Consent Form

Project Title: Past Trauma and Future Well Being

Principal Investigator(s)/Faculty Advisor: Rozelle Rambus/Joe Weaver

Purpose of the Study

You are welcome to take part in a research study about whether childhood trauma is related to psychological well-being in adulthood. The purpose is to explore whether adults who report more or more severe traumatic experiences before age 18 also report different levels of current stress, anxiety, and life satisfaction. The study is for adults age 18 or older. The planned number of participants is 30 SVSU students.

Study Procedures

If you agree to participate, you will complete one set of questions, which should take approximately 15–20 minutes. You will answer basic questions, such as your age then, you will answer questions about experiences during your childhood before age 18. The last thing you will do is you will complete questions about your current stress, anxiety, and satisfaction with life. The questions may be completed in Microsoft Forms, and you will not be asked to experience or recreate any traumatic event. Your responses will be compared with responses from participants reporting different levels of childhood adversity.

Possible Risks

Some questions about childhood experiences may trigger you. You are allowed to skip any question and can stop participating at any time. The study does not provide counseling or treatment.

If you would like help finding support, contact your health care provider or a local mental health service. If you are in immediate danger or need urgent help, contact emergency.Mental Health and Wellness center on campus (989) 964-7078 and the crisis lifeline (988)

As in all research, there may be unforeseen risks to the participant. If an accidental injury occurs, appropriate emergency measures will be taken; however, no compensation or additional treatment will be made available to the subject except as otherwise stated in this consent form.

Participant Rights

Participation is voluntary. You have the right to not participate, skip any question, or stop at any time without anything bad happening or loss of benefits. Your decision will not affect your class standing.You do not have to explain why you choose not to participate.

You may leave any question unanswered without penalty.

Benefits

You may not receive a direct benefit from participating. The possible broader benefit is that the findings may improve understanding of how childhood experiences are associated with adult well-being. No benefit is promised or guaranteed.

No promise or guarantee of benefits has been made to encourage your participation. You may ask the research team whether a summary of the overall study results will be available.

Confidentiality

Your responses are confidential so do not include your name or other identifying information in questionnaire responses.. Study data will be stored in a password-protected file or secure, institution-approved system and accessed only by the student researcher and authorized faculty/research personnel. Data will be kept for research and then securely deleted. Results may be reported in summary form, without identifying individual participants.

"It is possible that the Institutional Review Board (IRB) may view this study's collected data for auditing purposes. The IRB is responsible for the oversight of the protection of human subjects involved in research."

Course Credit/Payment/Raffle Drawing

You will receive 1 course credit for an eligible psychology course that you are taking.

Questions or Concerns about this Research Study

If you have questions about this study, contact Rozelle Rambus at rdrambus@svsu.edu or Joe Weaver. You may also contact the Chair of the SVSU Human Subjects Institutional Review Board at 989-964-7488 or irbchair@svsu.edu if you have questions or concerns about your rights as a research participant.

Consent

Participant's Responsibilities

If you choose to participate, you agree to answer the study questionnaires to the extent you feel comfortable. You are responsible for deciding whether to answer each question and may skip questions or stop at any time.

Participant's Permission

I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I agree to participate in the research study described above and will receive a copy of this consent form after I sign it.

_____ _____

Participant's Name (printed) and Signature Date

_____ _____

Name (printed) and Signature of Person Obtaining Consent Date

✓