"I know myself again, which makes me motivated for life": Feasibility and acceptability of using experience sampling methods with trauma-exposed sexual minority women

Authors: Jillian R. Scheer,¹ Cory J. Cascalheira,^{1,2} Emily C. Helminen,^{1,3} Thomas J. Shaw,⁴ Aubriana A. Schwarz,¹ Virinca Jaipuriar,¹ Cal D. Brisbin,⁵ Abigail W. Batchelder,^{6,7,8} Tami P. Sullivan,⁹ Skyler D. Jackson,¹⁰



^{*}Corresponding author: Jillian Scheer, PhD; email: jrscheer@syr.edu



INTRODUCTION

- Sexual minority women (SMW) are at heightened risk of trauma compared to heterosexual women
- Minority stressors partly account for SMW's increased risk of trauma
- Trauma and minority stressors synergistically erode
 SMW's behavioral and mental health
- Existing research is limited by its use of crosssectional and longitudinal methods
- Longitudinal designs (e.g., ecological sampling methods [ESM]) hold promise for examining the adversity, coping, and health among SMW
- Few studies have used ESM with SMW
- We aimed to examine the feasibility and acceptability of using ESM to assess traumaexposed SMW's stressors, coping, and stresssensitive health issues

METHODS

- We assessed feasibility and acceptability of using once-daily, interval-contingent ESM with 161 trauma-exposed SMW (M_{age} = 29.1, SD = 7.57);
 20.5% nonbinary; 32.3% queer; 52.2% people of color; 14.3% with annual incomes ≤\$9,999
- SMW completed one online baseline assessment and once-daily brief online surveys for 14 days
- SMW answered three open-ended questions_about participating and about SMW research

RESULTS: ESM Acceptability Quotes

- "My record of these 14 days, I feel much better, I have the right direction."
- "...participating in this survey [gave] me a place to express my inner thoughts."
- "When we talk about feeling insecure or being verbally harassed as women, that experience is often because we're perceived as straight and harassed as [a] woman but is more traumatizing as a queer woman."
- Other SMW noted that the study "made me pay attention more to my feelings and surroundings" and "helped me realize that I... always try to ignore the problem. I appreciated being able to quantify that experience."
- "After participating, I have more confidence to face people."
- One participant noted that having space to contextualize responses would enable them to "feel comfortable answering questions honestly."

CONCLUSION

- Our novel findings suggest that ESM is feasible and acceptable among trauma-exposed SMW
- Researchers should consider our feasibility and acceptability findings to improve ESM studies with SMW, including:
- structural adherence barriers
- need for write-in boxes
- intersectional stressors as treatment targets
- feelings of discomfort and empowerment when answering trauma-related questions

RESULTS: ESM Feasibility

- This study had an 81% retention rate, 78% compliance rate, and 45% completion rate, which varied by SMW's sociodemographic characteristics.
- Survey completion rate was 78%
- An average of 11.70 (Median = 13, SD = 3.31) daily surveys (83.50%) were completed by those who initiated the ESM
- There were 8.87% missing data across daily surveys
- Multiracial/multiethnic SMW and SMW living in the Northeast were more likely to be high vs. low completers
- White SMW were more likely to be low vs. high completers compared to SMW of color

RESULTS: ESM Acceptability Themes

- Theme 1: SMW enjoyed participating and felt positively about the ESM experience
- Theme 2: SMW felt supported to reflect on the impact of early and ongoing stressors
- Theme 3: SMW appreciated the chance to self-reflect and challenge existing thought patterns and coping behaviors
- Theme 4: SMW recognized their capacity to tolerate trauma-related distress
- Theme 5: SMW recommended that researchers focus on SMW's diverse stressors and daily experiences
- Theme 6: SMW wanted a rationale for providing sensitive information and more space to narrate their experiences
- Theme 7: SMW recognized the need for affirmative treatment and policies

This study was funded by the Yale University Women's Faculty Forum Seed Grant and Yale University's Fund for Lesbian and Gay Studies (PI: Scheer). The content of this article is solely the responsibility of the authors and does not necessarily represent the official views of the funders, including the National Institutes of Health. Jillian Scheer acknowledges support by the National Institute on Alcohol Abuse and Alcoholism (NIAAA; K01AA028239-01A1). Cory Cascalheira acknowledges support as a National Institutes of Health RISE Fellow (R25GM061222). Abigail Batchelder acknowledges support by the National Institute on Mental Health (K01MH12231601).