Examining the Impact of Intersectional Microaggressions and Pride on the

on the Mental Health of Black Nonbinary Adults

by

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ABSTRACT

Black individuals and transgender and nonbinary (TNB) populations encounter daily microaggressions that negatively impact their mental health. Identity pride has been shown to moderate this association for Black and TNB populations separately. Unfortunately, research has not examined the impacts of simultaneously experiencing race-based and gender-based microaggressions in populations such as Black nonbinary individuals. Given this, there remains a significant gap in understanding the mental health impacts of racial and gender microaggressions and potential buffers for Black nonbinary individuals. The current study ($N = 65$) aimed to evaluate the association between intersectional microaggressions (IM) and depression and anxiety in Black nonbinary adults and the potential moderating effects of Black pride and nonbinary pride. A sample of Black nonbinary individuals was obtained from a larger longitudinal study with nonbinary adults. Hierarchical multiple regression analyses were run to examine the association between intersectional microaggressions and mental health outcomes and the interactions of Black pride and nonbinary pride. Results showed that intersectional microaggressions did not significantly predict depression or anxiety. Neither Black nor nonbinary pride were significant moderators of the association between IM and depression. For anxiety, results showed that Black pride was a significant moderator, such that those with higher levels of Black pride showed a stronger association between IM and anxiety. Further research is needed to investigate the impact of Black pride on anxiety and identify additional protective factors outside of pride for Black nonbinary individuals.

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CHAPTER 1

INTRODUCTION

In recent years, transgender and nonbinary (TNB) individuals have become more accepted and visible in society (Bockting et al., 2013), leading to an increase in research on TNB populations (Moradi et al., 2016). Although visibility is expanding, research is typically conducted by homogeneously researching TNB groups rather than examining the unique experiences of the various subpopulations (e.g., transgender men, transgender women, nonbinary) separately (Stanton et al., 2021). *Nonbinary* refers to individuals who may not have a specific gender or identify as a gender other than male or female, such as genderfluid, genderqueer, and other gender-diverse identities, and may or may not identify as transgender (Matsuno & Budge, 2017; Zeiger & Ball, 2022). Unfortunately, there is a paucity of research on nonbinary individuals, their unique lived experiences, and mental health outcomes (Nadal, 2019; Rutherford et al., 2021; Valente et al., 2020). Further, there is almost no research on TNB Black, Indigenous, and People of Color (BIPOC) or TNB people from specific racial/ethnic minority groups, despite numerous calls for more research in this area (Moradi et al., 2016).

Research on TNB populations has suggested an increased risk for adverse mental health outcomes (Adams & Vincent, 2019; Hendricks & Testa, 2012; Stanton et al., 2021). The existing research on TNB populations indicates they experience heightened depression and anxiety symptoms compared to cisgender individuals (Bockting et al., 2013; Stanton et al., 2021). Further, nonbinary individuals report higher rates of psychological distress than binary transgender populations (Stanton et al., 2021). A systematic review reported a 27% lifetime suicidal attempt rate and 47% suicidal ideation

in TNB populations (Adams & Vincent, 2019). Unfortunately, white populations comprise most of the research on TNB populations (Farvid et al., 2021). Therefore, little is known about the mental health of TNB people of color who face additional systemic challenges that contribute to their mental health (Nadal, 2013b).

Identity-based stressors that socially oppressed individuals face can explain these outcomes (Meyer, 2003; Utsey et al., 2000). The framework provided by the minority stress theory–initially developed for lesbian, gay, and bisexual populations–illustrates how experiencing identity-based stressors can impact the mental health outcomes of individuals with marginalized identities (Meyer, 2003), such as TNB populations (Hendricks & Testa, 2012). Individuals with marginalized identities encounter damaging distal stressors (e.g., violence or discrimination) and proximal stressors (e.g., internalized homophobia), which result in adverse mental health outcomes (Meyer, 2003). While research on TNB minority stress is increasing (Tan et al., 2020), little research has examined the impacts of minority stressors on nonbinary populations (Matsuno & Budge, 2017) or TNB people of color (Cyrus, 2017).

Intersectional Microaggressions

To thoroughly understand the experiences of Black TNB individuals, this study will use the Black feminist construct of *intersectionality.* This term reflects the unique experiences that individuals with numerous identities encounter due to the many interlocking systems of oppression that mutually affect an individual's daily experiences (Crenshaw, 1991; Fattoracci et al., 2021; Moradi & Grzanka, 2017). There are two types of intersectionality: weak and strong (Adames et al., 2018; Dill & Kohlman, 2012). When referencing *weak intersectionality*, researchers explore the multiple diverse *identities* that

individuals may hold while neglecting the reasoning or *systems of oppression* that explain the unique experiences of multiple marginalized populations (Adames et al., 2018; Dill & Kohlman, 2012; Grzanka, 2014). Although this form is referred to as weak intersectionality, it is nevertheless important as it explores the impact of an individual's multiple diverse identities (Dill & Kohlman, 2012; Grzanka, 2014). On the other hand, *strong intersectionality* addresses systems of oppression, such as racism and cissexism, and explores how systems of oppression intersect and uniquely impact individuals belonging to multiple marginalized social groups (Adames et al., 2018; Dill & Kohlman, 2012).

Understanding Black and TNB microaggressions through the lens of "strong" intersectionality can lend to a more nuanced understanding of an individual's lived experiences (Lewis et al., 2018), considering intersectionality examines individuals from a holistic perspective rather than an additive (Moradi & Grzanka, 2017). *Microaggressions* are prevalent–often subtle–verbal, behavioral, and environmental incidents that convey negative or derogatory messages toward an oppressed individual (Sue et al., 2007). Provided that microaggressions are subtle, it can be difficult for the perpetrator or victim to recognize that a racial event has occurred (Mercer et al., 2011). Moreover, chronically experiencing microaggressions can lead to adverse mental health outcomes, such as more severe depression symptoms, in Black (Gómez, 2015) and TNB (Parr & Howe, 2019) populations. Subsequently, Black TNB individuals are likely at an elevated risk of unfavorable mental health outcomes, given that Black TNB people may experience both racist and cissexist microaggressions daily. However, the impact of microaggressions has never been examined among Black TNB people specifically.

Microaggressions can present as microassaults, microinsults, and microinvalidations (Hall & Fields, 2015; Sue et al., 2007). *Microassaults*, the most unmistakable form, occur when an individual sets out to willfully harm someone (Sue et al., 2007; Wheeler, 2016). They can be verbal (e.g., telling a harmful "joke" about an individual's gender) or nonverbal (e.g., a White person locking their car door when a Black person walks by). On the other hand, *microinsults* are more subtle acts; however, they are laced with underlying tones of negativity or rudeness (Hall & Fields, 2015; Sue et al., 2007). Unfortunately, they are frequently unintentional, making it difficult for the offender to understand the offense (Sue et al., 2007; Wheeler, 2016). A White person telling a Black person that they are more articulate than other Black people is an example as it implies that Black individuals are not articulate or intelligent. Finally, *microinvalidations* minimize or negate an individual's feelings and are likewise frequently subtle and unintended (Hall & Fields, 2015; Sue et al., 2007). A common example of microinvalidations is someone telling a nonbinary individual that their gender "does not exist" or is "made up."

Race-Based Microaggressions

In Black populations, microassaults, microinsults, and microinvalidations manifest as six themes (Sue et al., 2008). The first theme, *Assumption of Intellectual Inferiority*, occurs when individuals assume Black people are unintelligent or lack common sense. This assumption is frequently paired with individuals expressing shock or surprise when a Black person is well-spoken and can occur at school, work, or everyday experiences. The themes of *Second-Class Citizenship* and *Assumption of Inferior Status* emerge when Black individuals are treated lesser than non-Black individuals and are

assumed to lack wealth and not work in a seniority-level position. These assumptions lead to Black individuals being ignored, overlooked, and denied entry into establishments (Allen, 2010). A related theme, *Assumed Superiority of White Cultural Values/Communication Styles,* involves the belittling or devaluing of Black culture in comparison to White standards. For example, Black individuals speaking African American Vernacular English (AAVE), a dialect of English with grammar and vocabulary standards, instead of socially accepted standard English, are often regarded as unintelligent despite the existing structure of AAVE. The theme of *Assumption of Criminality* is the frequent belief that all Black people are inherently dangerous. This results in a range of reactions, such as a White person holding their bag closer when a Black person walks by to police officers shooting an unarmed Black teenager rather than using lesser force. The final theme, *Assumed Universality of the Black American Experience*, relates to individuals assuming that all Black people have the same experiences, which results in others trying to force singular Black individuals to speak for the entire Black community. These six themes are normalized and rooted in a society plagued by systematic injustices and cannot be resolved until systemic quandaries, such as the silence and assumed morality of White individuals, are addressed (Sue, 2011; Sue et al., 2007).

Though Black individuals experience numerous forms of microaggressions daily, individual encounters may vary depending on an individual's skin color due to colorism. Built systemically into the world, colorism applies a gradient to skin color, with darker skin tones experiencing higher rates of inequality (Monk, 2015). Given this, Black individuals have been given preferential treatment dependent upon the lightness of their

skin dating back to American chattel slavery (Borrell et al., 2006; Monk, 2015). Entrenched into society, colorism is an ever-present facet of microaggressions that has a multitude of adverse outcomes, such as poor physical health, low self-esteem, and heightened awareness of discriminating events (Borrell et al., 2006; Louie, 2020; Monk, 2015). Considering this, exploring colorism may lend to a better analysis of the impact of intersectional microaggression and its outcomes.

Though the components and many variations of microaggressions can be intentional or unintentional, experiencing microaggressions nevertheless has an adverse impact on the mental health of people of color (Nadal et al., 2014; Sue et al., 2007). When encountering racial microaggressions, people of color have reported heightened mental health symptoms, frequently occurring immediately (Nadal et al., 2014). In Black populations particularly, elevated levels of depression (Donovan et al., 2013; Mekawi & Watson-Singleton, 2021), anxiety (Liao et al., 2016), and general psychological distress (Gómez, 2015; Hall & Fields, 2015; Loyd et al., 2022) have been reported from experiencing microaggressions. Further, colorism has also been shown to negatively impact mental health outcomes in Black individuals (Louie, 2020; Monk, 2015). However, microaggressions also occur in mental health settings which further normalizes microaggressions and contributes to incompetent mental health treatment and adverse psychological outcomes in Black individuals (Gómez, 2015; Loyd et al., 2022). As such, many Black people cannot access adequate mental health care, which may further exacerbate the negative mental health impact of living with systems of oppression and experiencing daily microaggressions.

Gender-Based Microaggressions

Similar to Black individuals, TNB populations experience the three types of microaggressions; however, the exhibiting themes are different (Nadal, 2013a; Nadal et al., 2012). Whether purposely or due to lack of knowledge, the first theme, *Use of Transphobic and/or Incorrectly Gendered Terminology,* occurs when individuals use insulting TNB terms, including slurs, or when individuals misgender TNB individuals (Nadal, 2013a). The related themes *Denial of Individual Transphobia* and *Denial of the Existence of Transphobia* occur when individuals deny their own or the societal existence of transphobia (Nadal et al., 2016). These themes can show by implying that a TNB individual is “sensitive” and “should not get upset” when encountering situations of discrimination, thus minimizing their experiences (Nadal, 2013a). Additionally, many TNB individuals encounter microaggressions regarding sexualization (Nadal et al., 2012), such as *Exoticization* and *Assumption of Sexual Pathology, Deviance, or Abnormality*.

Recently, researchers have identified five nonbinary-specific microaggression themes (Croteau & Morrison, 2022). *Deadnaming* and *Misuse of Gendered Terminology* themes occur when people use the birth name or refer to nonbinary people as a gender that does not align with their gender identity (Croteau & Morrison, 2022). *Negation of Identity* and *Inauthenticity* involves using the wrong pronouns, not accepting someone’s gender identity, and implying the inauthenticity of nonbinary identities. The final theme, *Trans Exclusion*, indicates that nonbinary individuals are “not trans enough” to belong to the broader trans community (Croteau & Morrison, 2022).

Microaggressions can lead to increased mental health symptoms (e.g., anger, frustration, weariness, and sadness) in TNB populations (Nadal et al., 2012; Parr &

Howe, 2019). Frequently reported outcomes are depression (Parr & Howe, 2019; Wesselmann et al., 2021), anxiety (Bockting et al., 2013), psychological distress (Bockting et al., 2013), and suicide ideation and attempts (Parr & Howe, 2019). Many studies have reported that the rates of depression and anxiety are higher in TNB populations than in cisgender populations (e.g., Bockting et al., 2013; Borgogna et al., 2019). Even more worrying, TNB populations display approximately ten times higher rates of suicidal ideation and attempts than the general population (James et al., 2016; Parr & Howe, 2019). Further, research has suggested that nonbinary individuals experience higher rates of depression (Borgogna et al., 2019; Stanton et al., 2021) and anxiety (Stanton et al., 2021) compared to binary transgender and cisgender populations due to a societal lack of knowledge about nonbinary people. Despite research expanding to examine the mental health of groups with marginalized identities, TNB individuals are nevertheless seldom explored, with a more significant gap in the literature relating nonbinary microaggressions to mental health (Stanton et al., 2021).

Need for Measuring Intersectional Microaggressions in Research

Frequently, research on microaggressions lacks the inclusion of an intersectional framework by separating and solely examining each axis of oppression (Cole, 2009; Moradi & Grzanka, 2017). Researching microaggressions through an intersection lens instead of each singular axis on its own and then combining them will result in a better understanding of intersectional microaggressions (Bowleg, 2008; Moradi & Grzanka, 2017). For example, Black individuals experience racism-based microaggressions, such as racial profiling (Hall & Fields, 2015; Sue et al., 2007), and TNB individuals experience cissexism-based microaggressions, such as misgendering (Nadal, 2013a).

However, Black TNB individuals experience microaggressions informed by racism and cissexism, such as stereotyping Black transgender women as sex workers (Nadal et al., 2012). In addition, Black TNB individuals may experience unique microaggressions such as exclusion and rejection from Black communities due to their gender and White TNB spaces due to their race (Balsam et al., 2011). When examining the mental health outcomes, the few studies on Black transgender individuals' mental health have indicated that around a third of the population has experienced thoughts of suicide, plans to commit suicide, and attempted suicide (Yockey et al., 2020). Given this, exploring intersectional microaggressions when investigating microaggressions that Black TNB individuals experience may contribute to a more complete understanding of these mental health disparities.

Moderating Role of Pride

In addition to researching intersectional microaggressions, it is important for research to identify protective factors that promote resilience and better mental health outcomes. Pride has been identified as an important protective factor in both Black and TNB populations. In research with Black individuals, pride is often measured through *racial or ethnic identity*, how one identifies with their race or ethnic identity. Racial or ethnic identity is associated with lower levels of adverse mental health outcomes such as depression (Loyd et al., 2022) and has been shown to be a protective factor against adverse mental health outcomes when experiencing discrimination (Reynolds & Gonzales-Backen, 2017). When specifically examining microaggressions, research has indicated that racial identity can moderate the association between microaggressions and depression among Black Women (Williams & Lewis, 2019) and Black college students

(Marks et al., 2021). However, further research is needed to assess the moderating effect on other black subpopulations.

Identity pride is having a positive or approving view of one's identity (Matsuno & Israel, 2018; Valente et al., 2022) and has been shown to improve the psychological well-being of transgender individuals (Bariola et al., 2015; Bockting et al., 2013). In addition, research is beginning to suggest that identity pride moderates the association between heterosexism and distress, as well as victimization and depression among LGBTQ+ populations (Nadal et al., 2016; Woodford et al., 2018). Further, research has shown that identity pride can moderate the association between minority stressors and mental health and gender-based stigma and psychological distress among TNB individuals (Bockting et al., 2013; Valente et al., 2022). These moderations show that identity pride serves as a protective factor against minority stress and stigma. However, research has yet to examine its association with microaggressions and mental health, specifically for nonbinary individuals.

Current Study

Currently, research indicates that experiencing microaggressions can have a negative impact on the mental health of Black (Mekawi & Watson-Singleton, 2021) and TNB individuals (Parr & Howe, 2019). Further, research on Black pride (Williams & Lewis, 2019) and TNB pride (Bockting et al., 2013; Valente et al., 2022) has shown their potential to moderate the association between microaggressions and mental health. However, research on TNB populations thus far has primarily focused on the TNB population as a whole or exclusively on binary transgender populations, with minimal research on nonbinary people (Matsuno & Budge, 2017). Even fewer studies have

examined the mental health experiences of TNB people of color (Farvid et al., 2021), and no studies to date have examined the experiences of nonbinary people of color specifically. As nonbinary individuals may experience higher mental health distress than binary transgender individuals (Stanton et al., 2021), more research is needed to help explain these outcomes and identify protective factors.

Additionally, Black individuals experience anti-Black racism and often daily microaggressions that negatively impact their mental health (Sue et al., 2008). Nevertheless, research has not examined stressors and resilience factors among Black nonbinary individuals and how these relate to mental health. Although research is expanding, currently, minority stress theory tends to focus on LGBTQ+ populations. In contrast, microaggression theory has more research on people of color, limiting the available literature relevant to TNB people of color. Furthermore, most research on LGBTQ+ people of color has used a weak intersectionality approach by examining race-based stressors and LGBTQ+ based stressors separately. Given this, the present study employed "weak" and "strong" intersectionality theory (Adames et al., 2018; Crenshaw, 1991) to examine the impact of microaggressions and pride on Black nonbinary adults.

The present study examined the association between intersectional microaggressions (IM) and mental health (depression and anxiety) for Black nonbinary adults, as well as the moderating effects of Black and nonbinary pride on this association (See Figure 1). Specifically, we examined the following hypotheses:

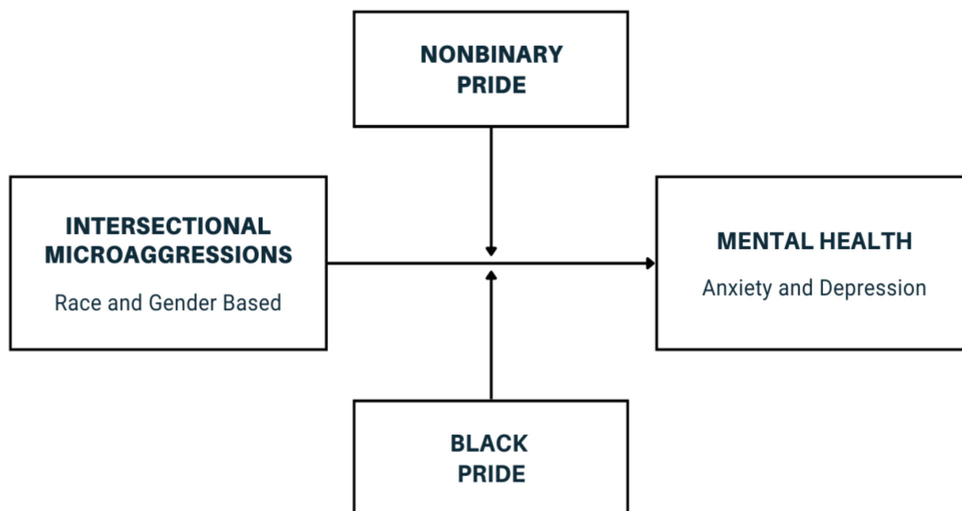
Hypothesis 1: IM will be positively associated with Depression (1a) and Anxiety (1b).

Hypothesis 2: Black Pride will moderate the positive association between IM and Depression (2a) and IM and Anxiety (2b). Given this, higher levels of Black Pride will be associated with a weaker association between IM and Depression (2a) and IM and Anxiety (2b).

Hypothesis 3: Nonbinary Pride will moderate the positive association between IM and Depression (3a) and IM and Anxiety (3b). Given this, higher levels of Nonbinary Pride will be associated with a weaker association between IM and Depression (3a) and IM and Anxiety (3b).

Figure 1

Hypothesized Pathways Between Intersectional Microaggressions, Nonbinary Pride, Black Pride, and Mental Health



Note. This model shows the study's theory of "Weak" (Nonbinary and Black Pride) and "Strong" (Intersectional Microaggressions) Intersectionality. The model hypothesized that Intersectional Microaggressions (Race and Gender-Based) will predict the Mental Health of Black Nonbinary individuals and that Nonbinary Pride and Black Pride will moderate this association.

CHAPTER 2

METHOD

Participants and Recruitment

The sample was obtained from a larger sample of nonbinary adults from the U.S. or Canada participating in a longitudinal study on minority stress, resilience, and mental health. The current sample was composed of Black or African American nonbinary adults who completed the second wave of data collection within the larger study.

For the larger study, participants were recruited using the online research firm, Prolific and social media posts. Participants were eligible if they identified under the nonbinary umbrella (e.g., nonbinary, agender, genderfluid, etc.), were at least 18 years of age, and were currently living in the U.S. or Canada. Prolific has several methods for verifying the legitimacy of its pool of research participants. However, social media recruitment is highly vulnerable to fraudulent responders and bots (Bush & Blackwell, 2022; Pozzar et al., 2020). Therefore, additional measures were taken to screen out fraudulent responders from our sample recruited through social media and email.

First, interested participants were given a demographics/screening survey through Qualtrics, which took 10 minutes to complete. To screen participants, researchers confirmed the participant’s IP address with their reported location. If multiple participants answered open-ended questions the same, those surveys were excluded. Four open-ended questions were assessed for duplicate responses. The demographic information provided was also cross-checked for validity. Therefore, if a participant provided conflicting answers, such as indicating they were assigned female at birth but reported their gender as a transgender girl, they were eliminated. Additional validation

checks were included, such as instructing participants to write specific responses (e.g., "The nonbinary flag has four colors: black, purple, white, and yellow. Based on the text you read above, what colors are on the nonbinary flag?"). Participants who did not pass all validation checks were deemed ineligible to participate in the study. Only eligible participants were sent the baseline survey.

The research team used quota sampling to ensure that approximately 60% of the sample identified with at least one racial/ethnic minority identity. A total of 418 participants were recruited via Prolific, with 162 identifying with at least one racial/ethnic minority identity. Since the online platform did not have enough nonbinary participants of color to meet the recruitment goals, additional targeted recruitment was conducted through Facebook, Twitter, Instagram, and TikTok. The researchers also emailed LGBTQ-oriented organizations and listservs. Considering the quota for White participants had already been met, only nonbinary people of color were eligible when recruiting through social media and email. A total of 193 participants were recruited through social media. At the end of the first wave of data collection, 123 participants identified as Black or African American.

Of the 123 Black participants, 75 returned to complete the surveys for the second wave of data collection. Six participants were excluded due to not completing all of the measures, and four were excluded due to submitting fabricated or conflicting data. Given this, 65 participants were included in the current study. This sample size was deemed to have sufficient power for anxiety models (β =.93) and less than sufficient power for depression models (β =.43) based on the effect sizes, type of analysis, and the number of variables.

Table 1

Participant Characteristics

Variable	*n*	%
Age		
18–29	52	80
30–59	13	20
Sexual Orientation [a]		
Queer	46	70.8
Asexual/Greysexual/Demisexual	31	47.7
Pansexual	24	36.9
Bisexual	22	33.8
Gay	11	16.9
Lesbian	9	13.8
Same-Gender Loving	5	7.7
Other Sexual Orientation	4	6.2
Heterosexual	2	3.1
Assigned Sex at Birth		
Female	54	83.1
Male	11	16.9
Income		
Less than $19,000	34	52.3
$20,000 - $39,000	12	26.2
$40,000 - $59,000	9	13.8
More than $60,000	5	7.7
Education		
Less than high school diploma	1	1.5
Completed high school or GED	8	12.3
Some college, no degree	26	40
Completed Associates degree	3	4.6
Completed Bachelors degree	13	20
Some graduate school	5	7.7
Completed graduate or professional degree	9	13.8

Note. $N = 65$

[a] Respondents were allowed to check multiple responses, which may result in percentages larger than 100.

The ages of the 65 participants ranged from 18 to 54 years old ($M = 26.1$; $SD = 6.5$). The sample was composed of more individuals who were assigned female at birth (83.1%) than male (16.9%), and more than half earned less than $19,000 (52.3%). Most

participants self-identified as queer (70.8%), asexual/greysexual/demisexual (47.7%), pansexual (36.9%), and bisexual (33.8%). Table 1 provides a full breakdown of participant demographics.

Procedure

The second wave of data collection from the longitudinal study occurred in October and November 2022. Returning Black nonbinary participants completed the measures from the larger study in addition to the Intersectional Microaggressions Scale (IMS), Multidimensional Inventory of Black Identity (MIBI), the New Immigrant Survey (NIS) Skin Color scale, Cross Ethnic-Racial Identity Scale (CERIS-A), and an adapted version of CERIS-A to assess gender salience. See Appendix A for measure information. The median participant completion time was 30.8 minutes (M = 374.3), and participants received $7.50 upon successful completion (a rate of $15 per hour).

Measures

Screening and Demographics

Interested participants completed an initial screening survey with information about the individuals' age, gender identity, sexual orientation, race, assigned sex at birth, education level, and household income (Appendix B). Participants were given four open-ended questions, which the researchers used as validity checks: “How do you define nonbinary? Please write at least one complete sentence. This question will help us ensure you are an authentic responder,” “What is the hardest thing about being a nonbinary person of color?” “What is your favorite thing about being a nonbinary person of color?” and “In your own words, how would you describe your gender expression?” Screening questions were only asked for the first wave of data collection. In wave two of data

collection, participants were asked about their age, gender identity, and race. These were matched with Time 1 responses to ensure participants were authentic responders.

Intersectional Microaggressions

Currently, no validated measure is designed to assess intersectional microaggression for nonbinary people of color. As such, an adapted version of the Intersectional Microaggressions Scale (IMS, Fattoracci et al., 2021) was used to measure intersectional microaggressions. The IMS is a 36-item scale containing six subscales. The subscales measure Negative Treatment (10 items), LGB Community Alien In Own Land (8 items), Exoticization (6 items), Being Pathologized (5 items), Denial of Experiences (3 items), and Gendered Stereotypes (4 items). An adapted version of the entire measure was administered for this study. Item number 24 (part of the Exoticization subscale) was inadvertently omitted from the current study, bringing the measure to 35 items; scoring was adjusted.

To adapt measure items to Black nonbinary individuals, participants' self-reported race/ethnicity and gender identity were piped in from their Qualtrics demographic responses into each item. Gender identity replaced the phrase “sexual orientation” from the original measure. "LGB" was also modified to “LGBTQ+” for inclusivity and to examine the gender-expansive responses. A sample item is: “In my *[race/ethnicity]* community, I felt excluded because I am a *[race/ethnicity]* person who is *[gender identity]*.”

Participants were asked to indicate how often in the last six months the microaggressions occurred. Items are rated on a 6-point Likert scale ranging from 0 (*I did not experience this event in the past six months)* to 5 *(I experienced this event 5 or more*

times in the past six months). Participants could also choose *Not Applicable (NA)*. The mean of all items was calculated for scoring purposes, with a higher score indicating more frequent intersectional (e.g., race/ethnic and nonbinary) microaggressions. Not applicable responses were excluded. A sample of 801 LGB people of color in the U.S. found the measure reliable (Cronbach's α = .96) and demonstrated convergent validity (Fattoracci et al., 2021). Cronbach's alpha for the current sample was .93. See Appendix C for a copy of the original measure and Appendix D for the adapted Intersectional Microaggressions Scale.

Depression

Depression was assessed using the PHQ-9 (Kroenke et al., 2001; Spitzer et al., 1999). The nine-item measure assesses an individual's severity of depression based on the nine criteria points of depression listed in the DSM-IV. The measure asks participants, "Over the last 2 weeks, how often have you been bothered by any of the following problems?" Sample items include "Feeling down, depressed, or hopeless" and "Poor appetite or overeating." Participants answered the items on a 4-point Likert-type scale ranging from 0 (*Not at All*) to 3 (*Nearly Every Day*). All measure items were added together for scoring purposes. A score of 20–27 indicates severe levels of depression, and a score of 0–4 indicates minimal levels of depression. Item 9 is an indicator of suicide, and participants were provided with resources for suicide and crisis hotlines such as Trans Lifeline if anything above 0 is indicated.

Kroenke et al. (2001) reported that the PHQ-9 demonstrated good criterion validity, construct validity, and reliability in a sample with 3,000 predominantly White (79%) primary care patients (Cronbach's α =.89) and a sample of 3,000 predominantly

White (39%) and Hispanic (39%) ob-gyn patients (Cronbach's α =.86). In addition, research has shown the scale is reliable in Black populations with ranges from Cronbach's α =.83 to α =.92 (Cheung et al., 2022; Holden et al., 2014; Watkins et al., 2020) and TNB populations in ranges from Cronbach's α = .89 to α = .91 (Bazargan & Galvan, 2012; Borgogna et al., 2019; Timmins et al., 2017). For the current study, Cronbach's alpha was excellent (α = .91). See Appendix E for the PHQ-9.

Anxiety

Symptoms of generalized anxiety were assessed using the GAD-7 (see Appendix F; Spitzer et al., 2006). The 7-item measure asks participants, "Over the last 2 weeks, how often have you been bothered by any of the following problems?" A sample item includes "not being able to stop or control worrying." Participants answered the items on a 4-point Likert-type scale ranging from 0 (*Not at All*) to 3 (*Nearly Every Day*). Items were added together for scoring. Scores ranging from 15–21 indicate severe anxiety, and scores from 0–4 indicate minimal anxiety.

Spitzer et al. (2006) reported the scale as reliable as Cronbach's α =.92 and demonstrated good divergent, procedural, criterion, construct, and convergent validity. Studies with Black populations Cronbach's α = .86 and α = .93 (Pugh et al., 2021; Shrestha et al., 2020) and TNB populations Cronbach's α = .91 (Borgogna et al., 2019; Timmins et al., 2017) populations have also shown strong reliability. For the current study, Cronbach's alpha was .92.

Black Pride

Black pride was assessed using the Multidimensional Inventory of Black Identity (MIBI, Sellers et al., 1998). The inventory contains the Regard Scale, which consists of

two subscales: Private Regard (6 items) and Public Regard (6 items). For this study, we used the Private Regard subscale, which measures the positive or negative feelings a person associates with Black people and their belonging to the Black community. Participants were asked to rate items based on a 7-point Likert scale ranging from 1 (*Strongly Disagree*) to 7 (*Strongly Agree*). An example item states, "I feel that the Black community has made valuable contributions to this society." The mean of the six items was calculated for scoring purposes. Higher scores indicate more positive feelings regarding the Black community and being Blacking.

Sellers et al. (1998) reported the Private Regard subscale as having good construct and predictive validity and sufficient (Cronbach's α =.78) reliability. Further studies have reported adequate reliability from ranges of Cronbach's α =.75 to Cronbach's α =.82 in Black populations (Cokley & Helm, 2001; Oliver et al., 2017; Simmons et al., 2008). For the current study, Cronbach’s alpha was .86. See Appendix G for a copy of the Private Regard subscale of the Multidimensional Inventory of Black Identity.

Nonbinary Pride

This study measured nonbinary pride with the Nonbinary Resilience Scale (Nbi-RS, Matsuno et al., in preparation). The measure assesses the resilience of nonbinary individuals. For this study, we used the 5-item Nonbinary Pride subscale, one of six subscales. Sample items are "I am confident in my nonbinary identity" and "I love being nonbinary." Participants rated items based on a 7-point Likert-type scale with responses ranging from 0 (*Strongly Disagree)* to 6 (*Strongly Agree)*, the *N/A* option being scored as 0. We calculated the sum for a score to find the total score, with higher scores indicating greater nonbinary pride. The subscale is reported as reliable (Cronbach’s α = .79) and

demonstrated adequate convergent and divergent validity (Matsuno et al., in preparation). For the current study, Cronbach's alpha was .71. See Appendix H for the Nonbinary Pride measure.

Skin Color

To measure the skin tone of participants, the study utilized the New Immigrant Survey (NIS) Skin Color Scale (Massey & Martin, 2003). The scale shows 10 shades of hands ranging from light to dark. Participants were asked to rate their skin color using the images.

Ethnic/Racial Identity Salience

The Cross Ethnic-Racial Identity Scale (CERIS-A) was used to measure the ethnic or racial identity salience of participants (Worrell et al., 2019). For the current study, the 4-item Ethnic-Racial Salience subscale was used. A sample item is, "When I read the newspaper or a magazine, I always look for articles and stories that deal with race and ethnic issues." Participants answered the items on a 7-point Likert-type scale ranging from 1 (*Strongly Disagree*) to 7 (*Strongly Agree*). The mean of the items was found for scoring purposes, with scores ranging from 1–7. The subscale showed adequate reliability in an ethnically diverse sample (Cronbach's $\alpha = .79$) and African American (Cronbach's $\alpha = .74$) populations (Worrell et al., 2019). For the current study, Cronbach's alpha was .64 (see Appendix I).

Gender Identity Salience

An adapted version of CERIS-A was used to measure participant gender identity salience (Worrell et al., 2019). To adapt the Ethnic-Racial Salience subscale, "gender identity" replaced "race and identity." A sample item states, "When I vote in an election,

the first thing I think about is the candidate's record on gender identity issues." Participants answered the items on a 7-point Likert-type scale ranging from 1 (*Strongly Disagree*) to 7 (*Strongly Agree*). The mean of the items was found for scoring purposes, with scores ranging from 1–7. For the current study, Cronbach's alpha was .73 (see Appendix J).

Data Analysis

Given that participants were recruited through two recruitment methods (e.g., Prolific and social media), the recruitment method was selected as a control variable. In addition, age and skin tone were chosen as control variables as research has indicated these to be related to depression and anxiety (Monk, 2015); both were significantly correlated with our outcome variables. Finally, race and gender identity salience were also tested as potential control variables due to their positive relationship with psychological distress (Quinn et al., 2014). However, they were not correlated with the outcome variables and were not included in the final analysis.

Adequate power, missing data, outliers, and normality were assessed to ensure assumptions were met before proceeding with the regression models. Histograms and P-P plots revealed that anxiety data were positively skewed; thus, anxiety was transformed by computing the square root of the variable. All other statistical assumptions were met. Upon making necessary adjustments, separate multiple regression analyses were conducted for anxiety and depression to test the hypotheses using model 2 of the PROCESS macro in IBM SPSS Statistics 29.0 (Hayes, 2022; IBM Corp., 2022).

The hierarchical multiple regression analyses explored the effect of IM on depression (H1a) and anxiety (H1a), the interaction of Black Pride and IM on depression

(H2a) and anxiety (H2b), and the interaction of Nonbinary Pride and IM on depression

(H3a) and anxiety (H3b).

CHAPTER 3

RESULTS

Correlation tests were performed to assess the association between covariates, independent variables, and dependent variables (Table 2). There was a small positive correlation between IM and depression ($r = .04$) and anxiety ($r = .02$); however, these correlations were nonsignificant. Further, Black pride had a small negative association with depression ($r = –.08$) and anxiety ($r = –.03$). Nonbinary pride also had a small negative association with depression ($r = –.15$) and anxiety ($r = –.21$). Both Black and nonbinary pride correlations were also nonsignificant.

Average depression scores ranged from 0 to 25 ($M = 11.68$, $SD = 6.98$), and anxiety scores ranged from 0 to 21 ($M = 9.66$, $SD = 6.60$), respectively. These results indicate that, on average, participants experience moderate levels of depression and anxiety. As noted by PHQ-9 and GAD-7 cut-off scores of 10, 55.4% of the participants met depression clinical threshold scores, and 52.3% met anxiety clinical threshold scores (Kroenke et al., 2001; Spitzer et al., 2006).

Depression

The overall depression model (Figure 2) was statistically significant, $R^2 = .30$, $F(8, 56) = 2.93$, $p < .01$. The regression analysis indicated that IM was not statistically significant. These results do not support H1a (IM will be positively associated with Depression). To test the potential moderating effects of Black pride and nonbinary pride, PROCESS created interaction terms (Black Pride x IM and Nonbinary Pride x IM). Both interaction terms were not statistically significant. These results indicate neither Black

pride (H2a) nor nonbinary pride (H3b) moderated the association between IM and Depression.

Table 2

Correlations between Covariates, Intersectional Microaggressions, Black Pride, Nonbinary Pride, Depression, and Anxiety

Variable	1	2	3	4	5	6	7	8
1. Age	–							
2. Recruitment	.10	–						
3. Skin Tone	.10	.15	–					
4. IM	–.15	.13	.11	–				
5. Black Pride	.10	.06	.05	.02	–			
6. Nbi Pride	.16	–.11	–.05	–.03	.55**	–		
7. PHQ-9	–.37*	–.25*	–.27*	.04	–.08	–.15	–	
8. GAD-7	–.42**	–.32*	–.32*	.02	–.03	–.21	.83**	–
Mean	26.11	0.58	5.25	1.51	6.33	5.74	11.68	9.66
SD	6.52	0.50	1.56	0.99	0.87	0.93	6.98	6.60
Range	18–54	0–1	1–9	0–4.59	3–7	2–7	0–25	0–21

Note. IM = Intersectional Microaggressions; Nbi Pride = Nonbinary Pride; PHQ-9 = Depression; GAD-7 = Anxiety.
* $p < .05$ ** $p < .001$

Anxiety

The overall anxiety model (Figure 3) significantly predicted Anxiety, $R^2 = .49$, $F(8, 56) = 6.81$, $p < .001$. Similar to depression, anxiety results indicated that IM is not significant, which does not support H1b (IM will be positively associated with anxiety). The interaction of Black Pride x IM explained a 4.2% statistically significant increase in the variance, $F(1, 56) = 4.68$, $p < .05$. The results support H2b (Black Pride will moderate the association between IM and Anxiety). Conversely, the interaction of Nonbinary Pride x IM was not statistically significant, $F(1, 56) = .79$, $p = .38$. These results do not support H3b (Nonbinary Pride will moderate the association between IM and Anxiety).

Table 3

Hierarchical Multiple Regression Predicting Depression and Anxiety Symptoms from Intersectional Microaggressions, Black Pride, and Nonbinary Pride

	Depression			Anxiety		
	B	*SE*	*t*	B	SE	*t*
IM	0.42	0.82	0.51	.07	.13	0.52
Black Pride	–0.05	1.14	–0.05	.20	.18	1.11
Black Pride x IM	0.69	0.95	0.73	.33	.15	2.16*
Nbi Pride	–1.37	1.04	–1.32	–.48	.17	–2.90*
Nbi Pride x IM	1.33	1.15	1.15	.16	.18	0.89
Age	–0.28	0.12	–2.13*	–.07	.02	–3.17*
Recruitment	–3.15	1.64	–1.91	–.64	.26	–2.44*
Skin Tone	–1.16	0.52	–2.22*	–.26	.08	–3.07*

*$p < .05$

While the regression signifies that Black Pride (B = .33) is a significant moderator, the moderation was in the opposite direction than predicted, indicating that it exacerbates the association between IM and anxiety rather than producing buffering effects. A multiple regression analysis and Johnson-Neyman procedure were conducted to further assess the moderation significance of Black Pride on IM and Anxiety. The procedure revealed that Black Pride is a significant moderator at low levels of pride. These results suggest when a Black nonbinary individual has low levels of Black pride (–1 SD), the pride will serve as a protective factor and moderate the association of IM and anxiety at lower levels. Further, when a Black nonbinary person has higher levels of Black pride (Mean and +1 SD), the presence of pride exacerbates the relationship and raises anxiety levels. Figure 4 outlines the moderation.

In essence, IM was not significantly associated with depression or anxiety, which does not support Hypothesis 1. Further, neither Black Pride nor Nonbinary Pride significantly moderated the association between IM and Depression. These results do not

support H2a and H3a. Conversely, Black Pride significantly moderated the association between IM and Anxiety (H2b); however, Nonbinary Pride did not (H3b). Finally, though Black pride was a significant moderator, it exacerbated the association between IM and Anxiety rather than providing a protective factor. Given this, we can conclude that only Black Pride is a significant moderator in the association between IM and Anxiety, and its presence worsens Anxiety.

CHAPTER 4

DISCUSSION

Intersectional Microaggressions

To our knowledge, this is the first study to examine the association between intersectional microaggressions and mental health among Black nonbinary individuals. Contrary to our first hypotheses, intersectional microaggressions did not significantly predict anxiety and depression, though they did trend in the hypothesized positive direction. Understanding stress-inoculation theory can begin to explain the study's results.

According to stress-inoculation theory, experiencing frequent stressors such as racism or microaggressions, especially from a young age, instills resilience in marginalized individuals (Hatzenbuehler, 2009; McConnell et al., 2018). Resilience refers to an individual's ability to adapt and thrive while experiencing discrimination, oppression, and harassment (Szymanski & Gonzalez, 2020) or, for the current study, microaggressions. Black nonbinary individuals inevitably experience constant identity-related stressors and, therefore, may be more resilient or inoculated against the effects of microaggressions. For example, research on Black women has suggested that higher rates of resilience were associated with lower symptoms of depression and trauma (Dale et al., 2015). Further, in a study of Black gay and bisexual men, having low rates of resilience was associated with lower mental health and higher rates of general distress (Wilson et al., 2016). Considering that the present study did not examine resilience, this may be a factor that explains the lack of statistical significance.

Furthermore, intersectional microaggressions may have had a significant impact on a different facet of mental health which was not addressed in the present study. Research has indicated that ongoing experiences of discrimination, including microaggressions, may result in trauma-like symptoms. For example, theories of race-based trauma suggest that experiencing race-based stress (e.g., harassment or discrimination) results in psychological trauma (Bryant-Davis, 2007). Notably, a primarily BIPOC (68.4%) sample found that in addition to anxiety and depression, individuals experienced trauma-related symptoms such as dissociation, sleep disturbances, and sexual difficulties due to racial distress (Carter et al., 2020). Further, microaggressions have been shown to impact anger, traumatic stress, and helplessness in Black populations (Hall & Fields, 2015).

Similarly, scholars have been calling for an understanding of microaggressions as having a traumatic impact among TNB populations (Barr et al., 2022; Colson & Matsuno, in prep; Shipherd et al., 2019). For example, research among diverse populations indicates that TNB populations exhibit symptoms of trauma at higher rates than cisgender populations (Nadal et al., 2019). Moreover, research has suggested that experiencing microaggressions, such as gender non-affirmation and anti-transgender bias, can elevate symptoms of PTSD in transgender communities (Barr et al., 2022).

Limitations of the study's measures to examine intersectional microaggressions may have impacted the results. There are presently no validated measures examining intersectional microaggressions specific to Black nonbinary people. A measure was recently developed to examine microaggressions experienced by nonbinary individuals (Croteau & Morrison, 2022); however, it was validated using a predominately White

sample and does not assess the experiences of intersectional microaggressions. The measure used in the current study was developed to assess intersectional microaggressions of LGB individuals of color (Fattoracci et al., 2021), with the majority (n = 49%) of respondents being Black. The wording was adapted to reflect Black nonbinary individuals. However, original questions pertaining to LGB individuals may not apply to nonbinary individuals. Further, the measure may have unintentionally excluded nonbinary-specific microaggressions. Therefore, the adapted intersectional microaggressions measure used by the present study may not have accurately or fully captured microaggression experiences pertaining to Black nonbinary people.

Black and Nonbinary Pride

Nonbinary pride was not a significant moderator depression or anxiety. Further, while Black pride did not significantly moderate depression, it was a moderator for anxiety outcomes. Contrary to the expected results, the moderation was positive, indicating that higher rates of Black pride are associated with a stronger association between IM and anxiety instead of employing a buffering effect. However, moderation results should be interpreted with caution, given that the correlations between IM and depression and anxiety were so small. These correlations may have limited the ability to evaluate moderators of these associations fully.

Further, research has produced conflicting findings regarding the impact of ethnic identity (measured as Black pride) on mental health outcomes. While some studies have found ethnic identity to be protective, others have found ethnic identity to worsen the effects of discrimination depending on mental health outcomes measured, ethnic group, and ethnic measure used (Townsend et al., 2020; Yip et al., 2019). For example,

researchers found that higher ethnic identity may exacerbate associations between racial discrimination and mental health outcomes in Asian Americans (Yoo & Lee, 2008) and White, Asian, and Latinx individuals (Woo et al., 2019). Further, when assessing depression as an outcome of racial discrimination, research has found exacerbating results in Latino adults exploring their ethnic identities (Torres & Ong, 2010) and certain dimensions of ethnic identity in Black young adults (Su et al., 2021).

Moreover, research has suggested that higher rates of ethnic identity may indicate more sensitivity to subtle forms of prejudice (e.g., microaggressions), reflected in the current study (Operario & Fiske, 2001). These unexpected results may be due to public regard, a facet of ethnic identity the present study did not assess (Su et al., 2021). Similar to private regard, public regard refers to positive or negative views regarding their ethnic culture (Sellers et al., 1998). However, public regard involves how an individual believes the public sees their ethnic identity. Given this, experiencing frequent microaggressions may contradict an individual's beliefs, resulting in detrimental impacts on an individual’s mental health (Hope et al., 2019; Su et al., 2021). Given conflicting results in the literature, future research needs to continue ethnic identity research with the inclusion of BIPOC LGBTQ+ communities.

Strengths, Limitations, and Future Directions

Strengths lay in the researchers’ identities, the study’s design, and lessening the gap in the literature. The research team of the larger study were all nonbinary, and the researcher for this current study is a Black nonbinary individual. Research on marginalized populations is often conducted by those outside the population being studied. Due to this, studies may unintentionally exclude dimensions salient to the

populations they are exploring. Further, uninformed researchers may incorrectly interpret research results. Therefore, applying potentially flawed studies to marginalized populations may result in harm. Given this, this current study was able to apply a more informed approach when examining Black nonbinary experiences. This aided in employing an underutilized approach to examine intersectionality.

Typically, most intersectional research examines a singular axis of oppression and neglects the unique experiences of populations. The study examined intersectionality by using multiple axes of oppression and applying a "weak" and "strong" intersectionality approach. The current study explores Black nonbinary individuals with Black and nonbinary pride (Adames et al., 2018). However, it takes a step further by using intersectional microaggressions to explore the impact of systemic oppression on these intersecting identities (Dill & Kohlman, 2012).

Finally, to our knowledge, there is no other research examining the mental health outcomes of Black nonbinary individuals. Further, this is the first study exploring intersectional microaggressions experienced by Black nonbinary populations. Additionally, no literature examines Black or Nonbinary pride in Black nonbinary individuals. Given the inclusion of these three variables to examine Black nonbinary individuals, the study provides an opportunity to begin to fill a significant gap in the literature. This is important as it provides more information into the impact of resilience factors on Black nonbinary populations.

Despite the numerous strengths, the study has many limitations. Given the lack of adequate power for the depression model, future studies would benefit from a larger sample size. Further, the measure used to examine Black pride in actuality measures a

component of ethnic identity. More research is needed to more fully understand which components of ethnic identity are protective versus which components have the potential to sensitize individuals to the effects of microaggressions. Additionally, the study did not examine resilience which has been shown to protect against the effects of discrimination on mental health outcomes. Adding a scale that measures resilience in the future can help to control outcomes.

Further, IM has been shown to affect other types of mental health, such as trauma symptoms that were not examined. Therefore, future research should explore the effects of IM on other mental health outcomes. Beyond this, the IM measure may be potentially flawed, given that it was created to assess for LGB-POC microaggressions and, therefore, may not have adequately assessed the intersectional microaggressions experienced by Black nonbinary individuals. The development of TNB BIPOC measures can aid in more accurate exploration. However, more qualitative research is needed to understand the specific type of intersectional microaggressions that nonbinary individuals experience. Given this, future studies should focus on facilitating quantitative research for more accurate outcomes.

Conclusion

The current study used intersectionality theory and the minority stress model to examine intersectional microaggressions experienced by Black nonbinary individuals and their resulting depression and anxiety outcomes. Further, Black and nonbinary pride were examined to assess their potential moderation effects. The current study emphasizes the importance of examining intersectional microaggressions. Moreover, the findings suggest that ethnic identity may potentially exacerbate associations of experiencing

discrimination and mental health outcomes. Future research is needed to examine further intersectional microaggressions, mental health outcomes, and pride.

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APPENDIX A

MEASURE INFORMATION

Measure	Variable	Dimension Measured	Alpha	Items
Patient Health Questionnaire 9 (PHQ-9)	DV	Depression Symptoms	α = .91	9
Generalized Anxiety Disorder 7 (GAD-7)	DV	Anxiety Symptoms	α = .86	7
Intersectional Microaggressions Scale (IMS)	IV	Black Nonbinary Microaggressions	α = .93	35
Multidimensional Inventory of Black Identity (MIBI)	Moderator	Positive or Negative Feelings Associated with the Black Community	α = .86	6
Nonbinary Resilience Scale (Nbi-RS)	Moderator	Pride and Resilience of Nonbinary Individuals	α = .71	5
New Immigrant Survey (NIS) Skin Color Scale	Covariate	Skin Color	N/A	1
Cross Ethnic-Racial Identity Scale (CERIS-A)	N/A	Ethnic/Racial Identity Salience	α = .64	4
Cross Ethnic-Racial Identity Scale (CERIS-A) - Adapted for Gender	N/A	Gender Identity Salience	α = .73	4

APPENDIX B

DEMOGRAPHIC AND SCREENER QUESTIONS

1. Are you 18 years or older?
    a. Yes
    b. No
2. Do you live in the U.S. or Canada?
    a. Yes
    b. No
3. Do you identify under the nonbinary umbrella (e.g., nonbinary, genderqueer, agender, genderfluid, two-spirit etc.)?
    a. Yes
    b. No
4. Do you identify with at least one racial/ethnic minority identity? (e.g., Black, African American, Asian, Latinx/e, Hispanic, American Indian, Native American, Middle Eastern etc.)
    a. Yes
    b. No
5. How do you define nonbinary? Please write at least one complete sentence. This question will help us ensure you are an authentic responder.
6. What is the hardest thing about being a nonbinary person of color?
7. What is your favorite thing about being a nonbinary person of color?
8. What is your age?
9. If living in the United States, what state are you currently living in? If living in Canada, what province are you currently living in?
10. Which of the following best describes the area you live in?
    a. Urban
    b. Suburban
    c. Rural
11. What terms or labels do you use to describe your current gender identity or identities (e.g., genderqueer, agender, genderfluid, nonbinary, etc.)?
12. Understanding that gender identity can be complex, please check all of the following terms that describe your current gender identity.
    a. Transgender (trans) man
    b. Transgender (trans) woman
    c. Transgender (trans)
    d. Nonbinary
    e. Genderqueer
    f. Genderfluid
    g. Agender
    h. Two-spirit
    i. Bigender
    j. Demi-boy
    k. Demi-girl
    l. Cisgender man
    m. Cisgender woman
    n. Cisgender (cis)
    o. Another Identity (Please Specify)

13. What pronouns do you use? (Check all that apply)
    a. they/them/theirs
    b. she/her/hers
    c. he/him/his
    d. ze/hir/hirs
    e. no pronouns
    f. any pronouns
    g. depends on context
    h. different pronouns (please specify)
14. Do you identify as intersex?
    a. Yes
    b. No
    c. Decline to state
15. People are sometimes influenced by the sex they were assigned at birth, due to how this impacts how others treat them. We are asking about sex assigned at birth to ensure we are understanding and representing both nonbinary people who were assigned male and assigned female at birth.
    What was your sex assigned at birth (for example, what gender does your original birth certificate say)?
    a. Female
    b. Male
    c. Decline to state
16. We are interested in understanding potential differences in the experiences of trans masculine (i.e., assigned female with masculine presentation/identity) and trans feminine (i.e., assigned male with feminine presentation/identity) nonbinary people. Which of the following best describes you?
    a. Trans feminine
    b. Trans masculine
    c. Neither/Both/Fluid
    d. Decline to state
17. How would you describe your current sexual identity or identities in your own terms (e.g., lesbian, gay, bisexual, pansexual, asexual, straight, etc.)?
18. Understanding that sexual identity can be complex, please check all of the following terms that describe your current sexual identity. (Check all that apply)
    a. Queer
    b. Bisexual
    c. Pansexual
    d. Lesbian
    e. Gay
    f. Heterosexual
    g. Asexual
    h. Greysexual
    i. Demisexual
    j. Same-gender loving
    k. Another identity (please specify)

19. Are you currently in a polyamorous or non-monogamous relationship(s)?
    a. Yes
    b. No
    c. Unsure
20. What terms or labels do you use to describe your race/ethnicity?
21. How do you describe your race? (check all that apply)
    a. American Indian/Alaska Native
    b. Asian/Asian American/Pacific Islander
    c. African American/African/Black
    d. European American/White
    e. Latino/a/x or Hispanic or Chicano/a/x
    f. Middle Eastern or Northern African
    g. More than one race
    h. Another racial or ethnic identity (please specify)
22. Do you identify as a person of color?
    a. Yes
    b. No
    c. Not sure
23. What religion(s) do you currently identify with? (check all that apply)
    a. American Indian religious tradition
    b. Buddhist
    c. Catholic
    d. Christian
    e. Hindu
    f. Jewish
    g. Muslim
    h. Mormon
    i. Sikh
    j. Spiritual (do not identify with formal religions)
    k. No religious or spiritual affiliation
    l. Atheist
    m. Not listed (please specify)
24. What is your highest level of education?
    a. less than high school diploma
    b. completed high school or GED
    c. completed trade/vocational school
    d. some college, no degree
    e. completed Associates degree
    f. completed Bachelors degree
    g. some graduate school
    h. completed graduate or professional degree
25. Which of the following best describes your current employment status? (check all that apply)
    a. Employed full-time
    b. Employed part-time

   c. Military service/civil service
   d. Student
   e. Volunteer
   f. Retired
   g. Unemployed
   h. Other (please specify)
26. The nonbinary flag has four colors: black, purple, white, and yellow. Based on the text you read above, what colors are on the nonbinary flag?
27. What is your annual INDIVIDUAL income from all sources before taxes (including salary, wages, welfare, disability benefits, pension, retirement benefits, food stamps, child support, investments, and illegal activities)?
   a. Less than $10,000
   b. $10,000 - $19,999
   c. $20,000 - $29,999
   d. $30,000 - $39,999
   e. $40,000 - $49,999
   f. $50,000 - $59,999
   g. $60,000 - $69,999
   h. $70,000 - $79,999
   i. $80,000 - $89,999
   j. $90,000 - $99,999
   k. $100,000 - $149,999
   l. More than $150,000
28. What is your political ideology?
   a. Very Liberal
   b. Liberal
   c. Neither Liberal nor Conservative
   d. Conservative
   e. Very Conservative
   f. A different ideology (please specify)
29. In your own words, how would you describe your gender expression?
30. A person's appearance, style, or dress may affect the way people think of them. On average, how feminine and how masculine do you think other people would describe your appearance, style, or dress?
31. A person's mannerisms (such as the way they walk or talk) may affect the way people think of them. On average, how feminine and how masculine do you think other people would describe your mannerisms?
32. Do you have any feedback about how our demographic questions were asked? (Optional)

APPENDIX C

INTERSECTIONAL MICROAGGRESSIONS SCALE

(IMS, FATTORACCI ET AL., 2021)

Directions: For each question, choose the response that best describes your experience for the past 6 months.

Answer Choices: 0 = *I did not experience this event in the past six months;* 1 = *I experienced this event 1 time in the past six months;* 2 = *I experienced this event 2 times in the past six months;* 3 = *I experienced this event 3 times in the past six months;* 4 = *I experienced this event 4 times in the past six months;* 5 = *I experienced this event 5 or more times in the past six months; 6 = N/A*

1. I was insulted because I am a *[race/ethnicity]* person who is *[sexual orientation]*.
2. I overheard negative comments about *[race/ethnicity]* people who are *[sexual orientation]*.
3. I overheard jokes about *[race/ethnicity]* people who are *[gender identity]*.
4. I was teased because I am a *[race/ethnicity]* person who is *[sexual orientation]*.
5. People treated me negatively because I am a *[race/ethnicity]* person who is *[sexual orientation]*.
6. I encountered offensive language because I am a *[race/ethnicity]* person who is *[sexual orientation]*.
7. Someone avoided close proximity to me because I am a *[race/ethnicity]* person who is *[sexual orientation]*.
8. I felt that someone avoided an unnecessary interaction (e.g., having a general conversation or having lunch) with me because I am a *[race/ethnicity]* person who is *[sexual orientation]*.
9. My experiences as a *[race/ethnicity]* person who is *[sexual orientation]* were viewed as comical.
10. I was threatened because I am a *[race/ethnicity]* person who is *[sexual orientation]*.
11. As a *[race/ethnicity]* person who is *[sexual orientation]*, I felt disconnected from some parts of the LGB culture.
12. In LGB spaces, I felt excluded because I am a *[race/ethnicity]* person who is *[sexual orientation]*.
13. As a *[race/ethnicity]* person who is *[sexual orientation]*, I found myself feeling invisible within the LGB community.
14. I didn't feel comfortable being a *[race/ethnicity]* person who is *[sexual orientation]* in LGB spaces.
15. I felt like I was holding part of my *[race/ethnicity] [sexual orientation]* self back in LGB spaces.
16. Within the LGB community, I felt there was a divide between *[race/ethnicity]* people who are *[sexual orientation]* and others.
17. I felt like I was holding part of my *[race/ethnicity] [sexual orientation]* self back in my *[race/ethnicity]* community.
18. In my *[race/ethnicity]* community, I felt excluded because I am a *[race/ethnicity]* person who is *[sexual orientation]*.
19. I was viewed as unusual and/or desired due to my differentness by sexual partners because I am a *[race/ethnicity]* person who is *[sexual orientation]*.
20. I was viewed as unusual and/or desired due to my differentness by dating partners

because I am a *[race/ethnicity]* person who is *[sexual orientation]*.

21. I was viewed as a sex object by others because I am a *[race/ethnicity]* person who is *[sexual orientation]*.
22. I felt like people were only sexually interested in me because I am a *[race/ethnicity]* person who is *[sexual orientation]*.
23. I overheard from others that *[race/ethnicity]* people who are *[sexual orientation]* are viewed as unusual and/or desired because of their differentness.
24. Someone assumed I had HIV/AIDS because I am a *[race/ethnicity]* person who is *[sexual orientation]*.
25. Someone thought I had a disease because I am a *[race/ethnicity]* person who is *[sexual orientation]*.
26. Someone assumed I was a pedophile because I am a *[race/ethnicity]* person who is *[sexual orientation]*.
27. Someone shielded their children away from me because I am a *[race/ethnicity]* person who is *[sexual orientation]*.
28. Someone assumed that I engage in unsafe sex because I am a *[race/ethnicity]* person who is *[sexual orientation]*.
29. I felt like my family members didn't understand my experiences as a *[race/ethnicity]* person who is *[sexual orientation]*.
30. My family dismissed my experiences as a *[race/ethnicity]* person who is *[sexual orientation]*.
31. I felt rejected by my religious family members because I am a *[race/ethnicity]* person who is *[sexual orientation]*.
32. Others expected me to act in a certain way because I am a *[race/ethnicity]* person who is *[sexual orientation]*.
33. I was expected to dress in a certain way because I am a *[race/ethnicity]* person who is *[sexual orientation]*.
34. I was told that I don't act like a typical *[race/ethnicity]* person who is *[sexual orientation]*.
35. My intelligence was questioned because I am a *[race/ethnicity]* person who is *[sexual orientation]*.

APPENDIX D

ADAPTED INTERSECTIONAL MICROAGGRESSIONS SCALE

(IMS, FATTORACCI ET AL., 2021)

Directions: For each question, choose the response that best describes your experience for the past 6 months.

Answer Choices: 0 = *I did not experience this event in the past six months;* 1 = *I experienced this event 1 time in the past six months;* 2 = *I experienced this event 2 times in the past six months;* 3 = *I experienced this event 3 times in the past six months;* 4 = *I experienced this event 4 times in the past six months;* 5 = *I experienced this event 5 or more times in the past six months; 6 = N/A*

1. I was insulted because I am a *[race/ethnicity]* person who is *[gender identity]*.
2. I overheard negative comments about *[race/ethnicity]* people who are *[gender identity]*.
3. I overheard jokes about *[race/ethnicity]* people who are *[gender identity]*.
4. I was teased because I am a *[race/ethnicity]* person who is *[gender identity]*.
5. People treated me negatively because I am a *[race/ethnicity]* person who is *[gender identity]*.
6. I encountered offensive language because I am a *[race/ethnicity]* person who is *[gender identity]*.
7. Someone avoided close proximity to me because I am a *[race/ethnicity]* person who is *[gender identity]*.
8. I felt that someone avoided an unnecessary interaction (e.g., having a general conversation or having lunch) with me because I am a *[race/ethnicity]* person who is *[gender identity]*.
9. My experiences as a *[race/ethnicity]* person who is *[gender identity]* were viewed as comical.
10. I was threatened because I am a *[race/ethnicity]* person who is *[gender identity]*.
11. As a *[race/ethnicity]* person who is *[gender identity]*, I felt disconnected from some parts of the LGBTQ+ culture.
12. In LGBTQ+ spaces, I felt excluded because I am a *[race/ethnicity]* person who is *[gender identity]*.
13. As a *[race/ethnicity]* person who is *[gender identity]*, I found myself feeling invisible within the LGBTQ+ community.
14. I didn't feel comfortable being a *[race/ethnicity]* person who is *[gender identity]* in LGBTQ+ spaces.
15. I felt like I was holding part of my *[race/ethnicity] [gender identity]* self back in LGBTQ+ spaces.
16. Within the LGBTQ+ community, I felt there was a divide between *[race/ethnicity]* people who are *[gender identity]* and others.
17. I felt like I was holding part of my *[race/ethnicity] [gender identity]* self back in my *[race/ethnicity]* community.
18. In my *[race/ethnicity]* community, I felt excluded because I am a *[race/ethnicity]* person who is *[gender identity]*.
19. I was viewed as unusual and/or desired due to my differentness by sexual partners because I am a *[race/ethnicity]* person who is *[gender identity]*.
20. I was viewed as unusual and/or desired due to my differentness by dating partners

because I am a *[race/ethnicity]* person who is *[gender identity]*.

21. I was viewed as a sex object by others because I am a *[race/ethnicity]* person who is *[gender identity]*.
22. I felt like people were only sexually interested in me because I am a *[race/ethnicity]* person who is *[gender identity]*.
23. I overheard from others that *[race/ethnicity]* people who are *[gender identity]* are viewed as unusual and/or desired because of their differentness.
24. Someone assumed I had HIV/AIDS because I am a *[race/ethnicity]* person who is *[gender identity]*.
25. Someone thought I had a disease because I am a *[race/ethnicity]* person who is *[gender identity]*.
26. Someone assumed I was a pedophile because I am a *[race/ethnicity]* person who is *[gender identity]*.
27. Someone shielded their children away from me because I am a *[race/ethnicity]* person who is *[gender identity]*.
28. Someone assumed that I engage in unsafe sex because I am a *[race/ethnicity]* person who is *[gender identity]*.
29. I felt like my family members didn't understand my experiences as a *[race/ethnicity]* person who is *[gender identity]*.
30. My family dismissed my experiences as a *[race/ethnicity]* person who is *[gender identity]*.
31. I felt rejected by my religious family members because I am a *[race/ethnicity]* person who is *[gender identity]*.
32. Others expected me to act in a certain way because I am a *[race/ethnicity]* person who is *[gender identity]*.
33. I was expected to dress in a certain way because I am a *[race/ethnicity]* person who is *[gender identity]*.
34. I was told that I don't act like a typical *[race/ethnicity]* person who is *[gender identity]*.
35. My intelligence was questioned because I am a *[race/ethnicity]* person who is *[gender identity]*.

Scoring: Average the responses of all the items to obtain the total score.

APPENDIX E

PATIENT HEALTH QUESTIONNAIRE-9

(PHQ-9, KROENKE ET AL., 2001)

Directions: Over the last 2 weeks, how often have you been bothered by any of the following problems?

Answer Choices: 0 = *Not at All;* 1 = *Several days;* 2 = *More than half the days;* 3 = *Nearly every day*

1. Little interest or pleasure in doing things
2. Feeling down, depressed, or hopeless
3. Trouble falling or staying asleep, or sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down
7. Trouble concentrating on things, such as reading the newspaper or watching television
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual
9. Thoughts that you would be better off dead or of hurting yourself in some way

Scoring: Find the sum of the items to obtain the total score.

APPENDIX F

GENERALIZED ANXIETY DISORDER-7

(GAD-7, SPITZER ET AL., 2006)

Directions: Over the last 2 weeks, how often have you been bothered by any of the following problems?

Answer Choices: 0 = *Not at All;* 1 = *Several days;* 2 = *More than half the days;* 3 = *Nearly every day*

1. Feeling nervous, anxious, or on edge
2. Not being able to stop or control worrying
3. Worrying too much about different things
4. Trouble relaxing
5. Being so restless that it is hard to sit still
6. Becoming easily annoyed or irritable
7. Feeling afraid, as if something awful might happen

Scoring: Find the sum of the items to obtain the total score.

APPENDIX G

PRIVATE REGARD SUBSCALE

(MIBI, SELLERS ET AL., 1997, 1998)

Directions: For each question, choose the response that best describes your beliefs.

Answer Choices: 1 = *Strongly Disagree;* 2 = *Disagree;* 3 = *Somewhat Disagree;* 4 = *Neither Agree nor Disagree;* 5 = *Somewhat Agree; 6 = Agree; 7 = Strongly Agree*

1. I feel good about Black people.
2. I am happy that I am Black.
3. I feel that Black people have made major accomplishments and advancements.
4. I often regret that I am Black. (Reverse Score)
5. I am proud to be Black.
6. I feel that the Black community has made valuable contributions to this society.

Scoring: Calculate the average of the six items to obtain the total score.

APPENDIX H

NONBINARY PRIDE SUBSCALE

(NBI-RS, MATSUNO ET AL., IN PREPARATION)

Directions: How much do you agree with the following statements?

Answer Choices: 0 = *Strongly Disagree;* 1 = *Disagree;* 2 = *Somewhat Disagree;* 3 = *Neither Agree Nor Disagree*; 4 = *Somewhat Agree;* 5 = *Agree;* 6 = *Strongly Agree*

1. I am confident in my nonbinary identity.
2. I am proud to be nonbinary.
3. I reject majority cultural narratives about gender.
4. I reject negative messages about being nonbinary.
5. I love being nonbinary.

Scoring: Total all the items to obtain the total score. The N/A option is scored as 0.

APPENDIX I

CROSS ETHNIC-RACIAL IDENTITY SCALE, ETHNIC-RACIAL SALIENCE SUBSCALE (CERIS-A, WORRELL ET AL., 2019)

Instructions: Read each item and indicate **to what degree it reflects your own thoughts and feelings with regard to the ethnic/racial group that you identify with**, using the 7-point scale below. There are no right or wrong answers. Base your responses on your opinion at the present time. **To ensure that your answers can be used, please respond to the statements as written**, and indicate your response by bubbling in the circle under your choice.

Answer Choices: 1 = *Strongly Disagree;* 2 = *Disagree;* 3 = *Somewhat Disagree;* 4 = *Neither Agree Nor Disagree*; 5 = *Somewhat Agree;* 6 = *Agree;* 7 = *Strongly Agree*

1. When I read the newspaper or a magazine, I always look for articles and stories that deal with race and ethnic issues.
2. When I have a chance to decorate a room, I tend to select pictures, posters, or works of art that express strong ethnic-cultural themes.
3. When I vote in an election, the first thing I think about is the candidate's record on racial and cultural issues.
4. During a typical week in my life, I think about ethnic and cultural issues many, many times.

APPENDIX J

CROSS ETHNIC-RACIAL IDENTITY SCALE,

ETHNIC-RACIAL SALIENCE SUBSCALE ADAPTED

(CERIS-A, WORRELL ET AL., 2019)

Instructions: Read each item and indicate **to what degree it reflects your own thoughts and feelings with regard to the gender that you identify with**, using the 7-point scale below. There are no right or wrong answers. Base your responses on your opinion at the present time. **To ensure that your answers can be used, please respond to the statements as written**, and indicate your response by bubbling in the circle under your choice.

Answer Choices: 1 = *Strongly Disagree;* 2 = *Disagree;* 3 = *Somewhat Disagree;* 4 = *Neither Agree Nor Disagree*; 5 = *Somewhat Agree;* 6 = *Agree;* 7 = *Strongly Agree*

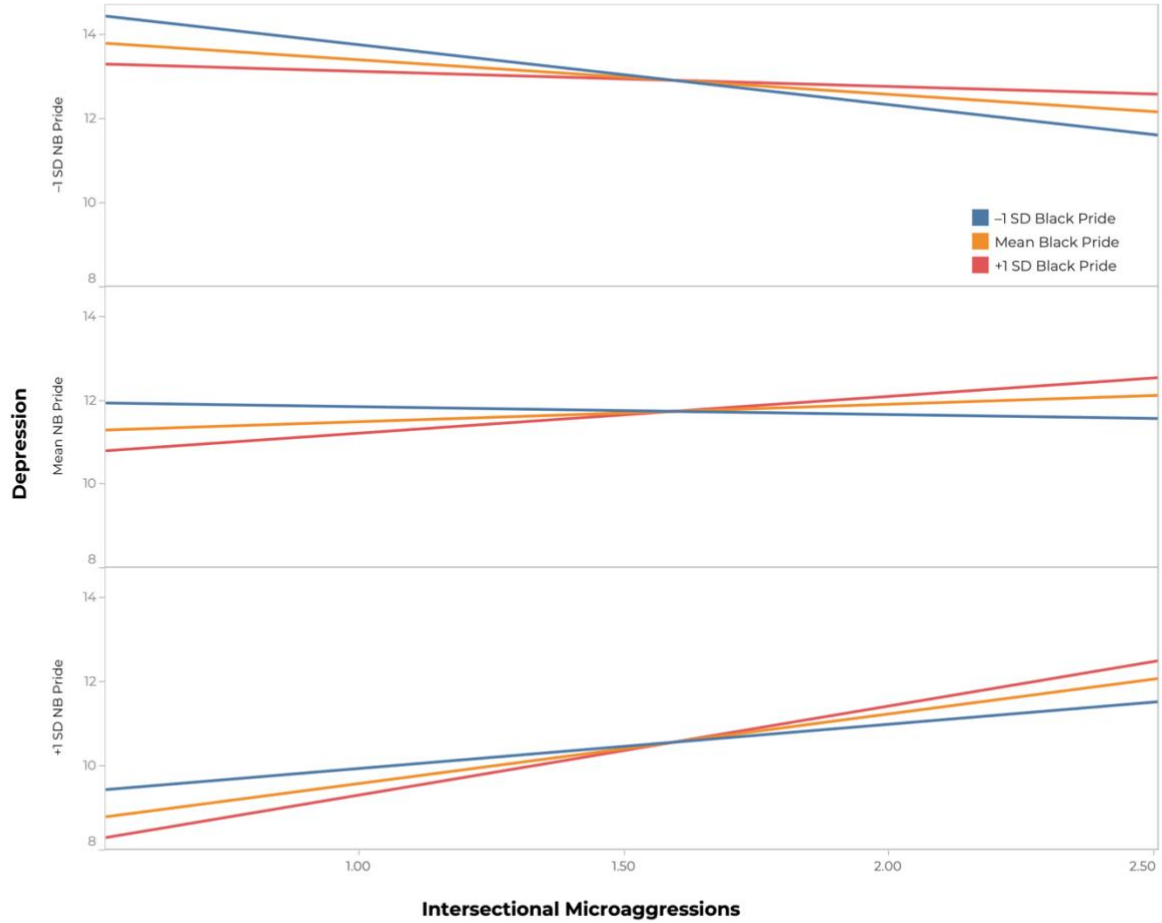
1. When I read the newspaper or a magazine, I always look for articles and stories that deal with gender identity issues.
2. When I have a chance to decorate a room, I tend to select pictures, posters, or works of art that express strong gender identity themes.
3. When I vote in an election, the first thing I think about is the candidate's record on gender identity issues.
4. During a typical week in my life, I think about gender identity issues many, many times.

APPENDIX K

DEPRESSION REGRESSION GRAPH

Figure 2

Interaction of Intersectional Microaggressions, Black Pride, and Nonbinary Pride on Depression

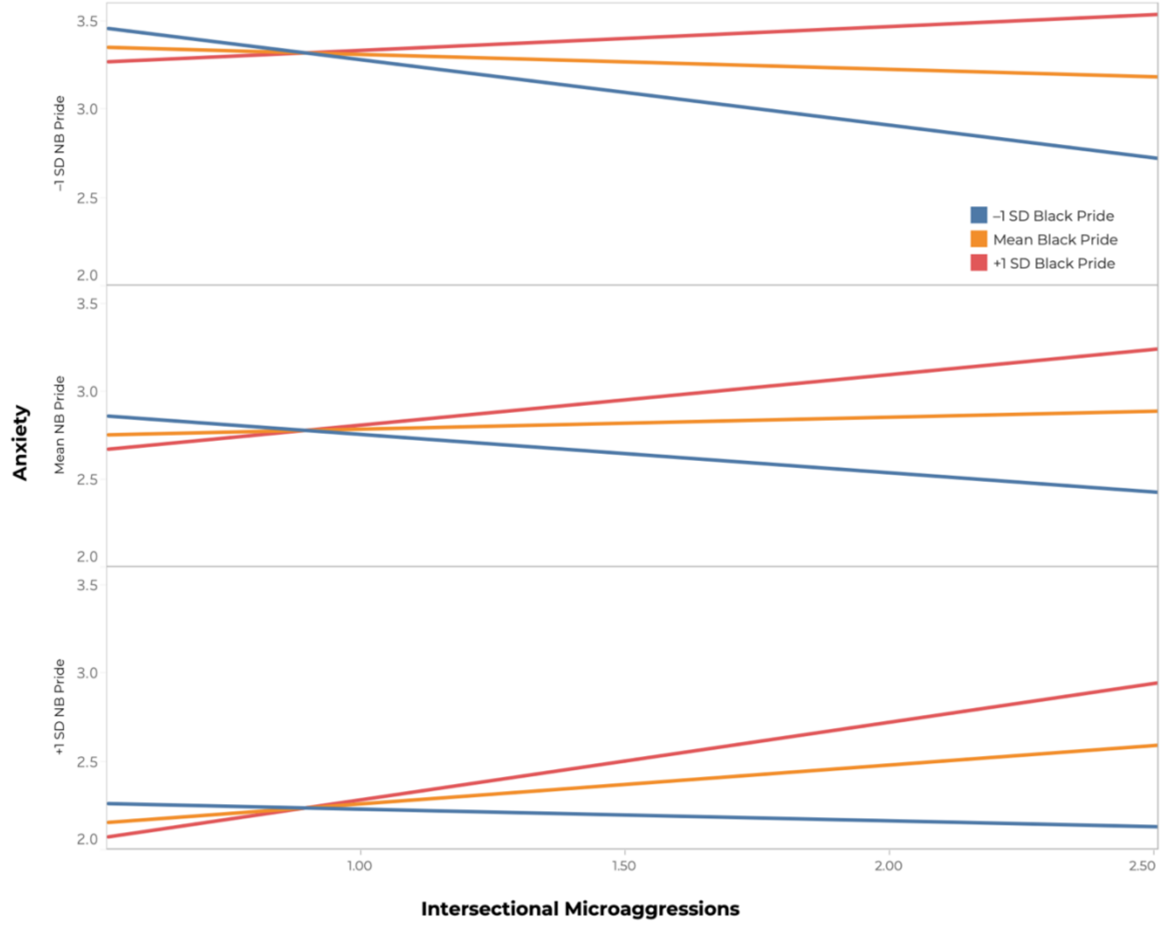


APPENDIX L

ANXIETY REGRESSION FIGURE

Figure 3

Interaction of Intersectional Microaggressions, Black Pride, and Nonbinary Pride on Anxiety

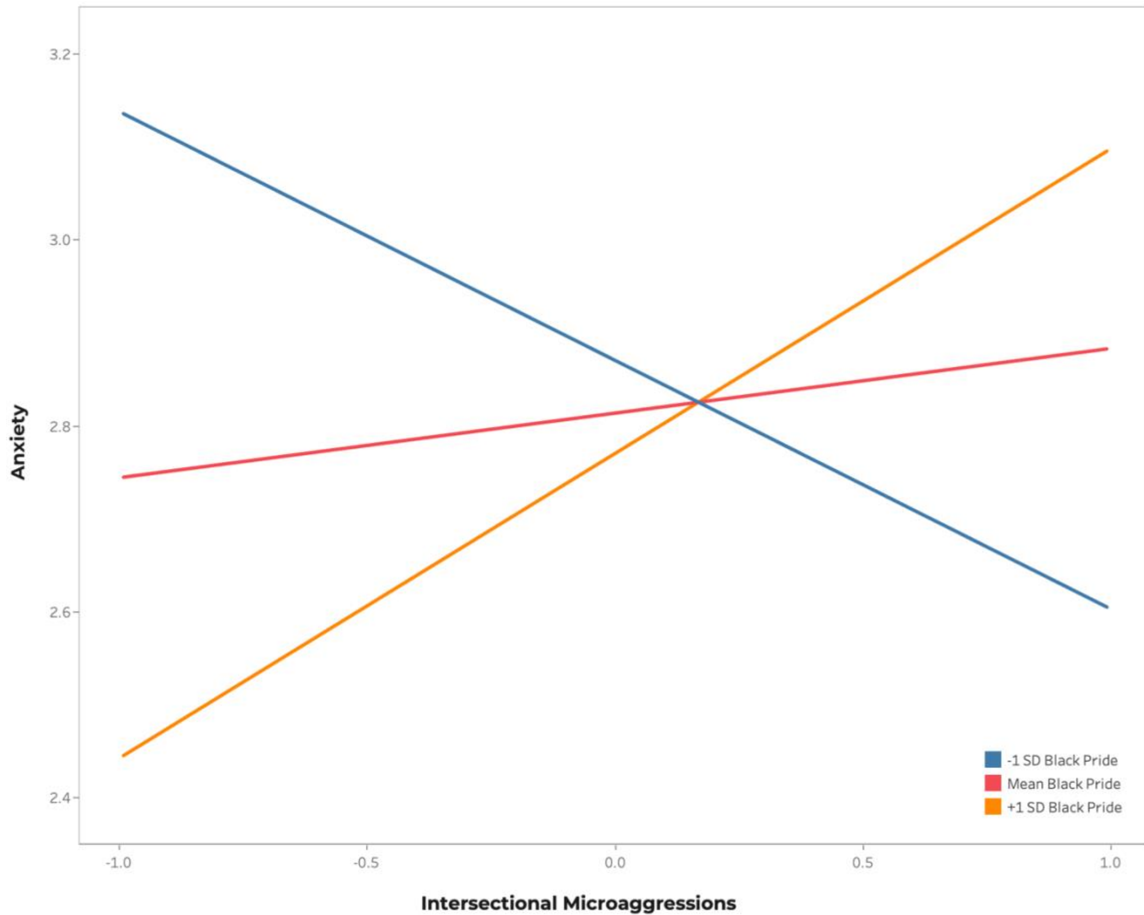


APPENDIX M

BLACK PRIDE MODERATION FIGURE

Figure 4

Black Pride as a Moderator on the Association Between Intersectional Microaggression and Anxiety



Note. This graph shows the moderation of Black Pride on the association between Intersectional Microaggressions and Anxiety at –1 SD, Mean, and +1 SD. Black Pride is only significant at –1 SD, which suggests that Black Pride only lowers Anxiety symptoms at low levels of Black Pride.

APPENDIX N

IRB APPROVAL FOR THE ENBY PROJECT: LONGITUDINAL INVESTIGATION OF NONBINARY SPECIFIC MINORITY STRESS AND RESILIENCE

APPROVAL: EXPEDITED REVIEW

Emmie Matsuno
CISA: Counseling and Counseling Psychology
-
Em.Matsuno@asu.edu

Dear Emmie Matsuno:

On 2/7/2022 the ASU IRB reviewed the following protocol:

Type of Review:	Initial Study
Title:	The Enby Project: Longitudinal Investigation of Nonbinary Specific Minority Stress and Resilience
Investigator:	Emmie Matsuno
IRB ID:	STUDY00014761
Category of review:	(7)(a) Behavioral research (7)(b) Social science methods
Funding:	None
Grant Title:	None
Grant ID:	None
Documents Reviewed:	• Consent Longitudinal 2-7-22.pdf, Category: Consent Form; • IRB Social Behavioral Protocal - Longitudinal Study 2-7-22.docx, Category: IRB Protocol; • PAU IRB Verification of Training for Enby Project Team members[20].pdf, Category: Off-site authorizations (school permission, other IRB approvals, Tribal permission etc); • Prolific Study Description.pdf, Category: Recruitment Materials; • Survey Time 2_3.pdf, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions); • Survey-Time1.pdf, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions);

The IRB approved the protocol from 2/7/2022 to 2/6/2027 inclusive. Three weeks before 2/6/2027 you are to submit a completed Continuing Review application and required attachments to request continuing approval or closure.

If continuing review approval is not granted before the expiration date of 2/6/2027 approval of this protocol expires on that date. When consent is appropriate, you must use final, watermarked versions available under the "Documents" tab in ERA-IRB.

In conducting this protocol you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103).

REMINDER - Effective January 12, 2022, in-person interactions with human subjects require adherence to all current policies for ASU faculty, staff, students and visitors. Up-to-date information regarding ASU's COVID-19 Management Strategy can be found here. IRB approval is related to the research activity involving human subjects, all other protocols related to COVID-19 management including face coverings, health checks, facility access, etc. are governed by current ASU policy.

Sincerely,

IRB Administrator

cc:

Alex Colson
Em Matsuno
Danny Shultz
Mel Holman