



Intersectionality-informed Qualitative Research: A Primer

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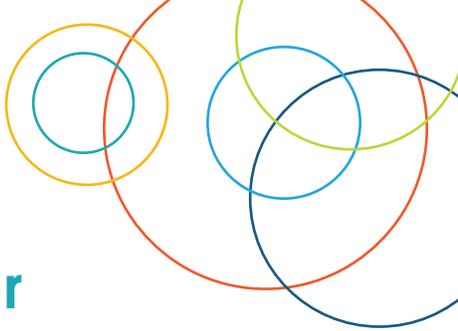
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Intersectionality-informed Qualitative Research: A Primer

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Introduction

The most developed intersectionality-informed methodology is qualitative research. Qualitative researchers aim to understand the complexity and richness of people's experiences (Denzin & Lincoln, 1994). The characteristics of qualitative methodology make it particularly amenable to intersectionality, which is concerned with investigating the multi-dimensional nature of individuals' lives and how they interpret and navigate their day-to-day experiences of power and privilege (McCall, 2005). Both intersectionality and qualitative methodology share assumptions about the context-bound nature of research, the importance of foregrounding voices of differently situated individuals, and the need to address power imbalances between researchers and those with whom research is conducted (for a detailed discussion of intersectionality and intersectionality-informed approaches, see Hankivsky, 2014).

Qualitative methods that are widely viewed as compatible with intersectionality include ethnography and participatory action research (Carroll, 2004). Ethnographic methods, such as interviews and case studies, can illustrate the complexities of individual and collective identities and social dynamics (Narvaez, Meyer, Kertzner, Ouellette & Gordon, 2009). Such methods "contribute to an understanding not only of relationships between concepts, but the processes and the meanings that those processes and relationships hold" (Schulz & Mullings, 2006, p. 7). Community-based participatory action research, meanwhile, is informed and directed by the people being considered, and occurs in spaces where interventions will be implemented. Thus, the research processes and outcomes are intended to be directly applicable and meaningful to the individuals and communities who participate (Rogers & Kelly, 2011).

To understand how intersectionality can inform qualitative research, it is helpful to review key components of such research. This primer presents a discussion of various stages of an intersectionality-informed qualitative research project, including framing, data collection, measurement, data analysis, and interpretation. To illustrate the value-added of intersectionality within each stage, the primer uses case examples relevant to the following fields: a) mental health; b) family violence; and c) boys' and men's health.

Though the examples fall largely within the domain of health research and policy, they can provide guidance for a broad audience across sectors on integrating an intersectional approach into qualitative research (see Rouhani, 2014, and Grace, 2014 for companion primers focused on intersectionality-informed quantitative research and intersectionality-informed mixed method research).

Framing the Research

Intersectionality can transform how a research problem is conceptualized, how it is investigated, and how findings are used to advance social justice (Hankivsky et al., 2012).

To do so, first, reflexivity must become central to critical qualitative research. To be reflexive involves examining how research processes and knowledge production are shaped by the preconceptions, values, social positions, and interests of the researcher (Jootun, McGhee & Marland, 2009). Though reflexivity is important for recognizing the lack of objectivity in research processes and findings, qualitative research has nonetheless often failed to adequately address dynamics of power (Karneili-Miller, Strier & Pessach, 2009). Critical analyses that situate researchers and participants (or research texts, etc.) within multiple and shifting dynamics of privilege and oppression – analyses inherent in intersectionality-informed qualitative research - are necessary.

Researchers across the three areas of mental health promotion and/or suicide prevention (e.g., Gillard, Simons, Turner, Lucock & Edwards, 2012), family violence¹ (e.g., Ono, 2013), and boys' and men's health (e.g., Aguinaldo, 2012) have all underscored the need for reflexivity in intersectionality-informed qualitative research. For instance, the following case example demonstrates how a lack of reflexivity within research can reinforce incorrect assumptions about how and why family violence occurs.

¹ For the purposes of this guide, the term “family violence” includes “the maltreatment of children, violence between intimate partners and the abuse of older adults” (PHAC, 2013). The term includes domestic violence and intimate partner violence. In case example discussions, the language originally used by the researcher will be employed.

Case Example #1: Family Violence

In her discussion of how to address domestic violence against racially minoritized women, Ono (2013) argues that dominant assumptions that domestic violence is rooted in cultural difference are pervasive in research, policy, and practice. These assumptions are perpetuated through over-emphasis on culture or cultural competency when seeking to understand and address the problem of domestic violence experienced by certain cultural groups. A major reason why this singular focus occurs derives from the social, political, and historical contexts within which discourses and understandings of culture are perpetuated. For instance, the Eurocentric roots of social work research and practice has been argued to set white 'western' experience as the standard, othering and essentializing racially minoritized groups via the language of culture. Given this context, a non-reflexive focus on culture as a research category can both perpetuate reductive ideas of cultural groups and overlook the processes of power that converge to shape experience (e.g., racialization, gender discrimination, colonialism, etc.) (Pon, 2009).

Intersectionality cautions against thinking in categories – i.e., making direct links between singular categories of identity (e.g., culture, gender, etc.) and complex social phenomena like violence. Such direct linkages overlook how categories are mutually constituted as well as how both micro and macro factors (e.g., underemployment, immigration status, colonialism, gender discrimination, etc.) shape domestic violence and barriers to care. Given the tendency for research to overlook the intersectional nature of culture, addressing culture as significant to family violence demands critical reflexivity with respect to:

- one's assumptions or knowledge behind why culture is an important category of analysis (and how this has been shaped);
- how culture will (or will not) be addressed in light of this knowledge; and
- how this might influence the research agenda, findings or research uptake (will relations of inequity be addressed or reinforced? etc.).

Importantly, qualitative intersectionality-informed work within the field of family violence is increasingly integrating reflexivity. This has facilitated critical insights as to why research problems and populations are often framed the way they are (e.g., the role of power), the implications of this, and how expanding these framings can better address the complexities of health and social issues.

Examining one's implication in the processes of power that shape research does not assume a binary between researcher and 'researched' (i.e., that the former holds power and the latter does not). It is important to emphasize that although persons within particular social groupings (e.g. across culture, gender, geography, etc.) have differing experiences, this does not imply that they do not share common experiences that shape their lives. As Collins (2003) emphasizes, the positioning of historically oppressed groups has led them to develop ways "to escape from, survive in, and/or oppose prevailing social and economic injustice" (p. 325). Qualitative intersectionality-informed research – particularly research that allows for participants to speak about their experiences of power, discrimination, resistance, and resilience - has been integral in highlighting these differences and commonalities within and across groups. As the following case example demonstrates, different experiences and navigation of power are a central consideration in such research.

Case Example #2: Boys' and Men's Health

In comparison to the body of qualitative research in the area of women's health, men's health research lags far behind (the literature on boys' health is particularly scant). The development of men's health as a field of study grew largely out of a response to research and policy that had primarily focused on the gendered experiences of women (Hankivsky, 2012). As such, men's health research has largely focused on gender and sex as the primary determinant of men's health. This has led to a lack of information as to how other aspects of identity, social location, and processes can shape the health and health care of men.

Intersectionality-informed qualitative research has been integral in bringing attention to factors beyond sex and gender that influence men's health experiences. For instance, such research has increasingly brought attention to the ways in which multiple dimensions of men's lives directly relate to stress responses and health outcomes, and how men navigate and challenge specific forms of stress (e.g., discrimination, normative expectations) differently across race, socioeconomic status, sexuality, and location (Aguinaldo, 2012; Griffith, 2012; Griffith, Ellis & Allen, 2013; Mule et al., 2009). These dynamics are overlooked in research and policy that focus primarily on gender or sex as predictive of behaviour and well-being among men as a category without consideration of other identities and group memberships. Thus, research on boys' and men's health should approach gender as inevitably intersected by other social categories and multi-level systems and processes of power (Hankivsky, 2012).

Correspondingly, qualitative research that seeks to gain insights into boys' and men's health must expand the focus beyond sex and gender to ask questions such as:

- Which boys and men are to be included and why?
- How are categories like sex and gender defined (e.g., do they include consideration of differential gender identities or the way gender and gendered behaviour intersects with other identities?)
- How might the inclusion of girls and women provide insights into how health and social issues are experienced and addressed within and across both groups?

Intersectionality-informed questions like these allow qualitative research to better reflect the operation of axes of power and oppression in shaping lived experience.

Another central component of intersectionality-informed qualitative research is to advance social justice. As Rogers and Kelly (2011) emphasize, such research advances social justice by moving past a goal of “achieving statistically significant results” towards one that seeks to address and ameliorate inequity (p. 405). As these authors argue, issues of justice often receive insufficient attention in health research because the social contexts that situate health disparities and inequities are not adequately attended to. For instance, research that analyzes health disparities across social categories like race and class without taking into account how health is influenced by intersections of power (e.g., racialization, socioeconomic discrimination, etc.) can lead to narrow understandings of health differences as solely rooted in individuals or individual behaviour. In overlooking the multi-level contexts of health, such research has little potential to address or ameliorate the conditions producing inequity. Further, it risks reinforcing reductive assumptions of, and discriminatory behaviours towards particular groups, which can exacerbate health disparities.

The capacity of intersectionality-informed qualitative research to capture and address the complexities of inequity is well demonstrated within community-based research and participatory action research. As research traditions allied with intersectionality (Hankivsky & Grace, 2014; Rogers & Kelly, 2011), in order to advance social justice they:

- ensure meaningful participation of the community/populations of study (across multiple social locations);
- address issues of power in research and knowledge production;
- attend to the complexities of health and social issues; and
- ensure real-world application of research and advancing social justice (Hankivsky & Cormier, 2009; Rogers & Kelly, 2011).

Promisingly, intersectionality-informed qualitative approaches are expanding understandings of health as shaped by socio-structural contexts.

Case Example #3: Mental Health

The potential for intersectionality-informed qualitative research to address inequity is illustrated in the field of mental health. This type of research has been central in moving beyond reductive conceptions of mental illness by bringing attention to the structural dynamics shaping mental distress. This, in turn, has contributed to the development of new paradigms in mental health that challenge biomedical models for their narrow focus (e.g., focus on individual illness or symptoms) and promote the active citizenship of individuals (Rossiter & Morrow, 2011).

Intersectionality-informed qualitative research has moved in this direction via the meaningful involvement of those who experience mental distress. For instance, Guruge and Khanlou's participatory action research with immigrant and second-generation female youth in Canada allowed them to capture not only what is important to the participants, but also the social and structural influences on their mental health. These influences included the intersection of culture with identity development for youth in culturally dynamic and immigrant-receiving settings. This research informed policy recommendations for mental health promotion among youths that recognize the role of systemic challenges as well as individual strengths (Guruge & Khanlou, 2004).

The attention that intersectionality-informed qualitative inquiry can bring to dynamics of oppression and resistance are particularly relevant with respect to highly stigmatized health and social issues (e.g., mental health, HIV, substance use). Historically, mental health research has often been conducted without the meaningful participation of those being researched, contributing to the social exclusion and stigmatization of individuals and groups. In light of this, intersectionality-informed qualitative research holds promise in its ability to inform mental health initiatives in ways that align with the realities of diverse populations. This includes attention to the factors that often shape both experiences of stigma and barriers to mental wellness and care (e.g., racialization, socioeconomic discrimination, ableism, etc.) (Logie, James, Tharao & Loutfy, 2013; Holley, Stromwall & Bashor, 2012; Rossiter & Morrow, 2011).

Data Collection and Measurement

Qualitative data collection and measurement can be strengthened via an intersectionality-informed approach. This includes decision-making on which aspects of an issue and which persons are most relevant for study, how individuals will be sampled for the study, and how to best formulate research queries to ensure robust data.

First, intersectionality demands a well-thought-through rationale of the intersections (e.g., specific combinations of social categories and structures of power) to be analyzed. Without this step, important social locations and identities that play a significant role within particular contexts may be overlooked (Warner, 2008). To avoid such exclusions, Cole (2009) urges researchers to reconceptualize the meaning and consequence of social categories at each stage of the research process. To aid in this, she proposes three inter-related questions that researchers can ask:

1. “Who is included within this category?” (examining which axes of diversity are included and excluded in this category and how the categories may depend on one another for meaning);
2. “What role does inequality play?” (conceptualizing categories as inextricable from hierarchies of power that structure experience);
3. “Where are there similarities?” (looking for commonalities across categories often viewed as very different) (p. 171).

These questions urge researchers to conceptualize categories as differentially experienced, fluid, and mutually constituted, which allows them to think beyond categories as additive or isolated, and thus create space for the complexities of identity and experience. Importantly, qualitative research has the potential to reveal (through the participants of the research) which intersections and processes are most significant in a given context (Hankivsky & Grace, 2014). This is particularly relevant when considering that research on health and social issues, such as family violence, have often reproduced reductive assumptions of the ‘problem’ and who is affected by it.

Case Example #4: Family Violence

The tendency for research and policy to presuppose gender as being the factor most significant (and indeed, as necessarily significant) to family violence has often resulted in a neglect of the ways in which gender intersects with other social locations (e.g., immigration status, ability, geography, race, socioeconomic status, etc.) to shape experiences of violence, help-seeking behaviours, and institutional responses (Cramer & Plummer, 2009; Crenshaw, 1991; Erez, Adelman & Gregory, 2009; Nixon & Humphreys, 2010; Ono, 2013; Pearce & Sokoloff, 2013; Sandberg, 2013; Sokoloff, 2008; Trahan, 2011). Moving past such reductive framings, intersectionality-informed qualitative researchers in the field have highlighted the multi-dimensional processes shaping family violence. Expanding the view in this way – beyond particular populations towards processes of power – is necessary to effectively address the contexts of violence.

For example, in her research on domestic violence in immigrant communities, Sokoloff (2008) emphasizes that “there is no ‘generic battered immigrant woman’” (p. 251), and urges researchers to interrogate the often common macro and micro forces impacting immigrant women’s lives, while also recognizing within-group variances. This interrogation is necessary to avoid reinforcing discriminatory assumptions of the ‘types of people’ affected by domestic violence and, in turn, to highlight: i) how individuals conceptualize, experience, and navigate domestic violence; and ii) the social, structural, and historical processes that can situate domestic violence. Importantly, intersectionality-informed qualitative research involving diverse groups of women and girls (and more recently, men and boys) is now making the links between macro forces of privilege and oppression, social locations, and family violence (e.g. Aymer, 2008; Conwill, 2010; Cramer & Plummer, 2009; Erez et al., 2009; Hill, Woodson, Ferguson & Parks, 2012; Hubbert, 2011; MacDowell, 2013; Rees & Pease, 2008).

Hand in hand with identifying particular intersections of significance in a research project goes the choice of an appropriate sampling method for the particular qualitative question. Though sample size and composition are dependent on the particular project, intersectionality-informed research demands that sample populations allow for in-depth understandings of a particular phenomenon. They should also be as representative as possible with respect to a community or population of interest, while being heterogeneous enough to allow for inductive explorations (e.g., interrogating how various categories can intersect to differentially shape experience).

Intersectionality-informed qualitative research has demonstrated the importance of seeking participants in ways that are not based solely on group membership, but also focused on relations of power (Cole, 2009). For example, Bowleg (2008) emphasizes that research with an ethnically diverse sample or an ethnic minority that includes demographic measures (e.g., racial or ethnic identification, socioeconomic status, and sexual orientation) is not necessarily intersectionality-informed. Specifically, when such research fails to make links between broader dimensions of power that intersect with social identity, it can perpetuate reductive associations between particular social categories and particular problems.

Case Example #5: Boys' and Men's Health

A growing number of US policy initiatives have sought to improve the well-being of Black men and boys. This is largely in response to data showing that African-American men as a group fare poorly across indices of inequality. Yet, interpreting issues or inequality as particular to 'Black men' as a group can perpetuate the assumption that the combination of 'blackness' and 'maleness' makes someone vulnerable to inequality and, thus, a candidate for institutional intervention.

Butler (2013) argues that this push towards "black male exceptionalism" constructs Black men as a problem population or most 'at-risk,' while overlooking how: i) social categories like gender and race are mutually constitutive, and ii) processes of power and oppression shape experience. Within this form of exceptionalism, the different experiences of social phenomena among Black men, and the potential similarities between Black men and other social categories (e.g., African-American women) are not considered. A major effect of this reductive focus on Black men is the under-prioritization of equality-focused interventions for Black women. As such, Butler advocates for intersectionality-informed approaches to interrogate the similar and different ways that intersections of gender and race situate both men's and women's lives. It's worth noting that emphasizing a need for intersectionality does not negate the fact that certain populations or identity groups may require special attention in policies. Rather, it "provides a basis for understanding" why such attention is necessary (Butler, 2013, p. 507).

Griffith et al. (2013) conducted an intersectionality-informed qualitative study seeking to better understand health inequity experienced by African-American men. Importantly, this study moved beyond reinforcing *a priori* assumptions of similarity among Black men via:

- framing the research problem broadly in terms of exploring African-American men's conceptualization and experiences of stress;
- incorporating participants across a variety of social categories, including age, sex (to include the perspectives of women) and socioeconomic status; and
- discussing potential similarities in stress experiences among the men as inextricable from intersections of power (and not rooted solely in social categories).

The potential for qualitative intersectionality-informed research to explore and inform current data on men's health and social inequity is clear (Bowleg, 2013; Grace et al. 2014; Mule et al. 2009; also see Grace 2014 for an extensive case example on how mixed-method research can strengthen understandings of men's health). Such research can strengthen understandings of how complex social locations and processes shape health between and across social groups.

Another important consideration and challenge when conducting intersectionality-informed qualitative research lies in the way questions are posed. For instance, Bowleg (2008) argues that how questions are posed to participants can shape their responses, and thus, researchers should avoid questions that frame identity categories as separate. Also, as in sampling, it is important for questions to move beyond demographics towards a broader focus on day-to-day experiences (e.g., of stress, stigma, discrimination, etc.). This amounts to what Christensen and Jensen (2012) call taking “everyday life as a point of departure” (p. 117). Thus, broader queries that allow for a participant to speak to the salient intersections in their lives can allow for data that best reflects the complexity of experience.

Case Example #6: Mental Health

Research in the area of rural girls’ health in Canada often fails to reflect the intersectionality of experience for these girls. It is known that social locations including age, race, gender, and rurality have been linked to increased suicide rates (e.g., girls in rural areas are 6.5 times more likely to commit suicide, with boys being 4.3 times more likely) (CPHI, 2006). Yet, as Clark and Hunt (2011) argue, though analyses of gender and race have linked discrimination of racialized girls to problem-based or individualized issues such as suicide, intersectionality-informed approaches allow for more nuanced understandings of the contexts of people’s lives. By using ‘girls’ groups’ as an intersectionality-informed space in which young girls could voice their experiences and concerns related to well-being, these researchers were able to make visible the complexities of intersecting identities, social locations, and sociohistorical structures.

Intersectional lines of questioning can lead to richer data as to how social issues (e.g., suicide) are experienced across intersecting social categories. The following example – modelled from Bowleg (2008) – illustrates how an intersectional question (question 2) allows for more nuanced data:

1. *What would you say about your life as a female? As living in a rural area? As being young?*
2. *What are some of the day-to-day challenges you experience as a young rural girl?*

Moving beyond additive questions that frame social categories as separate, the second question better elicits how social locations, identities, and processes interact to shape experience. This allows for a participant “to discuss her identities and experiences however they best resonate with her” (Bowleg, 2008, p. 315), which may also involve the identification of other intersections shaping experience (e.g., race and racialization). In these ways, intersectional questions allow for policy-relevant data that is not necessarily framed in terms of a particular problem or axis of identity. This can create meaningful responses to issues such as suicide as a problem not of particular individuals, but as one that is inextricable from social, structural and historical contexts.

Data Analysis and Interpretation

As there is no set method for conducting intersectionality-informed analysis (such analysis is purposefully meant to be flexible and context-specific), what follows are some examples of how qualitative research data can be analyzed and interpreted via intersectionality. To foreground these examples, a brief discussion of the general factors and challenges involved in intersectional analysis and interpretation of qualitative data is provided.

First, as with any intersectionality-informed analysis, researchers must be explicit about the boundaries of the issue at hand, the social categories being considered, and the factors and categories that may remain unaddressed (MacDowell, 2013; see Hankivsky, 2014 for a detailed description of intersectionality-informed analysis). At this stage, it is also important to recognize that intersectionality-relevant qualitative data may not be obvious or explicit. Given the task of the researcher to identify the relevant intersections and scope of a research problem, all analysis must occur while keeping social and historical context in mind. This contextualization is demonstrated in the following case study.

Case Example #7: Family Violence

Intersectionality-informed analysis of qualitative data contextualizes health and social issues experienced by particular groups, as shaped by socio-historical intersections of power and oppression. For instance, research seeking insight into how Aboriginal women perceive and experience interpersonal violence (IPV) – an issue disproportionately experienced by Aboriginal women (CIR-VIFF, 2011) – may find that interviews largely contain references to micro-level factors, such as stress within the home or economic hardship.

As with any intersectionality-informed research, the “interpretive task” of the researcher is to “make explicit the often implicit experiences of intersectionality, even when participants do not express the connections” (Bowleg, 2008, p. 322). Given this imperative, such interview data must be contextualized within intersections of power. This can involve linking issues of stress and socioeconomic hardship as often occurring within socio-structural intersections of historical trauma, racialization, colonialism, and gender discrimination for Aboriginal women. Without making these intersections explicit, research risks perpetuating individualistic explanations for complex issues, such as violence, that ignore the intersections of inequity shaping this violence.

Contextualization of data can subvert ‘one-size-fits-all’ conclusions as to the way an issue is experienced and who experiences it. This can allow for responses to IPV that do not reflect common assumptions that either violence affects all women equally, or that it only impacts particular social categories (Nixon & Humphreys, 2010). Rather, IPV can be understood as occurring within intersections of power and oppression.

In analyzing and interpreting qualitative data intended to capture multiplicative experiences, intersectionality-informed researchers often employ multi-stage analyses (Hankivsky & Grace, 2014). For example, Bowleg (2008) outlines the need for qualitative intersectional analysis to identify intersections of social inequality separately, as well as simultaneously. Specifically, narrative data can be analyzed using three levels of coding – *open*, *axial*, and *selective*. This facilitates moving from additive towards interactive analysis. *Open coding* (sometimes referred to as first-level or substantive coding) involves an analysis of data that codes a passage using multiple and overlapping codes. Bowleg illustrates this using an example narrative of a Black lesbian woman’s experiences of discrimination, using codes for heterosexism, violence, sexism, and intersectionality. *Axial coding* then focuses on inductively refining each of these separate codes into more distinct codes (e.g., a code for the intersections of sexism and heterosexism, one for the intersections of racism, sexism, and heterosexism, etc.). Lastly, *selective coding* is used to further refine the codes in order to reflect a specific aspect of intersectional experience (e.g., how Black lesbians’ experiences of violence reflect intersections of racism, sexism, and heterosexism) (Bowleg, 2008).

Case Example #8: Boys’ and Men’s Health

Galdas et al. (2012) employed multi-stage analyses within their qualitative intersectionality-informed research on Punjabi Sikh men’s experiences of lifestyle change following myocardial infarction. The study sought to address the lack of research examining intersections of gender, ethnicity, socioeconomic status, and culture with respect to this issue.

In order to uncover relevant commonalities and patterns across the group’s experiences, the authors undertook multi-stage coding and analysis of their interview transcripts as follows:

- a) open coding – involved a line-by-line analysis of the transcripts to search for commonalities and differences in evident phenomena;
- b) axial coding – involved reassembling the open-coded data to make connections across the data and form a fuller explanation of relevant phenomena;
- c) comparison – involved the research team discussing and comparing their analyses and conceptual propositions to come to consensus on core themes.

Like the aforementioned example, the axial stage required an intersectionality-informed inductive analysis. This involved continually asking questions about each narrative, such as ‘how?’ and ‘under what contexts?’ This allowed for conceptual propositions to be made about relationships among the data. Further, data were consistently examined for “evidence or patterns that supported, refuted, or modified the emerging conceptual propositions” (p. 257), as well as for concepts of relevance (e.g., relationships deemed significant). This ensured continual critical reflection with respect to the interpretation of data.

Another example of multi-stage intersectionality-informed analysis in qualitative research is the ‘two-step hybrid approach’ developed by Sirma Bilge (2009). This approach combines *inductive thematic analysis* with a *deductive template approach*. The first focuses on open and axial coding of the qualitative data, identifying emergent themes, patterns and connections. At this stage, the analyst works to avoid treating individual accounts as representative of social categories or groupings (e.g., gender, ethnicity, sexual orientation, etc.). The next stage involves deductive reinterpretation of the inductively processed data via an intersectionality-informed analytical template:

A Generic Intersectionality Template

Social Categories	Discrete consideration (1st step)	Intersectional consideration (2nd step)
Gender	How gender informs this individual account?	How gender interacts/intersects with other social categories in this individual account? <i>Or</i> which dimensions of the experience are interacting with gender?
Class	How class informs this individual account?	How class interacts with other social categories in this individual account? <i>Or</i> which dimensions of the experience are interacting with class?
Race	How race informs this individual account?	How race interacts with other social categories in this individual account? <i>Or</i> which dimensions of the experience are interacting with race?
Ethnicity	How ethnicity informs this individual account?	How ethnicity interacts with other social categories in this individual account?
Religion	How religion informs this individual account?	How religion interacts with other social categories in this individual account?
Sexual Orientation	How sexual orientation informs this individual account?	How sexual orientation interacts with other social categories in this individual account?
Age	How age informs this individual account?	How age intersects with other social categories in this individual account?
Handicap	How handicap/ablebodiedness informs this individual account?	How handicap/ablebodiedness intersects with other social categories in this individual account?
Other relevant categories (immigration status, family status, language, etc)	Are there other relevant social categories/relations informing this individual account?	How other relevant categories interact with previous social categories in this individual account?

(From Bilge, 2009, p. 7)

This deductive stage involves making connections between individual participant accounts, social categories, and broader social relations. This phase is integral to the analysis, as researchers working with intersectionality “bear the responsibility for interpreting their data within the context of socio-historical and structural inequality” (Bowleg, 2008, p. 321). This can make visible the often hidden or overlooked factors and processes that shape experience.

Case Example #9: Mental Health

Borum (2012) conducted an intersectionality-informed qualitative examination of the perceptions of suicide risk (e.g., depression) and protective factors (e.g. religion, spirituality) among African-American women. This study responds to data that shows comparable depression rates between African-American and European-American women, yet lower suicide rates for the former. It also seeks to address the lack of qualitative research to date on experiences or perspectives of African-American women with respect to suicide and depression.

Borum employed a multi-stage content analysis of focus group transcriptions. This involved:

- a) identifying and inductively coding topical schema in the form of themes and concepts
 - entailed generating a list of key ideas, quotations, phrases and words that reflected participants' perceptions, developing categories based on the list, and clustering categories and topics to identify themes; and
- b) categorizing codes into meaningful clusters via an intersectionality-informed analysis
 - entailed deductive interpretation and clustering of codes to identify emerging themes.

Importantly, this analysis allowed for insights on the often overlooked intersecting factors that can protect against suicide and depression for African-American women, including having a strong sense of African-American heritage, history, and identity.

As the examples demonstrate, intersectionality-informed qualitative analysis can assist researchers and policy actors in understanding the factors and processes shaping health and social issues. In prioritizing the contextualization of data (e.g., moving beyond a focus on separate categories of difference towards a focus on how social categories and processes interact), researchers can draw conclusions that better reflect the lives of the populations they involve (Christensen & Jensen, 2012).

Conclusion

Intersectionality-informed qualitative research has broadened the evidence base as to the complexities of experience across diverse populations. Such research allows for more nuanced understandings of health and social issues, providing a foundation for more effective and relevant public policies that advance social justice. Consequently, interest in and uptake of intersectionality-informed qualitative research has increased across academia, community settings, and governments.

A major critique of qualitative research is that the evidence generated is not easily applied to broad-scale policy solutions beyond the local level (Hancock, 2014; Hankivsky & Grace, 2014). Though policy responses are necessarily generalized to larger groups of people, the processes by which policies are developed can benefit from the insights of intersectionality-informed qualitative research. The ways in which this research can develop more contextualized and reflexive understandings of particular phenomena can contribute to meaningful, effective, and appropriate policies. Further, using this approach in conjunction with other methodologies (e.g., mixed-methodologies, quantitative methodologies – see Grace, 2014 and Rouhani, 2014) can also contribute to more robust policy evidence that has relevant equity-based implications from the micro to macro levels of society.

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