The Development of the Disability Microaggressions Scale

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THESIS

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I would like to dedicate this thesis to my advisor, Glenn T. Fujiura, for his encouragement, wisdom, and infinite patience.

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LIST OF ABBREVIATIONS

ATDP Attitudes Towards Disabled Persons

CVR Content Validity Ratio

DSM Diagnostic and Statistical Manual of Mental Disorders

DSRGD Disability Social Relations Generalized Disability

EMS Ethnic Microaggressions Scale

LGBT Lesbian, gay, bisexual, and transgender

MAS Multidimensional Attitudes Scale Toward Persons with Disabilities

PWD People with a disability

REMS Racial and Ethnic Microaggressions Scale

RMAS Racial Microaggressions Scale

SUMMARY

The aim of this research project was to develop a working prototype instrument that measures the type of microaggressions that people with a readily apparent disability encounter. The research used a modified Delphi panel of ten experts to systematically identify relevant microaggressions. Microaggressions are brief interactions that communicate biased and offensive messages toward people based on their marginalized identity (Pierce, Carew, Pierce-Gonzalez, & Wills, 1977; Sue, Capodilupo, Bucceri, Holder, & Esquilin, 2007). People with a disability are a marginalized group and experience various types of microaggressions in their daily life. Disability-specific microaggressions will help facilitate research focused on the examination of ableism on an interpersonal and everyday level.

I. INTRODUCTION

There are two frequently used microaggression definitions within microaggression research. The first was proposed by Pierce et al. (1977) who defined microaggressions as, "subtle, stunning, often automatic, and nonverbal exchanges which are 'put downs' rather than overt acts of racism" (p. 65). The second, widely used microaggression definition developed by Sue, Capodilupo, Bucceri, Holder, and Esquilin (2007) state that "microaggressions are the everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, that communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership" (p. 271). This more recent definition further delineated microaggressions by theorizing that microaggressions take three forms: microassaults, microinsults, and microinvalidations. Microassaults tend to be intentional acts of bias where the perpetrator is aware of their actions such as name calling or teasing. Microinsults and microinvalidations are often unconscious biases expressed through verbal or behavioral means. Microinsults are more subtle in nature and tend to be backhanded compliments such as telling an Asian American that they speak English well. Microinvalidations dismisses experiences of discrimination such as excusing a White server's differential treatment of customers of color with the claim that the behavior must be associated with the long work day and not racial bias.

It is implied within the microaggression definitions and literature that all marginalized groups experience some form of microaggressions since microaggressions are a manifestation of oppression. If this is true, it is essential that disability-specific microaggressions be further examined to explore their varying role and impact on the lives of people with a disability (PWD). There is only one study to date that specifically addresses particular microaggressive experiences

of people with a disability though its general applicability to the disability community is limited due to the limitation of the research focus and methodology.

A.   **Related Key Terms**

This section briefly introduces key terms that are relevant and related to this study's focus on disability-specific microaggressions. Disability has historically and predominantly been defined in medical terms, often with negative connotations that designate disability as a "problem" to be cured or annihilated (Oliver, 1996). The definition that I prefer to use is based the social model perspective which locates that barriers people with disabilities face are stem from social and political realms such as the built environment (e.g., stairs), attitudes, policy implementation, and lack of access to supports, services, and accommodations. The social model challenges the medical model of disability and emphasizes that people with disabilities are the best people to speak about their experiences (Shakespeare, 2006). Linton (1998) remarks that disability is most importantly a political identity marker. Furthermore, disability is a fluid concept that is constantly changing based on context (Ben-Moshe, Nocella, & Withers, 2013). The inclusion and exclusion of different medical conditions in the various versions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) supports the notion that disability is a fluid concept.

Ableism is akin to oppressive regimes like racism, sexism, classism, etc. Ableism is an ideology where preference is given to non-disabled bodies. It promotes the prejudice, discrimination, and the exclusion of people with disabilities. Similar to other types of oppression, ableism is intertwined with power structures (Adams, Reiss, & Serlin, 2015; Linton, 1998). A related term is stereotypes. Stereotypes are biases held about a particular group of people (Tulloch, 1993), which stems from factors such as ableism, media representation, and a history

of exclusion. An example of a disability stereotype in films is the depiction of the disabled character as "monstrous" or inherently evil because of disfigurement or impairment (Longmore, 2003; Quayson, 2007). Often times, these stereotypes are linked to other stereotypes such as criminality and spread effect later discussed in this paper. These key terms are important to the discussion of microaggressions in this section because disability-specific microaggressions are an interpersonal and environmental manifestation of ableism and disability stereotypes.

B.   **Relevance to Disability**

The pervasiveness of microaggressions is representative of a larger, oppressive worldview that accepts, promotes, and maintains the ongoing marginalization of people (Sue et al., 2007). People with a disability have been historically marginalized and continue to be ostracized as a group. The concept of microaggression can be used as a tool to analyze the similarities and differences in the experiences of oppression among and across oppressed groups and subgroups such as people with autism and people who are blind. A more refined understanding of microaggression can suggest where experiences of different types of disability oppression intersect and conflict with one another. A focus on intersectionality can also contribute to the existing research knowledge on present barriers that discourage collaboration. For example, some disability-specific advocacy groups have a stronger political voice than others and collaboration seldom occurs. Analysis in this area may lead to the discovery of alternative factors that add to the complexities that exist within the disability experience (e.g., individual and collective experiences).

Microaggression literature has focused largely on racial microaggressions, which has resulted in deeper insight into the experiences and effects of racial discrimination. Lewis, Mendenhall, Harwood, and Huntt (2012) focused on participants' responses to microaggressions

in order to better understand individual and collective coping mechanisms. The study found that research participants used two types of resistance coping strategies (i.e., resisting dominant standards, and use of own voice), two self-protective coping strategies (i.e., becoming a black superwoman and desensitizing/escaping), and one collective coping strategy (i.e., reliance on support network). The strategies that these women of color used to cope and combat racial microaggression experiences contributed to the women's ability to work through and move beyond acquired psychological harm. More disability-specific microaggression studies are needed in order to identify disability-specific microaggressions, gain deeper insight into the experience and impact of microaggressions, and how these experiences relate and/or differ from existing knowledge.

Expanding microaggression research by including Disability Studies perspectives has the potential for facilitating future research (e.g., microaggressions that people of color with disabilities face, trends in experiences of oppression, etc.), program initiatives (e.g., empowerment through recognizing microaggressions), and the inclusion of people with a disability in mainstream society. Focused research requires the development and refinement of a disability-specific instrument focusing on the types of microaggressions that people with a disability encounter. The extent to which disability microaggressions differ or are similar to existing patterns of microaggression is unknown. There is a general consensus across microaggression studies that microaggressions have a detrimental impact on individuals and groups of marginalized people. The degree to which microaggressions affect people with a disability is not yet known and therefore, it is important to develop and refine a disability-specific prototype to use in future studies. Microaggression studies can inform how ableism functions on various levels and across settings because it focuses on micro levels of oppression

that have macro effects. Microaggressions affect people and communities; therefore research is needed in order to comprehend the impact of microaggressions.

C.   **Background on Microaggression Research**

1.   **Three microaggression subtypes**

Microassaults are intentional forms of prejudice either explicitly or implicitly expressed to show an aversion toward a marginalized person or group (Sue et al., 2007). Microassaults may include but are not limited to derogatory terms, exclusion, or avoidant behavior. An example of a microassault is referring to people who are deaf or hard of hearing as deaf-mute. The label is insulting and is an identification that neither persons who are deaf or hard of hearing consider respectful nor an appropriate term. Another example of a microassault is when a person such as a health teacher purposefully withholds information about family planning solely on the basis of disability identity. There are multiple implications to this latter microassault example however; one underlying message is the false notion that PWD are asexual.

Microinsults are interpersonal interactions or environmental cues that communicate disrespect and demean a person's marginalized identity and/or experience. Microinsults are subtle and can be disguised as backhanded compliments (Sue et al., 2007). An example of an environmental microinsult is a public building that does not have accessible restrooms. This sends the message that PWD are unwelcomed/unwanted in the space. An additional layer of microaggressive experience occurs if or when the lack of accessible restrooms is raised to building management and the problem is dismissed. Dismissal adds to the experience of second-class citizenship. The question "what happened to you?" directed toward a person with a

physical or sensory disability is representative of a verbal microinsult. It is implied in this case that disability is unnatural and acquired only through an outside source (e.g., accident or illness).

Microinvalidations are often unconscious behavioral and/or verbal actions that target or disregard the realities and experiences of oppressed groups (Sue et al., 2007). A comment such as the following, "come on now, we all have some disability" (Keller & Galgay, 2010) invalidates the lived experiences of disability by implying that the thoughts and feelings around disability oppression are futile. There is also an implication that the barriers that PWD face are individual "problems" that must be resolved by the PWD rather than through societal changes. Responsibility is deflected to the individual with a disability.

The three subtypes of microaggressions, microassaults, microinsults and microinvalidations, are targeted for this research scale development. Using a broader focus on disability-specific microaggressions allows for flexibility in examining and determining subtypes of a disability microaggression. It is possible for example, that some disability-specific microaggressions can be categorized under multiple microaggression subtypes. Keller & Galgay (2010), describe a colleague who whispered "he's blind" to a new administrator when introducing Keller during a work group meeting rather than offering visual information that the administrator had extended his hand for a handshake. These colleagues have worked with him for years and were familiar with his disability identity. Keller later called a meeting to discuss the microaggression and inquired what was so difficult about simply providing him with visual information at the time; no one responded to the question (Keller & Galgay, 2010). This microaggression example can be simultaneously a microinsult and microinvalidation and shows how microaggressions can be multidimensional.

2.   **Qualitative and Quantitative Studies on Microaggressions**

Microaggression research is a fairly recent field in psychology and has primarily focused on the experiences of racial microaggressions. Many of the early studies used qualitative approaches to gather information on the types of microaggressions people of color faced in a variety of settings, how individuals responded to the experiences, and the impact of microaggressions. Common racial microaggression themes found across studies were: alien in own land, color blindness/invisibility, criminality, second-class citizen, environmental microaggressions, and ascription of intelligence (Solorzano et al., 2000; Sue et al., 2007). The theme, alien in own land is a commentary on expected citizenship based on race and/or ethnicity. Racial minorities such as Asian Americans and Hispanic/Latino Americans are made to feel like foreigners. Examples of microaggressions for this theme are asking people where they are from or commenting on how "good" their English is (Sue et al., 2007). Color blindness/invisibility are microaggressions that ignore a person's racial identity and race-related experiences. An example of this is when a white person says to a person of color "when I look at you, I don't see color" (Sue et al., 2007, p. 6). Criminality are microaggressions that communicates to a person of color that there is an assumption that they are dangerous, deviant, and/or a criminal because of their race. An example of this is a white woman moving her purse closer to her when a person of color is nearby (Sue et al., 2007, p. 6). Second-class citizen is being treated less than such as in the instance where a person of color is not greeted at a store by the host but the white customers are greeted. Sue et al. writes that environmental microaggressions occur on a larger, systemic level, and present in the environment. An example of an environmental, racial microaggression is lack of administrators of color on a college campus. This sends the message that people of color are unwelcomed on campus and/or unfit to fill leadership positions. The theme, ascription of

intelligence is when level of intelligence is assumed based solely on racial identity. The remark that someone is a credit to their community for their academic achievements signifies that people of that particular group are expected to have a lower intelligence.

Qualitative studies also found that there is a direct correlation of microaggressions to decreased mental health for individuals of color. One study reported that participants felt chronic psychological distress when not effectively dealing with microaggressions when the microaggressive incidents occurred (Sue, Capodilupo, & Holder, 2008). In another study, the researchers found that graduate teaching assistants of color felt incompetent in their abilities to teach as a result of microaggressions, which also affected their career choices (Gomez, Khurshid, Freitag, & Lachuk, 2011). Qualitative studies also report that presence of microaggressions impact negative settings such as a university campus' racial climate (Solorzano et al., 2000; Yosso, Smith, Ceja, & Solorzano, 2009). In addition, some of the literature has focused on students of color's coping strategies to combat microaggressions such as creating social and academic counter spaces on and off campus. These peer support groups and spaces are safe environments where students of color are able to discuss with other students of color their experiences of discrimination (Solorzano et al., 2000). Counter spaces can clarify and validate microaggressive and discriminatory experiences as well as increase mental and social wellbeing.

Quantitative research appeared more recently with the aim of capturing more voices from marginalized communities such as people of color, women, and people from the lesbian, gay, bisexual, transgender (LGBT) community. The pool of quantitative research on microaggressions although small, primarily focused on race-based marginalized identity. However, there are a few recent research instruments that look at intersectionality by incorporating multiple identities (e.g., race and sexual orientation). Although, research has

expanded to include other marginalized identities such as sexual orientation, disability identity is largely excluded. To date, there is only one research study on disability microaggressions.

Keller and Galgay (2010) conducted a qualitative study to identify patterns of disability-specific microaggressions and the impact of microaggressive experiences on participants with a disability. Two focus groups were conducted with a total of twelve self-identified people with a disability. Three of the participants reported having a visual impairment, seven reported a physical impairment, and two participants had multiple disabilities. Of the twelve participants, five reported their disability to be invisible while seven reported their disability to be visible. Eight domains were identified from the interviews: (1) Denial of Identity, (2) Denial of Privacy, (3) Helplessness, (4) Secondary Gain, (5) Spread Effect, (6) Patronization (subdomains: infantilization and patronization), (7) Second-Class Citizen, and (8) Desexualization.

The theme, denial of identity with subthemes of personal identity and experience occurs when other identities of an individual with a disability (e.g., gender) and/or a disability-related experience is ignored or minimized. Denial of privacy is when information related to disability is not respected such as asking a stranger why and/or how they have a disability. Helplessness is the assumption that people with disabilities inherently need assistance with things such as opening a door. Secondary gain is when a non-disabled person does something a PWD and expects to feel good or be praised. An example of this is raising money for a charity. The domain, spread effect occurs when there is assumption that a characteristic trait is linked to a disability and/or when someone assumes that an impairment leads to other impairment. An example of spread effect is the assumption that a person with a physical impairment has lowered intelligence because of their disability. The domain, patronization also includes infantilization. Patronization is when a person with disabilities is praised and/or viewed as inspiring for anything

that they do such as living with a disability or pursuing higher education. Infantilization is demeaning treatment where persons with disabilities are treated as a child. The theme, second-class citizen happens when a PWD's rights are denied such as access to services or public spaces. Interactions, in particular avoidance (avoiding eye contact with a PWD) also contribute to the experience of being a second-class citizen. Desexualization is the denial of sexuality and/or sexual identity.

In addition to the eight major themes found in the research, there were two underdeveloped domains from the study that required more exploration: exoticization and spiritual intervention. The underdeveloped themes were not further explored in Keller & Galgay (2010) due to lack of group consensus on categorization under existing domains or lack of justification for developing additional domains. Although some microaggressive experiences from the study paralleled prior racial microaggression studies, disability-specific microaggressive themes were present such as denial of privacy. There was also strong evidence that disability microaggressions were harmful to their participants and caused psychological pain. Participants reported feelings of rage, frustration, embarrassment, and invalidation from continuous occurrences of microaggressions (Keller & Galgay, 2010). While the only published study to date, it is important because it strongly suggests that disability microaggressions exist and do impact PWD negatively. Further research is necessary to better understand the manifestation and various types of disability-specific microaggressions.

The primary themes of the quantitative research in the general (non-disability) microaggression literature are: instrument development (Nadal 2011; Torres-Harding, Andrade, & Romero Diaz, 2012), testing the taxonomy of microaggressions found in previous qualitative studies (Nadal, 2011), measuring the frequency of microaggressions, and consequences of

microaggressions (Balsam, Molina, Beadnell, Simoni, & Walters, 2011; Blume, Lovato, Thyken, & Denny, 2012; Huynh, 2012; Nadal, Griffin, Wong, Hamit, & Rasmus, 2014). Huynh (2012) found that racial microaggressions are correlated with depressive and somatic symptoms in Latino and Asian American adolescents. The study concluded that despite a difference in the reported frequency of specific microaggressions, findings supported that microaggressions contribute to depressive and somatic symptoms (Huynh, 2012). Another study found that alcohol use and anxiety is correlated with microaggressions (Blume et al., 2012). As mentioned previously, the majority of microaggression research has focused largely on racial microaggressions.

D.   **What is Needed and/or Missing for Disability**

It is likely that the current literature does not adequately capture the disability experience since the experiences of other marginalized groups (e.g., race, gender) are not subjected to the experiences of ableism. Although there are similarities in the function of oppression (i.e., subjugating one group over another), differences in experiences would suggest existing instruments are not fully representative of the microaggressions that PWD encounter. For instance, the theme of "perpetual foreigner" is not necessarily applicable disability identity since microaggressions are related to the history of immigration and refugee status within racial/ethnic groups. Although race-specific items in these earlier microaggression instruments may be adaptable to the development of a new instrument specific to disability microaggressions. An example of adaptation would be modifying the following item, "someone assumed that I would not be intelligent because of my race" (Nadal, 2011, p. 474) to "someone assumed that I would not be intelligent because of my disability." Existing instruments are an obvious starting point for further scale development. Examples of potentially unique microaggressive themes that PWD

may experience could be infantilization, stigmatization, and the super crip/inspiration. An example of super crip/inspiration theme would be thinking that a wheelchair user is inspirational because they drive a car. These themes are not present in existing microaggression research likely due to their connection to disability. Some other examples of disability-specific microaggressions are:

- Someone slowed down his or her speech because you have a disability;

- Someone referred to you as "buddy";

- People assume that you are asexual;

- Someone avoided speaking to you directly; statements or questions regarding you are redirected to the non-disabled person you are with;

- Someone assumed you are unemployed because you have a disability; and

- Someone questioned if you do have a disability.

This list is an illustration of common experiences drawn disability narratives in qualitative studies on experiences, memoirs, media, life writing, and peers anecdotes. It is important to note that the above samples are not 'one-size fits all' for everyone with a disability. The experiences of microaggressions can vary based on numerous factors such as type of disability, gender, etc. For instance, people with mental illness may experience microaggressions that make the assumption that they are violent (criminalization) while people with an intellectual or developmental disability may be treated like children (infantilization). A disability microaggression instrument is needed to begin systematically exploring the phenomenon of microaggressions experienced by those with disability identities.

II. METHODS

This research study systematically developed a working prototype instrument that identifies the types of microaggressions people with a readily apparent disability encounter. The intent of the project is to lay the groundwork for instrumentation for use in subsequent validation studies. The study employed a modified Delphi Technique that utilized a group of individuals who identified microaggression-related issues. The Delphi approach is a well-established technique that is used in instrument development to acquire group consensus on scale items (Hasson, Keeney, & McKenna, 2000). A preliminary list of microaggressions was developed through the adaptation of microaggression items used in previous non-disability studies. The items were adapted to fit disability relevant microaggressions. The group of experts engaged in a series of evaluation stages to review, revise and contribute missing information to the research instrument and provide feedback and evaluation for each item. All communication was conducted electronically with the use of email and Microsoft Office.

In the following sections the procedures used for recruiting a Delphi panel and creating and evaluating a draft instrument are summarized. The outcome of the evaluation and the final draft instrument are described in the subsequent chapter followed by an appendix with recruitment material for reference.

A.   **Subjects, Justification for Inclusion, and Recruitment**

The Delphi Panel was composed of ten participants who were professionals in the disability field and self-identifed as people with a disability. The primary investigator compiled a list of potential participants and invited them via email to participate in the study as anonymous experts. See Appendix A for a copy of the invitation letter. Individuals were informed about the research study (i.e., brief study description and explanation of what is expected of the

participants) and that participation was voluntary with no compensation. Individuals were able to terminate participation any time throughout the research study for any reason. During the recruitment phase, individuals were also asked if they have recommendations for other potential participants to increase participation numbers. Positive responses to the invitation served as participation consent for this study. In addition to the ten subjects recruited for the expert panel, three volunteers were recruited for the cognitive testing portion of this study.

Disability professionals were individuals who had an advanced degree in Disability Studies or related health and social science fields whose work focused on disability. It was preferred that professionals had conducted research in a disability related area and published scholarly articles on disability. People with a readily apparent disability are the best individuals to speak about their disability experience and therefore integral to the purposes of this study. People with a readily apparent disability included but were not limited to the following: individuals who used a mobility device (wheelchair, walker, cane), individuals who had low vision and/or blind, persons of short stature, individuals who used prosthetics, people with a communication disability, and people with cerebral palsy. Professionals in the field and people with a readily apparent disability were recruited through the recommendation of people within the Department of Disability and Human Development at the University of Illinois at Chicago, disability advocacy organizations such as Access Living of Chicago, IL and Disability Studies listservs.

It was critical that both PWD and academicians contributed to the development of the prototype instrument. Academicians provided theoretical and methodological perspectives while PWD could offer information regarding their lived experience with a disability. Both groups

have a deep shared understanding of the issues, which was a necessary criterion when selecting experts for a Delphi model (Okoli & Pawlowshi, 2004).

B.   **Review of Existing Instruments**

In the first phase of the study, microaggression and disability attitudinal scales were reviewed. Nadal (2011) developed the Racial and Ethnic Microaggressions Scale (REMS) and tested the scale for reliability and validity. The REMS, a 45 item scale yielded six microaggression themes that college students of color encountered: (1) Assumptions of Inferiority, (2) Second-Class Citizen and Assumptions of Criminality, (3) Microinvalidations, (4) Exoticization/Assumptions of Similarity, (5) Environmental Microaggressions, and (6) Workplace and School Microaggressions. A confirmatory factor analysis supported the reliability and validity of the scale as a measurement for racial microaggressions (Nadal, 2011).

Blume et al. (2012) conducted a microaggression and self-efficacy study, which looked at the relationship of alcohol use and anxiety among college students at a historically white university. The study concluded that college students of color reported a significantly higher rate of racial microaggressions in comparison to their white counterparts. The study also suggested that racial microaggressions were strongly correlated to anxiety and binge drinking (Blume et al., 2012).

Both Huynh (2012) and Nadal et al. (2014) proposed that depression was correlated with racial microaggressions. Nadal et al. (2014) used the REMS and Huynh developed and used the Ethnic Microaggressions Scale (EMS) as measurements for depression related to racial microaggressions. The REMS and EMS derived from the taxonomy of previous studies on racial and ethnic microaggressions. Balsam (2011) focused on intersectionality and the development of an instrument that measured the types of microaggressions that LGBT people of color encounter.

This measure included three subscales: (1) Racism in LGBT communities, (2) Heterosexism in Racial/Ethnic Minority Communities, and (3) Racism in Dating and Close Relationships (Balsam, 2011).

Lastly, the Racial Microaggressions Scale (RMAS) measured the occurrence and the impact of microaggressions (Torres-Harding et al., 2012). The study focused on the development of the scale and tested the relevance of eight themes that appeared in the microaggression literature. Of the eight themes, six of them were factors that were relevant to measuring microaggressions. The six factors were: invisibility, criminality, low-achieving/undesirable culture, sexualization, foreigner/not belonging, and environmental invalidations (Torres-Harding et al., 2012). Exploratory factor analyses, confirmatory factor analyses, internal reliability, convergent validity, and concurrent validity were tools used to assess and confirm RMAS as a tool to measure the multiple dimensions of microaggressions.

Attitude scales were another potential source for item generation. There were two widely used and tested scales on attitudes toward disability. The first was the Interaction with Disabled Persons Scale (Gething, 1994), which focused on personal attitudes toward disability. The second scale was the Attitudes Towards Disabled Persons (ATDP) (Antonak, 1981), which looked at societal attitudes towards people with a disability. Both used a six-point scale to measure the attitudes of participants. The Multidimensional Attitudes Scale Toward Persons with Disabilities (MAS) focused on three attitude components: affect, cognition, and behavior. The scale also utilized the ATDP scale and a self-esteem measure for a multidimensional approach (Findler, Vilchinsky, & Werner, 2007). The Disability Social Relations Generalized Disability (DSRGD) Scale looked at how social context influenced attitudes toward people with a disability (Hergenrather & Rhodes, 2007). The three social contexts in the instrument were: dating,

marriage, and work. Both the MAS and DSRGD scales found that females had a better attitude towards people with a disability than their male counterparts.

C.   **Procedures**

A working draft of the instrument was created by collecting microaggression items from the preceding instruments that were deemed to be microinsults, microassaults, and microinvalidations and then adapted them to fit the focus of disability. Items were transcribed onto one document, then the wording and structure of each item was modified to fit the target population of disability (TABLE I). For instance, the REMS item, "someone told me, she or he was colorblind" (Nadal, 2011, p. 474) was adapted to "someone told me, she or he does not see my disability."

The primary investigator also added relevant items to the initial list from existing qualitative studies and disability narratives. Keller & Galgay's (2010) article was the primary qualitative source for examples of disability-specific microaggressions. Memoirs and documentaries served as additional resources for disability narratives. The investigator reviewed the resources above to find narratives on disability oppression, prejudice, and discrimination. The findings were converted into items and compiled with the previously mentioned REMS conversions. A strategy used to generate and identify additional items for the preliminary list was to use the themes found in the microaggression literature as a guide. TABLE I below shows the extensive preliminary list of microaggressions and if applicable, the adapted version in addition to the source. Forty-six percent of the adapted microaggressions were from the Nadal's REMS instrument, 34% were from Keller and Galgay's (2010) study, and 20% were from disability narrative sources such as memoirs and documentaries.

TABLE I

Preliminary List of Microaggressions

Original Version	Modified Version	Citation
1. I was ignored at school or at work because of my race.	I was ignored at school or at work because of my disability.	Nadal (2011)
2. Someone's body language showed they were scared of me, because of my race.	Someone's body language showed they were scared of me, because of my disability.	Nadal (2011)
3. I was told that I should not complain about race.	I was told that I should not complain about ableism.	Nadal (2011)
4. Someone assumed that I grew up in a particular neighborhood because of my race.	Someone assumed that I grew up in a particular neighborhood because of my disability.	Nadal (2011)
5. Someone avoided walking near me on the street because of my race.	Someone avoided walking near me on the street because of my disability.	Nadal (2011)
6. Someone avoided sitting next to me in a public space (e.g., restaurants, movie theaters, subways, buses) because of my race.	Someone avoided sitting next to me in a public space (e.g., restaurants, movie theaters, subways, buses) because of my disability.	Nadal (2011)
7. Someone assumed that I would not be intelligent because of my race.	Someone assumed that I would not be intelligent because of my disability.	Nadal (2011)
8. I was told that I complain about race too much.	I was told that I complain about disability discrimination too much.	Nadal (2011)
9. I received substandard service in stores compared to customers of other racial groups.	I received substandard service in stores compared to non-disabled customers.	Nadal (2011)
10. I observed people of my race in prominent positions at my workplace or school.	I observed people of my disability in prominent positions at my workplace or school.	Nadal (2011)
11. Someone wanted to date me only because of my race.	Someone wanted to date me only because of my disability.	Nadal (2011)

TABLE I (continued)

Preliminary List of Microaggressions

Original Version	Modified Version	Citation
12. I was told that people of all racial groups experience the same obstacles.	I was told that all people with disabilities experience the same obstacles.	Nadal (2011)
13. My opinion was overlooked in a group discussion because of my race.	My opinion was overlooked in a group discussion because of my disability.	Nadal (2011)
14. Someone assumed that my work would be inferior to people of other racial groups.	Someone assumed that my work would be inferior to non-disabled people.	Nadal (2011)
15. Someone acted surprised at my scholastic or professional success because of my race.	Someone acted surprised at my scholastic or professional success because of my disability.	Nadal (2011)
16. I observed that people of my race were the CEOs of major corporations.	I observed that people with disabilities were the CEOs of major corporations.	Nadal (2011)
17. I observed people of my race portrayed positively on television.	I observed people with disabilities portrayed positively on television.	Nadal (2011)
18. Someone assumed that I would not be educated because of my race.	Someone assumed that I would not be educated because of my disability.	Nadal (2011)
19. Someone told me that I was "articulate" after she/he assumed I wouldn't be.	N/A	Nadal (2011)
20. Someone told me that all people in my racial group are all the same.	Someone told me that all people with disabilities are all the same.	Nadal (2011)
21. I observed that people of my race portrayed positively in magazines.	I observed that people with disabilities were portrayed positively in magazines.	Nadal (2011)
22. An employer or co-worker was unfriendly or unwelcoming toward me because of my race.	An employer or co-worker was unfriendly or unwelcoming toward me because of my disability.	Nadal (2011)

TABLE I (continued)

Preliminary List of Microaggressions

Original Version	Modified Version	Citation
23. I was told that people of color do not experience racism anymore.	I was told that people with disabilities do not experience ableism anymore.	Nadal (2011)
24. Someone told me that they "don't see color."	Someone told me that they "don't see disability."	Nadal (2011)
25. I read popular books or magazines in which a majority of contributions featured people of my racial group.	I read popular books or magazines in which a majority of contributions featured people with disabilities.	Nadal (2011)
26. Someone assumed that I would have a lower education because of my race.	Someone assumed that I would have a lower education because of my disability.	Nadal (2011)
27. Someone assumed that I held a lower paying job because of my race.	Someone assumed that I held a lower paying job because of my disability.	Nadal (2011)
28. Someone assumed that I was poor because of my race.	Someone assumed that I was poor because of my disability.	Nadal (2011)
29. Someone told me that people should not think about race anymore.	Someone told me that people should not think about disability anymore.	Nadal (2011)
30. Someone avoided eye contact with me because of my race.	Someone avoided eye contact with me because of my disability.	Nadal (2011)
31. I observed that someone of my race is a government official in my state.	I observed that someone with disability is a government official in my state.	Nadal (2011)
32. Someone objectified one of my physical features because of my race.	Someone objectified one of my physical features because of my disability.	Nadal (2011)
33. An employer or co-worker treated me differently than White co-workers.	An employer or co-worker treated me differently than non-disabled co-workers.	Nadal (2011)
34. Someone stared at me because of my disability.	N/A	World Institute on Disability (2006)

TABLE I (continued)

Preliminary List of Microaggressions

Original Version	Modified Version	Citation
35. Someone opened the door for me without first inquiring because of my disability.	N/A	Cooper (2015)
36. Someone spoke to me slower or louder because I have a disability.	N/A	Keller & Galgay (2010)
37. Someone spoke to me as if I were a child.	N/A	Keller & Galgay (2010)
38. Someone referred to me as "buddy."	N/A	Cooper (2015)
39. Someone said or thought I was inspirational because I have a disability.	N/A	Keller & Galgay (2010)
40. Someone assumed that I am asexual because of my disability.	N/A	World Institute on Disability (2011)
41. Someone sent something (e.g., article, picture) to me about disability because I am a person with a disability.	N/A	TED Talk (2013)
42. Someone said you'll be cured from your disability.	N/A	World Institute on Disability (2006)
43. Someone tries to "heal" you and tells you: "you need to have more faith."	N/A	TED Talk (2013)
44. Someone said "god bless you" solely because I have a disability.	N/A	TED Talk (2013)
45. I found that a public space (restaurant, building, sidewalk, store, etc) was inaccessible to people with disabilities.	N/A	World Institute on Disability (2006)

TABLE I (continued)

Preliminary List of Microaggressions

Original Version	Modified Version	Citation
46. Expectation of helplessness… someone races across the parking lot while PWD is putting their chair in their car and insists on helping.	Someone assumed I needed help (directions, doors, etc.) because of my disability.	Keller & Galgay (2010)
47. Someone avoided speaking to me directly; statements or question regarding you are redirected to the non-disabled person you are with.	N/A	Keller & Galgay (2010)
48. Someone sees you and tries to avoid direct contact with you because of your disability.	N/A	Keller & Galgay (2010)
49. Someone assumes that you are sick or unhealthy because of your disability.	N/A	World Institute on Disability (2006)
50. Someone appears afraid /uncomfortable of being near you because of your disability.	N/A	World Institute on Disability (2006)
51. People used disability-related pejorative words like "retard."	N/A	World Institute on Disability (2011)
52. Someone became defensive when I shared a disability discrimination experience.	N/A	Cooper (2015)
53. Someone whispered or talked about my disability in my presence but did not include me (e.g., a coworker whispering "he's blind" in a meeting).	N/A	Keller & Galgay (2010)
54. When I address disability rights issues and/or share ableist experiences, people react defensively or silently.	N/A	Keller & Galgay (2010)

TABLE I (continued)

Preliminary List of Microaggressions

Original Version	Modified Version	Citation
55. Someone asks what happened to you.	A stranger asked me how I got my disability.	Keller & Galgay (2010)
56. Someone asked me personal questions related to my disability or how I live my life with a disability.	Someone asked me personal questions related to my disability or how I live my life with a disability.	Keller & Galgay (2010)
57. "I can't believe you are married."	Someone found it shocking that I am married or dating (e.g., "I can't believe you are married").	Keller & Galgay (2010)
58. "Come on now, we all have some disability."	Someone minimized my disability-related experience (e.g., "come on now, we all have some disability").	Keller & Galgay (2010)
59. Someone helps you onto a bus or train, even when you need no help.	N/A	Keller & Galgay (2010)
60. Someone feels incapable of rescuing you from your disability.	N/A	Keller & Galgay (2010)
61. People work hard not to make eye contact or to physically avoid you.	N/A	Keller & Galgay (2010)
62. A person in a wheelchair waits 15 minutes outside a restaurant for access through the kitchen and is expected to not make a complaint.	N/A	Keller & Galgay (2010)
63. You were told that a place was accessible but found that it was inaccessible when you arrived (e.g., classroom, restaurant).	N/A	Keller & Galgay (2010)
64. Someone expressed, "I would never date someone who uses a wheelchair."	N/A	Keller & Galgay (2010)

TABLE I (continued)

Preliminary List of Microaggressions

Original Version	Modified Version	Citation
65. Someone asked "what do you like to be called—disabled, handicapped, challenged?"	N/A	Keller & Galgay (2010)
66. It has been communicated to me that the only important aspect of my identity is my disability.	N/A	Keller & Galgay (2010)
67. My skills, expertise, awards, or other group memberships (e.g., sex, class, education, race) are discounted.	N/A	Keller & Galgay (2010)
68. Someone has said or inferred that I am overly sensitive regarding disability-related experiences (e.g., inaccessible restroom).	N/A	Keller & Galgay (2010)
69. Someone came up to me and said "I know how you feel" regarding an ableist experience.	N/A	Keller & Galgay (2010)
70. "Because I don't have an outward disability, people don't necessarily believe me. I've had to deal with that all my life, and I've had to give proof."	I have been asked to prove that I have a disability or that my disability is real.	Keller & Galgay (2010)
71. I have been asked to demonstrate or explain how I might do something differently because of my disability.	N/A	TED Talk (2013)

There were two major phases to the review involving the expert panel. The first phase

instructed the panel of experts to review the preliminary disability microaggressions list to: (1)

identify any missing disability microaggressions, (2) identify redundant items, and (3) flag any

ambiguous or confusing items. The panelists were instructed to first read through the preliminary

list at least once and list any microaggression items that were missing in the designated boxes

following the preliminary list. Then, the panelists were to review and flag any items that were

redundant and/or confusing. The table used for flagging the items included an additional column

for any notes and comments. Once the expert panel felt their review was complete, Phase 1

documents were to be emailed back to the primary investigator.

When all the responses were received from Phase 1, the primary investigator transcribed

the feedback from panel members onto a single document, combined or eliminated any

redundant items, added recommendations of missing items to the scale and rephrased ambiguous

items based on the expert panel's suggestions in the note section. The new list was submitted to

the Institutional Review Board as an amendment for approval prior to Phase 2.

The second phase focused on evaluating the content validity of each item in the revised

instrument. The panel of experts was instructed to only consider the content of the question

and/or statement and indicate their judgment of the importance of each item to measuring

disability-specific microaggressions that people with readily apparent disabilities encounter. The

Content Validity Ratio (CVR) was the statistical measure used in Phase 2 to measure consensus

among experts (Lawshe, 1975). CVR is a widely used and proven approach that quantifies

content validity through inter-rater agreement. The primary investigator calculated the scores for

each item by adding and then averaging the ratings. A subsequent list was compiled from items

that had a score of 3.0 or higher out of 5.0. This subsequent list was the final draft of the

disability microaggressions scale.

Lastly, cognitive testing was used to gather additional feedback on the clarity of the

wording of the items. Three volunteers were recruited and provided feedback on the clarity of

each item for the Phase 2 list by using a Likert scale. All communication between the

participants and the primary investigator, distribution of materials, and received feedback

occurred via email throughout the research process.

III. RESULTS

Ten participants were successfully recruited as experts for the Delphi panel. Of the ten participants, eight self-identified as a disability activist and/or scholar. All ten participants are people with disabilities and the educational level ranged from bachelors degree to a doctorate degree. Two participants self-identified as genderqueer/non-binary, six were female, one was male, and one person did not have a response. Two participants identified as people of color and four people identify as part of the LGBT community. The mean age of the participants was 32 for those who reported their age. There was an 11th participant recruited for this study. This person does not have a disability but specializes in special education. After consulting with the thesis committee, the non-disabled member's feedback was removed. The exclusion of the non-disabled participant did not affect the results of this prototype instrument.

A.   **Phase 1**

The expert panel reviewed the preliminary list of disability related microaggressions (TABLE I) and systematically flagged the items for ambiguity and redundancy. The expert panel also identified items they believed to be missing. Based on the feedback, the primary investigator first reduced the original 71 items to 53 items by combining or eliminating redundant items. TABLE II shows the items that were combined or removed from Phase 1. The primary investigator rephrased ambiguous items based on the suggestions made by participants.

TABLE II

Phase 1: Removed and Combined Items Flagged as Redundant

Microaggression Item	Notes
5. Someone avoided walking near me on the street because of my disability.	5 and 6 were combined
6. Someone avoided sitting next to me in a public space (e.g., restaurants, movie theaters, subways, buses) because of my disability.	
11. Someone wanted to date me only because of my disability.	Removed for ambiguity
18. Someone assumed that I would not be educated because of my disability.	Removed for redundancy
19. Someone told me that I was "articulate" after she/he assumed I wouldn't be.	Removed for redundancy
20. Someone told me that all people with disabilities are all the same.	Removed for ambiguity
21. I observed that people with disabilities were portrayed positively in magazines.	Removed for ambiguity
36. Someone spoke to me slower or louder because I have a disability.	Combined with a new item
37. Someone spoke to me as if you were a child.	37 and 38 were combined
38. Someone referred to me as "buddy."	
42. Someone said you'll be cured from your disability.	42, 43, 44 were combined
43. Someone tries to "heal" you and tells you: "you need to have more faith."	
44. Someone said "god bless you" solely because I have a disability.	
45. I found that a public space (restaurant, building, sidewalk, store, etc) was inaccessible to people with disabilities.	Removed for redundancy
48. Someone sees you and tries to avoid direct contact with you because of your disability.	Removed for redundancy
50. Someone appears afraid/uncomfortable of being near you because of your disability.	Removed for redundancy
52. Someone became defensive when I shared that a disability discrimination experience.	Removed for redundancy

TABLE II (continued)

Phase 1: Removed and Combined Items Flagged as Redundant

Microaggression Item	Notes
55. A stranger asked me "how I got my disability."	55 and 56 were combined
56. Someone asked me personal questions related to my disability or how I live my life with a disability.	
60. Someone feels incapable of rescuing you from your disability.	Removed for ambiguity
61. People work hard not to make eye contact or to physically avoid you.	Removed for redundancy
68. Someone has said or inferred that I am overly sensitive regarding disability-related experiences (e.g., inaccessible restroom).	Removed for redundancy
71. I have been asked to demonstrate or explain how I might do something differently because of my disability.	Removed for redundancy

For the identification of missing items, the primary investigator compiled a list of additional items identified by the ten participants in a separate document. A total of 59 new items were recommended by the expert panel. The primary investigator reviewed and flagged the list of 59 missing/new disability-specific microaggressions for redundancy. The redundant items were either eliminated or combined with an existing item. Several items were rephrased to be more consistent with the format of existing items. The list of missing/new microaggressions was reduced from 59 to 47 and added to the 53 existing items. TABLE III provides a visual for the review process of recommended new items.

TABLE III

Phase 1: List of Microaggressions Identified as Missing

Items Identified as Missing	Notes
1. I have been expected to educate someone about disability and disability experiences.	Added to Phase 2
2. I have been expected to ease the awkwardness or discomfort that others feel because of my disability.	Added to Phase 2
3. I have had my difficulties with ableism and/or the impairments I have chalked up to a "negative attitude" or a "bad outlook on life."	Added to Phase 2
4. I have been accused of laziness for impairments caused by my disability.	Added to Phase 2
5. I have been accused of faking (symptoms of) my disability for attention.	Added to Phase 2
6. I have been accused of being overly demanding or entitled because of the accommodations I need.	Added to Phase 2
7. People have given me unsolicited advice on treatment for my disability.	Added to Phase 2
8. Strangers have asked me to explain why I didn't have my disability treated or "fixed."	Added to Phase 2
9. People have told me that my gender identity is a result of my disability.	Added to Phase 2
10. People have told me that my sexual orientation is a result of my disability.	Added to Phase 2
11. People have told me that I am not competent to identify as being of a specific sexual or gender identity because of my disability.	Added to Phase 2
12. People have told me that they would not want to have, or would choose to abort, a child with my disability.	Added to Phase 2
13. People assume that I have low self-esteem because of my disability.	Added to Phase 2
14. 14. People assume that I am depressed because I have a disability.	Added to Phase 2
15. Doctors have assumed that I want treatment that would "fix" my disability regardless of what I actually come to them for.	Added to Phase 2
16. People tell me that I am "making excuses" when I ask for accommodations or mention that I have a disability that affects my performance.	Added to Phase 2
17. Strangers or acquaintances are more likely to touch me without my permission because I am disabled.	Added to Phase 2
18. People have told me that they would kill themselves if they had my disability.	Removed for redundancy

TABLE III (continued)

Phase 1: List of Microaggressions Identified as Missing

Items Identified as Missing	Notes
19. People have dismissed my access needs because they perceive me as being more "high-functioning" than what they imagine other people with my disability to be like.	Added to Phase 2
20. People have told me as an adult that I need my parents' or caregiver's permission to do something because of my disability.	Added to Phase 2
21. People have questioned my reproductive choices because of my disability.	Added to Phase 2
22. When I tell people about my disability, their first reaction is how hard it must be or have been for my family to support me.	Added to Phase 2
23. People talk slower or louder after I tell them I have a disability, regardless of whether I have a hearing impairment or auditory processing problems.	Added to Phase 2
24. Strangers are more likely to invade my personal space (e.g.,stand closer to me or lean down over me) because I have a disability.	Removed for redundancy
25. Anything on medical experiences; e.g. surprise that pwd go to doctor for something other than their disability	Rephrased and added to Phase 2
26. Parenting surprise someone has/wants children	Rephrased and added to Phase 2
27. Someone gives you money/stuff although you are not asking for it for free	Added to Phase 2
28. Eating - people cut your food without asking	Added to Phase 2
29. People let you cut lines although you insist on waiting your turn	Added to Phase 2
30. I hear ableist comments about other disabled people as if I weren't in the room.	Removed for redundancy
31. I encounter charity campaigns that use pity and fear to raise money.	Added to Phase 2
32. Services that I or other disabled people need are discussed in the media or by politicians as being unnecessary.	Added to Phase 2
33. People question the disability status of another person in my presence or ask me to verify the "reality" of that person's diagnosis. (This happens a lot as people ask me about students or other people that others think are claiming disability status unfairly"	Added to Phase 2
34. People use euphemisms such as "special needs" or "handicapable" to describe PWD.	Added to Phase 2
35. People refuse to acknowledge that a child has a disability because they assume it would pejorative or injurious to "label" a child too soon.	Added to Phase 2

TABLE III (continued)

Phase 1: List of Microaggressions Identified as Missing

Items Identified as Missing	Notes
36. Some people curse, swear, or scream when they encounter me and my guide dog	Added to Phase 2
37. Someone has become angry with me for not being allowed to "help."	Added to Phase 2
38. In public transportation situations, some people speak plainly and loudly about how much they hate dogs-speaking negatively about me in the process- as if I cannot hear.	Removed for redundancy
39. Someone has told me they would rather be dead than disabled.	Removed for redundancy
40. Someone has told me that if they were pregnant and knew the fetus would be born with my disability, they would get an abortion for that reason even if they otherwise wanted to have a child.	Removed for redundancy
41. Someone has touched my body without my permission because they assumed I needed their help.	Removed for redundancy
42. Someone has touched my service animal or adaptive equipment (like a wheelchair) without my permission.	Removed for redundancy
43. Someone has told me that they know all about my disability because they have a friend/relative/acquaintance who has a child with my disability.	Removed for redundancy
44. Someone has told me, "I'm sorry" about my disability.	Rephrased and added to Phase 2
45. Someone has assumed that a friend/romantic partner I'm with in public is actually my personal assistant.	Added to Phase 2
46. Someone has assumed which part of the hospital I'm going to based on my disability.	Added to Phase 2
47. Someone has offered unsolicited advice about treatment, therapies, or cures for my disability.	Removed for redundancy
48. Someone has told me, "I don't think of you as disabled."	Added to Phase 2
49. Someone has suggested I get unnecessary surgery so my body would look more "normal."	Removed for redundancy
50. Someone has told me that I am to blame for being bullied about my disability because I chose not to have unnecessary surgery to make my body look more "normal."	Added to Phase 2
51. People ask about your disability and once you told them about your condition and how you came to be disable they have a pity tone then they tell you to cheer up.	Removed for redundancy

TABLE III (continued)

Phase 1: List of Microaggressions Identified as Missing

Items Identified as Missing	Notes
52. Some people think you are faking with your disability since you don't look like a disable person. i.e., Someone questioned my disability because I "don't look like a disabled person."	Added to Phase 2
53. You have to always come to class early to get the seats that are on the edge so you can transfer to the regular seats. If the accessible seats get filled up they you have nowhere to sit, and when you ask someone to move they get upset like they doing you a favor.	Rephrased and added to Phase 2
54. Someone undermined my ability to control my wheelchair/ communicated caution to others because of my disability and/or mobility device.	Added to Phase 2
55. Someone said or felt I should be thankful when helped was imposed on me (i.e., when I decline or don't ask for help and they help anyway).	Added to Phase 2
56. If in wheelchair, told someone would carry me or help me.	Added to Phase 2
57. Told how I will be accommodated rather than me determining the type of accommodation I should receive.	Added to Phase 2
58. People have said or implied they'd rather die/couldn't live with certain disabilities.	Added to Phase 2
59. Parents tell children to "watch out."	Added to Phase 2

B.   **Phase 2**

The revised list of items produced in Phase 1 was submitted to and approved as an

amendment by the University of Illinois at Chicago's Institutional Review Board before

distribution. In Phase 2, the expert panelists reviewed the 100 items and ranked each on a 5-point

Likert scale solely on their content and importance to the topic of disability-specific

microaggressions. Of the ten participants, six completed and returned their rankings in this

phase. The five response options were: 1) unimportant, 2) of little importance, 3) moderately

important, 4) important, and 5) very important. See below for TABLE IV entitled, *Phase 2:*

Disability Microaggressions Analysis for the tallied results. The primary investigator added the ratings for each microaggression item and averaged the total by the number of participants that responded to each item. The final list consisted of only Phase 2 items that reached a minimum score of 3.0 (moderately important) or higher in consensus among the six participants. TABLE V, shown below after TABLE IV list the seven items that were excluded from this round. The column on the left shows the microaggression item, the second column shows the number of participants who ranked the listed items, the third column provides the tallied rank per item, and the last column presents the final, averaged score.

TABLE IV
Phase 2: Disability Microaggressions Analysis

Disability Microaggression Item	Total Score[a]	Averaged Score ($n = 6$)
1. I felt people excluded me in school or at work (e.g., social outings, conversations) because of my disability.	25	4.2
2. Someone's body language showed they were scared of me or felt uncomfortable because of my disability.	22	3.7
3. I was discouraged from/ told to not complain about being treated differently or about inaccessibility.	22	3.7
4. Someone assumed that I grew up in an institutional setting (and/or attended special education programming) because of my disability.	18	3.0
5. I felt/believe that someone avoided being near me (e.g., walking near me, sitting next to me) because of my disability.	18	3.0
6. Someone assumed that I can't think, have ideas or opinions because of my disability.	21	3.5
7. Someone has implied or said that I dwell on disability issues too much or should not be so negative about people who are trying to be helpful but are ignorant.	22	3.7
8. I received substandard service in stores compared to customers without disabilities.	21	3.5
9. I observed few people with disabilities in prominent positions at my workplace or school.	21	3.5
10. I was told or implied that all people with disabilities experience the same obstacles.	15	2.5
11. My opinion(s) relating to disability perspective was overlooked in a group discussion because of my disability.	18	3.0
12. Someone assumed that my work would be inferior to people without disabilities.	23	3.8
13. Someone acted surprised at my scholastic, political or professional success because of my disability.	21	3.5
14. I observed that few to no people with disabilities as the CEOs of major corporations.	16	2.7
15. I observed people with disabilities portrayed in complex and non-stereotypical ways in popular media (e.g., television, movies, and magazines).	19	3.8[b]

[a] Tallied score based on Delphi members' ranks using the importance scores: unimportant (1), of little importance (2), moderately important (3), important (4), and very important (5).
[b] $n = 5$

TABLE IV (continued)

Phase 2: Disability Microaggressions Analysis

Disability Microaggression	Total Score[a]	Averaged Score (n = 6)
16. I felt/suspect/believe an employer or co-worker was unfriendly or unwelcoming toward me because of my disability.	18	3.0
17. People have implied or expressed that they believe that things for people with disabilities are "better" now or that eugenic thinking is "of the past" and so on.	19	3.2
18. Someone told me that they "don't see disability."	25	4.2
19. I read popular books or magazines in which a majority of contributions featured people with disabilities or authors with disabilities.	18	3.0
20. Someone assumed that I would have a lower education because of my disability.	21	3.5
21. Someone assumed that I held a lower paying job because of my disability.	20	3.3
22. Someone assumed that I was poor because of my disability.	19	3.2
23. Someone told me that people should not think about disability anymore.	20	3.3
24. Someone avoided eye contact with me or used gestures that made me feel invisible because of my disability.	21	3.5
25. I observed that someone with disability is a government official in my state.	19	3.2
26. Someone objectified one of my physical features because of my disability.	20	3.3
27. I felt/suspect/believe an employer or co-worker treated me differently than non-disabled co-workers.	22	3.7
28. Someone stared at me because of my disability.	23	3.8
29. Someone went out of their way to open a door for me because of my disability without first inquiring if I need or want help.	25	4.2
30. Someone spoke to me slower or louder after I tell them I have a disability or because I have a disability, regardless of whether I have a hearing impairment or auditory processing problems.	23	3.8
31. Someone spoke to me as if I were a child or used demeaning words to address me (e.g., buddy, kid, pal).	24	4.0
32. Someone expressed/communicated that they think I am inspirational because I have a disability.	25	4.2

[a] Tallied score based on Delphi members' ranks using the importance scores: unimportant (1), of little importance (2), moderately important (3), important (4), and very important (5).
[b] n = 5

TABLE IV (continued)
Phase 2: Disability Microaggressions Analysis

Disability Microaggression	Total Score[a]	Averaged Score (*n* = 6)
33. Someone assumed I can't experience sexuality because of my disability.	22	3.7
34. Someone sent something (e.g., article, picture) to me about disability because I am a person with a disability.	17	2.8
35. Someone referenced religion when commenting on, responding to, or dismissing my disability and/or disability experiences for the purpose of implying there's a connection between religion and disability (e.g. "you need to have more faith," "God bless you," "your disability is a punishment," etc.).	20	3.3
36. Someone assumed I needed help (directions, door, etc.) because of my disability.	24	4.0
37. Someone avoided speaking to me directly; statements or question regarding me were redirected to the non-disabled person I was with.	24	4.0
38. Someone assumes that I am sick or unhealthy because I have a disability.	15	2.5
39. People used disability-related pejorative words like "retarded," "lame," "dumb" when talking to me or about other people with disability in my presence.	18	3.0
40. Someone whispered or talked about my disability in my presence but did not include me (e.g., a coworker whispering "he's blind" in a meeting).	19	3.2
41. When I address disability rights issues and/or share disability discrimination experiences, people react defensively or silently.	22	3.7
42. A stranger or acquaintance asked me personal questions related to my disability (e.g., how did you get your disability?) or how I live my life with a disability.	23	3.8
43. Someone found it shocking that I am married or dating (e.g., "I can't believe you are married").	21	4.2[b]
44. Someone minimized my disability-related experienced (e.g., "come on now, we all have some disability").	20	3.3
45. Someone insisted and/or forced their help on me despite my turning down their help or not needing their help.	24	4.0

[a] Tallied score based on Delphi members' ranks using the importance scores: unimportant (1), of little importance (2), moderately important (3), important (4), and very important (5).
[b] *n = 5*

TABLE IV (continued)
Phase 2: Disability Microaggressions Analysis

Disability Microaggression	Total Score[a]	Averaged Score ($n = 6$)
46. I have been refused or received slow, disrespectful service at restaurants because of my disability.	18	3.0
47. Someone told me that a place was accessible but I found that it was inaccessible when I arrived (e.g., classroom, restaurant, and store).	26	4.3
48. Someone expressed that they would/could never date someone with a disability.	23	3.8
49. Someone asked or expected me to speak for all people with disabilities.	20	3.3
50. It has been communicated to me that the only important aspect of my identity is my disability.	18	3.0
51. My skills, expertise, awards, or other group memberships (e.g., sex, class, education, race) is discounted because of my disability.	23	3.8
52. A non-disabled person has claimed to know how I feel about ableist experiences.	22	3.7
53. I have been asked to prove that I have a disability or that my disability is real to strangers.	22	3.7
54. I have been expected to educate someone about disability and disability experiences.	24	4.0
55. I have been expected to ease the awkwardness or discomfort that others feel because of my disability.	20	3.3
56. I have had my difficulties with ableism and/or the impairments I have chalked up to a "negative attitude" or a "bad outlook on life."	20	3.3
57. I have been accused of laziness for impairments caused by my disability.	23	3.8
58. I have been accused of faking (symptoms of) my disability for attention.	23	3.8
59. I have been accused of being overly demanding or entitled because of the accommodations I need.	26	4.3
60. People have given me unsolicited advice on (unnecessary) treatments, therapies, or cures for my disability.	20	3.3
61. Strangers have asked me to explain why I didn't have my disability treated or "fixed."	21	3.5
62. People have told me that my gender identity is a result of my disability.	17	2.8

[a] Tallied score based on Delphi members' ranks using the importance scores: unimportant (1), of little importance (2), moderately important (3), important (4), and very important (5).

TABLE IV (continued)
Phase 2: Disability Microaggressions Analysis

Disability Microaggression	Total Score[a]	Averaged Score (*n* = 6)
63. People have told me that my sexual orientation is a result of my disability.	17	2.8
64. People have told me that I am not competent to identify as being of a specific sexual or gender identity because of my disability.	20	3.3
65. People have told me that they would not want to have, or would choose to abort, a child with a disability.	23	3.8
66. People assume that I have low self-esteem because of my disability.	18	3.0
67. People assume that I am depressed because I have a disability.	19	3.2
68. Doctors have assumed that I want treatment that would "fix" my disability regardless of what I actually come to them for.	21	3.5
69. People tell me that I am "making excuses" when I ask for accommodations or mention that I have a disability that affects my performance.	21	3.5
70. Strangers or acquaintances are more likely to invade my space (e.g., lean over me, touch me/my service dog/or adaptive equipment) without my permission because I am disabled.	21	3.5
71. People have dismissed my access needs because they perceive me as being more "high-functioning" than what they imagine other people with my disability to be like.	22	3.7
72. People have told me as an adult that I need my parents' or caregiver's permission to do something because of my disability.	20	3.3
73. People have questioned my reproductive choices because of my disability.	21	3.5
74. When I tell people about my disability, their first reaction is how hard it must be or have been for my family to support me.	22	3.7
75. People are surprised that I go to doctor for something other than my disability.	20	3.3
76. People have expressed surprise that I have/want children.	23	3.8
77. Someone gives you money/stuff although you are not asking for it for free	20	3.3
78. Eating - people cut your food without asking	22	3.7
79. People let you cut lines although you insist on waiting your turn	21	3.5

[a] Tallied score based on Delphi members' ranks using the importance scores: unimportant (1), of little importance (2), moderately important (3), important (4), and very important (5).

TABLE IV (continued)
Phase 2: Disability Microaggressions Analysis

Disability Microaggression	Total Score[a]	Averaged Score (*n* = 6)
80. I encounter charity campaigns that use pity and fear of disability to raise money.	20	3.3
81. Services that I or other disabled people need are discussed in the media or by politicians as being unnecessary.	24	4.0
82. People question the disability status of another person in my presence or ask me to verify the "reality" of that person's diagnosis.	16	2.7
83. People use euphemisms such as "special needs" or "handicapable" to describe people with disabilities.	24	4.0
84. People refuse to acknowledge that a child has a disability because they assume it would be pejorative or injurious to "label" a child too soon.	22	3.7
85. Some people curse, swear, or scream when they encounter me and my guide dog	20	4.0[b]
86. Someone has become angry with me for rejecting their "help."	24	4.0
87. Someone/strangers have spoken negatively about me, my disability or disability in general as if I cannot hear them or am not present in the room.	19	3.2
88. Someone has told me that they know all about my disability because they have a friend/relative/acquaintance who has a child with my disability.	21	3.5
89. Someone has said, "I'm sorry" to me regarding my disability.	23	3.8
90. Someone has assumed that a friend/romantic partner I'm with in public is actually my personal assistant.	23	3.8
91. Someone has assumed which part of the hospital I'm going to based on my disability.	20	3.3
92. Someone has told me, "I don't think of you as disabled."	29	4.8
93. Someone has told me that I am to blame for being bullied about my disability because I chose not to have unnecessary surgery to make my body look more "normal."	18	3.0
94. Someone questioned my disability because I "don't look like a disabled person."	22	3.7

[a] Tallied score based on Delphi members' ranks using the importance scores: unimportant (1), of little importance (2), moderately important (3), important (4), and very important (5).
[b] *n = 5*

TABLE IV (continued)
Phase 2: Disability Microaggressions Analysis

Disability Microaggression	Total Score[a]	Averaged Score (*n* = 6)
95. When asking nondisabled people to move from accessible seats (e.g., in classrooms), they get upset and act like they are doing you a favor.	22	3.7
96. Someone undermined my ability to control my wheelchair/ communicated caution to others (e.g., parents telling children to "watch out").	24	4.0
97. Someone said or felt I should be thankful when helped was imposed on me (i.e., when I decline or don't ask for help and they help anyway).	22	3.7
98. (For people who use wheelchairs) Have been told by someone that you would be carried or helped.	24	4.0
99. Told how I will be accommodated rather than me determining the type of accommodation I should receive.	25	4.2
100. People have said or implied they'd rather die/couldn't live with certain disabilities.	22	3.7

[a] Tallied score based on Delphi members' ranks using the importance scores: unimportant (1), of little importance (2), moderately important (3), important (4), and very important (5).

TABLE V
Eliminated Items from Phase 2

Microaggression	n	Total Score[a]	Averaged Score
I was told or implied that all people with disabilities experience the same obstacles.	6	15	2.5
I observed that few to no people with disabilities as the CEOs of major corporations.	6	16	2.7
Someone sent something (e.g., article, picture) to me about disability because I am a person with a disability.	6	17	2.8
Someone assumes that I am sick or unhealthy because I have a disability.	6	15	2.5
People have told me that my gender identity is a result of my disability.	6	17	2.8
People have told me that my sexual orientation is a result of my disability.	6	17	2.8
People question the disability status of another person in my presence or ask me to verify the "reality" of that person's diagnosis.	6	16	2.7

[a] Tallied score based on Delphi members' ranks using the importance scores: unimportant (1), of little importance (2), moderately important (3), important (4), and very important (5).

C.   **Cognitive Testing**

The three volunteers recruited for cognitive testing reviewed the disability-specific microaggression items for clarity purposes. The volunteers ranked each of the 100 Phase 2 items on a 5-point Likert scale from "very unclear/ambiguous" to "very clear." The results were tabulated and averaged for consensus among participants. Nine items on the scale were scored 4.0 or lower, meaning the items flagged were either "neither clear/unclear" or "somewhat clear" in the clarity of their wording. No items fell into the range of "very unclear/ambiguous" to "somewhat unclear." The primary investigator reviewed the nine flagged items and rephrased for specificity. TABLE VI shows the final list and the clarity check results.

TABLE VI

Clarity Check of the Final List of Disability Microaggressions

Final List: Disability Microaggressions	Total Score[a]	Averaged Score ($n = 3$)
1. I felt people excluded me in school or at work (e.g., social outings, conversations) because of my disability.	15	5.0
2. Someone's body language showed they were scared of me or felt uncomfortable because of my disability.	14	4.7
3. I was discouraged from/told to not complain about being treated differently or about inaccessibility.	14	4.7
4. Someone assumed that I grew up in an institutional setting (and/or attended special education programming) because of my disability.	15	5.0
5. I felt/believe that someone avoided being near me (e.g., walking near me, sitting next to me) because of my disability.	15	5.0
6. Someone assumed that I can't think, have ideas or opinions because of my disability.	15	5.0
7. Someone has implied or said that I dwell on disability issues too much or should not be so negative about people who are trying to be helpful but are ignorant.	12	4.0
8. I received substandard service in stores compared to customers without disabilities.	15	5.0
9. I observed few people with disabilities in prominent positions at my workplace or school.	14	4.7
10. My opinion(s) relating to disability perspective was overlooked in a group discussion because of my disability.	14	4.7
11. Someone assumed that my work would be inferior to people without disabilities.	15	5.0
12. Someone acted surprised at my scholastic, political or professional success because of my disability.	15	5.0
13. I observed people with disabilities portrayed in complex and non-stereotypical ways in popular media (e.g., television, movies, and magazines).	14	4.7
14. I felt/suspect/believe an employer or co-worker was unfriendly or unwelcoming toward me because of my disability.	15	5.0

[a] Tallied score based on Delphi members' ranks using the importance scores: very unclear/ambiguous (1), somewhat unclear (2), neither (3), somewhat clear (4), and very clear (5).

TABLE VI (continued)

Clarity Check of the Final List of Disability Microaggressions

Final List: Disability Microaggressions	Total Score[a]	Averaged Score (*n* = 3)
15. People have implied or expressed that they believe that things for people with disabilities are "better" now or that eugenic thinking is "of the past" and so on.	12	4.0
16. Someone told me that they "don't see disability."	15	5.0
17. I read popular books or magazines in which a majority of contributions featured people with disabilities or authors with disabilities.	14	4.7
18. Someone assumed that I would have a lower education because of my disability.	15	5.0
19. Someone assumed that I held a lower paying job because of my disability.	15	5.0
20. Someone assumed that I was poor because of my disability.	14	4.7
21. Someone told me that people should not think about disability anymore.	14	4.7
22. Someone avoided eye contact with me or used gestures that made me feel invisible because of my disability.	15	5.0
23. I observed that someone with disability is a government official in my state.	14	4.7
24. Someone objectified one of my physical features because of my disability.	14	4.7
25. I felt/suspect/believe an employer or co-worker treated me differently than non-disabled co-workers.	15	5.0
26. Someone stared at me because of my disability.	15	5.0
27. Someone went out of their way to open a door for me because of my disability without first inquiring if I need or want help.	15	5.0
28. Someone spoke to me slower or louder after I tell them I have a disability or because I have a disability, regardless of whether I have a hearing impairment or auditory processing problems.	14	4.7
29. Someone spoke to me as if I were a child or used demeaning words to address me (e.g., buddy, kid, pal).	15	5.0
30. Someone expressed/communicated that they think I am inspirational because I have a disability.	15	5.0

[a] Tallied score based on Delphi members' ranks using the importance scores: very unclear/ambiguous (1), somewhat unclear (2), neither (3), somewhat clear (4), and very clear (5).

TABLE VI (continued)

Clarity Check of the Final List of Disability Microaggressions

Final List: Disability Microaggressions	Total Score[a]	Averaged Score ($n = 3$)
31. Someone assumed I can't experience sexuality because of my disability.	14	4.7
32. Someone referenced religion when commenting on, responding to, or dismissing my disability and/or disability experiences for the purpose of implying there's a connection between religion and disability (e.g. "you need to have more faith," "God bless you," "your disability is a punishment," etc.).	12	4.0
33. Someone assumed I needed help (directions, door, etc.) because of my disability.	15	5.0
34. Someone avoided speaking to me directly; statements or question regarding me were redirected to the non-disabled person I was with.	15	5.0
35. People used disability-related pejorative words like "retarded," "lame," "dumb" when talking to me or about other people with disability in my presence.	15	5.0
36. Someone whispered or talked about my disability in my presence but did not include me (e.g., a coworker whispering "he's blind" in a meeting).	15	5.0
37. When I address disability rights issues and/or share disability discrimination experiences, people react defensively or silently.	15	5.0
38. A stranger or acquaintance asked me personal questions related to my disability (e.g., how did you get your disability?) or how I live my life with a disability.	14	4.7
39. Someone found it shocking that I am married or dating (e.g., "I can't believe you are married").	15	5.0
40. Someone minimized my disability-related experienced (e.g., "come on now, we all have some disability").	15	5.0
41. Someone insisted and/or forced their help on me despite my turning down their help or not needing their help.	15	5.0
42. I have been refused or received slow, disrespectful service at restaurants because of my disability.	15	5.0
43. Someone told me that a place was accessible but I found that it was inaccessible when I arrived (e.g., classroom, restaurant, and store).	15	5.0

[a] Tallied score based on Delphi members' ranks using the importance scores: very unclear/ambiguous (1), somewhat unclear (2), neither (3), somewhat clear (4), and very clear (5).

TABLE VI (continued)

Clarity Check of the Final List of Disability Microaggressions

Final List: Disability Microaggressions	Total Score[a]	Averaged Score ($n = 3$)
44. Someone expressed that they would/could never date someone with a disability.	15	5.0
45. Someone asked or expected me to speak for all people with disabilities.	13	4.3
46. It has been communicated to me that the only important aspect of my identity is my disability.	14	4.7
47. My skills, expertise, awards, or other group memberships (e.g., sex, class, education, race) is discounted because of my disability.	15	5.0
48. A non-disabled person has claimed to know how I feel about ableist experiences.	14	4.7
49. I have been asked to prove that I have a disability or that my disability is real to strangers.	15	5.0
50. I have been expected to educate someone about disability and disability experiences.	15	5.0
51. I have been expected to ease the awkwardness or discomfort that others feel because of my disability.	15	5.0
52. I have had my difficulties with ableism and/or the impairments I have chalked up to a "negative attitude" or a "bad outlook on life."	10	3.3
53. I have been accused of laziness for impairments caused by my disability.	12	4.0
54. I have been accused of faking (symptoms of) my disability for attention.	15	5.0
55. I have been accused of being overly demanding or entitled because of the accommodations I need.	15	5.0
56. People have given me unsolicited advice on (unnecessary) treatments, therapies, or cures for my disability.	15	5.0
57. Strangers have asked me to explain why I didn't have my disability treated or "fixed."	15	5.0
58. People have told me that I am not competent to identify as being of a specific sexual or gender identity because of my disability.	14	4.7
59. People have told me that they would not want to have, or would choose to abort, a child with a disability.	15	5.0

[a] Tallied score based on Delphi members' ranks using the importance scores: very unclear/ambiguous (1), somewhat unclear (2), neither (3), somewhat clear (4), and very clear (5).

TABLE VI (continued)

Clarity Check of the Final List of Disability Microaggressions

Final List: Disability Microaggressions	Total Score[a]	Averaged Score ($n = 3$)
60. People assume that I have low self-esteem because of my disability.	15	5.0
61. People assume that I am depressed because I have a disability.	15	5.0
62. Doctors have assumed that I want treatment that would "fix" my disability regardless of what I actually come to them for.	14	4.7
63. People tell me that I am "making excuses" when I ask for accommodations or mention that I have a disability that affects my performance.	15	5.0
64. Strangers or acquaintances are more likely to invade my space (e.g., lean over me, touch me/my service dog/or adaptive equipment) without my permission because I am disabled.	15	5.0
65. People have dismissed my access needs because they perceive me as being more "high-functioning" than what they imagine other people with my disability to be like.	15	5.0
66. People have told me as an adult that I need my parents' or caregiver's permission to do something because of my disability.	15	5.0
67. People have questioned my reproductive choices because of my disability.	12	4.0
68. When I tell people about my disability, their first reaction is how hard it must be or have been for my family to support me.	15	5.0
69. People are surprised that I go to doctor for something other than my disability.	14	4.7
70. People have expressed surprise that I have/want children.	15	5.0
71. Someone gives you money/stuff although you are not asking for it for free	14	4.7
72. Eating - people cut your food without asking	15	5.0
73. People let you cut lines although you insist on waiting your turn	15	5.0
74. I encounter charity campaigns that use pity and fear of disability to raise money.	15	5.0
75. Services that I or other disabled people need are discussed in the media or by politicians as being unnecessary.	14	4.7

[a] Tallied score based on Delphi members' ranks using the importance scores: very unclear/ambiguous (1), somewhat unclear (2), neither (3), somewhat clear (4), and very clear (5).

TABLE VI (continued)

Clarity Check of the Final List of Disability Microaggressions

Final List: Disability Microaggressions	Total Score[a]	Averaged Score ($n = 3$)
76. People use euphemisms such as "special needs" or "handicapable" to describe people with disabilities.	15	5.0
77. People refuse to acknowledge that a child has a disability because they assume it would be pejorative or injurious to "label" a child too soon.	14	4.7
78. Some people curse, swear, or scream when they encounter me and my guide dog.	15	5.0
79. Someone has become angry with me for rejecting their "help."	15	5.0
80. Someone/strangers have spoken negatively about me, my disability or disability in general as if I cannot hear them or am not present in the room.	14	4.7
81. Someone has told me that they know all about my disability because they have a friend/relative/acquaintance who has a child with my disability.	15	5.0
82. Someone has said, "I'm sorry" to me regarding my disability.	15	5.0
83. Someone has assumed that a friend/romantic partner I'm with in public is actually my personal assistant.	15	5.0
84. Someone has assumed which part of the hospital I'm going to based on my disability.	15	5.0
85. Someone has told me, "I don't think of you as disabled."	15	5.0
86. Someone has told me that I am to blame for being bullied about my disability because I chose not to have unnecessary surgery to make my body look more "normal."	12	4.0
87. Someone questioned my disability because I "don't look like a disabled person."	15	5.0
88. When asking nondisabled people to move from accessible seats (e.g., in classrooms), they get upset and act like they are doing you a favor.	15	5.0
89. Someone undermined my ability to control my wheelchair/ communicated caution to others (e.g., parents telling children to "watch out").	15	5.0

[a] Tallied score based on Delphi members' ranks using the importance scores: very unclear/ambiguous (1), somewhat unclear (2), neither (3), somewhat clear (4), and very clear (5).

TABLE VI (continued)

Clarity Check of the Final List of Disability Microaggressions

Final List: Disability Microaggressions	Total Score[a]	Averaged Score ($n = 3$)
90. Someone said or felt I should be thankful when helped was imposed on me (i.e., when I decline or don't ask for help and they help anyway).	15	5.0
91. (For people who use wheelchairs) Have been told by someone that you would be carried or helped.	10	3.3
92. Told how I will be accommodated rather than me determining the type of accommodation I should receive.	12	4.0
93. People have said or implied they'd rather die/couldn't live with certain disabilities.	15	5.0

[a] Tallied score based on Delphi members' ranks using the importance scores: very unclear/ambiguous (1), somewhat unclear (2), neither (3), somewhat clear (4), and very clear (5).

IV. DISCUSSION

A total of 93 disability specific microaggression items were identified and validated by the Delphi procedure. Study results from this project provide strong evidence that disability-specific microaggressive experiences exist and that a closer look into this topic is a viable research path for both Disability Studies' and Microaggression scholarship.

A. **<u>Discussion</u>**

The disability-specific microaggressions identified in this instrument development supports the domains found in Keller and Galgay's (2010) study, specifically the themes they brought forth as unique to the disability experience: denial of privacy, helplessness, secondary gain, and patronization. For instance, the disability-specific microaggression, "someone insisted and/or forced their help on me despite my turning down their help or not needing their help" falls under both the "helplessness" and "secondary gain" domains. The perpetrator may falsely perceive that the targeted person with a disability is unable to do something solely based on their disability identity and/or the perpetrator is expecting to benefit from the unsolicited 'help' (i.e., feeling good for doing a presumed good deed for someone 'needy'). An example of patronization from the final list in this study is "someone spoke to me as if I were a child or used demeaning words to address me (e.g., buddy, kid, pal)." "Strangers have asked me to explain why I didn't have my disability treated or 'fixed'" is reminiscent of the denial of privacy theme. These examples endorse Keller and Galgay's (2010) taxonomy in addition to showing that disability microaggressions can imply multiple meanings and therefore fall into more than one microaggression domain.

It is evident through this instrument development that disability microaggressive experiences differ from racial and ethnic microaggressive experiences. As mentioned above,

there are specific domains that people with disabilities experience that people of color do not experience such as helplessness. The modifications of several of the REMS items suggest a difference in experiences. The REMS item, "someone assumed that I grew up in a particular neighborhood because of my race" was modified to "someone assumed that I grew up in an institutional setting (and/or attended special education programming) because of my disability." The REMS item has class/socioeconomic status implication while the modified disability-specific item places emphasis on segregated institutional settings that have both class and political implications. This particular item is representative of the social model perspective in that it emphasizes systems that were created specifically to marginalize people with disabilities.

Another example that demonstrates the difference between racial microaggressions and disability-specific microaggressions is the REMS item, "someone objectified one of my physical features because of my race." Although the adaptation to fit disability was minimal, the motivations for the microaggression may differ. When objectification occurs in regards to race, the message could be linked to exoticization in comparison to disability where objectification could be for the purpose of highlighting difference (deviance) or perpetuate the inspiration narrative of overcoming for the non-disabled audience. A more in depth investigation of differences and similarities between racial and disability-specific microaggressions is needed for a more complete overview, however, these examples provide basis for significant difference in microaggressive experiences.

B.   **Limitations**

There were several limitations to this study. The first was the small sample size of participants. Originally, 15 people communicated interests in participating as experts but only ten successfully completed the first round. Time also posed as a limitation to this scale development.

The process with the Institutional Review Board took longer than expected for the approval of the Phase 2 instrument. When the list for Phase 2 was approved for distribution, participants were likely not as responsive since Phase 2 occurred at the end of the academic school year and some time had passed between the two rounds of review. After extending the deadline for Phase 2 several times, I was able to acquire seven total responses. It was necessary to get as many participants in this round as possible since the results from the round determined which items were removed and which items remained on the draft scale. Higher rates of participants can translate to more reliable results. The lack of monetary incentives for the time invested in reviewing and providing feedback the preliminary and consecutives lists was a limitation. Monetary incentives for consecutive research could increase participation.

The focus on readily apparent disability from one perspective may be a limitation. The focus limits the types of microaggressions to those that people with not-readily apparent disabilities may not necessarily encounter. A wider scope of study focused on microaggressive experiences on specific impairments is recommended. Also, linking types of microaggressions to different groups (e.g., strangers, acquaintances, coworkers, etc.) could yield more sensitive observations of the pervasiveness and/or impact of microaggressions on people with disabilities. How people with disabilities have combated or responded to microaggressions could be important to future research.

Of course, the proposed instrument was not piloted in this study; actual data collection with field based responses will be necessary to refine this working prototype. A key objective in future research will be the incorporation of reliability analyses to further validate these preliminary items.

C.   **<u>Conclusion</u>**

This research project systematically developed a working prototype instrument that consists of 93 items through the use of the Delphi technique. The first round, Phase 1, solicited information on redundancy, ambiguity, and any missing disability-specific missing items. Phase 2 tested for consensus among the relevance of each item to disability-specific microaggressions. Items that reached a minimum score of 3.0 (moderately important) or higher in consensus among the six participants were kept on the final list shown in TABLE VI. The third round of review tested among three volunteers the clarity of each item. Of the 93 items, nine were identified as "neither clear/unclear" or "somewhat clear." The Delphi method and participation of various individuals assisted significantly in the process to modify and add new items to the prototype scale. The instrument supports the presence of Keller and Galgay's (2010) disability-specific domains and suggests there are significant differences in microaggressive experiences based on race and disability. The disability-specific microaggressions identified through this scale development support that microaggressive experiences are complex and can simultaneously occupy more than one domain. The 93 disability-specific microaggressions yielded from this instrument development project will help to facilitate future research on people with a disability's experience of both overt and aversive ableism. It is recommended that the scale items go through consecutive rounds of review to further confirm the reliability of the scale before piloting the instrument.

APPENDICES

APPENDIX A

Recruitment Letter

Hello,

My name is Susun Xiong and I am a graduate student in the Department of Disability and Human Development at the University of Illinois at Chicago.
I am recruiting participants for this disability-specific microaggressions project. Microaggressions are subtle, verbal and nonverbal interactions that communicate negative messages towards a person based on their marginalized identity (Pierce 1977; Sue et al., 2007). An example of a microaggression is someone stating that they do not see your disability.

This project will develop a working prototype instrument measuring the types of microaggressions people with readily apparent disabilities encounter on a regular basis. Participation involves two major phases that will take between 30 to 45 minutes each phase. In the first phase, you will review a list of approximately 71 microaggressions and help identify redundant and/or confusing items, and suggest other changes to the microaggressions list. In the second phase, you will review each item for content validity until there is consensus.

If you are interested in participating in this project, please respond positively to sxiong6@uic.edu. I will then email you further directions. Your email response will serve as consent for participation. Participation in this project is voluntary and there is no compensation. You can stop participating at any time throughout the project for any reason. Refusal to participate will not lead to any penalties and will have no impact on your relationship with UIC.

Your identity and the information you provide as a participant is confidential. All of the responses will be stored electronically in a password protected file located on a secure UIC computer. I am the only person with access to the computer and file. Also, all emails associated with this project will be permanently deleted from my email account once I have downloaded your responses in each phase. Once the study and analysis is complete, the password protected documents will be permanently discarded. Please note that the information you provide as a participant will only be reported as group data. There are no known or foreseeable risks for participating in this research project on disability microaggressions.

If you have any questions at all, please contact me, Susun Xiong, by phone at ▮▮▮▮▮▮▮▮ or by email at sxiong6@uic.edu. You can also direct any questions to my faculty advisor, Dr. Glenn Fujiura in the Department of Disability and Human Development at the University of Illinois at Chicago at ▮▮▮▮▮▮▮▮.

Lastly, if you have any recommendations or know anyone who may be interested in participating in this project, please share this information and/or email me their names and contact information.

Thank you,

Susun Xiong

APPENDIX B

IRB Letter of Approval

UNIVERSITY OF ILLINOIS
AT CHICAGO

Office for the Protection of Research Subjects (OPRS)
Office of the Vice Chancellor for Research (MC 672)
203 Administrative Office Building
1737 West Polk Street
Chicago, Illinois 60612-7227

Exemption Granted

January 13, 2015

Susun Xiong, BA
Disability and Human Development
█████████████████████████

Phone: ████████ / Fax: ██████████

RE: Research Protocol # 2014-1167
           "The Disability Microaggressions Scale"
Sponsors: None

Dear Ms. Xiong:

Your Claim of Exemption was reviewed on January 12, 2015 and it was determined that your research meets the criteria for exemption. You may now begin your research.

Exemption Period:	**January 12, 2015 – January 12, 2018**
Performance Site:	UIC
Subject Population:	Adult (18+ years) subjects only
Number of Subjects:	20

The specific exemption category under 45 CFR 46.101(b) is:
(2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

Please note the Review History of this submission:

Receipt Date	Submission Type	Review Process	Review Date	Review Action
12/03/2014	Initial Review	Exempt	12/14/2014	Modifications Required
01/07/2015	Response to Modifications	Exempt	01/12/2015	Approved

APPENDIX B (continued)

IRB Letter of Approval

You are reminded that investigators whose research involving human subjects is determined to be exempt from the federal regulations for the protection of human subjects still have responsibilities for the ethical conduct of the research under state law and UIC policy. Please be aware of the following UIC policies and responsibilities for investigators:

1. <u>Amendments</u> You are responsible for reporting any amendments to your research protocol that may affect the determination of the exemption and may result in your research no longer being eligible for the exemption that has been granted.
2. <u>Record Keeping</u> You are responsible for maintaining a copy all research related records in a secure location in the event future verification is necessary, at a minimum these documents include: the research protocol, the claim of exemption application, all questionnaires, survey instruments, interview questions and/or data collection instruments associated with this research protocol, recruiting or advertising materials, any consent forms or information sheets given to subjects, or any other pertinent documents.
3. <u>Final Report</u> When you have completed work on your research protocol, you should submit a final report to the Office for Protection of Research Subjects (OPRS).
4. <u>Information for Human Subjects</u> UIC Policy requires investigators to provide information about the research protocol to subjects and to obtain their permission prior to their participating in the research. The information about the research protocol should be presented to subjects in writing or orally from a written script. <u>When appropriate</u>, the following information must be provided to all research subjects participating in exempt studies:
   a. The researchers affiliation; UIC, JBVMAC or other institutions,
   b. The purpose of the research,
   c. The extent of the subject's involvement and an explanation of the procedures to be followed,
   d. Whether the information being collected will be used for any purposes other than the proposed research,
   e. A description of the procedures to protect the privacy of subjects and the confidentiality of the research information and data,
   f. Description of any reasonable foreseeable risks,
   g. Description of anticipated benefit,
   h. A statement that participation is voluntary and subjects can refuse to participate or can stop at any time,
   i. A statement that the researcher is available to answer any questions that the subject may have and which includes the name and phone number of the investigator(s).
   j. A statement that the UIC IRB/OPRS or JBVMAC Patient Advocate Office is available if there are questions about subject's rights, which includes the appropriate phone numbers.

Please be sure to:
→ Use your research protocol number (2014-1167) on any documents or correspondence with the IRB concerning your research protocol.

APPENDIX B (continued)

IRB Letter of Approval

We wish you the best as you conduct your research. If you have any questions or need further help, please contact the OPRS office at ███████████ or me at ███████████. Please send any correspondence about this protocol to OPRS at 203 AOB, M/C 672.

Sincerely,

Charles W. Hoehne, B.S., C.I.P.
Assistant Director
Office for the Protection of Research Subjects

cc: Tamar Heller, Disability and Human Development, M/C 626
       Glenn T. Fujiura, Disability and Human Development, M/C 626

CITED LITERATURE

Adams, R., Reiss, B., & Serlin, D. (Eds.). (2015). *Keywords for disability studies*. New York: New York University Press.

Antonak, R. F. (1981). Prediction of attitudes toward disabled persons: A multivariate analysis. *The Journal of general psychology*, *104*(1), 119-123.

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 and Ethnic Minority Psychology, 17*(2), 163-174. http://dx.doi.org/10.1037/a0023244

Ben-Moshe, L., Nocella, A. J., & Withers, A. J. (2013). Queer-cripping anarchism: Intersections and reflections on anarchism, queer-ness, and dis-ability. In C. B. Daring, J. Rogue, D. Shannon, & A. Volcano (Eds.), *Queering anarchism* (pp. 207-220). Chico: AK Press

Blume, A. W., Lovato, L. V., Thyken, B. N., & Denny, N. (2012). The relationship of microaggressions with alcohol use and anxiety among ethnic minority college students in a historically white institution. *Cultural Diversity and Ethnic Minority Psychology, 18*(1), 45-54. http://dx.doi.org/10.1037/a0025457

Cooper, S. (Producer). (2015). *It's our story* [YouTube video clips]. Available from https://www.youtube.com/user/ItsOurStoryProject

Findler, L., Vilchinsky, N., & Werner, S. (2007). The multidimensional attitudes scale toward persons with disabilities (MAS) construction and validation. *Rehabilitation Counseling Bulletin*, *50*(3), 166-176.

Gething, L. (1994). The interaction with disabled persons scale. *Journal of Social Behavior & Personality*, *9*(5), 23.

Gomez, M. L., Khurshid, A., Freitag, M. B., & Lachuk, A. J. (2011). Microaggressions in graduate students' lives: How they are encountered and their consequences. *Teaching and Teacher Education, 27*(8), 1189-1199. http://dx.doi.org/10.1016/j.tate.2011.06.003

Hasson, F., Keeney, S., & McKenna, H. (2000). Research guidelines for the Delphi survey technique. *Journal of advanced nursing*, *32*(4), 1008-1015.

Hergenrather, K., & Rhodes, S. (2007). Exploring undergraduate student attitudes toward persons with disabilities application of the disability social relationship scale. *Rehabilitation Counseling Bulletin*, *50*(2), 66-75.

Huynh, V. (2012). Ethnic microaggressions and the depressive and somatic symptoms of Latino and Asian American adolescents. *Journal of Youth & Adolescence, 41*(7), 831-846. http://dx.doi.org/10.1007/s10964-012-9756-9

Keller, R. M., & Galgay, C. E. (2010). Microaggressive experiences of people with disabilities. In D. W. Sue (Ed.), *Microaggressions and marginality: Manifestation, dynamics, and impact* (pp. 241-268). Hoboken: Wiley.

Lawshe, C. H. (1975). A quantitative approach to content validity. *Personnel Psychology*, *28*(4), 563-575.

Lewis, J. A., Mendenhall, R., Harwood, S. A., & Huntt, M. B. (2012). Coping with gendered racial microaggressions among Black women college students. *Journal of African American Studies*, *17*(1), 51-73.

Linton, S. (2006). *My body politic: A memoir*. Ann Arbor: University of Michigan Press.

Linton, S. (1998). *Claiming disability: Knowledge and identity*. New York: New York University Press.

Longmore, P. K. (2003). *Why I burned my book and other essays on disability*. Philadelphia: Temple University Press.

Nadal, K. L. (2011). The racial and ethnic microaggressions scale (REMS): Construction, reliability, and validity. *Journal of Counseling Psychology, 58*(4), 470-480. http://dx.doi.org/10.1037/a0025193

Nadal, K. L., Griffin, K. E., Wong, Y., Hamit, S., & Rasmus, M. (2014). The impact of racial microaggressions on mental health: Counseling implications for clients of color. *Journal of Counseling & Development*, *92*(1), 57-66.

Nadal, K. L., Issa, M., Leon, J., Meterko, V., Wideman, M., & Wong, Y. (2011). Sexual orientation microaggressions: 'Death by a thousand cuts' for lesbian, gay, and bisexual youth. *Journal of LGBT Youth, 8*(3), 234-259. http://dx.doi.org/10.1080/19361653.2011.584204

Okoli, C., & Pawlowski, S. D. (2004). The Delphi method as a research tool: An example, design considerations and applications. *Information & Management*, *42*(1), 15-29.

Oliver, M. (1996). Defining impairment and disability: Issues at stake. In C. Barnes & G. Mercer (Eds.), *Exploring the divide: Illness and disability* (pp. 29-54). Leeds: The Disability Press.

Pierce, C. M., Carew, J. V., Pierce-Gonzalez, D., & Wills, D. (1977). An experiment in racism TV commercials. *Education and Urban Society*, *10*(1), 61-87.

Quayson, A. (2007). *Aesthetic nervousness: Disability and the crisis of representation*. New York: Columbia University Press.

Shakespeare, T. (2006). The social model of disability. *The Disability Studies Reader*, *2*, 197-204.

Solorzano, D., Ceja, M., & Yosso, T. (2000). Critical race theory, racial microaggressions, and campus racial climate: The experiences of African American college students. *Journal of Negro Education*, 60-73.

Sue, D. W. (2009). Racial microaggressions and worldviews. *American Psychologist, 64*(3), 220-221. http://dx.doi.org/10.1037/a0015310

Sue, D. W. (2010). *Microaggressions and marginality: Manifestation, dynamics, and impact*. Hoboken: Wiley.

Sue, D. W. (2010). *Microaggressions in everyday life: Race, gender, and sexual orientation*. Hoboken: Wiley.

Sue, D. W., Capodilupo, C. M., & Holder, A. M. B. (2008). Racial microaggressions in the life experience of black Americans. *Professional Psychology: Research and Practice, 39*(3), 329-336. http://dx.doi.org/10.1037/0735-7028.39.3.329

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life. *American Psychologist, 62*(4), 271-286. http://dx.doi.org/10.103770003-066X.624.271

TED Talk. (Producer). (2013). *Maysoon Zayid: I got 99 problems...palsy is just one* [Video]. Available from https://www.ted.com/talks/maysoon_zayid_i_got_99_problems_palsy_is_just_one?language=en

Torres-Harding, S. R., Andrade, A. L., Jr., & Romero Diaz, C. E. (2012). The racial microaggressions scale (RMAS): A new scale to measure experiences of racial microaggressions in people of color. *Cultural Diversity and Ethnic Minority Psychology, 18*(2), 153-164. http://dx.doi.org/10.1037/a0027658

Tulloch, S. (1993). *The reader's digest oxford: Wordfinder*. Oxford: Clarendon Press.

World Institute on Disability. (Producer). (2006). *Access to medical care: Adults with physical disabilities* [DVD]. Available from http://wid.org/access-to-health-care/health-access-and-long-term-services/access-to-medical-care-adults-with-physical-disabilities

World Institute on Disability. (Producer). (2011). *Access to medical care: People with developmental disabilities* [DVD]. Available from http://wid.org/access-to-health-care/health-access-and-long-term-services/access-to-medical-care-adults-with-physical-disabilities

Yosso, T. J., Smith, W. A., Ceja, M., & Solorzano, D. G. (2009). Critical race theory, racial microaggressions, and campus racial climate for Latina/o undergraduates. *Harvard Educational Review*, *79*(4), 659-691.

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