

The Ohio State University Consent to Participate in Research

Study Title: Exploring experiences, attitudes, and practices of firearms among women gun owners in New Jersey and Ohio

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Sponsor: New Jersey Gun Violence Research Center

This is a consent form for research participation. It contains important information about this study and what to expect if you decide to participate. Please consider the information carefully. Feel free to discuss the study with your friends and family and to ask questions before making your decision whether or not to participate.

Your participation is voluntary. You may refuse to participate in this study. If you decide to take part in the study, you may leave the study at any time. No matter what decision you make, there will be no penalty to you, and you will not lose any of your usual benefits. Your decision will not affect your future relationship with The Ohio State University. If you are a student or employee at Ohio State, your decision will not affect your grades or employment status.

Purpose:

This research is being done to better understand experiences, attitudes, and practices of women gun owners in New Jersey and Ohio to ultimately improve understanding of factors that may influence suicide prevention strategies.

Procedures/Tasks:

Part 1, Eligibility Interview, Approximately 30 minutes

If you agree to take part in this study, you will be asked questions to review your eligibility for the study. This interview will take approximately 30 minutes. Please note that some of the questions may be of a personal and/or sensitive nature. You do not have to answer any individual questions that make you feel uncomfortable if you do not want to. Upon completion of the interview, you will be informed if you are eligible to participate.

Part 2, Baseline Survey, Approximately 30 minutes

If you are eligible for the study, we will schedule you for a virtual interview. Before completing the virtual research interview, we will ask you to complete an online survey. The online survey contains several measures asking about your attitudes, beliefs, and experiences of guns and related topics. We will ask you to share demographic information, including but not limited to your racial and ethnic identity, age, gender identity, and living situation.

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Part 3, Virtual Interview, Approximately 90 minutes

If you are eligible for the study, we will schedule you for a virtual interview. At the beginning of this visit, you will be asked to confirm your eligibility, your physical location, and contact information. We will ask you to share demographic information, including but not limited to your racial and ethnic identity, age, gender identity, and living situation.

We will then ask you questions around your experiences, attitudes, and practices of firearms. We may ask questions about the types of firearms you own, the number of firearms you own, and typical use of your firearm(s) including access, storage, and acquisition. We will also ask you about ways in which state-specific laws, policies and practices influence your firearm(s) use.

We will not ask you for identifying information about your firearms, such as serial numbers, place of purchase, or permit numbers.

Duration:

Your participation in this study is anticipated to take approximately 2.5 hours. You may leave the study at any time. If you decide to stop participating in the study, there will be no penalty to you, and you will not lose any benefits to which you are otherwise entitled. Your decision will not affect your future relationship with The Ohio State University.

Risks and Benefits:

The known or expected risks are:

Interviews and Questionnaires

The interviews and questionnaires are administered as a research procedure in the context of this study to fully describe the people who take part in this study. Please note that some of the questions may be of a personal and/or sensitive nature, and that you may become bored or fatigued completing the interviews and questionnaires. The collection of such data poses a potential risk of loss of confidentiality around sensitive information such as gun use and ownership. Interviews will be conducted by experienced research personnel who will maintain confidentiality and all data from interviews and questionnaires will be coded so as to conceal your identity. If any of the interview questions make you feel uncomfortable, you do not have to answer them.

Tasks

There are no physical risks specifically related to completing the virtual eligibility or virtual research interviews. However, you may get bored or frustrated during the sessions. As a reminder, you are free to withdraw from this study at any time.

83 **Benefits**

84 You will not directly benefit from participation in this research. You may benefit from
85 completing an interview around use, access, and storage of firearms by discussing related
86 practices. Such information could provide useful information that could be used to inform
87 future research and recommendations around firearms suicide prevention.
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90 **Confidentiality:**
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92 Efforts will be made to keep your study-related information confidential. However, there may
93 be circumstances where this information must be released. For example, personal information
94 regarding your participation in this study may be disclosed if required by state law. Also,
95 your records may be reviewed by the following groups (as applicable to the research):

- 96 • Office for Human Research Protections or other federal, state, or international
97 regulatory agencies;
- 98 • The Ohio State University Institutional Review Board or Office of Responsible
99 Research Practices;
- 100 • Authorized Ohio State University staff not involved in the study may be aware that
101 you are participating in a research study and have access to your information; and
- 102 • The sponsor, if any, or agency (including the Food and Drug Administration for FDA-
103 regulated research) supporting the study.

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105 **Future Research:**

106 Your de-identified information may be used or shared with other researchers without your
107 additional informed consent.
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109 **Incentives:**
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111 By law, payments to participants are considered taxable income. You will receive
112 compensation for completion of the eligibility interview, the online survey, and the virtual
113 research interview, at which time you will receive \$60. If you do not finish the study, you
114 will be fully compensated for the visits and tasks that you completed in the study as
115 outlined below.
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Eligibility Interview	\$0
Baseline Survey	\$0
Virtual Research Interview	\$60

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118 **Participant Rights:**
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120 You may refuse to participate in this study without penalty or loss of benefits to which you
121 are otherwise entitled. If you are a student or employee at Ohio State, your decision will not
122 affect your grades or employment status.
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124 If you choose to participate in the study, you may discontinue participation at any time
125 without penalty or loss of benefits. By signing this form, you do not give up any personal
126 legal rights you may have as a participant in this study.

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128 This study has been determined Exempt from IRB review.

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130 **Contacts and Questions:**

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132 For questions, concerns, or complaints about the study you may contact:

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Craig J. Bryan, PsyD, ABPP

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The Ohio State University, College of Medicine

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Department of Psychiatry and Behavioral Health

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1670 Upham Drive, Columbus, OH

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Phone: 614-366-1027

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140 For questions about your rights as a participant in this study or to discuss other study-related
141 concerns or complaints with someone who is not part of the research team, you may contact
142 the Office of Responsible Research Practices at 1-800-678-6251.

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145 **Signing the consent form**

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147 I have read (or someone has read to me) this form, and I am aware that I am being asked to
148 participate in a research study. I have had the opportunity to ask questions and have had them
149 answered to my satisfaction. I voluntarily agree to participate in this study.

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151 I am not giving up any legal rights by signing this form. I will be given a copy of this form.

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_____	_____
Printed name of participant	Signature of participant
	_____ AM/PM
	Date and time
_____	_____
Printed name of person authorized to consent for participant (when applicable)	Signature of person authorized to consent for participant (when applicable)
	_____ AM/PM
_____	_____
Relationship to the participant	Date and time

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156 **Investigator/Research Staff**

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158 I have explained the research to the participant or his/her representative before requesting the
159 signature(s) above. There are no blanks in this document. A copy of this form has been given
160 to the participant or his/her representative.

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_____	_____
Printed name of person obtaining consent	Signature of person obtaining consent
	_____ AM/PM
	Date and time

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