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## IT TAKES A VILLAGE: IMPACT OF LGBTQ+ COMMUNITY ON THE RELATIONSHIP BETWEEN PARENTING STRESS, PARENT MENTAL HEALTH, AND CHILD ADJUSTMENT

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RELATIONSHIP BETWEEN PARENTING STRESS, PARENT MENTAL HEALTH,  
AND CHILD ADJUSTMENT

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THESIS

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A thesis submitted in partial fulfillment of the  
requirements for the degree of Master of Science in the  
College of Arts and Sciences  
at the University of Kentucky

By

Kevin Andrew McAweeney

Lexington, Kentucky

Director: Dr. Rachel Farr, Professor of Psychology

Lexington, Kentucky

2024

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## ABSTRACT OF THESIS

### IT TAKES A VILLAGE: IMPACT OF LGBTQ+ COMMUNITY ON THE RELATIONSHIP BETWEEN PARENTING STRESS, PARENT MENTAL HEALTH, AND CHILD ADJUSTMENT

While LGBTQ+ parented families are largely the same as their cis-het parent counterparts, they still experience unique factors exclusive to them. One such factor is access to the LGBTQ+ community. While research has emphasized the importance of community within the family system, the role the LGBTQ+ community can play for LGBTQ+ parented families is largely unexplored. Additionally, LGBTQ+ research examining parents of adolescents is similarly lacking. Utilizing a sample of LGBTQ+ parents with adolescent children, and informed by ecological systems theory, self-determination theory, and the parenting stress model, I examine the influence parent's sense of LGBTQ+ community has on the relationship between parenting stress, parent mental health, and child adjustment. Regression analyses demonstrated a series of positive associations between LGBTQ+ parent stress, parent mental health, and child adjustment. However, sense of community failed to moderate these associations. Unique differences were found across geographic region when looking at LGBTQ+ parent mental health. Implications for policy, clinical practice, and future research are discussed.

KEYWORDS: LGBTQ+, family, adolescents, sense of community, mental health, child adjustment

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Kevin Andrew McAweeney

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4/26/2024

Date

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RELATIONSHIP BETWEEN PARENTING STRESS, PARENT MENTAL HEALTH,  
AND CHILD ADJUSTMENT

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## DEDICATION

To everyone who helped me reach this point: friends, family, faculty, and Fred.

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## CHAPTER 1. INTRODUCTION

### 1.1 Introduction

Overall, LGBTQ+ parented families illustrate minor differences in both child development and adjustment, as well as parent-child relationships, when compared to cisgender heterosexual (cis-het) parented families (APA, 2020; Farr et al., 2010). LGBTQ+ parent families, however, are not treated the same, socially or legally, as cis-het parent families (Clarke, 2001; Family Equality Council, 2020; Levitt et al., 2020; Movement Advancement Project, n.d., 2019; National Association for the Advancement of Colored People, 2023). Thus, strengths-based research is needed that illustrates how LGBTQ+ parented families are, in fact, well-adjusted and healthy to dispel negative stereotypes that align with negative treatment (Vaughan & Rodriguez, 2014). This research should emphasize unique benefits that LGBTQ+ parents bring to the family system. One such unique aspect of having a LGBTQ+ parent is the potential for that parent to gain support via the LGBTQ+ community. This community connection may also have a unique role with adolescent children of LGBTQ+ parents, in part due to the importance of identity during adolescence (Upreti, 2017) and the distinct role that children of LGBTQ+ parents represent within the broader LGBTQ+ community (Goldberg et al., 2012). I define LGBTQ+ community as one for and by LGBTQ+ individuals that exists in both physical (Oswald & Holman, 2012) and/or virtual spaces (Wellman, 2001). In this quantitative study, informed by ecological systems (Bronfenbrenner, 1977, 1979), parenting stress (Deater-Deckard, 1998) and self-determination theories (Ryan & Deci, 2000), I examine the potential benefits to psychological adjustment that sense of belonging to the LGBTQ+

community may have for LGBTQ+ parents (in terms of mental health and parenting stress) and their adolescent children (as reported by parents) among a U.S.-based sample.

## 1.2 Theoretical Framework

In this study, I utilize Deater-Deckard's (1988) parenting stress model, Bronfenbrenner's (1977) ecological systems theory, and Ryan and Deci's (2000) self-determination theory to posit that parents who hold LGBTQ+ identities may be able to protect against the negative impacts of parenting stress, parent anxiety, parent depression, and poor child adjustment through a strong sense of belonging to the LGBTQ+ community. I incorporate the construct of sense of LGBTQ+ community belongingness similar to that of Lin and Israel (2012) to identify a potential unique protective factor possessed by LGBTQ+ parented households.

### 1.2.1 Parenting Stress Model

Deater-Deckard (1998, 2008, p. 6) frames parenting stress as being a unique form of stress felt by parents, specifically defining it as, "a set of processes that lead to adverse psychological and physiological reactions arising from attempts to adapt to the demands of parenthood." Deater-Deckard connects to Lazarus's (1993) cognitive mediational theory, illustrating parenting stress as a four-component process that consists of an event/agent, followed by cognitive appraisal of the event, coping mechanisms to mitigate negative effects of the event, and lastly a stress reaction. In considering events/agents, the parenting role and associated expectations can lead to parenting stress, including expectations about what is "normal" (Deater-Deckard, 2008). We see indications that LGBTQ+ parents are viewed as less fit than their cis-het counterparts, both in exclusively heterosexual samples,

and among general samples (McLeod et al., 1999; Weiner & Zinner, 2015). LGBTQ+ identity has been associated with attitudes about faulty parenting, particularly in homophobic views of gay men (Armesto, 2002). This stigma is as an event/agent that may lead to one's cognitive appraisal aspect of parenting stress.

Qualitative research on LGB microaggressions in a non-parent exclusive sample has demonstrated a wide range of cognitive reactions to stigmatizing experiences, from resilience and resistance to conformity (Nadal et al., 2011). These varied reactions likely stem from cognitive appraisal when faced with stressful events/agents. Stereotypic negative assumptions may contribute to stress if LGBTQ+ parents ruminate over ideas of violating normality and breaking expectations. Such rumination has been found among adoptive LG parents, who qualitatively reflect on their own personal doubts about being an LGBTQ+ parent, facing stigma, and experiencing internalized homophobia (Brown et al., 2009; Messina et al., 2023). Deater-Deckard (1998) also emphasizes the importance of coping strategies in mitigating parenting stress. Given that social support is linked with reduced parent stress (Solem et al., 2011), sense of community belonging may act as a key moderating agent for LGBTQ+ parents, acting as a coping strategy.

### 1.2.2 Ecological Systems Theory

Given the importance of researching family systems within cultural contexts and examining the ways in which various interlocking relationships can influence one another, I use Bronfenbrenner's (1977) ecological systems theory here. Ecological systems theory emphasizes the importance of social context and factors on development. I focus on Bronfenbrenner's microsystem, mesosystem, and macrosystem, rather than ecological systems theory in its entirety (Navarro et al., 2022). Parent-child interaction occurs within

the microsystem, which is acted upon by outside factors such as LGBTQ+ community support (mesosystem) and broader cultural stigma toward LGBTQ+ individuals or parents (macrosystem). Notably, exploring the positive possibilities within the mesosystem (i.e., the role of LGBTQ+ community belongingness) is one way to contribute to strengths-based LGBTQ+ family research.

Through this theoretical lens, the importance of both stigma and community on LGBTQ+ individuals and their family systems can be understood, and numerous LGBTQ+ parent family studies have incorporated ecological theory (Farr et al., 2017; van Eeden-Moorefield et al., 2018). Still, the body of ecologically-focused research centered on LGBTQ+ parent families has yet to examine how sense of belonging to the LGBTQ+ community in parents may specifically impact adolescent children. This untapped line of research may serve to illustrate the unique benefits LGBTQ+ parents offer to their (older) children and highlight the developmental benefits of LGBTQ+ community belongingness.

### 1.2.3 Self-Determination Theory

Self-determination theory emphasizes the importance of competence, autonomy, and relatedness, framing these three aspects as being key to motivation, self-regulation, and well-being. It theorizes that meeting these three needs leads to greater motivation and mental health, meanwhile failing to meet these needs reduces these outcomes (Ryan & Deci, 2000). Research looking at young children and adolescents has reinforced this theory, illustrating that competency significantly predicted reduced depressive symptoms, competency and autonomy significantly predicted reduced negative affect, and all three needs significantly predicted higher levels of positive affect (Véronneau et al., 2005). With its central focus on autonomy, relating to the importance of identity exploration in

adolescence (Arnett, 2000) and its focus on relatedness which directly ties to the family system and community belonging, I utilize self-determination theory to inform my approach for this study. Self-determination theory has seen only a small amount of use with LGBTQ+ families (see Diomedea et al., 2024), I seek to expand on this by focusing specifically on LGBTQ+ parents with a focus on regions underserved in LGBTQ+ research within the United States.

### 1.3 Studying LGBTQ+ Families with Adolescent Children: A Strengths-Based Approach

Research on LGBTQ+ households commonly involves a comparative approach (van Eeden-Moorefield et al., 2018), examining possible differences from non-LGBTQ+ parented households. While most research indicates minimal behavioral, developmental, and adjustment differences (APA, 2020; Bos et al., 2016a), some point to explicit benefits to having LGBTQ+ parents, such as greater civic competence among children in early adolescence or reduced externalizing symptoms among young children, as compared to those with cis-het parents (Bos et al., 2016b; Golombok et al., 2014). When negative factors are found unique to LGBTQ+ parented families, as opposed to same-sex parented families, they generally appear to result from negative social factors such as stigma, instead of shortcomings of LGBTQ+ parents (Farr & Vázquez, 2020). In both cases, however, the approach is distinctly comparative.

While comparative research can serve to “normalize” LGBTQ+ families, an inherent limitation is holding non-LGBTQ+ families as the standard to which other families need to conform and they should strive (Farr et al., 2022). To meet calls for strengths-based approaches in the field (e.g., Levitt et al., 2023; Van Gelderen et al., 2009;

Vaughan & Rodriguez, 2014), I omit a comparative approach in favor of investigating an entirely LGBTQ+ parented sample to investigate the potential positive impact of the LGBTQ+ community. This is important not only to avoid holding cis-het parents as the gold standard but also because the LGBTQ+ community is unique to LGBTQ+ individuals, without equivalence in cis-het populations.

#### 1.4 Defining the LGBTQ+ Community

When considering the LGBTQ+ community within the U.S., I attend to this topic in terms of physical location of community (Oswald & Holman, 2012) as well as non-physical networks, such as community created through the internet (Wellman, 2001). The internet is tied to individuals' ability to explore and express LGBTQ+ identities (Bryson, 2004; Downing, 2013), and thus should be considered part of a wider LGBTQ+ community. The internet allows LGBTQ+ individuals to contact other LGBTQ+ people even when geography or safety may make physical interaction unviable (Austin et al., 2020; DeHaan et al., 2013). The internet also has increasingly facilitated intersections with in-person communities (e.g., via dating apps), lessening any divide between physical and digital LGBTQ+ communities (Brady et al., 2022). In terms of physical location, research often has focused on LGBTQ+ communities that exist in urban, coastal locations (Stone, 2018). LGBTQ+ communities, however, exist outside cities and across geographic regions of the U.S. Notably, U.S. Census data from 2010 has indicated that same-sex couples in the South are more likely to raise children than same-sex couples from other U.S. regions (Tavernise, 2011). More recently, 2015-2017 data collected by Gallup and compiled by The William Institute (2019) illustrates that Mississippi has the highest density of same-sex parents (25.7% of same-sex couples), and the sixth highest density of parents with any



LGBTQ+ identities (34% of LGBTQ+ individuals). These rates are similar in other Southern states (e.g., Kansas, Arkansas, Oklahoma; The Williams Institute, 2019). Thus, research should center on LGBTQ+ parents from the Southern U.S.

The U.S. South, defined by the U.S. Census Bureau (2021), comprises Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia, Alabama, Kentucky, Mississippi, Tennessee, Arkansas, Louisiana, Oklahoma, Texas, and the District of Columbia. The U.S. South has a unique history with regards to the LGBTQ+ community and states within it are predominantly conservative and religious (Pew Research Center, 2015). The Religious Right has been historically at odds with the LGBTQ+ community (Stone, 2016), which often has been reflected in laws and public policy that take root in regions such as the U.S. South. The Movement Advancement Project's (MAP, 2020) Policy Tally, a score based around inclusivity and protective laws within each state, reflects that 93% of LGBTQ+ individuals living in the South represent states with a tally score of 0 or below. This score takes into account a variety of topics such as parental recognition, criminal justice, nondiscrimination policies, and health care. Only a single state in the South has above a "low" score (Virginia with "fair"). There are 9 negative score states and 4 low score states (e.g., Kentucky, West Virginia, North Carolina, Florida). Here, I use the U.S. Census Bureau's (2021) definition of the South due to the nation-wide recognition and usage of the agency.

Keeping these statistics in mind, it would stand to reason that LGBTQ+ individuals would avoid the South. Yet we see the South makes up 32% of the U.S. adult LGBTQ+ population for a total of 3.6 million adults, making it the region within the U.S. housing the largest number of LGBTQ+ adults (Movement Advancement Project, 2020). How then

do Southern-dwelling LGBTQ+ individuals manage to live and thrive? The relatively small body of research on LGBTQ+ individuals in the South notes that outness has a positive association with mental health (Caldwell et al., 2023), suggesting that an environment where one can be open about their LGBTQ+ identity is key. Similarly, Woodell et al. (2015) found that Christian LGB individuals living in the South found community incredibly important. However, the importance varied by gender, with men describing a much stronger need for community. In Woodell and colleagues' (2015) study, community was shown to mean different things for different LGB people, from a supportive and tolerant church community, to a physical LGBTQ+ community, or online LGBTQ+ support. It is notable that in both of these studies, LGBTQ+ parents are not explicitly identified as part of the sample. The experiences and community interactions of LGBTQ+ individuals in the South are both varied and important, as illustrated by qualitative responses (Woodell et al., 2015) and the health benefits of outness (Caldwell et al., 2023). I also seek to expand the body of literature regarding LGBTQ+ community, with a focus on the U.S. South, by expanding this research into the LGBTQ+ parenting context. Generally, LGBTQ+ community-centric research is not focused on parents specifically instead focusing on the community more generally. Within this small body of research, even less emphasis is placed on researching the mental health and well-being of parents *and* children. Through the lens of a strengths-based family systems centric approach, I work to identify how the feeling of LGBTQ+ community belonging may benefit parents and their adolescent children.

## 1.5 The Importance of Community

Self-determination theory (Ryan & Deci, 2000) emphasizes the important role of relatedness. One factor that can lead to feelings of relatedness is community belonging. This has been shown to be true across multiple age ranges, with high levels of community belonging being associated with improved mental and physical health (Michalski et al., 2020; Ross, 2002). Yet, research is lacking when it comes to examining the LGBTQ+ community. Beyond that, LGBTQ+ family research that examines the impact of community belonging is even more sparse. As such, this study, utilizing core concepts of self-determination theory, examines the impact parental sense of belonging to the LGBTQ+ community can have on the family system.

## 1.6 Geography and LGBTQ+ Mental Health

With varying LGBTQ+ related laws across states it stands to reason that LGBTQ+ individuals would face unique issues across geographic regions. However, as previously noted, LGBTQ+ research outside of coastal regions is limited (Stone, 2018) in spite of the fact that geographic region plays a unique role in the lives of LGBTQ+ individuals. This gap in the research is especially relevant as The Trevor Project notes that LGBTQ+ youth in the South having greater odds of suicide attempts compared to youths in other regions (The Trevor Project, 2021) indicating a dire mental health disparity across regions. The Southern LGBTQ Health Survey indicates similar mental health concerns across more general LGBTQ+ Southern samples (Harless et al., 2019). To address this gap in the research I examine geographic region as a covariate in an effort to expand on the role of geographic location when looking at LGBTQ+ individuals, extending this concept to a LGBTQ+ parented family sample.

## 1.7 Family System: The Importance of Child Adjustment

Child adjustment is a key factor of child research due to dire concerns around poor adolescent mental health in the U.S. (Center for Disease Control and Prevention, 2021) and correlations between child adjustment and long-term behavioral concerns. In general samples, externalizing symptoms have been linked to increased risks of developing a substance use disorder over time (Farmer et al., 2016). Research conducted in New Zealand also found that conduct issues at 8 years old were associated with greater likelihood of leaving school without educational qualifications by age 18 (Fergusson & Horwood, 1998). Research has also gone on to link conduct problems and hyperactivity at age 4 with lower academic achievement in adolescence (Lewis et al., 2017). Additionally, a developmental cascade model utilized by Masten et al. (2005) has illustrated that externalizing problems are associated with lower academic achievement by adolescents, which is then tied to greater internalizing issues in young adulthood. Similar findings have been made, albeit along a different time scale, with lower achievement occurring in early grade school and internalizing issues occurring in middle school (Roisman & Burt, 2010). Internalizing symptoms were also found to predict a decline in externalizing symptoms from adolescence to emerging adulthood (Masten et al., 2005). This suggests that internalizing symptoms themselves may in fact have a counteracting effect. This may connect to research suggesting that internalizing qualities such as inhibition can act as a protective factor against an externalizing symptom such as delinquency (Kerr et al., 1997).

Internalizing symptoms are associated with negative outcomes as well. Research has tied anxiety in early childhood with worse academic achievement in adolescence (Lewis et al., 2017). Likewise, internalizing symptoms have been shown to predict

worsening academic outcomes at specific time points longitudinally (Englund & Siebenbruner, 2012). Internalizing symptoms in early childhood have also been found to predict worse health outcomes and lower levels of physical activity in adolescence (Jamnik & DiLalla, 2019). More generally, the long-term persistence of internalizing symptoms may be a concern, with adolescent internalizing symptoms appearing to persist into adulthood for those who had recurring symptoms (Colman et al., 2007). Conversely, there is evidence suggesting that over time, externalizing symptomology decreases. When investigating longitudinal outcomes of a general Dutch sample, for the trajectory of externalizing scores measured via the widely used Child Behavior Checklist (CBCL; Achenbach, 1991), there is a decrease with age as well as gender differences across all time periods (i.e., higher externalizing symptoms in boys). Meanwhile the trajectory for internalizing issues is a curvilinear increase, with gender divides occurring in adolescence (i.e., higher internalizing symptoms in girls; Bongers et al., 2003). The CBCL's trajectory is notable both due to the measure's common usage and its specific usage among LGBTQ+ parent family samples (Bos et al., 2008; Green et al., 2019). Notably, vulnerabilities and protective factors with regards to externalizing and internalizing symptoms have been shown to vary across gender. Research on adolescents has indicated that poorer relationships with one's parent are associated with increased internalizing only for girls, while the impact of a positive parental relationship on externalizing symptoms only acts as a protective factor for girls (Leadbeater et al., 1999). Regardless of gender differences or the interplay between internalizing and externalizing symptoms, there are clear negative outcomes to poor child adjustment when investigating across the lifespan. Notably, this research, while expansive, centers on general populations. Currently there is a lack of research centered on adolescents with LGBTQ+ parents and their externalizing and

internalizing symptoms. Still, despite few differences between LGBTQ+ parented and non-LGBTQ+ parented children (APA, 2020; Bos et al., 2016a; Farr et al., 2010), adjustment is a key variable of interest in understanding the development of LGBTQ+ parented adolescents.

### 1.8 The Importance of Research on Adolescents with LGBTQ+ Parents

With LGBTQ+ parent research tending to focus on samples with younger children, there is a distinct need for LGBTQ+ parent research focusing on adolescent children (Wainright & Patterson, 2008). I choose to study adolescents due, in part, to this developmental period being marked by a distinct evolution in the parent-child relationship. As adolescents begin to individuate, contact between parent and adolescents begins to decrease (Larson et al., 1996). Among adolescent children of LGBTQ+ parents, this individuation may also be unique as it ties in to the idea that children of LGBTQ+ parents will eventually need to determine their own identity and what role they play within the LGBTQ+ community (Goldberg et al., 2012). Additionally, within the U.S., adolescent mental health is a serious concern, with the Center for Disease Control and Prevention reporting that 29% of adolescents in high school reported experiencing poor mental health in the past 30 days in 2021 (Center for Disease Control and Prevention, 2021). This statistic becomes more concerning when taken together with the previously discussed research illustrating the long-term negative impact of externalizing and internalizing issues during adolescence on young adult adjustment (Masten et al., 2005). Thus, I examine child adjustment and other family dynamics to identify possible protective factors associated with lower externalizing and internalizing symptoms.

Research on adolescents with lesbian parents has demonstrated that adolescents exhibit strong academic performance and social networks (Gartrell et al., 2012). When children of lesbian mothers experienced homophobic stigmatization, they displayed more frequent use of adaptive coping strategies when compared to maladaptive strategies (van Gelderen et al., 2012). It is also notable that stigmatization in this study only occurred for fewer than half of adolescent participants (van Gelderen et al., 2012), and research suggests that close relationships with parents acts as a protective factor (Bos & Gartrell, 2010). Vyncke et al. (2014) found similar results, with the association between perceived heterosexism and internalizing issues in adolescents with lesbian mothers being moderated by maternal support. Comparative research investigating adolescents of same- and different-sex parents demonstrates similar findings: well-functioning adolescents with no differences in school outcomes or adjustment and favorable outcomes tied to close parental relationships (Wainright et al., 2004). This indicates the importance of parental relationships to adolescent outcomes, in particular as a protective factor against stigmatization among those in LGBTQ+ parent families. This body of research is limited, however, so I seek to expand upon existing literature by exploring additional protective factors within LGBTQ+ family systems.

## 1.9 Adolescents and Community

Adolescence is a time where identity/individuation becomes a major focus (Upreti, 2017). Family is a significant factor in identity development (Upreti, 2017), and LGBTQ+ parented children have an especially unique experience, as they may be included in LGBTQ+ community events in early childhood (Goldberg et al., 2012). LGBTQ+ parents also provide unique forms of socialization such as preparing their children for anti-

LGBTQ+ bias (Oakley et al., 2017). However, as these children get older (late adolescence and beyond) and develop their own identity, this may shift as they begin to identify as LGBTQ+ or non-LGBTQ+ and must decide what role they wish to play within the LGBTQ+ community (Goldberg et al., 2012). Additionally these children have the unique distinction of belonging to both the LGBTQ+ community through their parent's identity (and potentially their own) as well as belonging to the community of people with LGBTQ+ parents (Cashen, 2022). This frames the LGBTQ+ community as a unique and potentially integral factor in the lives of adolescents with LGBTQ+ parents, even if they themselves are not LGBTQ+, posing the question of how and in what ways parental community belonging may be impactful to adolescents.

Along with this, research in the U.K. examining a general adolescent sample has illustrated the importance of community belonging in regards to adolescent risk-taking behaviors finding a negative association between the two (Brooks et al., 2012). However, when research analyzes adolescents and the impact of community, it tends to focus on general populations (as opposed to LGBTQ+ parented populations) and centers on the adolescent's feelings of community belonging (rather than focusing on parental sense of community, and how this may impact adolescents' experiences as well as those of the parents). This does not take into account the potential impact of parental belonging on the adolescent, in spite of ecological theory (Bronfenbrenner, 1977), suggesting that there should be an impact. Taken together, this body of research illustrates the importance of a strong healthy family system and strong community support during adolescence, but also shows a gap within extant research. Adolescents are often overlooked within LGBTQ+ parent research, or when they are researched (for examples, see Bos et al., 2007; Gartrell



et al., 2012), the research often focuses on just the family system or child outcomes without exploring community. With the indication that community can have such a strong influence on adolescents (Brooks et al., 2012), there is the question of how this relates to LGBTQ+ parented adolescents. More specifically, could parent's sense of belonging to the LGBTQ+ community have a similar positive impact on adolescents? By addressing this question, we can develop a greater understanding of the importance of LGBTQ+ community and how interconnected parents' sense of community is to their children's well-being. To begin analyzing this potential relationship, it is important to first identify the parent mental health factors that impact child adjustment in an effort to then identify how community belongingness may moderate this relationship.

#### 1.10 Family System: The Importance of Parent Mental Health

Child adjustment does not exist in a vacuum. As suggested by ecological systems theory (Bronfenbrenner, 1977, 1979), various systems interact with children to influence their adjustment. A major component involved is the mental health of one's parents which, in turn, also does not act in a vacuum. As suggested by Bronfenbrenner (1977), research illustrates that external factors such as community can be significantly associated with parent mental health (Dulai et. al., 2023; Goldberg & Smith, 2011). Ecological systems theory (Bronfenbrenner, 1977) suggests parent mental health also impacts child adjustment. In this study, I focus on parental anxiety, depression, and parenting stress as aspects of parent mental health.

## 1.11 Parent Mental Health and Child Adjustment

### 1.11.1 Parent Anxiety

Parent mental health in the general population, particularly depression and anxiety, appears to be associated with worse outcomes for the parents' children. Research on parents biologically related to children ages 9-12 years has indicated that, when compared to a non-anxious control group, high anxiety parents interact with their children differently, exhibiting less productive engagement with their child and greater disengagement (Woodruff-Borden et al., 2002). A meta-analysis by Lawrence et al. (2019) linked parent anxiety (not among LGBTQ+ samples specifically) to an increase in likelihood of anxiety and depressive disorders in children. Similarly, meta-analysis work with a general (not specifically LGBTQ+) sample by Ahmadzadeh et al. (2021) has indicated that parent anxiety is associated with internalizing symptomatology in children. Notably this occurred in quasi-experimental designs that controlled for genetic relatedness, suggesting that genetics are not the sole cause of the associations between parent anxiety and poor child adjustment.

Among parents of adolescent children, we see maternal anxiety predicts adolescent anxiety longitudinally (Hastings et al., 2021). However, the literature here is more scant than research examining parents of young children. Additionally, there is still a lack of research on parent anxiety when examining LGBTQ+ parents, with only a handful of studies (e.g. Goldberg & Smith, 2011), indicating a need to investigate both parent anxiety and adolescent outcomes among LGBTQ+ parent family samples.

### 1.11.2 Parent Depression

When examining parental depression symptoms, parental depression can negatively impact child adjustment in a similar fashion to parent anxiety. Parental depressive symptoms have been shown to be related to higher internalizing and externalizing symptoms (Cummings & Davies, 1994; Downey & Coyne, 1990), with feelings of parental rejection appearing to play a role in how parental mental health leads to these problems (Shelton & Harold, 2008). Adolescents of parents with depressive symptomatology are also shown to exhibit greater interpersonal conflict (Hammen & Brennan, 2001) and greater likelihood of developing anxiety disorders or major depression (Hammen & Brennan, 2003) than control samples. Among adolescents with depressed parents, we see a correlation between parents' intrusive and irritability-related stressors and child anxiety/depression and increased aggression (Jaser et al., 2005). We also see that longitudinally, mothers' symptoms of depression symptoms predict increases in adolescent externalizing issues (Kouros & Garber, 2010). Notably, either explicitly, or implicitly via omission of information, none of these studies focus on or include LGBTQ+ parents. Goldberg and Smith (2013a) demonstrate an exception, with their research examining both same- and different-sex parents who adopt. They found no significant differences by family type, but did find that parent depressive symptoms significantly predicted child externalizing symptoms across the sample. With parental mental health having such a consistent impact on the lives of parents and their children, it is prudent to examine what factors can be protective for parents and children among LGBTQ+ parent families.

### 1.12 Child Adjustment and Parenting Stress

Research surrounding child adjustment and parenting stress suggest an association with general samples. Parenting stress has been shown to be associated with greater levels of both internalizing and externalizing issues in young children (Östberg & Hagekull, 2013), including a positive association with anxious and depressive symptomology in children (Rodriguez, 2011). Parenting stress has also been shown to act as a mediator of the association between several life stressors and child adjustment (Östberg & Hagekull, 2013). We see a similar pattern of association between parenting stress and child adjustment in research focused on LGBTQ+ parented families. Research on gay father families has shown parenting stress to function as a predictor of children's externalizing problems (Golombok et al., 2014). Notably, parenting type (LGBTQ+ versus non-LGBTQ+) has not been shown as predictive (statistically) of such externalizing problems (Golombok et al., 2014).

Among parents of adolescents, there are similar findings. Maternal parenting stress has been shown to be associated with internalizing behavior (and marginally associated with externalizing behavior) in early adolescents, but only when maternal affection is high (Silinskas et al., 2020). Kochanova et al. (2021) found a significant relationship between parenting stress and externalizing symptoms in adolescents and noted the distinct lack of research in this area focused on adolescent children. While Kochanova et al. (2021) found several mediators involving parenting behavior, including parental acceptance and lax control, external-influencing factors were not explored in the same fashion. As such, I seek to build upon this by examining the impact of sense of community (in this case, LGBTQ+ community) while looking at a specifically LGBTQ+ parent sample.

### 1.13 Parenting Stress and Parent Mental Health

With evidence for the impact of parenting stress on child adjustment, and the impact of parental anxiety and depression on child adjustment, I seek to explore the potential connection between parenting stress, parental depression, and parental anxiety. Research has demonstrated a link between parenting stress and mental health such as an association between parenting stress and decreased parenting belief (Respler-Herman et al., 2012). Additionally, parenting stress has been shown to be associated with increased levels of maternal depression (Farmer & Lee, 2011), with evidence that the association between parenting stress and postnatal maternal depression is strongly influenced by the incompetence and role restriction aspects of parenting stress (Östberg et al., 1997). When focused specifically on maternal postpartum depression, we see associations with greater levels of parenting stress even after the depression subsides (Cornish et al., 2006), indicating the association between parenting stress and parent mental health may continue even in cases where mental health has improved. Similarly, parenting stress has been associated with lower maternal self-esteem and decreased role satisfaction (Koeske & Koeske, 1990).

Much of this body of research either focuses on cis-het parents, or does not elaborate if they contain LGBTQ+ parents in their samples. In adoptive family research, with a sample that did include a large number of LG couples, we see that parent depressive symptoms and lower levels of family and friend support are linked to increased post-placement parent stress (Goldberg & Smith, 2014). This emphasizes the importance of identifying and supporting protective factors that can buffer against parent mental health concerns. When this research is conducted using an entirely LGBTQ+ sample we see that

gender differences play a role in how parental stress impacts same-sex parents, with men having greater odds of depression (Goldberg et al., 2019). With regards to LGBTQ+ parents, looking at families formed through various pathways including but not solely limited to adoption, I posit that sense of community may be one such protective factor, notable for its uniqueness to LGBTQ+ parents.

#### 1.14 Parent Mental Health and Community

Since instances of minority stressors including discrimination can lead to poor mental health outcomes, such as increased suicidal ideation, within LGBTQ+ adolescent and young adult samples (de Lange et al., 2022), it is critical to examine what protective factors can mitigate these negative effects. The previously discussed impact that parent mental health can have on child adjustment only serves to exacerbate this need. Ties to the LGBTQ+ community have been shown to act as a protective factor for members of the LGBTQ+ community. For instance, we see this illustrated by the ability for community connectedness to buffer against the negative effects of stigma for LGBTQ+ adults in a non-parent specific sample (Kaniuka et al., 2019), the association between feeling connected to the gay community and mental health among older LGBTQ+ populations including 18% LGBTQ+ parents (Lyons et al. 2013), and community moderating the relationship between marginalization mental health across multiple LGBTQ+ identities in a Canadian sample (Dulai et. al., 2023).

Within LGBTQ+ parent family research, for U.S. same-sex couples who adopt, perception of neighborhood LGBTQ+ friendliness is associated with lower depressive symptoms (Goldberg & Smith, 2011). For LG parent samples, research on work

environment has demonstrated that a supportive supervisor is associated with lessened anxious and depressive symptomatology (Goldberg & Smith, 2013b). All of this emphasizes the important role sense of LGBTQ+ community can play in the lives of LGBTQ+ parents, and possibly their children.

#### 1.15 Parenting Stress and Community

Similar to parent depression and anxiety, the body of literature on the relationship between parenting stress and community illustrates that community may act as a protective factor. Research finds that high levels of social disorder within a neighborhood are associated with increased parent stress in a general sample (M. Franco et al., 2010) and that social support (as opposed to disorder) reduced parenting stress in a hierarchical regression (Solem et al., 2011). It is notable that in this body of research, it is more often social support that is examined rather than specific sense of community belonging. Likewise, within this body of research, the impact of LGBTQ+ community on parenting stress related to LGBTQ+ parents seems to be largely unstudied. Yet, the broader research on this topic suggests that community belonging is associated with parenting stress. As such, I seek to understand how sense of LGBTQ+ community may relate to parenting stress among LGBTQ+ parents of adolescents.

#### 1.16 Child Adjustment and Community

Under the ecological systems theory model (Bronfenbrenner, 1977), I expect that just as community belonging influences parents, it should also influence their children. When focusing on LGBTQ+ parents, I predict that their children will also benefit from the sense of LGBTQ+ community support. In general samples, research has illustrated that

social support is indirectly negatively associated with child neglect with parenting stress operating as a mediator (Maguire-Jack & Wang, 2016). A similar relationship was found by McCloskey and Pei (2019), with social cohesion having a statistical effect on maternal depression through the mediating impact of parenting stress. Notably, both studies were not examinations of community belonging per se, but rather related measures, and LGBTQ+ parents were not included (to my knowledge).

A small body of research also indicates that LGBTQ+ community belonging may directly impact the children of LGBTQ+ parents. A Dutch study found that contact with other children with LG parents acted as a protective factor against stigma (Bos & Van Balen, 2008). Research utilizing a lesbian-parented sample found that children who experienced homophobia demonstrated less rule-breaking behavior when their mothers believed they were part of the lesbian community (Bos et al., 2008). Thus, parental connections to the LGBTQ+ community may have a beneficial impact on the adjustment of children with LGBTQ+ parents. I seek to determine how parental sense of LGBTQ+ community is associated with parent mental health and child adjustment, as well as parenting stress.

### 1.17 Hypothesis and Research Question

Based on previous research surrounding associations between parenting stress and mental health concerns among parents (Goldberg et al., 2019), parenting stress and child adjustment (Golombok et al., 2014; Östberg & Hagekull, 2013; Rodriguez, 2011), and parents' mental health and their children's adjustment (Ahmadzadeh et al., 2021; Cummings & Davies, 1994; Downey & Coyne, 1990; Hammen & Brennan, 2003;



Lawrence et al., 2019), as well as research surrounding the benefits of parental belonging to the LGBTQ+ community on children (Bos et al., 2008), I hypothesize that there will be a set of positive associations between parent mental health (depression and anxiety), child adjustment, and parenting stress. I also predict that sense of LGBTQ+ community will have indirect effect on these relationships acting as a moderator. Specifically, I predict that it will act as a protective factor, with parents higher in sense of LGBTQ+ community exhibit better outcomes. Notably, general sample research has provided evidence suggesting that community has an association with parent and child outcomes with parenting stress playing a mediating role (Maguire-Jack & Wang, 2016, McCloskey & Pei, 2019). However, this research does not utilize community belonging specifically. As such, I examine this alternative mediation model exploratorily. In this model, parenting stress acts as a partial mediator for the relationship between sense of LGBTQ+ community belonging and parent mental health, and a full mediator for the relationship between parent's sense of LGBTQ+ community and child adjustment.

## CHAPTER 2. METHOD

### 2.1 Method

The data for this study come from the Queer Parent and Adolescent Lives (Q-PAL) study conducted at the University of Kentucky (UK). It is a study of LGBTQ+ parents and their adolescent children ages 12-19 years. Families were formed through various methods including adoption, surrogacy, and children from reproductive sex. The study utilizes a primarily quantitative approach to explore the experiences of LGBTQ+ families. While families were gathered from across the U.S., special focus was placed on recruiting LGBTQ+ families living within the U.S. South and Midwest to address a lack of LGBTQ+

research representing those regions (Stone, 2018). Surveys were given via Qualtrics, with recruitment through community networks and the utilization of online ads and snowball sampling as well as Prolific (Prolific, 2024). Survey data across several psychological scales were gathered, along with demographic data of parents and their children. Attention checks were put in place to ensure quality of responses (e.g., “To make sure you are reading this please write “pasta” in the box below.”). Both parents and children were eligible for the project, yet the current study is focused on parent data. Participants are compensated \$35 for participation. Data collection began near the end of 2021 and was finalized in 2024.

## 2.2 Participants

The Q-PAL study consists of 150 parent participants. Participants were recruited through snowball sampling utilizing email outreach ( $n = 79$ ) and also through Prolific ( $n = 71$ ). Our parent sample tended to skew female (60% female, 31% male, 10% gender fluid/nonbinary/pangender, 1% undisclosed), with 9% of the sample being transgender men and women (5% transgender female, 2% transgender male). In terms of LGBTQ+ identity, the sample is diverse and leans heavily towards plurisexual identities (19% Lesbian, 15% Gay, 55% Bisexual/ Pansexual/Omnisexual, 7% Queer, 3% Asexual, 1% Undisclosed). The average participant age was 40.62 years. In terms of racial/ethnic identity, our data primarily consist of Black and white participants (64% are white, 23% Black, 9% Multiracial, 2% Hispanic, 1% Native American, 1% Asian). Child racial demographics are more diverse with regards to multiracial identity (49% are white, 23% Black, 19% Multiracial, 5% Latino, 1% Asian, 1% Native American, 3% undisclosed). Adolescent age was an average of 14.66 years. In terms of adolescent gender, our sample skewed male (37% female, 45% male, 7% nonbinary/gender nonconforming, 11% undisclosed), with

4% of the sample being transgender men and women (1% transgender female, 3% transgender male).

Much like parent sexual identity, parent-reported adolescent sexual identity was also fairly diverse (40% heterosexual, 5% Gay, 24% Bisexual/Pansexual, 6% Lesbian, 7% Asexual, 12% Queer, 5% unknown or undisclosed by parent, and 1% identified as only attracted to female presenting individuals). Families were primarily from the South with a substantial portion coming from the Midwest (43% South, 26% Midwest, 16% Northeast, 15% West). When comparing participants gathered via Prolific, versus those not gathered through Prolific, differences were present. Chi-squared tests demonstrate differences in terms of parent race  $X^2(5, N = 150) = 17.40, p = .004$ , parent gender  $X^2(7, N = 150) = 19.00, p = .003$ , parent sexuality  $X^2(7, N = 150) = 54.20, p < .001$ . T-tests show no differences in terms of parent age  $t(130) = 1.43, p = .08$ . Examining expected and observed values, the sample gathered from Prolific has a larger number of multiracial participants and fewer Black participants than would be expected. The Prolific sample also had fewer non-binary and fewer transgender female participants than would be expected while having more cisgender male and female participants. In terms of parent sexual orientation, the Prolific sample had substantially more bisexual participants than would be expected and fewer gay and lesbian participants.

T-tests were used to examine differences between Prolific and snowball/community outreach participants in terms of the variables of interest. Differences were found in terms of GAD-7  $t(131.8) = -2.14, p = .03$ , combined parent mental health  $t(133.1) = -2.1, p = .04$ , PSOC-LGBT  $t(144.2) = 1.99, p = .05$ , and PSI  $t(148) = 3.39, p < .001$ . This indicates that Prolific participants exhibit lower levels of anxiety, lower levels of combined mental health

concerns, higher levels of sense of LGBTQ+ community, and higher levels of parentings stress.

## 2.3 Measures

### 2.3.1 Parent Mental Health

To measure parental mental health, I used the Center for Epidemiological Studies Depression Scale (CES-D) and the Generalized Anxiety Disorder 7 item (GAD-7) to measure depression and anxiety severity, respectively. Both are widely used and standardized measures with good psychometric properties. Final depression and anxiety scores are also averaged to create a combined parent mental health score.

#### 2.3.1.1 Depression

The CES-D (Radloff, 1977) is a 20 question Likert scale measure with questions asking about frequency of feelings such as “I was bothered by things that usually don’t bother me” with responses ranging from 1 to 4 (1 = Rarely or none of the time (less than 1 day), 4 = Most of all of the time (5-7 days)). Questions can involve both positive and negative feelings. A clinical cutoff is set at scores of 16 and above (Radloff, 1977). This measure was chosen in part due its frequency of use within psychology (Santor et al., 2006), and the psychometric properties of the study including its sensitivity and specificity (Shean & Baldwin, 2008), reliability (Devins et al., 1988; Radloff, 1977), and validity (Radloff, 1977). The CES-D has been used in several studies with LGBTQ+ populations across a wide range of gender and sexual identities and locations across the U.S. (Hightow-Weidman et al., 2011; McCarthy et al., 2014; Russell et al., 2011).

### 2.3.1.2 Anxiety

The 7-item Generalized Anxiety Disorder Scale (GAD-7; Spitzer et al., 2006) is a 7 question measure of general anxiety that operates on a 4-point Likert scale. Participants are asked about how often certain problems such as, “Worrying too much about different things” have bothered them in the last 2 weeks (0 = Not at all, 3 = Nearly every day). A score of 0-4 indicates minimal anxiety, 5-9 mild anxiety, 10-14 moderate anxiety, and 15-21 severe anxiety (GAD-7; Spitzer et al., 2006). The GAD-7 also benefits from good reliability (Spitzer et al., 2006) and validity (Löwe et al., 2008; Spitzer et al., 2006). The GAD-7 has been used to examine the mental health of LGBTQ+ individuals across various identities (Borgogna et al., 2019) and has also been used outside of the West (Wang et al., 2021).

### 2.3.2 Parenting Stress

Parenting stress was measured via the Parenting Stress Index Short Form (PSI; Abidin, 1995), a 36-item Likert Scale with 31 questions ranging from 1 to 5 (1 = Strongly Agree, 5 = Strongly Disagree) and 5 responses ranging from 1 to 5, with each utilizing question specific scales such as perceived quality of parenting (1 = Not Very Good at Being a Parent, 5 = Very Good at Being a Parent). For this measure I will look at the total score of all PSI items. Higher scores indicate a higher level of parenting stress. This measure has been shown to have strong reliability and has been utilized previously across several different samples (Aracena et al., 2016, Ghosh Ippen et. al., 2014). Across several different samples, we also see appropriate validity shown (Aracena et al., 2016; Lee et al., 2016). The PSI has been previously used in studies regarding LGBTQ+ parents spanning several

family formation methods (Goldberg & Smith, 2014; Golombok et al., 2014; Tornello & Patterson, 2012).

### 2.3.3 Child Adjustment

Child adjustment is a continuous variable measured via the Child Behavior Checklist for Ages 6-18 (CBCL; Achenbach & Rescorla, 2001). The CBCL involves 113 Likert Scale questions with responses ranging from 1 to 3 (1 = Not True, 3 = Very True or Often). Higher scores indicated worse child adjustment. Specifically, I will analyze total behavioral problems, as well as examining the separate internalizing and externalizing scores. The CBCL normally features gender division in terms of which scores reach a normative versus clinical threshold. To make the measure more gender neutral and inclusive we settled on scoring each participant as both male and female to determine a CBCL *T*-score and then averaging their 2 *T*-scores. *T*-scores of 59 and lower indicate non-clinical symptoms. *T*-scores of 60-63 indicate borderline range, scores 64 and above indicate clinical ranges for internalizing behavior, externalizing behavior, and total child adjustment (Achenbach & Rescorla, 2001). The CBCL is a quite ubiquitous measure chosen for its reliability, validity, and widespread use across a variety of samples (Thorvaldsen, 2013). Additionally, various age range versions of the CBCL have already been used effectively in LGBTQ+ parent research (Gartell et al., 2005; Goldberg & Smith, 2013a).

### 2.3.4 LGBTQ+ Community

Sense of LGBTQ+ community was measured via the Psychological Sense of LGBT Community Scale (PSOC-LGBT; Lin & Israel, 2012). Here, sense of community is defined

as consisting of six components, which form the PSOC-LGBT: influence on others, influence from others, shared emotion, needs fulfillment, membership, and existence of community (Lin & Israel, 2012). This scale is a 22-question Likert Scale with responses ranging from 1 to 5 (1 = None, 5 = A Great Deal). The six subscales are each averaged, then the average of the subscales is determined to create a total score. This measure demonstrates appropriate reliability and validity (Lin & Israel, 2012), and has the distinction of being a measure that specifically assesses LGBTQ+ community belonging. The PSOC-LGBT has seen use in LGBTQ+ research both looking at LGBTQ+ community belonging within and outside of the U.S. (Cogger et al., 2012; Zervoulis et al., 2020).

#### 2.4 Data Analysis Plan

Following data collection, I examined demographic data and calculated correlation values among variables of interest. The planned analysis was to examine potential association between these variables first via hierarchical regression, and then follow up with a multiple regression model (Figure 1). While the models in Figure 1 represent the predicted model, I also anticipated exploring alternative models (Figure 2) due to research suggesting parenting stress as a mediator (Maguire-Jack & Wang, 2016; McCloskey & Pei, 2019) as well as the novelty of this exploratory research question. Geographic location and parent age were added to models as covariates, due to prior research on mental health has shown that depression and anxiety appear to decline with age (Henderson et al., 1998), as well as QPAL having a wide age range of parents (25-78) and a unique geographic sample. Additionally, Ecological-systems theory would suggest that geography should play a role in the family system (Bronfenbrenner, 1977).

## CHAPTER 3. RESULTS

### 3.1 Preliminary and Descriptive Analyses

Correlations were examined between my variables of interest. Significant correlations were found between all variables, with the exception of the PSOC-LGBT, which was not correlated with any variables. Significant correlations found were in the directions we would expect; parenting stress, child adjustment, and parenting stress were all positively correlated with one another (see Table 2).

Outliers in the model were identified as participants exhibiting significant issues in discrepancy, leverage, and/or influence utilizing standardized DfBetas, studentized deleted residuals, standardized DfFit, Cook's D, and leverage values (Aguinis, 2013). Participants who demonstrated issues in multiple areas were removed from the dataset, and analyses were rerun. This was repeated for a total of  $n = 8$  individual participants, and then repeated once more with all 8 participants removed. In all cases, significant results did not change with the exception of the effect of geographic location (West coast versus Midwest) on mental health losing significance when 2 separate outlier cases were removed. All other effects, including other geographic location effects, remained. Due to differences only occurring in 2 cases, and my belief that these outliers still represent members of this study's intended sample, I have elected to include them in the final analysis. All values presented include these potential outliers. For participants who were more than 2 standard deviations from the mean, on the CES-D only 8 participants exhibit scores more than 2 standard deviations from the mean, for the GAD-7 6 participants were noted, for the combined parent mental health score 8 participants were noted, for the PSI 4 participants were noted, for the CBCL 4 participants were noted, and for the PSOC-LGBT 0 were noted.



Among participants, we found 35 (23%) participants gave CBCL scores for their adolescent children that were above the clinical range for total *T*-scores, 44 (29%) reported scores above the clinical cut-off for internalizing *T*-scores, and 19 (13%) participants reported children's scores above the externalizing *T*-scores clinical cut-off. Average CBCL *T*-scores were  $M = 55$ , which falls below the clinical and borderline thresholds (Achenbach & Rescorla, 2001). Participants on average reported medium levels of feelings of LGBTQ+ sense of community ( $M = 3.36$ , maximum possible value  $M = 5$ ). Parent stress averaged at  $M = 78.67$  (maximum score of 180), parent depression averaged at  $M = 12.77$  falling below the clinical cutoff score of 16 (Radloff, 1977), and parent anxiety averaged at  $M = 5.89$  which falls within the GAD-7 mild anxiety category (Spitzer et al., 2006). Due to significant correlations between CES-D and GAD-7 scores (see Table 2), and these 2 variables being conceptually linked as mental health measures for the purposes of our study, I combine these measures into a combined mental health score. Average combined parent mental health scores were  $M = 10.35$ .

A one-way ANOVA was conducted to determine if sense of community varied across our 4 geographic regions. No significant difference was found in sense of LGBTQ+ community between geographic regions [ $F(3, 144) = .75, p = .52$ ].

Post-hoc power analyses were conducted using G\*Power (Faul et al., 2009), models were examined with geographic location and age added to the models as covariates. When looking at the association between combined parent mental health on child adjustment we see a power of .99 ( $f^2 = .27$ ), similarly high-power values when examining the association between parent stress and child adjustment ( $f^2 = .43$ , power = .99) and when looking at the association between parent stress and combined parent mental health ( $f^2 = .32$ , power =

.99). When examining necessary power to determine a moderating effect, post-hoc power analysis was done looking at the PSOC-LGBT's moderating effect on the relationship between combined parent mental health and child adjustment ( $f^2 = .004$ , power = .13), similarly low power values when examining the association between parent stress and child adjustment ( $f^2 < .001$ , power = .05) and when looking at the association between parent stress and combined parent mental health ( $f^2 < .001$ , power = .05). Together this demonstrates that at a sample size of  $N = 150$ , our study was well powered for direct effects but not to determine small effect size moderators. This is especially notable due to the difficult to reach sample of our study. For our measures, we found high reliability across our measures: CBCL  $\alpha = .96$ , PSI  $\alpha = .95$ , CES-D  $\alpha = .93$ , GAD-7  $\alpha = .92$ , PSOC-LGBT  $\alpha = .96$ , and combined mental health scores  $\alpha = .96$ .

### 3.2 Primary Analysis

Prior to attempting least squares multiple regression through SPSS PROCESS macro (Hayes, 2017), a series of hierarchical regressions were run to determine if adding sense of LGBTQ+ community to models had a significant impact. Parent age and geographic region (dummy coded) were added to the models as covariates. Results showed that controlling for age and geographic region, parent stress had a significant association with child adjustment ( $\beta = .21$ , 95% CI [.15, .27],  $p < .001$ ,  $R^2 = .30$ ), and the combined parent mental health score ( $\beta = .24$ , 95% CI [.06, .17],  $p < .001$ ,  $R^2 = .10$ ). Similarly, combined parent mental health was significantly associated with child adjustment ( $\beta = .56$ , 95% CI [.36, .76],  $p < .001$ ,  $R^2 = .21$ ). However, in each case, adding sense of LGBTQ+ community to the model failed to yield a significant  $\Delta R^2$ . Similarly, adding the cross-product of PSOC-LGBT and the IV failed to yield a significant  $\Delta R^2$ . For this reason, the

models proposed in Figure 1.1, 1.2, 1.3, 2.1, and 2.2 were not analyzed in PROCESS as adding the PSOC-LGBT and the interaction effect to the model failed to have a significant impact on the model.

Age and geographic location were examined as potential covariates. Covariates were only found to be significant when looking at the relationship between parent stress and combined mental health. Age was found to act as a covariate for the relationship between PSI and combined mental health score ( $\beta = -.26$ , 95% CI [-.42, -.11],  $p > .001$ ,  $R^2 = .24$ ), with older age being associated with better mental health. Regionality was also found to act as a covariate for the relationship between PSI and combined mental health; participants from the Northeast had better outcomes than those in the Midwest ( $\beta = -6.34$ , 95% CI [-10.45, -2.24],  $p = .003$ ,  $R^2 = .24$ ), as did participants from the West ( $\beta = -4.35$ , 95% CI [-8.59, -.11],  $p = .04$ ,  $R^2 = .24$ ), and those in the Northeast had better outcomes than those in the South ( $\beta = -5.03$ , 95% CI [1.20, 8.86],  $p = .01$ ,  $R^2 = .24$ ). For complete values see Table 3. In each case, these variables failed to act as significant moderators when using SPSS PROCESS macro (Hayes, 2017). Age and geographic location failed to act as covariates in any other of the regression models. In all cases, the relationships between PSI, CBCL, and combined parent mental health remained significant when controlling for age and geographic location.

With prior literature identifying that in general samples the relationship between paternal stress and child adjustment is mediated by parent depression as measured by the CES-D (Conger et al., 1995), I sought to examine if this model would be applicable when looking at parenting stress specifically, and within a LGBTQ+ parent context. Post-hoc analyses were run examining parent mental health as a potential mediator of the

relationship between parent stress and child adjustment. Age and geographic location were included as covariates. SPSS PROCESS macro (Hayes, 2017) was utilized. Results indicated partial mediation. A significant direct effect was found from parenting stress to child adjustment ( $\beta = .17$ , 95% Bootstrapped CI [.11, .23]). A significant indirect effect was also found ( $\beta = .04$ , 95% Bootstrapped CI [.02, .07]), with a significant a path from PSI to combined mental health score ( $\beta = .11$ , 95% Bootstrapped CI [.06, .17]), and a significant b path from combined parent mental health to CBCL score ( $\beta = .37$ , 95% Bootstrapped CI [.17, .56]). Results indicate that higher levels of parenting stress are not only associated with worse child adjustment, but also that parent mental health mediated this relationship such that increased parenting stress is associated with worse parent mental health which is then associated with worse child adjustment.

My first hypothesis was supported, with greater parenting stress associated with worse child adjustment, and worse parent mental health. Worse child adjustment was also associated with worse parent mental health. However, hypothesis 2 was not supported, as sense of LGBTQ+ community failed to statistically impact the models. Post-hoc analysis did provide unique information with regards to how parenting stress interacts with child adjustment, with parent mental health mediating the association. This finding illustrating the complexity of the relationship, emphasizing the need to examine several mental health variables when examining the family system and further emphasizing the need to value LGBTQ+ parent mental health.

## CHAPTER 4. DISCUSSION

### 4.1 Discussion

In this study I hypothesized that when looking at LGBTQ+ parents of adolescent children we would see a positive association between parent's negative mental health, parenting stress, and issues with child adjustment. I also hypothesized that parent's sense of LGBTQ+ community would moderate these associations, acting a protective factor. Partial support for my hypotheses was found. Results indicated that parent stress, parent mental health, and child adjustment all interact in a way consistent with Ecological Systems Theory (Bronfenbrenner, 1977), which emphasizes the interplay between parent, child, and the environment. That is, parent stress was associated with worse parent mental health, and both parent stress and worse parent mental health were associated with worse child adjustment. These results further support similarities between LGBTQ+ and cis-het parent families. Prior cis-het or general sample research indicates links between parent stress and parent mental health (Cornish et al., 2006; Farmer & Lee, 2011; Respler-Herman et al., 2012), parent stress and child adjustment (Östberg & Hagekull, 2013; Rodriguez, 2011), and child adjustment and parent mental health (Lawrence et al. 2019; Woodruff-Borden et al., 2002). Post-hoc analysis demonstrated a unique relationship between these 3 variables, with parent mental health mediating the relationship between PSI and CBCL. This emphasizes the interconnectivity of these constructs and the need for researchers to examine the family system across several measures to illustrate a more complete picture of family wellbeing. These findings are also notable as literature is presently lacking with regards to LGBTQ+ parent research that specifically looks at parents with adolescent children.

Hypothesis 2, that parent sense of LGBTQ+ community would moderate the associations between PSI, CBCL, and combine parent mental health, was not supported. Results failed to illustrate a moderating effect of sense of LGBTQ+ community, and lack of correlations between sense of LGBTQ+ community and all other variables suggests a general lack of relation. This contrasts with Self-determination Theory's (Ryan & Deci 2000) emphasis on the importance of relatedness and Ecological Systems Theory's (Bronfenbrenner, 1977) emphasis on the role of the mesosystem. These theories suggest that community could have a strong impact on the family system, but this study failed to find those results.

Results also demonstrated noteworthy findings with regards to geographic location. While past research with LGBTQ+ parents has examined parent mental health (Goldberg & Smith, 2011), the impact of parenting stress on children (Golombok et al., 2014), and the impact of parenting stress on parent mental health (Goldberg et al., 2019), this study stands apart due to its South and Midwest centric sample and focus on adolescent children. Results indicated that mental health among LGBTQ+ parents was worse for those living in South and Midwest compared to those in the Northeast, and worse for those in the Midwest compared to those in the West. This illustrates the importance of geographic location with regards to LGBTQ+ families and suggests that state level policy, and region level attitudes towards LGBTQ+ individuals may be an important factor to examine when looking at LGBTQ+ family systems.

Our findings of sense of community being present within Southern and Midwest LGBTQ+ parents is also notable. With Self-determination theory (Ryan & Deci, 2000) emphasizing the importance of relatedness, sense of community is of key importance when

looking at LGBTQ+ families. While LGBTQ+ families in the South may live in states with harmful laws (MAP, 2020), this study suggests that despite this LGBTQ+ community is still perceived within the South. Similarly, although living in the Midwest seemed to be a negative influencing factor on the mental health of LGBTQ+ parents, it appears that sense of LGBTQ+ community was still present.

This study also offers some interesting findings regarding data collection methods. Differences in sexual identities across groups may indicate that snowball and community-based sampling has less ability to reach bisexual individuals. With several of the Prolific recruited bisexual individuals being in different gender relationships (often marriage), it seems that a unique benefit of Prolific recruitment is being able to reach LGBTQ+ individuals in different gender relationships who may otherwise not be active in LGBTQ+ spaces enough that community outreach would reach them.

As LGBTQ+ rights continue to be under fire (ACLU, 2023; Hassan, 2023), this research emphasizes that to protect the wellbeing LGBTQ+ parents and their children we need to take note of the entire family system, with emphasis being placed on the impact geographic location can have. The present findings illustrated the importance of LGBTQ+ parent mental health when discussing child well-being. This is in opposition to arguments that LGBTQ+ parents are inherently worse parents, or that it is irresponsible for LGBTQ+ individuals to become parents (Clarke, 2001). Instead, this research illustrates that protecting the mental health of LGBTQ+ families is key. This may be especially important in adolescent children as adolescent mental health is a key area of concern within the U.S. (Center for Disease Control and Prevention, 2021). My findings suggest that LGBTQ+

parents can have children with good child adjustment, but parent mental health and parenting stress are important factors to observe and address.

#### 4.2 Future Directions

This study failed to find a moderating effect of sense of LGBTQ+ community. While lack of significance cannot be truly interpreted, the lack of findings could be due to other factors such as governmental support being more critical, or parent's LGBTQ+ identity being less salient than parent identity – at least as connected to parent mental health, parenting stress, and adolescent adjustment. The PSOC-LGBT (Lin & Israel, 2012) measuring sense of community rather than community participation could also be an issue. A measure of time spent at, or frequency in engagement with LGBTQ+ community events may be worth looking into as a potential moderator. This moderation could then also be potentially moderated by parent's belief that the LGBTQ+ community is accepting and inclusive of parents. Notably this study focuses on parents of adolescent children, perhaps this led to the lack of significant moderation. It may be that sense of LGBTQ+ community is more important when children are young and parents are more likely to directly involve them with the LGBTQ+ community. With adolescents being a key time for child autonomy (Zimmer-Gembeck & Collins, 2006), perhaps parent's sense of LGBTQ+ community is less relevant. It may also be prudent for future research to examine how the PSOC-LGBT relates to other outcomes in LGBTQ+ parents such as readiness to engage in pro-LGBTQ+ activism, and children's sense of community. The latter of these construct ties into parent socialization, which may also play a role in child adjustment.



This study seeks to focus on Midwest and Southern LGBTQ+ individuals as they are often underserved in research (Stone, 2018). Results emphasized the role of geographic location on LGBTQ+ parent mental health. I believe that further research is needed within these regions, and future research could build upon this paper by examining how LGBTQ+ community is formed in states and regions where LGBTQ+ rights are under siege. Beyond research on the LGBTQ+ community, these results suggest it may be prudent to examine how sense of community belonging and geographic location impact other minoritized identities within the U.S.

#### 4.3 Implications for Practice, Policy, and Law

This study's results have demonstrated that LGBTQ+ parent mental health, parent stress, and child adjustment all interact with one another in LGBTQ+ families with adolescent children. This emphasizes the importance of attending to the mental well-being of LGBTQ+ parents and their children. With regards to clinical practice, these findings illustrate the need to attend to the larger family system when tackling parent or adolescent mental health concerns. As suggested by Ecological systems theory (Bronfenbrenner, 1977), child adjustment has a connection to parent mental health and vice versa.

This study also highlights the prevalence of sense of LGBTQ+ community even within regions that may have less supportive laws in place. At a time when the rights of LGBTQ+ people are under attack (ACLU, 2023; Hassan, 2023), and LGBTQ+ community centric pride events have become controversial, if not dangerous (Sopelsa, 2023; Sullivan 2022), it is important for research to highlight that not only to LGBTQ+ parents raise healthy well-adjusted children, but that LGBTQ+ community can exist outside of the more

frequently researched areas of the United States. This study also highlights the importance of region, with LGBTQ+ parent mental health being associated with family's geographic location. These results emphasize the need for researchers and policy makers to examine what unifying factors within their geographic region could be harming LGBTQ+ parented families.

#### 4.4 Conclusion and Impact

This study examines the innerworkings of the family system, focusing on a unique sample within areas of the United States underserved in past research (Stone, 2018). Partial support for my hypotheses was found, higher parenting stress was associated with worse parent mental health, worse parent mental health was associated with worse child adjustment, and higher parenting stress was associated with worse child adjustment. Additionally, a post-hoc analysis demonstrated that parenting stress's association with child adjustment was mediated by parent's mental health. While parent's sense of LGBTQ+ community did not have a significant impact on these associations, family's geographic location did play a notable factor. Age was also shown to play a role in parent's mental health with older age being associated with better mental health. Together these results emphasize the importance of LGBTQ+ parent mental health, illustrate the similarities between LGBTQ+ parented families and cis-het parented families, and shines a light on both the unique way parent stress and child adjustment are mediated by parent mental health, and the unique impact geographic location can have on LGBTQ+ parented families.

Table 1 Participant Demographics

Baseline Characteristic	Sample Total (N=150)	Percentage of Sample
Gender		55%
Cisgender Woman	83	
Cisgender Man	43	29%
Transgender Woman	7	5%
Transgender Man	2	2%
Genderqueer/ Nonbinary	11	7%
Gender Non-Conforming	1	1%
Pangender/Genderfluid	2	2%
Undisclosed	1	1%
Race/Ethnicity	96	64%
White		
Black	35	23%
Latinx	3	2%
Asian	1	1%
Native American	1	1%
Multiracial	14	9%
Sexual Orientation	23	15%
Gay		
Lesbian	29	19%
Bisexual	66	44%
Queer	10	7%
Asexual	4	3%
Pansexual/Omnisexual	16	11%
Undisclosed	1	1%
Geography	65	43%
South		
Midwest	39	26%
Northeast	24	16%
West	22	15%

Table 2 Variable Correlations

PSI	-					
CBCL	.50*	-				
CES-D	.33*	.43*	-			
GAD-7	.27*	.42*	.81*	-		
Combined Mental Health	.32*	.44*	.98*	.91*	-	
PSOC_LGBT	-.08	-.05	-.13	-.07	-.11	-

Table 3 Regression Model PSI on CBCL

	Model 1	Model 1	Model 2	Model 2	Model 3	Model 3
	Level 1	Level 2	Level 1	Level 2	Level 1	Level 2
Midwest	-	-	-	-	-	-
Northeast	-1.43***	-3.34	-	-	-	-
South	.09	-4.15	1.52	2.93	-	-
West	-1.47	-2.86	-.03	.481	-1.55	-2.45
Age	-.14	-.103	-	-	-	-
PSI	-	.21***	-	-	-	-
R <sup>2</sup>	.018	.30				
ΔR <sup>2</sup>	-	.277***				

*Note.* DV = CBCL. Model 1: reference group Midwest. Model 2: Reference group Northeast. Model 3: Reference group South. Level 1: Geographic groups and age. Level 2: Geographic groups, age, and PSI.

\*\*\* indicates  $P < .001$

Table 4 Regression Model PSI on Mental Health

	Model 1	Model 1	Model 2	Model 2	Model 3	Model 3
	Level 1	Level 2	Level 1	Level 2	Level 1	Level 2
Midwest	-	-	-	-	-	-
Northeast	-5.32*	-6.34**	-	-	-	-
South	-1.04	-1.31	4.27*	5.03**	-	-
West	-3.60	-4.35*	1.72	1.99	-2.56	-3.04
Age	-.28***	-.26***	-	-	-	-
PSI	-	.115***	-	-	-	-
R <sup>2</sup>	.13**	.24	-	-	-	-
ΔR <sup>2</sup>	-	.115***	-	-	-	-

*Note.* DV = Combined Parent Mental Health. Model 1: reference group Midwest. Model 2: Reference group Northeast. Model 3: Reference group South. Level 1: Geographic groups and age. Level 2: Geographic groups, age, and PSI.

\* indicates  $p < .05$ . \*\* indicates  $P < .01$ . \*\*\* indicates  $P < .001$

Table 5 Regression Model Mental Health on CBCL

	Model 1	Model 1	Model 2	Model 2	Model 3	Model 3
	Level 1	Level 2	Level 1	Level 2	Level 1	Level 2
Midwest	-	-	-	-	-	-
Northeast	-1.43	1.56	-	-	-	-
South	.09	.67	1.52	-.88	-	-
West	-1.47	.56	-.03	-.99	-1.55	-.11
Age	-.14	.02	-	-	-	-
MH	-	.56***	-	-	-	-
R <sup>2</sup>	.018	.211	-	-	-	-
ΔR <sup>2</sup>	-	.19***	-	-	-	-

*Note.* DV = CBCL. Model 1: reference group Midwest. Model 2: Reference group Northeast. Model 3: Reference group South. Level 1: Geographic groups and age. Level 2: Geographic groups, age, and combine mental health.

\*\*\* indicates  $P < .001$

Figure 1 Moderation Model 1

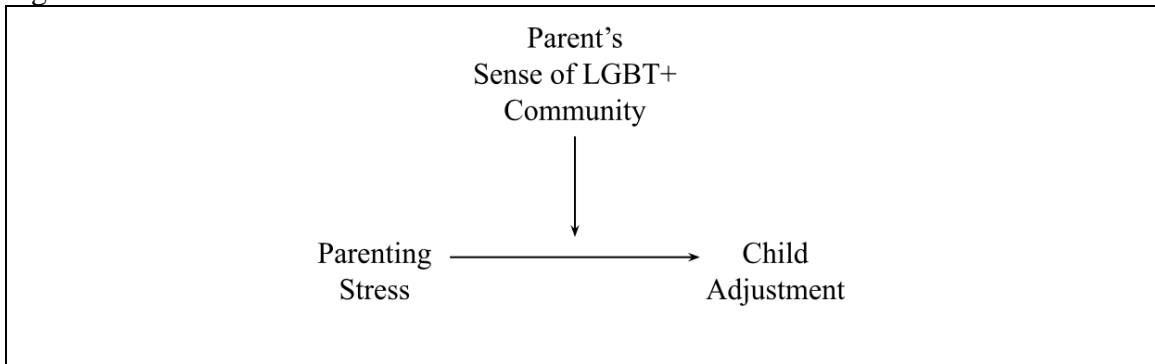


Figure 2 Moderation Model 2

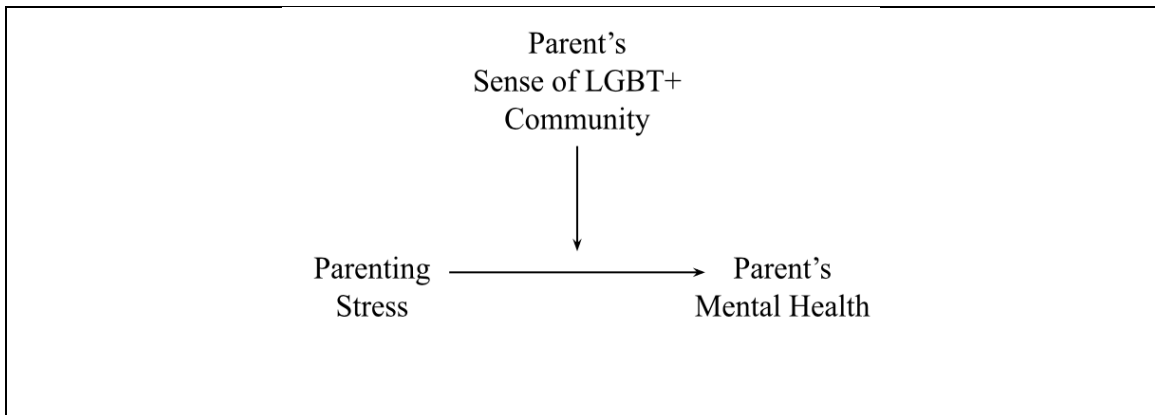


Figure 3 Moderation Model 3

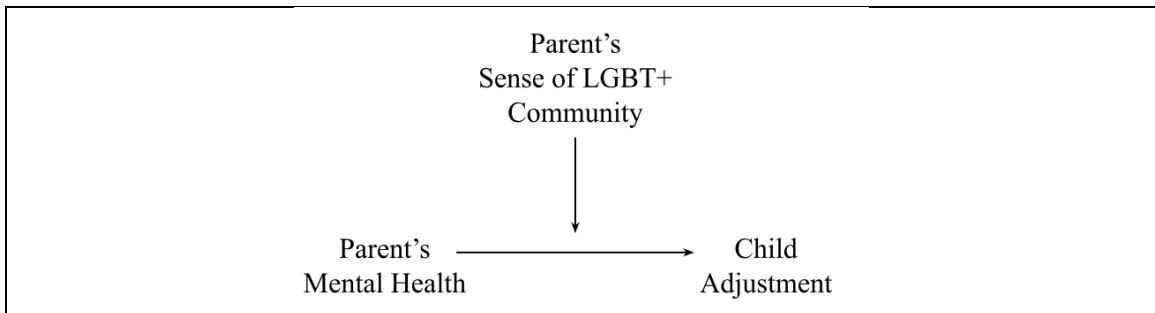




Figure 4 Mediation Model 1

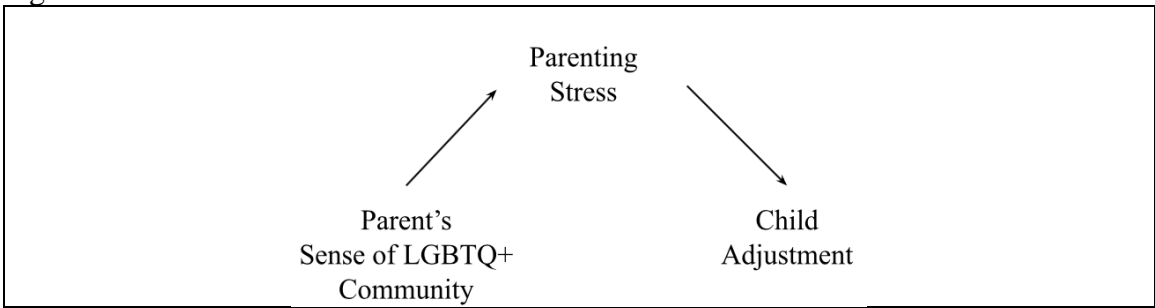
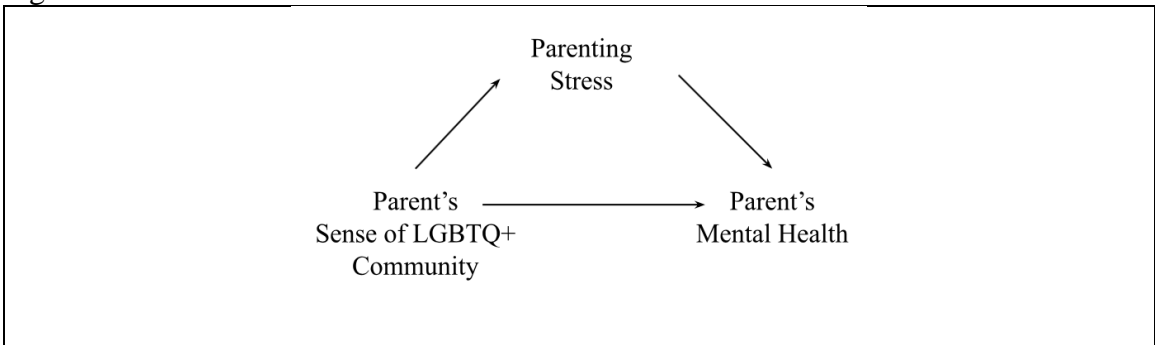


Figure 5 Mediation Model 2



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