



Phone. 605-430-9575
Email. peacefulmeans@unl.edu
Website.
<https://go.unl.edu/peacefulmeans>

****A recording of this form is on our website****

GUARDIAN CONSENT FOR TEEN (OPT-NO** AGENCY- GRADES 9 - 12)**

This form tells you more about the project so that you can decide if you want your teen(s) to be part of it. Your teen(s) will also get to decide if they want to be in this project. **For returning this form, you will receive a \$20 Virtual Visa sent to you via email** (please allow 4 to 6 weeks). You will get the \$20 Virtual Visa even if you return this form saying that your teen(s) cannot participate.

This research is being done by people at the University of Nebraska—Lincoln (UNL); UNL is funding Peaceful Means. The UNL IRB title of this project is “Phase II: Open Pilot Trial (OPT) (Establishment and Evaluation of an Indigenous-led Center to Prevent Sexual Violence among Indigenous Youth across the U.S.) Project ID #22787.

If you say your teen(s) cannot participate, we will not ask your teen(s) if they want to participate.

If you say your teen(s) can participate, we will ask them if they want to. They will have the option of saying “yes” (they want to participate) or “no” (they do not want to participate). Teen(s) who will be starting in grades 9 to 12 (in the fall semester) with your approval, who say they want to participate, will sign an assent form. Your teen(s) can also decide not to participate.

If you say your teen(s) can participate and later change your mind, please contact us **right away** (Phone. 605-430-9575, Email. peacefulmeans@unl.edu).

Why are you asking my teen(s) to be in this research project?

We are asking your teen(s) to be in this project because they are a Native American student who will be in grades 9 through 12 this fall and lives in or near Rapid City.

Why are you doing this research project?

We want to make a program for teens that helps them to be safe from violence so that they can live happy and healthy lives. The surveys will make sure the program is working.

What are you asking my teen(s) to do in this research project?

We are asking your teen(s) to be part of a project that has a few parts. We will use all the information to make sure the program is working to help kids have safe and healthy lives.

First, if your teen(s) participate, they will do a program. **The program has 3 classes. Each class is 4 hours. The program will be 10 am (arrive no later than 9:45 for check-in) to 3 PM at Mother Butler Center (231 Knollwood Dr, Rapid City, SD 57701) on July 16, 17, and 18th. Lunch will be served.** There will be 10 to 30 teens in each class.

- The classes for high school girls focus on understanding sexual abuse/assault, verbal and physical skills to use if someone is trying force them to do sexual things, and how to get help for sexual abuse/assault.
- The classes for high school boys focus on how to help others who are being sexually abused/assaulted, sexual consent, and how to resist harmful gender stereotypes.
- Youth can pick the class that they would like to attend.

During the program, some researchers might be there to observe the classes. They are there to make sure that the instructors of the class are doing a good job. They will not write down your teen(s)' name or other teens' names when they take notes.

Second, if your teen(s) participate, they will be asked to do some surveys before and after the program. The surveys will ask them about their attitudes and experiences including unwanted sexual experiences. Some questions will ask about strengths and other things like depression and abuse/assault. They will do the first survey right before the program starts on July 16th. About a month later we will text and email them a link to do the survey. Additionally, your teen(s) will also be asked to do a short survey after each class to tell us what they liked about the program, did not like about the program, and how to make the program better. The surveys are anonymous; teens will NOT put their name on the surveys.

Third, if your teen(s) participate, they will be in a group discussion with about 10 to 15 teens who also did the program. This will happen right after the last day of programming on July 18th. The discussion will be audio recorded. We will ask teens questions about what they liked, did not like, how it impacted them, and how to make it better.

You can learn more about the programming and surveys on our website here:

<https://go.unl.edu/peacefulmeans>

What will you do with the information my teen(s) tell you? How might my teens feel being in this research project?

Your teen(s)' answers on the survey are anonymous and private. We will honor this privacy by not sharing with anyone the answers that they put on the surveys.

However, if your teen tells us face-to-face, on the phone, in an email, or by text that (1) a child is being hurt or abused, (2) that they plan to hurt themselves or someone else, and/or (3) someone else, like an elder, is being hurt or abused, we will have to share this information with someone to make sure that children and other people are safe.

As a group, we will have an agreement to honor one another by keeping what is said in the group discussions private. But we cannot promise that other people in the group will not share what your teen(s) and other people say.

Sometimes teens report feeling sad or uncomfortable when being asked about things, like sexual abuse/assault. Remember, your teen(s) does not have to answer questions they do not want to answer. We will give your teen(s) a list of resources every time we see them that tells them about places they can go or call if they need help. Your teen(s) can also talk to us about resources that they might need.

Also, for classes that involve physical self-defense skills, there is the possibility of limited physical risks. The instructors are highly trained and as long as your teen(s) follow instructions provided during the self-defense portion of the program, their chance of being hurt in any way will be reduced.

Does my teen(s) have to be in this research project?

No, your teen(s) do not have to be in this project. Your teen(s) can start being in this project and stop being in the project at any time. Your teen(s) can also decide not to answer questions that they do not want to answer.

Will my teen(s) benefit from being in this research project?

Your teen(s) may not benefit from being in this project. However, some teens tell us that they like to share their ideas and help other people and their community. Your teen(s) may also learn skills that they find helpful in their life.

Will people benefit from this research project?

We will use the information to strengthen the program. We will be giving the program to a lot of teens eventually and your teen(s) are an important part of this!

What will my teen(s) get from being in this research project?

In addition to the \$20 YOU will get for returning this form, we will do the following drawings:

- 4 \$100 cash for the survey teens take before the program starts.
- 3 \$100 cash for the surveys teens take after each of the six classes.

- 3 \$100 cash for the group discussion youth do after the program ends.

There will be a total of 10 \$100 cash gifts. We expect about 75 teens to participate. This means that each teen has a 13% chance of winning a \$100 cash gift.

We will do the drawings within a few months of when we start this project. The person doing the drawing will be a Lakota staff member of Peaceful Means. They will do the drawing using a computer program to make sure it is fair and accurate.

All teens will get small giveaways (e.g., stickers, pencils) during the days of the programming.

Also, all teens will get a \$15 Virtual Visa sent to their email for doing the survey about 1 month after the class they take.

Who should I contact if I have questions or concerns about this project?

If you have questions about this project at any time, you can contact our project team at the information below. You can also contact the Institutional Review Board (IRB) at the University of Nebraska-Lincoln (UNL) if you have questions about your rights as a participant or if you have concerns about this project at 402-472-6965 or irb@unl.edu or if you have concerns about this project at 402-472-6965 or irb@unl.edu.



Phone. 605-430-9575
Email. peacefulmeans@unl.edu
Social media. @PeacefulMeans

You are voluntarily making a decision whether or not to let your teen(s) participate in this research study. Signing this form means that (1) you have read and understood this consent form, (2) you have had the consent form explained to you, and (3) you have had your questions answered.

Please return the information below one of several ways:

1. Complete it online at: <https://go.unl.edu/pmsummer>
2. Take a picture and email it to peacefulmeans@unl.edu
3. Take a picture and text it to 605-430-9575
4. Call, text, or email us (info above) for us to come and pick it up from you!

Please go to the next page

LEGAL GUARDIAN (The legal guardian must be the person completing this form)

Please write your full legal name: _____

Date: _____

Your Phone Number: _____

Your Email: _____

****You must provide a valid email to get the \$20 Virtual Visa! Please note:***

Below please list all of the names of your teens who will be in grades 9 through 12 during the next academic year (starting in fall 2024).

TEEN 1 INFORMATION

Name: _____

Age: _____

Grade (they will be in next academic year): _____

School: _____

Phone Number: _____

Email: _____

Do you want this teen in this project? (circle one)

YES NO

Which class should your teen attend? (circle one)

Girl's class Boy's class Let the teen chose

GO TO THE NEXT PAGE!!!!



TEEN 2 INFORMATION

Name: _____

Age: _____

Grade (they will be in next academic year): _____

School: _____

Phone Number: _____

Email: _____

Do you want this teen in this project? (circle one)

YES NO

Which class should your teen attend? (circle one)

Girl's class Boy's class Let the teen chose

TEEN 3 INFORMATION

Name: _____

Age: _____

Grade (they will be in next academic year): _____

School: _____

Phone Number: _____

Email: _____

Do you want this teen in this project? (circle one)

YES NO

Which class should your teen attend? (circle one)

Girl's class Boy's class Let the teen chose

**If you have more than 3 teens in grades 9 through 12 and you are the legal guardian for them, contact us (information above) for additional forms (or go to our website). We will not give out your or your teen(s)' contact information to anyone else. This is just so that we can contact you and your teen(s) to remind you all about the upcoming parts of this project. A copy of this form can be found on our website if you would like one for your records. Wopila.*



WEBSITE: <https://go.unl.edu/peacefulmeans> | Phone: 605-430-9575 | EMAIL: peacefulmeans@unl.edu | @PeacefulMeans

GUARDIAN/PARENT MEDIA, AUDIO, AND PHOTO RELEASE FORM

The mission of Wahwala Iyohlogya (Peaceful Means) is to end sexual violence on the Pine Ridge Reservation. We will do this through delivering empowerment-based, culturally grounded programming to all children and youth on Pine Ridge. As part of this project, youth on Pine Ridge will create a documentary that highlights the strength and resilience of Indigenous peoples and the impact of the work of Wahwala Iyohlogya. We respectfully request your permission to include media, audio, and/or photos of your child/children in the documentary and other video, audio, and photo portions of this project.

By signing this form, I am giving staff of UNL's Wahwala Iyohlogya/Peaceful Means (and its affiliates and associates) the rights to use photos, audio, and/or videos of my child/children. I understand that photos, audio, and/or videos (including interviews) may be altered (e.g., only showing part of the recording my child is in rather than all the recording). I also understand that photos, audio, and/or videos of my child/children may be shown in a lot of different ways like on websites, social media, in printed material, films, etc. and that neither me or my child are being paid for the use of photos, audio, and/or videos of my child. Finally, I understand that by signing this form I can never take action against Wahwala Iyohlogya/Peaceful Means, IMpower United, and/or UNL (and all its staff/affiliates) for use of photos, audio, and/or videos of my child.

Please return the information below one of several ways:

1. Take a picture and email it to peacefulmeans@unl.edu
2. Take a picture and text it to 605-430-9575
3. Drop it off at our office (M to F; 9 to 5pm) located next to the Wakpamni CAP
4. Mail it to our PO Box at PO Box 253 Pine Ridge, SD 57770
5. Call, text, or email us (info above) to come and pick it up from you!

LEGAL GUARDIAN (The legal guardian must be the person completing this form)

Signature

Date

Printed First and Last Name

Phone

City, State, Zip

Email Address

PLEASE GO TO THE NEXT PAGE

PEACEFUL MEANS STAFF COMPLETES THIS INFORMATION

Received on: _____ Scanned into OneDrive: _____ UNL/IMpower Staff: _____

CHILD 1 INFORMATION (Starting with the youngest)

First and Last Name: _____

Age: _____

Grade in school (this coming school year): _____

School they attend (this coming school year): _____

Agency they are doing this program at: _____

City, State, Zip Code (where they live): _____

Phone Number: _____

Email: _____

Do you agree to the statement on the first page of this form and give us permission to photograph and video record your child? (circle one)

YES NO

CHILD 2 INFORMATION

First and Last Name: _____

Age: _____

Grade in school (this coming school year): _____

School they attend (this coming school year): _____

Agency they are doing this program at: _____

City, State, Zip Code (where they live): _____

Phone Number: _____

Email: _____

Do you agree to the statement on the first page of this form and give us permission to photograph and video record your child? (circle one)

YES NO

PLEASE GO TO THE NEXT PAGE

CHILD 3 INFORMATION

First and Last Name: _____

Age: _____

Grade in school (this coming school year): _____

School they attend (this coming school year): _____

Agency they are doing this program at: _____

City, State, Zip Code (where they live): _____

Phone Number: _____

Email: _____

Do you agree to the statement on the first page of this form and give us permission to photograph and video record your child? (circle one)

YES NO

CHILD 4 INFORMATION

First and Last Name: _____

Age: _____

Grade in school (this coming school year): _____

School they attend (this coming school year): _____

Agency they are doing this program at: _____

City, State, Zip Code (where they live): _____

Phone Number: _____

Email: _____

Do you agree to the statement on the first page of this form and give us permission to photograph and video record your child? (circle one)

YES NO

PLEASE GO TO THE NEXT PAGE

CHILD 5 INFORMATION

First and Last Name: _____

Age: _____

Grade in school (this coming school year): _____

School they attend (this coming school year): _____

Agency they are doing this program at: _____

City, State, Zip Code (where they live): _____

Phone Number: _____

Email: _____

Do you agree to the statement on the first page of this form and give us permission to photograph and video record your child? (circle one)

YES NO

CHILD 6 INFORMATION

First and Last Name: _____

Age: _____

Grade in school (this coming school year): _____

School they attend (this coming school year): _____

Agency they are doing this program at: _____

City, State, Zip Code (where they live): _____

Phone Number: _____

Email: _____

Do you agree to the statement on the first page of this form and give us permission to photograph and video record your child? (circle one)

YES NO

If you have more than 6 children for whom you are the legal guardian for, contact us (information below) for additional forms.