

Strength in Community: SARN Peer Support Group

Informed Consent Form

The information below provides details about some of the procedures and policies for Strength in Community: SARN Peer Support Group. Group participants are asked to read and sign this material at the time of their pre-screening. Thank you!

1. **Eligibility for Services:** The Strength in Community: SARN Peer Support Group is open to all currently enrolled St. Olaf students. Prospective members will be required to meet with a facilitator before the start of the group to discuss the goals and guidelines of the group.

Note: In order to maintain the group as a safe space, individuals under investigation for perpetrating sexual violence, or found to be guilty, by a higher education institute or law enforcement will not be allowed to join. We encourage them to seek out individual therapy services.

2. **Limits of the group:** Strength in Community: SARN Peer Support Group is NOT intended to be a substitute for therapy. If you believe you would benefit from services beyond what the group can provide, we will provide you with information for on- and off-campus mental health providers. Boe House is available Monday through Friday 8-12 and 1-5 but cannot provide directly for after-hours emergencies. For after hour emergencies contact one of the following: JC, RA, or Area Coordinator; South Central Mobile Crisis Team (877) 399-3040; Public Safety (507) 786-3666; National Suicide Hotline 1 (800) 273-TALK (8255); or 911.

3. **Goals of Group:** The goal of this group is to provide a safe space for peers to support one another in their healing from sexual violence of any kind (sexual assault, rape, stalking, dating violence, etc.). How to attain this goal will be determined by the group members at the beginning of the semester. This may include getting support and feedback from others, share coping strategies, and having a safe space to talk about one's experience. In addition to the general goals of the group, individuals are encouraged to set their own goals, which they can discuss as part of the pre-group screening.

4. **Benefits of Group:** Become part of a supportive community of peers who have survived similar experiences; connect with others through offering your concern and support; express feelings and concerns with others who will listen and care; get honest and supportive feedback about yourself, and thus learn about yourself; and learn strategies that have worked for others as they have dealt with similar concerns.

5. **Group Commitment:** A healthy and supportive group setting requires an emphasis on respectful interactions as well as the following commitments: Group members assume

responsibility for their own needs and what they say in group. Group members practice respectful listening, and engage in reflective participation. Group members refrain from dating or sexual relationships with other group members, or discussing group issues outside of group. That all members attend group free of mood-altering drugs. Group members commit to attend group regularly for the duration of the group. If you plan to be absent or something comes up, let facilitators know in advance.

6. Confidentiality: All communications between group members and group facilitators will be held in confidence and will not be revealed to anyone unless you give written authorization to release the information. A copy of the release form is available from the group facilitators.

PLEASE NOTE:

- We ask for, but cannot guarantee, confidentiality between group members.
- Legal and ethical exceptions to confidentiality require that the facilitator take responsible action when there is a clear and present danger of harm to yourself or another person. Depending on the situation, responsible action may include but is not limited to: reaching out to South Central Mobile Crisis Team for reasonable concern of harm to self or public safety for reasonable concern of harm to others.

7. Advocate Consultation: In order to provide you with the best possible support, your group facilitators may consult with the Co-Chairs of SARN concerning the service we provide you. Whenever possible, any identifying information will be excluded from the consultation.

8. Communication: For the sole purpose of communicating meeting cancellation, facilitators will contact members via email. Please provide campus email in the following space: _____@stolaf.edu

If you have any questions or are not sure that you are clear about any of these policies, please feel free to talk further with a group facilitator.

This is to indicate that I have read the Strength in Community: SARN Peer Support Group Informed Consent Form. I, _____, hereby request to be a participant in Strength in Community: SARN Peer Support Group and understand and agree to all practices noted above. I understand that I may withdraw this consent and terminate group attendance at any time for any reason.

Group participant signature: _____ Date: _____

Group facilitator signature: _____ Date: _____

Note: One copy is given to the Group Participant, the original copy is for the SARN's records.