

Black Women Matter: Measuring Multiple Minority Stress and Intersectionality  
among African American Women

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**Abstract**

Greater understanding of minority stress and intersectional microaggression in African American women's lived experience may contribute to improved health outcomes. To date, there is a scarcity of research exploring intersectionality and psychometric instruments. The aim of this literature review was to examine the application of current minority stress and intersectional microaggression scales developed to evaluate gendered racism and sexual identity. Nine measurement scales were evaluated for purpose, format, psychometric properties, and cultural applicability. The Gendered Racism Microaggression Scale emerged as the most rigorous and culturally reliable measurement. Future research should include diverse samples of African American women in order to improve external validity of minority stress and intersectional scales. In clinical practice, measurement scales provide an objective tool to evaluate and differentiate stress among African American women.

*Keywords:* Minority stress, intersectional microaggression, intersectionality, gendered racism, sexual identity, African American women, measurement scales or instruments

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### Black Women Matter: Measuring Multiple Minority Stress and Intersectionality among African American Women

*Minority stress* is a noxious condition impacting African American women. Minority stress influences susceptibility to stress-related emotional, mental, and physical illness. Several research instruments have been designed to examine racialized stress experienced by African Americans. Racialized stressors are discriminatory experiences and conditions particular to racial or ethnic membership (Wei et al., 2010). These stressors are operationalized by racial microaggression and measured with microaggression scales, which transpose anecdotal experiences with discrimination into objective tools for assessment. *Racial microaggression* is intended or unintended, brief, and routine negative encounters with the dominant culture (Balsam, Molina, Beadnell, Simoni, & Walters, 2011). In addition to racial microaggression, the intersection of sex-gender and sexual identity discrimination has contributed to African American women's minority stress. *Gendered racism*, a term coined by Philomena Essed, denotes the particular race and gender bias faced by African American women (Lewis, Mendenhall, Harwood, & Hunt, 2013; Shorter-Gooden, 2004). These women encounter microaggression in interpersonal and professional relationships, popular culture, the media, and the legal system (Szymanski & Stewart, 2010).

The prevalence of psychological distress among African Americans is a grave clinical concern. Compared to non-Hispanic White Americans, African Americans are 20% more likely to report psychosocial stress (Stevens-Watkins, Perry, Pullen, Jewell, & Oser, 2014). In a Centers for Disease Control and Prevention (CDC) (2010) report on mental health of persons 18 years of age or older, African American women reported a higher ratio for feelings of sadness (1.6%), hopelessness (1.3%), worthlessness (1.3%), and everything is an effort (1.7%) than non-

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Hispanic White women. To estimate the scope of minority stress among African American women, several research and theoretical studies have investigated incidents of overt or subtle race-gender discrimination in everyday life (e.g., Donovan, Galban, Grace, Bennett, & Felicié, 2012; Gómez, 2015; Perry et al., 2013; Shorter-Gooden, 2004). Direct examination of African American women's encounters with racial macro and microaggression was observed in the acquisition and provision of mental health services (Gómez, 2015), such as cross-cultural counseling relationships with White counselors, which negatively affected the therapeutic alliance and therapy satisfaction (Constantine, 2007; Sue et al., 2007). African American women have reported microaggression in the academic environment, ranging from invisibility to an expectation to act as the representative for every Black person (Donovon et al., 2012; McCabe, 2009). African American women also endure microinsults or routine microaggression about hair styles (Sue et al., 2008), racist and stereotypical labels, microinvalidation or interpersonal invisibility (McCabe, 2009; Shorter-Gooden, 2004), and acculturation stress associated with trying to fit within the dominant culture (Walker, 2007).

Racial microaggression instruments are essential tools to measure and report minority stress. Freida Hopkins Outlaw, in a seminal article on recurrent racist stressful events, applied Lazarus and Folkman's phenomenological approach to stress and coping to African Americans' experiences with racism (Utsey, 1998). Her work was followed up by research that enabled the assessment of microaggression; several valid and reliable scales were created to assess perceptions and actual experiences of racial microaggression (e.g., Everyday Discrimination Scale, the Index of Race-Related Stress, and Racial Microaggressions Scale) (Torres-Harding, Andrade, & Romero Diaz, 2012; Utsey, 1998). Racial microaggression scales have helped operationalize race-related stress and race-based discrimination. Fewer racial microaggression

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scales have explored incidence of multiple minority stress (Balsam et al., 2011; McCabe, 2009; Nadal et al., 2011; Shorter-Gooden, 2004). Accordingly, development of self-report scales with utility to assess multiple minority stress and intersectional microaggression are useful to measure sex-gender and sexual identity discrimination.

Perhaps, greater utilization of measurement tools to assess minority stress and microaggression in African American women's lived experience can contribute to increased understanding of the pervasive nature of oppression on health outcomes. The present study is grounded in research on minority stress and intersectional microaggression as evidenced by perpetuated racism, sexism, and heterosexism. Measurement scales able to measure gendered racism and intersectional microaggression are more useful to examine the "accumulation disadvantage" that African American women experience due to their multiple social identities and the "overlap or fusion in their experiences of external racism and sexism" (Szymanski & Stewart, 2010, p. 234).

### **Theoretical Understanding of Multiple Minority Stress and Intersectionality**

As a historically oppressed group, African Americans may be discriminated and distressed by prejudice beliefs and attitudes (Clark, Anderson, Clark, & Williams, 1999). Accordingly, African American women's unique and multifaceted life experiences cannot be reduced to singular examinations of race, sex-gender, or sexual identity. Racism has a ubiquitous influence; however, simple focus on race jeopardizes its connection to a constellation of identity categories. Gendered racism recognizes the intersection of racism and sexism and captures the centrality of oppressions experienced by African American women (Lewis et al., 2013; Williams, 2015). Heterosexism, comparable to racism and sexism, is a form of systematic sexual prejudice that explicitly privileges opposite sex relationships. Discrimination, which is the

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attitudinal, behavioral, and political manifestation of prejudice, is conceptually similar to racism, sexism, and heterosexism (Carter et al., 2013; Clark et al., 1999). Sue et al. (2007) acknowledged that aversive racism and racial discrimination is “subtle, nebulous, and nameless in nature,” thus making it difficult to “identify, quantify, and rectify” (p. 272). African American women’s personal encounters with daily discrimination constitute microaggression. An outcome of chronic microaggression is minority stress.

Minority stress was theorized by Meyer (2003) to describe the cumulative effect of stress and subsequent health disparities among the lesbian, gay, bisexual, and transgender (LGBT) population (Balsam, Beadnell, & Molina, 2013; Wei et al., 2010). Current conceptualization of minority stress varies. Several studies posit a functional definition of minority stress that was consequential of microaggression (e.g., Balsam et al., 2011; Bowleg, Huang, Brooks, Black, & Burkholder, 2003; Wei et al., 2010). Minority stress emanates from accumulated discrimination, whether observed or experienced, that originated from one’s social identity or multiple social identities. Chronic experiences with discrimination associated with race, sex-gender, or sexual orientation stimulate biological stress mechanisms. Stress produces mental and physical disequilibrium and diminishes personal coping mechanisms (Utsey, 1998). Minority stress can cause psychological and emotional distress, such as anxiety and depression, substance abuse, and physical illness, such as hypertension, cardiovascular disease, and strokes (Balsam et al., 2011; Utsey & Ponterotto, 1996). The CDC (2013) estimated that three of the top leading causes of death for Black females were heart disease (23%), cancer (22.5%), and stroke (6.0%). Minority stress may also produce between-group and within-group conflict and decrease self-esteem, life satisfaction, and academic confidence (Utsey, 1998; Wei et al., 2010).

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### **Intersectional Microaggression**

Interdisciplinary literature posits four theoretical approaches to explore Black women's experiences: (a) single axis, (b) double jeopardy, (c) interaction, and (d) intersection (Cho, Crenshaw, & McCall, 2013; Lewis & Neville, 2015; Williams, 2015). The single axis approach proposes that African American women experience racism and sexism similar to Black men and White women (Lewis & Neville, 2015). With this perspective, race and sex-gender are narrowly viewed as separate domains, such that race is distinguishable from sex. Unlike single axis, double jeopardy theory recognizes the equal effect of race and gender, yet singularly approaches each identity. Research has typically examined one variable while controlling for the other (Lewis & Neville, 2015; Williams, 2015).

Similarly, interactionist theory acknowledges the interactive nature of sexism and racism as directly connected to African American women's experience with oppression. With this additive framework, researchers have explored the affect of race and gender together and separately (Lewis & Neville, 2015). Interactionist perspective is advantageous to single axis, since the theory does recognize that race and sex-gender co-exist. Although interactionist does not explain the unique experiences of African American women as the theory still separates race and gender as autonomous rather than an interlocking connection (Cho et al., 2013).

*Intersectionality*, the final and most relevant theory, has reinforced the concurrent relationship between race and sex-gender. Intersectional theory deduces that racism and sexism are interconnected, and thus any analysis of African American women's lived experience must consider the intersectional nature of social identities. Gendered racism is a concept that emerged from intersectional theory that denotes the intersection of race and sex-gender with regard to African American women's unique experiences (Jackson, Rowley, & Owens, 2012).

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Intersectional theory has provided a useful framework to explore African American women's experience. Kimberlé Crenshaw posited intersectionality in the 1980s "as a heuristic term [to expose] how single-axis thinking undermines [and fails to facilitate] consideration of gender, race, and other axes of power" (Cho, et al., 2013, p. 787). For instance, African American women cannot present themselves as one social identity separate from another, such as ignoring race from sex-gender. Research that singularly focuses on one social identity is essentially neglecting African American women's social reality since race cannot be detached from other social identities.

When research truly adheres to an intersectional framework, aside from acknowledging the interconnectedness of social identities, there is also a recognition that social identities intersect instead of competes with one another (Collins, 2004). As a result of the challenges associated with gendered racism and heterosexism, when applicable, African American women are confronted with minority stress. Collectively, these challenges are referred to as intersectional microaggressions, whereby discriminatory encounters are derived from having multiple social identities (Paludi, Martin, Gruber, & Fineran, 2015).

Literature suggests that African American women confront aggressive and sexualized stereotypes in popular culture; racist and sexist slurs in employment; and bias in hiring, promotion, and wages (Klonoff & Landrine, 1995; Perry et al., 2013; Shorter-Gooden, 2004). For example, the National Women's Law Center (2015) found an 18 cent wage gap between the typical African American woman and non-Hispanic, White woman working full-time, year round. Several scholars have identified specific taxonomic categories related to gendered racism and sexist events, such as traditional gender role stereotyping, sexual objectification and sexual



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marginalization, and stereotypical assumptions about communication and style (Lewis & Neville, 2015; Szymanski & Stewart, 2010).

Further research on intersectional microaggression has examined multiform discriminatory events endured by African American women identified as lesbian (e.g., Balsam et al., 2011; Greene, 2000). Meyer's original conceptualization of minority stress and LGBT populations consisted of prejudice events including discrimination and violence, internalized homophobia, anticipation of rejection from community and significant others, and hiding sexual identity (Balsam et al., 2013). African American lesbian women are stigmatized within their respective racial group, discriminated against within the larger LGBT community, and have limited social support (Miller, 2011). Their lower stratum on the sex-gender hierarchy stems from suppression and rigid beliefs about sex-gender roles and sexual identity (Collins, 1991; Greene, 2000).

In a qualitative analysis of Black lesbian women and coping resiliency, Bowleg, Huang, Brooks, Black, and Burkholder (2003) cited several challenges with racism, sexism, and heterosexism. The authors conducted semi-structured interviews with 19 women who identified as lesbian and attended a retreat in southern California. Women identified racist encounters as most stressful. Such experiences included racial epithets, interactions with police, and lack of diversity in the workplace. They also experienced sexism in the forms of sexualized language and workplace discrimination. Women recounted experiences with heterosexism as disownment from family and religious community, discomfort in the workplace, feeling unsafe to show public displays of affection, and self-monitoring behavior.

Even though discrimination due to sexual identity is prevalent, as compared to racial microaggression, fewer scales exist to measure sexual orientation microaggression or LGBT

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minority stress. Prior minority stress measures with LGBT populations tended to have a narrow focus. The measures only included a single subset of experiences, excluded within-group variance, involved predominately White samples, and omitted race/ethnicity (Balsam et al., 2013; Balsam et al., 2011). Existing literature has identified several taxonomic categories suggestive of perceived or observed sexual identity microaggression or minority stress (e.g., Balsam et al., 2011; Robinson & Rubin, 2015). These categories related to hypersexualized comments, homophobic labels and assumptions associated with nonconforming gender expression, homonegativity, vicarious trauma, feelings of isolation or rejection from social supports, and racism (Balsam et al., 2013; Balsam et al., 2011; Platt & Lenzen, 2013). An example of a sexual identity microaggression is a tendency to reduce sexual orientation to sexual behavior, such as associating lesbian relationships to sexual activity for men's pleasure. African American women contend with between-group and within-group microaggression, such as racism within the LGBT community, and gendered racism and heterosexism within the dominant culture and African American community.

This literature review probes minority stress and microaggression as it applies to African American women. The main purpose is to identify and evaluate evidenced-based intersectional microaggression scales that include sex-gender and/or sexual identity items. This critical appraisal of instruments' purpose, format, psychometric properties, and cultural applicability offers recommendations for future intersectional microaggression research (Utsey, 1998).

### **Search Methodology**

Two search strategies were utilized to identify relevant articles and reports for this review. First, Google Scholar was utilized for a worldwide search. This internet search engine located articles from various social science and general reference databases, such as APA

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PsycNET, EBSCOhost, JSTOR, Project MUSE, and Taylor & Francis Online. Publication dates were refined to 2010 to 2015 to narrow and capture the most up to date literature from Google Scholar searches. The second and main literature search was through One Search, a library search engine at The University of Tennessee. The library database located studies from various social science and general reference databases, such as EBSCOhost, JSTOR, Psych Articles Full, PsycINFO, SAGE Complete, and Taylor & Francis Journals Complete. Database searches occurred from August 26, 2015 to September 30, 2015 (see Table 2, for database search retrievals). Key indexing terms included the main concepts of this review, as well as synonyms and variations of those concepts. Search terms were gendered racial microaggression, intersectional microaggression, intersectionality microaggression, lesbian, bisexual, LGBT and race microaggression, race and sexual orientation microaggression, race and gender microaggression, multiple minority stress and microaggression, people of color, measurement scale, instrument, and measurement tools.

The present review utilized peer-reviewed, nonexperimental research design studies that measured multiple minority stress or intersectional microaggression. Studies published in the gray literature were included (i.e., only if quantitative measurement was utilized). The exclusion criteria for studies were as follows: utilized qualitative research methods; did not include African American women in the sample or content of the article; populations outside of the U.S.; published in other languages; did not review multiple minority stress or a variation of the concept (e.g., race-related stress); did not include racial microaggression; published on racial identity theories without consideration of minority stress or microaggression; published on internalized racism without consideration of minority stress or microaggression; published on racism without consideration of minority stress or microaggression; published on coping

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mechanisms without consideration of minority stress or microaggression; published on psychosocial stress without consideration of minority stress.

The literature review search retrieved a total of 80 articles that were evaluated based on aforementioned search inclusion criteria. Of these articles, a total of 65 were omitted based on exclusion criteria. A total of 15 relevant articles were retrieved for present study. These articles included samples of African American women and utilized minority stress or intersectional microaggression instrumentation. Two articles were excluded because upon further evaluation, these studies did not include a relevant sample or the presence of intersectional microaggression measurement. Two additional articles were excluded for redundancy. Eleven articles were selected for final review and captured in Table 1 (see Table 3, for a summary of measures reviewed).

Table 1  
*Articles for Final Review*

Date	Search Terms/ String	Results	Final Retrieval
9/2/2015	Intersectional microaggression scale and African American women	21 hits – 20 peer reviewed	Donovan, R., Galban, D., Grace, R., Bennett, J., & Felicié, S. (2013). Impact of racial macro- and microaggressions in Black women's lives. <i>Journal of Black Psychology</i> , 39(2), 185-196.
9/2/2015	Intersectional microaggression scale, (or instrumentation) , and African American women	204 hits	Lewis, J. A., & Neville, H. A. (2015). Construction and initial validation of the gendered racial microaggressions scale for Black women. <i>Journal of Counseling Psychology</i> , 62(2), 289-302. <a href="http://dx.doi.org/10.1037/cou0000062">http://dx.doi.org/10.1037/cou0000062</a>  Szymanski, D. M., & Stewart, D. N. (2010). Racism and sexism as correlates of African American women's psychological distress. <i>Sex Roles</i> , 63(3), 226-238. doi:10.1007/s11199-010-9788-0

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- 9/2/2015 5 Gendered racism , measurement scales or instruments, and African American women 264 hits
- Williams, J. L. (2015). *Gendered racism and the moderating influence of racial identity: Implications for African American women's well-being* (Doctoral dissertation, Georgia State University). Retrieved from [http://scholarworks.gsu.edu/psych\\_diss/136/](http://scholarworks.gsu.edu/psych_diss/136/)
- Zucker, A. N., Fitz, C. C., & Bay-Cheng, L. Y. (2015). Reverberations of racism and sexism through the subjective sexualities of undergraduate women of color. *The Journal of Sex Research, 0*(0), 1-8. doi:10.1080/00224499.2014.1002557
- 9/3/2015 5 Race and gender, minority stress, measurement scales or instruments or index and African American women 17,200
- Harnois, C. E., & Ifatunji, M. (2011). Gendered measures, gendered models: Toward an intersectional analysis of interpersonal racial discrimination. *Ethnic and Racial Studies, 34*(6), 1006-1028. doi:10.1080/01419870.2010.516836
- Jackson, F. M., Rowley, D. L., & Owens, T. C. (2012). Contextualized stress, global stress, and depression in well-educated, pregnant, African-American women. *Women's Health Issues, 22*(3), e329-e336. doi:10.1016/j.whi.2012.01.003
- Stevens-Watkins, D., Perry, B., Pullen, E., Jewell, J., & Oser, C. B. (2014). Examining the associations of racism, sexism, and stressful life events on psychological distress among African-American women. *Cultural Diversity and Ethnic Minority Psychology, 20*(4), 561-569. <http://dx.doi.org/10.1037/a0036700>
- Wei, M., Ku, T. Y., Liao, Y. H. (2011). Minority stress and college persistence attitudes among African American, Asian American, and Latino students: Perception of university environment as a mediator. *Cultural Diversity and Ethnic Minority Psychology, 17*(2), 195-203. doi:10.1037/a0023359

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9/4/2015	Intersectionality, minority stress, measure, African American women	304 hits – 247 peer reviewed articles	Seng, J. S., Lopez, W. D., Sperlich, M., Hamama, L., & Reed Meldrum, C. D. (2012). Marginalized identities, discrimination burden, and mental health: Empirical exploration of an interpersonal-level approach to modeling intersectionality. <i>Social Science &amp; Medicine</i> , 75(12), 2437-2445. <a href="http://dx.doi.org/10.1016/j.socscimed.2012.09.023">http://dx.doi.org/10.1016/j.socscimed.2012.09.023</a>
9/4/2015	LGBT microaggression and race microaggression, measurement scales or instruments, and African American women	369 hits	Balsam, K. F., Beadnell, B., & Molina, Y. (2013). The daily heterosexist experiences questionnaire. <i>Measurement and Evaluation in Counseling and Development</i> , 46(1), 3-25. doi:10.1177/0748175612449743
9/4/2015	Multiple minority stress and LGBT	27 hits – all peer reviewed	Balsam, K. F., Molina, Y., Beadnell, B., Simoni, J., Walters, K. (2011). Measuring multiple minority stress: The LGBT people of color microaggressions scale. <i>Cultural Diversity and Ethnic Minority Psychology</i> , 17(2), 163-174. doi:10.1037/a0023244

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*Note.* Table 1 was compiled from search retrieval information.

### Measurement of Minority Stress and Intersectional Microaggression

Minority stress and intersectional microaggression instruments are intended to measure the frequency of discriminatory events. Measurement tools were arranged in four subgroupings to specify purpose of the instrumentation. Most minority stress measures have facilitated understanding of the cumulative effect of discrimination, whereas gendered racism measures have emphasized the intersectional nature of oppression. While still acceptable, but not ideal for this study, race and sex-gender measures have utilized an additive approach to assess gendered racism. Last, but certainly not least, sexual identity measures have assessed the combined weight

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of race and sexual identity oppression. A summary of the measures including sample, theoretical factors, and psychometric properties are reported in Table 3.

The majority of studies reported whether instruments were reliable and valid. This review was most interested in construct, convergent, and discriminant validity. These specific forms of validity relate directly to the research task of determining the extent to which microaggression instruments are connected or unrelated to intersectional literature. Since this research has explored African American women's experiences, evaluating the inclusion of diverse samples of African American women was also necessary.

### **Multiple Minority Stress**

**Everyday Discrimination Scale.** Minority stressors, different from general stressors, are particular to social identity (Wei et al., 2010). The development of multiple minority scales related to race, sex-gender, and/or sexual identity is scarce. In a cross-sectional, secondary analysis of survey data, Seng, Lopez, Sperlich, Hamama, and Reed Meldrum (2012) utilized a social-ecological framework to measure social demographic factors influence on mental health across three intersectionality levels (i.e., interpersonal, structural, and contextual). The original study sample ( $N = 647$ ) was women living in Michigan, specific racial/ethnic demographics were European American ( $n = 342$ ), African American women ( $n = 210$ ), Asian American ( $n = 47$ ), Native American ( $n = 9$ ), Hispanic American ( $n = 30$ ), and Middle Eastern ( $n = 18$ ) women. Several women ( $n = 26$ ) did not attribute discrimination to any social identity, thereby decreasing the study sample ( $N = 619$ ).

The authors used the Everyday Discrimination Scale (EDS) to assess interpersonal discriminatory experiences with regard to multiple social identities. The EDS measured everyday discrimination (i.e., EDS frequency score) among multiple social identities (i.e., sum of

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attributions score). The social identities applicable to the scale were “race, ethnicity/nationality, religion, sex, sexual orientation, disability, physical appearance, age, and/or unspecified” (Seng et al., 2012, p. 2440). The EDS consisted of nine items using a five-point Likert scale, ranging from *never* to *almost every day* (Seng et al., 2012).

Two sets of regression models were used to estimate the variance explained at each intersectionality level and in relation to both PTSD, measured by the National Women’s Study PTSD Module, and quality of life, measured by the Quality of Life Inventory, outcomes. The findings indicated that interpersonal-intersectionality variables (i.e., frequency and sum of attributions score) explained change in mental health (i.e., PTSD symptoms) and quality of life variables, rather than structural-intersectional inequalities (i.e., education and income) (Seng et al., 2012). The contextual variables (i.e., high crime neighborhood, racial minority status, and trauma exposures) also had less power than interpersonal variables. Of significance, the contextual factors indicated that African American women in the sample were overly exposed trauma, as evidenced by higher PTSD and low quality of life scores, and more often lived in violent neighborhoods (i.e., 80%) (Seng et al., 2012).

The EDS appeared to be a reliable measure (i.e.,  $\alpha = .86$ ) for African American women and the overall sample (i.e.,  $\alpha = .86$ ). The authors did not report on validity, however the EDS seemed to meet face validity. The EDS frequency scores were negatively correlated with quality of life ( $r = -.352, p < .001$ ), while the EDS frequency score was positively correlated with PTSD symptom level ( $r = .334, p < .001$ ) (Seng et al., 2012). The frequency scores indicated that when EDS scores increased, quality of life scores decreased and PTSD scores increased. The EDS was capable of identifying multiple social identities, but incapable of measuring interaction of one social identity relative to another. For example, the scale measured the sum of identities, which is



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an additive framework versus an intersectional approach (Seng et al., 2012). The sample appeared proportional given the demographics of Ann Arbor and Detroit. The U.S. Census Data reported that African Americans made up a small percentage of Ann Arbor (8.8%) while a vast majority of Detroit (81.6%) (Seng et al., 2012).

**Minority Status Stress Scale.** Wei, Ku, and Liao (2011) investigated perception of university environment and minority stress, distinguished from general stress among African American ( $n = 53$ ), Latino American ( $n = 53$ ), and Asian American ( $n = 54$ ) undergraduate students. They hypothesized that students with minority stress would have a poorer perception of the university environment, the academic, and social community. Minority stress was measured with the Minority Status Stress Scale (MSS).

The MSS assessed minority status among a sample of 160 students and consisted of 37 items and five subscales using a five-point Likert scale format, ranging from one (*does not apply*) to five (*extremely stressful*). Higher scores on the MSS indicated increased minority stress (Wei et al., 2011). Results indicated that perception of university environment mediated the association between minority stress and persistence attitudes—decreased minority stress related to positive perceptions about the university environment, which was also connected with college persistence attitudes. The mediation effect was the same across African American, Asian American, and Latino students. The authors controlled for general stress, to distinguish it from minority stress. This distinction provides insight into understanding and classifying stressors unique to people of color.

The MSS is valid and reliable. A coefficient alpha of .93 was reported and validity was supported through positive associations with the Perceived Stress Scale (PSS). In Wei et al. (2011), the African American sample appeared proportional given the demographics of the

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institution. Since a majority of the sample was classified as freshmen, then participants may not be acclimated to university life. Some of the students' stressors were potentially normative developmental experiences, such as perceptions based on the newness of the campus environment and being away from home for the first time. Unfortunately, the sample's demographical information did not include whether students were first generation college students, resided on campus, or commuted to campus. These considerations may also impact general and minority stressors. African Americans mean scores were higher on the MSS, which could be an example of minority stress experiences (i.e., microaggression) unique to this group. Whether intersectional differences were measured was unclear. The MSS assessed stressors related to 'minority status' without explicitly defining what 'minority status' entails.

### **Gendered Racism**

**Gendered Racial Microaggression Scale.** The Gendered Racial Microaggression Scale (GRMS) is a true intersectional scale that enables simultaneous measurement of multiple identities—a starting point is race and sex-gender (Harnois & Ifatunji, 2011). Research by Lewis and Neville (2015) applied an intersectional framework to create the GRMS, a measure of gendered racism. The GRMS assessed Black women's experience across four domains: assumptions of beauty and objectification, silenced and marginalization, strong Black woman stereotype, and angry Black woman stereotype. As a multidimensional scale, the GRMS underscores the essence of gendered racism on the lived experience of African American women. The GRMS measured subtle and everyday microaggression that occurred verbally, behaviorally, and environmentally. In phase one, the scale initially consisted of 35 items, which were largely based on three emergent themes (i.e., assumptions of beauty and objectification,

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silenced and marginalization, and strong Black woman stereotype) as identified by student focus groups.

In phase two, the GRMS was revised from feedback received from a community focus group of 12 Black women and an expert panel of six scholars with backgrounds in Black Women Studies and microaggression. The revised scale was extended to 41 items following feedback from the community focus group, then to 46 items following feedback from the expert panel. A pilot test was conducted with a convenience sample ( $N = 10$ ), though no characteristics of the sample were provided, that resulted in deleting 14 items to eliminate redundancy and to clarify constructs. The final GRMS was comprised of 32 items and four subscales using a six-point Likert scale to assess stress appraisal (i.e., zero (*not at all stressful*) to five (*extremely stressful*)) and frequency (zero (*never*) to five (*once a week or more*)) (Lewis & Neville, 2015).

The GRMS is a valid and reliable instrument. The reliability alphas in each of the four domains are above an acceptable level (i.e., .74 to .88). The overall Cronbach's alpha score for the scale is .93 (see Table 3, for subscale alpha scores). The GRMS was positively associated with the Racial and Ethnic Microaggression Scale (REM), Schedule Sexist Events (SSE), and the Mental Health Inventory 5 (MHI-5) (Lewis & Neville, 2015). There was overlap between the GRMS, REM, and SSE, although the GRMS was also conceptually distinctive from the REM and SSE. The GRMS, unlike the REM and SSE, was able to measure intersectional microaggression.

The GRMS explicitly addressed intersectional microaggression as experienced by African American women. By utilizing an intersectional framework, the authors acknowledged that for African American women, racial and gender microaggression are not distinctive categories. The two preliminary studies on the GRMS comprised a vast majority of students and

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middle class Black women. The samples from phase one and phase two were upwardly mobile as evidenced by education and socioeconomic status. In revising and finalizing the GRMS, the authors demonstrated inclusivity with community focus a group, which was a diverse sample of Black women ( $N = 12$ ). This study did not explore potential differential experiences related to participants' sexual identity, socioeconomic status, and geographical location.

**Jackson, Hogue, Phillips Contextualized Stress Measure.** Jackson, Rowley, and Owens (2012) examined contextualized stress as compared to global stress. Contextualized stressors are unique to the lived experience of African American women. Mainly, the authors research explored the utility of the Jackson, Hogue, Phillips Contextualized Stress Measure (JHP) with insured (private and public), pregnant (first or second trimester), and well-educated (i.e., college educated) African American women. They sought to determine whether the JHP could explain distress experienced by well-educated African American women more so than the Perceived Stress Scale. The JHP was comprised of 68 items using a five-point Likert scale format (i.e., one (*strongly disagree*) to five (*strongly agree*)). This self-administered scale was designed to measure chronic exposure to contextualized racial and gendered stress. Originally the JHP was 71 items, however three items were omitted due to low response rate (Jackson et al., 2012). The original JHP consisted of five subscales: race/racism, burden, work stressors, personal history, support and coping, and stress states (Jackson, Hogue, & Philips, 2005). The version of the JHP utilized by Jackson et al. (2012) consisted of these five subscales. Total scores on the JHP ranged from 86 to 226; scores were divided into three groups indicating low, moderate, and high contextualized stress.

The JHP is a reliable and valid instrument. Jackson et al. (2012) reported a Cronbach's alpha coefficient of .84. In prior research (i.e., Jackson et al., 2005) reliability scores on six

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subscales ranged from .66 to .80. (The history subscale was .6689 and the stress states subscales was .6634.) The instrument also appeared to have good convergent validity. There were highly significant correlations for the JHP and the PSS ( $r = 0.511$ ;  $n = 100$ ;  $p < .01$ ) and the JHP and the Beck Depression Inventory-II ( $r = 0.506$ ;  $n = 101$ ;  $p < .01$ ) (Jackson et al., 2012). Results indicated that both the JHP and the PSS were effective for measuring depression, but the PSS was superior to the JHP. In prior research, the JHP subscales have shown associations with anxiety (Spielburger State-Trait Anxiety Inventory), anger (Spielburger State-Trait Anger Inventory), and depression (National Health Interview Survey) (Jackson et al., 2005). Additional findings indicated that income was a protective factor for women with higher incomes and pregnant women with other children in the home had higher scores on JHP (Jackson et al., 2012).

The JHP appears to be a useful instrument for measuring minority stress. Akin to many of the studies in the review, the measure sampled from college educated and middle income African American women. Jackson et al. (2012) did not consider the intersection of sexual identity. Future research should explore use of the JHP with lower income and non-college degreed African American women. African American women are a diverse group, differing across class, sexual identity, and motherhood. Attention to differential experiences may reveal additional insight with regard to minority stress and microaggression.

**National Survey of American Life: Coping with Stress in the 21<sup>st</sup> Century.** Harnois and Ifatunji (2011) evaluated race and sex-gender discrimination with an intersectional framework. From a secondary data analysis of the National Survey of American Life: Coping with Stress in the 21<sup>st</sup> Century (NSAL), the authors hypothesized that the survey was not an intersectional measure for assessing race and sex-gender discrimination. The NSAL consisted of questions on major-life and everyday discrimination, many of the survey items were drawn from

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the 1995 Detroit Area Study. The survey was conducted in face to face interviews. Major-life discrimination, measured by nine items, was perceptions of discrimination that restrict an individual's mobility in employment, housing, education, and financial and legal institutions. Everyday discrimination, measured by ten items, centered on perceptions of daily discrimination, such as prejudiced assumptions and poor treatment from others. Respondents were offered an answer choice of either yes or no.

The NSAL was analyzed for content validity. Harnois and Ifatunji (2011) reported that the survey failed to measure gendered racism among African American women. A reliability score was not reported. The NSAL indicated content validity to measure discrimination; however, the instrument did not measure gendered racism as related to African American women. A t-test indicated gender differences among major-life and everyday discriminations. Men scored higher on the nine major-life discrimination items compared to women. The t-tests further indicated that the distribution of responses between men and women were different on six of the nine items. For example, a difference among men and women were that men reported higher frequency in discrimination from employment and legal institutions. Men perceived that they were denied promotion due to race/ethnicity. Men also perceived unfair treatment by the police due to race/ethnicity. Women did not score higher than men on any of the NSAL major discrimination items. Similar findings were reported with everyday discrimination items. Overall, the mean value for men was much higher than the mean value for women on all ten everyday discrimination items.

Although the sample in Harnois and Ifatunji (2011) was largely comprised of African American females, the measurement appeared too "gender neutrality" to assess women's unique experiences with discrimination (p.1011). The authors acknowledged that a potential problem

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with the NSAL related to a relatively high number of gender neutral items and lack of consideration for the role of intersectionality. Some of the NSAL items drew upon race and specific sex-gender experiences of Black men, but far less of the items addressed race and specific sex-gender experiences of Black women. The method of conducting the survey in a face to face format posed several challenges. In face-to-face interviews, participants were aware of the interviewer and could have been unduly influenced by the interviewer's presence. Additionally, given the sensitive nature of the survey questions, participants may have been swayed in their responses and provided socially desirable answers (Rubin & Babbie, 2011). Interviewer bias may have also impacted the survey. An overall strength of the study was the sample size. African Americans currently make up 41.7 million of the United States population (United States Census Bureau, 2015), and the NSAL study included a large and diverse African American sample (N= 3,186), which is .008% of the larger population. A large sample of participants may increase generalizability of the findings.

### **Race and Sex-Gender**

Nearly 20 years ago, Klonoff and Landrine (1995) described the Schedule of Sexist Events as a reliable and valid measure of lifetime and recent sex discrimination. Since inception, a number of studies have utilized the Schedule of Sexist Events (SSE), as well as the Schedule of Racist Events (SRE), also created by Landrine & Klonoff (1996) to measure gendered racism (e.g., Stevens-Watkins et al., 2014; Szymanski & Stewart, 2010; Williams, 2015; Zucker, Fitz, & Bay-Cheng, 2015). Previous research indicated that these scales are reliable to assess racial and sexual stressors.

**Schedule of Racist Events.** Several studies utilized a version of the SRE. Zucker et al. (2015) evaluated the intersectionality of gendered racism on the sexualities of young adult

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women of color ( $N = 154$ ); participants identified as Asian ( $n = 55$ ), African American ( $n = 48$ ), Biracial ( $n = 25$ ), Latina ( $n = 18$ ), Middle Eastern ( $n = 7$ ), and Native American ( $n = 1$ ). The authors proposed three hypotheses. The first hypothesis was most related to the present study. Specifically, they hypothesized that perceived racism and sexism, respectively, were associated with lower levels of condom use, self-efficacy, and sexual life satisfaction (i.e., sexual well-being). Sexual autonomy was a mediating variable. The authors amended the original SRE, which was designed for African Americans, to make the scale useful and inclusive for women of color. The SRE was 16 items using a six-point Likert scale to assess perceptions of racist incidence. Responses ranged from one (*never happened*) to six (*almost all of the time; more than 70% of the time*) (Zucker et al., 2015). As modified, the SRE was still not indicative of an intersectional measurement since racial discrimination was singularly examined without attention to other social identities. Findings indicated that racism, solely, lowered sexual well-being. Both perceived racism and sexism lowered sexual autonomy.

Stevens-Watkins, Perry, Pullen, Jewell, and Oser (2014) assessed African American women's vulnerability to stress and adverse life events given racism and sexism. In this study, the SRE included one additional question making the total 17 items. The authors reported a reliability alpha (.92) without a discussion of validity. Findings indicated that African American women experienced race and sex-gender stressors on each stressful life event measured (i.e., social network loss, motherhood and childbirth, employment and finances, personal illness and injury, and victimization) (Stevens-Watkins et al., 2014).

Szymanski and Stewart (2010), a formative study on race and sex-gender discrimination, examined racism and sexism, as separate or concurrent predictors of stress among African American women who largely identified as heterosexual and graduate/professionally degreed.



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The authors utilized the Schedule of Racist Events Recent (SRE-R) to examine racism, however opted for the Daily Sexist Events (DSE) to explore sexism. The SRE-R consisted of 18 items using a six-point Likert scale to measure African Americans' experiences with racial discrimination within the last year. The responses ranged from one (*the event has never happened to you*) to six (*the event happened almost all the time-more than 70% of the time*) (Szymanski & Stewart, 2010). Higher scores on the scale indicated frequent encounters with discriminatory events. Szymanski and Stewart (2010) reported that the SRE-R was designed to specifically measure the experiences of African Americans. A majority of the sample (i.e., 89%) had attained some degree, with a large portion of the sample reporting graduate/professional degrees (42%). The authors recruited participants from university and professional organizations, which most likely accounted for academic homogeneity. The findings from this study may not generalize beyond highly educated samples of African American women.

The SRE-R is suitable for measuring single (racial) discrimination among African American women, but does not measure intersectional experiences. Findings indicated that racism and sexism were related to psychological distress experienced by African American women, yet sexism was more associated with mental distress. In this study, demographic variables (i.e., age, education, and sexual orientation) did not significantly relate to psychological stress.

The general internal consistency of the SRE was very good as evidenced by Cronbach's alphas: .92 (i.e., SRE, Stevens-Watkins et al., 2014), .94 (i.e., SRE-R, Szymanski & Stewart, 2010), .95 (i.e., SRE, Zucker et al., 2015). Szymanski and Stewart (2010) confirmed validity as supported "by exploratory and confirmatory factor analyses, significant positive correlations with global psychological distress scores and psychological distress subscale scores of

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depression, anxiety, interpersonal sensitivity, somatization, and obsessions/compulsions” (p. 229).

**Schedule of Sexist Events.** Williams (2015) examined the influence of gendered racism on the well-being (i.e., depressive symptoms, anxiety symptoms, life satisfaction, and quality of social relationships) of African American women. The author assessed race and sex-gender with the Revised Schedule of Sexist Events (RSSE). In this review, only the RSSE is evaluated since the author aimed to assess whether the RSSE was a valid intersectional measure. Other measures (i.e., the Daily Life Experiences (DLE) subscale of the Racism and Life Experiences Scale (RaLES), and Coronary Artery Risk Development in Young Adults VIII (CARDIA)) were used to assess convergent validity of the RSSE. The RSSE consisted of 20 items using a six-point Likert scale, higher scores were indicative of greater experiences with gendered racism. Responses ranged from one (*the event never happened*) to six (*the event happens almost all the time*) (Williams, 2015). The RSSE originated from the Schedule of Sexist Events (Klonoff & Landrine, 1995), however the RSSE was modified to specifically measure African American women’s experience with discrimination. The author found that the RSSE was valid and reliable (i.e.,  $\alpha = .93$ ) with the study population. The RSSE was also theoretically similar to the DLE and CARDIA. Furthermore, the author found that gendered racism was associated with overall poorer well-being.

Similar to Williams (2015), Zucker et al. (2015) used the SSE, but they explored the effect of race and sex-gender discrimination on sexual well-being. The SSE was 20 items using a six-point Likert scale to assess sexism. Responses ranged from one (*never happened*) to six (*almost all of the time; more than 70% of the time*) (Zucker et al., 2015). The scale assessed sexism in four distinct areas: sexist degradation, workplace discrimination, sexism in personal

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relationships, and sexism in distant relationships (Zucker et al., 2015). Higher scores revealed frequent experiences with sexism. In this study, the SSE was cited as reliable (i.e.,  $\alpha = .94$ ), however there was no discussion of validity. Findings indicated that perceived racism is associated with lower sexual well-being; less sexual autonomy, less condom use self-efficacy, and lower sexual life satisfaction and there was no sexism and racism interaction (Zucker et al., 2015).

Stevens-Watkins et al. (2014) examined whether significant positive correlations existed among racism, sexism, and stressful events, and if racism and sexism together would significantly associate with psychological distress. In this particular study, the modified Schedule of Sexist Events-Lifetime (SSE-LM) contained 13 items and was modified from the original version to include “a multi-ethnic baseline sample of women” (Stevens-Watkins et al., 2014. p. 564). The authors reported that scores were calculated for a total number of sexist events experienced and responses ranged from zero (*none*) to six (*six or more*). The SSE-LM was reported as a reliable measure (i.e.,  $\alpha = .87$ ), however validity was not mentioned. The findings from this study indicated that racism and sexism impact the mental health of African American women more so than lifetime traumatic events (i.e., Traumatic Life Events Questionnaire).

All the authors identified correlations between the sexism and racism scales. Zucker et al. (2015) reported that perceived sexism was correlated with perceived racism. Williams (2015) used a revised SSE to assess racial discrimination and well-being among African American college students. The RSSE was reported as a valid measure based on prior studies: content and construct validity to measure racism and sexism; discriminant validity to measure social desirability; criterion-related validity to measure psychological distress; and incremental validity to measure racism and sexism. Specifically, Williams (2015) reported that the RSSE was:

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significantly and positively correlated to a measure of racism, sexism, and depression and anxiety subscales; however, it did not correlate to the social desirability scale. Furthermore, four separate hierarchical multiple regression analyses confirmed incremental validity. The overall internal consistency of the SSE was strong with Cronbach's alphas ranging from .87 (i.e., SSE-LM, Stevens-Watkins et al., 2014) to .94 (i.e., SSE, Zucker et al., 2015).

Contrary to singular microaggression scales such as the SRE and SSE, intersectional microaggression scales are capable of examining “multidimensional aspects of discrimination” (Zucker et al., 2015, p.6). These studies (i.e., Stevens-Watkins et al., 2014; Szymanski & Stewart, 2010; Williams, 2015; Zucker et al., 2015) did not employ intersectional microaggression scales. However, Williams (2015) asserted that the RSSE was capable of measuring racism and sexism above an interactionist perspective. In all the studies examining the SRE and SSE, microaggression was measured singularly, although the authors used an intersectional framework. In formative research to examine gendered racism, the SRE and SSE were heavily utilized, however results from this instrument differed across studies. For example, Szymanski & Stewart (2010) found that sexist experiences were more prominent than racist experiences, while Zucker et al. (2015) found the emergence of race as more prominent on subjective experience.

Although the studies using the SRE and SSE included African American samples, there are several limitations with the samples. Stevens-Watkins et al. (2014) included an economically diverse sample of African American women and provided some understanding of lower-income African American women's experience with racism. The majority of the women in the Black Women in a Study of Epidemics (B-WISE) sample were not degreed, reported explicit drug use, and identified as lower income (Stevens-Watkins et al., 2014), which is quite different from

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samples used in supplementary studies in this review. Although these differences in general may reduce external validity, the differences provide additional insights on the diverse experiences of African American women with racism. In contrast, Zucker et al. (2012) employed a sample of women of color undergraduates from a private institution who all reported at least one heterosexual encounter (current sexual orientation was not explicitly reported). Therefore this sample may not generalize to African American lesbian women. Williams (2015) used the RSSE, revised by Thomas, Witherspoon, & Speight, 2008, to measure African American women's experience with discrimination. The author utilized an intersectional approach to assess African American women's well-being, yet the scales were not intersectional. The findings from Williams (2015) may not generalize to African American women who are not college educated.

### **Race and Sexual Identity**

**Daily Heterosexist Experiences Questionnaire.** African American lesbian women experience a triple challenge given the potential for multiple marginalization—stemming from race, sex-gender, and sexual orientation discrimination (Bowleg et al., 2003). Fewer studies explored the incidence of race and sexual identity microaggression; notable exceptions are Balsam et al. (2013) and Balsam et al. (2011).

The Daily Heterosexist Experiences Questionnaire (DHEQ) developed by Balsam et al. (2013) assessed nine factors of minority stress: gender expression, vigilance, parenting, discrimination and harassment, vicarious trauma, family of origin, HIV/AIDS, victimization, and isolation. The initial development of the DHEQ included a focus group and interviews exploring topics related to LGBT identity, connection to the LGBT community, mental health and substance use, and coping skills. Emergent themes from qualitative data were transposed into a pilot test, 60 items, to examine generalizability. In phase two, the authors conducted a web-based

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questionnaire, which included sociodemographic, psychological distress, LGBT identity, and discrimination questions. (Specific sociodemographic items included race/ethnicity, gender identity, sexual identity, education, income, and age.) At the conclusion of this phase, a total of 43 items were retained, and 40 additional items were added from open-ended responses. An exploratory factor analysis was used to eliminate and finalize items. To finalize the DHEQ, subscales with fewer than four or more than six items and a loading cutoff of .40 were eliminated (Balsam et al., 2013). The final DHEQ included 50 items, nine subscales using a four-point Likert scale, ranging from one (*not at all*) to four (*a lot*) (Balsam et al., 2013).

Balsam et al. (2013) refined the DHEQ with input from the LGBT community and the scale appeared to have “good psychometric properties including internal consistency, concurrent validity, and construct validity” (Balsam et al., 2013, p. 17). The overall reliability score for the DHEQ was .92 (see Table 3, for specific subscale alpha scores). The authors specifically reported construct validity; moderate correlations were identified between the DHEQ and measures of psychological distress (i.e., depression, anxiety, and perceived stress). The three phase process to develop the DHEQ appeared comprehensive. Minority stress was measured across nine domains/subscales and was informed by previous theory and qualitative data from the LGBT community.

The study appeared to include ethnically diverse samples, still a majority of respondents in each phase identified as White. There was also variance in sexual identity reporting; in phase two, lesbian or gay was reported as one category and in phase three, as separate categories. As well, in phase two, the national pilot test, the geographical location of participants was not disclosed. There may have been regional differences among the sample. The DHEQ appeared useful with diverse LGBT populations (e.g., measure the amount of subjective distress

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experiences), although the DHEQ does not explicitly mention or appear to measure intersectional experiences with minority stress among diverse LGBT populations. The DHEQ does not appear to involve questions specific to the intersection racial or sex-gender microaggression. Minority status was related solely to LGBT identity, rather than LGBT identity and race. The DHEQ may be best used to compare minority stress between LGBT groups. Due to missing data 11.1% of African Americans were excluded, thus caution should be taken to generalize results to African Americans. The measure was relatively long with 84 items, which could account for missing data.

**LGBT People of Color Microaggressions Scale.** A second and final sexual identity measurement was the LGBT People of Color Microaggressions Scale (LGBT-POC) created by Balsam et al. (2011) to assess intersectional microaggression among lesbian, gay, bisexual, and transgender people of color. The LGBT-POC consisted of 18 items and three subscales (i.e., LGBT racism, POC heterosexism, and LGBT relationship racism) using a five-point Likert scale, ranging from zero (*did not happen/not applicable to me*) to four (*it happened, and it bothered me extremely*) (Balsam et al., 2011). The measure was developed within a three-phase process. The first phase included qualitative focus groups and interviews to generate questionnaire items. A second phase was a pilot test via a web-based national survey, items with poor performance were omitted and new items generated. The third phase was a national web-based survey to examine reliability and validity. Eight items with factor loadings less than .60 were eliminated in phase three.

Balsam et al. (2011) indicated that the LGBT-POC was reliable and valid. To determine the internal consistency of the LGBT-POC, Balsam et al. (2011) developed three subscales to assess microaggression, using 18 questions ( $\alpha = .92$ ), and all three subscales had good internal

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consistency (see Table 3, for subscale alpha scores). The LGBT-POC has good construct validity with similar LGBT scales (e.g., the Outness Inventory and three subscales of the Lesbian, Gay, and Bisexual Identity Scale). The LGBT-POC was also positively correlated to psychological distress (i.e., the Center for Epidemiologic Studies Depression Scale (CES-D 10) and Perceived Stress Scale-Short Form (PSS)). In measuring psychosocial adjustment, discriminant validity was confirmed since the LGBT-POC differed from the Outness Inventory, the Lesbian, Gay, and Bisexual Identity subscales, the CES-D 10 and the PSS.

Major strengths of the LGBT-POC was development within the LGBT community and among LGBT people of color, the use of state and national samples, and the relatively large sample of LGBT individuals. The LGBT-POC appears culturally applicable and able to measure intersectional experience. Conversely, the instrument does not appear to measure the unique experiences of African American women with gendered racism or sexual identity.

### **Synthesis of Findings**

Given the progression of literature on minority stress and racial microaggression, there is now a critical need to evaluate the influence of intersectional microaggression on African American women. While studies on the intersectional nature of microaggression are emerging, there still remains a shortage of research in this area. In general, most studies do not appear to effectively measure intersectionality.

Intersectional microaggression scales are important to understanding and assessing interpersonal discrimination experienced by African American women. A small number of studies examined intersectional microaggression and minority stress. Most of the studies in this review utilized survey data collection, however, three studies used secondary analyses of survey data (Harnois & Ifatunji, 2011; Seng et al., 2012; Stevens-Watkins et al., 2014). Two studies



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reviewed minority stress (Seng et al., 2012; Wei et al., 2011). Two studies undertook three-phase, mixed method research for the construction of scales measuring race/ethnicity and sexual identity (Balsam et al., 2013; Balsam et al., 2011). The three-phase, mixed method approach consisted of qualitative data collection with focus groups and interviews, a pilot test, and a final survey. Seven studies examined existing scales for measurement of gendered racism (Harnois & Ifatunji, 2011; Jackson et al., 2012; Lewis & Neville, 2015; Stevens-Watkins et al., 2014; Szymanski & Stewart, 2010; Williams, 2015; Zucker et al., 2015). Two studies contained distinctive gendered racism scales specific to African American women (Jackson et al., 2012; Lewis & Neville, 2015). Lewis & Neville (2015), in particular, utilized a two-phase, mixed method approach in the creation of a unique scale to assess gendered racism. Their two phase approach included focus groups, a panel of six experts, pilot test, and final instrument.

The research in this review indicated that minority stress and microaggression are associated with African American women's mental health. The findings from several studies (i.e., Jackson et al., 2012; Szymanski & Stewart, 2010; Wei et al., 2011; Williams, 2015; Zucker et al., 2015) demonstrated that racism and sexism were significantly correlated with psychological distress among college educated African American women. The gendered racism experiences of college degreed African American women are not generalizable to all African American women as non-college degreed African American women may offer differential insight and experiences about the power of racism and sexism. However, current research begs the question that if gendered racism is inescapable for college educated African American women then what could possibly serve as a protective factor for African American women without a college degree? Gendered racism appears unavoidable for African American women regardless of their level of education and socioeconomic status.

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In consideration of the NSAL, Harnois and Ifatunji (2011) asserted that gender neutrality is not enough; African American women's specific experiences with gendered racism must be examined. In this review, the most comprehensive measure to capture the totality of these experiences was the GRMS. The instrument utilized an intersectional framework and employed the concept of gendered racism throughout development, sampling, and data collection. The scale also reported strong reliability and validity. Lewis and Neville's (2015) sampling approach appeared to encompass a diverse sample of Black women who were students, professionals, and members of the larger community. The GRMS subscales were specific to African American women's experiences with microaggression and supported by Black feminist scholarship. Collins (2004), for instance, has suggested that racist and sexist beliefs about gender, race, and sexuality produce controlling images of Black womanhood (e.g., angry, sexually aggressive superwomen). The GRMS was consistent and reflected experiences of African American women who are often stereotyped across a continuum of strength and dominance to hypersexualization and marginalization.

A few other scales demonstrated rigor and relevance to measure multiple minority stress and microaggression. The EDS and MSS were capable of measuring minority stress, although both scales broadly assessed minority stress without a consideration of intersectionality. The SRE and SSE have utility to measure single axis discrimination as indicated by several studies; although, these scales do not measure intersectionality and appear dated when contrasted to the GRMS. Similar to the GRMS, the JHP was designed to measure African American women's specific multiple stressors; however, research (i.e., Jackson et al., 2012; Jackson et al., 2005) did not demonstrate that the scale would generalize beyond college degreed women. (Admittedly, Jackson et al. (2005) sampled non-degreed African American women ( $n = 26$ ) but

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generalizability is still questionable given the overall sample size was overwhelmingly college educated.) The LGBT-POC was a valid and reliable measure for between-group racism and within-group heterosexism. Similar to Lewis & Neville (2015), Balsam et al. (2011) underwent a rigorous process to create the scale with focus groups, a pilot test, and survey. Unlike the GRMS, the LGBT-POC does not examine the unique experiences of African American women with sexuality identity microaggression. The LGBT-POC did not convey an understanding of Black sexual politics, gender ideology and sexuality. Black sexual politics includes, among other things, historical and current stigma (i.e., sexual dominance, exploitation, and promiscuity) and prevailing stereotypical images of Black lesbian women (Collins, 2004). Overall, the NSAL was the least relevant and reliable to measure gendered racism.

### **Implications and Recommendations**

As studies in this paper demonstrated, African American women are still confronted with gendered racism, and often heterosexism, in personal and professional relationships. These mentally and physically deleterious encounters contribute to a need for measurement scales that incorporate more than one social identity and assess the impact and experience of multiple minority stress. Although, few and far between, intersectional scales with strong psychometric properties (e.g., GRMS, JHP, and LGBT-POC) are available and useful. A main limitation of this research was that the majority of samples were students. The social demographics (e.g., income, employment status, and access to resources) and experiences of students may vary from the typical African American woman. A second limitation is the types of studies included in the review. For instance, Lewis and Neville (2015) was the one single article on the development of the GRMS while Jackson et al. (2012) presented findings on the utility and construct validity of

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the JHP, without a discussion of development. However, Jackson et al. (2005) was referred to in reporting on the JHP.

Future research should consider “social-spatial contexts” or how African American women perceive, experience, or report minority stress and microaggression differently (Harnois & Ifatunji, 2011, p. 1011). For example, women who have internalized bigotry and stereotypes may have minimized perceptions of microaggression (Harnois & Ifatunji, 2011; Lewis & Neville, 2015). Future studies should also examine differential experiences among African American women across class, geographical location, and sexual identity. For example, African American same-sex oriented and opposite-sex oriented women may differ in their experiences of minority stress. African American women with non-conforming gender expression may have higher exposure to gendered racism and sexual identity microaggression than gender-conforming African American women.

Overall, the findings from this review have major clinical implications for African American women’s mental health. Further development and advancement of intersectional microaggression scales are critically necessary to ensure therapeutic assessment and interventions adequately evaluate and effectively treat African American women. Valid, reliable, and culturally relevant psychometric tools for African American women may also enable practitioners to distinguish between general stress and stress attributable to social identity and microaggression. With this information, practitioners can be more mindful of minority stress as a differential diagnosis to general stress. Moreover, researchers can use the scales to investigate the affect of minority stress and intersectional microaggression on emotional, mental, and physical health disparities.

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## BLACK WOMEN MATTER

Table 2

*Database Search Retrievals*

Date	Search Terms/ String	Engine/Database/Site	Results	Next Search
8/26/15	Minority stress and African American women	One Search UTK	1070 hits	Narrow search
8/26/15	effect or impact of minority stress and African American women	One Search UTK	15 hits	Broader terms
8/26/15	Racism stress and Blacks	One Search UTK	160 hits	N/A
8/26/15	Racial microaggression and Black or African American women	One Search UTK	85 hits	Narrower terms; try a different combination of terms
8/26/15	Minority stress and/or microaggression and African Americans and health	One Search UTK	10 hits	Remove terms
8/26/15	Minority stress and African American women	Google Scholar	523,000 hits	Narrower search
8/26/15	effect of minority stress, microaggression, and African American or black women	Google Scholar	2,750	N/A
9/2/2015	Intersectional microaggression scale and African American women	One Search UTK	21 hits – 20 peer reviewed	Try term instrumentation
9/2/2015	Intersectional microaggression scale, (or instrumentation), and African American women	One Search UTK	0 hits	Google Scholar

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9/2/2015	Intersectional microaggression scale, (or instrumentation), and African American women	Google Scholar	204 hits	Use new terms
9/2/2015	Gendered racial microaggression, measurement scales or instruments, and African American women	One Search UTK	0 hits	Change terms
9/2/2015	Gendered racial microaggression, measurement scales, and African American women	One Search UTK	2 hits	New search engine; irrelevant hits
9/2/2015	Gendered racism microaggression, measurement scales or instruments, and African American women	Google Scholar	264 hits	New terms
9/3/2015	Multiple minority stress, measurement scales or instruments, and African American women	One Search UTK	3 hits	Irrelevant hits' try Google Scholar
9/3/2015	Multiple minority stress, measurement scales or instruments, and African American women	Google Scholar	33,800	Add specify date from 2010 to 2015 to limit search
9/3/2015	Multiple minority stress, measurement scales or instruments, and African American women	Google Scholar	17,300	Narrow search terms; specify publication dates 2010 to 2015
9/3/2015	Race and gender, minority stress, measurement scales or instruments or index and African American women	Google Scholar	17,200	N/A

## BLACK WOMEN MATTER

9/4/2015	Intersectional microaggression and African American women	One Search UTK	7 hits	New search terms
9/4/2015	Intersectionality, minority stress, measure, African American women	One Search UTK	735 hits – 631 peer reviewed	Refine dates from 2010 to 2015
9/4/2015	Intersectionality, minority stress, measure, African American women	One Search UTK	304 hits – 247 peer reviewed articles	N/A
9/4/2015	Lesbian, bisexual, and sexual orientation, microaggression, minority stress, and African American women	One Search UTK	8 hits – 6 peer reviewed	Try new terms
9/4/2015	LGBT microaggression or sexual orientation microaggression and race microaggression	One Search UTK	44 hits – 36 peer reviewed	N/A
9/4/2015	LGBT microaggression and race microaggression, measurement scales or instruments, and African American women	Google Scholar	535 hits	Refine dates to since 2011
9/4/2015	LGBT microaggression and race microaggression, measurement scales or instruments, and African American women	Google Scholar	369 hits	N/A

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9/4/2015	Multiple minority stress and LGBT	One Search UTK	27 hits – all peer reviewed	N/A
9/30/2015	Measurement tools, intersectionality, microaggression, and African American women	One Search UTK	6 hits – 5 peer reviewed	Broaden search terms and refine dates to 2010 to 2015
9/30/2015	Measurement tools, intersectionality, and African American women	One Search UTK	193 hits – 164 peer reviewed	N/A
9/30/2015	Measurement tools, minority stress, and African American women	One Search UTK	2 hits – peer reviewed	N/A

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*Note.* Table 2 was compiled from search retrieval information.

Table 3  
*Summary of Intersectional Microaggression Scales, Reliability Results, and Validity Results*

Instrument	Sample	Factors	Reliability	Validity
Everyday Discrimination Scale (EDS)	Sample ( $N = 647$ ), for the secondary analysis ( $n = 619$ ); African American women ( $n = 210$ ), African American $M_{age} = 38.3$ , African American women living in Detroit, Michigan (total population of African Americans, 81.6%); Ann Arbor (total population of African Americans, 8.8%)	Attributions Race Ethnicity/Nationality, Religion Sex Sexual Orientation Disability Physical Appearance Age Unspecified Pregnancy Status	Cronbach's alpha: $\alpha = .86$	Face Validity
Minority Status Stress Scale (MSS)	Sample ( $N = 160$ ); African Americans ( $n = 53$ ); Female students (54%); $M_{age} = 19.13$ ( $SD = 2.05$ ); Freshman (55%); Middle income (49%); Percentage of White students (90%).	Minority status	Cronbach's alphas: African Americans, $\alpha = .76$ to $.93$	Convergent Validity
Gendered Racial Microaggression Scale (GRMS)	Pilot test: $N = 10$ , no characteristics provided.	Assumptions of Beauty Silenced and Marginalized Strong Black Woman Angry Black Woman	Cronbach's alphas: Overall GRMS, $\alpha = .93$ ; Assumptions	Face Validity Content Validity Construct Validity Convergent Validity Discriminant Validity

## BLACK WOMEN MATTER

	<p>Phase one:  African heritage  (<math>N = 259</math>); African  American (82%);  <math>Mage = 39.17</math> years  (<math>SD = 12.49</math>);  Heterosexual (93%);  Christian (80%);  geographically diverse</p>			<p>of Beauty, <math>\alpha = .87</math>;  Silenced and  Marginalized, <math>\alpha =</math>  .88; Strong Black  Woman, <math>\alpha = .74</math>;  Angry Black  Women, <math>\alpha = .75</math></p>
	<p>Phase two:  African heritage  (<math>N = 210</math>); U.S. born  (92%); <math>Mage = 37.69</math>  years (<math>SD = 13.14</math>);  Middle income (60%);  geographically diverse</p>			
Jackson, Hogue, Phillips Contextualized Stress Measure (JHP)	African American women ( $N = 101$ ); $Mage = 29$ ; College- educated (62%); Employed (81%); Income above \$51,000 (41%), Married (58%)	Racism Burden Personal History Workplace Coping and Support Stress States	Cronbach's alpha: $\alpha = 0.84$	Construct Validity Convergent Validity
National Survey of American Life: Coping with Stress in the 21 <sup>st</sup> Century (NSAL)	African American women ( $n = 2,068$ ); Men ( $n = 1,118$ ); 18 or older; living in rural and urban locations in the U.S.	Major-life discrimination Everyday discrimination	Not reported	Content Validity
Schedule of Racist	Women of color ( $N =$	Race-based Discriminatory	Cronbach's alpha: $\alpha$	Not Reported



## BLACK WOMEN MATTER

Events	154); African American women ( $n = 48$ ); $Mage = 19.49$ ( $SD = 1.65$ ); Undergraduate students at private mid-Atlantic university.	Events in Daily Life	= 95	
Schedule of Racist Events (SRE)	African-American women ( $N = 204$ ); Southeastern U.S. urban city, at least 18 years old; half reported illicit drug use; all currently not involved in the criminal justice system	Racism	Cronbach's alpha: $\alpha = .92$	Not Reported
Schedule of Racist Events Recent (SRE-R)	African American women ( $N = 160$ ); Heterosexual (90%); Lesbian or Bisexual (10%); Two-Year Degree (21%); Four-Year Degree (26%); Graduate/Professional Degree (42%); College Enrollment (28%); Midwest location (58%); $Mage = 43.49$ ( $SD = 13.13$ )	Racial Discrimination	Cronbach's alpha: $\alpha = .94$	Construct Validity
Revised Schedule of Sexist Events (RSSE)	African American Women ( $N = 249$ ); $Mage = 20.96$ ; Single (90.4%); Married (1.6%);	Sexism	Cronbach's alpha: $\alpha = .93$	Content Validity Convergent Validity Discriminant Validity Criterion Validity Incremental Validity

## BLACK WOMEN MATTER

	Divorced (1.6%); Unemployed (51.8%); Part-Time (40.6%); Full-Time Employment (5.6%)			
Schedule of Sexist Events (SSE)	Women of color ( $N = 154$ ); African American women ( $n = 48$ ); $Mage = 19.49$ ( $SD = 1.65$ ); Undergraduate students at private mid-Atlantic university.	Sexist Degradation Workplace Discrimination Sexism Personal Relationship Sexism Distant Relationships	Cronbach's alpha: $\alpha = .94$	Not Reported
Schedule of Sexist Events-Lifetime (SSE-LM)	African-American women ( $N = 204$ ); Southeastern U.S. urban city, at least 18 years old; half reported illicit drug use; all currently not involved in the criminal justice system	Sexism	Cronbach's alpha $\alpha = .87$	Not Reported
Daily Heterosexist Experiences Questionnaire (DHEQ).	Phase one: Sample ( $N = 19$ ); African Americans (12%); $Mage = 38.9$ years ( $SD = 10.7$ ); Female Gender Identity (41.2%); Male to female transgender (8.4%); Other gender (3.4%), Queer (14.4%); Bisexual (15.3%); Lesbian or gay (58.5%)	Gender expression Vigilance Parenting, Harassment and Discrimination Vicarious Trauma Family of Origin HIV/AIDS Victimization Isolation	Cronbach's alphas: Overall DHEQ, $\alpha = .92$ ; Gender expression, $\alpha = .86$ ; Vigilance, $\alpha = .86$ ; Parenting, $\alpha = .83$ ; Harassment and Discrimination, $\alpha = .85$ ; Vicarious trauma, =82; Family of Origin, $\alpha = .79$ ; HIV/AIDS,	Construct validity Concurrent validity

## BLACK WOMEN MATTER

## Phase two:

Sample ( $N = 900$ );  
 African Americans  
 (7.2%);  $M_{age} = 34.0$   
 years ( $SD = 11.2$ );  
 Female gender identity  
 (57.3%); Male to  
 female transgender  
 (4.4%);  
 Other gender (4.0%);  
 Queer (11.8%);  
 Bisexual (31.8%);  
 Lesbian or gay  
 (48.7%);  
 College or graduate  
 degree (86.5%); Mean  
 income: \$40,000 to  
 \$59,000 per year

## Phase three:

Sample ( $N = 1,217$ );  
 African American  
 (5.4%);  $M_{age} = 36.6$   
 ( $SD = 11.8$ ); Female  
 Gender Identity  
 (51.4%); Male to  
 female transgender  
 (5.5%); Queer (10.4%);  
 Bisexual (22.0%);  
 Lesbian (31.0%);  
 Genderqueer (3.1%);  
 Mean household

$\alpha = .79$ ;

Victimization,  $\alpha =$

.87; Isolation,  $\alpha = .76$

## BLACK WOMEN MATTER

LGBT People of Color Microaggressions Scale (LGBT-POC)	income: \$60,000 to \$79,000 per year			
	Phase one: Sample ( $N = 112$ ); LGBT-POC (46%); African Americans ( $N=10$ ) in Washington State; Lesbian or Gay ( $n = 34$ ); $Mage = 36$ ( $SD = 10.30$ )	Racism In LGBT Community Heterosexism In People Of Color Communities Racism In LGBT Relationships	Cronbach's alphas: Overall LGBT-POC, $\alpha = .92$ ; LGBT Racism, $\alpha = .89$ ; POC Heterosexism; $\alpha = .81$ ; LGBT Relationship Racism, $\alpha = .83$	Construct validity Convergent validity Discriminant validity
	Phase two: Sample ( $N = 900$ ); LGBT-POC ( $n = 266$ ), African Americans (24%); Female Gender Identity (55%); Lesbian or Gay (54%), LGBT-POC, $Mage = 32.4$ ( $SD = 10.2$ )			
Phase three: Sample ( $N = 1,217$ ); LGBT-POC ( $n = 297$ ); African Americans ( $n = 53$ ); Woman Gender Identity (50.2%); Lesbian (31%); $Mage = 33.0$ ( $SD = 10.4$ )				

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*Note.* Table 3 was compiled using data from studies reviewed.