CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Georgia Southwestern State University

TITLE OF STUDY: College Students’ Experiences of Racial Discrimination

INVESTIGATOR INFORMATION:

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Title and affiliation
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IMPORTANT INFORMATION ABOUT THE RESEARCH STUDY:

The purpose of the study is to learn about college students’ experiences with racial discrimination. If I choose to participate, the researchers will ask several questions about my experiences with racial discrimination, including questions such as whether or not I have been the victim of this discrimination and whether I have knowingly discriminated against someone else. This will take about 15 minutes and can be done at a time convenient to me. I will not benefit from participating in this study. Taking part in this study is voluntary, and I can refuse or stop at any time.

WHAT IS THE STUDY ABOUT AND WHY IS IT IMPORTANT?

The purpose of this research is to learn about college students’ experiences with racial discrimination. People may experience racial discrimination either as the victims or as the perpetrators. They may also have had experiences where they witnessed racial discrimination occurring, but were not directly involved. Other characteristics like age and sex might affect these types of experiences. This research may help us understand why this discrimination happens and how to prevent it.

WHAT WILL HAPPEN DURING THE STUDY?

My participation will involve answering questions in an online survey. This should take no more than 15 minutes. I can choose when and where I complete the survey, so I can choose an environment I am comfortable with that gives me some privacy.

The survey questions will ask about three main topics.

• I will be asked some questions about my demographic characteristics, like age and race.
• I will be asked to describe incidents when I was a victim of racial discrimination.
• I will be asked to describe incidents when I discriminated against someone else because of their race.

In all cases, I may refuse to answer any or all of these questions if I choose.
WHAT ARE THE RISKS?

I have been told that the study may involve the following risks and/or discomforts:

- I may feel uncomfortable while answering these questions.
- The survey may bring up negative, painful memories.
- The survey may bring up feelings of guilt, shame, anger or embarrassment.

There also may be risks and discomforts that are not yet known. If I feel like I need information about counseling services, the researchers will give that to me.

HOW WILL I BENEFIT FROM PARTICIPATING?

I will not directly benefit from participating in this study. This means that I will not be paid or receive a good grade or anything else for participating. My answers may provide useful information about why racial discrimination occurs and how to prevent it. The research may help others design interventions for addressing this important issue. The research may also help promote awareness of racial discrimination.

ARE THERE OTHER REASONS WHY I SHOULD NOT PARTICIPATE?

I should not participate in this study if any of the following apply to me:

- I am under 18 years old.
- I have committed a crime related to racial prejudice, such as physically assaulting someone based on their race.

HOW WILL MY INFORMATION BE PROTECTED?

The researchers will keep my information confidential. The questionnaires contain no identifying information, and all records will be stored in file cabinets in locked offices. Data from the study may be published, but I will not be identified. My identity will remain confidential unless disclosure is required by law. My information will not be used in any other research studies.

There are some things that that the research staff CANNOT promise to keep confidential. If I report the following types of information, the researchers must report it and any demographic information from my survey to law enforcement.

- A crime I or others plan to commit.
- Harm that may come to myself or others.

RIGHT TO REFUSE OR WITHDRAW:

I can refuse to participate. My refusal will not cause any penalty or loss of rights. I may withdraw from this study at any time without any negative consequences. I also understand that the researcher can withdraw me at any time. This withdrawal could happen for reasons that have nothing to do with me, such as Dr. Smith ending the study.
OFFER TO ANSWER QUESTIONS:

If I have questions, I can call Dr. Jane Smith at 229-931-XXXX. I can also contact Dr. Sally Jones, Chair of the Institutional Review Board, at 229-931-ZZZZ.

CONSENT:

I understand my rights as a research subject and I consent to participate. I understand what the study is about, why it is being done, and what my participation will involve. I can now print a copy of this consent form for my records. By checking the “Yes” box, I consent to the terms above and indicate my consent to participate in the study.

☐ Yes