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GENDER IDENTITY, DISCRIMINATION, AND ADJUSTMENT AMONG
COLLEGE STUDENTS

by

NICOLE A. COCO

A thesis submitted in partial fulfillment of the requirements
for the Honors in the Major Program in Psychology
in the College of Sciences
and in The Burnett Honors College
at the University of Central Florida
Orlando, Florida

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Thesis Chair: Dr. Steven L. Berman, Ph.D.

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ABSTRACT

This research sought to test the notion that the non-cisgender population experiences an inordinate toll in regard to their mental well-being as a result of inaccurate or incomplete classification of their self-identified gender identity among US college students ($N = 591$). In accordance with the previous literature, the non-cisgender population experienced a significant increase of perceived experience of microaggressions and internalized symptoms. Contrary to expectations, there was no significance found for rates of identity distress. Previous literature did not reflect a significantly lower score of challenging the binary for Caucasians in relation to Hispanic and Asian ethnicities, as this research revealed. This research indicates that while non-cisgender persons do experience higher rates of perceived microaggressions and identity related concerns, there is a previously accounted for variance in ethnicity and cisgender identities (male and female).

DEDICATIONS

For my Husband, who stood by me and believed in me, even when I was filled with doubt and anxiety. Thank you for jumping in and wrangling the household when I was tired. Thank you for offering a compassionate ear and a strong embrace when you felt my frustration. Without your support, I never could have achieved my goal of writing this thesis.

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INTRODUCTION

The term Queer Theory was first coined by Teresa de Lauretis' in her 1991 book *Queer Theory: Lesbian and Gay Sexualities*. The treatise was confined to a narrow scope, the intersectionality of feminism, race, and nonheterosexuality, which focused on sexuality but not gender. In the intervening decades, an expansion of what the term encompasses has broadened with the application of a multi-dimensional approach of perspective and theory. Through the lens of queer, multicultural, and social theories, to name a few, the scope of understanding has come to include all persons who do not identify as cisgender (cis) heterosexuals; those whose expressed gender align with their birth gender.

Though awareness over time has resulted in a better sense of nonconforming sexual identity (i.e., bisexual, pansexual, etc.) and nonconforming gender identity (beyond transgender), there is still a large gap in how this population is included and represented in research and within the general psychological community. This chasm is further complicated by the idea that data that purports to represent the genderqueer community does not accurately reflect, and therefore generalize, to the population.

Common Terminology

As more data exposes the disproportionate negative impact on mental health for the Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ) population, there needs to be a concerted effort to be hyperacute to the implications of the Euro-American privilege and power, as well as how it pervades the acceptance and classification of non-conforming Western identities (Stryker, 2004). This includes how individuals are addressed (in personal contact and beyond), how they are represented within demographic options, and how their collected data is interpreted, validated, and disseminated.

Complicating this process is the general understanding of categories within the LGBTQ, and specifically, the genderqueer community. Amongst community members, a word may mean one thing to one person and something completely different to another individual. For example, one person who identifies as nonbinary (NB) may not identify as gender fluid (GF), though a person who behaves, believes, and portrays the same lifestyle characteristics identifies solidly as GF and rejects the label NB. The fact that those within the community often have varying labels by which to identify and define a particular gender identity makes it particularly difficult for those outside the community, such as researchers and medical professionals, to understand and navigate the terms, and therefore, better tailor their items and questionnaires to be inclusive.

As previously noted, the term “queer theory” has expanded beyond the confined purview of the intersectionality of lesbianism, race, and feminist theory; it has grown to accommodate the multitude of nonnormative sexual and gender identities. This diversification of a term has also appeared in the language utilized beyond sexuality. In fact, the term “transgender,” once a catch-all for nongender conforming individuals, has given way to new terminology; the classification of gender expansive includes a diverse collection of identities that are neither strictly male nor strictly female (i.e., NB, genderqueer (GQ), GF; Abramovich & Cleverley, 2018).

Sex vs Gender

It is important that all efforts be made to recognize and keep separate sexual identity and gender identity. To combine these two separate categories, though a common error, serves to diminish an individual; it also proves a greater likelihood of misrepresenting the LGBTQ community as a whole, which has implications on the interpretation of the very data and subsequent understanding a study strives to interpret and clarify. This confusion appears to have been amplified when the umbrella term of transgender was utilized as a catch-all category in the

expansion of LGB (Lesbian, Gay, Bisexual) to LGBTQ (Lesbian, Gay, Bisexual, Transgender, Questioning/Queer).

Furthermore, the determination that all men are born with a penis and all women are born with a vagina still pervades the way items are posed and interpreted, even within specifically LGBTQ focused studies. Perhaps this confusion can be understood by the fact that the “T” in LGBTQ is representative of gender identity, while the rest of the acronym denotes sexual identities. Though not fully understood among the general population, the inclusion of nonconforming genders with non-heterosexual individuals is about providing space and community for a historically marginalized population.

An additional layer of disorientation and peril lay in the intricate experience of an individual, who experiences the intersectionality of nonconforming gender and nonconforming sexuality and is further marginalized and stigmatized by the lack of inclusivity within research. However, the complexities of this intersectionality, while important to note, are far beyond the scope of this paper.

As long as two decades ago, advocates and researchers of the transgender community were calling for the acknowledgment and distinction of sex and gender as two separate categories. Through using the gender identity term “transgender” interchangeably with the distinctly different categorical term of sexual identity, there are political, social, and emotional implications (Stryker, 2004). Despite data that present concerns of stigmatization, marginalization, and trauma that result in increased or exasperated mental health concerns, this practice has persisted and has remained the status quo amongst most researchers. Abramovich & Cleverley (2018) propose that even with an understudied and expansive community, the risk of

stress and trauma is high for this community that lacks inclusion of identifiable categories in surveys, research, intake forms, and point-in-time counts.

Categorical Concerns & Their Implications

In 2016, the call for distinction and clarity remained a strong refrain among professionals who continued to view the finite gender categories as a limitation to the understanding and generalization of work within the mental health field. As noted in the work of Thompson (2016), often they were lumped together within demographic identifiers, items within a study, and within instruments of measure. When research fails to differentiate gender categories that respect and affirm the individual, it ultimately erases the individual's identity. This dichotomous approach was best summarized by Gloria Fraser in her 2018 paper, stating that such methodology "reflects poor methodological practice" and has long-term implications for both the well-being of the gender expressive individuals, as well as the data that purports to represent them.

Thompson (2016), noting that it is still common practice to collapse the two categories in medical records, demographic portions of a study, and data sifting, takes this one step further by proffering three distinct concerns: 1) a significant part of the gender expansive population is going unaccounted for in official data, 2) it is causing undue emotional trauma through miscategorization, and 3) it serves to limit the understanding and generalization of data across disciplines. Thompson goes on to offer evidence that the most common form of demographic and survey questions collapse gender identity items into three or four options (male, female, transgender [trans], and other), and though an improvement over past binary classifications (male, female), stills fall short of being inclusive and properly identifying transgender individuals. Additionally, he provides data that suggests a two-step question approach (asking for both gender identity and gender assigned at birth instead of a single gender question) more

accurately identifies the population and serves to provide feelings of confirmation and inclusivity amongst transgender respondents. Through his research, Thompson ultimately concluded that participants recognized the potential of “two-part questions” in that it eased the experience of disclosing sensitive information and validated their identities as they expressed them and not as assigned to them. This is in stark contrast to respondents who have otherwise felt restricted by the male/female/trans/other format; feeling obliged to remain invisible or forced into a gender identity that does not encompass their gender as they express and live it.

In their 2018 paper, McGuire and colleagues looked to advance the understanding that limiting options for gender choice can be just as perilous as offering a binary gender choice, or combining sexual and gender identities, and rectify the matter by working to create a more thorough and inclusive methodology for individuals to properly capture gender identity in research and clinical settings. McGuire and colleagues (2018) sought to utilize the Genderqueer Identity Scale (GQI) and its four sub-constructs to outline the implicit bias of measures that impact the stress and marginalization of genderqueer individuals and the repercussions of public health (i.e., validity and generalization of study data), while demonstrating a preferable alternative to the status quo methodology.

Other researchers have chosen an approach that expands the “other” category yet continue to limit it in number for ease of process by researchers. The adaption of the Gender Unicorn infographic to a measure, the Gender Identity Scale (GIS), analyzes the input of respondents across three dimensions to align them with one of seven possible classes (Ho & Mussap, 2019). Through collected data, researchers found that the analysis of one of seven classes corresponded with the way respondents viewed themselves.

The LGBTQ population suffers a disproportionate rate of mental health disorders that have been linked back to the discriminatory practices associated with inaccurate or incomplete classification of gender identity. Deemed minority stress by Meyer (2003), increased and prolonged exposure to conflict and stressors create a hostile environment that further induces stigmatization and negatively impacts sense of self. Their minority status often conflicts with the paradigm outlined by the dominant culture in various areas. The experience, and even the expectation, of prejudicial events, including feeling forced to conceal or alter one's gender identity, has the potential to induce mental or somatic disturbances and calls into question the validity and generalizability of data interpretation (Meyer, 2003).

The minority stress model highlights the operations and procedures of a society that creates stigma, stress, and isolation through the lens of a minority population. This stigmatization, direct or perceived, has the ability to result in feelings of rejection, discrimination, and diminishment of self, amongst the transgender population. Meyer's (2018) model of minority stress draws from various psychological and sociological theories and cites three key concepts as they relate to the impact on self; minority stressors are unique to a minority group, they are chronic (often pervasive beliefs or actions within the dominant culture), and they are socially based (going beyond individual to institutional adaption).

Rationale

Through the inclusion of confined categories and inaccurate or incomplete representation of gender identity categories, there is an inherent microaggression that induces a higher level of stress, minority stress, that impacts the well-being of an entire population. This has also led to a clear lack of accountability surrounding the interpretation and generalization of the data for the gender expansive community, which has resulted in an overall lack of confidence in the data and

results of genderqueer studies. It is proposed in this thesis, that gender fluidity will be related to gender distress, but that this distress is due to discrimination against non-binary individuals, rather than gender fluidity itself. In addition to examining the effects of discrimination on non-cisgender individuals, it is the aim of this thesis to investigate gender identity variance within the cisgender community as well. It is proposed that even those that self-identify with the labels of male and female will show variance on measures of gender fluidity, and further, those that are more fluid in their gender identifications will be subject to greater discrimination and microaggressions. And finally, it is postulated that those who self-identify with traditional labels of male or female but score higher on gender fluidity will appear less healthy than those who choose a non-cisgender label to describe themselves on a variety of identity and adjustment measures, including identity distress, pathological identity, and internalizing symptoms. Thus, issues of gender identity discrimination and its effects are not just limited to the non-binary minority of the population but apply to many cisgender people as well.

Hypotheses

- 1) Individuals who identify as non-cisgender will reflect higher rates of identity distress and internalizing symptoms than those who identify as cisgender.
- 2) When controlling for gender discrimination, gender fluidity will no longer be related to higher rates of identity distress and internalizing symptoms.
- 3) Respondents who identify as cisgender (male or female) will still show considerable variation on a measure of gender (non-binary) identity.
- 4) Those who identify as cisgender but show higher rates of non-binary identification will report greater rates of gender-based discrimination and microaggressions than those who have lower rates of non-binary identification.

- 5) Those who identify as cisgender but show higher rates of non-binary identification will score higher than those who identify as non-cisgender on measures of identity distress, pathological identity, and internalizing symptoms.

METHODS

Participants

This study included 521 participants from the participant pool of The University of Central Florida's Psychology Department. Students enrolled in certain psychology classes (mostly General Psychology) were recruited to participate in this study for course credit. Age in the sample ranged from 18 to 63 with an average age of 19.35 and a standard deviation of 3.88. The sample was a majority female with 62% identifying as female, 36.1% male, 1.2% nonbinary, and .8% transgender. The racial/ethnic breakdown included 50.4% White, 25.2% Hispanic or Latino, 8.5% Asian or Pacific Islander, 8.1% Black, and 7.9% Mixed or Other. The grade breakdown was 66.4% freshmen, 14.4% sophomores, 10.7% juniors, 6.9% seniors, and 1.5% other.

Measures

A *Demographic Questionnaire* inquired about participant age, ethnicity, year in college, sexuality, and gender identification. Two questions were used to assess gender: How do you prefer to identify your gender? Do you openly live your life as your self-identified gender? And one open ended question was used to assess sexuality: How do you prefer to identify your sexuality?

Genderqueer Identity Scale (McGuire et al., 2018). The Genderqueer Identity Scale (GQI) contains a total of twenty-three statements spread across four subscales (challenging the binary, social construction, theoretical awareness, and gender fluidity). Each question is rated on a 7-point Likert Scale (strongly disagree, disagree, slightly disagree, unsure, slightly agree, agree, strongly agree). Cronbach's alpha has been reported to fall within acceptable range; challenging the binary from .74 to .82, social construction from .61 to .85, theoretical awareness

from .77 to .89, and gender fluidity from .70 to .88 (McGuire et al., 2018). The scale was shown to have similar reliability in the current study with a Cronbach's alpha of .70 for challenging the binary, .61 for social construction, .84 for theoretical awareness, and .68 for gender fluidity.

Gender Identity Scale (Ho & Mussap, 2019) questionnaire. The Gender Identity Scale (GIS) contains a set of three identifiers (Female/Woman/Girl, Male/Man/Boy, Other Gender(s)) for respondents to rate on a 5-point Likert Scale (Not at all, A little bit, Somewhat, Mostly, Completely). Ho and Mussap (2019) used a latent class analysis of responses to identify seven gender classes, which were consistent with their participants' gender designations.

Gender Minority Stress and Resilience (Testa et al., 2014). The Gender Minority Stress and Resilience (GMSR) measure contains 58 statements across nine subscales (gender related discrimination, gender related rejection, gender related victimization, non-affirmation of gender identity, internalized transphobia, pride, negative expectations of the future, nondisclosure, and community connectedness) rated on a 5-point Likert Scale (Never, Rarely, Occasionally, Often, Very Often). The current study only utilized the first five subscales. Cronbach's alpha indicates satisfactory reliability across all nine subscales; .61, .71, .77, and .93 respectively (Testa, et al., 2014). Cronbach's alpha across the subscales for the current study was: .86, .88, .80, .88.

Gender Identity Microaggression Scale (Nadal, 2018). The Gender Identity Microaggression Scale (GIMS) measures microaggressions across five subscales (denial and gender identity, misuse of pronouns, invasion of bodily privacy, behavioral discomfort, and denial of societal transphobia) with 14 distinct items. A five-point Likert scale was utilized for each item (Never, Rarely, Occasionally, Often, Very Often). There is acceptability in the total Cronbach's alpha score of .76; with subscale alphas of .67, .70, .65, .60, and .71, respectively (Nadal, 2018). In this study, the Cronbach's alpha for the total score was found to be .92.

Identity Distress Survey (Berman et al., 2004). The Identity Distress Survey (IDS) is used to identify and assess an individual's distress and discomfort in the process of identity development utilizing a 10-item measure covering seven domains: religion, sexual orientation, goals, career choices, values, group affiliation, and friendship. The first nine items are rated on a 5-point Likert scale (None at all, Mildly, Moderately, Severely, Very Severely), while the final item is identified on a time interval using a 5-point scale ranging from "never or less than a month" to "more than 12 months." This survey has demonstrated convergent validity with other measures of identity development and reports an internal consistency of .84 and a test-retest reliability of .82 (Berman et al., 2004). In this study the average identity distress rating was found to have a Cronbach's alpha of .80.

Self-concept and Identity Measure (Kaufman et al., 2014). The Self-concept and Identity Measure (SCIM) incorporates 30 statements by which to assess the respondent's dimensions of identity (both healthy and unhealthy) via a self-reported rating on a 7-point Likert scale (strongly disagree, disagree, slightly disagree, unsure, slightly agree, agree, and strongly agree). Scores for the SCIM were found to have a test-retest reliability of .93 and high internal consistency of .89; with subscale (consolidated identity, unstable identity, lack of identity) alphas of .84, .73, and .87 respectively (Kaufman et al., 2014). In this study, the alphas were found to be .82 for consolidated, .86 for unstable, and .91 for lack.

Brief Symptom Index-18 (Derogatis, 2000). The Brief Symptom Index -18 (BSI-18) is a self-report measure that evaluates three key dimensions (depression, anxiety, and somatization) through 18 distinct items. The measure provides a summation of symptoms and their corresponding intensity rated on a Likert scale from 1 to 5 (not at all, a little bit, moderately, quite a bit, extremely) for a specific interval (the last seven days). Internal consistency reliability

has been reported to be good, with the Cronbach's alpha calculated as .89 (Derogatis, 2000). The reliability was found to be similar in the current study, with a Cronbach's alpha of .93.

Procedure

The project was first sent to the University of Central Florida's Institutional Review Board (IRB) for approval of the study. Following approval from the IRB, it was submitted to the UCF Psychology Participant Recruitment System (SONA) for review and approval. Participants were recruited through SONA. The SONA system is commonly utilized to recruit and encourage participation of UCF students who wish to participate in academic research. SONA allows a student to track and receive SONA credit hours for their participation. Participants enrolled in courses that require research participation receive credit for completing the survey. Sometimes SONA credits are required coursework for a class. Other times it may not be required, but encouraged, and as such, remuneration in the form of extra credit is provided by a professor. The amount of credit the participant received was determined by the SONA guidelines. Alternative assignments were given to students who wished to receive the same credit but did not want to participate in research. Following the participants' reading of the Explanation of Research, those who decide they want to participate were directed to the survey. Students that did not wish to participate were redirected to the end of the survey where no data was collected, and no credit was awarded. The surveys were administered anonymously and online through Qualtrics.

RESULTS

Preliminary and Descriptive Analyses

Preliminary and descriptive analyses on study variables were conducted including range, mean, and standard deviation for all study variables (See Table 1). Gender and ethnic differences on each measure were investigated via a 3 (gender) by 5 (ethnicity) Multiple Analysis of Variance (MANOVA) with scores on all the survey scales as the dependent measures. The overall model was significant for gender, $F_{(11, 491)} = 24.21, p < .001$, ethnicity, $F_{(11, 493)} = 4.61, p < .001$, and the interaction, $F_{(11, 495)} = 4.54, p < .001$. The Non-Binary (NB) group scored significantly higher than self-identified males and females on gender fluidity, viewing gender as a social construction, challenging the binary, gender identity stress, and experience of gender identity microaggressions. On gender theory awareness, NB scored significantly higher than females, who scored significantly higher than males. With regard to identity variables, NB scored significantly lower than males and females on consolidated identity, and higher on lack of identity. There was no significant difference between groups on unstable identity nor identity distress. For internalizing symptoms, NB scored significantly higher than females who scored significantly higher than males. In regard to ethnicity, individuals identifying as Hispanic scored significantly higher than those identifying as White on gender fluidity and viewing gender as a social construction, whereas both those identifying as Hispanic and those identifying as Asian scored significantly higher than those identifying as White on challenging the binary. Those identifying as Asian also scored significantly higher than those identifying as Black or Hispanic on the unstable identity subscale. Interactions for gender and ethnicity were only statistically significant for consolidated identity and experiencing gender identity microaggressions (See

Figures 1 and 2). A correlation matrix including all study variables was constructed (See Table 3).

Main Analyses

Hypothesis 1

Hypothesis 1 (Individuals who identify as non-cisgender will reflect higher rates of identity distress, and internalizing symptoms than those who identify as cisgender) was tested with a t-test. There was a significant difference in relation to internalizing symptoms, $t_{(519)} = 4.60, p < .001$, with the non-cisgender group scoring higher than the cisgender group, partially supporting hypothesis 1. Contrary to prediction, there was no significant difference between groups on identity distress.

Hypothesis 2

Hypothesis 2 (When controlling for gender discrimination, gender fluidity will no longer be related to higher rates of identity distress and internalizing symptoms) was tested with an analysis of mediation (discrimination mediates the relationship between gender fluidity and psychological adjustment) using a method described by Holmbeck (1997). This method involved 3 multiple regression analyses for each adjustment measure (identity distress and internalizing symptoms). In the first regression, gender fluidity scores were used to predict one of the two adjustment variables. In the second regression, gender fluidity scores were used to predict gender identity discrimination. In the third analysis, both gender fluidity and gender identity discrimination scores were used to predict one of the two adjustment variables. According to Holmbeck (1997), if gender fluidity significantly predicts discrimination and adjustment in the first two regressions but is no longer a significant predictor of adjustment in the third regression,

which controls for discrimination, then mediation is established. The three regression analyses were conducted for both adjustment variables (identity distress and internalizing symptoms).

First, a regression analyses was constructed with gender and age in step one, gender fluidity in step 2, and internalizing symptoms as the dependent variable. The resulting equation was significant ($F_{(3, 507)} = 18.60$; $R^2 = .10$; Adjusted $R^2 = .09$; $p < .001$) with standardized coefficient betas reaching significance for gender fluidity ($\beta = .19$; $t = 4.56$; $p < .001$) and gender ($\beta = .22$; $t = 5.13$; $p < .001$). A second regression analysis was constructed with gender and age in step one, gender fluidity in step 2, and microaggressions as the dependent variable. The resulting equation was significant ($F_{(3, 507)} = 46.07$; $R^2 = .21$; Adjusted $R^2 = .21$; $p < .001$) with standardized coefficient betas reaching significance for gender fluidity ($\beta = .41$; $t = 10.27$; $p < .001$) and gender ($\beta = .17$; $t = 4.13$; $p < .001$). A third regression analysis was constructed with gender and age in step one, gender fluidity and microaggressions on step 2, and internalizing symptoms as the dependent variable. The resulting equation was significant ($F_{(4, 506)} = 15.78$, $R^2 = .11$; Adjusted $R^2 = .10$; $p < .001$), with standardized coefficient betas reaching significance for gender ($\beta = .20$; $t = 4.61$; $p < .001$), gender fluidity ($\beta = .15$; $t = 3.13$; $p = .002$), and microaggressions ($\beta = .12$; $t = 2.52$; $p = .012$). The small reduction in significance of gender fluidity from the first regression ($p = .001$) to the third regression ($p = .002$) does not appear sufficiently large enough to assert a mediational role for microaggressions. Thus, this part of hypothesis 2 was not confirmed.

An additional set of regressions was run to determine if microaggressions mediated the relationship between gender fluidity and identity distress. A regression analysis was constructed with gender and age in step one, gender fluidity in step 2, and identity distress as the dependent variable. The resulting equation was significant ($F_{(3, 507)} = 6.24$; $R^2 = .04$; Adjusted $R^2 = .03$; $p <$

.001) with standardized coefficient betas reaching significance for gender fluidity ($\beta = .16$; $t = 3.65$; $p < .001$). A second regression analysis was constructed with gender and age in step one, gender fluidity in step 2, and microaggressions as the dependent variable. The resulting equation was significant ($F_{(3, 507)} = 46.07$; $R^2 = .21$; Adjusted $R^2 = .21$; $p < .001$) with standardized coefficient betas reaching significance for gender fluidity ($\beta = .41$; $t = 10.27$; $p < .001$) and gender ($\beta = .17$; $t = 4.13$; $p < .001$). A third regression analysis was constructed with gender and age in step one, gender fluidity and microaggressions on step 2, and identity distress as the dependent variable. The resulting equation was significant ($F_{(4, 506)} = 5.81$; $R^2 = .04$; Adjusted $R^2 = .04$; $p < .001$) with standardized coefficient betas reaching significance for gender fluidity ($\beta = .12$; $t = 2.46$; $p = .014$) and microaggressions ($\beta = .10$; $t = 2.10$; $p = .037$). In this case, the reduction in significance of gender fluidity from the first regression ($p < .001$) to the third regression ($p = .014$) could be interpreted as partial mediation. If it was no longer significant it would have been viewed as full mediation. Taken together, these results lend partial support to the hypothesis.

Hypothesis 3

Hypothesis 3 (Respondents who identify as cisgender (male or female) will still show considerable variation on a measure of gender (non-binary) identity), an examination of descriptive statistics and frequency distribution was conducted. Analyses of the resulting data indicated there is considerable variation among cisgender respondents in relation to gender fluidity (See Figure 3). On a scale with a possible range of 1 to 7, the actual range of scores went from a low of 1 to a high of 5.5, with a mean of 2.41 ($SD = .93$), median of 2.17, mode of 2, skewness of .70 and Kurtosis of .22, supporting this hypothesis.

Hypothesis 4

Hypothesis 4 (Those who identify as cisgender but show higher rates of non-binary identification will report greater rates of gender-based discrimination and microaggressions than those who have lower rates of non-binary identification), was tested with an independent samples t-test. Cisgender participants were broken into two groups (High or Low) based on a median split of their non-binary identification score. Hypothesis 4 was supported in that those who identified as cisgender and scored higher on non-binary identification reported greater rates of gender-based discrimination and microaggressions than those who scored lower on non-binary identification ($t_{(498)} = -4.85, p < .001$).

Hypothesis 5

Hypothesis 5 (Those who identify as cisgender but show higher rates of non-binary identification will score higher than those who identify as non-cisgender on measures of identity distress, pathological identity, and internalizing symptoms) was tested with an independent samples t-test. Hypothesis 5 was not supported. In fact, the high non-binary cisgender group scored significantly higher on consolidated identity ($t_{(260)} = 2.89; p = .004$) and lower on internalizing symptoms ($t_{(260)} = -3.60; p < .001$) than the non-cisgender group. No significant differences were found between these two groups and the hypothesis was not supported for the other categories of pathological identity (unstable identity and lacking identity).

DISCUSSION

A significant difference in internalizing symptoms among the three categories of gender (other, male, and female) was found as expected. According to Abramovich and Cleverley (2018), only 15% of self-identified non-cisgender youth ages 14 to 25 felt comfortable in discussing their physical and mental health with a healthcare provider. This hesitancy to address physical and emotional needs lends itself to an internalization that is widely represented in previous research on the disproportionate negative health outcomes, such as suicidality, depression, and anxiety, of LGBT individuals.

In the categorization of individual measures, the non-cisgender individuals scored highest in lacking identity, resiliency, and challenging the binary. As previously noted by Berman and colleagues (2004), there are higher rates of diagnosis for identity disorders in the moratorium group than among any other. As this sample population consists of college age individuals who have yet to solidify their identity and gender, this coincides with what the results bared. This can also be seen in that non-cisgender individuals showed a higher rate of challenging the binary than self-identified males and females, which conforms to the idea that identities in flux will have more variation and fragmentation than those with a foreclosed identity.

Unforeseen results between gender and ethnicity showed the highest rate of challenging the binary for Hispanic and Asians, with whites being lowest. As existing literature has shown, these two ethnicities tend toward a non-individualized identity and therefore, these results were intriguing. One assumption is that this result is due to the low number of Hispanic and even lower number of Asian participants, which perhaps skewed the analysis for this study.

As previously mentioned, a higher rate of internalizing symptoms for non-cisgender participants was expected and supported by data. However, there was not a significant result for

identity distress, which was unexpected. However, it must be noted that the means trended toward non-cisgender being higher than cisgender participants. This result may be due, at least in part, to the uneven disbursement of participants ($n = 21$ non-cisgender; $n = 500$ cisgender).

It was theorized that the gender fluidity would be related to internalizing symptoms and identity distress because gender fluid individuals often face microaggressions and discrimination. Controlling for this factor did not eliminate the association between gender fluidity and identity distress, although it did somewhat diminish the association between gender fluidity and internalizing symptoms. Clearly there are other factors that might account for these relationships in addition to microaggressions and discrimination. Future studies seem warranted to determine why gender fluidity is associated with identity distress and internalizing symptoms.

The confirmation that there is a discernable rate of variation among cisgender individuals and their gender fluidity was expected. As McGuire and colleagues (2019) noted in their research, fluidity of gender is prominently expressed, but not relegated only to non-cisgender individuals. The concept of non-static gender expression is not unique to these two studies; the main concept of most LGBTQ literature that purports to study gender fluidity supports the idea that gender as an identity is a variable construct and not a rigid binary as cultural standards of past generations have typically maintained.

Cisgender participants that showed higher rates of gender fluidity and non-binary scores on measures were also more likely to report microaggressions and gender-based discrimination. As with non-binary and non-conforming gender identities, a variation of socialized gender norms can create situations where binary social rules that are violated can result in uncomfortable situations or outright open hostility aimed at the offending individual. As political and cultural ideas shift in the west, there is an expectation of discomfort among some of the population that

will push back, intended or not, on roles and forms of expressions that push boundaries; this can be perceived as a somewhat normal human reaction to change.

Additionally, it was hypothesized that the same self-identified cisgender individuals who scored high on non-binary identification would score higher on identity distress, unstable and lack of identity, and internalizing symptoms, than those who self-identified as non-cisgender. The rationale being that the non-cisgender participants would, at least partially, present with a consolidated identity and experience less uncertainty and acceptance of their gender expression and self-understanding. Kaufman et al. (2014) found that those high in identity confusion, which corresponds with Berman and colleagues (2004) measure of identity distress, produced uncertainty and discontinuity amongst individuals which resulted in higher rates of internalizing symptoms. This may be due to the inability to acknowledge, share, or accept a gender variation to themselves or others at this point in time. However, this was not the case. The self-identified cisgender individuals who scored high on non-binary identification actually scored lower on internalizing symptoms and higher on consolidated identity than those who self-identified as non-cisgender. This lack of identity confusion implies they feel comfortable identifying as cisgender, while still having a playful or experimental relationship with their overall gender expression. Such attitudes may be an expression of lived experience or developed personality.

Limitations of the Study and Future Research

As with every other research that is conducted, this study also had limitations that should be discussed. The sample was drawn from a large university pool of students. In addition to the normal limitations this pool consists of, many participants were motivated not by personal or scholarly interest, but rather by the promise of extra credit for their respective courses. This can affect the time and effort a respondent puts into their survey responses.

Additionally, this study was aimed at understanding the mental health, experienced microaggressions, and overall gender experience of non-conforming individuals. However, the respondents were dramatically skewed toward the cisgender population. With such an imbalance in respondents, it is practical to assume that there may be resulting data that is incomplete or inaccurate as generalized to the population at large.

Future research should include a comparison among generational differences; as the level of acceptance, personal and social, has dramatically shifted from one generation to the next in regard to gender identity and expression. It would be beneficial to further review the interaction across age and ethnicity, as there is bound to be a variation due to cultural and generational influence.

Finally, it should be noted that all the analyses are correlational so causal assumptions should not be made. It is informative to document group differences in psychological adjustment but understanding why these differences are occurring requires a deeper level of investigation. Longitudinal studies could be helpful in this regard.

Despite these limitations, the results of this thesis contribute to our understanding of both non-binary and cisgender individuals.

Appendix A: IRB Approval Letter



UNIVERSITY OF CENTRAL FLORIDA

Institutional Review Board

FWA00000351
IRB00001138, IRB00012110
Office of Research
12201 Research Parkway
Orlando, FL 32826-3246

EXEMPTION DETERMINATION

August 24, 2020

Dear Steven Berman:

On 8/24/2020, the IRB determined the following submission to be human subjects research that is exempt from regulation:

Type of Review:	Initial Study
Title:	Gender Identity and Discrimination
Investigator:	Steven Berman
IRB ID:	STUDY00002124
Funding:	None
Grant ID:	None
Documents Reviewed:	<ul style="list-style-type: none"> • HRP-254-FORM Explanation of Research (39) Coco.pdf, Category: Consent Form; • HRP-255-FORM- Request for Exemption_Coco.docx, Category: IRB Protocol; • Surveys_Coco.docx, Category: Survey / Questionnaire;

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made, and there are questions about whether these changes affect the exempt status of the human research, please submit a modification request to the IRB. Guidance on submitting Modifications and Administrative Check-in are detailed in the Investigator Manual (HRP-103), which can be found by navigating to the IRB Library within the IRB system. When you have completed your research, please submit a Study Closure request so that IRB records will be accurate.

Due to current COVID-19 restrictions, in-person research is not permitted to begin unless you are able to follow the COVID-19 Human Subject Research (HSR) Standard Safety Plan with permission from your Dean of Research or submitted your Study-Specific Safety Plan and received IRB and EH&S approval. Be sure to monitor correspondence from the Office of Research, as they will communicate when restrictions are lifted, and all in-person research can resume.

If you have any questions, please contact the UCF IRB at 407-823-2901 or irb@ucf.edu. Please include your project title and IRB number in all correspondence with this office.

Sincerely,

Kamille C. Birkbeck

Kamille Birkbeck Designated Reviewer

Appendix B: Explanation of Research



UNIVERSITY OF
CENTRAL FLORIDA

EXPLANATION OF RESEARCH

Title of Project: Gender Identity, Discrimination, and Adjustment Among College Students

Principal Investigator: Dr. Steven L. Berman

Co-Principal Investigator: Nicole Coco

You are being invited to take part in a research study. Deciding if you would like to take part is up to you.

The purpose of this research is to explore the links between gender identity, experienced discrimination, and adjustment among college students. You will be asked to complete a survey through the SONA system for course credit. The expected duration of your participation is approximately 30 minutes to complete the survey.

No personal information will be collected beyond the basic demographic information collected at the beginning of the survey. If you are not eligible to complete this survey, contact your professor to discuss alternative options for credit.

Your participation in this study is voluntary. You are free to withdraw your consent and discontinue participation in this study at any time without prejudice or penalty. Your decision to participate or not participate in this study will in no way affect your relationship with UCF, including continued enrollment, grades, employment or your relationship with the individuals who may have an interest in this study.

You must be 18 years of age or older to take part in this research study.

ATTENTION: This survey contains questions that may cause you to reflect on past emotional events. If answering these questions has caused you to experience any kind of distress or made you feel uncomfortable in any way, please visit the UCF Counseling and Psychological Services at <https://caps.sdes.ucf.edu/> or call them directly at (407) 823-2811.

Study contact for questions about the study or to report a problem: If you have questions, concerns, or complaints please contact Nicole Coco, at ncoco@knights.ucf.edu or Dr. Steven Berman, Faculty Supervisor, Department of Psychology, at steven.berman@ucf.edu or (407) 708-2827.

IRB contact about your rights in this study or to report a complaint: If you have questions about your rights as a research participant, or have concerns about the conduct of this study, please contact Institutional Review Board (IRB), University of Central Florida, Office of Research, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901, or email irb@ucf.edu.

Appendix C: Descriptive Statistics

Table 1: Descriptive Statistics

	Mean	SD	Minimum	Maximum
Challenge Binary	1.60	.88	1.00	6.80
Social Construction	3.04	1.07	1.00	7.00
Theory Awareness	4.07	1.48	1.00	7.00
Gender Fluidity	2.49	1.01	1.01	6.33
Resilience	1.10	.32	1.00	4.04
Microaggressions	1.09	.31	1.00	4.21
Identity Distress	2.17	.76	1.00	5.00
Consolidated Identity	5.50	.90	1.60	7.00
Unstable Identity	2.92	1.11	1.00	7.00
Lacking Identity	2.52	1.41	1.00	7.00
Internalizing Symptoms	.76	.72	.00	4.00

Appendix D: Figures

Figure 1: Sex by Ethnic Interaction for Consolidated Identity

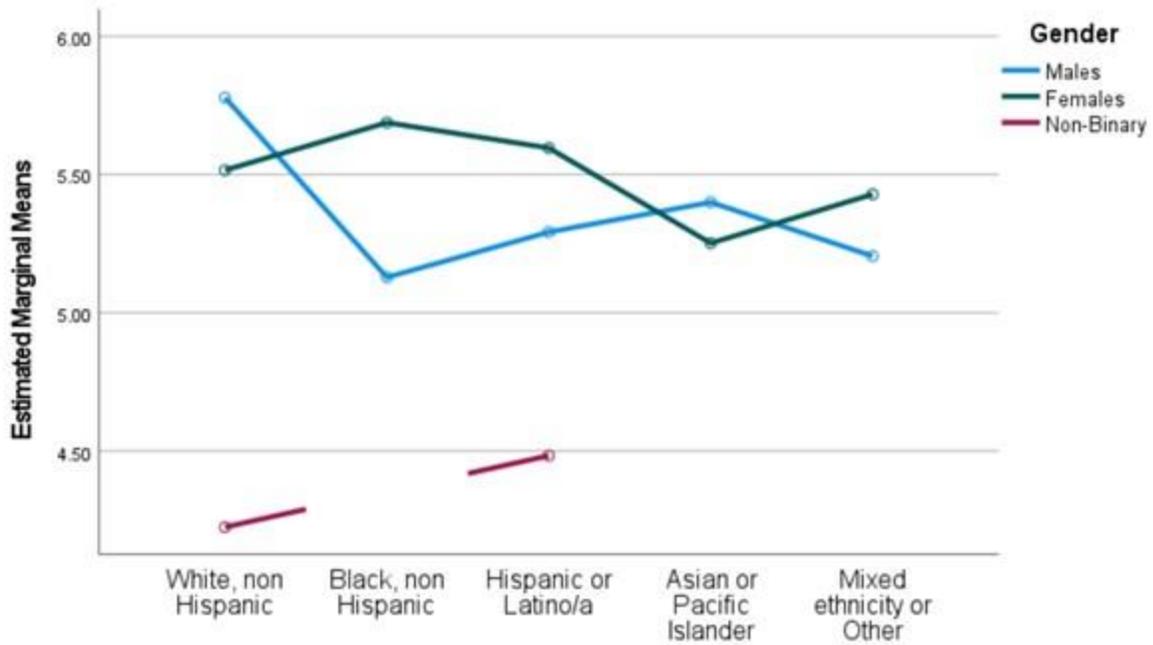
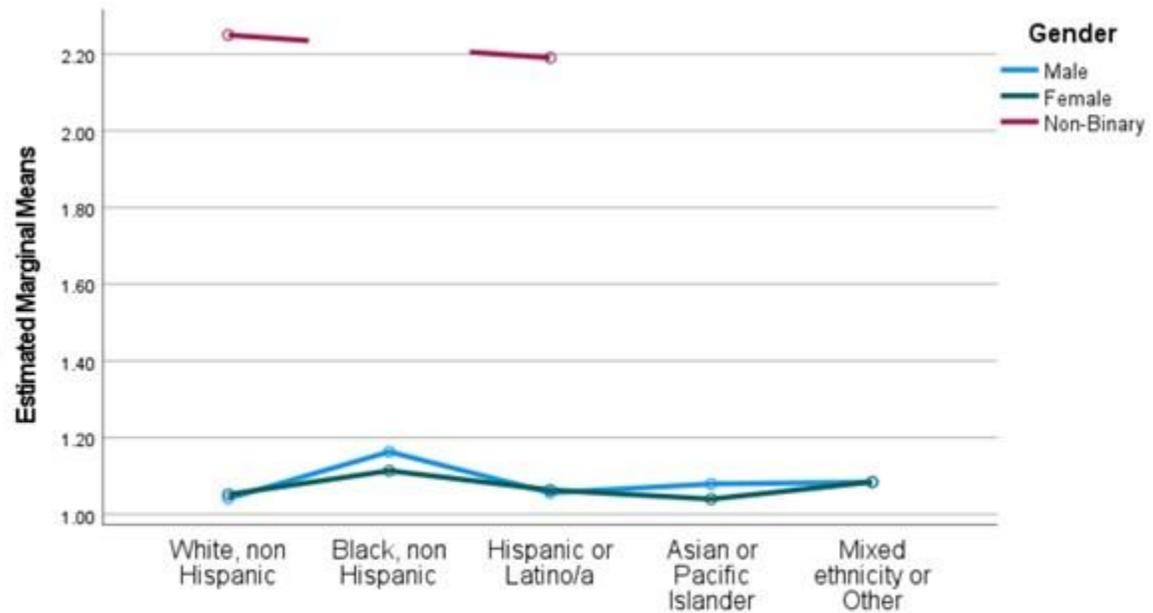


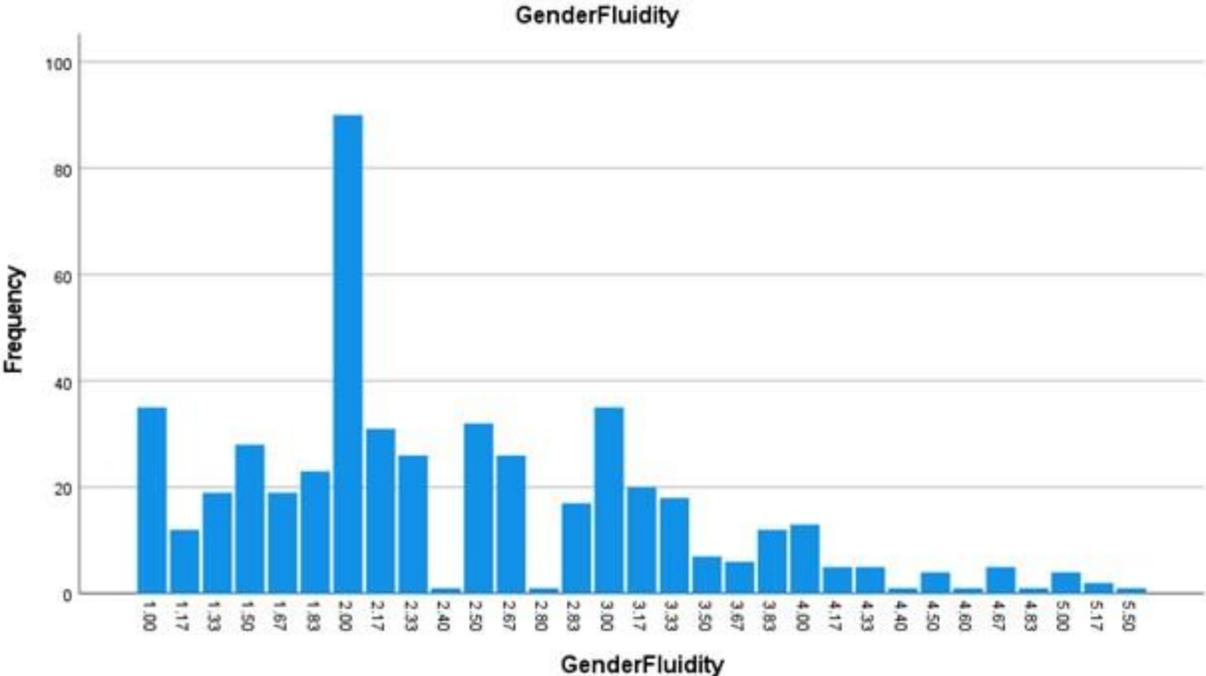
Figure 1. Gender by Ethnicity Interaction for Consolidated Identity

Figure 2: Sex by Ethnic Interaction for Microaggressions



Gender by Ethnicity Interaction for Experience of Gender Identity Microaggressions

Figure 3: Gender Fluidity among Cisgender Participants



Appendix E: Frequencies

Table 2: Frequencies

Gender	<i>N</i>	%
Male	185	35.2
Female	316	60.1
Nonbinary	7	1.3
Transgender Male	3	.6
Transgender Female	1	.2
Agender	1	.2
Gender Fluid	1	.2
Pangender	1	.2
(Question Skipped)	11	2
Total	526	100

Appendix F: Correlational Matrix

Table 3: Correlation Matrix

	1	2	3	4	5	6	7	8	9	10	11
1. Age	-										
2. Challenge Binary	-.03*	-									
3. Social Construction	.08	.50**	-								
4. Theory Awareness	.07	.36**	.44**	-							
5. Gender Fluidity	-.02	.58**	.48**	.30**	-						
6. GMSR Average	.00	.46**	.34**	.23**	.41**	-					
7. GIMS Average	-.03	.46**	.33**	.26**	.42**	.88**	-				
8. Average Distress Rating	-.07	.17**	.12*	.18**	.19**	.16**	.16**	-			
9. Consolidated	.03	-.32**	-.29**	-.24**	-.35**	-.21**	-.20**	-.27**	-		
10. Unstable	-.12*	.26**	.24**	.11*	.28**	.14**	.18**	.34**	-.27**	-	
11. Lack	-.04	.31**	.27**	.19**	.36**	.21**	.19**	.41**	-.57**	.65**	-
12. Global Severity Index	-.04	.30**	.27**	.28**	.23**	.23**	.24**	.41**	-.41**	.34**	.57**

Note: * $p < .01$, ** $p < .001$.

Appendix G: Survey

DEMOGRAPHIC QUESTIONNAIRE:

AGE: Type your age

EDUCATION: Indicate year in school

- Freshman
- Sophomore
- Junior
- Senior
- Non-degree Seeking
- Graduate Student
- Other (explain)

ETHNICITY: Select the ethnic/racial identifier that best describes you:

- White, non-Hispanic
- Black, non-Hispanic
- Hispanic or Latino/a
- Asian or Pacific Islander
- Native American or Alaskan Native

Mixed ethnicity or Other (Specify): _____

How do you prefer to identify your gender? (For example, male, female, nonbinary, transgender [male], transgender [female], etc.): Type your response

Do you openly live your life as your self-identified gender?

- Yes
- No
- I do not know

How do you prefer to identify your sexuality? (For example, gay, straight, bisexual, homosexual, heterosexual, asexual, questioning, etc.)

GENDERQUEER IDENTITY SCALE:

The statements below are about your gender identity and expression. Please indicate to what degree you agree with each statement.

1	2	3	4	5	6	7
Strongly disagree	Disagree	Somewhat disagree	Unsure	Somewhat agree	Agree	Strongly Agree

1. I am nonbinary, genderqueer, or an identity other than male or female.
2. I don't want to be seen in the gender binary (as either male or female).
3. I try to deliberately confuse people about whether I am male or female.
4. I try to do things that are masculine and feminine at the same time.
5. I enjoy it when people are not sure if I am male or female.

The statements below are about how you understand your gender. Please indicate to what degree you agree with each statement.

6. The way I think about my gender has always been the same.
7. My gender comes naturally from within me.
8. My gender is something I have spent a lot of time figuring out.
9. The way I show my gender changes depending on who I am with.
10. The way I think about my gender has been influenced by experiences in my life.
11. The way I think about my gender will probably continue to change further as I age.

The statements below are about your political and theoretical awareness of gender. Please indicate to what degree you agree with each statement.

12. I have done research about gender theory and gender roles.
13. I try to convince others that society should not insist on a gender binary.
14. I try to convince others that society expects people to be too gender conforming.
15. Around me, I make sure people are free to express whatever gender roles they want.
16. The way I show my gender is important because I push society to question traditional gender roles.
17. I encourage others to be more open minded about gender and gender roles.

The statements below are about how fluid you think your gender will be in the future. Please indicate to what degree you agree with each statement.

18. In the future, my gender expression will be traditional.
19. In the future, it will upset me if people misgender me.
20. The way I show my gender will probably be mostly the same from day to day.
21. In the future, I expect that people will rarely question my gender.
22. In the future, I think my gender will be fluid or change over time.
23. I will have a non-traditional gender role (be gender non-conforming).

GENDER IDENTITY SCALE:

To what extent do you identify with each of the following genders?

	0 Not at all	1 A little bit	2 Somewhat	3 Mostly	4 Completely
Female / Woman / Girl					

Male / Man / Boy					
Other Gender(s)					

GENDER MINORITY STRESS AND RESILIENCE MEASURE:

In this survey gender expression means how masculine/feminine/androgynous one appears to the world based on many factors such as mannerisms, dress, personality, etc. Please indicate how much you agree with the following statements.

1	2	3	4	5
Never	Rarely	Occasionally	Often	Very Often

1. I have had difficulty getting medical or mental health treatment (transition-related or other) because of my gender identity or expression.
2. Because of my gender identity or expression, I have had difficulty finding a bathroom to use when I am out in public.
3. I have experienced difficulty getting identity documents that match my gender identity.
4. I have had difficulty finding housing or staying in housing because of my gender identity or expression.
5. I have had difficulty finding employment or keeping employment, or have been denied promotion because of my gender identity or expression.
6. I have had difficulty finding a partner or have had a relationship end because of my gender identity or expression.
7. I have been rejected or made to feel unwelcome by a religious community because of my gender identity or expression.
8. I have been rejected by or made to feel unwelcome in my ethnic/racial community because of my gender identity or expression.
9. I have been rejected or distanced from friends because of my gender identity or expression.
10. I have been rejected at school or work because of my gender identity or expression.
11. I have been rejected or distanced from family because of my gender identity or expression.
12. I have been verbally harassed or teased because of my gender identity or expression. (For example, being called “it”)
13. I have been threatened with being outed or blackmailed because of my gender identity or expression.
14. I have had my personal property damaged because of my gender identity or expression.
15. I have been threatened with physical harm because of my gender identity or expression.
16. I have been pushed, shoved, hit, or had something thrown at me because of my gender identity or expression.
17. I have had sexual contact with someone against my will because of my gender identity or expression.
18. I have to repeatedly explain my gender identity to people or correct the pronouns people use.
19. I have difficulty being perceived as my gender.

20. I have to work hard for people to see my gender accurately.
21. I have to be “hypermasculine” or “hyperfeminine” in order for people to accept my gender.
22. People don’t respect my gender identity because of my appearance or body.
23. People don’t understand me because they don’t see my gender as I do.

GENDER IDENTITY MICROAGGRESSIONS SCALE:

Please indicate to what degree you agree with each statement.

1	2	3	4	5
Never	Rarely	Occasionally	Often	Very Often

1. A loved one (e.g., family or friend) has told me that my gender nonconformity is just a phase.
2. Someone told me that my transgender identity or my gender nonconformity was just a phase
3. I was told that I made a family member uncomfortable because of my gender nonconformity or transgender identity.
4. LGB people have told me that my gender nonconformity is just a phase
5. Strangers and acquaintances have called me by the wrong personal pronoun.
6. A loved one (e.g. friend or family) has called me by the wrong personal pronoun.
7. Someone wanted to engage in a sexual act with me only because –0.05 they view transgender people as exotic.
8. Someone (e.g., family, friend, co-worker) has asked me personal questions about gender reassignment...
9. Someone (e.g., family, friend, coworker) has asked me if I feel like I’m trapped in the body of another sex.
10. Someone avoided sitting next to me in a public or government setting (e.g., DMV, courthouses, libraries).
11. Someone avoided sitting next to me at a bar or restaurant because I am gender nonconforming.
12. My employer or co-worker was unfriendly to me because I dress gender nonconforming.
13. I was told that I complain too much about societal discrimination against gender nonconforming people.
14. I was told that I complain too much about how people react to my gender nonconformity.

IDENTITY DISTRESS SURVEY:

To what degree have you recently been upset, distressed, or worried over any of the following issues in your life? (Please select the appropriate response, using the following scale).

1	2	3	4	5
None at all	Mildly	Moderately	Severely	Very Severely

1. Long term goals? (e.g., finding a good job, being in a romantic relationship, etc.)

2. Career choice? (e.g., deciding on a trade or profession, etc.)
3. Friendships? (e.g., experiencing a loss of friends, change in friends, etc.)
4. Sexual orientation and behavior? (e.g., feeling confused about sexual preferences, intensity of sexual needs, etc.)
5. Religion? (e.g., stopped believing, changed your belief in God/religion, etc.)
6. Values or beliefs? (e.g., feeling confused about what is right or wrong, etc.)
7. Group loyalties? (e.g., belonging to a club, school group, gang, etc.)
8. Please rate your overall level of *discomfort* (how bad they made you feel) about all the above issues as a whole.
9. Please rate how much uncertainty over these issues as a whole has interfered with your life (for example, stopped you from doing things you wanted to do, or being happy)
10. How long (if at all) have you felt upset, distressed, or worried over these issues as a whole? (Use rating scale below)

1	2	3	4	5
Never or less than a month	1 to 3 months	3 to 6 months	6 to 12 months	More than 12 months

SELF-CONCEPT IDENTITY MEASURE (SCIM):

For the following 30 statements, please decide how much you agree or disagree with each, using the following scale.

1	2	3	4	5	6	7
Strongly disagree	Disagree	Slightly disagree	Unsure	Slightly agree	Agree	Strongly Agree

1. I know what I believe or value
2. When someone describes me, I know if they are right or wrong
3. When I look at pictures from my childhood I feel like there is a thread connecting my past to now
4. Sometimes I pick another person and try to be just like them, even when I'm alone
5. I know who I am
6. I change a lot depending on the situation
7. I like who I am most of the time
8. I have never really known what I believe or value
9. I feel like I am someone else instead of myself
10. I feel like a puzzle and the pieces don't fit together
11. I am good
12. I imitate other people instead of being myself
13. I feel whole
14. I have been interested in the same types of things for a long time
15. I am so different with different people that I'm not sure which is the "real me"
16. I am broken
17. When I remember my childhood I feel connected to my younger self
18. I feel lost when I think about who I am
19. At least one person sees me for who I really am
20. I always have a good sense about what is important to me

21. I am so similar to certain people that sometimes I feel like we are the same person
22. I am basically the same person that I've always been
23. I feel empty inside, like a person without a soul
24. My opinions can shift quickly from one extreme to another
25. I no longer know who I am
26. I am more capable when I am with others than when I am by myself
27. No one knows who I really am
28. I try to act the same as the people I'm with (interests, music, dress) and I change that all the time
29. I am only complete when I am with other people
30. The things that are most important to me change pretty often

Brief Symptom Index -18 (BSI-18):

Below is a list of problems people sometimes have. Read each one carefully and fill in the circle that best describes HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY.

1	2	3	4	5
Not at all	A little bit	Moderately	Quite a bit	Extremely

1. Faintness or dizziness
2. Feeling no interest in things
3. Nervousness or shakiness inside
4. Pains in heart or chest
5. Feeling lonely
6. Feeling tense or keyed up
7. Nausea or upset stomach
8. Feeling blue
9. Suddenly scared for no reason
10. Trouble getting your breath
11. Feelings of worthlessness
12. Spells of terror or panic
13. Numbness or tingling in parts of your body
14. Feeling hopeless about the future
15. Feeling so restless you couldn't sit still
16. Feeling weak in parts of your body
17. Thoughts of ending your life
18. Feeling fearful

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