

Teachers College, Columbia University  
525 West 120th Street  
New York NY 10027  
212 678 3000

## **INFORMED CONSENT**

**Protocol Title:** Abortion Clinic Escorting: Exploring the Issues

Interview Consent

**Principal Investigator:** Joanna May, Teachers College  
757-536-0193, jem2267@tc.columbia.edu

### **INTRODUCTION**

You are being invited to participate in this research study called “Abortion Clinic Escorting: Exploring the issues.” You may qualify to take part in this research study because **you volunteer as a clinic escort as a clinic escort**. Up to 50 people will participate in this study and it will take 60 minutes of your time to complete.

### **WHY IS THIS STUDY BEING DONE?**

This study is being done to determine some of the common experiences of abortion clinic escorts.

### **WHAT WILL I BE ASKED TO DO IF I AGREE TO TAKE PART IN THIS STUDY?**

If you decide to participate, you will be interviewed by the principal investigator, either in person or remotely via video chat. During the interview you will be asked to discuss your experiences as an abortion clinic escort, including experiencing or witnessing harassing behavior. This interview will be audio-recorded. After the audio-recording is transcribed and de-identified (e.g. personal information, including names and other information, removed), the recording will be destroyed. If you do not wish to be audio-recorded, you will not be able to participate. The interview takes approximately 60 minutes.

### **WHAT POSSIBLE RISKS OR DISCOMFORTS CAN I EXPECT FROM TAKING PART IN THIS STUDY?**

**This is a minimal risk study, which means the harms or discomforts that you may experience are not greater than you would ordinarily encounter in daily life while taking routine physical or psychological examinations or tests. However, there are some risks to consider. It can be distressing to discuss clinic escorting experiences, due to the controversial and contentious subject matter and due to experiences with protesters. This could be particularly true if you have had specific, negative experiences with the protesters. You do not have to answer any questions or discuss anything you do not wish to. You can skip over a question and/or stop the interview at any time without penalty, in which case the recording**

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**will be destroyed without transcription. The principal investigator is taking precautions to keep your information confidential and prevent anyone from discovering or guessing your identity, such as using a pseudonym instead of your name and keeping all information on a password protected computer.**

### **WHAT POSSIBLE BENEFITS CAN I EXPECT FROM TAKING PART IN THIS STUDY?**

There is no direct benefit to you for participating in this study. Participation may benefit the area of abortion clinic escorting by increasing knowledge of abortion clinic escorts experiences.

### **WILL I BE PAID FOR BEING IN THIS STUDY?**

You will not be paid to participate and there are no costs to you for taking part in this study.

### **WHEN IS THE STUDY OVER? CAN I LEAVE THE STUDY BEFORE IT ENDS?**

The study is over when you have completed the interview. However, you can leave the study at any time even if you have not finished.

### **PROTECTION OF YOUR CONFIDENTIALITY**

The investigator will destroy audio-recordings after transcription. Transcriptions will be de-identified and stored on a password protected computer. Transcriptions will include pseudonyms, and altered personal information. There will be no link between your real name and your pseudonym. Regulations require that research data be kept for at least three years.

### **HOW WILL THE RESULTS BE USED?**

The results of this study may be published in journals and presented at academic conferences. Your name or any identifying information about you will not be published. **Participants may also opt in to have interviews used in non-academic settings.**

### **CONSENT FOR AUDIO RECORDING**

**INFORMED CONSENT**

Audio recording is part of this research study. You can choose whether to give permission to be recorded. If you decide that you don't wish to be recorded, you will not be able to participate in this research study.

\_\_\_\_\_ I give my consent to be recorded

\_\_\_\_\_  
Signature

\_\_\_\_\_ I **do not** consent to be recorded

\_\_\_\_\_  
Signature

**WHO MAY VIEW MY PARTICIPATION IN THIS STUDY**

\_\_\_ I consent to allow deidentified material from transcripts of the audio recording to be viewed at an educational setting or at a conference outside of Teachers College

\_\_\_\_\_  
Signature

\_\_\_ I **do not** consent to allow deidentified material from transcripts of the audio recording to be viewed outside of Teachers College Columbia University

\_\_\_\_\_  
Signature

**CONSENT FOR USE OUTSIDE OF EDUCATIONAL SETTING/CONFERENCE**

\_\_\_ I consent to allow deidentified material from transcripts of the audio recording to be used outside of an academic setting

\_\_\_\_\_  
Signature

\_\_\_ I **do not** consent to allow deidentified material from transcripts of the audio recording to be used outside of an academic setting

\_\_\_\_\_  
Signature

**OPTIONAL CONSENT FOR FUTURE CONTACT**

The investigator may wish to contact you in the future. Please initial the appropriate statements to indicate whether or not you give permission for future contact.

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I give permission to be contacted in the future for research purposes:

Yes \_\_\_\_\_ No \_\_\_\_\_  
Initial Initial

I give permission to be contacted in the future for information relating to this study:

Yes \_\_\_\_\_ No \_\_\_\_\_  
Initial Initial

**Email:** \_\_\_\_\_

### **WHO CAN ANSWER MY QUESTIONS ABOUT THIS STUDY?**

**If you have any questions about taking part in this research study, you should contact the principal investigator, Joanna May, at 757-536-0193 or at [jem2267@tc.columbia.edu](mailto:jem2267@tc.columbia.edu). You can also contact the faculty advisor, Dr. Owen at [eao8@tc.columbia.edu](mailto:eao8@tc.columbia.edu)**

**If you have questions or concerns about your rights as a research subject, you should contact the Institutional Review Board (IRB) (the human research ethics committee) at 212-678-4105 or email [IRB@tc.edu](mailto:IRB@tc.edu). Or you can write to the IRB at Teachers College, Columbia University, 525 W. 120<sup>th</sup> Street, New York, NY 1002. The IRB is the committee that oversees human research protection for Teachers College, Columbia University.**

### **PARTICIPANT'S RIGHTS**

- I have read and discussed the informed consent with the researcher. I have had ample opportunity to ask questions about the purposes, procedures, risks and benefits regarding this research study.

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- I understand that my participation is voluntary. I may refuse to participate or withdraw participation at any time without penalty to future services that I would otherwise receive.
- The researcher may withdraw me from the research at his or her professional discretion.
- If, during the course of the study, significant new information that has been developed becomes available which may relate to my willingness to continue my participation, the investigator will provide this information to me.
- Any information derived from the research study that personally identifies me will not be voluntarily released or disclosed without my separate consent, except as specifically required by law.
- I should receive a copy of the Informed Consent document.

**My signature means that I agree to participate in this study**

**Print name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:**

\_\_\_\_\_