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## ATTRIBUTIONS AND EXPECTANCIES ABOUT PEOPLE LIVING WITH HIV/AIDS: IMPLICATIONS FOR STEREOTYPING

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### ABSTRACT

*Attribution researchers have demonstrated perceivers' attributions to lead to distinct emotional and behavioral reactions toward people living with HIV/AIDS (PLWHA). This literature may be limited because the relationship between perceivers' attributions about HIV causality and their expectancies about PLWHA has not been adequately explored. Empirically linking perceivers' attributions and expectancies may provide additional information on how social categorization and stereotyping of PLWHA evolves. Three hundred ninety-five undergraduate students read vignettes describing a hypothetical PLWHA and responded to items assessing HIV-related expectancies. Our findings indicated that perceivers' HIV attributions did influence their HIV-related behavioral expectancies about a PLWHA and these expectancies were consistent with attributions made. Implications for future empirical work and practice with PLWHA are discussed.*

### INTRODUCTION

Attributions consist of judgments made about the self or others and concern the ways in which people understand the causes of events around them (McDonell, 1993). Weiner, Perry and Magnusson (1988), noted that attributions begin with a perceiver evaluating an outcome (e.g., HIV diagnosis or automobile accident). Upon being made aware of this outcome, a perceiver often constructs an attribution to aid in explaining the cause of that outcome. Heider (1958) and Kelley (1972) and more recently Nassar, Singhal, and Abouchedid (2005) have specified that the majority of attributions are viewed as either internal (i.e., personal responsibility for an event-controllable) or external (environmental responsibility for an event-uncontrollable) depending on the target of the attribution (i.e., self or other). On the basis of an attribution a perceiver makes, Weiner (1995) proposed that perceivers have immediate emotional and behavioral responses toward a target they are evaluating. Specifically, when a perceiver attributes a negative event as being due to

some internal factor, (e.g., poor judgment, alcohol use) Weiner proposed that perceivers respond with more negative emotions (anger) and decreased intentions to aid a target. Conversely, if a perceiver attributes responsibility for a negative event to the environment (e.g., accidental needle stick or slippery road conditions) the perceiver will respond to a target with greater sympathy and increased intentions to help.

For more than two decades attribution researchers have focused on understanding perceivers' reactions toward people living with HIV/AIDS (PLWHA). Attribution Theory has been one theoretical framework commonly used for assessing societal reactions toward PLWHA (Anderson, 1992; Cobb & De Chabert, 2002; Dooley, 1995; Dowell, LoPresto & Sherman, 1991; Green & Rademan, 1997; McDonell, 1993; Schellenberg & Bem, 1998; Seacat, Hirschman, & Mickelson, 2007; Steins & Weiner, 1999; Weiner, Perry, & Magnusson 1988). Though an exhaustive review of these studies is beyond the scope of the current paper; it is important to note that data from existing studies have provided considerable empirical support for Attribution Theory as an explanatory mechanism for anticipating perceivers' immediate emotional and behavioral responses toward PLWHA. Further, this body of research has largely supported the specified interrelationships between attribution types (internal versus external) and emotional and behavioral responses (anger versus sympathy and helping behavior) as specified in Weiner's Attribution-Helping Model (1995). In addition to developing empirical evidence supporting the Attribution-Helping model as a tool for understanding the perceptions and treatment of PLWHA, researchers have also tested whether personal/environmental characteristics surrounding a target's illness (e.g., sexual orientation, seriousness of the illness, perceived personality) serve to moderate perceivers' emotional and behavioral responses toward that target (Bos, Dijker, & Koomen, 2007; Seacat, Hirschman, & Mickelson, 2007; Steins and Weiner, 1999). One factor that has been demonstrated to moderate perceivers' responses is the sexual orientation of the target- with more negative emotional and behavioral responses being directed toward homosexual PLWHA (Seacat, Hirschman, & Mickelson, 2007). Though research assessing the applicability of Attribution Theory to understanding societal reactions toward PLWHA has been fruitful, there are several important assumptions of the model that remain virtually untested.

### **Attributions, Behavioral Expectancies, Sanction Beliefs and Stereotypes**

Though Weiner (1986; 1995; 2008) and others (e.g., Sanna & Swim, 1992) have examined and discussed the effects that attributions have on perceivers' immediate emotional and behavioral responses toward PLWHA, it largely remains to be determined what impact, if any, perceivers' attributions have on their HIV-related behavioral expectancies and sanction beliefs for PLWHA. For the current study, we conceptualized HIV-related behavioral expectancies as a perceiver's beliefs that a PLWHA would engage in a variety of positive and/or negative behaviors associated with being HIV-positive (e.g., disclose HIV status to sexual partners; lie about HIV status). Sanction beliefs were conceptualized as perceivers' views on the likelihood that a PLWHA would face a variety of forms of discrimination (sanctions) on the basis of HIV status. It is important to clarify that sanction beliefs were not conceptualized as a perceiver's own

likelihood to discriminate against a PLWHA, but rather, their expectation that members of society may discriminate against the PLWHA.

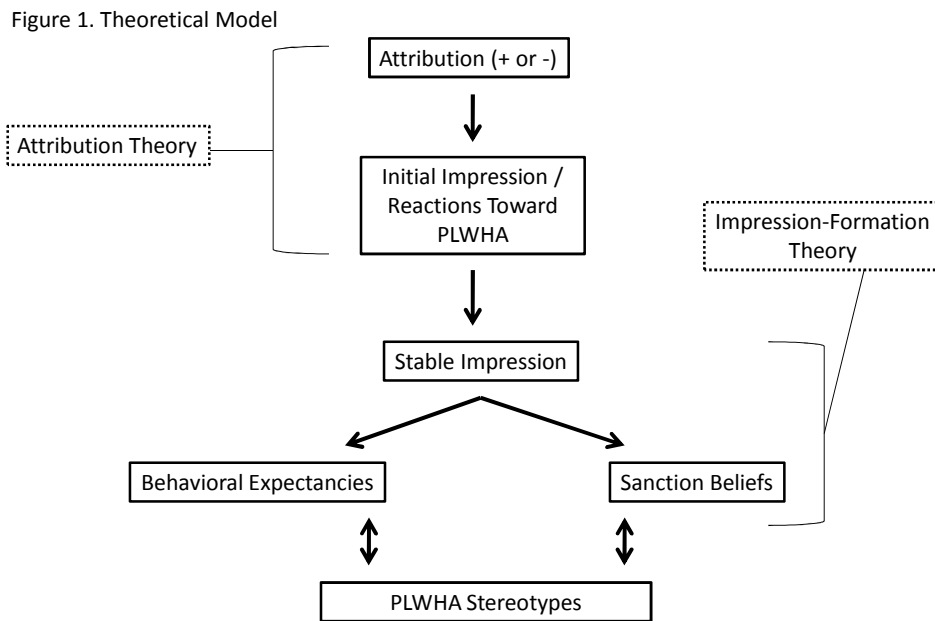
From a theoretical standpoint, Weiner (2008) asserted that “Attribution Theory at the interpersonal level should contribute to behavioral expectancies via *causal stability* and sanctions via *causal controllability*.” (pg. 437) For the current research we viewed temporal stability in a manner consistent with Weiner inasmuch as Weiner predicted that future behavioral expectancies arise from stable beliefs about a target on the basis of an attribution made. Despite this claim, which is resonated in Weiner’s work, scant research could be found that has directly tested these assumptions with regard to PLWHA.

Because Weiner’s Attribution model focuses on immediate attitudes and helping behaviors and does not directly predict the temporal stability of causal attributions we looked beyond Attribution Theory to Impression Formation Theory for an explanatory mechanism. Impression Formation Theory (e.g., Asch, 1946; Hamilton & Sherman, 1996) states that perceivers attempt to form an integrated, cohesive impression about an individual’s personality on the basis of impressions and that from these impressions, perceivers develop stable expectancies about an individual (Hamilton & Sherman 1996; Susskind et al. 1999) and defend these impressions against contradictory information. As such, we proposed that the Model of Impression Formation (Hamilton & Sherman, 1996) would help explain a potential relationship between perceivers’ attributions and their expectancies about PLWHA. Thus, one way of conceptualizing causal attributions are as functional antecedents of expectancies and the impression-formation process. If attributions indeed serve as functional antecedents of the impression-formation process as is hypothesized, then it can be expected that perceivers’ HIV-related expectancies and sanction beliefs about a PLWHA should be consistent with their causal attributions made. To the best of our knowledge this is the first empirical study to assess the impact of causal attributions on expectancies and sanction beliefs about PLWHA.

If a perceiver’s attributions about a PLWHA is shown to impact their behavioral expectancies and sanction beliefs about that target this may provide some initial evidence for the role of perceivers’ attributions in the social categorization and stereotyping process of PLWHA. In other words, we hypothesized that perceivers’ attributions about a PLWHA may lead to immediate impressions which may then contribute to stable impressions and ultimately expectancies and sanction beliefs about the PLWHA (see figure 1). We expected perceivers’ expectancies and sanction beliefs would be consistent with attributions formed about the PLWHA and consistent with their stereotypical beliefs about the target PLWHA.

Though considerable work has been conducted to ascertain the conditions and consequences of stereotyping PLWHA (see Le Pelley, Reimers, Calvini, Spears, Beesley, and Murphy, 2010) relatively little work has been conducted assessing factors that may actually lead to the categorization and stereotyping of PLWHA- one of the cognitive underpinnings of prejudice and discrimination (Devine, 1989). Recent work by Le Pelley and colleagues suggests that once formed, stereotypes are highly resilient to change and may become stronger over time. Hence, negative attributions about a PLWHA (e.g., that

they are responsible for contracting HIV in the case of a homosexual) may serve to foster the development of or even strengthen existing stereotypes about PLWHAs more generally. Conversely, attributions of non-responsibility for infection (e.g., in the case of an individual contracting HIV through a blood transfusion or an accidental needle stick) may contribute to the diminishment of negative expectancies, sanction beliefs and ultimately stereotypical beliefs about these PLWHA. Though perceivers' actual stereotypical beliefs about PLWHA were not directly assessed in the current study (direct assessment of stereotypical beliefs would likely be subject to social desirability), we viewed participants' ratings of behavioral expectancies and sanction beliefs to be representative manifestations of their stereotypical beliefs about the target PLWHA. It is important to note that we were not proposing that perceivers' behavioral expectancies and sanction beliefs represent their likelihood to actually espouse prejudicial attitudes or engage in discriminatory action toward PLWHA. Devine (1989) and others have made it clear that knowledge of and even support for negative social stereotypes may not always lead to prejudice and discrimination. However, since social categorization and stereotypes are considered to be an integral component of prejudice and discrimination (Whitely and Kite, 2010), identifying psychosocial and cognitive factors that may inhibit or facilitate the stereotyping process of PLWHA remains an important endeavor. To the best of our knowledge, this is the first study to examine potential factors impacting the stereotyping process of PLWHA. Figure 1 illustrates the proposed theoretical model and the integration of the attribution and impression formation processes.



## The Current Study

Using a vignette methodology (see Appendix A), we proposed that perceivers' HIV-related attributions would influence their HIV-related behavioral expectancies and

sanction beliefs about a PLWHA. Specifically, we proposed that perceivers attributing a high amount of control to a PLWHA for contracting HIV would also anticipate the PLWHA to engage in more negative HIV-related behaviors (e.g., lie about HIV status or fail to use a condom during sexual intercourse) compared to participants that attributed low control to the PLWHA. Further, because Weiner asserts that perceivers should consistently sanction a target on the basis of a causal attribution, we expected that perceivers would report the high HIV control PLWHA as being more likely to experience HIV-related discrimination compared to a low HIV control PLWHA (2008). Finally, consistent with the existing literature, we proposed that the sexual orientation of the PLWHA would impact perceivers' responses regardless of whether they attributed high or low amounts of HIV control to the PLWHA. Specifically, we expected that homosexual PLWHA would be anticipated as engaging in more negative HIV-related behaviors as well as more likely to experience HIV-related discrimination compared to the heterosexual PLWHA.

## **METHOD**

### **Participants**

Prior to initiating data collection, we sought approval from the Institutional Review Board of a large Midwestern University. Our participants were 395 undergraduate psychology students recruited through a computerized (Sona Systems) participant pool. All participants received course credit as compensation for completing the study. Almost three-quarters, (74.9%) of the study participants identified as female. Though disproportionate, this pattern was consistent with current psychology course enrollment trends at the university during the time when this study was conducted. Average participant age was 19.46 years, (SD = 3.46). Sexual orientation of the participants was relatively homogenous with 383 participants identifying as heterosexual, 4 identifying as bisexual, and 6 identifying as homosexual. Two participants failed to report their sexual orientation.

### **Materials**

#### Attributions about HIV Control

Participants' were asked to rate how much control they felt a PLWHA portrayed in their assigned vignette had over contracting HIV. This item was based in part on previous research by Mantler, Schellenberg, & Page (2003). Participants responded a single item "How much control did you feel John had over contracting HIV" with the following response options: 1 "None at all" to 5 "Complete."

#### HIV-Related Behavioral Expectancies

To assess participants' HIV-related expectancies about the PLWHA portrayed in their vignette, a scale containing six behavioral intention items considered to be relevant to the sexual behaviors of PLWHA was employed. Items in this scale were developed expressly

for this study to represent positive and negative behavioral expectancies associated with having HIV such as telling sex partners about one's status and using a condom during next time of sexual intercourse (See Appendix B for a list of items). The behavioral expectancy items were scored 1-“highly unlikely” to 5-“highly likely” with two items being reverse scored. A total of 30 points were possible with higher scores indicating more positive behavioral expectancies. The HIV-behavioral expectancies scale was found to be adequately reliable (Alpha = .70).

### Anticipated Discrimination

Anticipated discrimination was assessed with six items representing a range of discriminatory acts that PLWHA may face in their daily lives. Individual responses to each item could range from 1-“highly unlikely” to 5-“highly likely.” The total summed score represented the anticipated discrimination that participants believed the target portrayed in their vignette would face (See Appendix B for a complete list of scale items). A total of 30 points were possible. Higher scores indicated perceivers' greater anticipation that the PLWHA would face discrimination. Items for this scale were selected after reviewing research in the area of HIV/AIDS stigmatization and discrimination. The anticipated discrimination scale was found to be acceptably reliable (Alpha = .73).

### Procedure

During times scheduled for data collection participants entering a classroom setting were randomly assigned to read one of four vignette scenarios in which a fictitious character named “John” contracted and was diagnosed with HIV. The four conditions participants read were: 1) John, a heterosexual male contracts HIV through unprotected sex; 2) John a homosexual male contracts HIV through unprotected sex; 3) John, a heterosexual male contracts HIV through a transfusion; and 4) John, a homosexual male contracts HIV through a transfusion. Details of the vignette manipulations can be found in Appendix A.

After reading their assigned vignette, participants then completed a questionnaire packet entitled “Attributions about Health Study.” The questionnaire assessed demographic characteristics of the participants as well as their attributions about how much control the PLWHA portrayed in their vignette had over contracting HIV, their HIV-related behavioral expectancies pertaining to the PLWHA, and the level of discrimination they anticipated the PLWHA may face. After completing the study all participants were provided with a handout providing information about HIV/AIDS and local contact information for HIV testing/counseling.

### RESULTS

The effectiveness of the HIV onset-control manipulation was checked using one item at the conclusion of the survey. To assess whether participants correctly recalled how the target in their vignette contracted HIV, participants were asked “How did John contract HIV in the scenario you just read about?” Participants answered the manipulation check

item with the response options “blood transfusion” “sexual contact” and “don’t remember”. Overall, four participants (1%) failed the manipulation check and were eliminated from subsequent analyses.

Prior to conducting the planned multivariate analysis, bivariate correlations were conducted with all study variables (see Table 1). Bivariate correlation analyses demonstrated that there were significant relationships between participants’ attributions of control and their HIV-related behavioral expectancies ( $r = -.39, p < .01$ ) meaning that as participants attributed greater control to the PLWHA, they held more negative behavioral expectancies for that PLWHA. Additionally, participants attributing greater control to the PLWHA also felt that the PLWHA would encounter more discrimination ( $r = .17, p < .01$ ). There were no significant correlations between the sexual orientation of the PLWHA and expectancies thus a planned multivariate analysis of sexual orientation was not conducted. Among the potential covariates assessed, it is important to note that only the sex of the participant was significantly correlated with the amount of discrimination participants anticipated a PLWHA would experience ( $r = .15, p < .01$ ). Therefore, participant sex was statistically controlled for in the subsequent multivariate analysis.

Table 1

	Sex	Age	Enrollment Year	Sexual Orientation	Familiarity w/ HIV	HIV Control	PLWHA SexOrient	Behavioral Expectancies	Anticipated Discrim.
Sex	***								
Age	-.09	***							
Enrollment Year	-.11*	.48**	***						
Sexual Orientation	-.06	.07	.04	***					
Familiarity w/ HIV	-.02	-.03	-.05	.15**	***				
HIV Control	-.05	-.04	-.04	-.11*	.05	***			
PLWHA Sex Orient	.01	-.04	-.04	-.01	.15**	.01	***		
Behavioral Expectancies	.00	-.08	-.05	.01	.07	-.39**	.05	***	
Anticipated Discrim.	.15**	.02	-.05	-.05	.05	.17**	.09	-.30**	***

\*  $p < .05$ ; \*\*  $p < .01$

### Multivariate Effect

Since the goal of the current study was to determine whether perceivers’ attributions about the amount of control a PLWHA had for contracting HIV has a significant impact on their HIV-related expectancies of that PLWHA, a multivariate analysis of covariance (MANCOVA) was conducted. In this analysis, HIV controllability served as the independent variable and perceived HIV-related behavioral expectancies and perceived HIV discrimination served as dependent variables. Participant sex served as the covariate in this analysis. As we predicted, the main effect of HIV controllability on HIV-related

behavioral expectancies and anticipated discrimination was significant even when controlling for participant sex  $F(2, 387) = 36.39, p < .0001; \eta_p^2 = .16$ . Participants exposed to the high control PLWHA reported significantly more negative behavioral expectancies and significantly more anticipated discrimination for the PLWHA compared to participants exposed to the low control PLWHA. Detailed univariate results are provided below (see Table 2).

Table 2

	High Control	Low Control	F (1, 388)	$\eta_p^2$
Behavioral Expectancies	20.28 (3.75)	23.21 (3.10)	70.76, $p < .0001$	.15
Anticipated Discrimination	20.48 (3.96)	18.94 (4.84)	13.25, $p < .0001$	.03

## DISCUSSION

Previously published research has demonstrated the relevance of perceivers' attributions to their immediate emotional reactions and helping intentions toward PLWHA (e.g., Weiner, 1993; Senior, Weinman, Martaeu, 2002, Seacat, Hirschman, & Mickelson, 2007). The current study expands upon this literature and potentially extends Attribution Theory by demonstrating a link between perceivers' attributions and their HIV-related expectancies about PLWHA. Weiner (1986; 1995; 2008) and others have theorized that attributions should lead to stable expectancies and sanctions toward PLWHA, but empirical research testing these assumptions has been limited. A theoretical model linking perceivers' attributions and expectancies about a PLWHA was posited as a potential explanatory mechanism for the development and/or enhancement of the stereotyping process of PLWHA. In the current study it was hypothesized that perceivers' HIV-related attributions would influence their expectancies about a PLWHA; leading to expectancies and sanction beliefs that were consistent with an attribution made. In support of this hypothesis, participants attributing high control to a PLWHA for contracting HIV were also significantly more likely to anticipate the PLWHA to engage in negative HIV-related behaviors (e.g., infecting someone else with HIV and lying about their HIV status) compared to participants rating the PLWHA as having low HIV control. Further, supporting Weiner's assertion that perceivers' sanction beliefs should be consistent with attributions made, the current study demonstrated that participants rating a PLWHA as having high control over contracting HIV also rated this target as significantly more likely to experience HIV-related discrimination. Ostensibly, participants' attributions led them to anticipate HIV-related sanctions for the high-control PLWHA and these sanctions were found to be consistent with perceivers' attributions.

It is important to note that our findings do not indicate a greater likelihood that a perceiver would espouse prejudicial attitudes or engage in discriminatory behavior



toward a PLWHA, but rather our findings indicate that scant information (a brief vignette) used to form an attribution about a PLWHA may also lead to the development of expectations of a PLWHA in future situations. It is this “spillover effect” of an attribution to perceivers’ future expectancies about a PLWHA that we posited may impact the stereotyping process of PLWHA. As Sayama & Sayama (2010) and others have indicated, stereotyping of groups results in the distinct social categorization of members of these groups. Our findings clearly indicated that the perceived responsibility a participant attributed to a PLWHA for contracting HIV resulted in significantly differential categorization of targets in terms of participants’ future behavioral expectancies and sanction beliefs. We posit that this differential categorization may ultimately have implications for the stereotyping process. To the best of our knowledge, no existing studies have examined the relationship between perceivers’ attributions and expectancies as a possible mechanism for explaining the stereotyping process of PLWHA.

A theoretical explanation for our current findings comes from outside the realm of Attribution Theory. According to the model of Impression Formation (Hamilton and Sherman, 1996), perceivers attempt to form integrated, cohesive impressions about an individual’s personality often based upon scant information about that individual. In accordance with this model, perceivers assume unity in the personalities of others they evaluate and impressions likely result from a perceiver’s need to view an individual as a whole psychological unit (Hamilton & Sherman 1996; Susskind, Maurer, Thakkar, Hamilton and Sherman, 1999). On the basis of a perceiver’s initial impression (attribution), the perceiver then forms a stable expectancy about an individual and will engage in various strategies to maintain and justify this expectancy against contradictory information. It is possible that participants’ attributions about a PLWHA in the current study served to influence their expectancies (behavioral and sanction beliefs) about a PLWHA because the attribution was used to help form an impression of the PLWHA in the absence of additional information.

One potential area where our current findings may have important empirical and practical implications may be in the increased understanding of the development/enhancement of cognitive factors such as social stereotypes that contribute to the differential categorization and treatment of PLWHA. As was noted by LePelley and colleagues (2010), very little research has been done attempting to understand the stereotyping process of PLWHA. Films such as *Philadelphia* in 1993 have raised social awareness of the differential categorization and treatment of PLWHA, but few empirical studies have been conducted to examine factors that may actually contribute to this process. If, as our findings illustrate, that attributions of responsibility for a PLWHA contracting HIV result in differential categorization of a PLWHA in terms of perceivers’ expectancies (behavioral and sanction beliefs) about that individual, this process may help to explain why differential treatment of “innocent” victims of HIV/AIDS (e.g., AIDS babies) and victims deemed to be “responsible” for their condition (e.g., promiscuous adults, injection drug users, homosexuals) exists. It is possible that attributions of responsibility lead to stable expectations about PLWHA and, in turn, these expectations serve to influence perceivers’ stereotyping and potentially even their emotional and behavioral reactions toward PLWHA. Though our findings were based upon cross-sectional,

vignette portrayals of PLWHA in which a perceiver had limited information about a target, there are many real-world situations (e.g., a dentist treating a new patient whom discloses their HIV status) in which members of society evaluate PLWHA with extremely limited information. The existence of such scenarios makes our findings potentially relevant to a broader spectrum of social situations.

Unfortunately, our study had limitations and unanswered questions that should be addressed in future research. We do not feel these limitations negate the importance of our current findings, but rather, we believe they can be used to inform exciting and new avenues of research regarding the evaluation and treatment of PLWHA. First, our study did not assess attributions and expectancies pertaining to actual PLWHA. Instead, fictitious vignette characters were used. Though evidence exists supporting the viability of vignette research (Hughes and Huby, 2004) for producing honest participant responses, future work should attempt to focus on perceivers' responses toward actual PLWHA and in real-world settings. Further, though not assessed in our current study, it will be important for future researchers to consider and assess whether HIV-related attributions influence perceivers' expectancies about a PLWHA in domains outside of HIV/AIDS (e.g., likelihood a PLWHA would be a good employee; a dependable friend or a good housing tenant). The possibility for expectancy "spillover" to domains outside of HIV/AIDS-related behavior and sanctions would further support the development of an attribution-impression formation model by demonstrating a relationship between specific attributions about HIV responsibility and more generalized character impressions of PLWHA. Due to the lack of published measures assessing HIV-related behavioral expectancies and sanction beliefs our scales were expressly constructed for use in this study. Though scale our scale development was guided by the current literature and input from an expert on HIV-related stigma and discrimination, lower internal reliabilities for these scales resulted. The low reliability of the scale is likely due to a need for additional response items to be added to each scale and we encourage future researchers to continue to modify and test these measures- adding additional items relevant to HIV-related behavior. Finally, our current study was limited in its design as a cross-sectional assessment of attributions and expectancies. Our experiential hindsight suggests that a more comprehensive assessment of the proposed theoretical process should be undertaken using a longitudinal assessment strategy. Our initial rationale for using a cross-sectional approach was to minimize repeat testing effects (which we believe can be mitigated) but this decision limited our ability to conclude definitively that perceivers indeed form stable impressions about PLWHA on the basis of their attributions.

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## APPENDIX A

John is a 30 year old (heterosexual/homosexual) male who has been employed for the last ten years and enjoys spending time with his friends. *John has been engaging in unprotected sexual intercourse with many different (women/men) over the course of the last couple years. John also loves to party, and vaguely recalls having “hooked-up” several times while attending parties.* Lately, however, John has not been feeling very well. For approximately the last month John has been losing weight, feeling extremely tired, having night sweats, and having severe flu-like symptoms. His symptoms never seem to go away and only get worse as time goes on. Because it has been a while since John’s last physical check-up, he decides to visit his doctor in hopes of finding out what is wrong. At John’s appointment, his doctor asks him if he has ever been tested for HIV. John replies that he has never been tested and gives the doctor permission to draw his blood to test for HIV. One week later, John’s test results come back. John’s doctor tells him that he has been infected with HIV, the virus that leads to AIDS.

<sup>1</sup>*Italicized text indicates manipulated vignette content.*

## **APPENDIX B**

### **HIV-Related Expectancies**

Scale Stem: “*How likely is it that John will...*”

1) Tell his next sexual partner that he has HIV

*Highly Unlikely*      1      2      3      4      5      *Highly Likely*

2) Wear a condom the next time he has sexual intercourse

*Highly Unlikely*      1      2      3      4      5      *Highly Likely*

3) Tell a family member he has HIV

*Highly Unlikely*      1      2      3      4      5      *Highly Likely*

4) Infect someone else with HIV (*Reverse scored*)

*Highly Unlikely*      1      2      3      4      5      *Highly Likely*

5) Tell a close friend he has HIV

*Highly Unlikely*      1      2      3      4      5      *Highly Likely*

6) Lie about his HIV status (*Reverse scored*)

*Highly Unlikely*      1      2      3      4      5      *Highly Likely*

### **Anticipated Discrimination**

Scale stem: “*How likely is it that John will...*”

1) Be discriminated against at his job.

*Highly Unlikely*      1      2      3      4      5      *Highly Likely*

2) Be verbally harassed (called offensive names/ridiculed)

*Highly Unlikely*      1      2      3      4      5      *Highly Likely*

3) Be physically attacked

*Highly Unlikely*      1      2      3      4      5      *Highly Likely*

4) Lose his job.

*Highly Unlikely*      1      2      3      4      5      *Highly Likely*

5) Lose friendships

*Highly Unlikely*      1      2      3      4      5      *Highly Likely*

6) Be rejected by family members

*Highly Unlikely*      1      2      3      4      5      *Highly Likely*

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