Minority Stress and Psychological Distress Among Asexual Transgender and Gender Nonconforming Individuals
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ABSTRACT. The presence of minority stress has been well-documented among members of the transgender and gender nonconforming community, as has the effect of minority stress on their psychological distress. Little attention has been given to transgender and gender nonconforming people who identify as asexual. This study examined the relationships among minority stressors and psychological distress among individuals holding the intersecting identities of transgender and gender nonconforming and asexual. Data were collected from 300 adults using various listservs and social media platforms. It was hypothesized that all minority stressors assessed would predict psychological distress. However, multiple regression results revealed that only vigilance (β = .22, p < .001) and gender expression minority stress (β = .24, p < .001) were significant positive predictors of psychological distress, F(11, 258) = 10.21, p < .001, f² = .43; the overall model accounted for approximately 30% (R² = .30) of the total variance in psychological distress. Implications for practice and research are discussed.

Keywords: transgender, gender nonconforming, asexual, minority stress, psychological distress

Despite increasing gender and sexual minority research, relatively little research has been conducted on individuals with intersectional sexual and gender minority identities (Vincent, 2018). Intersectionality theory deals with understanding people of intersecting marginalized identities and identifying their "unique vulnerability to converging systems of domination" (Crenshaw, 1995, p. 367). Those who are asexual and transgender and gender nonconforming (TGNC) hold an intersectional identity as a gender minority and a sexual minority. Asexual people experience divergent amounts of sexual attraction relative to allosexual (nonasexual) individuals or have an absence of sexual attraction (Chasin, 2011); they often face a negative social context, systemic oppression, and devaluation (Decker, 2015; MacInnis & Hodson, 2012). Similarly, transgender, gender nonconforming (TGNC) people struggle with a profoundly negative social context through stigma and discrimination connected to their gender identity (Bockting et al., 2013; James et al., 2016). These experiences are consistent with minority stress frameworks that show higher stigmatizing experiences among sexual and gender minority individuals (Meyer, 2003; Testa et al., 2015). Meyer's (2003) minority stress theory suggested that added psychological stress could lead to psychological dysfunction. Minority stress can be distal and can occur through various external events, such as societal stigma, prejudice, and violence. Minority stress can also be proximal and occur through various internal events, such as identity concealment and hypervigilance. When external stressors are experienced, proximal stress via processes, such as internalization via rumination or isolation, can lead to mental health issues (Sarno et al., 2020). Although empirical findings supporting minority stress were initially derived from studies on gay men, the model was expanded to include lesbians and gay men...
Because of the importance of using an intersectional distal stressors relative to allosexual individuals and showed that proximal stressors might be higher than quantitative research on asexual TGNC individuals in isolation (Mink et al., 2014). Because the only existing forms of stigma and discrimination, the effects with multiple stigmatized identities may experience symptoms and higher suicidal ideation. Individuals (e.g., higher rates of depressive, anxious, and somatic difficulties. The asexual young adult and adolescent participants in the study by McInroy et al. (2020) also had poorer mental health than their allossexual peers (e.g., higher rates of depressive, anxious, and somatic symptoms and higher suicidal ideation). Individuals with multiple stigmatized identities may experience various forms of stigma and discrimination, the effects of which cannot be understood by studying each identity in isolation (Mink et al., 2014). Because the only existing quantitative research on asexual TGNC individuals showed that proximal stressors might be higher than distal stressors relative to allossexual individuals and because of the importance of using an intersectional approach, it was important to assess proximal and distal stressors in this study that could be especially salient in the asexual TGNC community based on the literature. Isolation, vigilance, harassment & discrimination, gender expression minority stress, and violence seem to be the most salient minority stressors based on the literature for asexual (Brotto et al., 2010; Dawson et al., 2018; MacInnis & Hodson, 2012; Vares, 2017), TGNC (Bockting et al., 2013; Grant et al., 2011; Hendricks & Testa, 2012; James et al., 2016), and asexual TGNC individuals (Cuthbert, 2019; McInroy et al., 2020).

The Current Study

Informed by the concepts of intersectionality and minority stress theory, and based on previous sexual and gender minority research (Bockting et al., 2013; Brennan et al., 2017; Hendricks & Testa, 2012; Lefevor et al., 2019; McInroy et al., 2020), each minority stressor (gender expression, proximal [vigilance and isolation], and distal [harassment & discrimination and victimization]) minority stressors) was hypothesized to be positively associated with psychological distress in asexual TGNC individuals.

Methods

Study Design and Procedures

The Michigan School of Psychology Institutional Review Board reviewed and approved the study materials and procedures (Protocol #210901). A convenience sample of participants was collected during the height of the omicron surge of the COVID-19 pandemic. Due to the sensitive nature of sexual and gender minority research, previous research has highlighted the importance of confidentiality associated with recording internet-based survey responses at one point in time (Woodford et al., 2018). Therefore, online surveys (hosted by Qualtrics) were conducted. Participants were recruited from email listservs of LGBTQIA community centers and online platforms, such as Facebook, Reddit, and Asexual Visibility and Education Network web forums. Upon accessing the online survey, participants were provided with informed consent information and asked if they identified as (a) asexual, (b) TGNC, (c) lived in the United States, (d) were fluent in English, and (e) were 18 years of age or older. Participants who affirmed that they met the study criteria and consented to participate were directed to a survey introduction and were then prompted to respond to the survey items. Across the entire dataset, only 1% had missing data on the psychological distress and minority stress questionnaires. Of that 1%, the percentage of missing data was 53.12%, beyond the threshold value of 10% of missing data identified by Bennet et al. (2001). Therefore, these participants were excluded from the study.
Participants
A total of 300 participants met the inclusion criteria and completed the survey between October 3, 2021, and October 24, 2021. Of those who participated, 48 were transgender men (16.2%), 51 were transgender women (17.2%), and 198 were gender nonconforming individuals (66.7%). Participants ranged from 18 to 70 years old (M = 26.27, SD = 7.86). Two hundred thirty participants (77.4%) identified as White or European American, 15 (5.1%) identified as Hispanic, Latino, or Spanish origin, 14 (4.7%) identified as Black or African American, 10 (3.4%) identified as Asian, four (1.3%) identified as American Indian or Alaska Native, two (0.7%) identified as Middle Eastern or North African, and 22 (7.4%) identified as another race or ethnicity. One hundred sixty participants (51.5%) had incomes of less than $25,000, 40 (13.5%) had incomes of $25,000–$34,999, 37 (12.5%) had incomes of $35,000–$49,999, 33 (11.1%) had incomes of $50,000–$74,999, 11 (3.7%) had incomes of $75,000–$99,999, seven (2.4%) had incomes of $100,000–$149,999, and five (1.7%) had incomes of $150,000 or more. Six participants (2.0%) indicated an education level of some high school, 57 (19.2%) indicated an education level of high school, 18 (6.1%) indicated an education level of associate's degree/trade school, 103 (34.7%) indicated an education level of some college, 74 (24.9%) indicated an education level of bachelor's degree, 34 (11.4%) indicated an education level of master's degree, and four (1.3%) indicated an education level of a doctoral degree. Fifty-three participants (17.8%) had a feminine gender expression, 61 (20.5%) had a masculine gender expression, 92 (31.0%) had an androgynous gender expression, 36 (12.1%) had a genderqueer/gender nonconforming gender expression, 29 (9.8%) had a gender fluid gender expression, and 25 (8.4%) reported another gender expression not listed. Twenty-five participants (8.4%) reported a homoromantic orientation, six (2.0%) reported a heteroromantic orientation, 121 (40.7%) reported an aromantic orientation, 36 (12.1%) reported a biromantic orientation, 54 (18.2%) reported a panromantic orientation, and 50 (16.8%) reported a romantic orientation not listed. Most participants (68.0%) met Yule et al.'s (2015) cut-off score for the Asexual Identification Scale (AIS).

Measures
Asexual Identification Scale
Yule et al. (2015) developed the AIS to assess asexual identity. The AIS consists of 12 items that reflect one dimension (traits of asexuality). An example item is “I lack interest in sexual activity.” Each item is rated on a 5-point Likert scale. Higher scores suggest experiences more characteristic of people who identify themselves as asexual. A total score is used with a cut-off score of 40, with scores above 40 capturing 93% of self-identified asexual participants and scores below the cut-off capturing 95% of self-identified allosexual participants. The AIS included in the present study had good reliability with the study sample (M = 42.97, SD = 6.93; α = .74).

Support for the validity of the AIS is evidenced by an independent-samples t test showing scores on the AIS-12, which differed significantly between the groups (p < .001). Convergent validity was demonstrated with respective moderate and weak correlations with Spector et al.’s (1996) Sexual Desire Inventory, which has two subscales: Dyadic and Solitary (r = -.57, -.19). Discriminant validity was evidenced by a nonsignificant correlation with Bernstein et al.’s (1994) Childhood Trauma Questionnaire, which was used because negative sexual experiences may be construed as indicative of asexuality.

The AIS was administered as a post-hoc validation of asexual identity. Because heterogeneity within the asexual community exists and competing definitions for asexuality complicate research on this community, current researchers recommend against allowing self-identification and operationalizing the identity (Van Houdenhove et al., 2017). Praise and Graham (2007) similarly cautioned against Bogaert’s (2004) research model that included a single self-identification question about asexuality, which has questionable validity. They criticized the lack of measures of desire, attraction, and arousability and cautioned that the lack of operationalization might hinder the collection of representative samples. Therefore, Yule et al.’s (2015) Asexuality Identification Scale is recommended for researching this population and has been used in numerous studies (Brotto et al., 2015; Yule et al., 2016; Yule et al., 2017). A cut-off score greater than or equal to 40 for participants delineates who is considered asexual. Although this scale operationalizes asexuality and may improve research, the lack of allowing participants to self-identify moves in a direction opposite to that of the American Psychological Association (APA) and the field of psychology (APA, 2013; APA, 2021). Therefore, this scale was used after the survey to validate self-identification, rather than as a strict inclusion measure.

Kessler et al. (2003) Psychological Distress Scale
Kessler et al. (2003) developed the Kessler Psychological Distress Scale (K10) to assess nonspecific psychological distress among adults. An example item includes “During the last 30 days, how often did you feel tired out for no good reason?” The K10 consists of 10 items reflecting how frequently individuals have experienced symptoms of psychological distress in the past 30 days.
Each item was rated on a 5-point scale ranging from 1 (none of the time) to 5 (all of the time). Higher scores indicate experiences of people with more psychological distress and diagnosable mental illnesses. Cronbach’s alpha for the full-scale K10 was excellent and ranged from α = .92 to .93 in initial studies (Kessler et al., 2002). Researchers assessing psychological distress in American and Australian transgender individuals reported values of α = .93 and .94, respectively (Bariola et al., 2015; Tan et al., 2020). The K10 included in the present study had acceptable reliability with the study sample (M = 27.89, SD = 6.93; α = .75).

Support for the validity of the K10 has been found with adequate prediction of affective disorders from the fourth edition of the Diagnostic and Statistical Manual using Sheehan et al.’s (1998) Mini-International Neuropsychiatric Interview (MINI; Hides et al., 2007).

**Daily Heterosexist Experiences Questionnaire**
Balsam et al. (2013) developed the Daily Heterosexist Experiences Questionnaire (DHEQ) to assess minority stress among lesbian, gay, bisexual, and transgender (LGBT) adults. The DHEQ includes 50 items reflecting nine dimensions: vigilance (six items), harassment & discrimination (six items), gender expression (six items), parenting (six items), victimization (four items), family of origin (six items), vicarious trauma (six items), isolation (four items), and HIV/AIDS (six items). An example item begins with the question, “How much has this problem distressed or bothered you during the past 12 months?” and includes “difficulty finding LGBT friends.” Each item is rated on a 6-point scale ranging from 0 (did not happen/not applicable to me) to 5 (it happened, and it bothered me extremely). Higher scores indicate higher levels of minority stress. The scores on the nine subscales had internal reliabilities of α = .86, .85, .86, .83, .87, .79, .82, .76, and .79, respectively. The internal reliability of the DHEQ full-scale was α = .92. Staples et al. (2017), in a study focused exclusively on transgender individuals, reported internal reliability for the Harassment & Discrimination and Victimization subscales of α = .76 and .87, respectively. Because Balsam et al. (2013) stated that researchers can select only the subscales relevant to their research purposes, based on the stressors faced by the asexual, TGNC, and asexual TGNC community, only the scales mentioned were used in the present study. The DHEQ subscales used in the present study had acceptable reliability with the study sample for (a) harassment and discrimination (M = 1.01, SD = 1.11; α = .79), (b) victimization (M = 0.22, SD = 0.74; α = .75), (c) vigilance (M = 1.66, SD = 1.07; α = .76), and (d) gender expression minority stress (M = 1.69, SD = 1.12; α = .72). The isolation subscale used in the present study had questionable reliability with the study sample (M = 1.95, SD = 1.15; α = .65).

Support for the validity of the DHEQ is evidenced by moderate correlations with assessments of psychological distress (e.g., depression, anxiety, posttraumatic stress disorder, and perceived stress). These were measured using Andresen et al.’s (1994) 10-item Center for Epidemiological Studies Depression Scale, Kroenke et al.’s (2007) Patient Health Questionnaire-Anxiety, Weathers et al.’s (1993) PTSD Checklist Civilian Version, and Cohen et al.’s (1983) Perceived Stress Scale-Short Form (PSS-SF). Similarly, concurrent validity was supported. The DHEQ scores correlated moderately with the two general LGB discrimination queries from Mohr and Fassinger’s (2000) Outness Inventory. One of these items assessed the interference of homophobia in living a rewarding and productive life. The other item was related to how different people think their lives would be if they did not have to deal with the challenges associated with LGBT identity.

**Results**
Raw survey data was uploaded into IBM SPSS (Version 28.0) for Mac. The primary analyses used in the present study were multiple regression analyses. All assumptions for linear regression were met, and in addition to planned analyses, demographic variables (age, education, race, gender expression, romantic orientation, and SES) were analyzed as potential covariates. Summary statistics are presented in Tables 1 and 2.

**Minority Stressors and Psychological Distress**
The present study assessed whether proximal, distal, and gender expression minority stress predict psychological distress. Multiple regression analysis was conducted to test whether minority stressors predicted psychological distress (see Table 3). Specifically, vigilance was a significant positive predictor of psychological distress.
Gender expression minority stress was also a significant positive predictor of psychological distress ($\beta = 0.24$, $p < .001$). As illustrated in Table 3, none of the other minority stressors significantly predicted psychological distress.

**Discussion**

The author of the present study predicted that all types of minority stressors assessed would positively predict psychological distress. This was partially supported; the results showed that participants experienced more psychological distress when they faced more vigilance and gender expression minority stress. The results of this study support previous research on vigilance and gender expression minority stress's relationship to psychological distress in TGNC and asexual individuals (Bockting et al., 2013; Brennan et al., 2017; Hendricks & Testa, 2012; Lefevor et al., 2019; McInroy et al., 2020). A possible explanation for this is that vigilance and gender expression minority stress could be the most salient minority stressors related to psychological distress in the asexual TGNC community. This possibility is congruent with minority stress and gender minority stress theory, which suggests that internalized or proximal stressors more directly predict psychological distress than distal stressors because proximal stressors are internalized due to chronic external minority stress (Meyer, 2003; Meyer et al., 2017; Testa et al., 2015).

The salience of vigilance and gender expression minority stress in the current study could be related to previous research on vicarious discrimination/trauma. Research has indicated that vicarious trauma in gender and sexual minority communities affects vigilance even when victimization and harassment are not personally experienced because individuals exhibit heightened awareness and a sense of vulnerability associated with having identities aligned with individuals who are victims of hate crimes (Bell & Perry, 2015; Noelle, 2002). Similarly, Gonzalez et al. (2018) found an increase in vigilance among gender and sexual minority people after the 2016 presidential election and subsequent targeting of gender and sexual minority communities, particularly among TGNC individuals. Thus, asexual TGNC individuals may face particularly challenging struggles with vigilance in the post-2016 sociopolitical climate. Research has indicated that vigilance may include concerns related to an increase in politicians attempting to restrict healthcare access and public accommodations based on gender identity and eliminate existing civil protections related to sexual and gender identity (Bockting et al., 2020; Frederick et al., 2022). Relatedly, the media has become increasingly antagonistic and has propagated transphobic messaging about TGNC individuals, as illustrated by research on anxiety related to ballot referenda on gender-based civil rights protections (Horne et al., 2022; Hughto et al., 2021). The current sociopolitical climate could have caused significant gender expression minority stress in the present study. When experiencing greater antagonism in the sociopolitical sphere, TGNC individuals may respond with more vigilance as a protective response to potential discrimination or harm (Nadal et al., 2014). This is consistent with research that has shown that, in some individuals, vigilance is used as a coping strategy.

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**TABLE 2**

Pearson Bivariate Correlations Among Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>$M$</th>
<th>SD</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. AIS</td>
<td>42.97</td>
<td>6.93</td>
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<tr>
<td>2. R</td>
<td>4.51</td>
<td>0.95</td>
<td>-8</td>
<td></td>
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<td>3. H</td>
<td>1.01</td>
<td>1.11</td>
<td>.11</td>
<td>25</td>
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<tr>
<td>4. V</td>
<td>0.22</td>
<td>0.74</td>
<td>.00</td>
<td>-19</td>
<td>47</td>
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<tr>
<td>5. I</td>
<td>1.95</td>
<td>1.15</td>
<td>.01</td>
<td>-26</td>
<td>.40</td>
<td>.16</td>
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<td>6. Vg</td>
<td>1.66</td>
<td>1.07</td>
<td>.02</td>
<td>-19</td>
<td>.49</td>
<td>.28</td>
<td>.40</td>
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<td>7. GMS</td>
<td>1.69</td>
<td>1.10</td>
<td>.04</td>
<td>-31</td>
<td>.59</td>
<td>.27</td>
<td>.53</td>
<td>.50</td>
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<tr>
<td>8. PD</td>
<td>27.89</td>
<td>6.93</td>
<td>.04</td>
<td>-48</td>
<td>.32</td>
<td>.21</td>
<td>.32</td>
<td>.38</td>
<td>.37</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>9. Age</td>
<td>26.37</td>
<td>7.92</td>
<td>.06</td>
<td>.08</td>
<td>.04</td>
<td>.13</td>
<td>.06</td>
<td>.01</td>
<td>.08</td>
<td>.22</td>
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<tr>
<td>10. Ed</td>
<td>4.06</td>
<td>1.36</td>
<td>.15</td>
<td>.17</td>
<td>.03</td>
<td>.01</td>
<td>.05</td>
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<td>11. SES</td>
<td>2.16</td>
<td>5.36</td>
<td>.01</td>
<td>.17</td>
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<td>.08</td>
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<td>.01</td>
<td>.02</td>
<td>.21</td>
<td>.25</td>
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</table>

Note: Total $n = 297$. AIS = Asexual Identification Scale score; R = Resilience scale score; H = Harassment and Discrimination scale score; V = Victimization scale score; I = Isolation scale score; Vg = Vigilance scale score; GMS = Gender expression minority stress; PD = Psychological Distress scale score; Ed = education; SES = socioeconomic status.

$p \leq .05$  
$p \leq .01$
A predictive relationship between isolation and psychological distress was not supported. Prior research has indicated that isolation is heightened among asexual (Brotto et al., 2010; Dawson et al., 2018) and TGNC (Bockting et al., 2013; Hendricks & Testa, 2012) individuals. Individuals in the current study were recruited from affirming online spaces for asexual- or TGNC-identified individuals and could have felt a sense of community with other asexual or TGNC individuals, which has been shown to alleviate feelings of isolation (Brotto & Yule, 2009). Research has supported the idea that LGBTQIA individuals have primarily socialized online during the COVID-19 pandemic because of physical distancing (Scroggs et al., 2020). Previous research has indicated that finding community in affirming LGBTQIA spaces among gender and sexual minorities contributes to a lack of isolation, even if the identified community is solely online (Brotto & Yule, 2009; Brotto et al., 2010; Fredriksen-Goldsen et al., 2013; Gonzalez et al., 2012; Gupta, 2018; Riggle et al., 2008, 2011; Rostosky et al., 2010; Trujillo et al., 2016).

Predictive relationships between harassment and discrimination, victimization, and psychological distress were also not supported. Harassment and discrimination and victimization, which has been shown to alleviate feelings of isolation (Brotto & Yule, 2009). Research has supported the idea that LGBTQIA individuals have primarily socialized online during the COVID-19 pandemic because of physical distancing (Scroggs et al., 2020). Previous research has indicated that finding community in affirming LGBTQIA spaces among gender and sexual minorities contributes to a lack of isolation, even if the identified community is solely online (Brotto & Yule, 2009; Brotto et al., 2010; Fredriksen-Goldsen et al., 2013; Gonzalez et al., 2012; Gupta, 2018; Riggle et al., 2008, 2011; Rostosky et al., 2010; Trujillo et al., 2016).

**TABLE 3**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Psychological distress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercept</td>
<td>29.52</td>
</tr>
<tr>
<td>Vigilance</td>
<td>1.31</td>
</tr>
<tr>
<td>Isolation</td>
<td>0.59</td>
</tr>
<tr>
<td>Harassment and discrimination</td>
<td>-0.11</td>
</tr>
<tr>
<td>Victimization</td>
<td>0.71</td>
</tr>
<tr>
<td>Gender expression minority stress</td>
<td>1.39</td>
</tr>
<tr>
<td>Age</td>
<td>-0.13</td>
</tr>
<tr>
<td>Race</td>
<td>0.15</td>
</tr>
<tr>
<td>Gender expression</td>
<td>-0.01</td>
</tr>
<tr>
<td>Romantic orientation</td>
<td>-0.14</td>
</tr>
<tr>
<td>Education</td>
<td>-0.61</td>
</tr>
<tr>
<td>SES</td>
<td>-0.51</td>
</tr>
<tr>
<td>R²</td>
<td>0.30</td>
</tr>
</tbody>
</table>

Note: N = 258. Race was dummy coded such that 0 indicates White and 1 indicates other races. There were not enough people in each subcategory to code separately. Romantic orientation is dummy coded such that 0 indicates aromantic and 1 indicates other romantic orientations. There were not enough people in each subcategory to code separately.

**Limitations**

This study has several limitations that could inform future research on intersectional asexual TGNC communities. First, there were unequal groups based on gender identity, with gender nonconforming individuals accounting for over half of the sample. Transgender men and transgender women each accounted for less than 25% of the sample, limiting the generalizability of the present study. Another limitation related to generalizability was the racial and ethnic homogeneity of the sample. Although general online socialization poses risks for harassment and discrimination and victimization minority stress, the benefits of online socialization in affirming spaces offering safety and support might have resulted in comparably fewer opportunities for recent harassment & discrimination and victimization (Craig et al., 2015; McInroy & Craig, 2018; McInroy, 2019). Although general online socialization poses risks for harassment and discrimination and victimization minority stress, the benefits of online socialization in affirming spaces offering safety and support might have resulted in comparably fewer opportunities for recent harassment & discrimination and victimization (Craig et al., 2015; McInroy & Craig, 2018; McInroy, 2019). The results of the present study suggest that future research may need to assess how much socialization occurs online and what the quality of that socialization is like, especially as the COVID-19 pandemic subsides.
represent the overall asexual TGNC population.

Another limitation of this study was the lack of measures validated for use with asexual TGNC individuals. In addition to the lack of scale validation with members of the asexual community, self-report measures are susceptible to construct validity problems and response bias, which could have affected the results of this study (Lance & Vandenberg, 2009). Also, there is the possibility that COVID-19 could act as a confounding variable affecting the study results because of history effects. Although collecting data during this unique time could add to the literature base, it is a limitation of this study because no questionnaire was used to assess and control the impact of COVID-19-related distress. When the data for this study were collected, many places were still shut down, and people were physically distancing from one another and socializing more online than in person. The pandemic and significant social discord affecting LGBTQIA individuals could also have impacted recruitment and affected the characteristics of participants who opted to participate in the study. External variables, such as COVID-19 and antagonistic political and media messaging, are why researchers like Bleckmann et al. (2022) have called for longitudinal research on sexual and gender minorities to account for potential history effects. Regardless of the pandemic, future research on this intersectional community should assess whether socialization occurs predominantly online or in person, and the frequency of each type of socialization.

**Directions for Future Research**

The present study elucidates more understanding of the effects of minority stress on psychological distress among asexual TGNC individuals. However, the use of other research methods to study this community may provide a more nuanced understanding. The sample for the current study was a cross-sectional convenience sample collected online, which provides limited information regarding the causality of the observed relationships. A repeated-measures longitudinal approach could help mitigate limitations associated with cross-sectional research, such as the history effects associated with the COVID-19 pandemic.

Future research may also benefit from better measurement of asexuality. Better measurement of asexuality could include collecting larger sample sizes and breaking down the analysis by subgroups within the asexual spectrum because of differential experiences within the asexual community. For instance, demisexual individuals may be more likely to be perceived as allosexual (Clark et al., 2022; Kelleher et al., 2023). In addition, for the purpose of this study, those who self-identified as asexual were included regardless of their AIS score. The AIS has historically been used as a measure with a cut-off score to identify those who are asexual. However, only 68% of the sample in this study met the cut-off score used by Yule et al. (2015) to identify asexual individuals. Previous research has indicated that more than 90% of self-identified asexual individuals meet the AIS cut-off score (Yule et al., 2015; Zheng & Su, 2018). This indicates that the scale may not be as useful as a measure of the asexual TGNC population as it is for the general asexual community. Post-hoc Kruskal-Wallis tests indicated that issues with the AIS scale might not have affected the results of the present study. Psychological distress, $\chi^2(1) = 0.40, p = .53$, $\eta^2 = -.009$; harassment & discrimination, $\chi^2(1) = 2.11$, $p = .15$, $\eta^2 = -.003$; victimization, $\chi^2(1) = 0.66$, $p = .42$, $\eta^2 = -.008$; isolation, $\chi^2(1) = 0.30, p = .58$, $\eta^2 = -.009$; vigilance, $\chi^2(1) = 0.29, p = .59, \eta^2 = -.009$; and gender expression minority stress, $\chi^2(1) = 0.56, p = .45, \eta^2 = -.008$, did not significantly differ based on whether participants met the AIS cut-off score. However, refinement of this scale for the asexual TGNC community remains a possible direction for future research.

Additionally, future research on asexual TGNC minority stress and psychological distress may benefit from incorporating qualitative data collected through interviews. Prior qualitative research on the asexual community has yielded information about the community’s unique experiences (Prause & Graham, 2007; Scherrer, 2008), which has informed subsequent quantitative research. Narrative exploration of how an asexual TGNC person's minority stress fluctuates over time and how that influences psychological distress may provide additional information and themes that explain the experiences of psychological distress and how to mitigate that distress. This could also reveal other factors that have the potential to moderate the relationship between minority stress and psychological distress.

Despite the limitations of the present study and the factors that future researchers may need to consider, the findings of this study suggest that experiences of vigilance and gender expression minority stress negatively impact the mental health of asexual TGNC individuals. The elevated psychological distress consistent with a moderate mental disorder ($M = 27.89, SD = 6.93$) identified among participants in the present study, using the K10 cutoff scores by Andrews and Slade (2001), underscores the importance of mitigating minority stress among asexual TGNC individuals.

**Conclusion**

The present study also helps researchers and clinicians better understand how the intersectional asexual TGNC populations self-report gender expression minority stress,
proximal (isolation and vigilance), and distal stressors (harassment and discrimination and victimization), as well as whether these variables predict psychological distress. The results indicated that vigilance and gender expression minority stress were significant positive predictors of psychological distress. The results of this study can help clinicians better understand that vigilance and gender expression minority stress could be particularly salient in this intersectional community. Knowing this could assist clinicians in tailoring case conceptualization and interventions for psychological distress in asexual TGNC clients. Individualized conceptualization and intervention may improve psychological functioning, treatment outcomes, and quality of life among asexual TGNC individuals. This study may aid other researchers, clinicians, policymakers, health professional training curriculum leaders, and LGBTQIA community leaders in focusing on specific minority stressors affecting psychological distress among asexual TGNC individuals.

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Positionality Statement: Jared identifies as a gay, demisexual, cisgender White man. He is nondisabled and acknowledges that his perspectives are influenced by his positions within all of these dimensions of identity.

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