card, grocery store voucher, etc.] after completing the evaluation activity.

## Contact Information

If you have any questions about this evaluation or your rights as a participant, please contact [designated SART team member name and contact information].



## Your Consent

By providing your signature, you confirm that you have reviewed the details of this form and consent to participate in the evaluation.

Participant Name (printed): \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Optional Consent

This evaluation involves [video recordings/audio recordings]. If you do not agree to be [video recorded/audio recorded], you can still take part in the evaluation.

\_\_\_\_\_ Yes, I agree to be [video recorded/audio recorded].

\_\_\_\_\_ No, I do not agree with being [video recorded/audio recorded].

Participant Name (printed): \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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