

ANTI-VIOLENCE PARTNERSHIP of Philadelphia

Together we can end the cycle of violence

Debriefing Script

Thank you so much for sharing your time and contributing to this research. The purpose of this study is to gather the critical voices of people who have experienced homicide within their family and identify ways to better support future families with similar experiences.

Do you have any questions for me at this time?

Are there any resources that we discussed (or did not discuss) during the interview with which you would like to connect?

If yes: Great! How can we help?

As mentioned on the consent form, it is possible that this interview may bring up difficult memories and feelings connected to the murder of your loved one. It may be common to experience symptoms of depression or anxiety. Would you be interested in having a check-in phone call or in-person meeting with a member of AVP's clinical team within the next few weeks?

If yes: We would be happy to help schedule that.

- What is the best way to reach you in order to schedule a check-in?

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- How would you prefer to speak (circle one)? *In-Person* *By Phone* *Either* *Other*

- What are the best days of the week and times of the day to speak with you?

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- Would you be interested in being added to our waitlist for long-term therapy (circle one)?

Yes

No

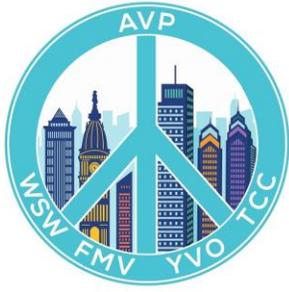
This research effort will continue until September 2020. Would you like to receive updates at that time on research findings and other achievements connected to the research (circle one)? *Yes* *No*

If yes: What will be the best way to reach you at that time? _____

Are there any other members of your family who you think might be interested in participating in an interview (circle one)? *Yes* *No*

If yes: What is the best way to contact them?

Thank you so much again for your participation. Included is the \$25 gift card as compensation for your time. If at any point you have questions or you change your mind about wanting additional services or connections, please feel free to reach out to us using the contact information on the IFH follow-up information letter.



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By signing below, I acknowledge that I have received the \$25 gift card and information on how to follow up with the research team if I have any questions.

Print Name: _____ **Date:** _____

Signature: _____

Signature of Witness: _____ **Date:** _____

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