
Collateral: The Impact of QAnon on Loved Ones and the Potential for P/CVE Programs to Help

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Abstract

Since 2017, the conspiracy theory known as QAnon has boomed in popularity and spread across national borders. While QAnon is linked to various violent criminal acts, including the January 6th riots on Capitol Hill in Washington, D.C., there is abundant anecdotal data to suggest QAnon also has destructive relational effects on the loved ones of its adherents. While these Q-believers and their loved ones would benefit from psychosocial support, they either do not seek help or are unable to find the type of support they need. By conducting an original survey of 473 family members and friends of Q-believers, this study adds to a nascent but growing body of research documenting the negative collateral effects of conspiracies on loved ones and their need for professional and psychosocial support. Our findings indicate that younger, immediate family members who live with the Q-person experience the greatest negative impacts from their loved one's belief in QAnon. While this group expressed the highest level of need and desire to access psychosocial support services, they also reported the most barriers to accessing these services. Among these barriers, many respondents identified a lack of QAnon-informed or -specialized support services. These findings suggest that programs aimed at preventing and countering violent extremism (P/CVE) are uniquely positioned to help Q-believers and their loved-ones, as well as to build capacity among health and social service providers to increase the support available to this population.

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Introduction

On January 6th, 2021, more than a thousand protesters led an insurrection into the United States Capitol building in Washington, D.C. Among them were members of several violent extremist groups, including the Proud Boys, the Three Percenters, and the Oath Keepers (Reilly, 2022). Overlooking these extremist groups, however, media coverage featured a photo of a bare-chested man carrying a megaphone and a spear with an American flag,

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wearing a horned fur headdress and red, white, and blue face warpaint. This so-called ‘QAnon Shaman’ became the face of the Capitol attack. Dozens of criminal indictments were filed against participants, and many, including the ‘QAnon Shaman,’ received prison sentences (Rabinowitz & Polantz, 2021). A common theme among many of these criminal indictments was a belief in the QAnon conspiracy (Rubin et al., 2021).

Although rare, criminal acts perpetrated by QAnon conspiracy believers are not new. Between 2016 and 2021, Jensen and Kane (2021a) estimate that 101 QAnon adherents have committed crimes in the United States, including a California man arrested with bomb-making materials he intended to detonate at the Illinois Capitol building (Salas, 2018). Violence perpetrated by QAnon believers is not confined to the United States, either. In Canada, Europe, and Australia, QAnon has become increasingly popular, especially since the start of the Covid-19 pandemic. In 2022, for example, a QAnon-inspired protest at a police station in Ontario, Canada, resulted in several injuries (Fraser, 2022). The same year, German police arrested 24 people linked to the *Reichsbürger* movement – an anti-government extremist group which has cross-pollinated with common QAnon tropes– for an attempted coup (Kupper & Dittrich, 2023).

Concerns about QAnon-related violence have arisen as many security and intelligence agencies recognize emerging threats beyond their traditional foci on jihadism and right-wing extremism. These include actors and groups that have idiosyncratic and sometimes contradictory ideological beliefs (United States Office of the Director of National Intelligence, 2021). This broadening of the threat landscape has led the U.S. Department of Homeland Security to introduce the term “targeted violence” in their 2019 Strategic Framework to refer to “attacks otherwise lacking a clearly discernible political, ideological, or religious motivation” (U.S. Department of Homeland Security, 2019). The Canadian Security Intelligence Service (2023) recently acknowledged how conspiracy theories “encourage individuals to turn to violence for ‘self-defence’,” while the FBI has specifically labelled conspiracy theories like QAnon as a growing threat (Winter, 2019).

These changes affect not only counter-terrorism agencies and efforts, but also programs aimed at preventing and countering violent extremism (P/CVE). Because of these shifts in the broader extremism landscape, guidance is now being produced for P/CVE

practitioners and programs working with individuals who espouse conspiracies. For example, the Radicalisation Awareness Network (RAN), a network of frontline European P/CVE practitioners, released guidance on addressing conspiracy theories (Farinelli, 2021).

At the Organization for the Prevention of Violence (OPV), a P/CVE organization based in Alberta, Canada, we too have noticed a shift. Upon launching our P/CVE intervention program in 2019, most participants were individuals who espoused jihadism. This quickly plateaued, followed by a sustained intake of participants who fell along the extreme right-wing spectrum. At the start of 2020, we began to receive referrals for individuals who did not fit the traditional categories of violent extremism, but rather, were immersed in conspiracy theories and unclear ideologies (Organization for the Prevention of Violence, 2021). Following the January 6th 2021 insurrection, we began receiving inquiries from the family members and relatives of QAnon believers. Today, our service participants include several family members of QAnon believers.

While our program regularly provides services to family members who reach out for support due to a loved one involved in extremism, the needs and predicaments facing families of QAnon believers seem qualitatively different. Specifically, significant hostility, frequent confrontations, family ruptures, and emotional distress surrounding their family member's involvement in QAnon as well as feelings of isolation from, and conflict with, the Q-person are recurring themes. And while there is some early guidance on providing support to individuals who believe conspiracy theories, little guidance exists on how to effectively support their family members and loved ones.

Some scholars have begun the important work of examining the impact of QAnon on loved ones (Moskalenko et al., 2022). Yet the range of collateral effects on family and friends remains unclear, as does their need for professional support including psychosocial interventions. To better understand this specific population, we surveyed family members and loved ones of QAnon believers with the aim of measuring the various impacts of this relationship. Our questionnaire also collected information on the respondents' self-reported desire and barriers to accessing psychosocial support services for themselves, and collected both quantitative as well as qualitative data, in the form of shared experiences, from respondents.

Background

The QAnon Conspiracy Theory

QAnon primarily emerged on dedicated online message boards for discussing a myriad of conspiracy theories. The QAnon conspiracy first appeared on October 28th, 2017, on 4chan's /pol/ (politically incorrect page) in a thread called "Calm Before the Storm." The anonymous author, who later called themselves "Q", claimed to have access to sensitive U.S. government and military information, which they were sharing on the forum (Rothschild, 2021, pp. 3-6). Q's *nom-de-plume* is in reference to "Q clearance," a top-secret clearance level in the United States Department of Energy.

While QAnon contains a variety of beliefs and conspiracies, "Q" has claimed that elected representatives from the United States Democratic Party, together with elites around the world, belong to an underground Satanic cabal, responsible for molesting, sacrificing, and eating children to stay eternally young and secretly control the world. "Q" also claimed that then-President Donald Trump was the only person capable of dismantling the cabal and saving the United States. Beyond this main storyline, QAnon incorporates virtually every popular conspiracy theory under —what Barkun (2013) calls— a *superconspiracy*, whereby multiple conspiracies are linked to one another hierarchically.

As a superconspiracy, the "Q" narrative includes the conspiracy theories related to the illuminati, Deep State, new world order, 9/11 truthers, birthers, secret societies, Jewish bloodletting, the Jewish question, ancient symbolism, ufology, Bavarian bloodlines, hollow earthers, reptilians, mind control, chemtrails, Pizzagate, anti-vaccines, alternative health remedies, and many more. The story of an evil cabal of satanic pedophiles acts as the binding agent between these disparate narratives (Argentino, 2023, p. 5). Many QAnon adherents believe several or all the above conspiracies simultaneously (Moskalenko & Bloom, 2021).

The identity of "Q" has been debated vigorously. However, QAnon adherents believe that "Q" is an individual (or individuals) in a position of power within the American government and/or military. Posts from "Q" have moved over time through various image boards. However, after a nearly 2-year gap in posts since 2020, "Q" re-emerged in June 2022 with a cryptic question for its followers: "*Shall we play a game once more?*" (Gabbatt, 2022).

Despite this hiatus, the popularity of QAnon conspiracies did not wane (Wildon & Argentino, 2021), as demonstrated by the 2021 insurrection at the United States Capitol building involving many QAnon adherents. Ardent followers simply continue to justify Q's failed predictions with more conspiracies, arguing it is all part of "the plan" (Moskalenko & Bloom, 2021, p. 114).

QAnon has evolved substantially since its beginnings as a fringe online community, and its narratives continue to be promulgated by an ever-growing and influential group of right-wing politicians, media personalities, and pop culture influencers. Indeed, according to Argentino (2023, p. 6), QAnon is now an "offline religious and political movement with a shared sense of purpose, agency, and belonging, combined with an overwhelming desire for social change." As a result, QAnon supporters share a common sense that their way of life is under threat and feel a moral duty to act.

QAnon and Violence

Although conspiracy theories have long been used to varying degrees in the ideologies of violent extremists, less is known about how conspiracy theories themselves can lead to violence (Amarasingam, 2019). Nonetheless, tragic examples abound. In September 2022, a Michigan man shot and killed his wife and family dog before being fatally shot by police (Berg & Mackay, 2022). He also shot his daughter multiple times, though she survived. According to his daughter, he started believing several QAnon conspiracy theories prior to the shooting. In another tragic example from 2021, a California man kidnapped his two young children and brought them to Mexico where he murdered them. According to the FBI, he confessed to killing them because he believed his wife had passed down "serpent DNA" to his children and they were "going to grow into monsters," a reference to a QAnon-related conspiracy that purports that "lizard people" secretly run the world (Madani et al., 2021).

As a result of tragedies like these and repeated warnings from national security agencies, researchers have sought to investigate the threat posed by QAnon. Some argue QAnon poses a domestic terror threat. Argentino and Amarasingam (2020) detail the role QAnon played in radicalizing five Americans to criminal acts, one of whom was charged with a terrorism offence. In later work, Argentino and Amarasingam (2021) detail several criminal

incidents involving QAnon adherents in Canada during the Covid-19 pandemic, including threats against politicians and public figures, and attacks against critical infrastructure such as 5G towers. Argentino (2023, pp. 161, 164) estimates that between October 2017 and December 2022, there were 237 instances of QAnon violence and criminality leading to arrests in Australia, Canada, France, Germany, Japan, the Netherlands, New Zealand, Switzerland, the United Kingdom, and the United States, of which 109 are related to the January 6, 2021 insurrection at the U.S. Capitol building.

QAnon as a Non-Traditional Threat

Others have argued the threat from QAnon adherents has been mischaracterized. Moskalenko and McCauley (2021) argue against categorizing QAnon adherents as a terrorist group because, while many may hold radical opinions, these rarely translate into violent action. Jensen and Kane (2021b) similarly argue the threat from QAnon has been misunderstood. Through an assessment of data on crimes committed by QAnon believers, they conclude adherents do not possess the motivation or capabilities to carry out large-scale terrorist attacks. Instead, they find criminal incidents carried out by QAnon believers have been largely interpersonal, mostly consisting of violence against their own families (Jensen & Kane, p. 9). Since this assessment, however, several QAnon supporters have been arrested and charged with terrorism offences, including a former French politician plotting to attack vaccine centers and other targets (Balevic, 2021).

Impact on Family and Loved Ones

While the domestic terror threat posed by QAnon has come under debate, less attention has been paid to the collateral impact that belief in QAnon has on loved ones. Yet, there are several reasons why focusing on the social impact of QAnon is critical. First, as noted above, evidence demonstrates that violence by QAnon believers tends to be perpetrated against their family members. Second, conspiracy theories are often spread through family ties or social circles (Farinelli, 2021). This suggests that family members are susceptible to becoming involved in the conspiracy themselves, and further spreading it among their own

social circles. These two factors indicate an urgent need to understand and address the needs of loved ones of QAnon believers.

As a testament to these difficulties, several informal online communities for loved ones of Q-believers have developed on platforms such as TikTok and Reddit (Dodgson, 2022). Users self-report a myriad of negative personal outcomes including mental health struggles and family conflicts. One of the most prominent is the subreddit known as r/QAnonCasualties, which has around 263,000 members as of May 2023 (r/QAnonCasualties, 2023). In addition to these informal communities, the negative collateral effects of QAnon on the believer's social circles have also been documented anecdotally (e.g., Andrews, 2020; Gilbert, 2021; Watt, 2020). For example, based on nearly 200 responses from *BuzzFeed News* readers, Lytvynenko (2020) document what loved ones of Q-believers said about the conspiracy's impact on their relationships. For many, it resulted in the end of friend or family relationships, marriage, or romantic partnerships.

In a rapid assessment of the threat of QAnon in the U.S., Goldenberg et al. (2020) note the negative impacts QAnon has had on loved ones. The report was inspired by messages former U.S. Congressman Denver Riggleman received from constituents whose family relationships had been impacted by QAnon in the wake of the 2020 U.S. Presidential election. The report finds that strong in- and out-group dynamics, coupled with the distrust QAnon adherents feel toward those who do not agree with their beliefs, have caused conflicts and severed family relationships and friendships (Goldenberg et al., p. 7). In some cases, family and friends may even opt to join the QAnon movement to placate their loved ones (Goldenberg et al., p. 13). However, the report also notes more research is needed to better understand and address the impact of QAnon on loved ones.

As a result of calls like this, scholars have begun to take these negative collateral impacts seriously. In an Internet survey of 288 U.S.-based participants, Moskalenko et al. (2022) found that 80% reported having a relative or friend who believed in QAnon, a surprisingly high figure given the survey did not specifically target individuals who knew a Q-believer. These respondents revealed the overall quality of their relationship with the Q-person declined because of the Q-person's beliefs. Moreover, compared to those who do not

know a Q-believer, loved ones of Q-believers were significantly more likely to report experiencing anxiety and post-traumatic stress disorder.

Methodology

To better understand the impact of a loved one's belief in QAnon (hereon referred to as the Q-person), an online questionnaire was designed and distributed to self-identified loved ones of Q-believers (see Appendix for full questionnaire). The items on the questionnaire were grouped into five sections. Section 1 collected demographic information about the respondent. Section 2 contained questions about factors the respondent believes led the Q-person to become involved in QAnon. Section 3 asked how QAnon has impacted the respondent's relationship with the Q-person. Section 4 asked about the type of psychosocial support services the respondent has accessed or attempted to access. Finally, section 5 asked about barriers to accessing psychosocial support services. At various points throughout the questionnaire, respondents could write open-ended responses to elaborate on their experiences.

Links to the questionnaire were posted on Reddit, specifically the subreddits frequented by loved ones impacted by QAnon, including r/ReQovery, r/QanonCasualties, r/cults, r/ConspiracyPsychology, and r/FoxBrain. Approval for advertising the study was obtained from the subreddit moderators prior to posting. Invitations to complete the questionnaire were also advertised on Twitter by users, including one of the authors, known for their research on QAnon.

Prior to accessing the questionnaire, respondents were required to read and agree to a consent form providing information about the questionnaire, its purpose, and how responses would be used. Participants were informed their responses would remain anonymous, with no monetary compensation for their participation. The questionnaire was accessible from May to June of 2021, during which time we collected 481 responses from individuals who indicated someone in their life currently, or formerly, believes in QAnon. Of those, 8 were under the age of 18 and thus excluded from the analysis, resulting in a remaining 473 responses. Our

results only included respondents who, when prompted at the start of the questionnaire, indicated someone in their life currently, or formerly, believes in QAnon.

Results

Descriptive Statistics

Among the 473 respondents, all of whom indicated someone in their life currently or formerly believes in QAnon, most indicated they were located in the United States (372), Canada (39), and the United Kingdom (23). The remaining respondents were located in Australia (8), Germany (4), South Africa (3), the Netherlands and Ireland (3 each), France and Switzerland (2 each), and Belgium, Italy, and New Zealand (1 each).

Respondent ages ranged from 18 to 78, with an average age of 35. The age of the Q-person in their life ranged from 16 to 88, with an average of 48. Most respondents (357) identified as female, 88 identified as male, and 20 as non-binary. Most respondents (217) reported being immediate family members of the Q-person (e.g.: children, siblings, and parents), 154 respondents identified as non-family members (e.g.: coworkers, friends, romantic partners, or someone else in their life), and 102 as extended family members (e.g.: aunts, uncles, cousins, and grandparents). Descriptive statistics, tabulated by recruitment source (i.e., Reddit and Twitter), are presented in Table 1 below.

Table 1
Descriptive Statistics of Questionnaire Participants

	Reddit N=69	Twitter N=404	Total N=473
Immediate Family Members	49 (71%)	168 (42%)	217 (46%)
Extended Family Members	6 (9%)	96 (24%)	102 (22%)
Non-Family Members	14 (20%)	140 (35%)	154 (32%)
Avg. Age of Respondents	40 [13]	34 [9]	35 [10]
Avg. Age of Q-Person	52 [15]	47 [14]	48 [15]
Avg. Age Difference (Respondent Age – Q-Person Age)	-12 [18]	-13 [17]	-13 [17]
Female	45 (66%)	312 (79%)	357 (77%)
Male	21 (31%)	67 (18%)	88 (19%)
Non-Binary	2 (3%)	18 (5%)	20 (4%)

Note. Percentages are in parentheses. Standard deviations are in brackets. Percentages are calculated *per* recruitment source. Percentages and standard deviations are rounded up to the nearest whole number.

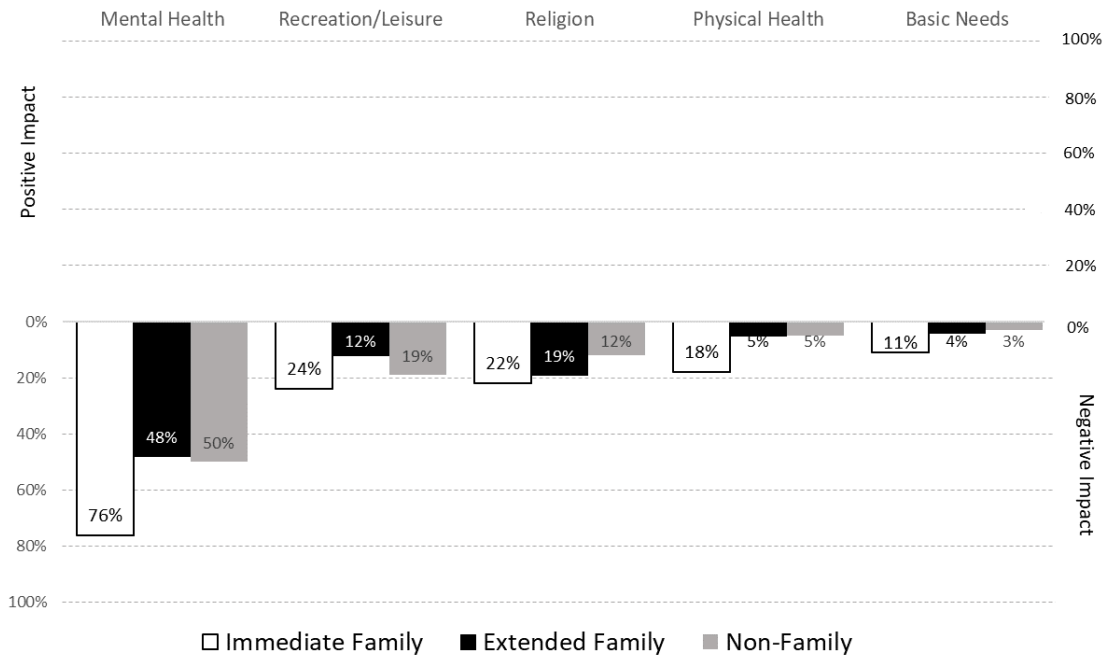
The Psychosocial Impacts of QAnon

Respondents were asked: “*What impact has QAnon had on your relationship with the Q-person you identified?*” Respondents could choose on a 7-point scale from very bad (-3) to very good (3), where 0 indicates a neutral impact. The mean impact was -1.81 (SD = 1.83) for immediate family members; -1.33 (SD = 2.09) among extended family members, and -1.35 (SD = 2.22) for non-family relations. While respondents mostly reported negative impacts, the standard deviation was smaller among immediate family members, revealing a more consistently negative impact.

Next, respondents were asked to indicate which domains in their lives had been positively or negatively impacted by the Q-person’s involvement in QAnon. Across all domains, 0% of respondents indicated a positive impact except for (a) religion among 3% of non-family and 1% of immediate family members, and (b) mental health among 2% of non-family relations and less than 1% of immediate family members. As shown in figure 1 below, a negative impact on mental health is consistently the most selected across all relational groups. 76% of immediate family members indicated their mental health was negatively impacted, whereas around 50% of extended and non-family members indicated the same. While our questionnaire did not ask respondents to indicate specific symptoms or diagnosable mental illnesses, previous research indicates loved ones of Q-believers experience daily symptoms of anxiety and post-traumatic stress disorder more intensely than those without a loved one in QAnon (Moskalenko et al., 2022, p. 9). Our research further distinguished whether one’s relationship to the Q-person moderated these negative impacts.

Figure 1

Negative Impacts on Respondent's Life by Relation to the Q-Person



Logistic regressions were calculated to test whether these differences were statistically significant, the results of which are shown in Table 2. The dependent variable for all models was the respondent's reported negative mental health impact. The primary independent variable of interest was the respondent's relationship to the Q-person. Models 1a, 1b, 2, and 3 include binary relational categories (e.g., 1 = immediate family, 0 = extended and non-family, etc.). Additionally, Model 1b includes a binary variable indicating if the respondent reports living with the Q-person. This variable is only included in Model 1b because the number of extended and non-family members who report living with the Q-person is below 5 each. Model 4 uses immediate family as a reference category to compare reported negative mental health impacts with extended and non-family. The control variables in all models include the age difference between the Q-person and the respondent (negative values indicate the Q-person is older than the respondent, and positive values indicate the respondent is older than the Q-person), a binary gender variable (female = 1, all other = 0), and the level of involvement of the Q-person in QAnon (on a scale from 1 to 7, where 1 is not involved and 7 is very involved). The results of these models are discussed in the sections below.

Table 2

Logistic Regression Results with Robust Standard Errors

	Model 1a	Model 1b	Model 2	Model 3	Model 4 (full)
Outcome: Reporting Negative Mental Health Impact					
Immediate Family	2.685*** (0.578)	2.087*** (0.474)	-	-	(ref.)
Extended Family	-	-	0.417*** (0.099)	-	0.299*** (0.077)
Non-Family	-	-	-	0.715 (0.163)	0.449*** (0.113)
Age Difference	0.979*** (0.006)	0.976*** (0.006)	0.968*** (0.005)	0.974*** (0.006)	0.976*** (0.006)
Female	1.049 (0.254)	1.163 (0.292)	1.042 (0.249)	1.068 (0.251)	1.042 (0.254)
Level of Q-person's Involvement in QAnon	1.133* (0.080)	1.115 (0.081)	1.144** (0.079)	1.132* (0.078)	1.137* (0.080)
Lives with Q-person	-	5.244*** (2.664)	-	-	-
Obs.	463	463	463	463	463
Pseudo R-squared	0.0787	0.1024	0.0654	0.0471	0.0822

Note. Robust standard errors are in parenthesis. Coefficients are presented as odds ratios.

*** p<0.01, ** p<0.05, * p<0.1

Finding 1: Worst Effects for Respondents with Familial Ties to Q-Person

The results across all models in Table 2 indicate that immediate family members report experiencing the highest rates of negative mental health impacts. Model 1a shows that immediate family members, compared to extended and non-family members, report their mental health has been significantly more negatively impacted by the Q-person's involvement in QAnon. Model 1b indicates that living with the Q-person is also significantly linked with

greater negative impacts on mental health. Conversely, Model 2 demonstrates that extended family members report their mental health is significantly less negatively impacted by their relationship with a Q-person. Model 3 also indicates the mental health of non-family relations is less impacted by their relationship with the Q-person, but this relationship is not statistically significant. Using immediate family as the reference category, Model 4 compares the ratings of mental health impacts for extended-family members and non-family relations against immediate family members. The results indicate that, compared to immediate family members, both extended family members and non-family report negative mental health impacts significantly less.

To further explore the effect of living with the Q-person on respondents' mental health, we calculated the predictive margin contrasts of immediate family members in Model 1b. We found the probability of immediate family members who live with the Q-person reporting negative mental health impacts is 21% higher than immediate family members who do not live with the Q-person. Doing the same for all three relational categories in Model 4, we found that the probability of an immediate family member reporting negative mental health impacts is 27% higher than extended family members, and 17% higher than non-family members. Overall, immediate family members of QAnon adherents have the highest risk of experiencing negative mental health impacts, especially among those who live with the Q-person. A full tabular description of these predictive margins is in Table 2a of the Appendix.

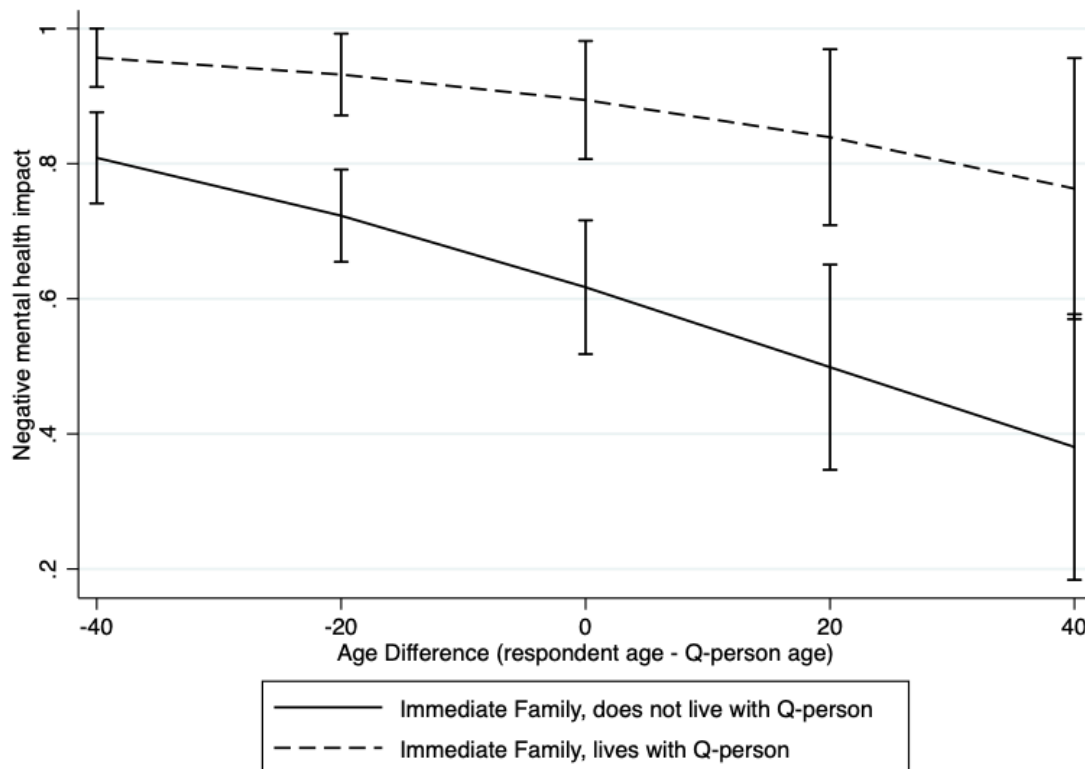
Finding 2: Worst Effects for Respondents who are Younger than the Q-Person

The age difference between the Q-person and the respondent was also a significant factor across all models in Table 2. The younger respondents are relative to the Q-person, the more likely they are to report experiencing negative mental health impacts. This is explored further in Figures 2 and 3 below. Figure 2 shows the predictive margins within Model 1b of reporting negative mental health impacts among immediate family members who live with the Q-person, compared to those who do not. Confidence intervals are included for comparative purposes. Being younger than the Q-person is an important predictor for experiencing negative mental health among immediate family members, regardless if one lives with the Q-person or not. However, those who live with the Q-person are especially likely to report

experiencing negative mental health impacts. The slope of the line as the respondent ages relative to the Q-person among those living with the Q-person does not decline as steeply as the line for those who do not live with the Q-person. This implies that living with the Q-person is an important mediating factor for mental health, and that being older than the Q-person appears to play a protective factor.

Figure 2

Predictive Margins of Model 1b: Reporting Negative Mental Health Impacts by Age Difference and Whether the Immediate Family Member Lives with the Q-Person



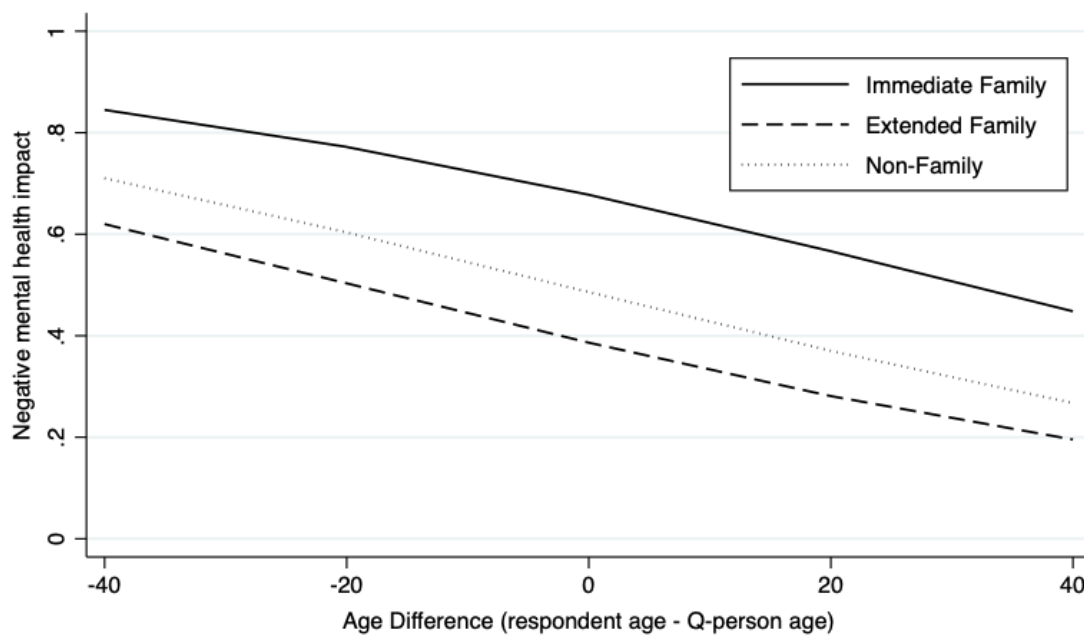
Note. Negative/positive values indicate how many years younger/older the respondent is relative to the Q-person. 0 indicates the respondent and the Q-person are the same age.

Similarly, *figure 3* examines the predictive margins of Model 4. Across all three relational categories, younger respondents are the most likely to report a negative mental health impact, but this is especially acute for immediate family members. This provides

support for the notion that age relative to the Q-person seems to be a protective factor for reporting negative mental health impacts.

Figure 3

Predictive Margins of Reporting Negative Mental Health Impact by Age Difference and Relation to the Q-Person



Note. Negative/positive values indicate how many years younger/older the respondent is relative to the Q-person. 0 indicates the respondent and the Q-person are the same age

Finding 3: Increased Negative Impact Linked to Increased Involvement of Q-Person

Finally, the level of the Q-person’s involvement in QAnon emerges as a significant factor across all models in Table 2. Respondents are more likely to report negative mental health impacts as the Q-person’s involvement in QAnon deepens. Like the other findings, this varies in severity depending on the respondent’s relationship to the Q-person. According to the calculated predictive margins, only 33% of extended family and 43% of non-family report experiencing negative mental health impacts when holding involvement at the lowest level (1), while 61% of immediate family members report negative mental health impacts. Holding involvement at the highest level (7), 62% of extended family and 71% of non-family report

negative mental health impacts, while 84% of immediate family report negative mental health impacts. To see a full table of these predictive margins, please see Table 2b in the Appendix.

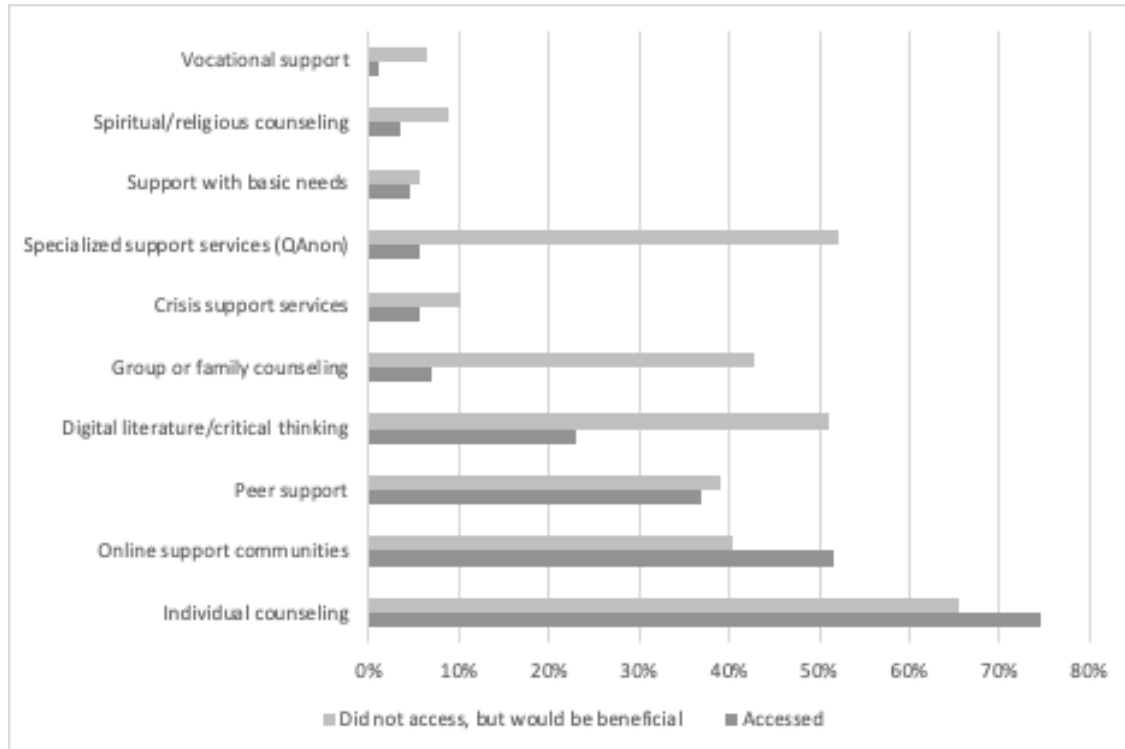
Psychosocial Support Services

Respondents were also asked about access to psychosocial support services for managing the impacts of QAnon on their life. For those who had not accessed services, the questionnaire asked if they believed they could benefit from accessing a support service. Among immediate family members, 28% said they had accessed services, whereas only 13% of non-family and 7% of extended family members reported the same. For those who had not accessed services, 55% of immediate family members reported they believed services would be beneficial, whereas 38% of extended and 30% of non-family said the same. Finally, 60% of immediate family, 51% of extended family, and 44% of non-family said they had faced one or more barriers to accessing services. These distributions can be found in Table 2c in the Appendix.

All respondents were asked what kind of services they had accessed. If they had not accessed services, respondents were asked which type of services they believed might be helpful. Figure 4 shows the distribution of those responses. While less than 5% of respondents report accessing specialized support services from professionals who understand QAnon, this service was the second-most frequently selected as being beneficial, following individual counseling. This indicates a potential mismatch between the services currently available and those which would be most beneficial.

Figure 4

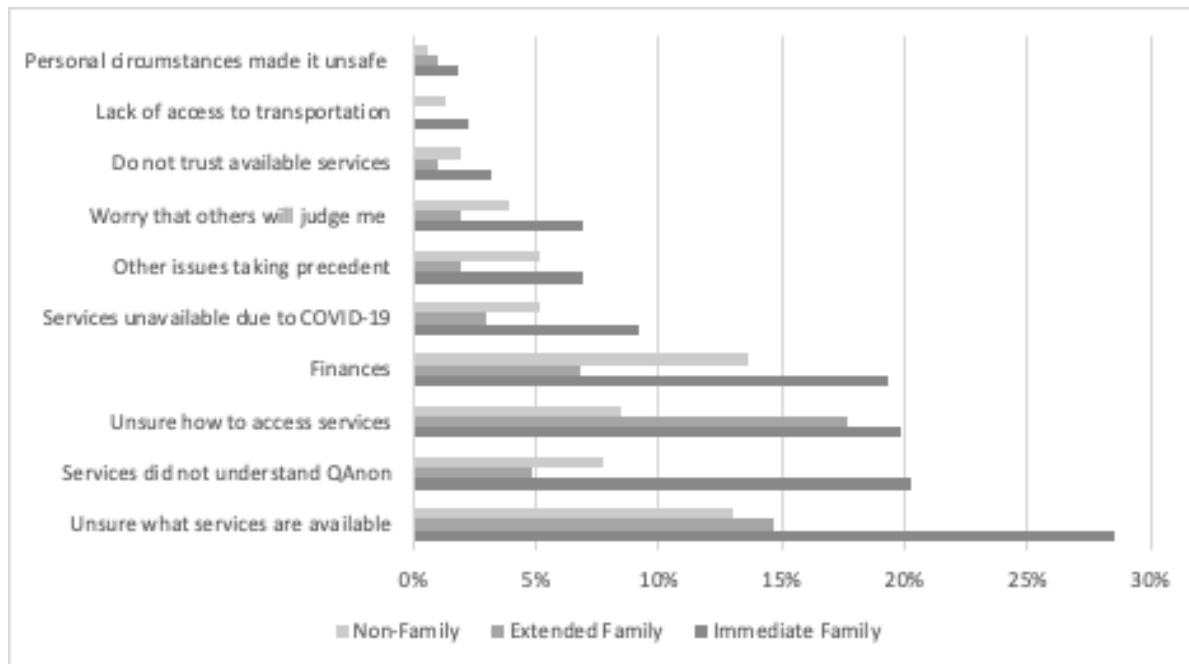
Distribution of Services Accessed and Additional Services Which Would Be Beneficial to the Respondent



Respondents could also select the kind of barriers they experienced while accessing services, shown in figure 5. Among immediate family members, the most frequent barrier is uncertainty about what services are available; for extended family, it was being unsure how to access services; and for non-family, it was finances. These barriers to accessing psychosocial services are obviously not unique to loved ones of Q-believers (see American Psychological Association, 2022). However, what is unique is the number of respondents –particularly among those already more likely to experience negative impacts– who report a lack of QAnon-informed care as a significant barrier. Immediate family members overwhelmingly indicated a lack of QAnon-informed care as a significant barrier, second only to being unsure what services are available.

Figure 5

Distribution of Barriers to Accessing Services by Relation to the Q-Person



Finally, to test whether accessing services and experiencing barriers is moderated by the respondent's relationship to the Q-person, four logistic regression models are calculated in Table 3. Model 1 uses a binary outcome variable indicating services were accessed (1) or services were not accessed (0). Model 2 uses a binary outcome variable indicating the respondent experienced one or more barriers to accessing services (1) or did not experience any barriers to accessing services (0). Model 3 tests the same binary outcome variable as Model 2 but limits the sample only to those who report experiencing a negative mental health impact. The primary predictor variables of interest include the respondent's relationship to the Q-person, where being an immediate family member is used as a reference category compared to extended and non-family members, and negative mental health as a binary variable. Control variables include the age difference between the Q-person and the respondent, gender as a binary variable where 1 indicates female, and the level of involvement of the Q-person in QAnon.

Table 4

Logistic Regression Results with Robust Standard Errors

	Model 1	Model 2	Model 3
	(Access)	(Barriers)	(Negative Mental Health – Barriers)
Immediate Family	ref.	ref.	ref.
Extended Family	0.187** * (0.088)	0.457*** (0.126)	0.402** (0.142)
Non-Family	0.372** * (0.127)	0.471*** (0.121)	0.412*** (0.132)
Age Difference	1.012 (0.008)	1.002 (0.007)	1.003 (0.008)
Female	1.396 (0.480)	1.235 (0.294)	1.074 (0.344)
Level of Q-person's Involvement in QAnon	1.157** * (0.163)	1.218*** (0.089)	1.172* (0.102)
Negative Mental Health Impact	3.734** * (1.299)	2.003*** (0.443)	-
Obs.	455	463	285
Pseudo R-squared	0.1717	0.0682	0.0424

Note. Robust standard errors are in parenthesis. Coefficients are presented as odds ratios

*** p<0.01, ** p<0.05, * p<0.1

Across all models, the results indicate that immediate family members are most likely to report accessing services compared to extended and non-family members. Additionally,

immediate family members—including those who report negative mental health impacts—are more likely to report experiencing barriers to accessing services. Finally, the level of involvement by the Q-person in QAnon has a significant impact, where greater involvement not only increases the likelihood of accessing services, but also increases the barriers experiencing accessing services.

Calculating the predictive margin contrasts of experiencing barriers to accessing services by relational categories in Models 2 and 3 reveals significant differences. In Model 2, which does not restrict the sample to only those who report experiencing negative mental health impacts, immediate family members had an 18% and 17% higher probability of facing barriers to accessing support compared to extended and non-family, respectively. In Model 3, immediate family members that reported negative mental health impacts had a 22% and 21% higher probability of facing barriers compared to extended and non-family members, respectively. These predictive margins can be found in Table 2d in the Appendix.

Discussion

Our results mirror countless anecdotal evidence, as well as recent findings (e.g. Moskalenko et al., 2022) that document the damaging effects of QAnon on loved ones. Our findings also further identify who is more likely to be negatively impacted by the Q-person's beliefs, and which life domains are particularly affected. Finally, our results reveal a clear need for specialized support services, particularly for immediate family members of QAnon adherents. This section will further discuss the implications of these quantitative results, while providing qualitative support using comments provided by respondents.

Family Rupture and Isolation

Immediate family members are the most negatively impacted by their loved one's involvement in QAnon compared to extended and non-family members. Given immediate family members are typically in closer and more intimate relationships, spend more time together, and rely on each other emotionally and financially, it is no surprise that this familial category is more impacted by a family member's involvement in QAnon.

Family and relationship rupture are common themes in anecdotes from loved ones of Q-believers, as well as among the comments from respondents in our questionnaire. Specifically, respondents frequently reported strained relationships with the Q-person in their family, causing many to distance or isolate themselves, or conversely, for the Q-person to isolate themselves from others. Below are some of the many examples of family rupture and isolation shared by our respondents:

“It has essentially destroyed all social function of our family. I don’t talk to my mom voluntarily anymore, it’s only when I feel I have to.”

“At one time [my sister and I] were so close we could practically read each other's minds. Now we barely speak.”

“[We are] near divorce, separate bedrooms, little mutual contact.”

“We have had to distance ourselves entirely from her. She has isolated two children from our family and we are no longer allowed any contact with them.”

“I no longer see or speak to my father.”

Similar effects of family rupture and isolation have been shown for individuals involved in "groups of psychological abuse" or cults. For example, Castaño et al. (2021) found that distancing oneself from loved ones was the most prominent indicator that individuals were beginning to adhere to these groups.

Youth Beware

Our quantitative findings also suggest that younger respondents are more likely to report experiencing negative mental health outcomes, particularly among immediate family members who live with the Q-person. This may be because younger, immediate family members are more likely to be dependent on the Q-person, such as being in a child-parent or legal guardian relationship. To effectively navigate this dynamic, younger respondents in our sample shared the need for conciliatory arrangements:

“I’m lying low for now since I still live with [the Q-person] and want to keep our relationship intact. I hope that if she gets support from me and unconditional love she can someday get out.”

“...They yelled at me about why all the violence and misogyny and homophobia and racism and political figures that they support are somehow right and just. Because I’m not able to move out yet, I just made them agree to never talk about those things with me again (because for some reason they still want a relationship with me), but I will be getting out as soon as possible.”

The negative impacts experienced by young people carry important implications for safeguarding. Adolescents and children may not have the ability or knowledge of resources required to seek help. It is therefore incumbent on trusted adults to consider and support the well-being of youth who have a QAnon adherent in their immediate families. It may be necessary to facilitate help, such as access to psychosocial services, for these youth if they experience hardship caused by their relative’s QAnon involvement, particularly if there are signs of abuse or neglect present.

“[My Q-parents] threatened disownment, emotional trauma, gaslighting.”

Accessing Psychosocial Support

Only 18% of respondents reported accessing psychosocial support services to manage the negative outcomes of their relationship with the Q-person. Yet, many respondents did find support in other, informal settings such as online peer-support forums. Indeed, a little over a third of those who had accessed services said these took the form of peer support, and nearly 40% of those who hadn’t accessed services said peer support would be helpful. This was also prevalent in the comments provided by our respondents:

“Peer support would be huge. I doubt my [Q-person] would attend counseling. However, support for me and others in my family as we navigate this is key.”

“Counseling and peer support has helped me alleviate some of the mental toll that’s come from having a Q anon parent.”

“The online and peer connections were especially helpful because we could share details and commiserate a bit and also share what might be helpful or give each other encouragement and support...”

“I find it cathartic to read posts on r/QAnon Casualties and r/Qult_Headquarters.”

“I want to connect with other individuals who have family members who believe in QAnon and had a strain on their relationship.”

Research on these online peer support forums have found them to provide effective emotional support and a sense of community (e.g., Niela-Vilén et al., 2014). Compared to professional psychosocial support services, online peer support forums can be accessed quickly, do not carry limitations on use, are perpetually available, and are free to use. Individuals who are hesitant to seek help can usually access these forums anonymously and learn from the experiences of others. Users can usually also remain anonymous while asking for help, accessing information, and sharing their experiences (Prescott et al., 2017).

However, these online peer support forums also have drawbacks. The online and anonymous features of these forums can limit the degree of connectedness that participants attain. Indeed, research has shown that combining online with offline peer support groups offer superior outcomes (Strand et al., 2020). It is especially important to recognize the limitations of online forums for severe cases of family rupture and distress. In these and many other cases, online peer support forums are generally insufficient, and help from professionals is needed. The limitation of peer support was also highlighted by some of our respondents:

“When dealing with something as logic-warping as QAnon, it would be nice to connect with others who are going through the same experience... I used to view /r/QAnonCasualties a lot and found it therapeutic. But once things got more intense in real life, I found the digital community a little alienating... I wanted traditional human interaction.”

While most respondents in our survey had not accessed any type of formal psychosocial support, 42% of them indicated services would be helpful. Here, our findings reveal an important gap in the type of support services needed by loved ones of QAnon adherents. Specifically, most respondents indicated the need not only for psychosocial support services, but specifically for services delivered by professionals who are familiar with—or preferably specialize in—QAnon. This sentiment was also echoed by respondents:

“Support for me and others in my family as we navigate this is key – particularly from professionals who have experience with QAnon.”

“Being able to approach someone who specifically understands QAnon and who would be able to give advice and help people who have to live with/deal with someone in their life constantly who believes in QAnon. There’s not enough information out there or professionals who can give guidance on living with someone who believes in conspiracy theories.”

“Couple’s counselor didn’t understand deeply what QAnon entrapment really was about and how to combat it.”

“[Current support services] lack QAnon and cult mentality training.”

“Therapist said they could help with QAnon and understood the impact, but ditched me after 2 sessions...”

“The services need to understand QAnon and cults in depth.”

In addition to the potential mismatch between available and needed services, our findings suggest that those most likely to seek out psychosocial services are immediate family members who report negative mental health impacts from their loved one’s involvement with QAnon. However, they are also the most likely to report experiencing barriers to accessing these services. In other words, those most in need of support are having the most difficulty accessing care generally, and even more difficulty finding QAnon-informed care specifically. Among immediate family members, services not understanding QAnon was the second-most frequently selected barrier. Many comments from respondents echo this and support our findings of the gap in QAnon-specialized support services:

“Need services that specialize in conspiracy theorists and how to deal with them.”

“Actual counseling with cult/Q specialist[s] [is] very expensive.”

“[Services were not helpful because of] the therapists lack of knowledge around Q.”

“[The support professional] had never heard of Q, so they weren’t equipped to fully help me with the trauma Q has had on me and didn’t understand the gravity of the situation.”

“[I] feel like my counselor didn’t really understand QAnon and how radicalized my [Q-person] is.”

“My therapist I already was working with didn’t initially have any resources or tools specific to Q and conspiracies or cults...”

Recommendations for P/CVE Programs

Some P/CVE programs are increasingly receiving requests to help individuals who believe in QAnon and their loved ones, And there are several reasons why P/CVE programs may be uniquely positioned to provide this support, especially to loved ones of Q-believers. First, many P/CVE programs have begun to prioritize families in prevention efforts, including in the Netherlands, Belgium, Denmark, the United Kingdom, and the Scandinavian countries (Aasgaard, 2017; El-Amraoui & Ducol, 2019; Gielen, 2015; Koehler & Ehrt, 2018) whereby family members learn skills such as de-escalating family conflicts, setting boundaries, and recognizing provocation or warning signs that someone may become violent (Koehler, 2015). While inherently useful, these skills may also be important for preventing the spread of conspiracies, given their tendency to spread among family and social circles (Farinelli, 2021). Respondents who reported accessing services attested to these benefits:

“I was able to vent... It makes me feel like my problems are taken seriously and it helps me stop worrying about “what if [my Q-person] is right?” because it really sounds ridiculous.”

“[Psychosocial support services] help[ed] me deal with the sadness and frustration... giving me tools to defuse situations with this Q Person, as well as with others I may encounter on and offline, developing knowledge and skills to talk with friend, family members, and co-workers regarding QAnon.”

Some studies have also found that early informal interventions of individuals on the path to radicalization by loved ones were most successful in disrupting radicalization (Ellefsen & Sandberg, 2022). In their book, Bloom and Moskalenko (2021, p. 118) detail the importance of family-led interventions in drawing Q-believers, especially those experiencing doubts, out of the conspiracy. These beneficial dynamics were highlighted by some of our respondents who reported accessing services:

“As for critical thinking skills, [psychosocial services] gave me “weapons” to disengage from conversation with my [Q-person], or [at] least sometimes make her unsure about things she shares.”

In the most extreme cases, and of particular importance for prevention, is emerging evidence that so-called ‘intimate bystanders,’ or loved ones of extremists, may detect early warning signs about their loved ones preparing to commit mass violence (Eisenman et al., 2022; Williams, Horgan, & Evans, 2016; Williams, Horgan, Evans, & Bélanger, 2020). These intimate bystanders, however, may need to have their concerns met by mental health professionals with specialized training on extremism and violence (Eisenman et al., 2022).

Therefore, P/CVE programs that have the capacity to offer support to affected loved ones should consider doing so. As many of our respondents pointed out in their comments, providing successful support to this clientele requires program staff to become familiar with QAnon and its related conspiracy theories, as well as conspiracy-related support techniques. And while preventing violence and the spread of conspiracy theories is a critical component of P/CVE efforts, the support should also address the psychosocial needs of loved ones.

For P/CVE practitioners, there is an increasing amount of guidance on how to address conspiratorial thinking, but mostly among those who believe the conspiracy themselves (Bloom & Moskalenko, 2021; Farinelli, 2021; Lewandowsky & Cook, 2020). These resources do contain some strategies to help reduce conspiratorial thinking, such as Bloom & Moskalenko’s (2021, p. 121) four-pronged approach. Early guidance also exists about how to communicate with individuals who hold conspiratorial beliefs, which includes avoiding directly challenging conspiratorial beliefs, though this guidance remains limited for supporting the needs of loved ones (Anti-Defamation League, 2022; Bloom & Moskalenko, 2021, p. 127).

In addition, there is a growing body of journalistic literature specific to explaining and understanding QAnon itself (e.g. Sommer, 2023; Rothschild, 2021), again with some recommendations about supporting people leaving the belief system. Professionals working in P/CVE programs can use these resources to inform their frontline practice with knowledge about conspiracy theories and QAnon. Furthermore, P/CVE programs and practitioners with

the capacity to do so should provide information to external organizations and professionals who may be looking for guidance.

Beyond this generic call for training, our findings suggest this clientele will require psychosocial service providers to focus on specific clinical concerns, especially intra-familial dynamics. Indeed, relationship rupture is a common experience among families dealing with QAnon, and frontline staff will likely need to address it, including helping loved ones deal with grief and “ambiguous loss”, which refers to a loss lacking formal closure, such as losing emotional, romantic, or mental connections due to changes in personality (Boss, 2007). Respondents repeatedly highlighted this ambiguous loss as a specific concern in their comments:

“There has been a great division in our family due to [the Q-person’s] involvement in Q. It feels like we’ve lost them. I’ve grieved so much for the person they used to be.”

“Reddit group has been helpful to know I’m not alone. Therapy has helped me grieve the loss of the person I married.”

“[I need help] dealing with the grief of disconnecting.”

“Therapy has been helpful. I grieve my mom as though she has died.”

In cases where ambiguous loss is less present, but where relationship strain is significant, family members may benefit from developing strategies for maintaining open lines of communication with the Q-person, while also recognizing how and when to set healthy boundaries. Specifically, many will want to learn effective communication strategies to preserve relationships with loved ones with whom they disagree. Developing these skills was also frequently mentioned by our respondents: *“Learning how to maintain boundaries and when it is ok to completely detach [would be helpful].”* Boundaries could include what topics to discuss, how much time is spent with the Q-person, or how frequently attention is given to QAnon and its related topics. Setting boundaries has also been identified as helpful anecdotally by individuals who once adhered to QAnon beliefs and have since left these beliefs behind (Carrier, 2021). Where applicable, professionals can support families in identifying and practicing boundary-setting that enables the maintenance, rather than dissolution, of relationships. While addressing QAnon may be a novel topic for many

professionals, supporting individuals and families with the understanding and navigation of personal and relational boundaries is a familiar therapeutic goal for clinical professionals who work with families, including P/CVE professionals.

Of relevance to the goals of many P/CVE programs, family members may also benefit from learning practical skills to support their loved ones if and when they begin expressing doubts about QAnon. Some skills, such as debunking, are the subject of much academic debate as there can be several obstacles to effecting change with this strategy (Butter & Knight, 2020). Even so, there is increasing evidence that improving scientific-based reasoning skills can reduce conspiratorial thinking among those susceptible to believing them (Georgiou et al., 2023), and there are several guides recommending ways to use these skills (Lewandowsky et al., 2020; West, 2018). Professionals can support families in reviewing this literature to determine the utility of the skill for their situation. Other skills, such as developing information and media literacy, may offer dual benefits for interested family members (Bloom & Moskalenko, 2021, p. 121).

Although not all family of Q-believers will be able to access the specialized services of a P/CVE program, a strategy to increase the availability of support is to provide training to frontline psychosocial service providers, such as social workers, youth protection workers, and mental health specialists, who may encounter QAnon adherents and their families in the course of their work. P/CVE programs are well positioned to provide this training, including demystifying the topics of conspiracy theories and QAnon, identifying the possible opportunities for intervention, and explaining the role psychosocial service providers can play, as some may not consider themselves able to help. Efforts to do this through the publication of guidance manuals have already been undertaken in Europe by the Radicalisation Awareness Network, though as previously noted, recommendations for how practitioners can support the psychosocial needs of loved ones remain limited (Farinelli, 2021). P/CVE practitioners may also consider offering case consultations to psychosocial service providers who work with QAnon adherents and their families.

For many P/CVE programs and professionals, several familiar skills used while working with clients involved in more traditional forms of violent extremism may be helpful for training external organizations and utilizing in their own practice, such as: (a) building

trusting relationships, using non-judgmental approaches to the topic of QAnon; (b) recognizing that young people may have increased needs for services, particularly around mental health; (c) providing support about proactive safety planning due to the documented risk of violence against family members; and (d) providing family members with resilience skills against conspiratorial messaging to reduce the contagion effects inherent within social circles. Lastly, P/CVE programs, as well as external partners, should be encouraged to advertise their openness to supporting QAnon adherents and affected loved ones.

Limitations and Suggestions for Future Research

Our study presents an exploratory analysis of an understudied phenomenon. As with other exploratory research, the findings have some limitations. First, the questionnaire collected responses through a convenience sampling method, which limits its generalizability. Because we recruited from social media sources designed specifically for loved ones affected by QAnon, our sample may be biased toward those who are more severely impacted by QAnon, leading our results to overstate the effect of QAnon and the ensuing need for support. Additionally, because our sample only included people currently, or formerly, with a Q-believer in their life, we were unable to compare their rates of negative outcomes with those of a control population. Future studies should implement a representative sampling method to ensure generalizable findings, as well as consider including a control group to compare rates of negative outcomes. Despite this, under the assumption that our sample is drawn from those already severely impacted, our results indicate that this group faces significant challenges in seeking support.

Second, our measure of negative mental health is binary, which limits the information we can extract from it. We did not ask respondents about the type of psychological symptoms they may be experiencing, such as anxiety or depression, whether they had received a formal diagnosis or the magnitude of their concerns. As a result, we do not know if those experiencing more distress are seeking out psychosocial support services and facing more barriers in doing so. However, we do know from other similar studies that loved ones of Q-adherents appear to experience more intense symptoms of some mental illnesses (Moskalenko

et al., 2022). Future research should further explore this link by including psychometric scales to assess distress and compare these to national and global base rates of mental illness.

Finally, future research might explore how frontline practitioners can best tool-up their skills to address the concerns of loved ones of QAnon. Given that many respondents reported a lack of knowledge of QAnon among professionals as a significant barrier, providing training and supplemental material to frontline practitioners both within and outside of the field of P/CVE should be prioritized.

Conclusion

Since “Q” posted the first Q-drop online in 2017, the QAnon conspiracy theory has spread rapidly, with significant offline repercussions. Not only has QAnon inspired several adherents to act violently, but it has also had damaging effects on their loved ones. There is a plethora of anecdotal evidence to demonstrate the negative impacts of belief in QAnon on family and friends; tragedies such as the September 2022 murders carried out by a Michigan man who fell down the QAnon “rabbit hole” are tragic reminders.

Our work has sought to fill a gap in our understanding of the negative impacts of QAnon on the adherent’s loved ones. Our findings suggest that immediate family members, and particularly those who are younger and live with the Q-person, are the most likely to experience negative mental health impacts. Although this group is the most likely to seek out psychosocial support services, they are also the most likely to report experiencing barriers to accessing this support. Among these barriers, a lack of QAnon-informed professionals is a significant gap for all who seek support. P/CVE programs are therefore encouraged not only to upskill and advertise their services for QAnon adherents and their loved ones, but also to implement training for other frontline practitioners.

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Appendix

Questionnaire

1. How old are you?
2. Gender identity
3. Where do you currently live?
4. Does someone in your life currently – or formerly – believe in QAnon?
5. Do you currently, or formerly, live with the Q-person you identified?
6. How old is the Q-person you identified?
7. How would you rate your level of knowledge about QAnon?
8. To the best of your knowledge, how was the Q-person you identified introduced to QAnon?
9. Do you believe any of the following life experiences contributed to the Q-person's involvement in QAnon?
10. What activities best describe the Q-person's involvement in QAnon?
11. How would you rate the Q-person's level of involvement in QAnon?
12. What impact has QAnon had on your relationship with the Q-person you identified?
13. Which aspects of your life have been positively impacted by the Q-person's involvement in QAnon?
14. Which aspects of your life have been negatively impacted by the Q-person's involvement in QAnon?
15. Have you ever accessed any type of services to deal with the impacts of QAnon on your life?
16. What type of services were they?
17. Are there other services that you feel would help you deal with the impacts of QAnon on your life?
18. If yes, which of the following services do you think would be helpful?
19. If no to question 15, do you feel you could benefit from accessing services?
20. If yes, which of the following services do you think would be helpful?
21. If you have tried to access services, did you face any barriers or problems?

Table 2a

Contrasts of Predictive Margins of Reporting Negative Mental Health Impacts (based on Logistic Regression results in Table 2)

	Contrast	Confidence Intervals (95%)	
Model 1b			
Immediate Family who lives with the Q-person vs. Immediate Family who do not live with the Q-person	0.214*** (0.047)	0.122	0.305
Model 4			
Extended Family vs. Immediate Family	-0.270*** (0.057)	-0.382	-0.159
Non-Family vs. Immediate Family	-0.173*** (0.055)	-0.281	-0.065

*** p<0.01, ** p<0.05, * p<0.1

Table 2b

Predictive Margins of Reporting Negative Mental Health Impacts by Relation & Level of Involvement (based on Logistic Regression results in Table 2)

Level of involvement of Q-person (on a scale from 1 not very involved, to 7 very involved)	Margin	Std. Err.	Confidence Intervals (95%)	
Immediate Family				
Not very involved (1)	0.613	0.144	0.331	0.896
Moderately involved (4)	0.651	0.055	0.544	0.759
Very involved (7)	0.838	0.048	0.744	0.933
Extended Family				
Not very involved (1)	0.334	0.137	0.066	0.603
Moderately involved (4)	0.371	0.064	0.247	0.497

Very involved (7)	0.619	0.092	0.440	0.799
Non-Family				
Not very involved (1)	0.426	0.146	0.140	0.711
Moderately involved (4)	0.466	0.061	0.347	0.585
Very involved (7)	0.706	0.076	0.557	0.855

Note: Only involvement levels 1, 4, and 7 are shown here

Table 2c
Distribution of Respondents That Accessed or Faced Barriers to Accessing Services

	Immediate Family	Extended Family	Non-Family
<i>Have you accessed services to deal with the impacts of QAnon?</i>			
Yes	61 (28%)	7 (7%)	19 (13%)
No	154 (72%)	93 (93%)	131 (87%)
<i>If yes, did you face any barriers to accessing services?</i>			
Yes	44 (72%)	3 (43%)	11 (58%)
<i>If you haven't accessed services, would you find services beneficial?</i>			
Yes	85 (55%)	35 (38%)	39 (30%)
No	69 (45%)	58 (62%)	92 (70%)
<i>If yes, did you face any barriers to accessing services?</i>			
Yes	51 (60%)	18 (51%)	17 (44%)

Note. Percentages are in parentheses. Percentages are calculated *per* relational category

Table 2d
Contrasts of Predictive Margins in Models 2 and 3

	Contrast	Confidence Intervals (95%)	
Model 2 Barriers: Extended Family vs. Immediate Family	-0.0175***	-0.290	-0.059

	(0.059)		
Model 2 Barriers: Non-Family vs. Immediate Family	-0.169***	-0.278	-0.059
	(0.056)		
Model 3 Barriers & Negative Mental Health: Extended Family vs. Immediate Family	-.218***	-0.373	-0.063
	(0.079)		
Model 3 Barriers & Negative Mental Health: Non-Family vs. Immediate Family	-0.212***	-0.354	-0.070
	(0.073)		

Note. Standard errors are in parenthesis.

*** p<0.01, ** p<0.05, * p<0.1

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