



STATE UNIVERSITY OF NEW YORK

COMMITTEE ON RESEARCH INVOLVING HUMAN SUBJECTS  
Established 1971

### **CONSENT TO PARTICIPATE IN A RESEARCH STUDY**

**Project Title:** In their own words: Transgender Experience of Aging, A Grounded Theory Study

**Principal Investigator:** Pamela Linden, PhD, Assistant Professor, School of Social Welfare

**Co-Investigators:** Donna Riley, LMSW, Doctoral Candidate, School of Social Welfare

**You are being asked to be in a research study.**

**PURPOSE OF STUDY:** We are doing a study to learn about the individual experiences of self-identified transgender persons and their perceptions of aging. We are collecting information for research purposes only from a total of 40 transgender persons age 55 and older who have transitioned to their core gender. You are eligible to participate in this study because you have identified as being a person of transgender experience, live your core gender, are 55 years or older, English speaking, and reside in the greater metropolitan area of New York State.

**STUDY PROCEDURES:** If you agree, you will be part of a research study. You will be interviewed one time for approximately one and one-half to two hours. This interview will involve questions about your experiences with transitioning, employment, relationships and aging.

This interview will be digitally audiotaped. Your name or other identifying information about you will not appear on the audio files, but rather will be labeled with code numbers instead. Only the researchers will have access to the audiotapes. The audiotapes will be stored on the researcher's computer which will be password protected.

**RISKS / DISCOMFORTS** The following risks/discomforts may occur as a result of your participation in this study. You will be asked to disclose private details about yourself. You may find this stressful or displeasing and you may have unpleasant reactions to the questions. If you do not want to answer any questions, you do not have to. You may take breaks. All responses will remain confidential except where the law may require disclosure. Participants who experience discomfort are encouraged to contact the Trevor Project - 866-4-U-TREVOR.

The Trevor Helpline is a free and confidential national crisis and suicide prevention helpline for gay, lesbian, bisexual, transgender, and questioning youth and transgender and gender non-conforming adults. Trained counselors are available 24 hours a day, 7 days a week.

**BENEFITS:** Participants will be compensated with \$25 cash. There is no other known benefit to you as a result of being in this study, but the information obtained from this study may help to improve services for transgender persons in the process of aging.

**COMPENSATION:** You will be compensated with \$25 cash, whether you complete the interview or not. You will be asked to sign a receipt for the cash. This receipt and signed consent form will be kept in a locked file cabinet separate from study data at Stony Brook University School of Social Welfare.

**COSTS TO YOU:** There are no costs to you as a result of your participation in this study.

**CONFIDENTIALITY:** The interviews will be digitally audiotaped. Your name or other identifying information about you will not appear on the audiofile. Only the researchers will have access to the audiofiles. The audiofiles will be stored on the researchers' password protected laptop and backed up on an encrypted, password protected flash drive. The flash drive and paper copies of the transcript will be stored in the researcher's locked file cabinet at Stony Brook University. The audiofile and paper transcript will be destroyed five years after the completion of the study by deleting and shredding.

We will take steps to help make sure that all the information we get about you is kept private. Your name will not be used wherever possible. We will use a code instead. All the study data that we get from you will be kept locked up. The code will be locked up too. If any papers and talks are given about this research, your name will not be used.

We want to make sure that this study is being done correctly and that your rights and welfare are being protected. For this reason, we will share the data we get from you in this study with the study team, Stony Brook University's Committee on Research Involving Human Subjects, applicable Institutional officials, and certain federal offices. However, if you tell us you are going to hurt yourself, hurt someone else, or if we believe the safety of a child is at risk, we will have to report this. In a lawsuit, a judge can make us give him the information we collected about you.

While you are in this study we will get data about your health from questions that we ask of you. You have a right to privacy but the data we get about your health in this study can be shared with the people referenced above (the study team, Stony Brook University's Committee on Research Involving Human Subjects, applicable institutional officials, and certain federal offices) as well as (as applicable):

- A board that reviews the safety of the study on an on-going basis.

Your health data are shared to make sure the study is being done correctly, costs are charged correctly, and to make sure your rights and safety are protected. Not all of these people are required by law to protect your health data. They might share it with others without your permission. Some of the health information we get from you in this study cannot be shared with you until the end of the study.

You have the right to stop allowing us to use or give out your health data. You can do this at any time by writing to Dr. Pamela Linden. We will use any data we collected before you wrote your letter. When you review the consent form and agree to be interviewed it means:

- That you have read this section.
- That you will allow the use and reporting of your health data as described above.

**SUBJECT RIGHTS:** Your participation in this study is voluntary. You do not have to participate in this study if you do not want to. You have the right to change your mind and remove yourself from the study at any time without giving any reason, and without penalty. Any new information that may make you change your mind about being part of the study will be given to you. You will get a copy of this permission form to keep. You do not waive any of your legal rights by signing this consent form.

**QUESTIONS ABOUT THE STUDY OR YOUR RIGHTS AS A RESEARCH SUBJECT:** If you have any questions about the study, you may contact Dr. Pamela Linden at 631-444-3154 or Donna Riley, LMSW, Doctoral Candidate at 516-983-1780. If you have any questions about your rights as a research subject, you may contact Ms. Judy Matuk, Committee on Research Involving Human Subjects, Stony Brook University at (631) 632-9036.

**If you agree to be interviewed, it means that you have read (or have had read to you) the information given in this consent form and you would like to participate in this study.**