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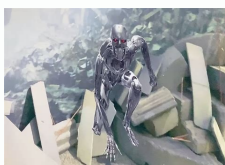
Gender congruence and life satisfaction scale pdf test 2 answers key

job. The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.

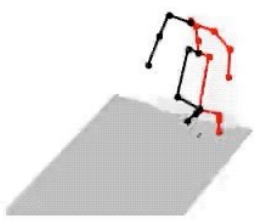
Please select where you think you stand at this time in your life relative to other people around you.

Best off

Worst off



A person jumps over an obstacle while running.



SIRI

Recognize My Voice

Personal Requests On >

Siri can recognize your voice and allow you to use any HomePod in this home to play your music, ask Siri questions, or access personal information when your devices are nearby.

Show Me on Apple TV On >

Background: It is vital that the treatment offered at transgender health services can be evaluated to ensure a high quality of care. Next, the interpretability of items was explored by an expert panel working in the area of transgender health (n = 8) and any items which were not found to theoretically or conceptually fit within the factor they had been placed were excluded. Cisgender people do not experience such discrepancy (Arcelus & Bouman, 2017; Bouman et al., 2017). A higher score indicates a greater gender congruence, greater gender-related well-being, and greater life satisfaction. New York: McGraw-Hill, Edinburgh, UK: Scottish Trans Alliance. (1998). The routine use of patient reported outcome measures in healthcare settings. (1988). Patient-reported outcome instrument selection: Designing a measurement strategy. Psychometric theory (2nd ed.). This has ensured that the GCLS is meaningful and relevant for use as an outcome measure for people attending transgender health services (T'Sjoen, Motmans, Arcelus, & Bouman, 2017). Language and transgender health. [PubMed] [Google Scholar]Hattie J., & Cooksey R. Additionally, the GCLS chest, GCLS genitalia, and GCLS other secondary sex characteristics subscales had a moderate to strong association with the HBDS overall satisfaction scale. Research with this population is in its infancy, but suggests poorer mental health than binary transgender people (Rimes, Goodship, Ussher, Baker, & West, 2017; Scottish Trans Alliance, 2015; Thorne, Witcomb, Nieder, Nixon, & Arcelus, 2018; Warren, Smalley, & Barefoot, 2016). International Journal of Transgenderism, 18(4), 376-381. L. Bouman W. This suggests that the GCLS has discriminant validity. I have suffered from low moodNRSOA13. Increase of referrals to gender identity clinics: A European trend? doi: 10.1111/jsm.13033 [PubMed] [CrossRef] [Google Scholar]Bouman W. Determining the number of factors to retain in an exploratory factor analysis using comparison data of known factorial structure. Language and terminology in Bouman W. These measures have been developed with the binary gender system in mind (i.e., male or female) which is problematic in light of an increasing number of people identifying as non-binary or outside the gender binary (Beek et al., 2015; Clarke, Veale, Townsend, Frohard-Dourlent, & Saewyc, 2018; Richards et al., 2016, 2017); also, participants are asked to complete different versions depending on the gender they were assigned at birth. This process resulted in 85 items being developed. The first draft of the GCLS was then discussed with the Nottingham Centre for Transgender Health Service User Research Advisory Group (SURAG). I have thought about hurting myself or taking my own lifeNRSOA13. Increase of referrals to gender identity clinics: A European trend? doi: 10.1111/jsm.13033 [PubMed] [CrossRef] [Google Scholar]Jones B. The final sample size therefore included 789 participants (338 identified as cisgender [42.8%] and 451 as transgender [57.2%]). After participants had read through the information sheet and decided whether or not they would like to take part, they were invited to complete the first iteration of the newly developed tool (GCLS). Informed consent was obtained from all participants prior to taking part in the study. The study was approved by an NHS research ethics committee and by the Research and Development Department of Nottinghamshire Healthcare NHS Foundation Trust (16/EM/0183) in line with Health Research Authority guidance (HRA, 2013), as well as Loughborough University Research Ethics Committee. Several processes were undertaken to complete the development of the GCLS. International Journal of Transgenderism, 18(1), 1-6. Patients are referred to transgender health services as a consequence of experiencing gender incongruence and therefore in the short-term the main aim of the tool was to assess levels of gender distress, gender congruence, and associated mental well-being. A. Haycraft E., Murjan S., & Arcelus J. Participants were asked to rate their responses on a 5-point Likert scale (1 = very dissatisfied; 5 = very satisfied) and therefore a higher score indicates a higher level of body satisfaction. The items within this first draft were developed as a result of the authors reviewing other self-report measures relating to gender incongruence, gender distress, mental well-being (including body dissatisfaction), and life satisfaction used with the transgender and cisgender population. B., & Philippi S. P., Bridgman M., Clayton A., ... Ward D. M., Lotfy M., & O'Connell K. First, systematic reviews of the available literature on treatment outcomes, including body dissatisfaction (see Jones et al., 2016) and mental health were conducted (see Dhejne et al., 2016). International Review of Psychiatry, 28, 44-57. An initial pool of items was developed and feedback on these was obtained. Being able to review the scores on these two clusters may allow clinicians and healthcare professionals to deliver a patient-centered service. In the cisgender sample, 84 (24.9%) were male and 254 female (75.1%). In contrast, a lower score indicates lower gender congruence, poorer gender-related well-being, and poorer general life satisfaction. Hamburg Body Drawing Scale (HBDS; Becker et al., 2016). This scale was originally developed by Appelt and Strauss (1988) for use with individuals with different forms of psychoendocrinological disorders and assesses satisfaction with 33 different body parts. The known-groups' analysis also demonstrated that the measure is capable of discriminating between groups of interest (e.g., people who have and have not undergone gender affirming medical interventions) and highlights how gender incongruence, gender-related mental well-being, and general life satisfaction improve over the course of the medical transition. These people may choose to identify as gender neutral (feeling that one is neither male nor female), non-gender (having no gender in relation to presentation), or gender queer (identifying and presenting in a way that is outside the gender dichotomy of male and female) (Arcelus & Bouman, 2017; Richards, Bouman, & Barker, 2017; Richards et al., 2016). Some people may also be more fluid with their gender identity whereby they do not have a fixed gender and it can therefore vary over time. This consultation resulted in a revised draft of the GCLS. doi: 10.1080/14681994.2013.819222 [CrossRef] [Google Scholar]Bouman W. Levels of depression in transgender people and its predictors: Results of a large matched control study with transgender people accessing clinical services. The mean age of the cisgender sample was 36.52 (SD = 12.23) and ranged from 19 to 70 years. Diagnostic and treatment issues for people with gender dysphoria in the United Kingdom. (2014). [Google Scholar]Kozee H. London: Palgrave Macmillan. Thus, the final sample consisted of 451 transgender people. This study therefore aimed to develop and validate a tool that addresses these limitations. Please contact the authors if you have any questions about the scale: Beth Jones: B.J.ku.ca.orob@senoProf Jon Arcelus: Jon.A.ku.ca.mahgnitton@sulcrlf you would like to use the tool in a different language (i.e., translate it) then please contact the authors as they may already have it available in your language. For the final aim, known-groups validity testing (another form of construct validity) was conducted. Mean scores were calculated for each subscale. However, breast augmentation surgery is not funded, hence these analyses were only conducted in relation to transgender males. The need of patient involvement in transgender healthcare research. E., Heidrich S. Please respond to each statement, thinking about how frequently you have felt like this in the past 6 months. Please rate each statement as: NEVER (N), RARELY (R), SOMETIMES (S), OFTEN (O), or ALWAYS (A). Please note that when talking about "gender identity" we mean one's internal sense of one's self as a man, a woman, or some other gender. Participants recruited from the transgender health service were either asked to complete a paper questionnaire pack in their own time and return this to the service in a pre-paid envelope or complete the online survey. -B., Buncamper M. Value in Health, 10, S76-S85. Journal of the American Academy of Child and Adolescent Psychiatry, 36, 263-271. S. B., Tylka T. In light of this, treatment evaluations collected at transgender health services may be of a poor quality as they might have been affected by respondent burden. Aims The objective of this study was to develop a self-report tool that was capable of assessing the outcomes of transgender health services. The global score comprises all 38 items. F., Davey A., Meyer C., Wilcomb G. Guidance for NHS Research Studies. The few measures that are available to assess gender distress (such as the Utrecht Gender Dysphoria Scale; Cohen-Kettenis & van Goozen, 1997) and body dissatisfaction (such as the Hamburg Body Drawing Scale; Becker et al., 2016), although useful, are limited. I have been unable to have a fulfilling life because of the distress relating to my genitaliaNRSOA28. Effect sizes for the comparative analysis were large (social gender role recognition; chest; cluster one), medium (psychological functioning; other secondary sex characteristics; life satisfaction; global scale; cluster two), and small (genitalia; physical and emotional intimacy; Field, 2009). Due to the lack of a suitable, validated mental health and quality of life measure, transgender health services usually invite patients to complete a series of measures that assess different constructs relating to mental health and quality of life to ensure evaluations are comprehensive. doi: 10.1007/s10508-015-0527-z [PubMed] [CrossRef] [Google Scholar]Beek T. P., Seal L., Barker M. B., ... Winter S. I have not engaged in leisure activitiesNRSOA12. S., Scaglusi F. In the United Kingdom (UK), patients can expect to wait more than 1 year before their first appointment at a transgender health service (Bouman & Richards, 2013; UK Trans Info, 2016). All seven subscales were found to have good (> .7) internal consistency (Nunnally, 1978; see Table 2) and the internal consistency for the global score was excellent ($\alpha = .95$). In order to test the construct validity of the GCLS (i.e., the degree to which the GCLS measures what it claims to), Spearman's Rho correlations were conducted between the GCLS and the WHOQOL, HBDS, TCS, and IGDS with the transgender participants only (n = 451). The current study found that transgender people who had not undergone any gender affirming medical interventions reported worse outcomes on all GCLS subscales, the global scale, and two clusters that both cisgender people and transgender people who had taken cross-sex hormone treatment and undergone genital surgery (+/- chest reconstructive surgery). For the GCLS to show convergent validity (i.e., to determine whether two measures that theoretically should be related, are related), it would be expected to have a moderate to high correlation with the WHOQOL, HBDS, and TCS (Evans, 1996). Determining the number of components from the matrix of partial correlations. Educational and Psychological Measurement, 20, 141-151. Psychometrika, 41, 321-327. Non-binary youth: Access to gender-affirming primary health care. There are also two items which are assessed separately, that ask about overall quality of life and overall health. Z., Mullan R. I have not been able to be physically intimate with other peopleNRSOA6. Transgender and anxiety: A comparative study between transgender people and the general population. F., Townsend M., Frohard-Dourlent H., & Saewyc E. Following this, several discussions and focus groups took place with clinicians from different transgender health services in the UK, Sweden, and Belgium. (1966). (2013). B., & Barefoot K. The GCLS subscales and the global scale have undergone rigorous testing and have demonstrated good reliability and validity. Table 4 shows that the GCLS subscales and the IGDS were unrelated as the two measures are weakly associated with one another (e.g., below $r = .39$; Evans, 1996). D., Blanchard R., VanderLaan D. The questions were rated on a 5-point Likert scale (1 = very dissatisfied; 5 = very satisfied) and a higher score indicates a higher quality of life. International Journal of Transgenderism, 13, 165-232. For the second aim, convergent and discriminant validity testing was conducted. [PubMed] [Google Scholar]Murad M. All effect sizes for the comparative analysis were large (Field, 2009). Barriers and facilitators of physical activity and sport participation among young transgender adults who are medically transitioning. The timeframe in the DSM-5 was decided on by clinical consensus to reflect the minimum duration that transgender people have to experience gender incongruence and distress in order to establish that these feelings are persistent rather than transient. R., & Gordon M. Measuring transgender individuals' comfort with gender identity and

Development and validation of the Transgender Congruence Scale. The Gender Congruence and Life Satisfaction Scale (GCLS) was developed through reviewing the literature, conducting interviews with transgender people, and holding discussions with experts working in transgender healthcare. International Review of Psychiatry, 28, 100–110. doi:10.1080/09638237.2016.1190000. The GCLS is a 38-item self-reporting measure of transgender people's congruence with their gender identity. It also loaded highly onto factor 3 (39) and was felt to be conceptually fit better within this factor (in comparison to factor 1). Body dissatisfaction and disorder eating in trans people: A systematic review of the literature. The latter may help with financial planning and future workforce and service development in the field of transgender healthcare. The GCLS was developed in collaboration with the transgender population and healthcare professionals working in the field of transgender health. Such a tool is imperative to ensure evaluations are mapped onto the most important aims of gender affirming medical treatment and to allow meaningful and efficient evaluations to take place at transgender health services. (2011). J. Murad A. Erwin P. A total of 458 transgender participants were invited. [Google Scholar]Thorne N, Witcomb G. However, these healthcare systems have limited resources and, at some point, rationing decisions may have to be made. I have felt that my genitals do match with my gender identity.NRSOA26. C., Smalley K. No significant differences were found between the two groups on the genitalia and physical and emotional intimacy subscales of the GCLS. Y., & Mayo/FDA Patient-Reported Outcomes Consensus Meeting Group (2007). I have not been able to have emotional relationships with other people.NRSOA4. Feedback was collected which allowed the development of the next draft of the scale, which was shared with several clinicians and academics in the field, including clinical academics from outside the UK (Sweden and Belgium). The GCLS has been developed independent of gender assigned at birth and gender identity and therefore may also be an appropriate measure to use with those who identify as non-binary. Partial gender request and underlying motives of applicants for gender affirming interventions. Having a measure that is capable of assessing these outcomes may allow for the quality of gender affirming interventions to be improved within transgender health services, and thus may improve the quality of life of transgender people and their families and the tool use. The GCLS is freely available for use. There was no significant difference between the two groups on the genitalia and physical and emotional intimacy subscales of the GCLS. A report from the WHOQOL group, Thousand Oaks, CA: Sage. This is to make the scores from the WHOQOL-BREF comparable to the WHOQOL-100 (Harper, 1998), which is the oldest original questionnaire. The center is one of the larger transgender healthcare services in Europe and receives around 1,000 referrals a year from England and Wales. (1991). L. Cluster 1 gender congruence, comprises subscales 1–4, and cluster 2, gender-related mental well-being and life satisfaction, comprises subscales 5–7. doi:10.1111/j.1600-0447.1993.tb09716.x [PubMed] [CrossRef] [Google Scholar] Retrieved from [Google Scholar]van de Grift T. The measure has good reliability ($\alpha = .87$) (Pontes & Griffiths, 2015) and in this study had excellent reliability ($\alpha = .92$). Scores range from 9 to 45 and were calculated by summing all responses. P., Cohen-Kettenis P. It was found that the cisgender participants scored significantly higher (indicating a more positive outcome) on all GCLS subscales and the global scale than transgender people who had not undergone any gender affirming medical interventions (see Table 5). I have felt that my voice has affected the way other people have perceived my gender identity which has been distressing for me.NRSOA24. Diagnostic and statistical manual of mental disorders (DSM-5) (5th ed.). This group consisted of 21 people, who were attending, or had attended the service and agreed to provide feedback for research projects taking place at the service. Journal of Sex Research, 49, 184–211. (2012). Tools that predict which interventions are associated with good outcomes are vital to assist with making decisions regarding the allocation of healthcare resources and to explore how to improve overall patient outcomes. Research has explored patient treatment outcomes post-gender affirming interventions, such as cross-sex hormones and gender affirming genital surgery. To reference the measure, please cite this publication. Stevens (2002) suggested that for a sample size greater than 300 (current sample $n = 451$), item loadings should be greater than .30 to be retained within a factor. New York, NY: Nova Publishers. This is a National Health Service (NHS) funded center, which offers assessment and treatment to transgender people who are pursuing, or are considering, medical transition. I have felt like my chest does not match my gender identity.NRSOA1 [Google Scholar]Field A. To be a valid item it had to: (1) be related to gender incongruence, gender distress, mental well-being, or life satisfaction; (2) assess this construct in relation to gender incongruence and/or gender distress (e.g., I have felt extremely distressed when looking at my genitals); (3) be gender neutral. Details of the development of the GCLS will be provided in the methods section. International Review of Psychiatry, 28(1), 58–69. Sexual and Relationship Therapy, 29, 154–214. Value in Health, 10, S86–S93. J., & Montori V. S., & Snaith R. L., Nieder T. Items 10, 11 and 41 (–.39), 26 (42), and 41 (–.39) were felt to conceptually fit better within the factors that they loaded highest with and therefore were retained within these factors. doi:10.1080/15327379.2011.700873 [Google Scholar]Comrey A. Items with an asterisk (indicated below) need to be reverse scored (always = 5, never = 1). The only exception to this rule was item 19, which loaded highly onto factor 1 and factor 3 and was moved from factor 1 to 3 as it was felt to better conceptually fit within factor 3. Effects of different steps in gender reassignment therapy on psychopathology: A prospective study of persons with a gender identity disorder. This analysis determines whether known-groups within the dataset, in this circumstance transgender people at different stages of their transition (i.e., cross-sex hormones versus no cross-sex hormones) and cisgender people score in a theoretically expected way on the GCLS (e.g., transgender people score lower than cisgender people indicating a poorer outcome). In addition to this, data were not collected in relation to whether or not participants were accessing transgender health services (i.e., were in treatment seeking) or the length of time on cross-sex hormone treatment. To further explore the short- and long-term outcomes of gender affirming medical interventions, longitudinal research that uses the GCLS in treatment seeking transgender people needs to be conducted. Practical Assessment, Research & Evaluation, 18(8), 1–14. doi:10.1080/15327379.2017.1370627 [CrossRef] [Google Scholar]Holst S., Adler J., & Rydén A. International Journal of Transgender Health, 10(1), 16–26. These analyses are not exhaustive but provide subscale and cluster norms for the different groups explored. Initially, responses on the GCLS for transgender participants who had not undergone any gender affirming medical treatment ($n = 189$) and cisgender people ($n = 338$) were compared. This promoted a discussion among the research team about some of the limitations of these measures (e.g., not transgender specific, developed within the binary gender system). doi:10.1016/j.jad.2018.02.051 [PubMed] [CrossRef] [Google Scholar]Woertman L., & van den Brink K. It was found that cisgender people scored significantly higher (indicative of a more positive outcome) than transgender people who were yet to undergo gender affirming medical interventions on the gender congruence cluster and the gender-related mental well-being and life satisfaction cluster (see Table 5). Participants were asked to rate their responses on a 5-point Likert scale (1 = never; 5 = very often). I have found it difficult to make friends.NRSOA8. K., Rima B. Seven factors with an eigenvalue greater than one were identified and explained 67.30% of the total variance. I have felt satisfied with the support I have received from other significant people.NRSOA7. (1983). The content of this advertisement was the same for transgender and cisgender people recruited through the community. The two clusters have clinical relevance and applicability as some transgender people may or may not experience mental health problems in association with the distress and unhappiness they experience with their gender (e.g., Dhejne et al., 2016). Pacific Grove, CA: Brooks/Cole Publishing. I have felt that genital surgery will address the unhappiness I experience in relation to my gender.NRSOA [Google Scholar]Bouman W. Archives of Sexual Behaviour, 45, 559–574. doi:10.1136/bmj.c186 [PubMed] [CrossRef] [Google Scholar]de Vries A. Factor analysis suggested the retention of 38 items, which comprised seven subscales (psychological functioning, genitalia, social gender role recognition, physical and emotional intimacy, chest, other secondary sex characteristics, and life satisfaction) that were clustered into two themes: (1) gender congruence and (2) gender-related mental well-being and general life satisfaction. I have suffered from anxiety.NRSOA5. Value in Health, 14, 1101–1108. R., Calabrese S. Many transgender people experience high levels of distress due to the distress between their birth-assigned gender and gender identity (e.g., Beek, Kreukels, Cohen-Kettenis, & Steensma, 2015), 10. A. Speeg C. K., Zuckerk K. It can therefore be concluded that the GCLS is a suitable tool to use with the transgender population to measure gender congruence and life satisfaction, and—in particular—improvements in these that are likely to occur during the treatment process. The main aim of this study was to develop and evaluate a new transgender health outcome measure: the Gender Congruence and Life Satisfaction Scale (GCLS) which is capable of measuring changes in gender congruence and life satisfaction over the course of gender affirming medical interventions. doi:10.1111/jsm.12817 [PubMed] [CrossRef] [Google Scholar]Alvarenga M. If factors associated with positive and negative outcomes of transgender health services can be identified, patient-centered services can be created which provide extra support for patients who are vulnerable to poorer outcomes. (1997). F., Watson M. A higher score therefore indicates a more positive outcome (higher gender congruence, better gender-related mental well-being, and better general life satisfaction). To score item 26, if the participant indicates (by ticking the box) that they have had genital surgery, score their response as missing data. I have felt comfortable with how others have perceived my gender.NRSOA17. (2017). The two groups were also compared on the GCLS clusters and it was found that transgender males who had taken cross-sex hormones and undergone chest reconstructive surgery scored significantly higher (more positive outcome) on the gender congruence cluster and the gender-related mental well-being and life satisfaction cluster than transgender males who had not undergone any gender affirming medical interventions (see Table 6). doi:10.1097/00004583-199702000-00017 [PubMed] [CrossRef] [Google Scholar]Coleman E., Bockting W., Botzer M., Cohen-Kettenis P., DeCuypere G., Feldman J., ... Zuckerk K. Research in Nursing Health, 25, 244–250. Standards of care for the health of transsexual, transgender, and gender-nonconforming people. Version 7. Establishing factors that predict a good outcome among individuals who identify as non-binary is also essential as the factors are likely to differ to what is seen among transgender people who identify with the binary gender system. The GCLS is the first transgender health outcome measure to be developed and validated on the transgender population and is capable of assessing important treatment outcomes for transgender people. The final aim of this study was to establish the GCLS with transgender people and provide subscale norms. Two different groups of participants were involved in this study: transgender people and cisgender (non-trans) people. The strongest significant association was found between the GCLS life satisfaction and the WHOQOL overall quality of life subscale. Non-binary and binary transgender youth: Comparison of mental health, self-harm, suicidality, substance use, and victimization experiences. C., Kreukels B. Community participants were asked to complete the survey online. One-tailed Spearman's Rho correlations between the GCLS and the IGDS to assess discriminant validity ($n = 451$); transgender participants only. GCLS subscalesIGDSPsychological functioning—27***Genitalia—10***Social gender role recognition—19***Physical and emotional intimacy—16***Chest—14***Other secondary sex characteristics—8Life satisfaction—28***Global—24***To determine whether the GCLS is capable of distinguishing between subgroups (e.g., cisgender people and transgender people who have had no gender affirming medical intervention) and to determine whether groups score in a theoretically expected way (e.g., people who have undergone gender affirming medical treatments will be expected to score higher than people who have not undergone gender affirming medical treatments on all subscales of the GCLS) known-groups validity (a further type of construct validity) was conducted using Mann-Whitney U tests (Hatchard & Cooksey, 1984). The GCLS was also found to be capable of distinguishing between groups (e.g., people who have and have not undergone gender affirming medical interventions). The application of electronic computers to factor analysis. The GCLS comprises each of the following subscales: Genitalia: 11, 21, 25*, 26, 27, and 29 (6 items); Chest: 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38 (10 items); Life satisfaction: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (10 items); Physical and emotional intimacy: 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38 (10 items); Other secondary sex characteristics: 17, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38 (10 items); Psychological functioning: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (10 items); Global: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (10 items). The subscales were also grouped into two clusters: (1) gender congruence and (2) gender-related mental well-being and life satisfaction cluster (see Table 5). Participants were asked to rate their responses on a 5-point Likert scale (1 = never; 5 = very often). 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