# **Non-Binary Gender Identities**

#### Fact Sheet

ARIELLE WEBB, MS, EMMIE MATSUNO, MA, STEPHANIE BUDGE, PHD, MIRA KRISHNAN, PHD, & KIMBERLY BALSAM, PHD



#### What is non-binary gender identity?

Non-binary gender identity is any gender identity that does not fall within the strict categories of contemporary Western societies, which typically consider gender to be binary, e.g., either man or woman. It is important to acknowledge that non-binary gender identities are not new identities or new concepts and have been recognized throughout the world for as long as gender has been a conscious identity of humans. Over the past several decades, the LGBTQ (lesbian, gay, bisexual, transgender, and queer/questioning), feminist, and other social movements have also challenged binary gender categories. More recently, there has been increasing recognition and visibility of people who do not identify exclusively as either male or female. This fact sheet provides basic information for psychologists, psychology students, and others who are interested in understanding non-binary gender identities.

## How many people are non-binary?

Because there is limited research on individuals with non-binary gender identities, it is difficult to estimate the exact number of people who identify as non-binary. Most research has not included non-binary as a response category when inquiring about gender. From the limited research that has done this, it is estimated non-binary individuals make up 25-35% or more of *transgender* populations (James, Herman, Rankin *et al*, 2016; Barr, Budge, Andelson, 2016; Mikalson, Pardo, and Green, 2014). However, these studies sampled only transgender populations and did not capture non-binary individuals who do not identify as transgender.

#### **Pronouns**

Pronoun use is an important issue for non-binary people. Some non-binary people choose to use pronouns other than she/her/hers and he/him/his. Some examples of gender-neutral pronouns are they/them/theirs (as singular pronouns) and ze/hir/hirs. It is important to recognize that a person's gender pronouns cannot be assumed from their appearance. One way of being affirming and supportive of non-binary identities is to avoid these assumptions and always ask or provide an option to disclose preferred gender pronouns. It is suggested to make this a universal practice rather than just doing so with people who are LGBTQ or have an ambiguous gender presentation.

## Experiences of non-binary people

Much of what is known about the lived experience of non-binary people comes from personal accounts, including blog posts, personal essays, and postings on social media. From these sources, as well as limited psychological research, it appears stigma experienced by non-binary individuals may differ from that facing other LGBTQ people. For example, prejudicial attitudes toward non-binary people may be greater than attitudes toward other LGBTQ people, given the lack of knowledge and information that most people have about this population. The lack of cultural visibility of non-binary identities may make the identity development process more difficult for non-binary individuals. Further, even after coming to terms with their own identity, they may face additional stress from having to frequently "come out" as

non-binary, even in LGBTQ contexts, and from being mis-gendered or misunderstood.

#### Non-binary mental health

Research on the mental health of people with non-binary gender identities is limited and generally includes only those who *also* identify as transgender. From this research, it appears overall, non-binary people may face both greater levels of minority stress and unique forms of minority stress, in comparison to binary transgender peers, a factor which has been *(continued on reverse)* 

# **KEY TERMS**

Non-binary gender identity: gender identities that do not fall exclusively in man/male or woman/female categories. Some examples include genderqueer, gender fluid, agender, and bigender. Within non-Western cultures, individuals from groups such as Two Spirit people, Fa'afafine, or Hijra are sometimes considered to comprise a 'third' gender, but may or may not identify as non-binary or transgender.

**Gender Binary System**: system by which society categorizes gender as falling into one of two categories (man/woman, male/female, masculine/feminine).

**Gender Non-Conformity**: describes those who do not conform with the prescribed social expectations associated with the gender that matches a person's sex assigned at birth. This term is also used to reference cisgender individuals who fit this description (e.g. butch women).

**Cisgender**: gender identity that matches social expectations of the sex they were assigned at birth (e.g., a person assigned female at birth, who identifies as a girl/woman).

**Binarism:** assumption that gender experience is binary and devaluation of non-binary experiences of gender.

**Cissexism/cisgenderism/cisnormativity**: assumption that everyone identifies within the gender assigned at birth, and devaluation of non-cisgender experiences or perspectives in favor of cisgender ones, via behaviors, actions, attitudes, and microaggressions.

**AFAB/AMAB**: assigned female/male at birth. Also DMAB/DFAB (designated male/female at birth) or FAAB/MAAB (female-/male- assigned at birth). Terms like "born female" or "natal male" are less accurate & may be considered microaggressions.

associated with higher levels of suicidality (Tebbe & Moradi, 2016). it appears that non-binary transgender people experience greater risk for negative mental health outcomes than their binary transgender peers (James, Herman, Rankin *et al*, 2016). For example, in one study, over half of the respondents reported clinical levels of depression and over one third of the respondents reported clinical levels of anxiety (Budge, Rossman, & Howard, 2014).

## RECOMMENDATIONS FOR CLINICAL PRACTICE

**Avoid gender binary assumptions.** Culturally aware clinicians avoid assumptions about a client's cultural identities, instead adopting an attitude of inquisitiveness and empathic attuning to the client. Clinicians can avoid assumptions about binary gender identities and inquire about a client's beliefs and experiences about gender in an open and understanding way.

Understand there is no right way to "transition" and that not everyone wants to "transition." Clinicians can recognize that clients whose gender identity does not align with their sex assigned at birth may may have a range of ways in which they want to "transition" medically and socially and/or may not wish to "transition" at all. Remaining open to these possibilities and recognizing that a client's wishes and plans may change over time will allow the client to fully explore their options.

#### Practice using singular pronouns such as they/them and zie/

**hir.** Using non-binary pronouns can feel awkward at first. Practicing using these pronouns outside of the therapy room will allow clinicians to get more comfortable and fluent in doing so and will make speaking with clients easier.

**Identify yourself as an ally.** Stickers, signs, or brochures (e.g., www.redbubble.com/shop/nonbinary+stickers) that identify the clinician or agency as a non-binary ally can go a long way in building trust with clients. This can also be accomplished by having a statement about your status as an ally on your web page or introductory forms.

**Educate yourself.** Continue to seek information about non-binary populations in professional literature as well as personal accounts, blogs, etc. This will help ease the burden on non-binary clients of having to educate their provider.

**Create inclusive forms.** Intake/client forms can be more inclusive by adding options beyond "male," "female", and "transgender", such as "non-binary" or adding more gender identity options (e.g. genderqueer, agender) and adding a write-in option. This will signal to clients that the clinician is aware of and supportive of non-binary identities and can serve as a springboard for discussion of gender identity.

(American Psychological Association, 2015)

# RECOMMENDATIONS FOR RESEARCH

Given the underrepresentation of non-binary gender populations in the literature, it is critical that psychologists add to the empirical base of information. Research questions about gender and gender identity should include options beyond "male," "female," and "transgender." Asking specifically about more common non-binary identities such as genderqueer and gender fluid, as well as an option to write in "other gender identity," allows for accurate information about client's current gender identity. Tate, Ledbetter, & Youssef (2013) also provides a template for a two-step method of obtaining meaningful information about gender identity.

Additionally, it is important for future research to take an intersectional approach to understanding the complexity and nuance of non-binary gender identities in diverse population groups. Research with multiracial and pansexual populations suggests that identity processes are complex and may look different for those with multiple marginalized identities and identities that are non-binary. It is important to continue to develop research methods, including sampling and measurement, to attend to the lived experience of diverse non-binary people.

# REFERENCES

- American Psychological Association. (2015). Guidelines for Psychological Practice with Transgender and Gender Nonconforming People. American Psychologist, 70 (9), 832-864.
- Barr, S.M., Budge, S.L., & Adelson, J.L. (2016). Transgender community belongingness as a mediator between strength of transgender identity and well-being. Journal of Counseling Psychology, 63, 87-97.
- Budge, S.L., Rossman, H.K., & Howard, K.H. (2014). Coping and psychological distress among genderqueer individuals: The moderating effect of social support. Journal of LGBT Issues in Counseling, 8, 95-117.
- James, S. E., Herman, J. L., Rankin, S., et al. (2016). The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality.
- Mikalson, P., Pardo, S., & Green, J. (2012). First, Do No Harm: Reducing Disparities for Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Populations in California. The California LGBTQ reducing mental health disparities population report.
- Tate, C. C., Ledbetter, J. N. & Youssef, C. P. (2013). A Two-Question Method for Assessing Gender Categories in the Social and Medical Sciences. Journal of Sex Research, 50, 767-776.
- Tebbe, E.A. & Budge, S.L. (2016). Research with transgender communities: Applying a process-oriented approach to methodological considerations and research recommendations. The Counseling Psychologist, 44, 996-1024.
- Tebbe, E. A. & Moradi, B. (2016). Suicide Risk in Trans Populations: An Application of Minority Stress Theory. Journal of Counseling Psychology, 63, 520-533.

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