

## INTRODUCTION

Sexual minority women (SMW) experience adverse physical and mental health outcomes and engage in maladaptive health behaviors at higher rates than their heterosexual counterparts. Although the mechanisms by which these health disparities emerge are not yet well understood, it is theorized that SMW experience unique stressors due to their marginalized status in society – known as sexual minority stressors (SMS) – that may contribute to these health disparities. Most SMS research has relied on cross-sectional or traditional longitudinal research designs, which limits understanding of these processes in daily life. In a previous pilot study, 29 potential items were identified from existing retrospective measures of SMS and subsequently narrowed to eight items based on their variability both within and across individuals to maximize within-person variability. Building on this previous research, the goal of the present study was to validate a daily SMS measure among SMW with female partners.

## METHOD

### Participants

- $N = 321$  partnered SMW ages 18-35
- Cisgender females with female partner (3+ months)
- $\geq$  one partner attracted exclusively/mostly to women
- $\geq$  one partner heavy drinker

### Materials

#### Sexual Minority Stress (Daily)

- SMS (Heron et al., 2018); 8 items
- 6-point response scale (0=*not at all*, 6=*very much*)

#### Global SMS (Daily)

- Single item asking if any negative experiences related to sexual identity (0=*no*, 1=*yes*)

#### PANAS (Daily; Watson, Clark, & Tellegan, 1988)

- Positive affect and negative affect (4 items each)

#### Discrimination (Daily; modification of Szymanski, 2006)

- Summed sexual minority discrimination across 11 types of individuals (e.g., family, friend)

#### General Stress (Daily; Almeida et al., 2002)

#### Heterosexual Experiences (Person-level)

- 38 of 50 items from DHEQ (Balsam et al., 2013)
- From 0 (*did not happen*) to 5 (*extremely bothered*)

### Procedure

- Recruited from across the United States
- Screened and consented both partners independently and remotely (via online survey)
- Both partners completed baseline assessment online
- Completed 14 days of daily online assessments
- Remotely trained study procedure via online materials



An 8-item measure can serve as a **succinct** assessment of daily sexual minority stress among women and demonstrates daily associations with **negative mental health** outcomes.

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## RESULTS

The current analyses are based on 4008 observations ( $M = 12.5$  days per participant).

Participants reported values of 0 for 94.5% of daily SMS items. Because only 5.5% of days were non-0's, items were dichotomized into 1=*experienced SMS*, 0=*did not experience*.

### Multilevel CFA of the 8-item SMS scale

- Cohesive unidimensional construct (factor loadings .46 to .88) with significant daily variance ( $\sigma = 2.05$ ,  $p = .004$ )
- Although endorsement of individual SMS items was relatively rare (ranging from 49 days [1.2%] to 411 days [10.3%]), even the rarest event loaded strongly onto the unidimensional factor (.82), indicating it may have been particularly impactful

### Concurrent validity:

Outcome	B	SE	p	$\beta$	Odds Ratio
<b>BETWEEN-PERSON</b>					
Heterosexual experiences	2.26		<.001		
<b>WITHIN-PERSON (DAILY)</b>					
Single-item Global SMS	2.20	0.406	<.001	0.92	9.03
Discrimination	1.54	0.220	<.001	0.86	4.65
Positive Affect	-0.32	0.088	<.001	-0.17	--
Negative Affect	0.57	0.092	<.001	0.33	--
General Stress	0.27	0.046	<.001	0.29	1.31

- Participants endorsed yes to global single-item SMS on 209 days (5.2%)
- Participants endorsed 1+ specific SMS items on 788 days (19.5%)

## DISCUSSION

The short, 8-item SMS measure was supported for use as a succinct measure of unique sexual minority-related stressors for SMW at the daily level. It captured more experiences by participants than a single-item measure. Moreover, it had very strong associations with other measures of distress or discrimination. Thus, this measure can be used in future studies examining how daily SMS is related to health and well-being among SMW, which may improve understanding of mental health disparities and adverse health behaviors.

There was not substantial variation among responses above 1 at the item level, hence a multi-point response scale was not justified. The scale may perform best as a checklist.