

# **Focus Group Consent Form - Parents & Caregivers of Trans Youth**

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

**Project Title:** TGX+ Youth Caregiver Needs Assessment

**Principal Investigator:** G Albert, Collaborate PASadena

**Partner Organization:** Planned Parenthood Pasadena and San Gabriel Valley

### **PURPOSE OF THIS FORM:**

This form provides information about the research study and asks for your consent to participate. By affirming receipt of this form via email and joining the focus group meeting, you are implying your consent to participate.

### **ABOUT THIS RESEARCH:**

We are conducting focus groups to understand the experiences of parents and caregivers of transgender, non-binary, and gender-expansive children and youth. This research is part of a collaborative project with Planned Parenthood Pasadena and San Gabriel Valley, with the goal of helping reduce the number of children and youth entering the foster care system.

Your insights will help us:

- Identify gaps in community resources and support systems
- Develop better training materials for service providers
- Advocate for policies that support transgender youth and their families
- Create recommendations to reduce barriers that lead to family separation

### **WHAT TO EXPECT:**

- Time Commitment: One 2-hour focus group session
- Format: Virtual (Zoom) or in-person
- Topics: Your experiences accessing resources, navigating challenges, building community, and advice for other families
- Compensation: \$75 gift card for your time and insights
- Languages: Available in English, Spanish, and other languages based on need

### **YOUR PRIVACY IS PROTECTED:**

- Sessions will NOT be recorded
- Auto-generated closed captions will be used for note-taking only and will be permanently deleted after analysis
- You may use a pseudonym (fake name)
- You may keep your camera off during virtual sessions
- No personal identifying information will be collected or stored
- All information will be anonymized in reports
- Your information will never be shared with government agencies
- All data is encrypted and stored securely outside the United States

## YOUR RIGHTS

- Participation is completely voluntary
- You may skip any question you don't want to answer
- You may leave the session at any time without penalty
- You will still receive your gift card regardless of your level of participation
- You can withdraw your consent at any time

## CONTACT INFORMATION:

Questions about this research?

- Contact: - G Albert: [g@collpas.org](mailto:g@collpas.org)
- Secure communication: [ColPASResearch@Proton.me](mailto:ColPASResearch@Proton.me)

By completing this form and joining the focus group session, you are indicating that you have read this information, had an opportunity to ask questions, and consent to participate in this research study.

## Participant Information

1. Name or Pseudonym (as you'd like to be addressed in the focus group) **Required**
2. Email address or Cell number for text (this will be how we contact you) **Required**
3. Which focus group session will you be attending? **Required**

## Demographic Information

The following demographic questions are optional but help us ensure diverse representation in our research. This information will be kept confidential and reported only in aggregate form. **You may skip any questions you prefer not to answer.**

4. Your age
5. Race/Ethnicity (select all that apply)
  - ☐ American Indian or Alaska Native
  - ☐ Asian
  - ☐ Black or African American
  - ☐ Hispanic or Latino/a/e
  - ☐ Middle Eastern or North African
  - ☐ Native Hawaiian or Pacific Islander
  - ☐ White
  - ☐ Mixed
  - ☐ Another race/ethnicity not listed here
6. Your Gender Identity

7. Your Sexual Orientation

- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual
- ☐ Heterosexual/Straight
- ☐ Pansexual
- ☐ Queer
- ☐ Asexual
- ☐ Another sexual orientation

8. ZIP code (Helps us understand the geographic distribution of participants)

9. Household Income (This helps us understand how financial resources affect access to services)

- ☐ Less than \$25,000
- ☐ \$25,000 - \$49,999
- ☐ \$50,000 - \$74,999
- ☐ \$75,000 - \$99,999
- ☐ \$100,000 - \$149,999
- ☐ \$150,000 or more

10. Primary Language Spoken at Home

- ☐ English
- ☐ Spanish
- ☐ Mandarin
- ☐ Cantonese
- ☐ Armenian
- ☐ Tagalog
- ☐ Korean
- ☐ Vietnamese
- ☐ Another language

11. Highest Level of Education Completed

- ☐ Some high school
- ☐ High school diploma or GED
- ☐ Some college
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Graduate or professional degree

12. Insurance Type (Understanding insurance access helps us identify barriers to care)

- ☐ Employer-provided insurance
- ☐ Medi-Cal
- ☐ Medicare
- ☐ Private insurance (purchased individually)
- ☐ LA Care
- ☐ Covered California
- ☐ No insurance

### Information About Your Child/Children

These questions help us understand the diversity of experiences represented in the focus group. All information will be kept confidential. **You may skip any questions you prefer not to answer.**

13. Age of Your Transgender, Non-binary, or Gender-expansive Child/Children  
(select all that apply)

- ☐ 0-5 years old
- ☐ 6-10 years old
- ☐ 11-13 years old
- ☐ 14-17 years old
- ☐ 18-24 years old
- ☐ 25+ years old

14. Your Relationship to the Child/Youth

- ☐ Biological parent
- ☐ Adoptive parent
- ☐ Step-parent
- ☐ Legal guardian
- ☐ Foster parent
- ☐ Grandparent
- ☐ Sibling
- ☐ Other family member
- ☐ Other

15. How long has your child been openly identifying as transgender or non-binary?

- ☐ Less than 6 months
- ☐ 6 months to 1 year
- ☐ 1-2 years
- ☐ 3-5 years

- ☐ 6-10 years
- ☐ More than 10 years

16. What types of support or services have you accessed for your child? (select all that apply)

- ☐ Mental health counseling/therapy
- ☐ Medical care (primary care)
- ☐ Gender-affirming medical care (hormones, puberty blockers, etc.)
- ☐ Support groups for parents/caregivers
- ☐ Support groups for youth
- ☐ School support/accommodations
- ☐ Legal services (name/gender marker changes)
- ☐ Community organizations (PFLAG, Transforming Families, etc.)
- ☐ Religious/spiritual support
- ☐ None yet
- ☐ Other

17. If you selected 'Other', please specify

#### 18. **Consent Statements**

Please read each statement carefully and check all boxes to indicate your understanding and consent: **All boxes must be checked to complete this form**

- ☐ I have read and understand the purpose of this research study
- ☐ I understand that participation is voluntary and I may withdraw at any time without penalty
- ☐ I understand that the focus group session will NOT be recorded, but auto-generated closed captions will be used for note-taking purposes only and will be permanently deleted after data analysis
- ☐ I understand that I may use a pseudonym and keep my camera off during virtual sessions if I prefer
- ☐ I understand that my responses will be kept confidential, anonymized in all reports, and never shared with government agencies
- ☐ I understand that I can skip any question I don't want to answer during the focus group
- ☐ I understand that I will receive a \$75 gift card for participating, regardless of my level of participation or if I choose to leave early

☐ I consent to participate in this research study

19. Do you understand that by affirming receipt of this consent form via email and joining the focus group meeting, you are implying your consent to participate?

**Required**

☐ Yes, I understand and consent

☐ No, I do not consent and will not participate

20. Electronic Signature (type your name or pseudonym) **Required**

21. Today's date (MM/DD/YYYY)" **Required**

### **Questions or Concerns**

22. Do you have any questions or concerns about participating in this research study?

23. Do you have any accessibility needs we should be aware of for the focus group session?

### **Gift Card**

eGift Cards will be emailed to you within two business days of your participation. It will be coming to you from Giftogram.

24. Would you like to receive a gift card (\$75) for participation?

☐ Yes (this is the default)

☐ No, please consider my participation as a donation to the research

**SUBMIT**

Thank you for completing the consent form!

Your consent has been recorded. We will send you:

- ✓ Focus group session details, including Zoom link (if virtual) or physical address
- ✓ Reminder 24 hours before your session
- ✓ Information about receiving your \$75 gift card

Next Steps:

1. Watch for a calendar invite from CollPASResearch@Proton.me with your session details
2. Save the date/time in your calendar
3. Prepare any questions or thoughts you'd like to share

Your privacy is protected with end-to-end encryption through CryptPad.

Questions? Contact us:

- Secure: CollPASResearch@Proton.me
- Direct: g@collpas.org

We look forward to hearing your insights and experiences

- Collaborate PASadena Team