A correlational study of immigration trauma and posttraumatic growth among leaders (Deacons, Elders) of diaspora Myanmar churches within the District of Columbia Baptist Convention

and URIRB Study No.: IORG0011922

Informed Consent Form

You are being asked to take part in a research study of *A correlational study of immigration trauma and posttraumatic growth among leaders (Deacons, Elders) of diaspora Myanmar churches within the District of Columbia Baptist Convention*. Details about this study are discussed below. It is important that you understand this information so that you can make an informed choice about being in this research study. If you have questions, please feel free to ask the researcher for more information.

**Purpose**

The purpose of this study is to investigate the relationship between immigration trauma and posttraumatic growth among leaders [deacons/elders] of diaspora Myanmar churches in the District of Columbia Baptist Convention. The study should take approximately one hour to complete. If you agree to participate, you will be asked to conduct a survey on the SOIS and PTGI domains. The survey is intended for leaders (elders, deacons) of diaspora Myanmar churches in collaboration with the DC Baptist Convention. The survey is available in English and Burmese and will take about an hour to complete.

**Contact Information**

This research is being conducted by Thuam Cin Khai. If you have any questions about the project, Mr. Khai can be contacted at [tckhai@gmai.com](mailto:tckhai@gmai.com) or 443-528-5667.

**Possible Risks**

There is no more than minimal risk involved in participating in this study. That is, the risks for completing this study are no more than the risks experienced in daily life. If you do experience any discomfort during the study, remember you can stop at any time without any penalty. You may also choose not to answer particular questions that are asked in the study.

**Possible Benefits**

There are minimum direct benefits to you for participating in this project, but you may get some satisfaction from contributing to this investigation.

**Confidentiality of Records**

Reasonable steps will be taken to ensure that your individual results will remain confidential. However, as with any research process, the risk of a breach of confidentiality is always possible. Nevertheless, to the best of the investigators’ abilities, your answers in this study will remain anonymous and confidential. Once the study is completed, we will completely “deidentify” our data. All identifiers will be removed from the identifiable private information or identifiable biospecimen and only then will the information be used for future research studies.

**Use of Information and Data Collected**

We will not tell anyone the answers you give us. Your responses will not be associated with you by name and the data you provide will be kept secure. What we find from this study may be presented at meetings or published in papers, but your name will not ever be used in these presentations or papers.

**Protections and Rights**

If you have any questions concerning your rights as a research participant, you may contact the Chair of the Omega Graduate School’s Institutional Review Board (IRB) for the Protection of Human Subjects of Research at (804) 484-1565 or cao@ogs.edu for information or assistance.

**Statement of Consent**

The study has been described to me and I understand that my participation is voluntary and that I may discontinue my participation at any time without penalty. I understand that my responses will be treated confidentially and used only as described in this consent form. I understand that if I have any questions, I can pose them to the researcher. I have read and understand the above information and I consent to participate in this study by signing below. Additionally, I certify that I am 18 years of age or older.

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witnessing Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_