**CONSENT FORM**

Widener University IRB Protocol Number 59-07

**INVESTIGATOR'S NAME:** Justin A. Sitron, PhD., M. Ed.

**STUDY TITLE:** **Male Attachment**

**PURPOSE OF THE STUDY**

The purpose of this study is to understand male friendships and bonds. This information will be obtained through personal and group narratives, as well as through survey responses. The male friendships examined in this study focus on group dynamics as well as group boundaries as perceived by the group itself as well as individual members.

You are being asked to be a participant in the study because you meet all of the following criteria:

-You are a male,

-you are between the ages of 18-29; and

-you are fluent in speaking and writing English.

**DESCRIPTION OF THE STUDY**

You will be discussing questions with your male friends that revolve around how you prefer to spend time with each other, what types of boundaries (if any) you have with each other, what types of things you like to talk about and how you talk about them, etc. Some of the questions that you will be discussing are of a personal nature; at any time during the group discussion you may choose not to respond or discontinue your participation. The group discussion will be video-recorded and you may choose to have face cut out of the shot to disguise your identity. The amount of time required to participate in the study is 30-60 minutes.

**RISKS AND DISCOMFORTS**

As a participant in this study, you may feel that some questions intend to cross you privacy boundaries or you may experience a fear of loss of confidentiality or anonymity. You may refuse to answer any question and can stop the interview at any time.

**BENEFITS**

There may be no direct benefits of participating in this study; however, the knowledge received may be of value to the study of male-male friendships and relations.

You will have access to aggregated results of the study in summary format. If you wish to receive these results, please notify the researcher and provide your contact information so that they can be mailed to you upon completion.

**ALTERNATIVE PROCEDURES**

The alternative to this study is to not participate.

**CONFIDENTIALITY**

All information collected in this study will be kept strictly confidential, except as may be required by law. Your identity will be coded such that no identifying information will be maintained on the records of your interview. A code will be assigned to each participant and that code will be maintained throughout the recording (audio and notes) process. Any notes, audio recording, and transcripts of the interview will be kept only for the time necessary to create the instrument being designed in this study. No recording will be destroyed, all information will be kept for future research and instrument development.

All documents and information pertaining to this research study will be kept confidential in accordance with all applicable federal, state, and local laws and regulations. I understand that data generated by the study may be reviewed by Widener University's Institutional Review Board, which is the committee responsible for ensuring your welfare and rights as a research participant, to assure proper conduct of the study and compliance with university regulations. If any presentations or publications result from this research, you will not be identified by name.

**TERMINATION OF PARTICIPATION**

I may choose to withdraw from this study at any time and for any reason. If I choose to drop out of the study, I will contact the investigator and my records will be destroyed.

**COMPENSATION**

I will not receive payment for being in this study. Participation in this study is strictly voluntary. There will be no cost to me for participating in this research.

**INJURY COMPENSATION**

Neither Widener University nor any government or other agency funding this research project will provide special services, free care, or compensation for any injuries resulting from this research. Treatment for such injuries will be provided under the same financial arrangements as those under which treatment is usually provided.

**QUESTIONS**

All of my questions have been answered to my satisfaction and if I have further questions about this study, I may contact Justin A. Sitron, Principal Investigator, at 215-206-6996. If I have any questions about the rights of research participants, I may contact the Chairperson of Widener University’s Institutional Review Board at 610-499-4110.

**VOLUNTARY PARTICIPATION**

I understand that my participation in this study is entirely voluntary, and that refusal to participate will involve no penalty or loss of benefits to me. I am free to withdraw or refuse consent, or to discontinue my participation in this study at anytime without penalty or consequence.

I voluntarily give my consent to participate in this research study. I understand that I will be given a copy of this consent form.

Signatures:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Name (Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature Date

I, the undersigned, certify that to the best of my knowledge, the subject signing this consent form has had the study fully and carefully explained by me and has been given an opportunity to ask any questions regarding the nature, risks, and benefits of participation in this research study.

Justin A. Sitron\_\_\_\_\_\_\_\_\_\_\_\_

Investigator’s Name (Print)

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Investigator’s Signature Date

Widener University’s IRB has approved the solicitation of participants

for the study untilApril 25, 2008