

A Review of Instruments that Measure LGBTQ Affirmation and Discrimination Constructs in  
Adults

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NOTE: The Version of Record of this manuscript has been published and is available in the  
*Journal of LGBT Issues in Counseling*, 2017, doi: 10.1080/15538605.2017.1380555.

### **Abstract**

In this article, we review measures of adult LGBTQ affirmation and discrimination constructs in five categories: counselor competency, attitudes toward LGBTQ, experiences of discrimination, internalized attitudes, and sexual identity. Within each category we list scales, scale descriptions, validity, reliability, and normative data. Our aim was not to conduct a systematic review, but rather to provide readers with a sampling of available tools. We selected measures for inclusion on the basis of usage (assessed via average annual citation rates) or uniqueness of the construct or population addressed. Finally, we conclude with recommendations for future development of measures.

Keywords: assessment, LGBT, heterosexism, discrimination, affirmation

## A Review of Instruments that Measure LGBTQ-Affirmation and Discrimination in Adults

The *Standards of Care* (hereafter referred to as *Standards*) in assessment of Lesbian, Gay, Bisexual, Transgender, Gender Expansive, and Queer/Questioning persons advocate the selection and use of affirmative assessments (Goodrich et al., in press). Affirmation includes both an absence of heterosexism and a celebration of the LGBTQ identity (Crisp, 2006) and is a key competency in counseling (Harper et al., 2013). Reliable and valid measures of both affirmative and discriminatory attitudes in LGBTQ adults and the people who serve them are important tools in gay affirmative practice. Finding and selecting suitable instruments, however, presents unique challenges. Several authors have noted a lack of measures normed specifically on the Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) population (Harper et al., 2013; Moradi, Mohr, Worthington, & Fassinger, 2009). When instruments do exist, they may have been validated only with specific subpopulations (e.g. gay men) and therefore are not universally applicable (Moradi et al., 2009). In addition, LGBTQ-attitudinal constructs are subject to ever-changing socio-political norms. As understanding and social discourse around gender and sexual identities evolve, the language used in scales or the constructs measured may become obsolete or inapt in a short period of time (Massey, 2009; Walls, 2008). Practitioners and researchers, therefore, have the task of evaluating measures not only for their validity, reliability, and appropriate norms, but also must pay attention to the appropriateness of language and construct so as to avoid bias (Goodrich et al., in press; Harper et al., 2013).

To address these challenges, we review 36 affirmative and discrimination measures in five categories: counselor competency, attitudes toward LGBTQ populations, experiences of discrimination, internalized attitudes, and sexual identity. We evaluate the validity and reliability evidence for each assessment and provide the reader with a description of both the target

population and the normative sample. We also provide guidance on tools where language may need to be updated or may be appropriate for only specific subpopulations.

### **Method**

We began identifying discrimination and affirmation measures by reviewing overviews on assessment with this population (e.g. Brabender & Mihura, 2016; Dombrowski, Gischlar, & Mrazik, 2011; Gordon & Castro, 2007; Grey et al, 2013; Moe, Finnerty, Sparkman, & Yates, 2016; Senreich & Vairo, 2014). The 28 relevant assessments that emerged from this review fell into five categories, two that could be used with practitioners and three that could be used with the LGBTQ population. To ensure broader coverage within these categories, we also searched PsycINFO. We selected our search terms by using the PsycINFO thesaurus to identify index descriptors for LGBT populations, because such descriptors are likely to yield more comprehensive results than researcher generated terms. As a result, our search combined the search term “measur\*” with descriptors “homosexuality,” OR “bisexuality,” OR “transgender.” Our aim was not to conduct a systematic review of all available tools, but rather to provide readers with information on a range of instruments. To that end, we sought to include a diversity of measures, either with regard to the target population or the definition of the construct. We gave preference to scales with citation rates greater than 4 per year as indicated by Google Scholar or, if failing to meet this criterion, that targeted unique constructs or underrepresented populations. A final list of 36 instruments emerged (Table 1).

The five categories fit together in the overarching theme of discrimination and affirmation. The first two, counselor competency and attitudes toward the LGBTQ population, could be used with practitioners to build their affirmative practice. Counselor competency is comprised of tools designed to assess mental health practitioners’ skills in working with and

affirming LGBTQ populations. Attitudes toward the LGBTQ population contains instruments designed for use with the general population to assess homonegativity, transphobia, and stereotypes. The remaining categories are of instruments designed for use with LGBTQ adults. Experiences of discrimination, includes scales that assess individuals' experiences with different types of discriminatory behavior such as harassment, rejection, and microaggressions. Internalized attitudes assesses LGBTQ individuals' feelings of heterosexism and comfort with the LGBTQ community. And finally, sexual identity assesses a range of identity constructs including outness, identity centrality and affirmation, and identity development.

The scales are presented by category in Table 1, in order of mean citations per year. For each scale, we provide the full title and acronym and identify the construct and factors it was designed to measure. We then evaluate its psychometrics based on the data provided in the original scale development article. We identify if the researchers provided three sources of validity evidence: Content, internal structure, and relations to other variables. Interestingly, although we were prepared to report all types of evidence related to internal structure including differential item functioning and results of Item Response Theory analysis, we found that the only evidence reported for any of these scales was exploratory factor analysis (EFA) and confirmatory factor analysis (CFA). Therefore, EFA and CFA are the only indicators against which we evaluate the internal structure. Reliability of total scale and factors is also evaluated. Those scales for which at least one factor failed to exceed the minimum value for basic research of .70 (Nunally, 1978) or for which reliability was not provided for all factors receive a *no* reliability rating. Finally, we identify the target population for which the instrument was designed and the sample, to allow the reader to evaluate generalizability.

Although we recognize a continuum-based model of sexuality and gender identity such as those called for in recommendations for assessment with LGBTQ populations (e.g. Moe et al, 2015), much of the scale development literature uses categorical terms in describing samples. For this reason, we use the following categorical terms to describe target populations and samples. For sexual identity: Gay (G) is men who have sex exclusively with men; Lesbian (L) is women who have sex exclusively with women; Bisexual (B) is people who are attracted to both men and women. For gender identity, transgender (T) is used to describe individuals who identify with the gender that is different from their biological sex. Finally, we use the term queer (Q) in the manner described by Dilley (1999) as meaning someone who self-identifies outside of the heteronormative categories of sexual and gender identity. For terms that appeared uniquely in a few articles, we use the full term in the table. It is important to note that respondents self-identify sexual and gender identities in these scale development studies; therefore, although we offer definitions for the terms, it is possible that both respondents and researchers may use these terms differently.

### **Results**

The instruments are presented in Table 1, including their full names and acronyms, the details of the assessment, and whether they contained evidence of reliability and validity. All but one (IHP, Herek et al., 1998) provide at least two types of validity evidence and most report reliability greater than .70 for all subscales. Readers should use caution in selecting instruments that provide no information on internal structure or that fail to meet the .70 reliability standard. It is possible that follow up studies provide further evidence of reliability and validity, but readers should not use such tools without ascertaining that such evidence exists. In addition, non-probability sampling methods were used in the majority of studies (e.g., convenience/snowball)

and in some instances the samples were very limited in terms of region and/or demographics. Counselors should be aware that bias in assessment can occur when samples are not representative (Harper et al., 2013). The reader, therefore, is encouraged to compare the target and sample to determine if the client or group he/she intends to assess is represented.

### **Counselor Competency and Attitudes toward LGBTQ Populations**

All four counselor competency scales are self-report instruments. Three (GAP, Crisp, 2006; LGB-WASES, Burkard et al., 2009; SOCCS Bidell, 2005) include subscales to assess counselor perception of skills and/or behaviors when working with LG and/or B clients, while the fourth (POI, Hays et al., 2007) measures counselor awareness of issues of privilege and oppression based on race, gender, religion, and sexual orientation. The Gay Affirming Practice scale (GAP, Crisp, 2006) is the only tool in our review that assesses counselor beliefs and behaviors that emphasize LG strengths and self-determination. As such, it is an excellent tool for evaluating practitioners' efforts in empowering LG clients. The practitioner behavior subscale includes items such as "I create a climate that allows for voluntary self-identification by gay/lesbian clients." As the sample used in the development of this scale did not include practitioners-in-training, it is possible that such items may not function as well with individuals who have not yet begun to practice, but the psychometrics are sound with practitioners.

It has been argued that counselors should be aware of their biases that may influence their ability to serve LGBTQ clients effectively (Goodrich et al., in press; Moe et al., 2015). The GAP does not include subscales that address such constructs, but both the Privilege Oppression Inventory (POI, Hays et al., 2007) and Sexual Orientation Competence Scale (SOCCS, Bidell, 2005) measure awareness of oppression and bias, respectively, specifically in counselors. Although not designed with mental health practitioners in mind, the 15 attitudinal instruments

reviewed herein may also be used for this purpose. When selecting an attitudinal scale, researchers and practitioners should note the evolution of heterosexism. The older instruments reviewed (e.g. ATLG, Herek, 1988; IHP, Hudson & Ricketts, 1980; HATH, Larsen et al., 1980) as well as the SOCCS (Bidell, 2005) seem to reflect explicit expressions of heterosexism that are more overt and often religiously or morally based (e.g. “The growing number of lesbians indicates a decline in American morals,” Herek, 1988) Several of the instruments reviewed (MHS, Morrison & Morrison, 2002; MHS, Raja & Stokes, 1998; MHI Walls, 2008), however, were designed to capture subtle forms of prejudice found more commonly today, such as denial of continued discrimination and perceptions that there is too much emphasis on gay culture in the media. There is some evidence that heterosexism is evolving, such that young adults are less likely to endorse explicit negative attitudes and so may score well below the mean on measures that tap this construct (Morrison & Morrison, 2002). While measures of overt discrimination are not yet irrelevant in some populations, the modern measures of subtle prejudice may be more appropriate with younger adults.

Interestingly, despite evidence of floor effects in young people (Morrison & Morrison, 2002), the Attitudes Toward Lesbians and Gays (ATLG, Herek, 1988) is still the most heavily used instrument of all of those reviewed as indicated by its average citation rate. The original scale development article presented sufficient reliability, but lacked validity evidence based on internal structure. Later research was able to confirm the two proposed factors and a single higher order factor, but half of the items on the attitudes toward lesbians subscale failed to load as expected (Stoeber & Morera, 2008). Based on this evidence, we believe that the ATLG may be used in two ways as a measure of overt heterosexism. First, a single score with all items can be used as a global measure of overall sexual prejudice. Second, scores on the two subscales may



be used to compare attitudes toward gay men and lesbians, but we recommend omitting Stoeber and Morera's (2008) four poor performing items.

In addition, many of the frequently used measures of attitudes toward the LGBTQ community focus on negative viewpoints (e.g. ATLG, Herek, 1988; GTS, Hill & Willoughby, 2005). Some instruments, however, look at multidimensional attitudes which include positive dimensions, such as positive stereotypes and beliefs (e.g. MMSP, Massey, 2009; MHI, Walls, 2008), and internalized affirmativeness (LGB-KASH, Worthington, Dillon, & Becker-Schutte, 2005). These instruments would be recommended for practitioners seeking to develop their affirmative practice or for researchers interested in exploring the variety of heterosexual LGBTQ attributions. Finally, we recommend consideration of sampling in selecting an attitudinal measure. Most researchers used a convenience sample of undergraduate students for instrument development and validation (e.g. GTS, Hill & Willoughby, 2005; MHS, Raja & Stokes, 1998; MMSP, Massey, 2009). This may limit generalizability to other populations.

### **LGBTQ Experiences of Discrimination**

Eight scales assessing experiences of discrimination were included in our review. Most ask for reports of actual experiences, but two assess expectations of rejection instead (GRRSS, Pachankis, Goldfried, & Ramrattan, 2008; SMWRSS Dyar et al., 2016). As fear of negative evaluation has been shown to impact interpersonal assertiveness, stress, and overall mental health (Dyar et al., 2016; Pachankis et al., 2008), such tools will have good clinical utility. In addition, one instrument was developed for LGB allies and assesses their experiences of LGB-related discrimination (LGB-ASM, Robinson & Brewster, 2016).

The discrimination instruments tap discriminatory experiences that range from the explicit, such as harassment or workplace discrimination (DHEQ, Balsam et al., 2013; HHRDS, Szymanski, 2006), to the more subtle (ABES, Brewster & Moradis, 2013), such as people

assuming that bisexuality means a person is confused. Unlike the instruments designed to measure heterosexuals' attitudes toward LGBTQ people, however, several of the experiences of discrimination scales include both overt and subtle forms of heterosexism. The Daily Heterosexist Experiences Questionnaire (DHEQ, Balsam et al., 2013), for example, has nine factors which cover experiences ranging from physical violence victimization to being subject to the assumption that someone with children is heterosexual. This 50-item tool can be tailored to different subpopulations as it includes subscales that target specific demographics such as parents, transgender people, and those at high-risk for HIV/AIDS. Such subscales could be retained or omitted to customize for the client or target population.

Only one instrument (GMSR, Testa et al., 2015) combines discrimination subscales with indicators of resilience, such as connectedness to the community and pride, thereby allowing for the identification of both challenges and sources of strength. Designed for use with transgender and gender nonconforming (TGNC) people, the Gender Minority Stress and Resilience (GMSR) measure is one of the few in our review that assesses gender identity-related constructs. It was designed to take into account unique TGNC discriminatory experiences, such as nonaffirmation of gender identity and inability to access legal or medical documents because of inaccurate records regarding sex or name. One subscale, gender related discrimination, failed to meet the reliability criterion and this failure has been replicated (Sutter, 2017; Testa, Michaels, Bliss, Rogers, Balsam, & Joiner, 2017), but all other subscales performed adequately.

Finally, the LGBT People of Color Microaggressions Scale (PCMS, Balsam et al., 2011) assesses discrimination in relation to race/ethnicity and LGBTQ identity. This and the counselor competency POI scale (Hays et al., 2007) are the only two in our review that consider multiple identities. As such considerations are important for good practice (Goodrich et al., in press), the

PCMS may prove a useful tool for evaluating the degree to which LGBT people of color experience discrimination from different communities in relation to their dual identities. The only race specifically identified in this measure is White (e.g. “feeling misunderstood by White LGBT people”), otherwise the referent for respondent is “people of color” or “your race/ethnicity.” As such, the PCMS may be useful with individuals from a range of racial/ethnic backgrounds who identify as people of color or non-White. The PCMS has solid psychometrics and the normative sample includes representation from all 50 states.

### **Internalized Attitudes and Sexual Identity**

Five scales to assess internalized heterosexism were included, three focus exclusively on men (IHNI, Mayfield, 2001; IHS, Ross & Rosser, 1996; SIHS, Currie et al., 2004), one on women (LIHS, Szymanski & Chung, 2001), and one is for both men and women (IHP, Herek et al., 1998). Although the Internalized Homophobia scale (IHP) is the most frequently cited, it has the least psychometric data available of all 36 instruments in this review. In addition, the Lesbian Internalized Homophobia Scale was developed to include five subscales, but no evidence of internal structure was provided to validate those scales (Szymanski & Chung, 2001). For this reason, we recommend further investigation before using either of these scales.

Although Mayfield’s (2001) Internalized Homo-Negativity Inventory (IHNI) has the most evidence of sound psychometrics of the remaining three instruments we reviewed in this category, its clinical utility may be limited. This is largely due to the inflammatory nature of some of the items, such as “sometimes I feel I might be better off dead than gay” and “in my opinion, homosexuality is harmful to the order of society.” As such, it may be more suited for research than clinical practice. The Short Internalized Homophobia Scale (SIHS, Currie, Cunningham, & Findlay, 2004) assess internalized attitudes in more affirmative ways (e.g. “I am

comfortable about people finding out that I am gay”). Although one of its three subscales failed to meet the reliability criterion, there is evidence of a single higher order factor. The total score on the SIHS therefore, would be useful clinically or in research as an overall measure of internalized homonegativity (e.g. Burns, Kamen, Lehman, & Beach, 2012). Its 12-item brevity also makes it practical for administration.

For researchers and practitioners interested in assessing internalized attitudes, some of the sexual identity scales might also prove helpful. Four instruments assessing sexual identity were included. Two measure the degree to which a person’s LGBTQ status is public (LGB-VMS, Lasser et al., 2010; OI, Mohr & Fassinger, 2000). The other two (LGBIS, Mohr & Kendra, 2011; LGIS, Mohr & Fassinger, 2000) are multidimensional and include both positive and negative aspects of sexual identity, including internalized heterosexism. For example, the Lesbian Gay Bisexual Identity Scale includes internalized homonegativity as well as identity superiority and affirmation (LGBIS, Mohr & Kendra, 2011). This is consistent with definitions of identity that include connectedness to community and pride (e.g. Cass, 1979), and might enable practitioners to help clients find potential sources for affirmation and empowerment. Furthermore, this instrument was developed with an explicit effort to ensure that the language did not pathologize aspects of the sexual identity experience, enhancing its clinical utility. For individuals merely interested in measuring internalized negative attitudes, the LGBIS 3-item subscale offers reliabilities of .86 or higher across study samples (Mohr & Kendra, 2011) and may provide a brief alternative to other internalizing scales.

### **Discussion**

To help researchers and practitioners with the task of selecting instruments that measure LGBTQ-related affirmation and discrimination, we reviewed 36 assessments in five categories.

As affirmation includes both the absence of heterosexism and the presence of celebration of LGBTQ identity, we identified tools that measure both aspects. As anticipated, some of the tools we reviewed did include items and language that may be outdated or clinically inappropriate (e.g. Herek, 1988; Mayfield, 2001). Even if some language is still commonly used in the literature, it is possible that these terms will evoke negative feelings in clients. For example, “homophobia” is a term often referenced in the literature (Dermer, Smith, & Barto, 2010), although in our review this seemed to be more common in measures designed for the heterosexual population rather than the LGBTQ population. Regardless, this speaks to the need for practitioners to be vigilant when selecting instruments and to be conscious of the possibility of harm associated with the language in assessments (Harper et al., 2013).

We were surprised by the heavy use of non-random sampling strategies in the development of these instruments. Only two used random strategies (Crisp, 2006; Morrison, Parriag, & Morrison, 1999). Within the non-random techniques, some (e.g. Balsam et al., 2011 sampled across all 50 states) cast a wider net than others (e.g. Pachankis, Goldfried, & Ramrattan, 2008 sample in a New York gay park only) so generalizability may be better. It is important to note that instruments validated with one population may not be applicable to other populations (Moradi et al., 2009) and the title of a measure or its associated abstract may not reveal for whom an instrument is appropriate. For example, the DHEQ had a target population as LGBT persons, but the sample included Q and two-spirit adults. In addition, most of the internalized attitudinal scales do not specify the target population in their titles, but have only been normed on one or two of the LGBTQ subpopulations (e.g. IHNI, Mayfield, 2001). The *Standards* indicate that scales normed for LGB clients should not be used with T clients without

adjusting them appropriately (Goodrich et al., 2013), and this standard would also be relevant for other cross population use.

This speaks to one of the gaps we found in the literature, specifically the lack of instruments that addressed gender identity specific concerns and constructs or specifically targeted queer members of the community. The absence of research on these populations has been identified in the *Standards* (Goodrich et al, in press). As some elements of discrimination and affirmation for these populations will be unique (Moradi et al., 2009; Testa et al., 2015), additional scale development to address this uniqueness is warranted across the five categories.

Two other areas for development in the assessment literature are in the counselor competency and internalized attitudes categories. Counselor competency may require an evaluation of counseling skills and behaviors in session. The instruments reviewed here were all self-report, which assume a certain level of self-awareness on the part of respondent. Future research in this area might include the development of observer rating scales. This would enable a third party, such as a counselor educator, to assess objectively areas of strength and areas for development in aspiring mental health professionals. As to the internalized attitudes category, this had the most scales with psychometric concerns. Only two provided evidence of meeting the reliability standards, and of those two only one provided evidence of validity on the basis of internal structure. Although some of the sexual identity tools do include internalization subscales, collection of additional data on the existing measures of internalized attitudes or development of new measures targeting multiple populations within the LGBTQ community on this construct are recommended.

We also saw some areas for development in terms of test development strategies and techniques. Less than half of the instruments reviewed included some validity evidence on the

basis of content, and the rigor of this evidence varied widely. During item development, items should be reviewed for clarity, relevance to the construct, and construct-irrelevant content or structure (Peterson, Peterson, & Powell, in press). For some of these scales, this was documented just with the statement that items were reviewed by experts (e.g. Crisp, 2006; Walls, 2008) without more formalized procedures involving the target population. As misinterpretation of test items directly impacts test validity, we recommend that all scale developers for LGBTQ constructs use and report rigorous methods of validity evidence on the basis of content. These may take the form of quantitative rating scales or of qualitative cognitive interviews (See Peterson, Peterson, & Powell, in press, and Rubio, 2003 for descriptions of such methods).

Evidence of validity on the basis of internal structure stemmed from the analytic techniques associated with the reflective measurement model rooted in Classical Test Theory (e.g. EFA and CFA). The measurement model a developer selects should vary depending on the construct definition and the assessment's purpose (Engelhard & Wang, 2014). We recommend that developers of instruments in the future explicitly consider the assumptions of measurement models and an instrument's purpose (see Peterson, Gischlar, and Peterson, 2017, for a description of how to do so). For example, a Rasch model might be useful for assessing heterosexual attitudes to allow for the combination of overt and more subtle discriminatory behaviors, hierarchically ordered according to severity of negative attitudes.

In conclusion, most of the instruments we reviewed provide at least two types of validity evidence and report reliability greater than .70 for all subscales. Researchers and practitioners are encouraged to consider if they are interested in a scale that assesses both the positive and heterosexual elements of affirmation such as the LGBIS (Mohr & Kendra 2011) and LGB-KASH (Worthington et al., 2005) or if they prefer to focus on affirmation (e.g. GAP, Crisp, 2006) or

discrimination (e.g. DHEQ) alone. Either way, we recommend the selection of instruments with a sample that adequately represents the target population and excludes outdated or inappropriate language. Finally, as this was not a systematic review, we expect that there are other instruments relevant to affirmation and discrimination which were not included here. Our hope is that our efforts provide a sound beginning for researchers and practitioners seeking to meet or evaluate the *Standard* of affirmative practice.

### References

- Balsam K. F., Beadnell, B., & Molina, Y. (2013). The Daily Heterosexist Experiences Questionnaire: Measuring minority stress among lesbian, gay, bisexual, and transgender adults. *Measurement and Evaluation in Counseling and Development*, 46, 3–26. doi: 10.1177/0748175612449743.
- Balsam K. F., Molina, Y., Beadnell, B., Simoni, J., & Walters, K. (2011). Measuring multiple minority stress: The LGBT People of Color Microaggressions Scale. *Cultural Diversity Ethnic Minority Psychology*, 17, 163–174. doi: 10.1037/a0023244
- Bidell, M. P. (2005). The Sexual Orientation Counselor Competency Scale: Assessing attitudes, skills, and knowledge of counselors working with lesbian, gay, and bisexual clients. *Counselor Education & Supervision*, 44, 267-279. doi: 10.1002/j.1556-6978.2005.tb01755.x
- Bouton, R. A., Gallaher, P. E., Garlinghouse, P. A., Leal, T., Rosenstein, L. D., & Young, R. K. (1987). Scales for measuring fear of AIDS and homophobia. *Journal of Personality Assessment*, 51, 606–614. doi: 10.1207/s15327752jpa5104\_13
- Brabender, V., & Mihura, J. L. (Eds.). (2016). *Handbook of gender and sexuality in psychological assessment*. New York, NY: Routledge.



- Brewster, M. E., & Moradi, B. (2010). Perceived experiences of anti-bisexual prejudice: Instrument development and evaluation. *Journal of Counseling Psychology, 57*(4), 451–468. doi: 10.1037/a0021116
- Burkard, A. W., Pruitt, N. T., Medler, B. R., & Stark-Booth, A. M. (2009). Validity and reliability of the Lesbian, Gay, Bisexual Working Alliance Self-Efficacy Scales. *Training and Education in Professional Psychology, 3*(1), 37–46. doi: 10.1037/1931-3918.3.1.37
- Burns, M. N., Kamen, C., Lehman, K. A., & Beach, S. R. (2012). Minority stress and attributions for discriminatory events predict social anxiety in gay men. *Cognitive Therapy and Research, 36*(1), 25-35. doi: 10.1007/s10608-010-9302-6
- Cass, V. C. (1979). Homosexual identity formation: A theoretical model. *Journal of Homosexuality, 4*, 219-235.
- Crisp, C. (2006). The Gay Affirmative Practice Scale (GAP): A new measure for assessing cultural competence with gay and lesbian clients. *Social Work, 51*, 115-126. doi.: 10.1093/sw/51.2.115
- Currie, M. R., Cunningham, E. G., & Findlay, B. M. (2004). The Short Internalized Homonegativity Scale: An examination of the factorial structure of a new measure of internalized homophobia. *Educational and Psychological Measurement, 64*, 1053–1067. doi:10.1177=0013164404264845
- Dilley, P. (1999). Queer theory: Under construction. *International Journal of Qualitative Studies in Education, 12*(5), 457-472. doi: 10.1080/095183999235890
- Dombrowski, S., Gischlar, K.L., & Mrazik, M. (2011). Gender identity disorder. In S. Dombrowski, K.L. Gischlar, & M. Mrazik (Eds.). *Assessing and treating low*

- incidence/high severity psychological disorders in childhood* (pp. 27-52). New York, NY: Springer.
- Dyar, C., Feinstein, B. A., Eaton, N. R., & London, B. (2016). Development and initial validation of the Sexual Minority Women Rejection Sensitivity Scale. *Psychology of Women Quarterly*, *40*(1), 120-137. doi: 10.1177/0361684315608843
- Engelhard Jr, G., & Wang, J. (2014). Alternative measurement paradigms for executive functions: SEM (formative and reflective models) and IRT (Rasch). *Measurement: Interdisciplinary Research & Perspectives*, *12*, 102-108. doi: doi:10.1080/15366367.2014.943592
- Goodrich, K. M., Farmer, L. B., Watson, J. C., Davis, R. J., Luke, M., Dispenza, F., . . . Griffith, C. (in press). Standards of care in assessment of lesbian, gay, bisexual, transgender, gender expansive, and queer/questioning (LGBTGEQ+) persons. *Journal of LGBT Issues in Counseling*.
- Gordon, K. H., & Castro, Y. (2007). The assessment, diagnosis and treatment of psychiatric disorders in lesbian, gay, and bisexual clients. In J. Buckner (Ed.) *Mental health care for people of diverse backgrounds* (pp. 43-61). Seattle: Oxford University Press.
- Grey, J. A., Robinson, B. B. E., Coleman, E., & Bockting, W. O. (2013). A systematic review of instruments that measure attitudes toward homosexual men. *Journal of Sex Research*, *50*(3-4), 329-352. doi: 10.1080/00224499.2012.746279
- Harper, A., Finnerty, P., Martinez, M., Brace, A., Crethar, H., Loos, B., . . . Lambert, S. (2013). Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) Competencies for counseling with lesbian, gay, bisexual, queer, questioning,

- intersex and ally individuals. *Journal of Lesbian, Gay, Bisexual, & Transgender Issues in Counseling*, 7(1), 2-43. DOI: 10.1080/15538605.2013.755444
- Hays, D. G., Chang, C. Y., & Decker, S. L. (2007). Initial development and psychometric data for the Privilege and Oppression Inventory. *Measurement and Evaluation in Counseling and Development*, 40, 66-79.
- Herek, G. (1988). Heterosexuals' attitudes toward lesbians and gay men: Correlates and gender differences. *Journal of Sex Research*, 25, 451-477. doi: 10.1080/00224498809551476
- Herek, G. M., Cogan, J. C., Gillis, J. R., & Glunt, E. K. (1998). Correlates of internalized homophobia in a community sample of lesbians and gay men. *Journal of the Gay and Lesbian Medical Association*, 2, 17-25.
- Hill, D., & Willoughby, B. (2005). The development and validation of the Genderism and Transphobia Scale. *Sex Roles*, 53, 531-544. doi.: 10.1007/s11199-005-7140-x
- Hudson, W., & Ricketts, W. A. (1980). A strategy for the measurement of homophobia. *Journal of Homosexuality*, 5, 357-371. doi:10.1300=J082v05n04\_02
- Kite, M. E., & Deaux, K. (1986). Attitudes toward homosexuality: Assessment and behavioral consequences. *Basic and Applied Social Psychology*, 7, 137-162.  
doi:10.1207=s15324834basp0702\_4
- Larsen, K. S., Reed, M., & Hoffman, S. (1980). Attitudes of heterosexuals toward homosexuality: A Likert-type scale and construct validity. *Journal of Sex Research*, 16, 245-257. doi: 10.1080/00224498009551081
- Lasser, J., Ryser, G. R., & Price, L. R. (2010). Development of a Lesbian, Gay, Bisexual Visibility Management Scale. *Journal of Homosexuality*, 57(3), 415-428. doi: 10.1080/00918360903543154

- LeMar, L., & Kite, M. (1998). Sex differences in attitudes toward gay men and lesbians: A multidimensional perspective. *Journal of Sex Research, 35*, 189–196.  
doi:10.1080=00224499809551932
- Massey, S. G. (2009). Polymorphous prejudice: Liberating the measurement of heterosexuals' attitudes toward lesbians and gay men. *Journal of Homosexuality, 56*, 147–172.  
doi:10.1080= 00918360802623131
- Mayfield, W. (2001). The development of an internalized homonegativity inventory for gay men. *Journal of Homosexuality, 41*, 53-76. doi: 10.1300/J082v41n02\_04
- Moe, J. L., Finnerty, P., Sparkman, N., & Yates, C. (2015). Initial assessment and screening with LGBTQ clients: A critical perspective. *Journal of LGBT Issues in Counseling, 9*(1), 36-56.
- Mohr, J. & Fassinger, F. (2000). Measuring dimensions of lesbian and gay male experience. *Measurement and Evaluation in Counseling and Development, 33*, 66-89. doi:
- Mohr, J. J., & Kendra, M. S. (2011). Revision and extension of a multidimensional measure of sexual minority identity: The Lesbian, Gay, and Bisexual Identity Scale. *Journal of Counseling Psychology, 58*, 234-45. doi: 10.1037/a0022858
- Mohr, J. J., & Rochlen, A. B. (1999). Measuring attitudes regarding bisexuality in lesbian, gay male, and heterosexual populations. *Journal of Counseling Psychology, 46*(3), 353.
- Moradi, B., Mohr, J. J., Worthington, R. L., & Fassinger, R. E. (2009). Counseling psychology research on sexual (orientation) minority issues: Conceptual and methodological challenges and opportunities. *Journal of Counseling Psychology, 56*(1), doi: 5.37/0022-0167.46.3.353

Morrison, T., Parriag, A. V., & Morrison, M. A. (1999). The psychometric properties of the Homonegativity Scale. *Journal of Homosexuality, 37*, 111–126.

doi:10.1300=J082v37n04\_07

Morrison, M. A., & Morrison, T. G. (2002). Development and validation of a scale measuring modern prejudice toward gay men and lesbian women. *Journal of Homosexuality, 43*, 15–37. doi:10.1300=J082v43n02\_02

Nunally, J. C. (1978). *Psychometric theory*. New York: McGraw-Hill.

Pachankis, J. E., Goldfried, M. R., & Ramrattan, M. E. (2008). Extension of the rejection sensitivity construct to the interpersonal functioning of gay men. *Journal of Consulting and Clinical Psychology, 76*, 306–317. doi: 10.1037/0022-006X.76.2.306

Peterson, C. H., Gischlar, K., & Peterson, N. A. (2017). Item construction using reflective, formative, and Rasch measurement models: Implications for group work. *Journal for Specialists in Group Work, 42*(1), 17-32. doi: 10.1080/01933922.2016.1264523

Peterson, C. H., Peterson, N. A. & Powell, K. G. (in press). Cognitive interviewing for item development: Validity evidence based on content and response processes. *Measurement and Evaluation in Counseling and Development*.

Raja, S., & Stokes, J. P. (1998). Assessing attitudes toward lesbians and gay men: The Modern Homophobia Scale. *International Journal of Sexuality and Gender Studies, 3*, 113–134. doi:10.1023= A:1023244427281

Robinson, M. A. & Brewster, M. E. (2016). Understanding affiliate stigma faced by heterosexual family and friends of LGB people: A measurement development study. *Journal of Family Psychology, 30*(3), 353–363. doi: 10.1037/fam0000153

- Ross, M. W., & Rosser, B. R. (1996). Measurement and correlates of internalized homophobia: A factor analytic study. *Journal of Clinical Psychology, 52*, 15-21. doi: 10.1002/(SICI)1097-4679(199601)52:1%3C15::AID-JCLP2%3E3.0.CO;2-V
- Rubio, D. M., Berg-Weger, M., Tebb, S. S., Lee, E. S., & Rauch, S. (2003). Objectifying content validity: Conducting a content validity study in social work research. *Social work research, 27*(2), 94-104. doi: 10.1093/swr/27.2.94
- Senreich, E. & Vairo, E. (2014). Assessment and treatment of lesbian, gay, and bisexual clients with substance use disorders. In S.L.A. Straussner (Ed.) *Clinical work with substance abusing clients* (pp. 466-494). New York, NY: Guilford Press.
- Szymanski, D. M. (2006). Does internalized heterosexism moderate the link between heterosexual events and lesbians' psychological distress? *Sex Roles, 54*, 227–234.
- Stoeber, C. J., & Morera, O. F. (2007). A confirmatory factor analysis of the Attitudes toward Lesbians and Gay Men (ATLG) measure. *Journal of Homosexuality, 52*(3-4), 189-209.
- Sutter, M. E. (2017). *An integrated behavioral model of healthcare utilization among transgender and gender-nonconforming adults* (Doctoral dissertation). Virginia Commonwealth University, Richmond, VA.
- Szymanski, D., & Chung, Y. B. (2001). The Lesbian Internalized Homophobia Scale: A rational/theoretical approach. *Journal of Homosexuality, 41*, 37-76. doi: 10.1300/J082v41n02\_03
- Testa, R.J., Habarth, J. M., Peta, J., Balsam, K. F., & Bockting, W. O. (2015). Development of the Gender Minority Stress and Resilience Measure. *Psychology of Sexual Orientation and Gender Diversity, 2*(1), 65-77. doi:10.1037/sgd0000081

Testa, R. J., Michaels, M. S., Bliss, W., Rogers, M. L., Balsam, K. F., & Joiner, T. (2017).

Suicidal ideation in transgender people: Gender minority stress and interpersonal theory factors. *Journal of Abnormal Psychology, 126*(1), 125.

Walls, N. E. (2008). Toward a multidimensional understanding of heterosexism: The changing nature of prejudice. *Journal of Homosexuality, 55*, 20–70.

doi:10.1080=00918360802129287

Worthington, R. L., Dillon, F. R., & Becker-Schutte, A. M. (2005). Development, reliability, and validity of the Lesbian, Gay, and Bisexual Knowledge and Attitudes Scale for Heterosexuals. *Journal of Counseling Psychology, 52*, 104–118.

Wright, L. W., Adams, H. E., & Bernat, J. (1999). Development and validation of the Homophobia Scale. *Journal of Psychopathology and Behavioral Assessment, 21*, 337–347.

**Table 1: LGBT Scale Title, Definition, Validity Evidence, Reliability, Sample, and Mean Citations per Year**

Title (no. of items; reference)	Construct and Factors	Validity Evidence				Reliability	Target Population	Sample	Mean Citation / year
		Ctnt <sup>1</sup>	EFA	CFA	Rela <sup>2</sup>	Type <sup>3</sup> (>.70) <sup>4</sup>			
<b>Counselor Competency</b>									
Sexual Orientation Competency Scale (SOCCS) (29; Bidell, 2005)	Counselor competency working with LGB individuals. Three factors: Attitude; Knowledge; Skills.	x	x		x	α (yes)	Counselors	Convenience. Counseling students and staff from 16 universities	9.12
Gay Affirming Practice Scale (GAP) (30; Crisp, 2006)	Affirmation of LG identity. Two factors: Affirmative behaviors; Beliefs.	x	x	x	x	α (yes)	Mental health practitioner	Random. Members of APA and NASW.	8.82
Privilege and Oppression Inventory (POI) (39; Hays, Chang, & Decker, 2007)	Counselors' awareness of privilege and oppression. Four factors: Race; Sexual orientation (LGB); Religion; Gender.	x	x	x	x	α (yes) TR (yes)	Counselors	Convenience. Counseling students from 8 programs.	3.30
Lesbian, Gay, and Bisexual Working Alliance Self-Efficacy Scales (LGB-WASES) (32; Burkard, Pruitt, Medler, & Stark-Booth, 2009)	Counselor's belief in ability to develop a working alliance with an LGB client. Three factors: Emotional bond; Establishing tasks; Setting goals.		x		x	α (yes)	Counselors	Convenience. Counseling students from 11 universities.	1.88
<b>Attitudes Toward the LGBT Population</b>									
Attitudes Toward Lesbians and Gay Men (ATLG) (20; Herek, 1988)	Negative attitudes toward LG. Two subscales: Attitudes toward gay men; Attitudes toward lesbians.				x	α (yes)	Adults	Convenience. Undergrads from 6 universities.	42.00
Modern Homonegativity Scale (MHS) (13; Morrison & Morrison, 2002).	Non-traditional negative attitudes toward LG. Two scales: Attitudes toward gay men; Attitudes toward lesbians.		x		x	α (yes)	Adults	Convenience. Undergrads in Canada.	24.00
Genderism and Transphobia Scale (GTS) (32; Hill & Willoughby, 2005)	Two factors: Genderism/transphobia; Gender bashing		x		x	α (yes)	Adults	Convenience. Undergrads in Montreal.	21.58
Index of Homophobia (IHP) (25; Hudson & Ricketts, 1980).	Unidimensional.		x		x	α (yes)	Adults	Convenience. Faculty and undergrads in HI.	20.11



Title (no. of items; reference)	Construct and Factors	Validity Evidence				Reliability		Target Population	Sample	Mean Citation / year
		Ctnt <sup>1</sup>	EFA	CFA	Rela <sup>2</sup>	Type <sup>3</sup> (>.70) <sup>4</sup>				
Multidimensional Attitudes Toward Homosexuality Scale (92; LeMar & Kite, 1998)	Five subscales (not factored): Condemnation/tolerance; Morality; Lesbian contact; Gay male contact; Stereotypes.		x			None		Adults	Convenience. Undergrads in IN.	16.79
Attitudes Regarding Bisexuality Scale (ARBS) (18-24; Mohr & Rochlen, 1999).	Two factors: Tolerance; Stability. Three scales: female and male bisexuality; female bisexuality only; male bisexuality only		x		x	IC (yes)		Adults	Convenience. Undergrads at 26 universities.	13.50
Homophobia Scale (25; Wright, Adams, & Bernat, 1999)	Three factors: Negative cognitions; Affect & avoidance; Affect & aggression.		x		x	$\alpha$ (no) TR (no)		Adults	Convenience. Undergrads in Midwest.	11.11
Heterosexual Attitudes Toward Homosexuals (HATH) (20; Larsen, Reed, & Hoffman, 1980).	Unidimensional.				x	$\alpha$ (yes) SH (yes)		Hetero adults	Convenience. Undergrads in OR.	9.14
Modern Homophobia Scale (MHS) (46; Raja & Stokes, 1998)	Three factors: Personal discomfort; Institutional homophobia; Deviance. Two scales: homophobia of gay men and lesbians	x	x		x	$\alpha$ (yes)		Adults	Convenience. Undergrads in 1 university.	9.05
Multidimensional Heterosexism Inventory (MHI) (23; Walls, 2008)	Four factors: Aversive; Amnestic; Paternalistic; Positive stereotypic.	x	x		x	$\alpha$ (yes)		Adults	Convenience. Undergrads at 6 universities.	8.00
Lesbian, Gay, and Bisexual Knowledge and Attitudes Scale for Heterosexuals (LGB-KASH) (28; Worthington, Dillon, & Becker-Schutte, 2005)	Five factors: Internalized affirmativeness; Civil rights attitudes; Knowledge; Religious conflict; Hate		x	x	x	$\alpha$ (no)		Adults	Convenience. Undergrads in 4 Midwest universities and adults via internet.	7.50
Kite Homosexuality Attitude Scale (21; Kite & Deaux, 1986)	Unidimensional. Two versions: Attitudes toward gay men, attitudes toward lesbians	x	x		x	$\alpha$ (yes) TR (yes)		Adults	Convenience. Undergrads in TX & IL.	7.16
Multidimensional Measure of Sexual Prejudice (MMSP) (70; Massey, 2009)	Seven factors: Heterosexism; Discrimination denial; Aversion to gay men; -to lesbians; Judgment of LG movement; Resistance to heteronormative expectations; Positive beliefs about gay people		x	x	x	TR (no)		Adults	Convenience. Undergrads in TX.	6.75

Title (no. of items; reference)	Construct and Factors	Validity Evidence				Reliability		Target Population	Sample	Mean Citation / year
		Ctnt <sup>1</sup>	EFA	CFA	Rela <sup>2</sup>	Type <sup>3</sup> (>.70) <sup>4</sup>				
Fear of AIDS and Homophobia Scales (21; Bouton et al., 1987).	Four factors: Fear of AIDS contact; AIDS public health concerns; Fear of contracting AIDS; Homophobia	x	x				$\alpha$ (no)	Adults	Convenience. Undergrads in TX.	5.87
Homonegativity Scale (HS) (6-items; Morrison, Parriag, & Morrison, 1999)	Unidimensional. Alternate forms available: Attitudes toward gay men, attitudes toward lesbians.		x		x		$\alpha$ (yes)	Adults	Cluster random; convenience; snowball. Teens in Canada, undergrads, adults.	4.33
<b>Experiences of Discrimination for LGBT Individuals</b>										
LGBT People of Color Microaggressions Scale (PCMS) (18; Balsam, Molina, Beadnell, Simoni, & Walters, 2011).	Three factors: Racism in LGBT communities; Heterosexism in racial/ethnic minority communities; Racism in dating and close relationships	x	x		x		$\alpha$ (yes)	LGBTQ minority men & women.	Convenience and snowball. LGBTQ & two-spirit minority men & women in 50 states.	33.50
Gay-Related Rejection Sensitivity Scale (GRRSS) (14; Pachankis, Goldfried, & Ramrattan, 2008).	Unidimensional.	x	x		x		$\alpha$ (yes)	G.	Convenience. GB, mostly G, & Q men from a gay park in NY.	14.33
Anti-Bisexual Experiences Scale (ABES) (17; Brewster, & Moradi, 2010)	Three factors: Sexual orientation instability; Sexual irresponsibility; Interpersonal hostility	x	x	x	x		$\alpha$ (yes) TR (yes)	B men & women.	Convenience. Bisexual men & women recruited online across US.	13.14
Gender Minority Stress and Resilience Measure (GMSR) (58; Testa, Habarth, Peta, Bals, & Bockting, 2015).	Nine factors: Discrimination; Rejection; Victimization; Non-affirmed gender identity; Internal transphobia; Negative expectations; Nondisclosure; Connectedness; Pride.			x	x		$\alpha$ (no)	T or gender nonconforming (TNC)	Convenience. TNC recruited online from LGBT venues across US.	12.00
Heterosexist Harassment, Rejection, and Discrimination Scale (HHRDS) (14; Szymanski, 2006).	Three factors: Harassment and rejection; Workplace and school discrimination; Other discrimination.		x		x		$\alpha$ (yes)	L.	Convenience. L recruited from gay pride event in Midwest.	9.64
The Daily Heterosexist Experiences Questionnaire (DHEQ) (50; Balsam, Beadnell, & Molina, 2013).	Nine factors: Gender expression; Parenting; Vigilance; Discrimination/ harassment; Vicarious trauma; Family of origin; HIV/Aids; victimization; Isolation.	x	x		x		$\alpha$ (yes)	LGBT men & women.	Convenience and snowball. LGBTQ & two-spirit adults recruited online across US.	7.75

Title (no. of items; reference)	Construct and Factors	Validity Evidence				Reliability Type <sup>3</sup> (>.70) <sup>4</sup>	Target Population	Sample	Mean Citation / year
		Cnt <sup>1</sup>	EFA	CFA	Rela <sup>2</sup>				
Sexual Minority Women Rejection Sensitivity Scale (16; Dyar, Feinstein, Eaton, & London, 2016).	Unidimensional.	x	x	x	x	α (yes)	LBQ women.	Convenience. LBQ women recruited online.	2.00
Lesbian, Gay, Bisexual Affiliate Stigma Measure (LGB-ASM) (17; Robinson & Brewster, 2016).	Three factors: Public discrimination/rejection; Vicarious; and Public shame.	x	x	x	x	α (yes) TR (yes)	Family and friends of LGB men & women.	Convenience. Recruited online from ally communities.	1.00
<b>Internalized Attitudes</b>									
Internalized Homophobia (IHP) (9; Herek, Cogan, Gillis & Glunt, 1998).	Unidimensional.				x	None	LGB men & women.	Convenience. Recruited from LGB street fair in CA.	15.68
Internalized Homophobia Scale (26; Ross & Rosser, 1996).	Four factors: Public identification as gay; Perception of stigma; Social comfort with gay men; Moral and religious acceptability of being gay.		x		x	α (no)	GBQ men.	Convenience. Men-sexual identity not specified-recruited from sex health seminars in MN.	14.05
Internalized Homo-Negativity Inventory (IHNI) (23; Mayfield, 2001)	Three 3 factors: Personal homonegativity; Gay affirmation; Morality of homosexuality.		x		x	α (yes)	G.	Convenience. G recruited from a range of gay venues and the internet.	12.19
Lesbian Internalized Homophobia Scale (52; Szymanski & Chung, 2001).	Five subscales (not factored): Connection with lesbian community; Public identity as a lesbian; Personal feelings about being lesbian; Moral and religious attitudes; Attitudes toward other lesbians.	x			x	α (yes)	L.	Convenience and snowball. LB women recruited via listserv and friends.	11.13
Short Internalized Homonegativity Scale (SIHS) (12; Currie, Cunningham, & Findlay, 2004).	Revision of Ross and Rosser (1996). Three factors: Public Identification as Gay Man; Sexual Comfort With Gay Men; Social Comfort With Gay Men.		x	x		α (no)	G.	Convenience. Recruited via internet posts on gay-related sites.	6.15

Title (no. of items; reference)	Construct and Factors	Validity Evidence				Reliability Type <sup>3</sup> (>.70) <sup>4</sup>	Target Population	Sample	Mean Citation / year
		Cntnt <sup>1</sup>	EFA	CFA	Rela <sup>2</sup>				
<b>Sexual Identity</b>									
Lesbian and Gay Identity Scale (LGIS). (27; Mohr & Fassinger, 2000).	Six factors: Internalized homonegativity; Confusion about sexual orientation; Belief in the superiority of LG people; Fear of judgment regarding one's sexual orientation; Desire to hide sexual orientation; Perception of identity development process as difficult.	x	x	x	x	α (no)	LG.	Convenience. LG recruited via flyers, emails, and ads.	24.12
Outness Inventory (OI) (10; Mohr & Fassinger, 2000).	Three factors: Out to family; Out to religion; Out to world.	x	x	x	x	α (yes)	LG.	Convenience. LG recruited via flyers, emails, and ads.	24.12
The Lesbian, Gay, and Bisexual Identity Scale (LGBIS). (27; Mohr & Kendra, 2011).	Revised version of LGIS. Eight factors: Concealment motivation; Identity uncertainty; Internalized homonegativity; Difficult process; Acceptance concerns; Identity superiority; Identity centrality; Identity affirmation		x	x	x	α (yes) TR (yes)	LGB men & women.	Convenience. Undergrad and grad students from 1 university.	23.33
Lesbian, Gay, Bisexual-Visibility Management Scale (LGB-VMS) (28; Lasser, Ryser, & Price, 2010).	Three factors: Inhibitive behavioral; Active behavioral; Setting.	x	x	x	x	α (yes)	LGB men & women.	Snowball. Beginning with LGB acquaintances of authors.	2.29

<sup>1</sup> Validity evidence on the basis of content    <sup>2</sup> Validity evidence on the basis of relations with other variables    <sup>3</sup> IC= internal consistency non specified; SH=split half; TR=test-retest    <sup>4</sup> yes if reliability is > .70 on total and all subscales, no if reliability is <.70 or not provided on any scale