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The Role of General Psychological Processes in the Association Between Parental Rejection and LGB Youth Internalizing Problems

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THE ROLE OF GENERAL PSYCHOLOGICAL PROCESSES
IN THE ASSOCIATION BETWEEN PARENTAL REJECTION
AND LGB YOUTH INTERNALIZING PROBLEMS

By

Brian Edmund James Richter

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Upward of 70% of lesbian, gay, and bisexual (LGB) youth experience some

degree of negative parental reaction to their sexual orientation, which is problematic in

light of data documenting an association between parental rejection and internalizing

problems in these youth. While emerging studies have begun to study mediating factors,

this research is limited and has significant gaps. To the author's knowledge, the current

study is the first to examine longitudinal data in this area as well as to investigate general

psychological processes (i.e., factors common to all youth and known to be linked to

youth mental health outcomes) that may link parental rejection with youth internalizing

problems. Specifically, the current study examined indirect effects of parental rejection

on internalizing problems through family social support and youth self-esteem.

Demographic factors (i.e., youth gender and race/ethnicity) potentially related to these

general psychological processes also were examined. Participants included a multiethnic

sample of 148 LGB youth (ages 14–26) and 87 of their parents (ages 32–71). Findings

indicated that while parental rejection was related to family social support and self-

esteem was related to internalizing problems, neither family social support nor self-

esteem significantly mediated the association between parental rejection and internalizing

problems. Furthermore, no significant differences were found in family social support or

self-esteem across youth gender or race/ethnicity. These results have implications for future research as well as clinical work with this population.

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Chapter 1: Introduction

Lesbian, gay, and bisexual (LGB) youth (defined here as young people from adolescence through emerging adulthood) are at heightened risk to experience mental health difficulties compared to their heterosexual counterparts (Russell & Fish, 2016). The literature on disparities in mental health between LGB and heterosexual youth particularly implicates internalizing problems as a significant concern for LGB youth, with internalizing problems referring to problems or disorders of emotions or mood caused by difficulties regulating negative emotions. For example, LGB youth report elevated rates of emotional distress, anxiety, depression, and suicidal ideation and behavior (Hatzenbuehler, McLaughlin, & Nolen-Hoeksema, 2008; Marshal et al., 2011; Miranda-Mendizábal et al., 2017; Mustanski, Garofalo, & Emerson, 2010). While LGB youth are at risk to experience a range of poor mental health symptoms, risk to experience emotional distress appears to be paramount (Russel & Fish, 2016).

One notable factor associated with LGB youth internalizing problems is parental rejection (Bregman, Malik, Page, Makynen, & Lindahl, 2013; D'Amico & Julien, 2012; Hall, 2017; Parra, Bell, Benibgui, Helm, & Hastings, 2017; Ryan, Huebner, Diaz, & Sanchez, 2009). In this context, parental rejection refers to negative reactions from parents regarding the sexual orientation of their LGB youth (Bregman et al., 2013). Despite these findings, few studies have examined mediators linking parental rejection with internalizing problems. Of these studies, furthermore, it appears that none have examined the role of general psychological processes (i.e., factors common to all youth and known to be linked to youth mental health outcomes; Hatzenbuehler, 2009). Therefore, it is critical to identify mediators, especially general psychological processes,

in order to advance the research in this area and understand why—beyond direct effects—parental rejection and internalizing problems are related.

The literature on the mental health of youth in the general population (i.e., not specifically LGB youth) has found numerous parenting and youth variables to be associated with youth internalizing problems. Two factors for which robust empirical support is available are family social support and youth self-esteem. Studies indicate that lower levels of family social support (e.g., Chu, Saucier, & Hafner, 2010) and self-esteem (e.g., Sowislo & Orth, 2013) are related to internalizing problems, especially anxiety and depression. Although data with LGB youth are scarce, emerging research suggests similar findings regarding both family social support (e.g., Pearson & Wilkinson, 2013) and self-esteem (e.g., Rosario, Schrimshaw, & Hunter, 2005).

The current study aims to contribute to the literature by examining these two general psychological processes (i.e., family social support and self-esteem) as mediators linking parental rejection with internalizing problems. Moreover, as few studies on families with LGB youth have included multiethnic samples (Heatherington & Lavner, 2008), this study will further contribute to the literature by including such a sample. Ultimately, examining mediating factors that link parental rejection with LGB youth internalizing problems will promote the welfare of this population by informing prevention and intervention efforts.

Parental Rejection and LGB Youth Internalizing Problems

As above, parental rejection refers to negative reactions from parents regarding the sexual orientation of their LGB youth (Bregman et al., 2013). Negative reactions from parents may include multiple dimensions, such as general homophobia (e.g., believing

that homosexuality is immoral), parent self-focus (e.g., being concerned about what their family might think of them), punitive behavior (e.g., withholding financial support), denial (e.g., pretending that their child is not lesbian, gay, or bisexual), anger (e.g., being mad at someone they think has turned their child lesbian, gay, or bisexual or angry at their child for making this "choice"), bargaining (e.g., praying to God to turn their child straight), and depression (e.g., crying tears of sadness) (Willoughby, Malik, & Lindahl, 2006). Such negative reactions may range on a continuum from low or moderate levels of parental rejection to high or extreme levels. While one parent may be upset about the potential that they may not become a grandparent or believe that marriage between homosexual individuals violates religious beliefs, another parent may call their child derogatory names or kick their child out of the house. Parental rejection also is distinct from, albeit highly related to, parental acceptance. Low parental rejection does not necessarily indicate the presence of high parental acceptance.

Research on the prevalence of parental rejection indicates that upward of 70% of LGB youth experience some degree of negative parental reactions (D'Augelli, Hershberger, & Pilkington, 1998; D'Augelli, Grossman, & Starks, 2008; Savin-Williams, 1990). D'Augelli, Grossman, and Starks (2008) found that among LGB youth in one-parent families, 52% of the youth perceived their parents' reactions to their sexual orientation as negative. Among LGB youth in two-parent families, 41% of youth perceived both of their parents' reactions to be clearly negative, and 30% of youth perceived their parents' reactions to be mixed, which indicates at least some negativity in the responses from these parents. In another study with LGB youth 14 to 21 years of age, D'Augelli, Hershberger, and Pilkington (1998) found that among participants who had

disclosed their sexual orientation (i.e., come out) to their mother, only 51% reported their mother to be fully accepting of their sexual orientation. The remaining 49% reported at least some level of rejection. Among participants who had come out to their father, only 27% reported their father to be fully accepting, with the remaining 73% reporting at least some level of rejection. Overall, this research suggests that being rejected by parents is an unfortunate reality for many LGB youth.

In addition to its alarming prevalence, parental rejection appears to be a significant factor related to LGB youth internalizing problems. Mounting evidence in this area indicates associations between negative parental reactions and internalizing problems such as anxiety, depression, and somatization (D'Amico & Julien, 2012; D'Amico, Julien, Tremblay, & Chartrand, 2015; D'Augelli, 2002; Floyd, Stein, Harter, Allison, & Nye, 1999; Hall, 2017; Hershberger & D'Augelli, 1995; Page, Lindahl, & Malik, 2013; Parra et al., 2017; Ryan et al., 2009; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010; Willoughby, Doty, & Malik, 2010). Studies also have suggested that negative parental reactions and suicidal ideation and attempts are related (D'Amico et al., 2015; D'Augelli, Hershberger, & Pilkington, 2001; Ryan et al., 2009; Ryan et al., 2010). For example, Ryan, Huebner, Diaz, and Sanchez (2009) administered questionnaires assessing parental reactions and mental health to a sample of LGB youth and found a significant link between parental rejection and poor mental health. Compared with LGB youth who reported no parental rejection or low levels of parental rejection, LGB youth who reported high levels of parental rejection were 8.4 times more likely to report having attempted suicide and 5.9 times more likely to report having high levels of depression. Likewise, D'Amico, Julien, Tremblay, and Chartrand (2015) found a relationship

between negative parental reactions and psychological distress (i.e., depressive states, anxiety states, cognitive disorders, and irritability) as well as suicidal ideation. In this study, researchers coded interviews of parent-LGB child dyads to measure parental reactions and administered LGB youth questionnaires assessing psychological distress and suicidal ideation. Higher levels of observed parental rejection were associated with LGB youth reporting higher levels of psychological distress and suicidal ideation.

Additionally, Bregman, Malik, Page, Makynen, and Lindahl (2013) investigated the relation between parental rejection and LGB sexual identity development and found parental rejection to be inversely related to internalized homonegativity and other dimensions of negative identity. In another study, Doty, Willoughby, Lindahl, and Malik (2010) indicated that sexuality support from family and friends was negatively associated with emotional distress (e.g.., anxiety, depression, sense of inadequacy, self-esteem).

These data on LGB youth are consistent with theoretical and empirical research on parental rejection and internalizing problems in the general population. Parental Acceptance-Rejection Theory (PAR Theory) suggests that accepting or rejecting parental reactions or styles affect children's mental representations of themselves. In other words, support from parents influences how children think about themselves (Rohner & Khaleque, 2005). As such, when the emotional need for positive parental response is not met, children may experience negative consequences in their sense of self and emotional functioning.

Potential Mediators Linking Parental Rejection with LGB Youth Internalizing Problems

Given the numerous studies which indicate that parental rejection is associated with LGB youth internalizing problems, it is critical to examine why—beyond direct effects—these factors are related. Identifying mediators that link parental rejection with internalizing problems may have significant implications for prevention and intervention efforts at several levels, including individual, family, and community systems. For example, such research may provide valuable information for mental health professionals working with LGB youth who face significant parental rejection. Rather than aiming to reduce parental rejection, clinicians may decide it is more effective to target potentially salient mediating factors. Such research also may inform the need for community resources, such as groups for LGB youth to foster acceptance and support.

However, limited research has examined factors that may mediate the association between parental rejection and internalizing problems. To date, the literature in this area includes, to the author's knowledge, two empirical studies (Page et al., 2013; Willoughby et al., 2010). Willoughby et al. (2010) conducted a study investigating the indirect effect of family rejection of sexual orientation on internalizing problems (i.e., locus of control, social stress, anxiety, depression, sense of inadequacy, and somatization) through negative LGB identity. Findings indicated a significant indirect effect. LGB youth who reported higher levels of parental rejection also reported more negative feelings about their sexual orientation, which in turn was related to higher levels of internalizing problems. In another cross-sectional analysis, Page et al. (2013) examined the indirect effect of gay-related stress, which included negative family as well as community

reactions to LGB youth sexual orientation, on mental health outcomes (i.e., anxiety, depression, and self-esteem). Results indicated a significant indirect association, with LGB youth who reported higher levels of gay-related stress also reporting higher levels of negative LGB identity, which in turn was related to higher levels of anxiety and depression and lower levels of self-esteem.

As this area of study is recent, it has considerable limitations. This research has examined indirect effects through only one factor, negative LGB identity. In addition to variables specific to LGB youth, research in this area would be amiss not to investigate general psychological processes. As above, general psychological processes are factors common to all youth and known to be linked to youth mental health outcomes (Hatzenbuehler, 2009). A second noteworthy limitation is that this literature includes no longitudinal studies. To address these gaps, the current study incorporated a longitudinal design in examining the following factors as mediators that may link parental rejection with LGB youth internalizing problems: family social support and youth self-esteem.

Family social support. Social support includes perceptions or subjective appraisals of support, supportive behaviors, and support network characteristics or resources (Lakey & Cohen, 2000; Vaux, Riedel, & Stewart, 1987). Family social support refers to one source of relationship-specific social support, with friends or romantic partners being additional sources (Lee & Goldstein, 2016). Research in this area has distinguished different ways in which families can provide support, including emotional support, advice/guidance, practical assistance, and financial assistance (Vaux et al., 1987).

Substantial research on youth in the general population demonstrates that family social support is inversely associated with youth internalizing problems, such as anxiety, depression, and suicidal ideation (Auerbach, Bigda-Peyton, Eberhart, Webb, & Ho, 2011; Brausch & Decker, 2014; Chu et al., 2010; Garnefski & Diekstra, 1996; Helsen, Vollebergh, & Meeus, 2000; Holahan, Valentiner, & Moos, 1994; Pettit, Roberts, Lewinshon, Seeley & Yaroslavsky, 2011; Rueger, Malecki, & Demaray, 2010; Rueger, Malecki, Ryun, Aycock, & Coyle, 2016; Shulman, Kalnitzki, & Shahar, 2009). In a recent meta-analysis examining the relation between social support and depression in children and adolescents, results demonstrated that family social support was related to depression across childhood and adolescence (Rueger et al., 2016). Of note, results also suggested that family social support was more important than social support from close friends and teachers when examining associations with depression.

The general benefits model of social support suggests that family social support may be related to youth internalizing problems because social support provides regular positive experiences and stable, socially rewarded roles. As such, social support promotes positive affect, a sense of predictability and stability, and a recognition of self-worth and thereby reduces negative affect (Cohen, 2004; Cohen & Willis, 1985). According to the stress-buffering model of social support, individuals with lower levels of social support experience more deleterious effects of stress than individuals with higher levels of social support (Cohen, 2004; Cohen & Willis, 1985). For example, social support may affect appraisals of stress (e.g., "This situation is no longer stressful because I have support"). Social support also may affect appraisals of coping ability (e.g., "I can cope with this stressor because I have support").

With respect to LGB youth, research has likewise indicated inverse associations between family social support and anxiety and depression (Elizur & Ziv, 2001; Needham & Austin, 2010; Pearson & Wilkinson, 2013; Rosario, Schrimshaw, & Hunter, 2005; Rosario, Schrimshaw, & Hunter, 2011; Sheets & Mohr, 2009; Shilo & Savaya, 2011; Watson, Grossman, & Russell, 2016) as well as suicidal ideation and suicide attempts (Liu & Mustanski, 2012; Mustanski & Liu, 2013; Needham & Austin, 2010; Rosario, Schrimshaw, & Hunter, 2005; Safren & Heimberg, 1999). Studies also have found direct correlations between family social support and life satisfaction (Sheets & Mohr, 2009), psychological well-being (i.e., self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life and personal growth; Detrie & Lease, 2007), and even posttraumatic stress symptoms (La Greca, Silverman, Lai, & Jaccard, 2010). For example, Mustanski and Liu (2013) conducted a short-term prospective study to examine risk and protective factors for suicide attempts among an ethnically diverse sample of lesbian, gay, bisexual, and transgender (LGBT) youth. Among other findings, analyses identified social support from parents as a significant protective factor for LGBT youth suicide attempts. In this study, LGBT youth who reported higher levels of parental social support also reported fewer suicide attempts.

Emerging data in this area suggest that LGB youth report lower levels of family social support than heterosexual youth (Needham & Austin, 2010; Pearson & Wilkinson, 2013; Safren & Heimberg, 1999). In a sample of LGB and heterosexual adolescents, Pearson and Wilkinson (2013) investigated the relation between sexual orientation, family social support, and depressive symptoms. Compared with the heterosexual adolescents, the LGB participants reported not only higher levels of depressive symptoms

but also lower levels of family social support. After accounting for family social support, however, the strength of the association between sexual orientation and depressive symptoms was significantly reduced. Similarly, Needham and Austin (2010) examined associations between parental support, depression, and suicidal ideation in a sample of LGB and heterosexual young adults. Results indicated that sexual orientation was indirectly related to depression and suicidal ideation through parental support. Relative to heterosexual women, lesbian and bisexual women reported lower levels of parental support, which in turn was related to higher levels of suicidal ideation among lesbian and bisexual women and, for bisexual women only, higher levels of depressive symptoms. Similarly, relative to heterosexual men, gay men reported lower levels of parental support, which in turn was related to higher levels of suicidal ideation. These findings suggest that risk factors related to sexual orientation (e.g., low family social support), rather than sexual orientation per se, put LGB youth at risk to experience internalizing problems. As such, especially given the fact that research on family-level factors in families with LGB youth remains limited (Heatherington and Lavner, 2008), further investigation into family social support in this population is warranted.

Self-esteem. Self-esteem refers to an individual's attitude toward the self (Rosenberg, 1965). It includes global attitudes as well as attitudes toward specific facets of the self, such as academic performance or intellectual ability, physical appearance, and social competence. Self-esteem also contains cognitive and affective elements with varying degrees of positivity or self-confidence and negativity or self-deprecation. For example, an individual may feel they are of worth and be satisfied with oneself (i.e., high

self-esteem) or feel useless and think oneself is no good (i.e., low self-esteem)

(Rosenberg, Schooler, Schoenbach, & Rosenberg, 1995).

A body of literature on youth in the general population has yielded considerable

evidence on associations between self-esteem and internalizing problems. Numerous

studies show low self-esteem to be related to depression (Borelli & Prinstein, 2006;

Brausch & Decker, 2014; Lee & Hankin, 2009; MacPhee & Andrews, 2006; Orth,

Robins, & Roberts, 2008; Prinstein & La Greca, 2002; Wouters et al., 2013), generalized

and social anxiety (Borelli & Prinstein, 2006; Lee & Hankin, 2009; Prinstein & La Greca,

2002; Sowislo & Orth, 2013), and suicidal ideation (Brausch & Decker, 2014). For

example, Sowislo and Orth (2013) conducted a meta-analysis of longitudinal studies to

examine self-esteem as a predictor of depression and anxiety. They concluded that that

low self-esteem contributes to risk for depression and that the relation between low self-

esteem and anxiety is reciprocal in nature.

As is the case for youth in the general population, so too does self-esteem appear

to be related to internalizing problems for LGB youth. Specifically, studies have found

that LGB youth who report low self-esteem also tend to report higher levels of anxiety,

depression, and somatization (Dahl & Galliher, 2010; Hall, 2017; Hershberger &

D'Augelli, 1995; Grossman & Kerner, 1998; Rosario, Rotheram-Borus, & Reid, 1996;

Rosario et al., 2005; Russell, Toomey, Ryan, & Diaz, 2014) as well as higher levels of

suicidality (Hershberger & D'Augelli, 1995; Rosario et al., 2005; van Heeringen &

Vincke, 2000). In a sample of LGBT young adults, Russell, Toomey, Ryan, and Diaz

(2014) found an inverse relationship between self-esteem and depressive symptoms.

Similarly, Rosario, Schrimshaw, and Hunter (2005) conducted a longitudinal study on

associations between self-esteem, psychological distress, and suicidality in a sample of LGB adolescents and young adults. Analyses yielded significant inverse correlations between self-esteem, anxiety, and depression. LGB youth who reported lower levels of self-esteem also reported higher levels of anxious and depressive symptoms at baseline, 6 months, and 12 months. Regarding suicidality, LGB youth who reported having attempted suicide also reported lower self-esteem than LGB youth with no reported history of suicide attempts.

The Psychological Mediation Framework

The psychological mediation framework provides a means for understanding potential relationships among parental rejection, youth internalizing problems, and mediating factors such as family social support and youth self-esteem (Hatzenbuehler, 2009). This framework advances prior theories in this area, particularly the minority stress model (Meyer, 2003). Whereas the minority stress model emphasizes the direct effects of stress processes (e.g., prejudice events, expectations of rejection, hiding and concealing) that contribute to the increased prevalence of mental health difficulties in LGB populations, the psychological mediation framework emphasizes mediating processes. It attempts to account for mental health disparities between LGB and heterosexual individuals by explaining why stigma-related stress and psychopathology may be associated.

According to Hatzenbuehler (2009), the psychological mediation framework offers the following three central hypotheses:

(a) sexual minorities confront increased stress exposure resulting from stigma; (b) this stigma-related stress creates elevations (relative to heterosexuals) in general

emotion dysregulation, social/interpersonal problems, and cognitive processes

conferring risk for psychopathology; and (c) these processes in turn mediate the

relationship between stigma-related stress and psychopathology. (p. 707)

The psychological mediation framework underscores that sexual minorities experience

varying degrees of stigma-related stress. Stigma-related stress refers to stressors with

which LGB individuals, but not heterosexual, must cope. The psychological mediation

framework next proposes that such stigma-related stress may trigger multiple pathways

leading to compromised mental health. Rather than LGB-specific processes such as

negative LGB identity, which have been the focus of most previous research, general

psychological processes are the mediating factors of interest (see Figure 1). In particular,

this framework identifies three clusters of potential mediating factors: emotion

dysregulation, social/interpersonal struggles, and cognitive processes that confer risk for

psychopathology. Therefore, the psychological mediation framework predicts that

stigma-related stress may result in psychopathology in sexual minorities via disruptions

in general psychological processes.

The current study tested two hypotheses based on the psychological mediation

framework. First, parental rejection of sexual orientation is a salient manifestation of

stigma-related stress that LGB youth encounter. Second, experiences of parental rejection

may trigger multiple pathways leading to LGB youth internalizing problems, with the

current study examining the two mediating roles of 1) family social support (i.e., a

social/interpersonal problem) and 2) self-esteem (i.e., a cognitive process). Thus, per the

psychological mediation framework, increased levels of parental rejection were

hypothesized to be linked with internalizing problems through low levels of family social

support and self-esteem. The current study did not examine any emotion dysregulation factors (e.g., rumination), the third type of mediator proposed by the model, as data on such factors were not available in the existing data set. Thus, although the current study is an important step forward in a literature that is just emerging, it will be important for future research to expand this area of study even further by including additional mediators and testing the full model.

Associations Between Parental Rejection and General Psychological Processes

The psychological mediation framework suggests associations between stigma-related stress and general psychological processes, and there is some preliminary evidence to support this. Research has found correlations between parental reactions to sexual orientation and overall social support, including social support from family as well as from other sources such as friends (Puckett, Woodward, Mereish, & Pantalone, 2015; Ryan et al., 2010). For example, in a sample of LGBT young adults, Ryan, Russell, Huebner, Diaz, and Sanchez (2010) found LGBT youth who reported greater family acceptance also reported greater overall social support. Likewise, Puckett, Woodward, Mereish, and Pantalone (2015) investigated associations between parental rejection and social support, as well as internalized homophobia, in a sample of sexual minority adults. Findings indicated that sexual minority adults who reported higher levels of parental rejection also reported higher levels of internalizing homophobia as well as lower levels of social support.

In addition to this small body of empirical work, at least one qualitative study has explored the relation between parental rejection and family social support (Bird, LaSala, Hidalgo, Kuhns, & Garofalo, 2017). In a recent study, Bird, LaSala, Hidalgo, Kuhns, and

Garofalo (2017) conducted in-depth interviews with a sample of gay and bisexual male emerging adults. Analyses of interviews indicated a theme regarding parental rejection affecting family instrumental support (e.g., shelter, financial security) as well as family emotional support (e.g., nurturance, supervision, guidance, influence). For example, one participant stated, "My family didn't approve of that [being gay], I felt like I had to go to the streets to get love, or to get answers, or someone to listen to me" (Bird et al., 2017, p. 11). This participant describes how negative family reactions to his sexual orientation (i.e., "My family didn't approve") were related to low levels of family social support (i.e., "I felt like I had to go to the streets").

These studies highlight the distinction between parental rejection and family social support. Although related, parental rejection and family social support are not equivalent constructs. Parental rejection refers to the reactions of parents specifically regarding the sexual orientation of their LGB children. On the other hand, family social support, which is a general psychological process common to LGB and heterosexual youth, refers to social support from family members regarding problems not related sexual orientation. In one of the few studies to attempt to tease apart specific from global parental responses, Doty, Willoughby, Lindahl, and Malik (2010) distinguished social support for problems related to sexual orientation (i.e., sexuality support) from social support for problems not related to sexual orientation (i.e., non-sexuality social support). They found that the LGB youth who participated in this study reported lower levels of sexuality support than non-sexuality support from family members.

Regarding the relation between parental rejection and youth self-esteem, data from several studies indicate an inverse association between these two factors (Floyd et

al., 1999; Page et al., 2013; Parra et al., 2017; Ryan et al., 2010; Snapp, Watson, Russell, Diaz, & Ryan, 2015; Savin-Williams, 1989). When LGB youth perceive their parents to be rejecting of their sexual orientation, they tend to feel more negatively about themselves. For example, Parra, Bell, Benibgui, Helm, and Hastings (2017) investigated the relationship between family rejection and psychosocial adjustment in a sample of LGB emerging adults. Analyses yielded a significant correlation between family rejection and self-esteem, with LGB youth who reported greater family rejection also reporting lower levels of self-esteem. Snapp, Watson, Russell, Diaz, and Ryan (2015) also found LGBT youth report of family acceptance to be related to higher self-esteem.

These findings echo data on youth from the general population. Such research suggests that heterosexual adolescents and emerging adults also appear to have lower self-esteem when they experience parents to be rejecting (e.g., Berenson, Crawford, Cohen, & Brook, 2005; Robertson & Simons, 1989). These findings on LGB youth also are consistent with symbolic interaction theory, a classical theory of identity development (Cooley, 1902; Mead, 1934). Symbolic interaction theory hypothesizes that individuals conceive an identity through interpersonal interactions. Specifically, how individuals perceive others to view them influences perceptions of the self, including self-esteem. As such, if one feels rejected by others, he or she is more likely to have negative self-perceptions.

Potential Demographic Factors Related to General Psychological Processes

Preliminary data indicate that potential demographic factors related to family social support and youth self-esteem include youth gender and race/ethnicity (Rosario, Schrimshaw, & Hunter, 2005; Ryan et al., 2010; Snapp et al., 2015). However, findings

from the limited data in this area of research are mixed. With respect to youth gender differences in family social support, Ryan et al. (2010) found that males reported lower levels of family social support than females. Among other factors, more negative attitudes toward gay or bisexual men than toward lesbian or bisexual women may account for this difference (Copp & Koehler, 2017). Conversely, Rosario et al. (2005) found no difference between males and females in family social support. As such, in the current study male youth were expected to report lower levels of family social support than females.

Regarding youth gender differences in self-esteem, while Ryan et al. (2010) found that males reported lower levels of self-esteem, Rosario et al. (2005) found no difference in self-esteem between males and females. Moreover, analyses from the study conducted by Snapp et al. (2015) in fact indicated that males reported higher levels of self-esteem than females. Therefore, to date, the data on LGB youth are inconclusive regarding gender differences in self-esteem. On the other hand, the literature on gender differences in self-esteem on youth from the general population is robust. On average, males report higher self-esteem than females, which researchers have explained may be due various factors including gender roles (i.e., males are expected to develop self-confidence, whereas displaying self-confidence may be considered a gender-role violation for females), the cultural emphasis on girls' and women's physical appearance, and violence against girls and women (Kling, Hyde, Showers, & Buswell, 1999). Therefore, in the current study, males were expected to report higher levels of self-esteem than females.

Findings on youth racial/ethnic differences are similarly inconclusive. With respect to family social support, in a diverse sample of LGB adolescents and emerging

adults, Rosario et al. (2005) found that Black and Asian/Other youth reported significantly lower family social support than White or Latino youth. Comparable findings by Ryan et al. (2010) on a sample of White and Latino LGBT youth suggested no differences in family social support between White and Latino youth. Related research indicates that ethnic minority LGB individuals are more likely to perceive or experience rejection than ethnic majority LGB individuals, which may negatively influence their levels of social support. For example, in a recent survey by the Pew Research Center (2013), fewer ethnic minority LGBT adults (42%) than ethnic majority (58%) agreed that society is more accepting now than it was a decade ago. In addition, in a previous analysis on data used in the current study, ethnic minority parents were more rejecting of the LGB youth than ethnic majority parents (Richter, Lindahl, & Malik, 2017). More generally, Rosario, Schrimshaw, and Hunter (2004) posit that ethnic minority groups have strong cultural pressures favoring heterosexuality and discouraging homosexuality, which may translate into ethnic minority families withdrawing social support from LGB youth. Therefore, in the current study, ethnic majority youth (i.e., White, non-Hispanic) were expected to report higher levels of family social support than ethnic minority youth (i.e., Hispanic/Latino, Black, and multiethnic).

Regarding youth racial/ethnic differences in self-esteem, one study has indicated that White youth have lower levels of self-esteem than Latino youth (Ryan et al., 2010). However, Rosario et al. (2005) found that Black, but not White, youth reported significantly lower self-esteem than Latino youth. Meta-analyses that have included youth from the general population suggest that Black youth have higher self-esteem than White youth, who have higher self-esteem than other racial/ethnic groups including

Hispanic/Latino and Asian youth (Gray-Little & Hafdahl, 2000; Twenge & Crooker, 2002). Twenge and Crooker (2002) suggest that cultural differences in the self-concept may explain such differences. Thus, with the collapsed groups in the current study, ethnic majority youth were expected to report lower levels of self-esteem than ethnic minority youth.

The Current Study

To date, research on parental rejection of LGB youth sexual orientation has predominantly focused on identifying associations with mental health difficulties in LGB youth (e.g., D'Amico & Julien, 2012). However, relatively limited research has examined potential mediators of this relationship. Indeed, only two studies in this area with LGB youth could be located, and they both focused on mediating factors specific to LGB youth (Page et al., 2013; Willoughby et al., 2010). General psychological processes known to be related to mental health, such as social support and youth self-esteem, have received scant attention in this field of study. This investigation aims to contribute to this emerging body of literature by recruiting a multiethnic sample of LGB youth and their parents to examine potential mediators of the association between parental rejection of LGB youth sexual orientation and LGB youth internalizing problems. To this end, the current study has three principal aims.

Aim 1. The first aim of the current study was to examine associations between parental rejection of LGB youth sexual orientation and general psychological processes, specifically family social support and self-esteem. It was hypothesized that parental rejection would be inversely associated with family social support and self-esteem. In

other words, it was hypothesized that greater levels of parental rejection would predict decreased levels of family social support as well as decreased levels of self-esteem.

Aim 2. The second aim of the current study was to examine general psychological processes, specifically family social support and self-esteem, as mediators of the association between parental rejection and internalizing problems (i.e., anxiety, depression, and somatization). It was hypothesized that family social support and self-esteem would mediate this association. In particular, it was hypothesized that greater levels of parental rejection would predict decreased levels of family social support as well as decreased levels of self-esteem, which in turn would predict greater levels of internalizing problems.

Aim 3. The third and final aim of the current study was to explore potential demographic factors (i.e., youth gender and race/ethnicity) that may be related to the general psychological processes of interest (i.e., family social support and self-esteem). Regarding youth gender, it was hypothesized that males would report lower levels of family social support than females. It also was hypothesized that males would report higher levels of self-esteem than females. Regarding youth race/ethnicity, it was hypothesized that ethnic majority youth would reporter higher levels of family social support than ethnic minority youth. It also was hypothesized that ethnic majority youth would report lower levels of self-esteem than ethnic minority youth.

Chapter 2: Methods

Participants

One hundred and forty-eight LGB youth participated in the current study. Self-identified sexual orientations included gay ($n = 74$), male bisexual ($n = 9$), lesbian ($n = 46$), and female bisexual ($n = 19$). Eighty-three of the participants were male; 65 were female. Participants ranged in age from 14 to 26 ($M = 19.55$, $SD = 2.69$). Reflecting the racial/ethnic diversity in the surrounding community in the Southeastern United States where the study was conducted, participants self-identified as White, Non-Hispanic/Latino ($n = 55$), Hispanic/Latino ($n = 53$), and Black, including African American and Caribbean American ($n = 29$). Eleven participants also self-identified either with another racial/ethnic identity (e.g., Asian) or with multiple racial/ethnic identities. The average age at first sexual orientation disclosure to a parent was 16.08 years of age ($SD = 2.50$). The average time since the first sexual orientation disclosure to a parent until participating in the current study was 3.44 years ($SD = 2.31$).

Of the 148 LGB youth who participated in the current study, 87 of their parents also participated, a majority ($n = 79$) of whom were biological parents. Seventy parents were female; 17 were male. Self-identified sexual orientations of the parents included heterosexual ($n = 81$), gay ($n = 2$), and lesbian ($n = 3$). Parents ranged in age from 32 to 71 ($M = 48.17$, $SD = 6.89$). With respect to race/ethnicity, parents self-identified as White, Non-Hispanic/Latino ($n = 37$), Hispanic/Latino ($n = 27$), and Black ($n = 17$). Six parents also self-identified either with another racial/ethnic identity or with multiple racial/ethnic identities. Twenty-nine percent of the sample graduated from high school or received fewer years of education, 56% graduated from college or received some college

education, and 15% completed schooling beyond college. Parents reported a mean annual household income of $74,000 ($SD$ = $52,000).

Procedures

The current study received approval from the Institutional Review Board (IRB) prior to collecting data. Upon IRB approval, LGB youth were recruited through fliers, community organizations, high school counselors, and peers as part of a larger study examining family and peer relationships of LGB youth. Youth participants under 18 were required to have disclosed their sexual orientation to at least one parent in order to participate. Youth participants were invited, though not required, to ask one of their parents to participate in the study as well. Written assents and parent permission were obtained from youth participants younger than 18 years of age. Written informed consent was obtained from youth participants 18 years of age and older as well as from parent participants.

Data was collected at three time points, which occurred once every six months across a period of approximately 18 months. Data collection took place from approximately 2010 to 2013, with the Supreme Court overturning the Defense of Marriage Act approximately as the study concluded. At each time point, youth completed questionnaires assessing demographic information, parental rejection, self-esteem, family social support, and internalizing problems. Parents completed questionnaires assessing demographic information and parental rejection. Questionnaires were completed in person, by mail, or online (approximately 10% were completed online). Participants were compensated $50 for study participation at each time point, and participants who completed all three time points were compensated an additional $50. All participants

completing the study protocol also were offered four free counseling sessions with clinically trained staff. Also of note, data collection for this study occurred from approximately 2010 to 2013.

Measures

      Demographic information (Appendices A and B). Youth and parents both completed a questionnaire surveying demographic information including sexual orientation, gender, age, and race/ethnicity. For youth, age at first sexual orientation disclosure to a parent and years since first sexual orientation disclosure to a parent also were assessed as well as, for parents, relation to the youth participating in the study and income.

      Parental rejection (Appendices C and D). The Perceived Parental Reactions Scale was used to measure parental rejection (PPRS; Willoughby, Malik, & Lindahl, 2006). The PPRS is a 32-item measure designed to assess negative parental reactions to LGB youth sexual orientation. Both youth and parents completed the PPRS, with LGB youth completing one scale with respect to their participating parent (i.e., their parent who participated in the current study or a parent to whom they had disclosed their sexual orientation) and a second scale, if appropriate, with respect to their non-participating parent (i.e., a second parent to whom they had disclosed their sexual orientation). Parents completed the PPRS with respect to their own level of negative reactions (i.e., self-reported levels of parental rejection). Sample items include "My parent believes that homosexuality is immoral" and "My parent is concerned about the potential that he/she won't get grandchildren from me," as well as items suggesting the potential of more extreme, behavioral rejection such as "My parent has currently kicked me out of the

house" and "My parent withholds financial support." Items are rated on a five-point

Likert scale from *strongly disagree* (1) to *strongly agree* (5). Raw scores are calculated

by summing all of the items, with scores ranging from 32 to 160 and higher scores

indicating more negative reactions. The PPRS has been demonstrated to be a reliable

measure with good internal consistency ($\alpha = .97$) and good test retest reliability ($r = .95$–

.97; Willoughby et al., 2006). The PPRS also was demonstrated to be reliable in the

current study (participating parent, youth report $\alpha = .97$; non-participating parent, youth

report $\alpha = .97$; parent self-report $\alpha = .96$).

Family social support (Appendix E). The Social Support Behaviors Scale was

used to measure non-sexuality related family social support (SSB; Vaux, Riedel, &

Stewart, 1987). The SSB is a 45-item measure designed to assess perceived available

supportive behavior across five domains, including Emotional (10 items),

Advice/Guidance (12 items), Socializing (seven items), Practical Assistance (eight

items), and Financial Assistance (eight items). Only the Emotional and Advice/Guidance

scales were used in the present study. Sample items include: "If I had some kind of

problem <u>not</u> related to my sexuality, my family members would comfort me if I was

upset" (Emotional) and "If I had some kind of problem <u>not</u> related to my sexuality, my

family members would give me advice about what to do" (Advice/Guidance). Items are

rated on a five-point Likert scale, from *no family member would do this* (1) to *most family*

members would certainly do this (5). Total scores are calculated by summing all items

from both scales, with scores ranging from 22 to 110 and higher scores indicating greater

perceived family social support. The SSB has been demonstrated to be a reliable measure

with good internal consistency ($\alpha = .83$–.90; Vaux et al., 1987). The SSB also was

demonstrated to be reliable in the current study (emotional $\alpha = .96$; advice/guidance $\alpha = .97$).

Youth self-esteem (Appendices F and G). The Self-Esteem and Sense of Inadequacy scales of the Behavior Assessment for Children, Second Edition, Self-Report of Personality-Adolescent version was used to measure youth self-esteem (BASC-2 SRP-A; Reynolds & Kamphaus, 2004). The BASC-2 SRP-A is a comprehensive rating form for adolescents and emerging adults 12 to 21 years of age to complete regarding their behavioral and social-emotional functioning. On the BASC-2 SRP-A, some items are rated *true* (0) or *false* (2), while others are rated on a 4-point Likert scale from *never* (0) to *almost always* (3). The Self-Esteem scale is an eight-item scale designed to assess the self-satisfaction of youth, with reference to physical as well as global characteristics; sample items include "I like who I am," "I like the way I look," and "I am good at things." The Sense of Inadequacy scale is a 10-item scale designed to assess low achievement expectations, a tendency not to persevere, and a perception of being unsuccessful, especially in academic endeavors; sample items include "I never seem to get anything right," "Most things are harder for me than for others," and "I am disappointed with my grades." Total scores are calculated by summing the items on each scale; these raw scores are then converted into *T*-scores ($M = 50$, $SD = 15$), with lower *T*-scores on the Self-Esteem scale indicating negative self-esteem and higher *T*-scores on the Sense of Inadequacy scale indicating feelings of inadequacy. Normative data from 1,900 youth are used to generate these *T*-scores (Reynolds & Kamphaus, 2004). Because youth aged 22 to 26 years were not included in the normative sample on this measure, youth in this age range in the current study were compared to the 19–21 age group. The

Self-Esteem and Sense of Inadequacy scales are reliable, with good internal reliability consistency across age groups (Self-Esteem α = .82–.83; Sense of Inadequacy α = .79–.80) and good test-retest reliability (Self-Esteem *r* = .78; Sense of Inadequacy *r* = .74). The Self-Esteem (*α* = .82) and Sense of Inadequacy (*α* = .82) scales also were demonstrated to be reliable in the current study

Youth internalizing problems (Appendices H, I, and J). The Anxiety, Depression, and Somatization scales of the BASC-2 SRP-A, described further above, were used to measure youth internalizing problems (BASC-2 SRP-A; Reynolds & Kamphaus, 2004). The Anxiety scale is a 13-item scale designed to assess generalized fears, nervousness, and worries that typically are irrational and poorly defined in the mind of the individual; sample items include "I can never seem to relax" and "I get so nervous I can't breathe." The Depression scale is a 12-item scale designed to assess traditional symptoms of depression, including feelings of loneliness, sadness, and an inability to enjoy life; sample items include "Nothing goes my way" and "I feel like my life is getting worse and worse." The Somatization scale is a 7-item scale designed to assess the tendency to complain about relatively minor physical problems as an expression of psychological difficulties; sample items include "My muscles get sore a lot" and "I feel dizzy." Total scores are calculated by summing the items on each scale; these sums are then converted into *T*-scores (*M* = 50, *SD* = 15), with higher *T*-scores indicating greater, respectively, anxiety, depression, and somatization. Normative data from 1,900 youth are used to generate these *T*-scores (Reynolds & Kamphaus, 2004). Because youth aged 22 to 26 years were not included in the normative sample on this measure, youth in this age range in the current study were compared to the 19–21 age

group. The Anxiety, Depression, and Somatization scales are reliable measures with good internal consistency across age groups (Anxiety α = .86–.86; Depression α = .86–.88; Somatization α = .67–.67) and good test-retest reliability (Anxiety r = .70; Depression r = .82; Somatization r = .67; Reynolds & Kamphaus, 2004). The Anxiety (α = .87) and Depression (α = .87) scales also were demonstrated to be reliable in the current study, though it was noted that the reliability of the Somatization scale (α = .57) was poor.

Negative LGB identity (Appendix K). The Lesbian, Gay, and Bisexual Identity Scale was used in post hoc analyses to measure negative LGB identity (LGBIS; Mohr & Fassinger, 2000). The LGBIS is a 27-item measure designed to assess comfort with sexual orientation. To create a Negative LGB Identity composite score, four dimensions of LGB identity are used, including Internalized Homonegativity/Bi-negativity (e.g., "I would rather be straight if I could"), Need for Privacy (e.g., "I prefer to keep my same-sex romantic relationships rather private"), Need for Acceptance (e.g., "I will never be able to accept my sexual orientation until all of the people in my life have accepted me"), and Difficult Process (e.g., "Coming out to my friends and family has been a very lengthy process"; Mohr & Fassinger, 2000). Items are rated on a seven-point Likert scale from *disagree strongly* (1) to *agree strongly* (7). The Negative LGB Identity composite score is an average of scores on the four dimensions described above, with higher scores indicating a more negative LGB identity. The reliability of the Internalized Homonegativity/Bi-negativity (α = .79), Need for Privacy (α = .81), Need for Acceptance (α = .75), and Difficult Process (α = .76) dimensions has been demonstrated with good internal consistency. These dimensions also were demonstrated to be reliable in the

current study (Internalized Homonegativity/Bi-negativity $\alpha = .75$; Need for Privacy $\alpha =$

.79; Need for Acceptance $\alpha = .77$; and Difficult Process $\alpha = .70$).

Chapter 3: Results

Preliminary Analyses

Missing data analysis. With respect to attrition, of the 148 youth included in the current study, 100% ($n = 148$) participated at Time 1, 78% ($n = 118$) participated at Time 2, and 78% ($n = 116$) participated at Time 3. Of the 87 parents included in the current study, 83% ($n = 72$) first participated at Time 1, with the remaining 15 first participating at Time 2 or 3 (i.e., parents were allowed to join the study later if they missed participating at Time 1). Regarding missing data due to factors other than attrition (e.g., planned missingness and incomplete questionnaires), 12% ($n = 18$) of the youth were missing data for parental rejection–participating parent (youth report), 2% ($n = 2$) were missing data for family social support–emotional, and 3% ($n = 3$) were missing data for family social support–advice/guidance. While missing at random (MAR) cannot be formally established (Enders, 2006), the data was assumed to be MAR in large measure because of the planned missingness. As such, full information maximum likelihood (FIML) was used to estimate all models.

Descriptive statistics. Means, standard deviations, and ranges of observed study variables are presented in Table 1. These statistics suggest that, on average, youth and parents reported low to moderate levels of parental rejection, with no youth or parent participant reporting the potential maximum level of rejection (i.e., 160). These statistics also suggest that, on average, youth reported at least moderate levels of family social support and did not report clinically significant difficulties with self-esteem or internalizing problems. Additionally, skewness and kurtosis statistics indicated no significant violations of normality.

Correlations between study variables are presented in Table 2. Consistent with study hypotheses are the small to moderate correlations between measures of parental rejection and family social support. Specifically, inverse correlations were found between parental rejection–participating parent (youth report) and family social support–emotional ($r = -.27$) as well as family social support–advice/guidance ($r = -.21$). Also consistent with study hypotheses are the moderate correlations between measures of youth self-esteem and youth internalizing problems. Specifically, inverse correlations were found between youth self-esteem and youth anxiety ($r = -.33$), youth depression ($r = -.44$), and youth somatization ($r = -.30$), and direct correlations were found between youth sense of inadequacy and youth anxiety ($r = .40$), youth depression ($r = .47$), and youth somatization ($r = .35$). On the other hand, inconsistent with study hypotheses and existing research (e.g., Ryan et al., 2010), measures of parental rejection did not significantly correlate with measures of youth self-esteem, and parent report of parental rejection in particular was unrelated to measures of family social support, self-esteem, and internalizing problems.

Covariate analyses. Possible associations among demographic factors (i.e., youth sexual orientation and age; parent gender, race/ethnicity, age, and income; years since first sexual orientation disclosure to a parent; and age at first sexual orientation disclosure to a parent) and the dependent variables (i.e., measures of family social support, youth self-esteem, and youth internalizing problems) were examined.

First, a one-way multivariate analysis of covariance (MANOVA) was conducted, which examined differences across youth sexual orientation in the following dependent variables: family social support–emotional, family social support–advice/guidance, youth

self-esteem, youth sense of inadequacy, youth anxiety, youth depression, and youth somatization. No significant differences were found in any of the dependent variables across youth sexual orientation (Wilks' λ = .81, $F(14, 172)$ = 1.38, p = .166, η^2 =.10).

Second, a two-way MANOVA was conducted to examine differences across parent gender and race/ethnicity in the following dependent variables: family social support–emotional, family social support–advice/guidance, youth self-esteem, youth sense of inadequacy, youth anxiety, youth depression, and youth somatization. No significant differences were found in any of the dependent variables across parent gender (Wilks' λ = .89, $F(7, 47)$ = .64, p = .759, η^2 =.11) or race/ethnicity (Wilks' λ = .61, $F(27, 137.9100)$ = .93, p = .573, η^2 =.15).

Lastly, bivariate Pearson's r correlations were calculated between youth age, parent age and income, years since first sexual orientation disclosure to a parent, and age at first sexual orientation disclosure to a parent and the following dependent variables: family social support–emotional, family social support–advice/guidance, youth self-esteem, youth sense of inadequacy, youth anxiety, youth depression, and youth somatization. These analyses indicated that youth age was inversely related to youth somatization (r = -.19, p = .037) and that years since first sexual orientation disclosure to a parent was inversely related with youth sense of inadequacy (r = -.19, p = .042) as well as with youth somatization (r = -.20, p = .028). Further, a direct correlation was found between age at first sexual orientation disclosure to a parent and family social support–emotional (r = .20, p = .032). Given these findings, youth age, years since first sexual orientation disclosure to a parent, and age at first sexual orientation disclosure to a parent were retained as covariates in all subsequent analyses.

Hypothesis Testing

  Aims 1 and 2. The current study's primary aims were to examine the associations between parental rejection and general psychological processes, specifically family social support and youth self-esteem, as well as to examine these general psychological processes as mediators of the association between parental rejection and youth internalizing problems. As such, it was hypothesized that greater levels of parental rejection would predict decreased levels of family social support and self-esteem (Aim 1), which in turn would predict greater levels of internalizing problems (i.e., anxiety, depression, and somatization; Aim 2).

  Measurement model. To examine the current study's primary aims, the proposed structural model (see Figure 2) was tested in SEM with Mplus Version 7.4 (Muthén & Muthén, 1998–2010). First, a confirmatory factor analysis (CFA) was conducted to examine the proposed measurement model of the four latent variables (i.e., parental rejection, family social support, self-esteem, and internalizing problems). Parental rejection was measured by three observed variables at Time 1: parental rejection–participating parent (youth report; PPRS), parental rejection–non-participating parent (youth report; PPRS), and parental rejection (parent self-report; PPRS). Family social support was measured by two observed variables at Time 2: family social support–emotional (youth report; SSB) and family social support–advice/guidance (youth report; SSB). Self-esteem—a construct which is hereafter labelled sense of inadequacy in this discussion of the results of Aims 1 and 2—was measured by two observed variables at Time 2: youth self-esteem (youth self-report; BASC-2 SRP-A) and youth self-inadequacy (youth self-report; BASC-2 SRP-A). Internalizing problems were measured by three

observed variables at Time 3: anxiety (youth self-report; BASC-2 SRP-A), depression (youth self-report; BASC-2 SRP-A), and somatization (youth self-report; BASC-2 SRP-A).

Initially, factor loadings of each latent variable were freely estimated, with the variances and means of the latent variables fixed at, respectively, one and zero. However, this preliminary model indicated that the residual variance of parental rejection–participating parent (youth report) was negative. While negative, this residual variance also was small and not significant, so it was fixed at zero. Additionally, the residual variance of family social support–emotional was fixed at zero because it too was small and not significant. With these modifications, results of the follow-up CFA indicated that all observed variables were significant indicators of their respective variables at the $\alpha <$ .001 level. Further, measures of model fit indicated good model fit, χ^2 (31) = 46.76, $p =$ .035, CFI = .96679, TLI = .951, RMSEA = .059, SRMR = .078. The resulting measurement model is depicted in Figure 3, and parameter estimates are presented in Table 3.

Structural model. Next, the proposed structural model in Figure 2 was tested in SEM with modifications based on the measurement model CFA results. Specifically, the residual variances of parental rejection–participating parent (youth report) and family social support–emotional were fixed at zero. In addition, a direct path from the Time 1 predictor (parental rejection) to the Time 3 outcome (youth internalizing problem) was included to maximize model fit. Demographic variables significantly related to endogenous variables (i.e., youth age, years since first sexual orientation disclosure to a parent, and age at first sexual orientation disclosure to a parent) also were included in the

model as covariates by entering them in all "ON" statements. Finally, mediation was

directly examined by using a bootstrap estimation approach with 10,000 samples. Indirect

effects were calculated in addition to their corresponding standard errors and p-values.

The final structural model is presented in Figure 4, and parameter estimates are

presented in Table 4. Overall, measures of model fit indicated at least adequate–if not

good–fit to the data, χ^2 (52) = 75.21, p = .019, CFI = .952, TLI = .931, RMSEA = .055,

SRMR = .072. In addition, observed variable factor loadings maintained significance at

the α < .001 level. However, neither family social support nor sense of inadequacy were

found to significantly mediate the pathway between parental rejection and internalizing

problems. Specifically, while parental rejection at Time 1 significantly predicted family

social support at Time 2, family social support at Time 2 did not significantly predict

internalizing problems at Time. As such, the indirect effect of family social support was

not statistically significant. Likewise, while sense of inadequacy at Time 2 significantly

predicted internalizing problems at Time 3, parental rejection at Time 1 did not

significantly predict sense of inadequacy at Time 2. As such, the indirect effect of sense

of inadequacy was not statistically significant. Results of this model further indicated that

family social support at Time 2 and sense of inadequacy at Time 2 were significantly

related. However, it also was noted that parental rejection at Time 1 did not have a

significant direct effect on internalizing problems at Time 3.

Aim 3. The third aim of the current study was to examine demographic factors,

specifically youth gender and race/ethnicity, which may be related to family social

support and youth self-esteem. To examine potential differences in family social support

and self-esteem across youth gender and race/ethnicity, a series of analyses of covariance

(ANCOVAs) and multivariate analyses of covariance (MANCOVAs) was conducted. As such, the independent variables in these analyses described further below were youth gender (i.e., male and female) and race/ethnicity, which was coded to include ethnic majority (i.e., White) and ethnic minority youth (i.e., Hispanic/Latino, Black, other racial/ethnic identity, and multiple racial/ethnic identities) in light of the moderate sample size. Included as covariates in these analyses were youth age, years since first sexual orientation disclosure to a parent, and age at first sexual orientation disclosure to a parent.

Family social support. A two-way MANCOVA was conducted to examine potential differences in family social support across youth gender and youth race/ethnicity. The MANCOVA included family social support–emotional (Time 1) and family social support–advice/guidance (Time 1) as dependent variables. Multivariate analyses indicated no significant differences regarding youth gender (Wilks' $\lambda = 1.00$, $F(2, 140) = .24$, $p = .785$, $\eta^2 = .003$) or race/ethnicity (Wilks' $\lambda = .98$, $F(4, 140) = 1.28$, $p = .282$, $\eta^2 = .02$). Means and standard errors are presented in Table 5. As such, males and females did not report significantly different levels of family social support. Likewise, ethnic majority youth and ethnic minority youth did not report significantly different levels of family social support.

Self-esteem. A two-way MANCOVA was conducted to examine potential differences in self-esteem across youth gender and race/ethnicity. The MANCOVA included youth self-esteem (Time 1) and youth sense of inadequacy (Time 1) as dependent variables. Multivariate analyses indicated no significant differences regarding youth gender (Wilks' $\lambda = .99$, $F(2, 140) = .64$, $p = .528$, $\eta^2 = .01$) or race/ethnicity (Wilks' $\lambda = .99$, $F(2, 142) = .90$, $p = .407$, $\eta^2 = .01$). Means and standard errors are presented in

Table 6. As such, males and females did not report significantly different levels of self-esteem. Likewise, ethnic majority youth and ethnic minority youth did not report significantly different levels of self-esteem.

Post Hoc Analyses

The current study's primary hypotheses included examining general psychological processes (i.e., family social support and youth self-esteem) as mediators of the association between parental rejection and youth internalizing problems (Aims 1 and 2) as well as examining demographic factors (i.e., youth gender and race/ethnicity) which may be related to parental rejection, family social support, and self-esteem. In summary, results indicated partial support for the current study's aims. Specifically, significant associations in the structural model included parental rejection predicting family social support as well as self-esteem predicting internalizing problems. Family social support and self-esteem also were significantly related.

However, results also indicated null findings. Most notably, neither family social support nor self-esteem significantly mediated the relation between parental rejection and internalizing problems. In addition, neither youth gender nor race/ethnicity were related to family social support or self-esteem. In light of these null findings, especially the absence of significant mediation, post hoc analyses were conducted to better understand the relationship between the factors in the current study as well as explore potential directions for future research.

Negative LGB identity. One finding particularly unexpected given extant research (e.g., Ryan et al., 2010) was that parental rejection did not significantly predict self-esteem either in the longitudinal or cross-sectional structural models. As such, it may

be the case that negative parental reactions regarding sexual orientation do not cause

LGB youth to feel poorly about themselves in general. On the other hand, as suggested in

previous studies (Page et al., 2013; Willoughby et al., 2010), these negative parental

reactions may cause LGB youth to feel poorly about their sexual orientation in particular.

In other words, the relevant mediator linking parental rejection with youth internalizing

problems–with respect to negative self-perceptions–may be specific to LGB youth rather

than a general psychological process common to youth of all sexual orientations.

As such, negative LGB identity (Time 2) was substituted for self-esteem in the

structural model. This revised structural model is presented in Figure 5, and parameter

estimates are presented in Table 7. Overall, measures of model fit indicated good fit to

the data, χ^2 (42) = 50.48, p = .173, CFI = .978, TLI = .968, RMSEA = .037, SRMR =

.063. In addition, observed variable factor loadings were significant at the $\alpha < .001$ level.

As in the previous structural model, parental rejection at Time 1 significantly predicted

family social support at Time 2 (β = -.26, p = .032), though family social support did not

significantly predict internalizing problems at Time 3 (β = -.14, p = .334). As such, the

indirect effect of family social support (ab = .04, SE = .05) was not statistically

significant, p = .403. Findings regarding negative LGB identity approached significance,

but were not significant at the level of $\alpha \le .05$. Specifically, parental rejection at Time 1

did not significantly predict negative LGB identity at Time 2 (β = .20, p = .068), and

negative LGB identity at Time 2 did not significantly predict internalizing problems at

Time 3 (β = .27, p = .051). As such, the indirect effect of negative LGB identity (ab =

.06, SE = .04) was not statistically significant, p = .174. In addition, family social support

at Time 2 and negative LGB identity at Time 2 were not significantly related (β = -.16, p

= .111), and parental rejection at Time 2 did not have a significant direct effect on internalizing problems at Time 3 (β = -.11, p = .376).

Chapter 4: Discussion

LGB youth are more likely to experience compromised mental health than their heterosexual counterparts (e.g., Russell & Fish, 2016). Mental health disparities between LGB and heterosexual youth include, among other deleterious outcomes, internalizing problems such as anxiety and depression (e.g., Hatzenbuehler et al., 2008; Mustanski et al., 2010). One salient factor in understanding how internalizing problems may develop in LGB youth is parental rejection of LGB youth sexual orientation. The literature on parental rejection indicates that it is prevalent (e.g., D'Augelli et al., 2008) as well as associated with LGB youth internalizing problems (e.g., Ryan et al., 2009). However, research on variables mediating this association is scant. In particular, no studies in this area have examined general psychological processes. To the author's knowledge, the current study is the first to examine general psychological processes (i.e., family social support and youth self-esteem) as mediators linking parental rejection with internalizing problems.

General Psychological Processes Linking Parental Rejection with LGB Youth Internalizing Problems

The first and second aims of the current study were, respectively, to examine the associations between parental rejection and general psychological processes (i.e., family social support and youth self-esteem) and to examine these general psychological processes as mediators linking parental rejection with youth internalizing problems. It was hypothesized that greater levels of parental rejection would predict decreased levels of family social support and self-esteem (Aim 1), which in turn would predict greater levels of internalizing problems (i.e., anxiety, depression, and somatization; Aim 2).

Results indicated partial support for these hypotheses. Specifically, as hypothesized, parental rejection predicted family social support, such that higher levels of parental rejection were related to lower levels of family social support. In addition, self-esteem predicted internalizing problems, such that lower levels of self-esteem were related to higher levels of internalizing problems. However, contrary to hypotheses, parental rejection did not significantly predict self-esteem, and family social support did not significantly predict internalizing problems. Therefore, the current study did not find that either family social support or self-esteem significantly mediated the association between parental rejection and internalizing problems.

The association between parental rejection and family social support is consistent with the psychological mediation framework, which suggests that stigma-related stress (e.g., parental rejection) is related to general psychological processes (e.g., family social support; Hatzenbuehler, 2009). Parental rejection and family social support may be related because parents who have negative reactions to the sexual orientation of their LGB children may withdraw social support from those children. Inhibited by their prejudices, such parents may be less inclined to provide general emotional support or advice or guidance to their LGB children. Alternatively, having encountered parental rejection, LGB youth themselves may withdraw from the social support of their family. Potentially attempting to avoid future rejection, such LGB youth may be less willing to seek emotional support or advice or guidance from their family. Nevertheless, in accord with results from recent empirical and qualitative studies (Puckett et al., 2015; Ryan et al., 2010; Bird et al., 2017), it is evident that parental rejection disrupts the social support that LGB youth receive from their families. Despite nonsignificant results in the current

study with respect to family social support predicting anxiety, depression, and somatization, family social support may in turn be related to other internalizing problems (e.g., suicidal ideation), other mental health difficulties (e.g., substance use), or even physical health status.

The association between self-esteem and internalizing problems also is consistent with the psychological mediation framework, as this framework further suggests that general psychological processes (e.g., self-esteem) are related to psychopathology (e.g., internalizing problems). It is likely that more than one explanation underlies the relation between self-esteem and internalizing problems, especially given that internalizing problems encompass a range of symptoms. For instance, low levels of self-esteem may increase negative self-focused attention (i.e., an intrapersonal mechanism; Mor & Winquist, 2002) or reassurance seeking (i.e., an interpersonal mechanism; Joiner, Alfano, & Metalsky, 1992; Potthoff, Holahan, & Joiner, 1995), which in turn may increase depressive symptoms. Low levels of self-esteem also may increase anxiety symptoms by failing to protect against the awareness of mortality (Greenberg, Pyszczynski, & Solomon, 1986). Regardless of the precise mechanism, it appears that LGB youth who have negative attitudes toward themselves are at significant risk to develop symptoms related to anxiety, depression, and somatization.

Results from the current study indicated that family social support was not related to internalizing problems and that parental rejection was not related to self-esteem. These findings are inconsistent not only with the psychological mediation framework but also with the previous, albeit few, studies on these variables. Specifically, the research in this area has suggested that family social support is related to internalizing problems (e.g.,

Needham & Austin, 2010) and that parental rejection is related to self-esteem (e.g., Ryan et al., 2010).

Sample characteristics may, in part, account for these null results. One such factor is the typical developmental period of the participants. With a sample mean age of 19.55 ($SD = 2.69$), most participants in the current study were in emerging adulthood. During emerging adulthood, relative to earlier developmental stages, family-level (e.g., family social support) and parent-level factors (e.g., parental rejection) may have diminished salience on individual-level factors (e.g., internalizing problems and self-esteem). On the other hand, social support and acceptance from peers may be increasingly relevant as LGB youth approach and reach emerging adulthood and attempt to conquer tasks associated with this developmental stage (e.g., attend college, move out of the family home, navigate romantic relationships). For example, in a general population sample of college-aged youth, Lee and Goldstein (2016) found that support from friends, but not from family, was negatively related to loneliness when stress was held constant. Similarly, findings from a longitudinal study conducted by Meadows, Brown, and Elder (2006) indicated that the salubrious effect of parental support on youth mental health may dissipate as youth transition from adolescence to emerging adulthood. As such, rather than family social support and parental rejection, relevant factors related to internalizing problems and self-esteem may be peer social support and rejection.

Alternatively, rather than the effects of family social support or parental rejection dissipating entirely in emerging adulthood, it may be that peer social support and rejection moderate the effects of family social support on internalizing problems and of parental rejection on self-esteem. For example, at high levels of peer social support,

family social support may be moderately directly related, if at all, to internalizing problems, while at low levels of peer social support, family social support may be strongly directly related to internalizing problems. Likewise, at high levels of peer rejection, parental rejection may be moderately inversely related, if at all, to self-esteem, while at low levels of peer rejection, parental rejection may be strongly inversely related to self-esteem. Recent data provide some support for these hypotheses. Specifically, Parra et al. (2017) found that peer social support moderated the relation between negative family attitudes toward homosexuality and anxiety, such that negative family attitudes and anxiety were directly related at low levels of peer social support but not at high levels. Peer social support also moderated the relation between family victimization (i.e., victimization related to sexual orientation) and depression, such that family victimization and depression were directly related at low levels of peer social support but not at high levels. Thus, one important line of future research would be to examine the interaction between parent- and family-level variables (e.g., parental reactions, family social support) and peer-level variables (e.g., peer reactions, peer social support).

Time since sexual orientation disclosure is a second sample characteristic that may account for the null results regarding family social support and internalizing problems as well as parental rejection and self-esteem. Participants in the current study reported disclosing their sexual orientation to at least one parent approximately 3.44 years (*SD* = 2.31) prior to participating. Furthermore, some data suggest that LGB youth experience decreasing parental rejection and increasing family social support over time as they and their parents and families adjust to their sexual orientation. For example, D'Augelli, Grossman, and Starks (2005) examined factors associated with parental

awareness of LGB youth sexual orientation. While LGB youth whose parents were aware of their sexual orientation reported more past parental criticism related to sexual orientation then LGB youth whose parents were unaware, they also reported more current family support and less fear of future parental criticism.

Similarly, as indicated by descriptive statistics in Table 1, LGB youth and their parents reported low to moderate parental rejection as they typically responded "Disagree" to rejecting statements (e.g., "I am angry at the fact that my child is gay/lesbian/bisexual"). LGB youth also reported moderate to high family social support as they typically responded "Some family member would *certainly* do this" to supportive statements (e.g., "Would comfort me if I was upset"). Therefore, particularly with respect to parental rejection and family social support, the sample in the current study appears to have been skewed toward being more adaptive and accepting, which may have obfuscated associations with, respectively, self-esteem and internalizing problems.

Resilience factors also may partly explain the null results of the current study, especially the absence of association between parental rejection and self-esteem. As the parents and families in the current study generally appear to be positively adjusted to having a child with a sexual minority orientation, so too may the LGB youth themselves generally be positively adjusted and resilient. While the current study collected no data on resilience factors, the LGB youth in the current study may be, on average, more resilient than the general population of LGB youth, given their mean time since sexual orientation disclosure, discussed further above, as well as the sites at which they were recruited (e.g., LGBT organizations). Assuming that participants in the current study are more resilient, it is not surprising that parental rejection was related to family social

support but not self-esteem, as resilience factors would presumably be able to buffer individual-levels variables like self-esteem from the deleterious effects of parental rejection. For instance, a recent qualitative study with a sample of young gay and bisexual men of Latino heritage identified resilience strategies that those youth engaged in to overcome family microaggressions regarding sexual orientation (i.e., indirect forms of discrimination; Li, Thing, Galvan, Gonzalez, & Bluthenthal, 2017). Specifically, results revealed that participants described resilience strategies including self-discovery (i.e., self-acceptance, understanding what it means to be LGB), adaptive socialization (i.e., avoiding internalization of stigma-related stress), and self-advocacy (i.e., empowering behaviors used to represent one's self and values, such as challenging harmful norms). Such strategies may help LGB youth prevent parental rejection from affecting their self-esteem. For example, when met with parental rejection, an LGB youth may use adaptive socialization to buffer their self-esteem by being recognizing that rejection as prejudice and focusing on messages of acceptance.

Demographic Factors Related to General Psychological Processes

The third aim of the current study was to explore potential demographic factors (i.e., youth gender and race/ethnicity) that may be related to the general psychological processes of interest (i.e., family social support and self-esteem). It was hypothesized that males would report lower levels of family social support and self-esteem than females. It also was hypothesized that racial/ethnic minority youth would report lower levels of family social support than racial/ethnic majority youth and that racial/ethnic majority youth would report lower levels of self-esteem than racial/ethnic minority youth.

Results indicated no support for these exploratory hypotheses. Specifically, males did not report different levels of either family social support or self-esteem than females. Likewise, racial/ethnic majority youth did not report different levels of either family social support or self-esteem than racial/ethnic majority youth. As described above, data on gender and racial/ethnic differences regarding family social support and self-esteem are limited. Findings from this small body of research, furthermore, are mixed. As such, null results from the current study contradict some significant differences that have been revealed in the extant literature. For example, Ryan et al. (2010) found that males reported lower self-esteem and family social support than females and that White youth reported lower self-esteem than Latino youth. On the other hand, null results from the current study align with prior findings, such as Rosario et al. (2005) finding no significant differences in family social support or self-esteem between males and females.

One explanation for these null results is that they reflect true null differences in LGB youth at large. Comparable conclusions have, in fact, been drawn in the general population. For example, to examine self-esteem differences across gender and race/ethnicity in adolescents, Bachman, O'Malley, Freedman-Doan, Trzesniewski, and Donnellan (2011) administered large-scale representative surveys. While their findings did indicate statistically significant differences in self-esteem across gender and race/ethnicity, the researchers emphasized that the small effect size of these differences and noted that the overlap among groups was far larger than any difference between them. In the case of the current study, then, the sample size may not have been large enough to detect such small effects.

Having a small sample size also limited the ability of the current study to examine racial/ ethnic differences between distinct racial/ethnic minority subgroups (e.g., Hispanic/Latino, Black). Indeed, one particularly surprising null result was that racial/ethnic majority youth and racial/ethnic minority youth reported similar levels of family social support, especially given prior research using the same data set indicating racial/ethnic differences in a related factor, parental rejection (Richter et al., 2017). It is possible that collapsing racial/ethnic minority subgroups into one group may have obscured meaningful differences in family social support as well as self-esteem between those subgroups.

Additionally, characteristics of the sample may further account for these null results. In particular, the sample generally appears to be positively adjusted, as described above, with moderate to high levels of family social support and self-esteem falling within normal limits. Similarly, as described above, the sample had a mean time since sexual orientation disclosure of over 3 years. While there may be no differences in family social support or self-esteem across youth gender or race/ethnicity among LGB youth and their families who have become positively adjusted over time, it is possible that differences may emerge when examining a sample that is not as well adjusted.

Limitations and Future Directions

The current study has several limitations. Most notably, it is likely that the sample in the current study is not representative of the population of interest (i.e., families with LGB youth). Bhugra (1997) notes that the problem of ascertaining a representative sample—to the extent that a representative sample is ascertainable among a population in which individuals have varying degrees of sexual orientation discourse—is a common

limitation in research with LGB individuals. Indeed, as with other research in this area, the current study has relied on the participation of LGB youth and their parents who were willing to take part in a study on families with LGB youth. One requirement of participation in the current study makes true representation unlikely. Specifically, LGB youth were required to have disclosed their sexual identity to at least one parent.

Moreover, sample characteristics including low to moderate levels of parental rejection, moderate to high levels of family social support, and average levels of self-esteem, as above, also suggest true representation is unlikely. As noted above, these characteristics suggest that parents and LGB youth who participated in the current study were, on average, accepting of the sexual orientation of their LGB youth and adaptive in light of experiencing possible stigma-related stress following disclosure, respectively. That such characteristics likely only represent a fraction of all families with LGB youth cannot be overstated. However, studying LGB youth in the early stages of sexual orientation disclosure is extremely difficult (Cass, 1984; Troiden, 1989), as is studying parents of LGB youth who are significantly rejecting. To recruit such youth and parents also would raise ethical concerns.

A strength of the current study is its longitudinal design. Indeed, to the author's knowledge, the current study is the first to use longitudinal data in examining factors linking parental rejection with LGB youth internalizing problems. However, the study collected data over the span of approximately 18 months, which may not be a sufficiently long period to observe the effects of the variables of interest. For example, while parental rejection may in fact cause LGB youth to develop low self-esteem, this relationship may unfold gradually over time. The effect of family social support effect on youth

internalizing problems may be similar in that the absence of family social support may cause LGB youth to gradually develop internalizing problems.

A third limitation of the current study is that internalizing problems were measured using the Behavior Assessment System for Children, Second Edition, Self-Report of Personality-Adolescent version (BASC-2 SRP-A). However, in its normative sampling, the BASC-2 SRP-A did not include emerging adults older than 21 years of age. Therefore, *T*-scores for youth older than 21 years of age in the current study were calculated using the 19–21 normative group. As such, the internalizing problems youth older than 21 years of age in the current study may not have been accurately assessed. While this measurement error is likely minimal, it would be advisable for future research examining youth older than 21 years of age to use measures designed for those ages.

Research and Clinical Implications

The current study has several implications for researchers studying families with LGB as well as for clinicians working with this population. First, like the psychological mediation framework (Hatzenbuehler, 2009), the current study emphasizes the need to examine general psychological processes as factors that may link parental rejection or other forms of stigma-related stress with LGB youth mental health outcomes. Indeed, research on factors linking parental rejection with mental health outcomes is limited, with no studies in this area, to the author's knowledge, examining general psychological processes. Furthermore, while neither family social support nor youth self-esteem significantly mediated the relation between parental rejection and youth internalizing problems in the current study, associations were found with, respectively, parental rejection and internalizing problems. As such, family social support and self-esteem are

implicated as variables important to family and individual functioning. Therefore, future research may not only attempt to replicate findings from the current study, but also may examine these general psychological processes in relation to other forms of stigma-related stress (e.g., peer rejection) or mental health outcomes of interest other than depression, anxiety, and somatization (e.g., suicidality).

Future research also may attempt to examine moderators related to the variables of interest in the current study. For example, while null results from the current study suggest that parental rejection and self-esteem may not be associated, other factors may influence the strength of the association between these variables. Specific moderators for future to examine include peer factors such as peer social support and peer reactions. Resilience factors such as self-discovery, adaptive socialization, and self-advocacy also may be important to examine. Including such variables in future research would help to more thoroughly understand the nuances in this area of study and more accurately portray the complex lives of LGB youth and their families.

For clinicians working with families with LGB youth, the current study emphasizes the role of general psychological processes. While it may be intuitive for clinicians to assess and address factors specific to LGB youth (e.g., negative LGB identity), they would be remiss to disregard or overlook factors common to all youth. While the current study specifically examined family social support and self-esteem, other general psychological processes also may be of importance in a clinical setting, such as rumination, isolation, or hopelessness.

References

Auerbach, R. P., Bigda-Peyton, J. S., Eberhart, N. K., Webb, C. A., & Ho, M.-H. R. (2011). Conceptualizing the prospective relationship between social support, stress, and depressive symptoms among adolescents. *Journal of Abnormal Child Psychology, 39*(4), 475–487. doi:10.1007/s10802-010-9479-x

Bachman, J. G., O'Malley, P. M., Freedman-Doan, P., Trzesniewski, K. H., & Donnellan, M. B. (2011). Adolescent self-esteem: Differences by race/ethnicity, gender, and age. *Self and Identity, 10*(4), 445–473. doi:10.1080/15298861003794538

Beck, A. T. (1967). *Depression: Clinical, experimental, and theoretical aspects.* New York: Harper & Row.

Berenson, K. R., Crawford, T. N., Cohen, P., & Brook, J. (2005). Implications of identification with parents and parents' acceptance for adolescent and young adult self-esteem. *Self and Identity, 4*(3), 289-301. doi:10.1080/13576500444000272

Bhugra, D. (1997). Coming out by south Asian gay men in the United Kingdom. *Archives of Sexual Behavior, 26*(5), 547-557.

Bird, J. D., LaSala, M. C., Hidalgo, M. A., Kuhns, L. M., & Garofalo, R. (2016). 'I had to go to the streets to get love': Pathways from parental rejection to HIV risk among young gay and bisexual men. *Journal of Homosexuality.* Advance online publication. doi:10.1080/00918369.2016.1179039

Borelli, J. L., & Prinstein, M. J. (2006). Reciprocal, longitudinal associations among adolescents' negative feedback-seeking, depressive symptoms, and peer relations. *Journal of Abnormal Child Psychology, 34*(2), 159-169. doi:10.1007/s10802-005-9010-y

Brausch, A. M., & Decker, K. M. (2014). Self-esteem and social support as moderators of depression, body image, and disordered eating for suicidal ideation in adolescents. *Journal of Abnormal Child Psychology, 42*(5), 779-789. doi:10.1007/s10802-013-9822-0

Bregman, H. R., Malik, N. M., Page, M. L., Makynen, E., & Lindahl, K. M. (2013). Identity profiles in lesbian, gay, and bisexual youth: The role of family influences. *Journal of Youth and Adolescence, 42*(3), 417-430. doi:10.1007/s10964-012-9798-z

Cass, V. C. (1984). Homosexual identity formation: Testing a theoretical model. *Journal of Sex Research, 20*(2), 143-167. doi:10.1080/00224498409551214

Chu, P. S., Saucier, D. A., & Hafner, E. (2010). Meta-analysis of the relationships between social support and well-being in children and adolescents. *Journal of Social and Clinical Psychology*, *29*(6), 624. doi:10.1521/jscp.2010.29.6.624

Cohen, S. (2004). Social relationships and health. *American Psychologist, 59*(8), 676–684. doi:10.1037/0003-066x.59.8.676

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, *98*(2), 310-357. doi:10.1037/0033-2909.98.2.310

Cooley, C. H. (1902). *Human nature and the social order.* New York: Scribner's.

Copp, H. L., & Koehler, W. J. (2017). Peer attitudes toward LGBT-identified university students as mediated by demographic factors. *Journal of Gay and Lesbian Mental Health, 21*(4), 277-291. doi:10.1080/19359705.2017.1320697

D'Amico, E., & Julien, D. (2012). Disclosure of sexual orientation and gay, lesbian, and bisexual youths' adjustment: Associations with past and current parental acceptance and rejection. *Journal of GLBT Family Studies*, *8*(3), 215-242. doi:10.1080/1550428X.2012.677232

D'Amico, E., Julien, D., Tremblay, N., & Chartrand, E. (2015). Gay, lesbian, and bisexual youths coming out to their parents: Parental reactions and youths' outcomes. *Journal of GLBT Family Studies*, *11*(5), 411-437. doi:10.1080/1550428X.2014.981627

D'Augelli, A. R. (2002). Mental health problems among lesbian, gay, and bisexual youths ages 14 to 21. *Clinical Child Psychology and Psychiatry*, *7*(3), 433-456. doi:10.1177/1359104502007003039

D'Augelli, A. R., Grossman, A. H., & Starks, M. T. (2005). Parents' awareness of lesbian, gay, and bisexual youths' sexual orientation. *Journal of Marriage and Family, 67*(2), 474-482. doi:10.1111/j.0022-2445.2005.00129.x

D'Augelli, A. R., Grossman, A. H., & Starks, M. T. (2008). Families of gay, lesbian, and bisexual youth: What do parents and siblings know and how do they react? *Journal of GLBT Family Studies*, *4*(1), 95-115. doi:10.1080/15504280802084506

D'Augelli, A. R., Hershberger, S. L., & Pilkington, N. W. (1998). Lesbian, gay, and bisexual youth and their families: Disclosure of sexual orientation and its consequences. *American Journal of Orthopsychiatry*, *68*(3), 361-371. doi:10.1037/h0080345

D'Augelli, A. R., Hershberger, S. L., & Pilkington, N. W. (2001). Suicidality patterns and sexual orientation-related factors among lesbian, gay, and bisexual youths. *Suicide and Life-Threatening Behavior, 31*(3), 250–264. doi:10.1521/suli.31.3.250.24246

Dahl, A., & Galliher, R. (2010). Sexual minority young adult religiosity, sexual orientation conflict, self-esteem and depressive symptoms. *Journal of Gay and Lesbian Mental Health, 14*(4), 271-290. doi:10.1080/19359705.2010.507413

Detrie, P. M., & Lease, S. H. (2007). The relation of social support, connectedness, and collective self-esteem to the psychological well-being of lesbian, gay, and bisexual youth. *Journal of Homosexuality*, *53*(4), 173-199. doi:10.1080/00918360802103449

Doty, N. D., Willoughby, B. B., Lindahl, K. M., & Malik, N. M. (2010). Sexuality related social support among lesbian, gay, and bisexual youth. *Journal of Youth and Adolescence, 39*(10), 1134-1147. doi:10.1007/s10964-010-9566-x

Elizur, Y., & Ziv, M. (2001). Family support and acceptance, gay male identity, and psychological adjustment: A path model. *Family Process*, *40*(2), 125-144. doi:10.1111/j.1545-5300.2001.4020100125.x

Enders, C. K. (2006). Analyzing structural equation models with missing data. In G. R. Hancock & R. O. Mueller (Eds.), *Structural Equation Modeling: A Second Course* (pp. 313-342). Greenwich, CT: Information Age Publishing.

Floyd, F. J., Stein, T. S., Harter, K. M., Allison, A., & Nye, C. L. (1999). Gay, lesbian, and bisexual youths: Separation-individuation, parental attitudes, identity consolidation, and well-being. *Journal of Youth and Adolescence*, *28*(6), 719-739. doi:10.1023/A:1021691601737

Garnefski, N., & Diekstra, R. W. (1996). Perceived social support from family, school, and peers: Relationship with emotional and behavioral problems among adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, *35*(12), 1657-1664. doi:10.1097/00004583-199612000-00018

Gray-Little, B., & Hafdahl, A. R. (2000). Factors influencing racial comparisons of self-esteem: A quantitative review. *Psychological Bulletin, 126*(1), 26–54. doi:10.1037/0033-2909.126.1.26

Greenberg, J., Pyszczynski, T., & Solomon, S. (1986). The causes and consequences of a need for self-esteem: A terror management theory. *Public Self and Private Self, 189,* 189–212. doi:10.1007/978-1-4613-9564-5_10

Grossman, A. H., & Kerner, M. S. (1998). Self-esteem and supportiveness as predictors of emotional distress in gay male and lesbian youth. *Journal of Homosexuality, 35*(2), 25. doi:10.1300/j082v35n02_02

Hall, W. J. (2017). Psychosocial risk and protective factors for depression among lesbian, gay, bisexual, and queer youth: A systematic review. *Journal of Homosexuality,* 1-54. doi:10.1080/00918369.2017.1317467

Hammelman, T. L. (1993). Gay and lesbian youth: Contributing factors to serious attempts or considerations of suicide. *Journal of Gay and Lesbian Psychotherapy, 2*(1), 77-89. doi:10.1300/J236v02n01_06

Hatzenbuehler, M. L. (2009). How does sexual minority stigma 'get under the skin'? A psychological mediation framework. *Psychological Bulletin, 135*(5), 707-730. doi:10.1037/a0016441

Hatzenbuehler, M. L., McLaughlin, K. A., & Nolen-Hoeksema, S. (2008). Emotion regulation and internalizing symptoms in a longitudinal study of sexual minority and heterosexual adolescents. *Journal of Child Psychology and Psychiatry, 49*(12), 1270-1278. doi:10.1111/j.1469-7610.2008.01924.x

Heatherington, L., & Lavner, J. A. (2008). Coming to terms with coming out: Review and recommendations for family systems-focused research. *Journal of Family Psychology, 22*(3), 329-343. doi:10.1037/0893-3200.22.3.329

Helsen, M., Vollebergh, W., & Meeus, W. (2000). Social support from parents and friends and emotional problems in adolescence. *Journal of Youth and Adolescence, 29*(3), 319-335. doi:10.1023/A:1005147708827

Hershberger, S. L., & D'Augelli, A. R. (1995). The impact of victimization on the mental health and suicidality of lesbian, gay, and bisexual youths. *Developmental Psychology, 31*(1), 65-74. doi:10.1037/0012-1649.31.1.65

Holahan, C. J., Valentiner, D. P., & Moos, R. H. (1994). Parental support and psychological adjustment during the transition to young adulthood in a college sample. *Journal of Family Psychology, 8*(2), 215-223. doi:10.1037/0893-3200.8.2.215

Hunter, J. (1990). Violence against lesbian and gay male youths. *Journal of Interpersonal Violence, 5*(3), 295-300. doi:10.1177/088626090005003004

Joiner, T. E., Alfano, M. S., & Metalsky, G. I. (1992). When depression breeds contempt: Reassurance seeking, self-esteem, and rejection of depressed college students by their roommates. *Journal of Abnormal Psychology, 101*(1), 165-173. doi:10.1037/0021-843X.101.1.165

Kling, K. C., Hyde, J. S., Showers, C. J., & Buswell, B. N. (1999). Gender differences in self-esteem: A meta-analysis. *Psychological Bulletin, 125*(4), 470-500. doi:10.1037/0033-2909.125.4.470

La Greca, A. M., Silverman, W. K., Lai, B., & Jaccard, J. (2010). Hurricane-related exposure experiences and stressors, other life events, and social support: Concurrent and prospective impact on children's persistent posttraumatic stress symptoms. *Journal of Consulting and Clinical Psychology, 78*(6), 794-805. doi:10.1037/a0020775

Lakey, B., & Cohen, S. (2000). Social support theory and measurement. In S. Cohen, L. G. Underwood, & B. H. Gottlieb (Eds.), *Social support measurement and intervention: A guide for health and social scientists* (pp. 29-52). New York, NY: Oxford University Press.

Lee, C.-Y. S., & Goldstein, S. E. (2015). Loneliness, stress, and social support in young adulthood: Does the source of support matter? *Journal of Youth and Adolescence, 45*(3), 568–580. doi:10.1007/s10964-015-0395-9

Lee, A., & Hankin, B. L. (2009). Insecure attachment, dysfunctional attitudes, and low self-esteem predicting prospective symptoms of depression and anxiety during adolescence. *Journal of Clinical Child and Adolescent Psychology, 38*(2), 219-231. doi:10.1080/15374410802698396

Lewis, R. J., Derlega, V. J., Berndt, A., Morris, L. M., & Rose, S. (2001). An empirical analysis of stressors for gay men and lesbians. *Journal of Homosexuality*, *42*(1), 63-88. doi:10.1300/J082v42n01_04

Li, M. J., Thing, J. P., Galvan, F. H., Gonzalez, K. D., & Bluthenthal, R. N. (2017). Contextualising family microaggressions and strategies of resilience among young gay and bisexual men of Latino heritage. *Culture, Health and Sexuality, 19*(1), 107-120. doi:10.1080/13691058.2016.1208273

Liu, R. T., & Mustanski, B. (2012). Suicidal ideation and self-harm in lesbian, gay, bisexual, and transgender youth. *American Journal of Preventive Medicine*, *42*(3), 221-228. doi:10.1016/j.amepre.2011.10.023

MacPhee, A. R., & Andrews, J. W. (2006). Risk factors for depression in early adolescence. *Adolescence*, *41*(163), 435-466.

Marshal, M. P., Dietz, L. J., Friedman, M. S., Stall, R., Smith, H. A., McGinley, J., … Brent, D. A. (2011). Suicidality and depression disparities between sexual minority and heterosexual youth: A meta-analytic review. *Journal of Adolescent Health*, *49*(2), 115-123. doi:10.1016/j.jadohealth.2011.02.005

Marshal, M. P., Friedman, M. S., Stall, R., King, K. M., Miles, J., Gold, M. A., … Morse, J. Q. (2008). Sexual orientation and adolescent substance use: a meta-analysis and methodological review. *Addiction, 103*(4), 546-556. doi:10.1111/j.1360-0443.2008.02149.x

Mead, G. H. (1934). *Mind, self and society.* Chicago: University of Chicago Press.

Meadows, S. O., Brown, J. S., & Elder, G. J. (2006). Depressive symptoms, stress, and support: Gendered trajectories from adolescence to young adulthood. *Journal of Youth and Adolescence, 35*(1), 93-103. doi:10.1007/s10964-005-9021-6

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674-697. doi:10.1037/0033-2909.129.5.674

Miranda-Mendizábal, A., Castellví, P., Parés-Badell, O., Almenara, J., Alonso, I., Blasco, M. J., & ... Alonso, J. (2017). Sexual orientation and suicidal behaviour in adolescents and young adults: Systematic review and meta-analysis. *The British Journal of Psychiatry: The Journal of Mental Science, 211*(2), 77-87. doi:10.1192/bjp.bp.116.196345

Mohr, J. J., & Fassinger, R. E. (2000). Measuring dimensions of lesbian and gay male experience. *Measurement and Evaluation in Counseling and Development, 33*(2), 66–90.

Mor, N., & Winquist, J. (2002). Self-focused attention and negative affect: A meta-analysis. *Psychological Bulletin, 128*(4), 638-662. doi:10.1037/0033-2909.128.4.638

Mustanski, B. S., Garofalo, R., & Emerson, E. M. (2010). Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youths. *American Journal of Public Health, 100*(12), 2426-2432. doi:10.2105/AJPH.2009.178319

Mustanski, B., & Liu, R. T. (2013). A longitudinal study of predictors of suicide attempts among lesbian, gay, bisexual, and transgender youth. *Archives of Sexual Behavior, 42*(3), 437-448. doi:10.1007/s10508-012-0013-9

Muthén, L. K., & Muthén, B. (1998-2010). *Mplus User's Guide* (6th ed.). Los Angeles, CA: Muthén & Muthén.

Needham, B. L., & Austin, E. L. (2010). Sexual orientation, parental support, and health during the transition to young adulthood. *Journal of Youth and Adolescence, 39*(10), 1189-1198. doi:10.1007/s10964-010-9533-6

Orth, U., Robins, R. W., & Roberts, B. W. (2008). Low self-esteem prospectively predicts depression in adolescence and young adulthood. *Journal of Personality and Social Psychology*, *95*(3), 695-708. doi:10.1037/0022-3514.95.3.695

Page, M. J. L., Lindahl, K. M., & Malik, N. M. (2013). The role of religion and stress in sexual identity and mental health among lesbian, gay, and bisexual youth. *Journal of Research on Adolescence, 23*(4), 665–677. doi:10.1111/jora.12025

Parra, L. A., Bell, T. S., Benibgui, M., Helm, J. L., & Hastings, P. D. (2017). The buffering effect of peer support on the links between family rejection and psychosocial adjustment in LGB emerging adults. *Journal of Social and Personal Relationships*, 026540751769971. doi:10.1177/0265407517699713

Pearson, J., & Wilkinson, L. (2013). Family relationships and adolescent well-being: Are families equally protective for same-sex attracted youth? *Journal of Youth and Adolescence*, *42*(3), 376-393. doi:10.1007/s10964-012-9865-5

Pettit, J. W., Roberts, R. E., Lewinsohn, P. M., Seeley, J. R., & Yaroslavsky, I. (2011). Developmental relations between perceived social support and depressive symptoms through emerging adulthood: Blood is thicker than water. *Journal of Family Psychology*, *25*(1), 127-136. doi:10.1037/a0022320

Pew Research Center. (2013). A survey of LGBT Americans. Retrieved from http://www.pewsocialtrends.org/2013/06/13/a-survey-of-lgbt-americans/#age-gender-and-race

Potthoff, J. G., Holahan, C. J., & Joiner, T. E. (1995). Reassurance seeking, stress generation, and depressive symptoms: An integrative model. *Journal of Personality and Social Psychology*, *68*(4), 664-670. doi:10.1037/0022-3514.68.4.664

Prinstein, M. J., & La Greca, A. M. (2002). Peer crowd affiliation and internalizing distress in childhood and adolescence: A longitudinal follow-back study. *Journal of Research on Adolescence, 12*(3), 325-351. doi:10.1111/1532-7795.00036

Puckett, J. A., Woodward, E. N., Mereish, E. H., & Pantalone, D. W. (2015). Parental rejection following sexual orientation disclosure: Impact on internalized homophobia, social support, and mental health. *LGBT Health*, *2*(3), 265-269. doi:10.1089/lgbt.2013.0024

Reynolds, C. R., & Kamphaus, R. W. (2004). *Behavior Assessment System for Children* (2nd ed.). Circle Pine, MN: American Guidance Service.

Richter, B. J., Lindahl, K. M., & Malik, N. M. (2017). Examining ethnic differences in parental rejection of LGB youth sexual identity. *Journal of Family Psychology, 32*(2), 244-249. doi:10.1037/fam0000235

Robertson, J. F., & Simons, R. L. (1989). Family factors, self-esteem, and adolescent depression. *Journal of Marriage and The Family, 51*(1), 125-138. doi:10.2307/352374

Rohner, R. P. (2004). The parental "acceptance-rejection syndrome": Universal correlates of perceived rejection. *The American Psychologist, 59*(8), 830-840. doi:10.1037/0003-066X.59.8.830

Rohner, R. P., & Khaleque, A. (2005). *Handbook for the study of parental acceptance and rejection.* Rohner Research.

Rosario, M., Rotheram-Borus, M. J., & Reid, H. (1996). Gay-related stress and its correlates among gay and bisexual male adolescents of predominantly Black and Hispanic background. *Journal of Community Psychology*, *24*(2), 136-159. doi:10.1002/(SICI)1520-6629(199604)24:2<136::AID-JCOP5>3.0.CO;2-X

Rosario, M., Schrimshaw, E. W., & Hunter, J. (2004). Ethnic/racial differences in the coming-out process of lesbian, gay, and bisexual youths: A comparison of sexual identity development over time. *Cultural Diversity and Ethnic Minority Psychology*, *10*(3), 215-228. doi:10.1037/1099-9809.10.3.215

Rosario, M., Schrimshaw, E. W., & Hunter, J. (2005). Psychological distress following suicidality among gay, lesbian, and bisexual youths: Role of social relationships. *Journal of Youth and Adolescence*, *34*(2), 149-161. doi:10.1007/s10964-005-3213-y

Rosario, M., Schrimshaw, E. W., & Hunter, J. (2009). Disclosure of sexual orientation and subsequent substance use and abuse among lesbian, gay, and bisexual youths: Critical role of disclosure reactions. *Psychology of Addictive Behaviors*, *23*(1), 175-184. doi:10.11037/a0014284

Rosario, M., Schrimshaw, E. W., & Hunter, J. (2011). Different patterns of sexual identity development over time: Implications for the psychological adjustment of lesbian, gay, and bisexual youths. *Journal of Sex Research, 48*(1), 3-15. doi:10.1080/00224490903331067

Rosenberg, M. (2015). *Society and the adolescent self-image.* Princeton, NJ: Princeton University Press.

Rosenberg, M., Schooler, C., Schoenbach, C., & Rosenberg, F. (1995). Global self-esteem and specific self-esteem: Different concepts, different outcomes. *American Sociological Review*, *60*(1), 141-156. doi:10.2307/2096350

Rueger, S. Y., Malecki, C. K., & Demaray, M. K. (2010). Relationship between multiple sources of perceived social support and psychological and academic adjustment in early adolescence: Comparisons across gender. *Journal of Youth and Adolescence, 39*(1), 47–61. doi:10.1007/s10964-008-9368-6

Rueger, S. Y., Malecki, C. K., Pyun, Y., Aycock, C., & Coyle, S. (2016). A meta-analytic review of the association between perceived social support and depression in childhood and adolescence. *Psychological Bulletin, 142*(10), 1017-1067. doi:10.1037/bul0000058

Russell, S. T., & Fish, J. N. (2016). Mental health in lesbian, gay, bisexual, and transgender (LGBT) youth. *Annual Review of Clinical Psychology*, *12*, 465–487. doi:10.1146/annurev-clinpsy-021815-093153

Russell, S. T., Toomey, R. B., Ryan, C., & Diaz, R. M. (2014). Being out at school: The implications for school victimization and young adult adjustment. *The American Journal of Orthopsychiatry, 84*(6), 635-643. doi:10.1037/ort0000037

Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in White and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, *123*(1), 346-352. doi:10.1542/peds.2007-3524

Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, *23*(4), 205-213. doi:10.1111/j.1744-6171.2010.00246.x

Safren, S. A., & Heimberg, R. G. (1999). Depression, hopelessness, suicidality, and related factors in sexual minority and heterosexual adolescents. *Journal of Consulting and Clinical Psychology, 67*(6), 859-866. doi:10.1037/0022-006x.67.6.859

Savin-Williams, R. C. (1989). Coming out to parents and self-esteem among gay and lesbian youths. *Journal of Homosexuality*, *18*(1/2), 1-35. doi:10.1300/j082v18n01_01

Savin-Williams, R. C. (1990). *Gay and lesbian youth: Expressions of identity*. New York, NY: Hemisphere.

Sheets, R. J., & Mohr, J. J. (2009). Perceived social support from friends and family and psychosocial functioning in bisexual young adult college students. *Journal of Counseling Psychology*, *56*(1), 152-163. doi:10.1037/0022-0167.56.1.152

Shilo, G., & Savaya, R. (2011). Effects of family and friend support on LGB youths' mental health and sexual orientation milestones. *Family Relations, 60*(3), 318-330. doi:10.1111/j.1741-3729.2011.00648.x

Shulman, S., Kalnitzki, E., & Shahar, G. (2009). Meeting developmental challenges during emerging adulthood: The role of personality and social resources. *Journal of Adolescent Research*, *24*(2), 242-267. doi:10.1177/0743558408329303

Snapp, S. D., Watson, R. J., Russell, S. T., Diaz, R. M., & Ryan, C. (2015). Social support networks for LGBT young adults: Low cost strategies for positive adjustment. *Family Relations: An Interdisciplinary Journal of Applied Family Studies, 64*(3), 420-430. doi:10.1111/fare.12124

Sowislo, J. F., & Orth, U. (2013). Does low self-esteem predict depression and anxiety? A meta-analysis of longitudinal studies. *Psychological Bulletin, 139*(1), 213-240. doi:10.1037/a0028931

Teasdale, B., & Bradley-Engen, M. S. (2010). Adolescent same-sex attraction and mental health: The role of stress and support. *Journal of Homosexuality*, *57*(2), 287-309. doi:10.1080/00918360903489127

Troiden, D. R. R. (1989). The formation of homosexual identities. *Journal of Homosexuality, 17*(1-2), 43–74. doi:10.1300/j082v17n01_02

Twenge, J. M., & Crocker, J. (2002). Race and self-esteem: Meta-analyses comparing Whites, Blacks, Hispanics, Asians, and American Indians and comment on Gray-Little and Hafdahl (2000). *Psychological Bulletin, 128*(3), 371-408. doi:10.1037/0033-2909.128.3.371

van Heeringen, C., & Vincke, J. (2000). Suicidal acts and ideation in homosexual and bisexual young people: A study of prevalence and risk factors. *Social Psychiatry and Psychiatric Epidemiology*, *35*(11), 494-499. doi:10.1007/s001270050270

Vaux, A., Riedel, S., & Stewart, D. (1987). Modes of social support: The Social Support Behaviors (SS-B) Scale. *American Journal of Community Psychology*, *15*(2), 209-237. doi:10.1007/BF00919279

Watson, R. J., Grossman, A. H., & Russell, S. T. (2016). Sources of social support and mental health among LGB youth. *Youth & Society.* Advance online publication. doi:10.1177/0044118x16660110

Wills, T. A., Resko, J. A., Ainette, M. G., & Mendoza, D. (2004). Role of parent support and peer support in adolescent substance use: A test of mediated effects. *Psychology of Addictive Behaviors*, *18*(2), 122-134. doi:10.1037/0893-164X.18.2.122

Willoughby, B. B., Doty, N. D., & Malik, N. M. (2008). Parental reactions to their child's sexual orientation disclosure: A family stress perspective. *Parenting: Science and Practice*, *8*(1), 70-91. doi:10.1080/15295190701830680

Willoughby, B. B., Doty, N. D., & Malik, N. M. (2010). Victimization, family rejection, and outcomes of gay, lesbian, and bisexual young people: The role of negative GLB identity. *Journal of GLBT Family Studies*, *6*(4), 403-424. doi:10.1080/1550428X.2010.511085

Willoughby, B. L. B., Malik, N. M., & Lindahl, K. M. (2006). Parental reactions to their sons' sexual orientation disclosures: The role of family cohesion, adaptability, and parenting style. *Psychology of Men and Masculinity, 7,* 14-26. doi:10.1080/15295190701830680

Wouters, S., Duriez, B., Luyckx, K., Klimstra, T., Colpin, H., Soenens, B., & Verschueren, K. (2013). Depressive symptoms in university freshmen: Longitudinal relations with contingent self-esteem and level of self-esteem. *Journal of Research in Personality, 47*(4), 356-363. doi:10.1016/j.jrp.2013.03.001

Table 1. *Sample Sizes, Means, Standard Deviations, and Minimums/Maximums of Observed Study Variables*

Observed Variable	*n*	Mean	Standard Deviation	Minimum – Maximum
Parental Rejection – Participating Parent (Youth Report; PPRS; T1)	130	65.90	31.40	32 – 151
Parental Rejection – Non-Participating Parent (Youth Report; PPRS; T1)	69	69.62	30.46	32 – 151
Parental Rejection (Parent Self-Report; PPRS; T1)	72	59.01	25.69	32 – 125
Family Social Support – Emotional (SSB; T2)	116	39.60	11.09	10 – 50
Family Social Support – Advice/Guidance (SSB; T2)	115	47.52	12.45	12 – 60
Youth Self-Esteem (BASC-2 SRP-A; T2)	118	50.03	10.34	18 – 63
Youth Sense of Inadequacy (BASC-2 SRP-A; T2)	118	45.25	11.16	31 – 83
Youth Anxiety (BASC-2 SRP-A; T3)	116	51.22	9.28	33 – 81
Youth Depression (BASC-2 SRP-A; T3)	116	48.01	10.81	36 – 99
Youth Somatization (BASC-2 SRP-A; T3)	116	47.07	9.18	38 – 75

Note. PPRS = Perceived Parental Reactions Scale. SSB = Social Support Behaviors Scale. BASC-2 SRP-A = Behavior Assessment for Children, Second Edition, Self-Report of Personality-Adolescent. T1 = Time 1. T2 = Time 2. T3 = Time 3.

Table 2. *Correlations Between Study Variables*

Variables	1	2	3	4	5	6	7	8	9	10
1. Parental Rejection – Youth Report, Participating Parent (T1)	--									
2. Parental Rejection – Youth Report, Non-Participating Parent (T1)	.63**	--								
3. Parental Rejection – Parent Report (T1)	.67**	.11	--							
4. Family Social Support, Emotional (T2)	-.27**	-.10	-.22	--						
5. Family Social Support, Advice/Guidance (T2)	-.21*	-.05	-.04	.88**	--					
6. Youth Self-Esteem (T2)	.05	.03	.15	.14	.20*	--				
7. Youth Sense of Inadequacy (T2)	-.09	-.13	-.21	-.18	-.24**	-.64**	--			
8. Youth Anxiety (T3)	.01	-.04	.08	-.01	-.04	-.33**	.40**	--		
9. Youth Depression (T3)	-.02	-.17	.11	-.11	-.06	-.44**	.47**	.62**	--	
10. Youth Somatization (T3)	.04	-.10	.15	-.26**	-.21*	-.30**	.35**	.57**	.56**	--

Note. T1 = Time 1. T2 = Time 2. T3 = Time 3.

*p ≤ .05. **p ≤ .01.

Table 3. *Unstandardized and Standardized Parameter Estimates and Significance Levels for Final Measurement Model*

Measurement Model	Unstandardized	Standardized	p
Parental Rejection → Participating Parent Parental Rejection, Youth Report (T1)	31.19	1.00	< .001
Parental Rejection → Non-Participating Parent Parental Rejection, Youth Report (T1)	18.20	.61	< .001
Parental Rejection → Parental Rejection, Parent Report (T1)	19.69	.72	< .001
Family Social Support → Family Emotional Social Support (T2)	11.04	1.00	< .001
Family Social Support → Family Advice/Guidance Social Support (T2)	10.93	.88	< .001
Youth Sense of Inadequacy → Youth Self-Esteem (T2)	-7.65	-.74	< .001
Youth Sense of Inadequacy → Youth Sense of Inadequacy (T2)	9.55	.86	< .001
Youth Internalizing Problems → Youth Anxiety (T3)	7.12	.77	< .001
Youth Internalizing Problems → Youth Depression (T3)	8.69	.81	< .001
Youth Internalizing Problems → Youth Somatization (T3)	6.46	.71	< .001

Note. Listed *p*-values correspond to unstandardized parameter estimates.

Table 4. *Unstandardized and Standardized Parameter Estimates and Significance Levels for the Final Structural Model*

Structural Model, Direct Effects	Unstandardized	Standardized	*p*
Parental Rejection (T1) → Family Social Support (T2)	-.26	-.24	.041
Parental Rejection (T1) → Youth Sense of Inadequacy (T2)	-.11	-.11	.291
Parental Rejection (T1) → Youth Internalizing Problems (T3)	.03	.03	.846
Family Social Support (T2) → Youth Internalizing Problems (T3)	-.02	-.02	.897
Youth Sense of Inadequacy (T2) → Youth Internalizing Problems (T3)	.73	.59	.028
Indirect Effects	Unstandardized	Standardized	*p*
Parental Rejection (T1) → Family Social Support (T2) → Youth Internalizing Problems (T3)	.01	.004	.907
Parental Rejection (T1) → Youth Sense of Inadequacy (T2) → Youth Internalizing Problems (T3)	-.08	-.07	.407

Note. Listed *p*-values correspond to unstandardized parameter estimates. The covariates (i.e., youth age, years since first sexual orientation disclosure to a parent, and age at first sexual orientation disclosure to a parent) included in the model are not depicted.

Table 5. *Multivariate Analysis of Covariance: Youth Gender and Youth Racial/Ethnic Group Differences in Family Social Support*

Youth Gender	Family Social Support – Emotional	
	M	*SE*
Male	38.77	1.28
Female	39.58	1.43
Youth Gender	Family Social Support – Advice/Guidance	
	M	*SE*
Male	46.19	1.51
Female	46.69	1.68
Youth Race/Ethnicity	Family Social Support – Emotional	
	M	*SE*
Ethnic Majority	40.72	1.53
Ethnic Minority	37.63	1.18
Youth Race/Ethnicity	Family Social Support – Advice/Guidance	
	M	*SE*
Ethnic Majority	48.06	1.81
Ethnic Minority	44.82	1.39

Note. Covariates include youth age, years since first sexual orientation disclosure to a parent, and age at first sexual orientation disclosure to a parent.

Table 6. *Multivariate Analysis of Covariance: Youth Gender and Youth Racial/Ethnic Group Differences in Youth Self-Esteem and Youth Sense of Inadequacy*

	Youth Self-Esteem	
Youth Gender	*M*	*SE*
Male	49.23	1.01
Female	50.59	1.13
	Youth Sense of Inadequacy	
Youth Gender	*M*	*SE*
Male	47.40	1.27
Female	45.28	1.42
	Youth Self-Esteem	
Youth Race/Ethnicity	*M*	*SE*
Ethnic Majority	49.05	1.21
Ethnic Minority	50.77	.93
	Youth Sense of Inadequacy	
Youth Race/Ethnicity	*M*	*SE*
Ethnic Majority	46.44	1.53
Ethnic Minority	46.24	1.17

Note. Covariates include youth age, years since first sexual orientation disclosure to a parent, and age at first sexual orientation disclosure to a parent.

Table 7. *Unstandardized and Standardized Parameter Estimates and Significance Levels for the Revised Longitudinal Structural Model*

Structural Model, Direct Effects	Unstandardized	Standardized	*p*
Parental Rejection (T1) → Family Social Support (T2)	-.27	-.26	.032
Parental Rejection (T1) → Negative LGB Identity (T2)	.17	.20	.068
Parental Rejection (T1) → Youth Internalizing Problems (T3)	-.12	-.11	.376
Family Social Support (T2) → Youth Internalizing Problems (T3)	-.14	-.14	.334
Negative LGB Identity (T2) → Youth Internalizing Problems (T3)	.33	.27	.051
Indirect Effects	Unstandardized	Standardized	*p*
Parental Rejection (T1) → Family Social Support (T2) → Youth Internalizing Problems (T3)	.04	.04	.403
Parental Rejection (T1) → Negative LGB Identity (T2) → Youth Internalizing Problems (T3)	.06	.05	.174

Note. Listed *p*-values correspond to unstandardized parameter estimates. The covariates (i.e., youth age, years since first sexual orientation disclosure to a parent, and age at first sexual orientation disclosure to a parent) included in the model are not depicted.
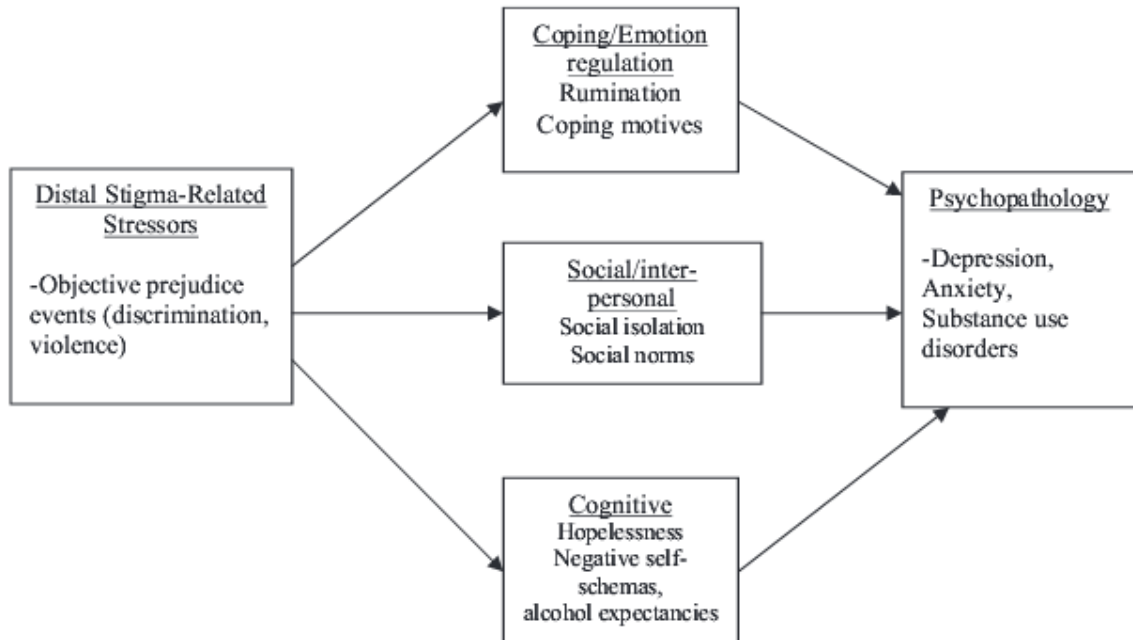
Figure 1. The psychological mediation framework (Hatzenbuehler, 2009).
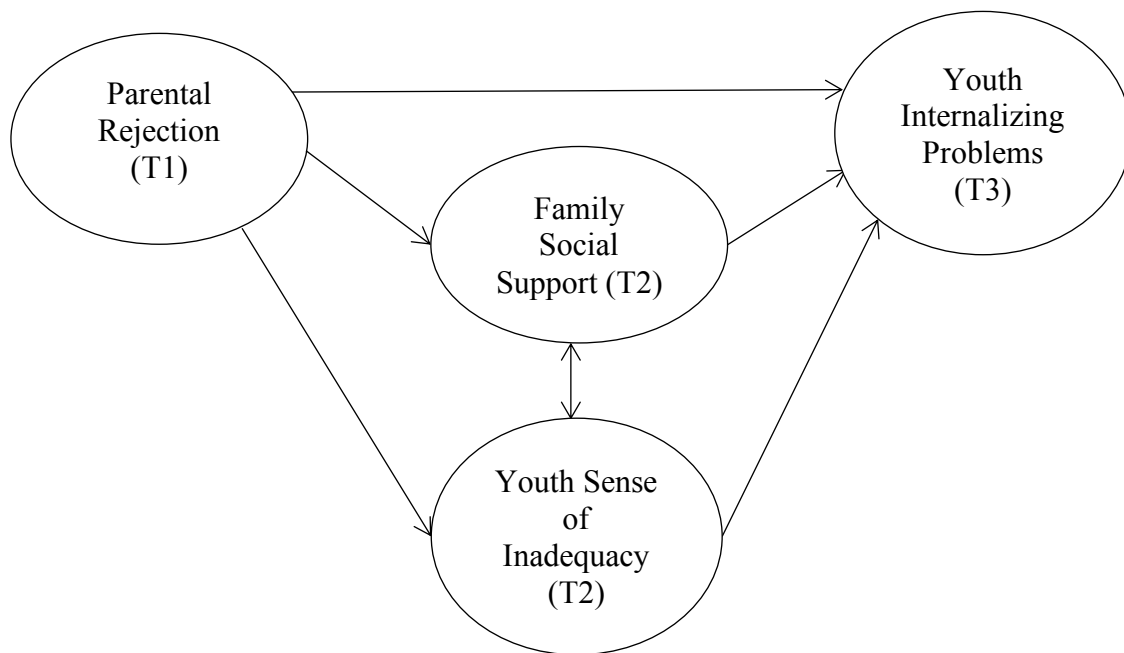
Figure 2. Proposed structural model.
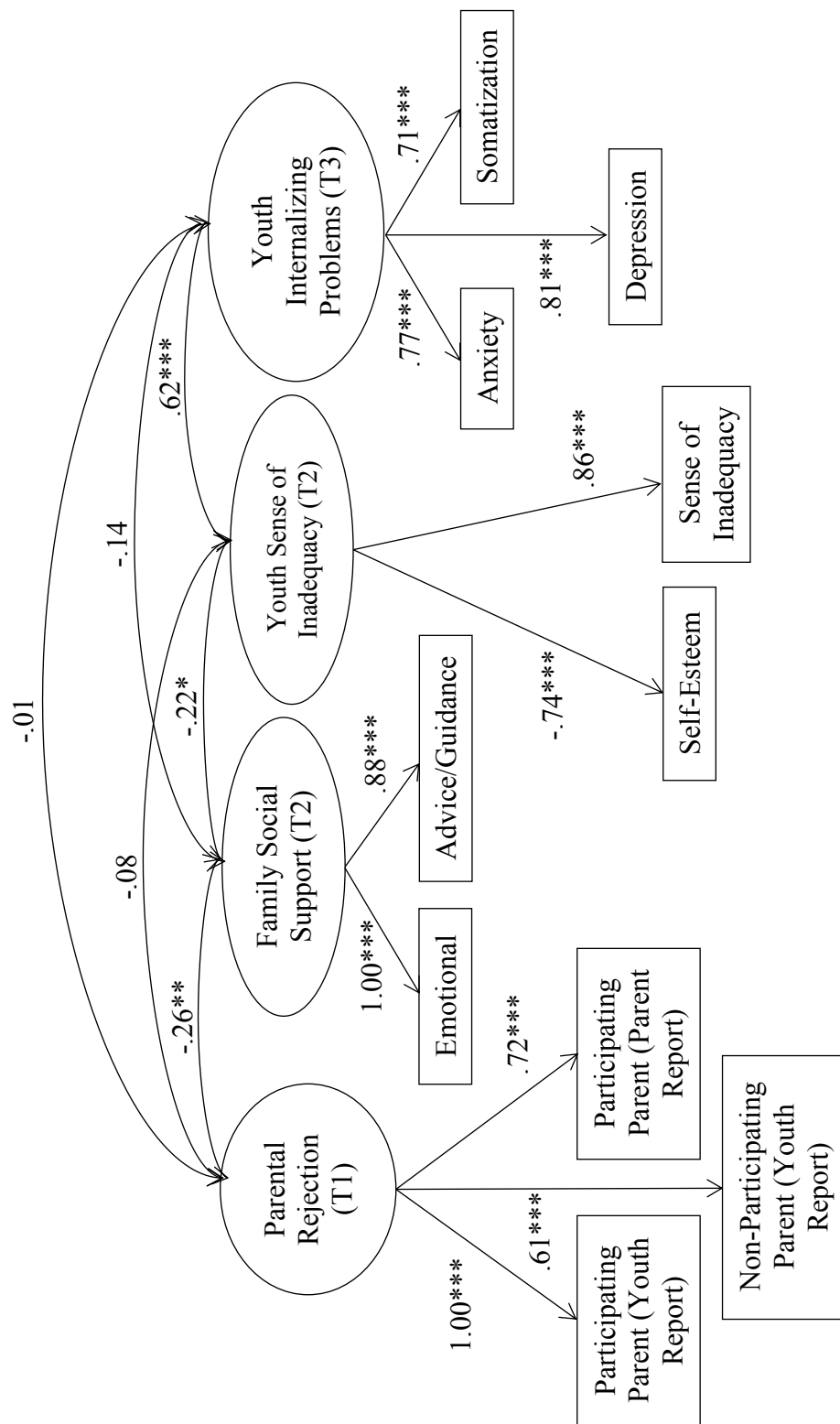
Figure 3. Measurement model of latent variables. Estimates are standardized, while *p*-values correspond to unstandardized parameter estimates.
*p ≤ .05. **p ≤ .01. ***p ≤ .001.
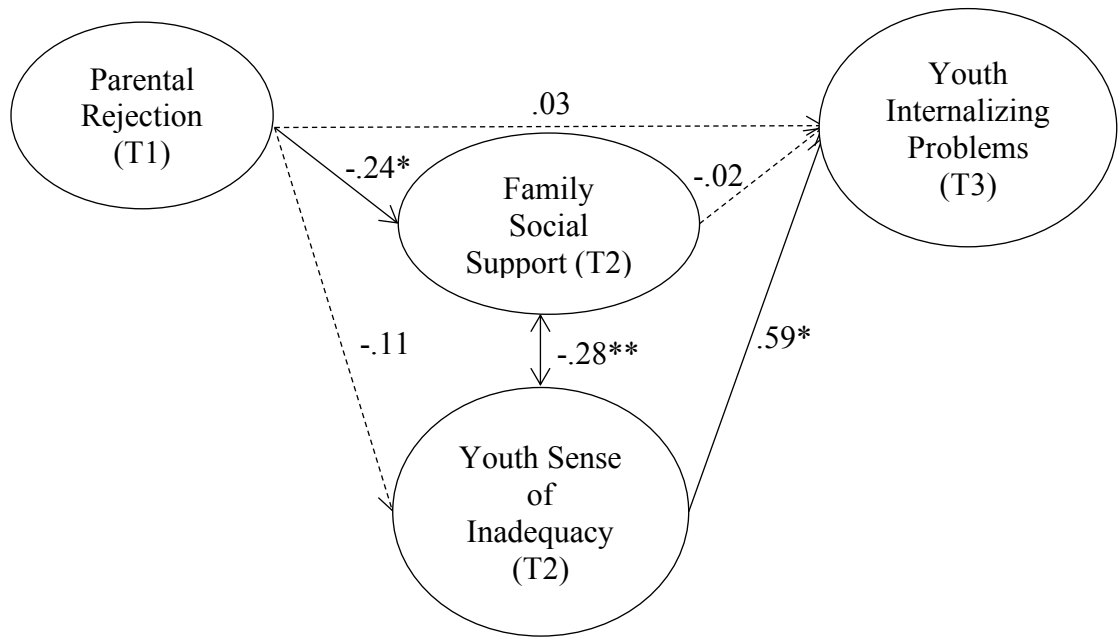
Figure 4. Final structural model. Estimates are standardized, while *p*-values correspond to unstandardized parameter estimates. Covariates (i.e., youth age, years since first sexual orientation disclosure to a parent, and age at first sexual orientation disclosure to a parent) included in the model in all "ON" statements are not depicted.
p ≤ .05. **p* ≤ .01.
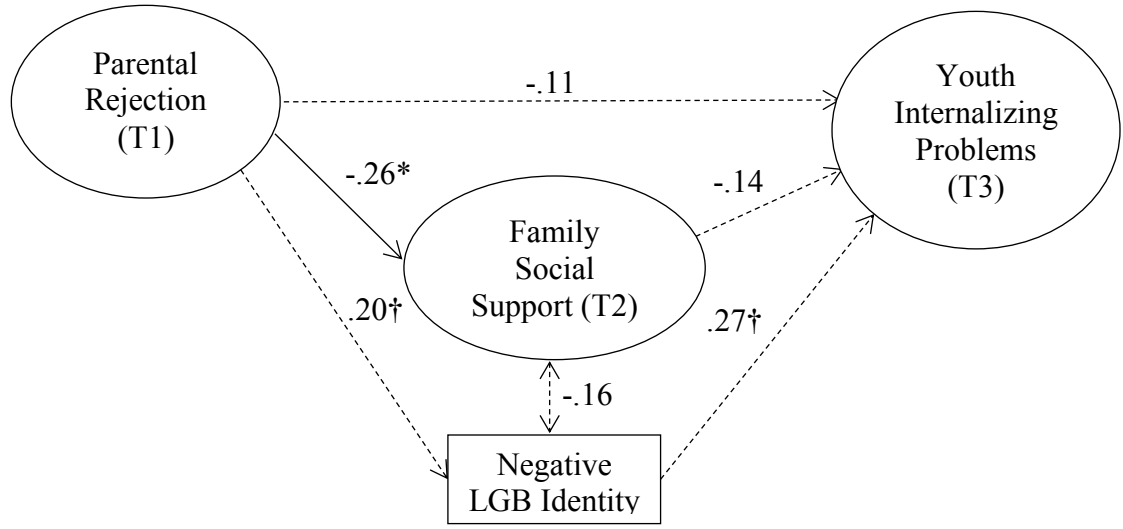
Figure 5. Revised longitudinal structural model. Estimates are standardized, while *p*-values correspond to unstandardized parameter estimates. Covariates (i.e., youth age, years since first sexual orientation disclosure to a parent, and age at first sexual orientation disclosure to a parent) included in the model in all "ON" statements are not depicted.

†*p* ≤ .10. **p* ≤ .05. ***p* ≤ .01.

Appendix A

Youth Demographic Information

YOUTH BACKGROUND INFORMATION

These questions ask about your background.

1. What is your gender?
   ☐ Male   ☐ Female
   ☐ Other (please describe) _____

2. What is your ethnicity?
   ☐ Asian or Pacific Islander
   ☐ Black (African American; non-Hispanic)
   ☐ Haitian or other Caribbean
   ☐ White (Caucasian; non-Hispanic)
   ☐ Hispanic/Latino
        ☐ Cuban
        ☐ Mexican
        ☐ Latin-American
   ☐ Native American or American Indian
   ☐ Other (please describe) _____

3. Where were you born?
   City: _____
   State/Province: _____
   Country: _____
   3a. Is this city urban or rural (check one)?   ☐Urban   ☐Rural

4. What is your age?

   _____ years

5. How many years of school have you finished (please circle a number)?

   None: 0
   Elementary School: 1   2   3   4   5
   Middle School: 6   7   8
   High School: 9   10   11   12
   College/University: 13   14   15   16

6. Are you currently attending school?
   ☐ yes   ☐ no

7. What religion are you?
   ☐ none
   ☐ Jewish
   ☐ Catholic
   ☐ Protestant
   ☐ Muslim
   ☐ Other:_____

8. If you are religious, how does your religion feel about homosexuality?
- ☐ Very Supportive
- ☐ Supportive
- ☐ Neutral or No Opinion
- ☐ Unsupportive
- ☐ Very Unsupportive
- ☐ I don't know
- ☐ I am not religious

9. What religion is your mother?
- ☐ none
- ☐ Jewish
- ☐ Catholic
- ☐ Protestant
- ☐ Muslim
- ☐ Other:_____

10. If your mother is religious, how does her religion feel about homosexuality?
- ☐ Very Supportive
- ☐ Supportive
- ☐ Neutral or No Opinion
- ☐ Unsupportive
- ☐ Very Unsupportive
- ☐ I don't know
- ☐ She is not religious

11. If your mother is religious, how much does she agree with her religion's view on homosexuality?
- ☐ Completely
- ☐ Mostly
- ☐ Some
- ☐ A little
- ☐ Not at all
- ☐ I don't know
- ☐ She is not religious

12. What religion is your father?
- ☐ none
- ☐ Jewish
- ☐ Catholic
- ☐ Protestant
- ☐ Muslim
- ☐ Other:_____

13. If your father is religious, how does his religion feel about homosexuality?
- ☐ Very Supportive
- ☐ Supportive
- ☐ Neutral or No Opinion
- ☐ Unsupportive
- ☐ Very Unsupportive
- ☐ I don't know
- ☐ He is not religious

14. If your father is religious, how much does he agree with his religion's view on homosexuality?
- ☐ Completely
- ☐ Mostly
- ☐ Some
- ☐ A little
- ☐ Not at all
- ☐ I don't know
- ☐ He is not religious

15. How often do you participate in religious activities?
- ☐ Once a week or more
- ☐ Once a month
- ☐ On holidays only
- ☐ Never

16. In a typical year, what is the total amount of money that your family lived on?
$_____
- ☐ Don't know

17. How many people live on that money?

_____ people

18. How would you describe your sexual orientation?
- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual

    18a. If these do not describe your sexuality, please write your own description in the box below:

19. Please rate your sexual orientation from 0 to 6 on this scale (circle one number):

```
    (0) ----------1-----------2-----------(3)-----------4-----------5-----------(6)
    I am                            I am                          I am
 never attracted                 equally                  only attracted
 to members of                   attracted                to members of
  the same sex                 to both sexes               the same sex
```

20. Are you in a romantic relationship right now?
- ☐ Yes, I am in a relationship with a male
- ☐ Yes, I am in a relationship with a female
- ☐ Yes, I am in a relationship with someone who is transgender
- ☐ No, I am not in a relationship

21. Who do you live with right now (check **all** that apply)?

☐ Mother	☐ Sibling(s)
☐ Father	☐ Grandparent(s)
☐ Stepmother	☐ Aunts/Uncles
☐ Stepfather	☐ Roommate(s)/Friend(s)
☐ Adoptive mother	☐ Romantic partner
☐ Adoptive father	☐ I live alone

☐ Other (please specify)_____

22. If you have any siblings (i.e., biological, stepsiblings, or half siblings), please list them below.

Relationship to you	How old is this sibling?	Does this sibling live with you?	Does this person know about your sexuality?
Example step-brother	11	yes	no
1.			
2			
3			
4.			
5.			
6.			
7.			
8.			

Appendix B

Parent Demographic Information

PARENT BACKGROUND INFORMATION

These questions ask about your background.

1. What is your gender?
    ☐ Male   ☐ Female
    ☐ Other (please describe) _____

2. Please indicate your ethnicity (check all that apply)
    ☐ Asian or Pacific Islander
    ☐ Black (African American; non-Hispanic)
    ☐ Haitian or other Caribbean
    ☐ White (Caucasian; non-Hispanic)
    ☐ Hispanic/Latino
        ☐ Cuban
        ☐ Mexican
        ☐ Latin-American
    ☐ Native American or American Indian
    ☐ Other (please indicate) _____

3. Where were you born?
    City: _____
    State/Province: _____
    Country: _____
    3a. Is this city urban or rural (check one)?   ☐Urban   ☐Rural

4. If you were born in another country, how long have you lived in the United States?
    _____ years

5. What is your age?
    _____ years

6. How many years of school have you finished (please circle a number)?

    None: 0

Elementary School:	1	2	3	4	5
Middle School:	6	7	8		
High School:	9	10	11	12	
College/University:	13	14	15	16	
Graduate school?	_____				

7. What is your relationship to the child participating in this project with you?
    ☐ Biological parent
    ☐ Adoptive parent
    ☐ Step-parent
    ☐ Foster parent
    ☐ Parent's partner
    ☐ Other relative (describe) _____
    ☐ Other (please describe) _____

8. What is your current marital status?
- ☐ Single, never married
- ☐ Married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed

9. In a typical year, what is the total amount of money your family has lived on?

$ _____

10. How many people live on that money?

_____ people

11. How would you describe your sexual orientation?
- ☐ Heterosexual
- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual

11a. If heterosexual, gay, lesbian, or bisexual do not adequately describe your sexuality, please write your own description in the box below:

12. Please rate your sexual orientation from 0 to 6 on the following scale (circle one number):

(0) -----------1------------2------------(3)-----------4-----------5-----------(6)

exclusively	**bisexual**	**exclusively**
heterosexual	(equally	**homosexual**
(never attracted	attracted	(never attracted
to members of	to both sexes)	to members of
the same sex)		the opposite sex)

13. How long have you known about your child's sexual orientation?

_____ years and _____ months

Appendix C

Perceived Parent Reactions Scale – Youth Version (Willoughby, Malik, & Lindahl, 2006)

Current PPRS - Adolescent Version

INSTRUCTIONS: List below the parents you have come out to. If a parent is participating with you in Project COPES, list this parent as **Parent #1**:

Parent #1: ☐ MOTHER ☐ FATHER ☐ OTHER: _____

Parent #2: ☐ MOTHER ☐ FATHER ☐ OTHER: _____

Think about each parent separately when filling out this questionnaire.

Think about how <mark>your parents CURRENTLY feel about your sexuality</mark> as you respond to the following questions. Read the following statements and indicate how much you agree or disagree with each statement by circling a number. Remember, there are no right or wrong answers. These are your opinions.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

When thinking about how my parent currently feels about my sexuality, he/she:

	Parent #1	Parent #2
1. supports me	1 2 3 4 5	1 2 3 4 5
2. is worried about what his/her friends and other parents think of him/her	1 2 3 4 5	1 2 3 4 5
3. has the attitude that homosexual people should not work with children	1 2 3 4 5	1 2 3 4 5
4. is concerned about what the family thinks of him/her	1 2 3 4 5	1 2 3 4 5
5. is proud of me	1 2 3 4 5	1 2 3 4 5
6. believes that marriage between homosexual individuals is unacceptable	1 2 3 4 5	1 2 3 4 5
7. is concerned about the potential that he/she won't get grandchildren from me	1 2 3 4 5	1 2 3 4 5
8. realizes that I am still 'me', even though I am gay/lesbian/bisexual	1 2 3 4 5	1 2 3 4 5
9. believes that homosexuality is immoral	1 2 3 4 5	1 2 3 4 5
10. thinks it is great	1 2 3 4 5	1 2 3 4 5
11. has problems seeing two homosexual people together in public	1 2 3 4 5	1 2 3 4 5
12. is concerned about having to answer other peoples' questions about my sexuality	1 2 3 4 5	1 2 3 4 5
13. has currently kicked me out of the house	1 2 3 4 5	1 2 3 4 5
14. doesn't believe me	1 2 3 4 5	1 2 3 4 5
15. yells and/or screams	1 2 3 4 5	1 2 3 4 5

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5

	Parent #1	Parent #2
16. prays to God, asking Him to turn me straight	1 2 3 4 5	1 2 3 4 5
17. blames himself/herself	1 2 3 4 5	1 2 3 4 5
18. calls me derogatory names, like 'faggot' or 'queer'	1 2 3 4 5	1 2 3 4 5
19. pretends that I am not gay/lesbian/bisexual	1 2 3 4 5	1 2 3 4 5
20. is angry at the fact I am gay/lesbian/bisexual	1 2 3 4 5	1 2 3 4 5
21. wants me not to tell anyone else	1 2 3 4 5	1 2 3 4 5
22. cries tears of sadness	1 2 3 4 5	1 2 3 4 5
23. says I am no longer his/her child	1 2 3 4 5	1 2 3 4 5
24. tells me it is just a phase	1 2 3 4 5	1 2 3 4 5
25. is mad at someone he/she thought has 'turned me gay/lesbian/bisexual'	1 2 3 4 5	1 2 3 4 5
26. wants me to see a psychologist who can 'make me straight'	1 2 3 4 5	1 2 3 4 5
27. is afraid of being judged by relatives and friends	1 2 3 4 5	1 2 3 4 5
28. withholds financial support	1 2 3 4 5	1 2 3 4 5
29. brings up evidence to show that I must not be gay/lesbian/bisexual, such as "You had a girlfriend/boyfriend, you can't be gay/lesbian/bi."	1 2 3 4 5	1 2 3 4 5
30. is mad at me for doing this to him/her	1 2 3 4 5	1 2 3 4 5
31. wants me not to be gay/lesbian/bisexual	1 2 3 4 5	1 2 3 4 5
32. is ashamed of my homosexuality/bisexuality	1 2 3 4 5	1 2 3 4 5

Appendix D

Perceived Parent Reactions Scale – Parent Version (Willoughby, Malik, & Lindahl, 2006)

PPRS-Parent Version

INSTRUCTIONS: Think about how you <mark>currently</mark> feel about your child's sexual orientation as you respond to the following questions. Read the following statements and indicate how much you agree or disagree with each statement. Remember, there are no correct or incorrect answers. These are your opinions.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

When thinking about how I currently feel about my child's sexuality, I:

1. support my child	1 2 3 4 5
2. am worried about what my friends and other parents will think of me	1 2 3 4 5
3. have the attitude that homosexual people should not work with children	1 2 3 4 5
4. am concerned about what my family might think of me	1 2 3 4 5
5. am proud of my child	1 2 3 4 5
6. believe that marriage between homosexual individuals is unacceptable	1 2 3 4 5
7. am concerned about the potential that I wouldn't get grandchildren from my child	1 2 3 4 5
8. realize my child is still 'him/herself', even though they are gay/lesbian/bisexual	1 2 3 4 5
9. believe that homosexuality is immoral	1 2 3 4 5
10. think it is great	1 2 3 4 5
11. have a problem seeing two homosexual people together in public	1 2 3 4 5
12. am concerned about having to answer other peoples' questions about my child's sexuality	1 2 3 4 5
13. have currently kicked my child out of the house	1 2 3 4 5
14. don't believe my child	1 2 3 4 5
15. yell and/or scream	1 2 3 4 5
16. pray to God, asking him to turn my child straight	1 2 3 4 5
17. blame myself	1 2 3 4 5
18. call my child derogatory names, like 'faggot' or 'queer'	1 2 3 4 5
19. pretend that my child isn't gay/lesbian/bisexual	1 2 3 4 5
20. am angry at the fact my child is gay/lesbian/bisexual	1 2 3 4 5
21. want my child not to tell anyone else	1 2 3 4 5

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5

22. cry tears of sadness   1 2 3 4 5

23. say he/she is no longer my son/daughter   1 2 3 4 5

24. tell my child it is just a phase   1 2 3 4 5
12:35 PM☐

25. am mad at someone I think has turned my child gay/lesbian/bisexual   1 2 3 4 5

26. want my child to see a psychologist who can make him/her straight   1 2 3 4 5

27. am afraid of being judged by relatives and friends   1 2 3 4 5

28. withhold financial support   1 2 3 4 5

29. bring up evidence to show that my child must not be gay/lesbian/bisexual, such as "You had a girlfriend/boyfriend, you can't be gay/lesbian/bisexual."   1 2 3 4 5

30. am mad at my child for doing this to me   1 2 3 4 5

31. want my child not to be gay/lesbian/bisexual   1 2 3 4 5

32. am ashamed of my child's homosexuality   1 2 3 4 5

Appendix E

Social Support Behaviors Scale (Vaux, Riedel, & Stewart, 1987)

Your Close Family Members

1. How many family members do you have? _____

2. Starting with your *closest family member,* please complete the information below about each of your family members. Start with the family member to whom you are closest, then your next closest family member, and so on.

Relationship to you (e.g., mother father, sister)	Does this person live with you?	How old is this person?	What is this person's sexual orientation?	Does this person know about your sexuality?
Example father	yes	45	straight	yes
1.				
2				
3				
4.				
5.				
6.				
7.				
8.				

Support for Problems NOT Related to Your Sexuality

Now, we are going to ask you the same questions again. But, this time we want you to **suppose you had some kind of problem that was NOT related to your sexuality**, such as those you checked off as stressful in an earlier questionnaire. How *likely* would these same family members be to help you out in each of the specific ways listed below?

1 *No* family member would do this	2 Some family member *might* do this	3 Some family member would *probably* do this	4 Some family member would *certainly* do this	5 *Most* family members would *certainly* do this

1	If I had some kind of problem <u>not</u> related to my sexuality, would comfort me if I was upset.	1 2 3 4 5
2	If I had some kind of problem <u>not</u> related to my sexuality, would joke around or suggest doing something to cheer me up.	1 2 3 4 5
3	If I had some kind of problem <u>not</u> related to my sexuality, would suggest how I could find out more about a situation.	1 2 3 4 5
4	If I had some kind of problem <u>not</u> related to my sexuality, would listen if I needed to talk about my feelings.	1 2 3 4 5
5	If I had some kind of problem <u>not</u> related to my sexuality, would suggest a way I might do something.	1 2 3 4 5
6	If I had some kind of problem <u>not</u> related to my sexuality, would give me encouragement to do something difficult.	1 2 3 4 5
7	If I had some kind of problem <u>not</u> related to my sexuality, would give me advice about what to do.	1 2 3 4 5
8	If I had some kind of problem <u>not</u> related to my sexuality, would help me figure out what I wanted to do.	1 2 3 4 5
9	If I had some kind of problem <u>not</u> related to my sexuality, would show me that they understood how I was feeling.	1 2 3 4 5
10	If I had some kind of problem <u>not</u> related to my sexuality, would help me decide what to do.	1 2 3 4 5
11	If I had some kind of problem <u>not</u> related to my sexuality, would give me a hug, or otherwise show me I was cared about.	1 2 3 4 5
12	If I had some kind of problem <u>not</u> related to my sexuality, would help me figure out what was going on.	1 2 3 4 5

1	2	3	4	5
No family member would do this	Some family member *might* do this	Some family member would *probably* do this	Some family member would *certainly* do this	*Most* family members would *certainly* do this

13	If I had some kind of problem <u>not</u> related to my sexuality, would not pass judgment on me.	1 2 3 4 5
14	If I had some kind of problem <u>not</u> related to my sexuality, would tell me who to talk to for help.	1 2 3 4 5
15	If I had some kind of problem <u>not</u> related to my sexuality, would be sympathetic if I was upset.	1 2 3 4 5
16	If I had some kind of problem <u>not</u> related to my sexuality, would stick by me in a crunch.	1 2 3 4 5
17	If I had some kind of problem <u>not</u> related to my sexuality, would tell me about the available choices and options.	1 2 3 4 5
18	If I had some kind of problem <u>not</u> related to my sexuality, would give me reasons why I should or should not do something.	1 2 3 4 5
19	If I had some kind of problem <u>not</u> related to my sexuality, would show affection for me.	1 2 3 4 5
20	If I had some kind of problem <u>not</u> related to my sexuality, would tell me the best way to get something done.	1 2 3 4 5
21	If I had some kind of problem <u>not</u> related to my sexuality, would tell me what to do.	1 2 3 4 5
22	If I had some kind of problem <u>not</u> related to my sexuality, would help me think about a problem.	1 2 3 4 5

Appendix F

Self-Esteem Scale of the Behavior Assessment for Children, Second Edition, Self-Report

of Personality-Adolescent (Reynolds & Kamphaus, 2004)

Directions:

This booklet contains sentences that young people may use to describe how they think or feel or act. Read each sentence carefully. For the first group of sentences, you will have two answer choices: **T** or **F.**

Circle **T** for **True** if you agree with a sentence.

Circle **F** for **False** if you do not agree with a sentence.

Here is an example:

1. I like parties.   Ⓣ   F

For the second group of sentences, you will have four answer choices: **N, S, O,** and **A.**

Circle **N** if the sentence **never** describes you or how you feel.

Circle **S** if the sentence **sometimes** describes you or how you feel

Circle **O** if the sentence **often** describes you or how you feel.

Circle **A** if the sentence **almost always** describes you or how you feel.

Here is an example:

2. I enjoy doing homework.   N   Ⓢ   O   A

If you wish to change an answer, mark an X through it, and circle your new choice, like this:

2. I enjoy doing homework.   N   Ⓧ   Ⓞ   A

Give the best response for you for each sentence, even if it is hard to make up your mind. There are no right or wrong answers. Please do your best, tell the truth, and respond to every sentence.

BASC-2 Youth Report

Mark: T = True   F = False

1. **I like who I am.** -   **T**   **F**

16. I wish I were different. -   T   F

25. I wish I were someone else -   T   F

33. I feel good about myself -   T   F

       Remember: N = Never   S = Sometimes   O = Often   A = Almost Always

43. I like the way I look. -   N   S   O   A

52. **I get upset about my looks.** -   **N**   **S**   **O**   **A**

61. I am good at things. -   N   S   O   A

73. My looks bother me. -   N   S   O   A

Appendix G

Sense of Inadequacy Scale of the Behavior Assessment for Children, Second Edition,

Self-Report of Personality-Adolescent (Reynolds & Kamphaus, 2004)

Directions:

This booklet contains sentences that young people may use to describe how they think or feel or act. Read each sentence carefully. For the first group of sentences, you will have two answer choices: **T** or **F.**

Circle **T** for **True** if you agree with a sentence.

Circle **F** for **False** if you do not agree with a sentence.

Here is an example:

1. I like parties.   (T)   F

For the second group of sentences, you will have four answer choices: **N, S, O,** and **A.**

Circle **N** if the sentence **never** describes you or how you feel.

Circle **S** if the sentence **sometimes** describes you or how you feel

Circle **O** if the sentence **often** describes you or how you feel.

Circle **A** if the sentence **almost always** describes you or how you feel.

Here is an example:

2. I enjoy doing homework.   N   (S)   O   A

If you wish to change an answer, mark an X through it, and circle your new choice, like this:

2. I enjoy doing homework.   N   (X)   (O)   A

Give the best response for you for each sentence, even if it is hard to make up your mind. There are no right or wrong answers. Please do your best, tell the truth, and respond to every sentence.

Mark: T = True   F = False

13. I never seem to get anything right. -   T   F

15. I cover up my work when the teacher walks by. - - - - - - - - - - - - - - - -   T   F

30. Most things are harder for me than for others. - - - - - - - - - - - - - - - -   T   F

32. I never quite reach my goal. -   T   F

49. Even when I try hard, I fail. -   N   S   O   A

51. I am disappointed with my grades. -   N   S   O   A

68. When I take tests, I can't think -   N   S   O   A

71. I want to do better, but I can't. -   N   S   O   A

86. I fail at things. -   N   S   O   A

89. I quit easily. -   N   S   O   A

Appendix H

Anxiety Scale of the Behavior Assessment for Children, Second Edition, Self-Report of

Personality-Adolescent (Reynolds & Kamphaus, 2004)

Directions:

This booklet contains sentences that young people may use to describe how they think or feel or act. Read each sentence carefully. For the first group of sentences, you will have two answer choices: **T** or **F.**

Circle **T** for **True** if you agree with a sentence.

Circle **F** for **False** if you do not agree with a sentence.

Here is an example:

1. I like parties.   (T)   F

For the second group of sentences, you will have four answer choices: **N, S, O,** and **A.**

Circle **N** if the sentence **never** describes you or how you feel.

Circle **S** if the sentence **sometimes** describes you or how you feel

Circle **O** if the sentence **often** describes you or how you feel.

Circle **A** if the sentence **almost always** describes you or how you feel.

Here is an example:

2. I enjoy doing homework.   N   (S)   O   A

If you wish to change an answer, mark an X through it, and circle your new choice, like this:

2. I enjoy doing homework.   N   (⊗)   (O)   A

Give the best response for you for each sentence, even if it is hard to make up your mind. There are no right or wrong answers. Please do your best, tell the truth, and respond to every sentence.

BASC-2 Youth Report

Mark: T = True   F = False

7. I can never seem to relax. -   T   F

11. I worry about little things. -   T   F

22. I worry a lot of the time. -   T   F

28. I often worry about something bad happening to me. - - - - - - - - - - - -   T   F

Remember: N = Never   S = Sometimes   O = Often   A = Almost Always

40. I get so nervous I can't breathe. -   N   S   O   A

47. I worry when I go to bed at night. -   N   S   O   A

58. I feel guilty about things. -   N   S   O   A

64. I get nervous. -   N   S   O   A

66. I worry but I don't know why. -   N   S   O   A

77. I get nervous when things do not go the right way for me. - - - - - - - - -   N   S   O   A

82. Little things bother me. -   N   S   O   A

84. I worry about what is going to happen. -   N   S   O   A

100. I am afraid of a lot of things. -   N   S   O   A

Appendix I

Depression Scale of the Behavior Assessment for Children, Second Edition, Self-Report

of Personality-Adolescent (Reynolds & Kamphaus, 2004)

Directions:

This booklet contains sentences that young people may use to describe how they think or feel or act. Read each sentence carefully. For the first group of sentences, you will have two answer choices: **T** or **F.**

Circle **T** for **True** if you agree with a sentence.

Circle **F** for **False** if you do not agree with a sentence.

Here is an example:

1. I like parties.   (T)   F

For the second group of sentences, you will have four answer choices: **N, S, O,** and **A.**

Circle **N** if the sentence **never** describes you or how you feel.

Circle **S** if the sentence **sometimes** describes you or how you feel

Circle **O** if the sentence **often** describes you or how you feel.

Circle **A** if the sentence **almost always** describes you or how you feel.

Here is an example:

2. I enjoy doing homework.   N   (S)   O   A

If you wish to change an answer, mark an X through it, and circle your new choice, like this:

2. I enjoy doing homework.   N   (X)   (O)   A

Give the best response for you for each sentence, even if it is hard to make up your mind. There are no right or wrong answers. Please do your best, tell the truth, and respond to every sentence.

BASC-2 Youth Report

Mark: T = True   F = False

2.   Nothing goes my way. -   T   F

5.   I used to be happier. -   T   F

12. Nothing is fun anymore. -   T   F

17. Nobody ever listens to me. -   T   F

20. I just don't care anymore. -   T   F

29. I don't seem to do anything right. -   T   F

35. Nothing ever goes right for me. -   T   F

38. Nothing about me is right. -   T   F

Remember: N = Never   S = Sometimes   O = Often   A = Almost Always

48. I feel like my life is getting worse and worse. - - - - - - - - - - - - - - - - - -   N   S   O   A

54. I feel depressed. -   N   S   O   A

55. No one understands me. -   N   S   O   A

67. I feel sad. -   N   S   O   A

Appendix J

Somatization Scale of the Behavior Assessment for Children, Second Edition, Self-

Report of Personality-Adolescent (Reynolds & Kamphaus, 2004)

Directions:

This booklet contains sentences that young people may use to describe how they think or feel or act. Read each sentence carefully. For the first group of sentences, you will have two answer choices: **T** or **F.**

Circle **T** for **True** if you agree with a sentence.

Circle **F** for **False** if you do not agree with a sentence.

Here is an example:

1. I like parties. (T) F

For the second group of sentences, you will have four answer choices: **N, S, O,** and **A.**

Circle **N** if the sentence **never** describes you or how you feel.

Circle **S** if the sentence **sometimes** describes you or how you feel

Circle **O** if the sentence **often** describes you or how you feel.

Circle **A** if the sentence **almost always** describes you or how you feel.

Here is an example:

2. I enjoy doing homework. N (S) O A

If you wish to change an answer, mark an X through it, and circle your new choice, like this:

2. I enjoy doing homework. N (X) (O) A

Give the best response for you for each sentence, even if it is hard to make up your mind. There are no right or wrong answers. Please do your best, tell the truth, and respond to every sentence.

BASC-2 Youth Report

Mark: T = True   F = False

3.   **My muscles get sore a lot.** -   T   F

6.   I often have headaches. -   T   F

18. Often I feel sick in my stomach. -   T   F

21. **Sometimes my ears hurt for no reason.** -   T   F

39. My stomach gets upset more than most people's. - - - - - - - - - - - - - - -   T   F

      Remember: N = Never   S = Sometimes   O = Often   A = Almost Always

56. **I feel dizzy.** -   N   S   O   A

Appendix K

Lesbian, Gay, and Bisexual Identity Scale (LGBIS; Mohr & Fassinger, 2000)

LGBIS - Youth

For each of the following statements, mark the response that best indicates your experience as a lesbian, gay, or bisexual (LGB) person. Please be as honest as possible in your responses.

1----------2----------3----------4----------5----------6----------7
Disagree   Agree
Strongly   Strongly

1. _____ I prefer to keep my same-sex romantic relationships rather private.
2. _____ I will never be able to accept my sexual orientation until all of the people in my life have accepted me.
3. _____ I would rather be straight if I could.
4. _____ Coming out to my friends and family has been a very lengthy process.
5. _____ I'm not totally sure what my sexual orientation is.
6. _____ I keep careful control over who knows about my same-sex romantic relationships.
7. _____ I often wonder whether others judge me for my sexual orientation.
8. _____ I am glad to be an LGB person.
9. _____ I look down on heterosexuals.
10. _____ I keep changing my mind about my sexual orientation.
11. _____ My private sexual behavior is nobody's business.
12. _____ I can't feel comfortable knowing that others judge me negatively for my sexual orientation.
13. _____ Homosexual lifestyles are not as fulfilling as heterosexual lifestyles.
14. _____ Admitting to myself that I'm an LGB person has been a very painful process.
15. _____ If you are not careful about whom you come out to, you can get very hurt.
16. _____ Being an LGB person makes me feel insecure around straight people.
17. _____ I'm proud to be part of the LGB community.
18. _____ Developing as an LGB person has been a fairly natural process for me.
19. _____ I can't decide whether I am bisexual or homosexual.
20. _____ I think very carefully before coming out to someone.
21. _____ I think a lot about how my sexual orientation affects the way people see me.
22. _____ Admitting to myself that I'm an LGB person has been a very slow process.
23. _____ Straight people have boring lives compared with LGB people.
24. _____ My sexual orientation is a very personal and private matter.
25. _____ I wish I were heterosexual.
26. _____ I get very confused when I try to figure out my sexual orientation.
27. _____ I have felt comfortable with my sexual identity just about from the start.