

The Gender Congruence and Life Satisfaction Scale (GCLS) Service
User Survey Report - HF

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Introduction

The Northern Region Gender Dysphoria Service (NRGDS) developed a survey to investigate service users' thoughts and opinions on the Gender Congruence and Life Satisfaction scale (GCLS).

What is the GCLS

The GCLS is a patient reported scale to evaluate outcomes from transgender health services (Jones et al., 2018). The scale has potential applications in clinical and research settings and was designed to address the limits of other patient reported outcome measures which were either too focused on mental health or only catered to binary gender identities.

A link to the original GCLS paper can be found [here](#).

The survey and report's purpose

NRGDS developed a survey in 2019 to gain feedback from service users on the GCLS and its possible use in the service. More specifically, the survey aimed to address whether service users felt that the GCLS should be used in NRGDS and if so how. This report was created to explore, analyse and summarise the results of the survey.

Methods

Participants

106 service users were recruited to take part in the survey, through opportunity sampling. The survey was advertised to participants through a [letter](#) and a [poster](#) and can be found on pages 18-20. Participant demographics were not gathered.

Materials

Participants answered a survey that was split into 3 sections of questions: scale ethics and development questions, scale usefulness questions, and open-answer questions. The first section contained 3 questions on the development, ethics, and potential use of the scale.

Answers to each question were rated on a corresponding continuous rating scale from 0-100. The scales had labels at the beginning and the end of opposite values, e.g., not important at all at 0 and very important indeed at 100. The scale that corresponded with the first question also contained a label in the middle of the scale that was neutral, neither important or unimportant.

The second section contained 4 questions on the scale's usefulness in measuring and reporting gender dysphoria. These were answered with participant's selecting a yes or no response which indicated their agreement or disagreement with the question.

The final section contained 2 open-answer questions and asked participants for their wider comments on the scale which they answered by typing their responses in the provided text boxes.

A copy of the survey can be found on [pages 15-16](#). Participants were also given a link to Jones et al.'s GCLS development and validation paper (2019) so that they could read a copy of the scale, which is in this document on [page 17](#).

Procedure

Participants filled the survey out at their own pace, although it was estimated to take 5 minutes. Participants were all asked the same questions in the same order of scale ethics and development questions, scale usefulness questions, and open-answer questions. In the second section after the first scale usefulness question participants were asked to look at the Gender Congruence and Life Satisfaction Scale (GCLS) via a link to Jones et al.'s GCLS development and validation paper (2019) which contained a copy of the scale in its appendix. Participants answered the survey online through the website survey monkey. The study followed a within-subject design and all the participants were given the same survey.

Data analysis

Responses to scale ethics and development questions (N=105) and scale usefulness questions (N=106) were analysed using descriptive statistics. Histograms were developed to help visualise the results of the scale ethics and development questions, and pie charts were developed to help visualise the results of the scale usefulness questions. These results were then interpreted with written narratives.

Responses from the open-answer questions were analysed using Braun & Clarke's 6-step thematic analysis (2006) and a social constructivism approach was taken. There were 25 responses to the first open-answer question "Are there things that you would want to tell us that aren't in the scale? If yes, generally speaking, what would they be?" and 54 responses to the second open-answer question "Is there anything else that you would like to tell us

about this scale?". Responses to the two open-answer questions were analysed together due to a significant amount of overlap in the topics discussed.

The thematic analysis started with the researcher reading the dataset several times to familiarise themselves with the contents. The data was highlighted and coded and from the researcher's codebook, themes were developed. Themes were revised several times to reflect the complexity of different participants' opinions of the scale and its potential use. Subthemes were also identified to help make the rich themes more intelligible. Themes and subthemes were identified on a semantic level conveying the direct opinions of the participants, but also at a latent level to identify deeper meaning.

Figure 2.

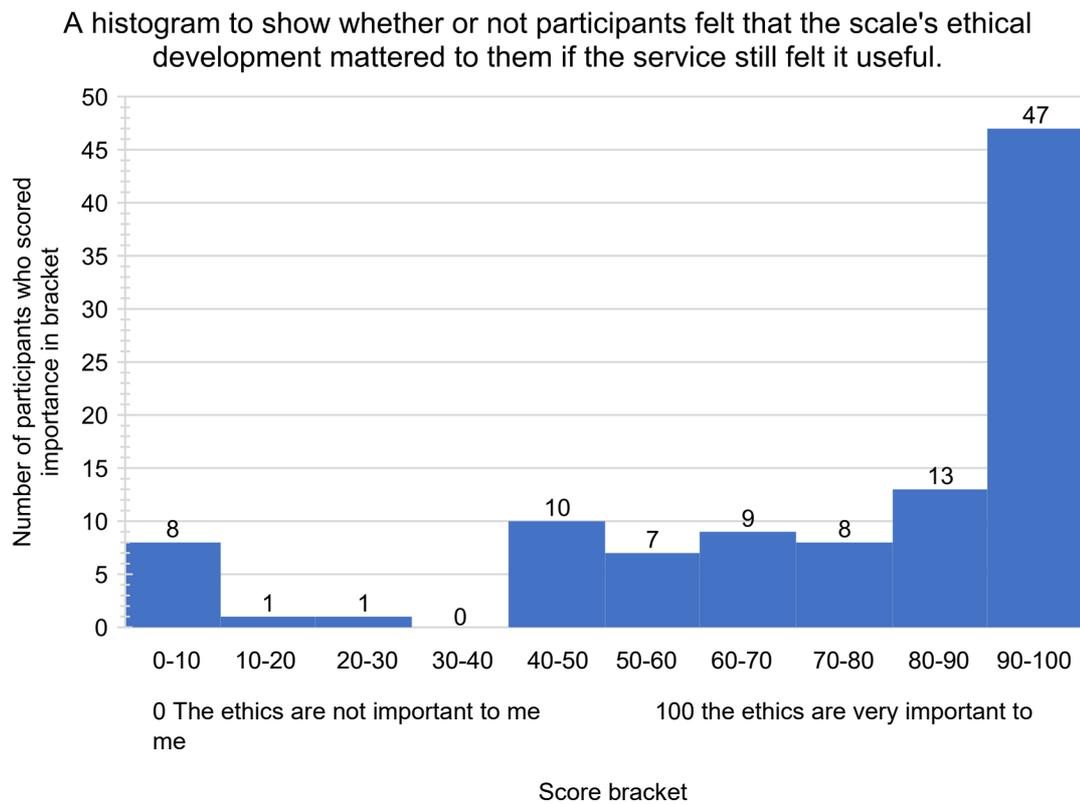
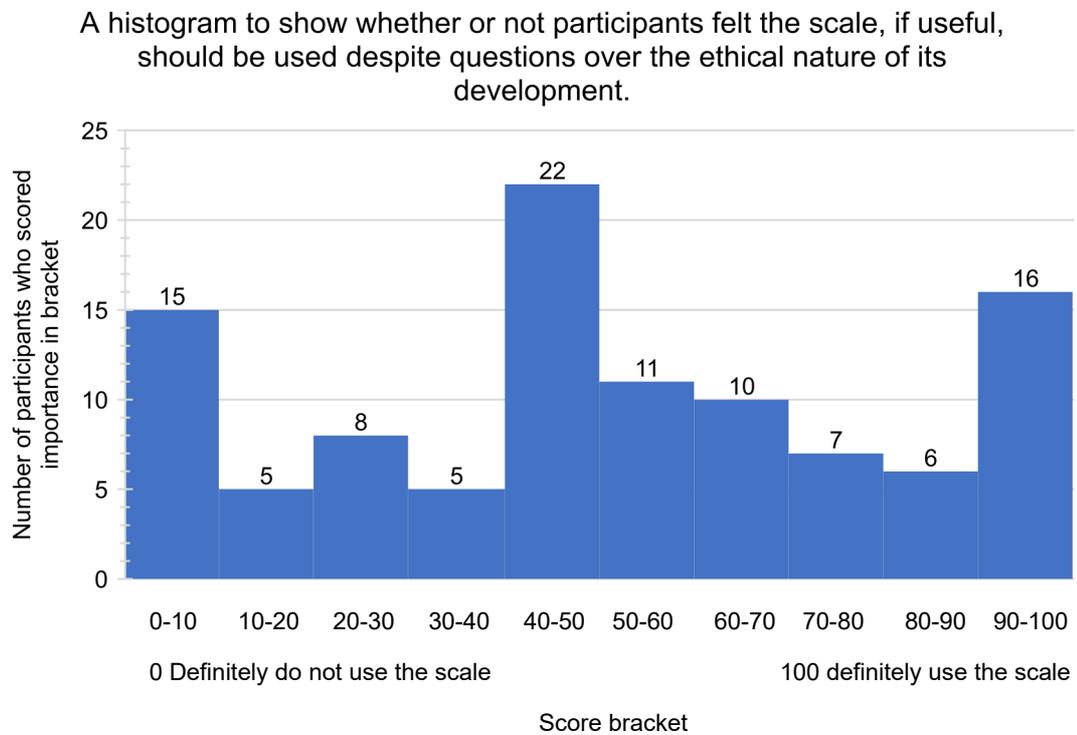


Figure 3.



Interpretation

Out of the topics mentioned, the scale's ethical development was the most important to participants, who scored it as being quite important on average with a mean score of 76.2.

Similarly, most participants agreed that it was important that the scale was developed in consultation with trans and nonbinary people with a mean score of 73.5. Histograms on participant's opinions of the scale's ethical development (figure 1) and its development in consultation with trans and non-binary people (figure 2) where both positively skewed. Moreover, 41.9% of participant's scored the scale's ethical development in the 90-100 bracket and thus very important to them, as shown in figure 1. 45.2% of participant's scored the scale's development in consultation with trans and non-binary people in the 90-100 bracket and thus very important to them, as shown in figure 2. This is corroborated by the questions' mode scores which where both 100. This highlights that the scale's development was of great importance of to a large percentage of participants.

However, participants' responses to the scale's potential use in the service despite questions about their ethical development were far more mixed. On average, participants slightly leaned towards using the scale with a mean score of 52.7. However, responses were decidedly varied as demonstrated by the histogram's (figure 3) triple-peaked distribution, with peaks in the 0-10, 50-60 and 90-100 score brackets which contained 14.3%, 21.0% and 15.2% of all values respectively. Thus whilst 14.3% felt strongly opposed to the scales use and 15.2% felt strongly for it, a slight majority of 21% felt neutral about its implementation as reflected by the mode score of 50.

Therefore, whilst on average participants felt that the scale's development was important to them, there were far more mixed opinions on whether the scale should be used in the service with its development in mind.

Scale Usefulness Questions Results

Table

| Question | Number of Y | Number of N | Majority response |
|---|-------------|-------------|-------------------|
| Would you think that completing a paper scale is a useful way of measuring your experience of gender dysphoria? (N=104) | 67 | 37 | Yes |
| Would completing this scale be a manageable way to tell us about your gender dysphoria? (N=103) | 69 | 34 | Yes |
| Could you tell us things about your gender dysphoria using the scale that you couldn't tell us face to face? (N=105) | 46 | 59 | No |
| Are there things that you would want to tell us that aren't in the scale? (N=106) | 49 | 57 | No |

Interpretation and pie charts

The results of the scale usefulness questions highlighted the perceived usefulness of the scale. 64% participants felt that the scale would be a useful way of measuring gender dysphoria (as shown in figure 5). 67% felt that the scale would be a manageable of telling the service about their gender dysphoria (as shown in figure 4). 56% of participants felt that there wasn't anything they could say using the scale that they couldn't mention face to face (as shown in figure 6). Furthermore, 54% participants stated that there wasn't anything they'd wish to mention that wasn't already on the scale, (shown in figure 7). However, none of the questions had an overwhelming majority of agreement or disagreement, as responses ranged between a 70:30 and 50:50 split. Indeed, for the last two questions the majority was only determined by 6% and 4%. Thus, it is difficult to draw a black-and-white conclusion on participants' opinions of the scale. This indicates that a nuanced application of the scale may be appropriate or that the study may need to be repeated with a larger sample size to draw a clearer conclusion on the scale's usefulness.

Figure 4.

A pie chart to show whether participants agreed or disagreed that the scale was a manageable way of telling the service about gender dysphoria

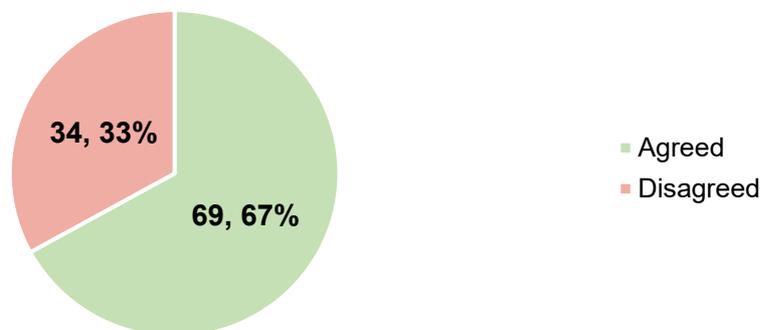


Figure 5.

A pie chart to show whether participants agreed or disagreed that the scale was a useful way of measuring their experience of gender dysphoria

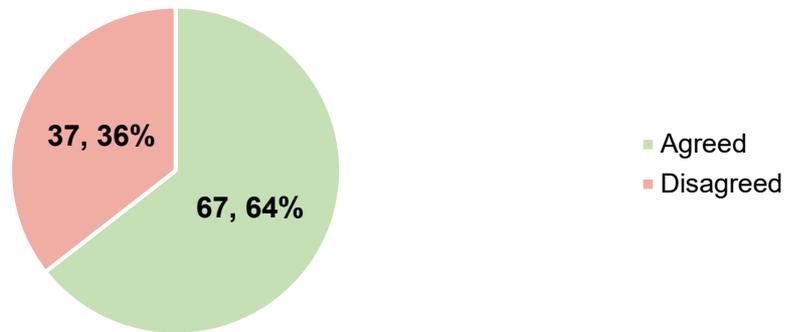


Figure 6.

A pie chart to show whether participants agreed or disagreed that the scale could be used to tell the service things about their gender dysphoria which they could not face to face

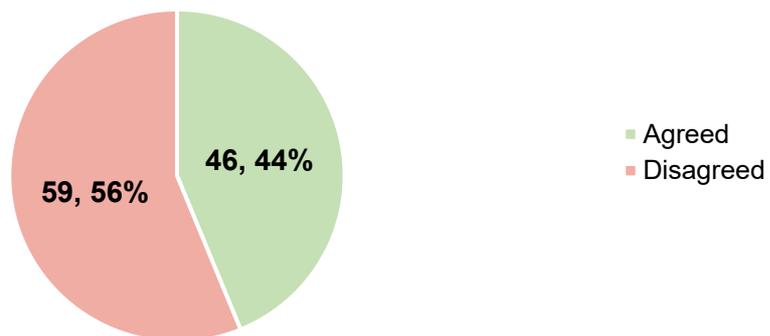
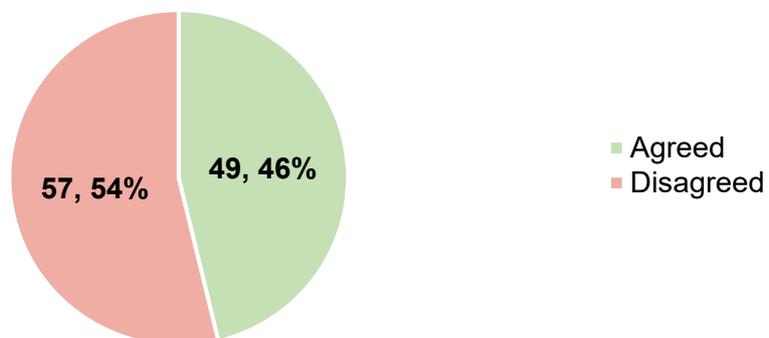


Figure 7.

A pie chart to show whether participants felt that there were things that they would like to tell the service which were not on the scale



Thematic Analysis of Open Answer Questions

Key

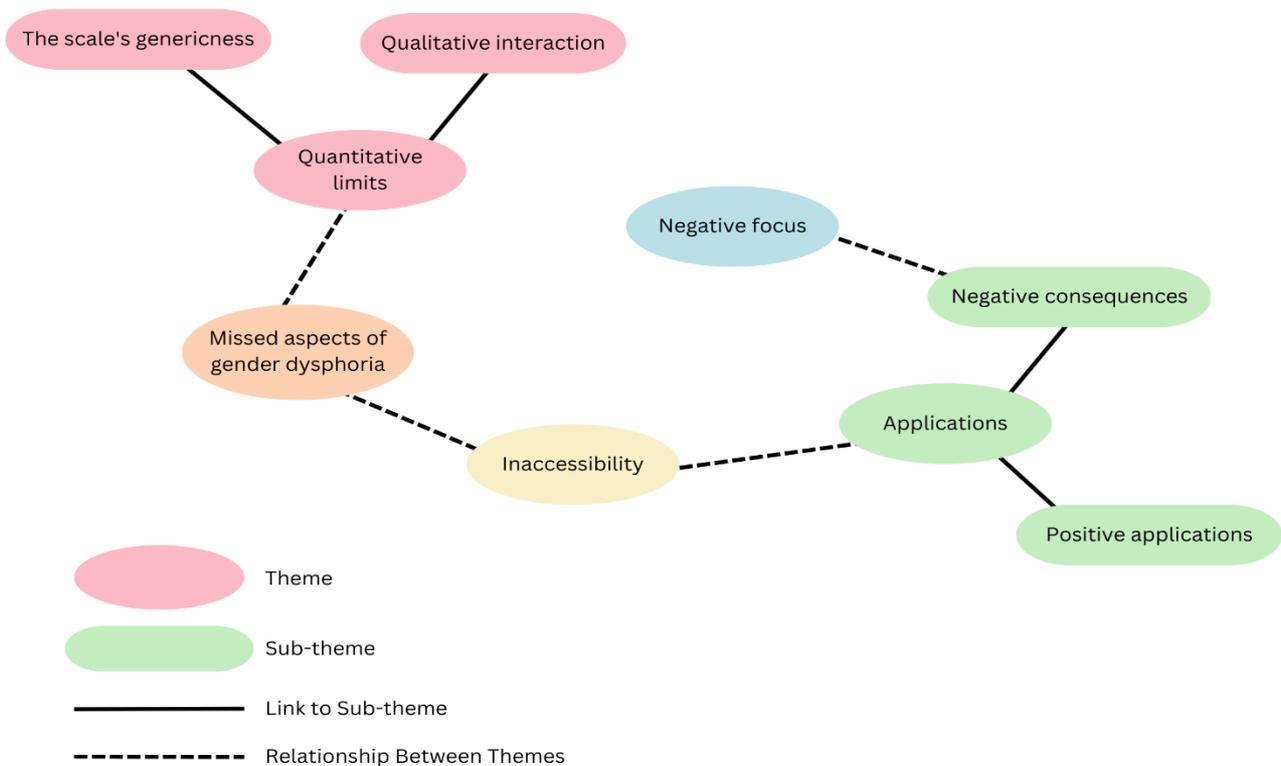
Bold = Theme

Italic = subtheme

- Bullet point = quote

Themes

Thematic map



Quantitative limits

Many participants stressed that a quantitative scale was not as suitable as face-to-face interactions and qualitative data for exploring gender dysphoria. Highlighting, the individual and complex nature of gender dysphoria and the subsequent challenges in developing a universal and generalized tool such as a quantitative scale. Participant's emphasised that qualitative research and in-person interactions have the potential to provide in-depth insights into gender dysphoria.

The scale's genericness

A presiding notion in the dataset was that trans identities and gender dysphoria are highly personal and subjective topics whereas the scale in contrast seemed highly generic. Indeed,

many participants felt that a quantitative scale was not a suitable method for the exploration and understanding of gender dysphoria because it aims to create a catch-all approach. Which is ultimately at odds with the heterogeneity of gender dysphoria. Thus, perhaps a qualitative scale with open-answer questions which may be better able to cover the subjective nature of gender dysphoria would be a more suitable scale to create.

- “Every trans persons experience is different and trying to categorise it isn't going to work”
- “Personal issues rather than generic”
- “It is too generic and not specific enough”
- “More detail about my experiences.”
- “I feel gender dysphoria is a subjective experience to each individual”
- “Too simplistic and binary "yes" or "no" answers.”

Qualitative interaction

Another key concept throughout the data set was the need for interaction and qualitative assessments. Participant's felt that face-to-face assessments allowed for more detail as they allow for greater exploration of gender dysphoria with another person and provide a safe space where discussing gender dysphoria is more comfortable. Moreover, participants felt that the qualitative approach combatted the issue of the scale's genericness as it allowed for a more individual analysis from participant to participant which would capture their subjective experience of gender dysphoria.

- “I don't think you can make an accurate assessment based solely on a quantitative analysis. It requires a qualitative assessment of human experience.”
- “There are a lot of discussions to be had that can't be answered on paper”
- “A verbal appointment with someone would be better as you can explain more”
- “Interaction cannot be replaced”
- “My first meet gave me a safe open environment to discuss myself freely I feel a scale is not very personal and would not have felt comfortable filling it in”

Applications

A core concern in the dataset was the scale's applications and the possible ethical, clinical and methodological implications of such applications. A presiding notion was that the scale should not be used as a standalone measure but in conjunction with other qualitative methods, especially in clinical settings.

- “The more important thing is how it might be used by clinicians in the service”
- “My view is I don't think a scale is the 'be all and end all' regarding how someone truly feels. Perhaps a tool, but not a definitive answer.”

Positive applications

Some participant's felt that the scale could be a helpful baseline measure of gender dysphoria when used in conjunction with qualitative methods and face-to-face appointments. Other participants felt that the scale could be used positively to aid those who felt uncomfortable or struggled to express themselves in face-to-face appointments to explain themselves.

- “a potentially useful tool when it's difficult for the patient to express themselves”

- “The scale would be good for a base reading but please don’t forget the individual experience.”

Negative consequences

Whilst some participants touched on positive applications of the scale the majority focused on the potential misuse of the scale and the damaging effect, especially in a clinical environment. Many participants expressed concerns that the scale may become a barrier in clinical treatment. As quantifying gender dysphoria in this way, may add competition in clinical settings. Namely that those with lower gender dysphoria may be denied care and/or invalidated and those with higher gender dysphoria may be given priority on the waitlist. Moreover, this caused some participants to raise questions about the validity of the scale in a clinical setting, citing issues with response bias and demand characteristics. Indeed, if respondents feel that the scale may impact their care, they may give the response they think clinicians want to hear and/or may respond with greater extremity causing a ceiling or floor effect.

- “I feel this would be a way to exclude people from treatment”
- “Would people with bad dysphoria get priority treatment over those with less dysphoria? Would people with low dysphoria be refused or swayed away from treatment?”
- “I question whether such tick box exercises amount to nothing more than gatekeeping”
- “Is it simply designed to be a tool of exclusion for treatment in order to reduce waiting times rather than an attempt to provide care to patients”
- “Runs the risk of the person not being truly honest in order to get what they want”

Furthermore, some participant's raised concerns over the use of the scale to diagnose or extend diagnostic criteria. Particularly over the continued medicalisation of trans identities and bodies which they felt the GCLS contributed to. Some participant's expressed intense negative sentiment towards the scale and felt that the use of such a scale may cause resentment and anger. The strong negative emotions that the scale invoked in some participants may cause issues should it be applied to a clinical setting, potentially causing tensions between the service and its users.

- “This scale... would make me quite angry to complete in a clinical environment”
- “This scale represents another attempt to medicalise trans bodies and it is deplorable”
- “Invasive and medicalising”

Missed aspects of gender dysphoria

Many participants felt that the scale did not fully measure gender dysphoria and was missing several key elements. Participants felt the scale was too focused on physical aspects of the body such as the chest and genitals, causing other facets of gender dysphoria to be skimmed over.

In particular, other people’s perceptions, society's views and the ramifications on their lives were missing from the scale. Moreover, social transition and internalised transphobia were highlighted as key concepts that the scale missed. Additionally, participants mentioned that the cognitive and emotional reasons behind an individual's dysphoria were inadequately measured. Indeed, future views and historical memories of gender were missed by the scale

but felt to be an important element to several participants. However, whilst some participants felt that the scale was too focused on physicality, by contrast, other participants felt that the scale had missed key physical sources of gender dysphoria such as facial structure and hair.

Therefore, the scale in the view of several participants failed to fully measure the construct of gender dysphoria. This indicates that the scale may have low construct validity and/or a shallow conceptualisation of gender dysphoria. On the other hand, there was a diverse range of gender dysphoria's aspects, that participants felt the scale missed, many of which were specific to the individual participant. For example, whilst some participants felt that the scale was too focused on physicality others felt that it missed physical aspects, highlighting the deeply personal nature of gender dysphoria. Indeed, the complex and individual nature of gender dysphoria may make an exhaustive scale highly difficult to achieve, as outlined in the [theme of the quantitative limits](#). Especially as some participants felt that the scale was already too long, as outlined in the [inaccessibility theme](#).

- “The scale barely covers 10% of the things that would need to be discussed for a thorough research”
- “Dysphoria felt around facial structure”
- “It doesn't say enough about the mental or social side of dysphoria.”
- “There's a (non-stereotypical) mental aspect missing.”
- “Many of my early memories are to do with gender”
- “The thoughts experience and reasoning behind the individuals dysphoria”
- “Problems with facial hair”
- “Or if I feel unsure about the future”
- “Unable to enter a working or educational life due to how my gender is perceived”

Negative Focus

Many participants felt that the scale was too negative in its focus and didn't have enough scope for positive trans experiences. The presumption that being trans is a negative experience limits those with complex or positive experiences from being captured by the scale. Moreover, some participants expressed that this negative focus subtracted from the validity of less extreme/less negative gender dysphoria which could be exclusionary and have negative outcomes in clinical environments (as outlined in the theme [applications, negative consequences](#)). Moreover, despite the scale being made in consultation with a research group of trans and non-binary individuals, some participants mentioned that the scale failed to separate the cisgender heteronormative view of being trans from the transgender lens. This may also be the root of why the scale was perceived as being negative by participants. Thus, the scale in the view of many participants as it fails to fully encompass the positive aspects of being trans and separate cisgender and transgender views of transness.

- “This scale is all doom and gloom”
- “I find being trans an extremely positive experience, which this scale does not capture at all”
- “Seems too focused on hating your body as the only valid dysphoria”
- “Some trans people are happy with their genitals/body as it, because it is Their body, not a cis view.”

Inaccessibility

A common concept throughout the dataset was accessibility. Some participants were concerned with the scale's readability and found that due to the way it was presented and its length, it was difficult to understand. Not only could the extensive length of the survey have a negative effect on response and abandonment rate (Sahlqvist et al., 2011), but also present a challenge for those with intellectual disabilities. Moreover, other participants pointed out that the scale's literal nature could cause a barrier for autistic participants, in particular. Thus, many participants felt that the scale was inaccessible due to its length, incomprehensiveness, and literal nature. Issues with the scale's accessibility raise questions over its ability to be applied in both clinical and research settings. The scale's potential inaccessibility could especially limit its application due to the high prevalence of autism and neurodiversity in the trans community (Warrier et al., 2020). Thus, the theme of inaccessibility closely links to the theme of [applications](#).

- "Too much/too long to read"
- "I don't at all understand the scale and it is incredibly hard to read"
- "With so many questions I can see it becoming very difficult for some people with learning disabilities to be able to fill this in"
- "It's tiring going back and forward if you can't remember what the letters stand for. Simple headings and boxes (or something) to tick, or circle, would be much clearer."
- "The literal nature of the questions will disproportionately disadvantage autistic participants"

The Gender Congruence and Life Satisfaction scale (GCLS)

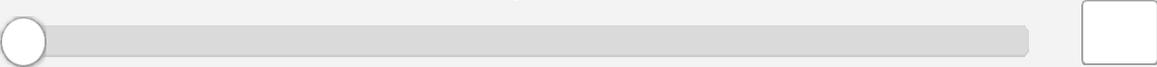
We will NOT ask you to tell us about your personal answers to the questions on this scale or send us private information about your experience of gender dysphoria in this survey

1. The Gender Congruence and Life Satisfaction scale (GCLS) is a paper rating scale which is 38 questions about types of gender dysphoria that are often reported by trans and non-binary people.

This scale was developed in consultation with a research group of people with trans and non-binary gender identities.

How important is this to you?

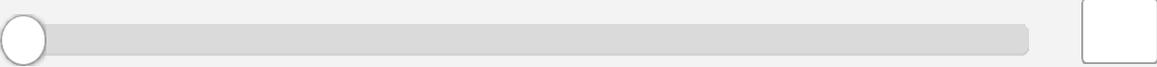
0 not important at all neither important or unimportant 100 very important indeed



2. When scales are developed they have to be subject to ethical standards of research.

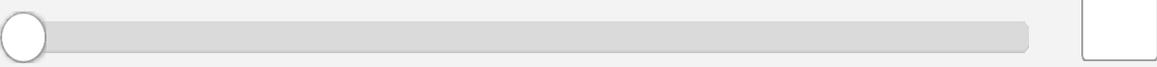
If we felt that a scale was useful, but that there might be questions about the ethics used to develop the scale, would that matter to you?

0 The ethics are not important to me 100 The ethics are very important to me



3. If we felt that a scale was useful, but that there might be questions about the ethics used to develop the scale, would you want us still to use the scale?

0 Definitely do not use the scale 100 Definitely use the scale



4. Would you think that completing a paper scale is a useful way of measuring your experience of gender dysphoria?

Next we will ask you to click on a link to look at the scale in an academic paper online

You don't need to read this paper to complete the survey, it is just a way to show you the scale

The first part of the paper is how the scale was created. You can scroll past this to get to the scale. The scale is on page 18.

[Click Here to go to the scale](#)

5. Would completing this scale be a manageable way to tell us about your gender dysphoria?

6. Could you tell us things about your gender dysphoria using the scale that you couldn't tell us face to face?

7. Are there things that you would want to tell us that aren't in the scale?

If yes, generally speaking, what would they be?

8. Is there anything else that you would like to tell us about this scale?

The Gender Congruence and Life Satisfaction scale (GCLS)

Gender Congruence and Life Satisfaction Scale (GCLS)

Below is a range of statements about how you might feel in relation to your gender, mental well-being, and life satisfaction. 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.

In the past **6 months**, due to the distress about my gender (i.e., the distress caused as the gender I was assigned at birth does not match with my gender identity):

| | | | | | |
|---|---|---|---|---|---|
| 1. I have avoided social situations and/or social interactions | N | R | S | O | A |
| 2. I have <u>not</u> gone to school/college/work | N | R | S | O | A |
| 3. I have <u>not</u> been able to have emotional relationships with other people | N | R | S | O | A |
| 4. I have suffered from anxiety | N | R | S | O | A |
| 5. I have <u>not</u> been able to be physically intimate with other people | N | R | S | O | A |
| 6. I have been unable to leave the house | N | R | S | O | A |
| 7. I have found it difficult to make friends | N | R | S | O | A |
| 8. I have thought about cutting or hurting my chest, genitals, and/or surrounding areas | N | R | S | O | A |
| 9. I have felt that life is meaningless | N | R | S | O | A |
| 10. I have not enjoyed life | N | R | S | O | A |
| 11. I have <u>not</u> engaged in leisure activities | N | R | S | O | A |
| 12. I have suffered from low mood | N | R | S | O | A |
| 13. I have thought about hurting myself or taking my own life | N | R | S | O | A |

Please rate each statement as: **NEVER (N)**, **RARELY (R)**, **SOMETIMES (S)**, **OFTEN (O)**, or **ALWAYS (A)**.

In the past **6 months**:

| | | | | | |
|--|---|---|---|---|---|
| 14. I have felt distressed when touching my genitals as they do <u>not</u> match my gender identity | N | R | S | O | A |
| 15. I have felt so distressed about my chest that I have <u>not</u> been able to have a fulfilling life | N | R | S | O | A |
| 16. I have felt comfortable with how others have perceived my gender | N | R | S | O | A |
| 17. I have felt that my body hair conflicts with my gender identity, either because I have it and do <u>not</u> like it or because I would like to have it | N | R | S | O | A |
| 18. I have felt like my chest does <u>not</u> match my gender identity | N | R | S | O | A |
| 19. I have found it distressing that others do <u>not</u> address me according to my gender identity | N | R | S | O | A |
| 20. I have felt satisfied with the pronouns that others use when talking about me | N | R | S | O | A |
| 21. I have felt unhappy about my genitalia since they do <u>not</u> match my gender identity | N | R | S | O | A |
| 22. I have felt comfortable with how other people perceive my gender based on my physical appearance | N | R | S | O | A |
| 23. I have felt that my voice has affected the way other people have perceived my gender identity which has been distressing for me | N | R | S | O | A |
| 24. I have felt that my facial hair conflicts with my gender identity, either because I have it and do <u>not</u> like it or because I would like to have it | N | R | S | O | A |
| 25. I have felt that my genitals do match with my gender identity | N | R | S | O | A |
| 26. I have felt that genital surgery will address the unhappiness I experience in relation to my gender | N | R | S | O | A |
| <input type="checkbox"/> Tick here if you have already had genital surgery (unless you feel you need more) | | | | | |
| 27. I have been unable to have a fulfilling life because of the distress relating to my genitalia | N | R | S | O | A |
| 28. I have felt extremely distressed when looking at my chest | N | R | S | O | A |
| 29. I have felt extremely distressed when looking at my genitals | N | R | S | O | A |
| 30. I have felt satisfied with my chest | N | R | S | O | A |

Please rate each statement as: **NEVER (N)**, **RARELY (R)**, **SOMETIMES (S)**, **OFTEN (O)**, or **ALWAYS (A)**.

Next, we would like to know how satisfied you have been with your life for the last **6 months**:

| | | | | | |
|--|---|---|---|---|---|
| 31. I have felt satisfied at school/college/work | N | R | S | O | A |
| 32. I have felt satisfied with my emotional relationship(s) | N | R | S | O | A |
| 33. I have felt satisfied with my sex life | N | R | S | O | A |
| 34. I have felt satisfied in my leisure activities and hobbies | N | R | S | O | A |
| 35. I have <u>not</u> felt satisfied with my friends | N | R | S | O | A |
| 36. I have felt satisfied with the support I have received from other significant people | N | R | S | O | A |
| 37. I have <u>not</u> felt satisfied with my health | N | R | S | O | A |
| 38. I have felt satisfied with life in general | N | R | S | O | A |

Copy of the letter sent to participants

The content of this letter is CONFIDENTIAL and may not be disclosed without the consent of the writer.

Direct Line: 0191 2878130
Fax No: 0191 2878131
E-Mail: nrgds@ntw.nhs.uk


Northumberland,
Tyne and Wear
NHS Foundation Trust

Northern Region Gender Dysphoria Service
Benfield House
Walkergate Park
Benfield Road
Newcastle upon Tyne
NE6 4QD

Please would you consider taking part in a new survey for the Northern Region Gender Dysphoria Service?

You can find the survey here:

<https://www.surveymonkey.co.uk/r/J2Y7S8H>

- The survey is about a new measure for gender dysphoria that we might begin to use in the clinic
- It is important to us that our service users give us their views about it to help us to decide if we should use it or not.
- The survey takes around 5 minutes to complete
- It is completely anonymous and you don't have to give us any information about you.
- You don't need to fill in the measure or tell us about any dysphoria that you may experience.
- We will publish a summary of the results of the survey on our website at www.ntw.nhs.uk/NRGDS

You can find the survey here:

<https://www.surveymonkey.co.uk/r/J2Y7S8H>

Have you completed our online survey to tell us how you think NRGDS could be improved?

The survey closes on 31st July 2019

- The survey takes about 15 minutes to complete
- We won't know who has answered and who has not
- We won't know what answers you have given us as an individual
- Choosing to take part or not will not have any impact on your treatment in the service.



Caring | Discovering | Growing | Together

Chair: Ken Jaxrod CBE

Chief Executive: John Lawlor

- We will publish a summary of the results of the survey on our website at www.ntw.nhs.uk/NRGDS

You can find the survey here:

<https://www.surveymonkey.co.uk/r/PYTRRZL>

Chairman: Hugh Morgan-Williams

Chief Executive: John Lawlor



Northumberland,
Tyne and Wear
NHS Foundation Trust

Do you use the Northern Region Gender Dysphoria Service?

Would you like to give feedback about a new way of measuring Gender Dysphoria?

- A new questionnaire that has been published to try and measure gender dysphoria and we are thinking about using it in our clinic
- It is important to us that our service users have a say in whether we use it or not
- There are different ways that we might use the questionnaire and we may decide that it is not right to use it at all.
- We would like you to look at the questionnaire and tell us what you think about it in this survey.
- Your feedback will be an important part of how we decide ~~whether or not~~ we use it and how it is used.
- The survey is anonymous and takes about 5 minutes to complete

You can find the survey here:



Caring | Discovering | Growing | **Together**

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