

# Social Maltreatment and Symptomatology: Validating the Social Discrimination and Maltreatment Scale—Short Form in a Diverse Online Sample

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## Abstract

There are few psychometrically valid measures of exposure to social maltreatment that simultaneously assess sexism, racism, and anti-LGBTQ+ (lesbian, gay, bisexual, transgender, queer, and other nonheteronormative) behavior, despite the commonness of these phenomena. The *Social Discrimination and Maltreatment Scale* (SDMS) meets this requirement but is, as a result, somewhat lengthy (36 items). This article introduces a short form of the SDMS containing only half the number of items but generally retaining the psychometric qualities of the original measure. The 18-item *Social Discrimination and Maltreatment Scale—Short Form* (SDMS-SF) consists of six SDMS stem items (e.g., *I have been disrespected*, *People made cruel or demeaning jokes about me*) each of which is rated according to how often it had happened “because of my sex,” “because of my race,” and “because of my sexual orientation or gender

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identity.” In the SDMS online sample ( $N=528$ ), SDMS-SF *Sexism, Racism, and Cisheterosexism* subscales were validated by confirmatory factor analysis and were internally consistent ( $\alpha=.91-.95$ ) and highly correlated with the original SDMS subscales ( $r=.94$  in all cases). All SDMS-SF subscales correlated with self-reported anxiety, depression, and posttraumatic stress (mean  $r=.29$ ), corresponding to a medium effect size. In all but one instance, related SDMS and SDMS-SF subscales did not differ significantly in the strength of their association with symptomatology. Together, these results suggest that the SDMS-SF is a reliable and valid measure of social discrimination, generally equivalent to the SDMS despite containing only half as many items.

### **Keywords**

social discrimination and maltreatment scale, SDMS-SF, sexism, racism, homophobia, posttraumatic stress, anxiety, depression

Social discrimination (biased or prejudicial judgments and responses) and social maltreatment (dehumanizing or hurtful behaviors) directed toward marginalized people is widely prevalent in North America (Harvard School of Public Health, 2018; R. T. Lee et al., 2019). The most violent and extreme forms of social discrimination and maltreatment (SDM) include hate crimes and systemic violence against minoritized groups (e.g., Bjørgo, 2003; Herek, 1989). At the other end of the continuum, “every day” social victimization (Bourabain & Verhaeghe, 2021) involves exposure to nonphysically injurious, but nevertheless prejudicial and psychologically hurtful behaviors based on gender, race, and/or sexual minority status.

SDM has been associated with a wide range of social, physical, and psychological difficulties and is a serious health and mental health risk factor in the general population (American Psychological Association, 2016; Pascoe & Smart Richman, 2009). Psychological symptoms, substance abuse, eating disorders, suicidality, and risky behavior have been variously associated with SDM, for example exposure to sexism (e.g., Barbier et al., 2023; Choi et al., 2011; Hackett et al., 2019); racism (e.g., Carr et al., 2014; Cheng & Mallinckrodt, 2015; Mitchell et al., 2020; M. T. Williams et al., 2021); and cisheterosexism (discrimination against LGBTQ+ [lesbian, gay, bisexual, transgender, queer, and other nonheteronormative] people) (e.g., Austin et al., 2013; Garofalo et al., 1998; Russell & Fish, 2016).

Although helpful in explicating the extent of the problem, many measures of SDM focus on a single form of SDM, such as racism (e.g., Krieger et al., 2005), sexism (e.g., Klonoff & Landrine, 1995), anti-LGBTQ+ behaviors (Balsam et al., 2013), or antisemitism (Rosen et al., 2018). This single SDM approach

can underestimate some instances of SDM when several types intersect for the same individual—for example, someone who identifies as female, gay, and/or a person of color (see Bryant-Davis, 2019; Collins, 2015; for a discussion of *intersectionality*). Accordingly, a small number of SDM measures include separate subscales that evaluate exposure to different, potentially intersecting forms of social maltreatment. These include the Everyday Discrimination Scale (EDS; D. R. Williams et al., 1997), the Multiple Discrimination Scale (MDS; Bogart et al., 2011), and most recently, the Social Discrimination and Maltreatment Scale (SDMS; Briere et al., 2024b).

Unfortunately, the length of multi-SDM measures can be problematic, often exceeding what is recommended for surveys (Blondé et al., 2021) and potentially leading to lower completion rates (e.g., Kost & de Rosa, 2018). For example, the EDS can generate up to 81 different datapoints, depending on the extent to which participants report discrimination based on national origin, gender, age, race, religion, weight, sexual orientation, and education or income level; the MDS contains 30 items tapping discrimination based on race, HIV-serostatus, and sexual orientation; and the SDMS has 36 items evaluating exposure to sexism, racism, and cisheterosexism.

Yet, shorter measures can have psychometric shortcomings in terms of their internal consistency and validity (Rammstedt & Beierlein, 2014), potentially limiting their usefulness in research. This may be less problematic when the measure in question has high internal consistency and strong indices of validity, however, as is the case for the SDMS (Briere et al., 2024b). In such cases it may be possible to reduce the number of items of an instrument without compromising its psychometric qualities.

We report in this article the development of a short form of the SDMS, with half the number of items of the original SDMS. We hypothesized that the Social Discrimination and Maltreatment Scale—Short Form (SDMS-SF), although shorter than the SDMS, would have similar or equivalent psychometrics, and that experiences of sexism, racism, and cisheterosexism tapped by the SDMS-SF would be correlated with psychological symptoms. In addition, the original SDMS study (Briere et al., 2024b) revealed the traumagenic effects of social maltreatment, using a measure of PTSD symptoms, whereas the current study evaluated SDM effects not only on posttraumatic stress but also on anxiety and depression.

## Methods

### Procedures

This study utilized data from the SDMS study (Briere et al., 2024b), which also supported a study on minoritized people's fear of death at the hands of

police (Briere & Runtz, 2023) and research on sexual harassment of children and adolescents (Briere et al., 2024a). Participants completed an anonymous online survey using one of two online data recruitment sites for psychology research: *Psychological Research on the Net* (<http://psych.hanover.edu/research/exponnet.html>) and the *Social Psychology Network* (<http://www.socialpsychology.org/expts.htm>). Nine participants also were recruited through Mechanical Turk (MTurk). In return for their involvement, individuals were given the opportunity to enter a draw for one of 10 Amazon gift cards, and the MTurk participants were reimbursed for their participation. Participants provided informed consent and could discontinue participation at any time or leave questions blank without losing their reimbursement or ability to enter the draw. They also received an explanation of the purpose of the study along with resources they could access if they became distressed. This study was approved by the University's Institutional Review Board (IRB).

**Data Cleaning.** As per the guidelines offered by major survey programs (e.g., Qualtrics, 2024; SurveyMonkey, 1999–2024), it is important to eliminate responses that constitute “just a fraction of your required questions” (Gitlin, n.d.). In the present study, we defined this fraction as instances in which participants completed at least some demographic questions but failed to complete 50% or more of survey items. In combination with those who completed the survey even though they were under age 19 (the age of adulthood in the province where this study was conducted [British Columbia] and the minimal age that was permitted by the University IRB), this procedure eliminated 295 (38.8%) cases, leading to a total  $N$  of 528. This proportion is similar, for example, to the rate (32.0%) reported in a study of data cleaning in a cross-sectional web-based survey (Arevalo et al., 2022). Compared to those for whom there were demographic data but who did not respond to at least 50% of items, logistic regression analysis indicated that participants included in this study did not differ based on gender ( $p = .72$ ), income ( $p = .25$ ), whether they identified as Black, Indigenous, or another Person of Color (BIPOC) ( $p = .70$ ) or as LGBTQ+ ( $p = .02$ ), although completers were older ( $M = 27.38$ ,  $SD = 10.84$ ) than noncompleters ( $M = 24.00$ ,  $SD = 10.49$ ,  $p < .001$ ), total equation  $\chi^2(5) = 24.20$ ,  $p < .001$ .

## Participants

Participants included relatively high numbers of potentially marginalized people, including women (74%), those who identified as BIPOC (36%), and LGBTQ+ (36%). See Table 1 for sample characteristics.

**Table 1.** Descriptive Statistics for Study Variables.

Variable	n (Proportion, %)	Mean (Standard Deviation)
Gender		
Male	122 (23.1)	
Female	389 (73.7)	
Nonbinary	16 (3.2)	
Age		27.48 (6.42)
Race		
White	338 (64.3)	
Black	43 (8.2)	
Hispanic/Latinx	45 (8.6)	
Asian	43 (8.2)	
Indigenous	6 (1.2)	
Other or mixed	51 (9.7)	
Black, Indigenous, or another Person of Color (BIPOC)	188 (35.7)	
Lesbian, Gay, Bisexual, Transgender, Queer, and Other Nonheteronormative person (LGBTQ+)	190 (36.0)	
Generalized Anxiety Disorder-7 (GAD-7)		7.76 (5.95)
Patient Health Questionnaire-9 (PHQ-9)		8.68 (6.42)
PTSD Checklist for DSM-5 (PCL-5)		22.79 (20.14)
SDMS Sexism		31.61 (14.19)
SDMS Racism		20.91 (12.11)
SDMS Cisheterosexism		21.14 (13.44)
SDMS-SF Sexism		15.36 (6.75)
SDMS-SF Racism		10.72 (6.19)
SDMS-SF Cisheterosexism		10.35 (6.38)

Note. N=528 for continuous variables (with SPSS for Macintosh Version 29.0.2, missing data interpolation). SDMS=Social Discrimination and Maltreatment Scale; SDMS-SF=Social Discrimination and Maltreatment Scale—Short Form.

### Missing Data Management

Missing values in the present study ranged from 0 (for gender, age, and LGBTQ+ status) to 97 (18.4%) for the Generalized Anxiety Disorder-7 (GAD-7) scale. Except for reliability analyses, which may be adversely affected by missing data replacement (e.g., Nassiri et al., 2018), SPSS linear interpolation was used to replace missing values on SDMS-SF and symptom scales in the calculation of means, standard deviations, correlations, and Z

transformations. Nominal variables (demographics) were not interpolated. Missing values were estimated in the confirmatory factor analysis (CFA) using full information maximum likelihood (FIML) estimation (Muthén & Muthén, 2021). FIML does not estimate missing values for cases in which all dependent variables are missing ( $n = 1$  in this study), resulting in an  $N$  of 527.

## Measures

### *Social Discrimination and Maltreatment Scale*

The SDMS is a 36-item measure, consisting of three subscales (*Sexism*, *Racism*, and *Cisheterosexism*) and a total score. In a validation study (Briere et al., 2024b), the SDMS and its subscales were internally consistent and demonstrated validity in two separate subsamples. SDMS subscales can be dichotomized and summed to form a 0 (no SDM elevations) to 3 (elevated sexism, racism, and cisheterosexism) intersectionality variable. Briere et al. (2024b) reported a linear relationship between this intersectionality index and severity of posttraumatic stress (PTS).

*Social Discrimination and Maltreatment Scale—Short Form (Briere, 2023)*. Based on data from the SDMS, an 18-item short form was developed, consisting of six SDMS stem items (e.g., *I have been disrespected*, *People made cruel or demeaning jokes about me*). These items were chosen by ranking all 36 original SDMS items according to how commonly they were endorsed by, respectively, women, people of color, and those identified as LGBTQ+, and then selecting the six items per subscale that were most commonly endorsed by at least two of the three marginalized groups. This procedure was intended to ensure that the SDMS-SF would measure forms of social maltreatment that were relatively common among different potentially maltreated populations.

Participants rated how often each stem item had happened in their lives “because of my sex,” “because of my race,” and “because of my sexual orientation or gender identity” on 5-point scales ranging from *never* to *very often* (see the Appendix). These items were then summed to create *Sexism*, *Racism*, and *Cisheterosexism* subscales, as per the original SDMS. SDMS-SF subscales can be dichotomized at 18 (representing the midpoint [3] between 0 (*never*) and 5 (*very often*) across six items) and summed to assess intersectionality between SDM types.

*Additional SDMS-SF Options*. Although the SDMs and SDMS-SF tap exposure to sexism, racism, and anti-LGBTQ+ behaviors, there are other forms of social maltreatment as well, including discrimination based on religion and/

or national origin, and social devaluation based on body shape and size. For this reason, we provide two additional experimental stem items for future researchers that can be added to the SDMS-SF if desired: (a) *Because of my religion or ancestry*, and (b) *Because of my body size or shape* (see Appendix). Data were not collected on these optional items in the present study.

## **Anxiety and Depression**

Symptoms of anxiety and depression were assessed using the 7-item *Generalized Anxiety Disorder-7* (GAD-7; Spitzer et al., 2006) and the 9-item *Patient Health Questionnaire-9* (PHQ-9; Kroenke et al., 2016). Both measures are psychometrically valid and reliable and are widely used in research and clinical practice (Kroenke et al., 2016). The GAD-7 and PHQ-9 were internally consistent in the current study ( $\alpha = .93$  and  $.92$ , respectively).

## **PTSD Checklist for DSM-5**

The PTSD Checklist for DSM-5 (PCL-5; Weathers et al., 2013) is a 20-item self-report measure of DSM-5-TR posttraumatic stress disorder (PTSD) symptoms experienced in the last month. Because we examined PCL-5 scores in relation to social maltreatment, which is often not considered as a DSM-5-TR trauma, we used the generic version of the PCL-5, which does not link symptoms to trauma but instead refers to “problems that people sometimes have in response to a very stressful experience” (Weathers et al., 2013). The PCL-5 was internally consistent in the current study, with an  $\alpha$  of  $.96$ .

## **Analyses**

### **Confirmatory Factor Analysis**

CFA was performed using Mplus version 8.6 (Muthén & Muthén, 2021), to determine whether the three SDMS-SF scales were a good fit to the data and whether they replicated the original SDMS factor structure. The model was computed using a maximum likelihood approach with standard errors that is robust to non-normality (MLR). Model fit was assessed using multiple adjustment indices, with a good fit represented by a ratio of chi-square to degrees of freedom less than 5, a CFI value greater than or equal to  $.90$  and a SRMR value of less than  $.08$  (Caron, 2018; Kline, 2015).

## Differences Between SDMS and SDMS-SF Subscales in Their Associations With Symptomatology

Correlations between related SDMS and SDMS-SF subscales (e.g., SDMS sexism versus SDMS-SF sexism) and symptoms (anxiety, depression, and posttraumatic stress) were calculated and compared to determine if they were statistically equivalent. Based on Steiger (1980), I. A. Lee and Preacher's (2013) algorithm was used to convert correlation coefficients into  $Z$  scores using Fisher's transformation, after which asymptotic covariance of estimates were calculated and compared to the unit normal distribution. Nonsignificant findings were considered evidence that related SDMS subscales did not differ in the degree of their association with symptomatology.

### Experiment-Wise Error Rate Correction

Because 36 statistical tests were conducted in this study, we calculated a Bonferroni error rate correction to reduce Type I errors. This procedure indicated that a minimal  $p$  value of .001 (.05/36) per test was needed to maintain an acceptable experiment-wise error rate of .05. Because the Bonferroni correction is considered conservative, especially when the number of comparisons is larger and the  $N$  is only moderate (VanderWeele & Mathur, 2019), we adjusted this rate slightly downward to  $p < .005$  in order to reduce Type II errors. However, as shown in the Results section, this adjustment did not alter the pattern of significant results relative to a more stringent  $p < .001$  value.

## Results

### Model Fit

CFA results revealed three sources of variance, named *Sexism*, *Racism*, and *Cisheterosexism*, that replicated the original SDMS factor structure and were a good fit to the data,  $\chi^2(132) = 612.796$ ,  $p < .05$ ,  $\chi^2/df = 4.64$ , CFI = 0.91, SRMR = 0.050. All items loaded on their respective factors, with standardized coefficients above 0.70 (see Table 2).

### SDMS-SF Internal Consistency and Correlations

SDMS-SF subscales were internally consistent ( $\alpha = .91-.95$ ) and highly correlated with their related SDMS subscales ( $r = .94$  in each instance; see Table 3). As shown in Tables 4 to 6, SDMS-SF-identified exposure to sexism, racism, and cisheterosexism was significantly associated with participants' self-reported anxiety, depression, and posttraumatic stress (mean



**Table 2.** Standardized Results of the Confirmatory Factor Analysis.

SDMS-SF Item	Factor 1	Factor 2	Factor 3
(1a) I have been discriminated against (S)	0.81		
(2a) I have felt unsafe (S)	0.80		
(3a) People made cruel or demeaning jokes about me (S)	0.81		
(4a) I have felt powerless (S)	0.79		
(5a) I have felt like people were judging me (S)	0.73		
(6a) I have been disrespected (S)	0.83		
(1b) I have been discriminated against (R)		0.88	
(2b) I have felt unsafe (R)		0.86	
(3b) People made cruel or demeaning jokes about me (R)		0.82	
(4b) I have felt powerless (R)		0.80	
(5b) I have felt like people were judging me (R)		0.87	
(6b) I have been disrespected (R)		0.88	
(1c) I have been discriminated against (CH)			0.86
(2c) I have felt unsafe (CH)			0.88
(3c) People made cruel or demeaning jokes about me (CH)			0.86
(4c) I have felt powerless (CH).			0.79
(5c) I have felt like people were judging me (CH).			0.92
(6c) I have been disrespected (CH).			0.88

Note. S = sexism item; R = racism item; CH = cisheterosexism item; N = 527.

**Table 3.** Psychometrics of Social Discrimination and Maltreatment Scale—Short Form (SDMS-SF) Subscales.

SDMS-SF Subscale	# of Items	$\alpha$	<i>r</i> With SDMS Full-Scale Scores		
			Sexism	Racism	Cisheterosexism
Sexism	6	.91	<b>.94</b>	.24	.41
Racism	6	.94	.28	<b>.94</b>	.22
Cisheterosexism	6	.95	.45	.22	<b>.94</b>

Note. All correlations significant at  $p < .005$ . Bolded coefficients represent correlations between equivalent SDMS and SDMS-SF subscales.  $N = 528$  for means, standard deviations, and correlations.  $N$  ranges from 495 (Cisheterosexism) to 505 (Sexism) for internal consistency ( $\alpha$ ) analyses.

$r = .29$ ). In eight out of nine instances, SDMS-SF subscale scores did not differ from their SDMS counterparts in terms of their correlations with psychological symptoms.

**Table 4.** Correlations of Social Discrimination and Maltreatment Scale (SDMS) and Social Discrimination and Maltreatment Scale—Short Form (SDMS-SF) Sexism Subscales With Psychological Symptoms.

Symptom	SDMS Sexism		SDMS-SF Sexism		Difference in Association With Symptomatology		
	<i>R</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i> <sup>change</sup>	<i>Z</i>	<i>p</i> <sup>a</sup>
Anxiety	.37	<.001	.35	<.001	.02	0.01	.162
Depression	.32	<.001	.30	<.001	.02	0.75	.451
Posttraumatic stress	.33	<.001	.31	<.001	.02	1.72	.085

Note. *N* = 528.

<sup>a</sup>Two sided test, considered significant at *p* < .005.

**Table 5.** Correlations of Social Discrimination and Maltreatment Scale (SDMS) and Social Discrimination and Maltreatment Scale—Short Form (SDMS-SF) Racism Subscales With Psychological Symptoms.

Symptom	SDMS Racism		SDMS-SF Racism		Difference in Association With Symptomatology		
	<i>R</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i> <sup>change</sup>	<i>Z</i>	<i>p</i> <sup>*</sup>
Anxiety	.16	<.001	.12	<.001	.04	2.74	.006
Depression	.28	<.001	.24	<.001	.04	3.57	<.001
Posttraumatic stress	.28	<.001	.24	<.001	.04	2.71	.007

Note. *N* = 528.

\*Two sided test, considered significant at *p* < .005.

**Table 6.** Correlations of Social Discrimination and Maltreatment Scale (SDMS) and Social Discrimination and Maltreatment Scale—Short Form (SDMS-SF) Cisheterosexism Subscales With Psychological Symptoms.

Symptom	SDMS Cisheterosexism		SDMS-SF Cisheterosexism		Difference in Association With Symptomatology		
	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i> <sup>change</sup>	<i>Z</i>	<i>p</i> <sup>*</sup>
Anxiety	.33	<.001	.32	<.001	.01	0.71	.480
Depression	.36	<.001	.34	<.001	.02	1.43	.153
Posttraumatic stress	.37	<.001	.36	<.001	.01	0.72	.147

Note. *N* = 528.

\*Two sided test, considered significant at *p* < .005.

## Discussion

These results suggest that the SDMS-SF is a brief, internally consistent, and valid measure of lifetime exposure to sexism, racism, and cisheterosexism. The SDMS-SF factor structure was equivalent to the full-form SDMS, and, in almost all cases, related SDMS-SF and SDMS subscales were equally associated with symptoms.

As hypothesized, all SDMS-SF subscales were significantly related to self-reports of anxiety, depression, and PTSD. The mean  $r$  between SDMS-SF subscales and psychological symptoms was .29, considered a medium effect (Funder & Ozer, 2019). These correlations are generally in agreement with, or slightly exceed, results from other research. For example, Benner et al. (2018) reported in a meta-analysis that exposure to racial discrimination was correlated with socioemotional distress at  $r=.24$  and risky behaviors at  $r=.20$ . Similarly, a meta-analysis by Schmitt et al. (2014) found that the mean weighted effect size for the impacts of social discrimination on self-esteem, psychological symptoms, and life satisfaction was  $r=.24$ . Although the cross-sectional nature of the current study precludes causal interpretation of its findings, the reliability and magnitude of an apparent SDM effect on symptoms across studies suggest that exposure to social maltreatment may be a significant risk factor for lasting psychological symptomatology.

Although we found that related SDMS and SDMS-SF subscales were generally equivalent in their association with symptomatology, and all subscales of each measure were significantly correlated ( $p < .001$ ) with self-reported symptoms, the original SDMS racism subscale was more predictive of self-reported depression than the equivalent SDMS-SF subscale. Furthermore, as compared to other SDMS-SF subscales, the SDMS-SF racism subscale was numerically (but not statistically) less predictive of symptomatology than related SDMS subscales. However, the mean differences between SDMS versus SDMS-SF racism correlations with symptomatology was only .04, meaning that, on average, SDMS racism subscale scores accounted for less than .002% more variance in anxiety, depression, and posttraumatic stress than did related SDMS-SF subscales. This suggests that researchers seeking an SDMS measure may use the shorter form without sacrificing meaningful predictive utility, although the original SDMS racism subscale may yield slightly greater associations in the case of depression. However, researchers may prefer the full SDMS in instances when they are interested in specific SDM items that were eliminated from the SDMS-SF, although the SDMS-SF factor structure and the high correlations between related SDMS and SDMS-SF subscales ( $r=.94$ ) suggest that the same underlying dimensions (racism, sexism, and cisheterosexism) are well-represented by both versions of the SDMS.

## *Limitations*

Limitations of this study include its retrospective, cross-sectional nature and its use of an online sample that might be less generalizable to people without internet access. As well, some individuals did not complete many questionnaire items and thus were excluded from further analysis. Although it was possible that minoritized individuals might be less likely to participate in this study based on their reactivity to SDMS-SF items, there were no significant demographic differences between included and excluded individuals other than a slight overrepresentation of older participants in the retained group. Nevertheless, removal of participants with low item endorsement may have constrained the external validity of this study in unknown ways.

Despite significant proportions of marginalized people, the majority of participants in this sample were White (64%) and did not identify as LGBTQ+ (64%). As a result, these findings may not generalize equally to populations with higher proportions of minoritized individuals. As well, in common with other online studies (Porter & Whitcomb, 2005), most participants in this study were women (74%), meaning that these findings may be more relevant to self-identified women than men. Although these demographic subsamples were likely of sufficient magnitude to allow generalization to racial and nonheterotypical minority groups, further research is recommended to replicate these findings, ideally with a variety of different proportions of minoritized groups.

Finally, the data collection approach used in this study did not monitor for individuals who may have been inattentive or randomly responding, nor could the potential use of programmed “bots” be ruled out. As a result, the current sample may include an unspecified number of invalid responses. However, as noted in the original SDMS study (Briere et al., 2024b), it is unlikely that a significant proportion of people were motivated to respond randomly or used computer algorithms, since participants were promised reimbursement or the opportunity to enter a draw regardless of whether they discontinued participation or skipped items. Even in the case of invalid responding, however, random or inattentive responses generally increase error variance (Osborne & Blanchard, 2011), probably decreasing, not increasing, the likelihood of rejecting the null hypotheses of this study. Nevertheless, future researchers in this area should consider employing a data collection strategy that monitors potential inattentiveness, random responding, and other potential forms of response invalidity to determine if such phenomena alter the results in any meaningful way.

## Conclusions

Although the SDMS has been shown to have acceptable reliability and validity, its length may be problematic when used in survey research and other contexts where space limitations are significant and/or higher survey completion rates are important. The current data reveal that shortening the SDMS to 18 items did not meaningfully diminish the SDMS-SF’s reliability, factorial validity, or correlation with the full SDMS. Furthermore, SDMS-SF subscales were similar to those of the SDMS in their associations with anxiety, depression, and PTS. These data support the efficacy of a new, reduced-item SDMS, potentially allowing evaluation of SDM effects without the use of more burdensome, longer measures.

Finally, the current results comport with other research documenting a significant and nontrivial relationship between exposure to SDM and current psychological symptoms. To the extent that this relationship is causal, the current findings suggest that social maltreatment is prevalent in North American society and is a risk factor for subsequent psychological distress.

## Appendix

### *Social Discrimination and Maltreatment Scale—Short Form*

Please rate how often the following things have happened in your life because of how people responded to your *sex, race, sexual orientation, or gender identity*. If it has never happened to you, circle “1.” If it has happened very often, circle “5.”

<b>1. I have been discriminated against</b>	Never				Very often
a. Because of my sex	1	2	3	4	5
b. Because of my race	1	2	3	4	5
c. Because of my sexual orientation or gender identity	1	2	3	4	5
<b>2. I have felt unsafe</b>	Never				Very often
a. Because of my sex	1	2	3	4	5
b. Because of my race	1	2	3	4	5
c. Because of my sexual orientation or gender identity	1	2	3	4	5
<b>3. People made cruel or demeaning jokes about me</b>	Never				Very often
a. Because of my sex	1	2	3	4	5
b. Because of my race	1	2	3	4	5

c. Because of my sexual orientation or gender identity	1	2	3	4	5
<b>4. I have felt powerless</b>	Never				Very often
a. Because of my sex	1	2	3	4	5
b. Because of my race	1	2	3	4	5
c. Because of my sexual orientation or gender identity	1	2	3	4	5
<b>5. I have felt like people were judging me</b>	Never				Very often
a. Because of my sex	1	2	3	4	5
b. Because of my race	1	2	3	4	5
c. Because of my sexual orientation or gender identity	1	2	3	4	5
<b>6. I have been disrespected</b>	Never				Very often
a. Because of my sex	1	2	3	4	5
b. Because of my race	1	2	3	4	5
c. Because of my sexual orientation or gender identity	1	2	3	4	5

*Note.* For researchers choosing to expand the number of social maltreatment types tapped by the SDMS-SF, or study new types of social maltreatment, adjust the opening text and add new items. Recommended options are *Because of my ancestry or religion* and *Because of my body size or shape*.

## Declaration of Conflicting Interests

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