Lesbian and Gay Parenting: A Parental Needs Assessment and a Mixed-Methods

Analysis of Discrimination Parenting and Coping Strategies

by

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ABSTRACT

Although it has been established that children raised by lesbian and gay (LG) parents are comparable in psychological adjustment to those raised by heterosexuals, there are unique stressors that these families must face as members of a social minority group. For example, chronic exposure to stigma and discrimination has been associated with several poor psychological and behavioral outcomes in children, as well as high levels of stress experienced by LG parents. Thus, the current study sought to examine LG parents' coping actions and parenting strategies as used during and after an act of antigay discrimination which also involved their children, or as these involved an act which their children witnessed. This study also sought to define the parenting needs of LG parents. The research plan utilized an integrative mixed methods approach to examine the qualitative text narratives of 43 LG parents (29 mothers and 14 fathers) ranging in age from 28-56 years old with school-aged children (6-12 years). Results revealed that LG parents' negative emotion-based coping actions predicted higher depressive symptoms (β = .41, $t(33)$ = 3.17, $p < .01$), LG parents' avoidant/escape coping actions predicted lower parenting self-agency (β = -.34, $t(33)$ = -2.23, $p < .05$), and LG parents' engagement in understanding and coping with discrimination parenting strategies predicted lower post-traumatic stress problems in their children (β = -.33, $t(33)$ = -1.96, $p = .059$). Last, a family needs assessment survey was used to determine the unique parenting needs of these LG parents. The results of this survey indicated that LG parents endorsed the following three topic areas as most important to them: (a) *LG Family Community Services*, (b) *Information about Child Development*, and (c) *Explaining LG Family to Others*. These findings reinforce existing knowledge in terms of the effects of

discrimination on LG parents and their children. Indeed, results indicate the importance

of providing LG parents with adaptive discrimination coping and parenting strategies, as

well as offering valuable information concerning their specific needs.

This is dedicated to my partner Chris and my sisters Michele and Heather – you have all given me so much and asked for nothing in return, you keep me grounded. I would also like to dedicate this work to my son Sam. May you always reach for your dreams and continue to find the joys in life.

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TABLE OF CONTENTS

LIST OF TABLES

xiv

LIST OF FIGURES

Introduction

Family theory and child development research have indicated that there exist complex associations among core family-related stressors such as parental stress, parent self-agency, and parental depression. These factors influence the quality of the parent-child relationship and also child behavioral and emotional outcomes (Crnic & Lowe, 2002; Cummings et al., 2000; Davies & Cicchetti, 2004). Yet, the impact of lesbian and gay (LG) family-related sociocultural issues, such as antigay discrimination has not been fully understood and may contribute to family-related stressors for diverse LG headed families (Armesto, 2002; Bos et al., 2008; Gershon et al., 1999). Although a large body of work has shown that children raised by LG parents are comparable in psychological adjustment to those raised by heterosexual couples (e.g., Patterson, 2005; 2006), other studies have shown significant associations between exposure to homophobic discrimination and stigmatization and negative psychosocial/behavioral outcomes in both LG parents and their children (see reviews Tasker, 2005; Short et al., 2007).

For example, Bos et al. (2004) found that lesbian mothers who reported higher levels of rejection that was related to their being lesbian (e.g., marginalization), reported experiencing higher levels of parental stress and endorsed feelings of low competency as parents. Additionally, these same mothers reported higher levels of both internal and external behavior problems in their children. Fairtlough (2008), from a content analysis of the life histories of 67 youth who were raised by gay or lesbian parents, found that 94% of the sample reported high levels of stress and anxiety that were associated with homophobic experiences. Thus, a study is warranted that explores the coping actions and parenting strategies employed by LG parents in response to an act of discrimination that

1

is directed at them or toward their family. Such new evidence can reveal critical information that can enhance our understanding of the psychological stressors experienced by these families and the emergence of psychopathology. Such a study can also enhance our understanding of the resilience exhibited by other LG families. In addition, assessing the family/parenting needs as reported by LG parents can reveal the specific parental needs produced by exposures to unique sociocultural stressors. This novel information can be used in the development or adaptation of a parenting intervention to make it culturally relevant for addressing the needs of LG headed families. This new evidence is particularly important for understudied minority populations, such as LG parents, where to date there exist no evidence-based parent training interventions. Also, the parenting interventions that do exist have been designed for majority group parents and families, such as heterosexual parents, such that these mainstream interventions are likely insensitive to the unique needs of these LG parents, and may even alienate these LG parents (Harper & Schneider, 2003).

As an intervention is developed, the content and delivery are designed in accordance with the unique characteristics and needs of the specific population that is targeted by the intervention (i.e., heterosexual parents; Barrera & Castro, 2006). Such specificity in the design may interfere with the dissemination of the intervention to other populations (i.e., lesbian or gay parents). For example, when the intervention is administered to another subgroup there may be problems with the content, dosage, or delivery based on cultural relevance issues that diminish the desired outcomes (Bernal, 2006; Lau, 2006). The characteristics of participants can be subject to unique cultural and social norms that may not be related to intervention curricula that have been successfully

2

used with previous populations. Therefore conducting a culturally-relevant adaptation of an original evidence-based intervention (EBI) is important, as this adaptation can incorporate more relevant contents and activities, that in turn can yield the desired intervention outcomes when delivered to this unique subcultural group (Castro et al., 2010a; Falicov, 2009). By fully understanding a specific community's needs and related cultural nuances, issues of fit and fidelity can be integrated into the intervention. This level of intervention responsiveness to the needs of a subcultural group, such as LG parents is now regarded as very important in the design of efficacious prevention interventions that are tailored to the unique needs of a specific subcultural group (Collins et al., 2004; Castro et al., 2004). Barrera and Castro (2006) suggest a sequence for developing adaptations that consists of the following phases: (a) information gathering, (b) preliminary adaptation design, (c) preliminary adaptation tests, and (d) adaptation refinement. In light of the lack of LG-specific parenting interventions, the current study utilizes an integrative mixed methods approach, while targeting the initial phase of intervention adaptation. The aim is to conduct a deep-structure analysis and evidence gathering from LG parents regarding (a) their specific parenting needs, (b) the unique cultural stressors which they face, and (c) the specific coping actions and parenting strategies utilized in response to these LG-specific stressors.

Previous LG family research has included a rather exclusive focus on lesbian headed households and the use of either qualitative or quantitative methodology. Research that obtains a broader and more diverse sample and that utilizes an integrative mixed methods approach will better capture the complex interplay of sociocultural issues and coping/parenting strategies (Castro et al., 2010b; Lassiter et al., 2006). Moreover, by

3

assessing the specific needs of LG parents, the current study will add important information to the field. Therefore, the proposed research study will establish a more comprehensive understanding of both lesbian mothers *and* gay fathers through the use of integrative mixed methods.

<div style="text-align: center">**Lesbian and Gay Family Theoretical Considerations**</div>

Beyond the Closet: Heterosexual Dominance and the Sociocultural Construct of "Family"

In the United States there are an estimated 6 million children and adults who have a lesbian, gay, bisexual, transgender (LGBT) parent (The Williams Institute, 2013), and an estimated 48-percent of LGBT women and 20-percent of LGBT men are raising a child under the age of 18-years (The Williams Institute, 2013). Indeed, an approximate one-quarter of all same-sex couple households are currently raising children (US Census Bureau, 2012). Yet, controversy exists regarding the parenting abilities of LG parents, and the psychosocial effects of being part of LG family lives and relationships (Lambert, 2005; Tasker, 2005; Stacey & Biblarz, 2001). Moreover, antagonistic theoretical arguments levied against LG parents are typically framed in terms of heterosexist views regarding family configurations and lifestyles. These criticisms depict LG parents as drastically different from heterosexual parents, and insinuate that LG parenting is detrimental to the well-being of their children (e.g., in that their lifestyles promote psychological and social dysfunction, gender inappropriate behavior, and an increased likelihood of becoming homosexual; Cameron & Cameron, 2002; Fredriksen-Goldsen & Erera, 2003; MacCallum & Golombok, 2004; Wardle, 1997).

Others have argued that some LG parenting research has taken a *sameness*

theoretical approach that casts heterosexual parents as the "golden standard" that LG

parents should model (Clarke, 2000; 2002). As such, an effort to live up to this

heterosexist standard of a mother-father dyad relegates LG families as illegitimate, and

defines them in terms of either "not as good" or an approximation of the ideal

heterosexual parent couple norm (Goldberg, 2009a; Smith 2010). The latter comparison,

although seeming to place LG parents as "good enough," ignores their unique

experiences as LG parents and disavows the issues they face as a social minority (Green

& Mitchell, 2008). For example, Ryan and Berkowitz (2009) provide a multilayered

qualitative analysis of how LG parents form their families and argue that for most LG

parents this requires them to negotiate reproductive assistance from parties outside the

same-sex couple that deviates from the privileged hegemonic standard of a biologically

related two-parent couple. According to Ryan and Berkowitz (2009) this "ideological

code" of parenting creates bias and judgment of those that deviate as deficient and

inadequate parents" (p. 154). They argue that this is distinct from other non-biologically

related families (i.e., adoptive or infertile heterosexual couples) in that LG parents are

required to traverse heterosexual dominance in institutions and interpersonal interactions.

Moreover, they argue that these parents must move "beyond the closet" in that many gays

and lesbians do not have to live closeted lives, but that their lives are still characterized

by a minority sexual orientation status in a social system that is defined by historical

heterosexual dominance (as cited in Seidman, 2004). Consequently, the notion of a *gay*

family is constructed through a hegemonic standard of the idealized heteronormative

married couple with biologically related children. Although this standard is in conflict

with contemporary formations of family and deviates from broader social realities, there still remains no definition of "family" that includes same-sex couples with children (Hudak & Giammattei, 2010).

Furthermore, the *sameness* view further establishes heterosexism and disregards the detrimental effects of discrimination and other issues that are related to being gay or lesbian, issues that LG parents may face from the outside world and even from themselves. Moreover, Clarke (2001) argues that when LG parents compare themselves to heterosexual parents as the normative group, this can promote an acceptance of parenting practices that they themselves may have once found oppressive and dysfunctional. Thus, these two theoretical approaches have impacted the methods and research conceptualizations of past LG family studies and, at times, failed to account for unique sociocultural and ecodevelopmental stressors that may further impact the nature and quality of LG parenting (Adams et al., 2004; Pachankis & Goldfried, 2004; Short et al., 2007). Accordingly, this study seeks to elucidate and expand on these theoretical considerations by examining LG families scientifically and also in greater depth, using the qualitative branch of mixed-methods research to *give voice* to members of this special population. This approach sees the world on their terms, and less biased by existing ways of framing the meaning and operations of *the family*.

Feminist Theoretical Considerations for Approaches to Studying Lesbian and Gay Families

Feminist theory proposes that LG families are impacted by heterosexism and sexism that is directly connected to gender inequalities that establish heterosexual parents as the *golden standard* and LG parents as "the *other*" (e.g., Goldberg, 2009b; Walters,

Carter, Papp, & Silverstein, 1988). Moreover, a core principle of feminist therapy purports that the etiology of psychopathology is in sociocultural variables, and distress is likely caused from pathological cultural norms established and imposed by straight men (Park, 2004; Prouty, 2001). Historically, racial, gender specific, sexual, and economic classes have been regulated as segregated identities/constructs to keep people separate and in their "assigned roles" (Basow, 1992, Slonim, 1991). From this regulation, the meaning of family and childhood has been based on majority-cultural norms and for meeting the needs of the social majority (Stacey, 2003).

For example, Stacey (1990) writes, "Decisions regarding the timing and crafting of pre-modern marriages served not the emotional needs of individuals but the economic, religious, and social purposes of larger kin groups, as these were interpreted by patriarchs who controlled access to land, property, and craft skills (p. 7)." Stacey recognized that in our shared patriarchical past, emotional needs of children and parents have not been the main driving force behind the construction of marriage and familial formation. Instead of emotional needs, *Feminist Theory* argues, that the need for workers regarding production and economic prosperity, as well as to encourage population growth for social and religious purposes were the driving forces behind creating the institution of marriage and family (Stacey, 1990). In essence, the social structures that have shaped the modern familial unit and the way in which children are thought to exist have been in play since pre-modern times in which a patriarch could manipulate and lawfully regulate the people living within the governed boundaries through cultural, religious, and social constraints (Butler, 1999; Foucault, 1986). Indeed, the modern model of the nuclear family that has been idealized for the past several decades is another form of crafting marriages to

7

arguably increase population and consumerism since post-WWII, as seen in the baby boom of the 1950s (Coontz, 2000; 2005; Slonim, 1991).

Today, we see many different forms of families that challenge past concepts of the "traditional" family. Coontz (2005) analyzed the history of various forms of marriage and family and offers an argument that broadens the definition of family. For example, she questions the cultural assumption that the mother-father parent dyad is optimal for children and argues that parental biological sex and sexual orientation is not critical for the creation of a family and that children only become cognizant of differences from social interactions outside the home (e.g., media, peers, and teachers); however, this is not enough to completely challenge the idealization of the nuclear family. Although this argument is essential to expanding definitions of the traditional family, it leaves out the single-parent family, extended kinship models of family, and other arrangements that constitute contemporary familial living (e.g., grandparents raising their grandchildren; Cott, 2000).

Furthermore, there are still forms of stigma and prejudice toward families that do not match the heteronormative models of family (Butler, 2004; Kitzinger, 2005). For example, there are presently laws that make it illegal for children to be adopted by willing and able LG parents based on past ideologies that have condemned sexual minorities (Patterson, 2009; Smith, 2010). There have been several arguments marshaled in support of such laws (Clarke, 2001); the most noteworthy claim that children who are raised by LG parents will have problems developing their "appropriate" gender roles and sexual identity (Carver, Egan, & Perry, 2004; Tasker & Golombok, 1997, Weston, 1991). In other words, the main focus of concern is for the child's developing gender identity and

then later adult sexuality. Child psychologist Lynn Wardle (1997) wrote, " . . . ongoing homosexual relations by an adult seeking or exercising parental rights is not in the best interests of a child (p. 856)." He believes, as do many others on that side of the debate, that the children raised by *actively* homosexual parents will be confused as to who and what their roles are in society and that they themselves will likely become homosexual (Cameron, 2006; Stacey & Biblarz 2001).

Indeed, in the early years of gender equality and gay rights campaigns, conservative political activists played on the public's homophobia to increase opposition for equality. For example, even before gay marriage was an issue Mansbridge (1986) quoted Phyllis Schafly, a popular American politically conservative activist and author who opposed Feminism, in the Eagle Forum, "Militant homosexuals from all over America have made the ERA a hot priority. Why? To be able to get homosexual marriage licenses, to adopt children and raise them to emulate their homosexual 'parents' (p. 137)." For Schafly, the most prominent fear is not in the act of marriage, but the possibility of homosexual parents creating more homosexuals.

Another argument is the safety of the children from sexual abuse by a homosexual parent (Becker, 1996; Bozett, 1987; Hicks, 2006; Jenny, Roesler, & Poyer, 1994). The concern is that homosexual adults, especially men, are likely to molest children to whom they have access. Yet, a distinction between pedophiles and homosexuals is never fully defined by those making these arguments. Moreover, reviews of the literature produce no reliable support that homosexual men represent more of a threat to children than heterosexual men (e.g., Goldberg, 2009b). For example, one early study found that

children are at no greater risk of being molested by *identifiable* homosexual adults than by heterosexual adults (Posner, 1992).

Additionally, Lee (2009) discovered that many LG parents reported feeling that their relationship was sexualized, that is to say, their relationship is strictly viewed as sexual in nature and devoid of communication and commitment. Moreover, gay father participants took this view a step further when they discussed how gay men are perceived as pedophiles and dangerous to children by heterosexual parents and teachers. Bozett (1981a; 1981b) has described this misconception of gay fathers in terms of *incompatible identities* based on one identity linked to the past promiscuous and noncommittal stereotypes of gay men and the other more cultural hegemonic identity of a heteronormative married and devoted father. Consequently, Bozett (1981a) argues that the two conflicting stereotypes can foster cognitive dissonance within both the gay fathers and the broader society, which can lead to interpersonal problems and psychological distress.

In summary, to impose biases and stereotypes from the beginning, it is essential that as parenting research comes to the forefront, researchers must include theoretical considerations that move beyond the conventional parenting and child development conceptual frameworks. As argued, *Feminist Theory* is one example that clearly considers various past traditions and social constructs, such as *parenting* and *family*, as non-static and in constant evolution. Although the histories of pre-modern familial formations have shown that not all families were represented in the 1950s *traditional family*, in today's complex political climate, arguments remain as to the legitimacy of LG families that do not fit into the conventional nuclear heterosexual family model (Coontz,

2005). Moreover as argued in this section, a child who is well adjusted psychologically and in other ways, needs a lot more than being required to fit-in with these conventional and idealized models of family. Regarding this, to flourish in society, and regardless of the parents' gender and sexuality, the child's total well-being begins with the support and care provided by a nurturing caregiver (Stacey, 1990; Stacey & Biblarz 2001; Weston, 1991). Thus, the present study utilizes tenets of feminist theory to examine LG parents' discrimination coping actions and parenting strategies that is related to the *sameness* or *detrimental* theoretical approaches, as both are related to heterosexism and sexism and are consistent with *Feminist Theory* (Ferree, 2010; Negy & McKinney, 2006).

Social Determinants of Health: Stress and Coping

Transactional Model of Stress and Coping

The *Transactional Model of Stress and Coping* (TMSC) is a multi-stage framework for understanding the coping processes associated with stressful life events. Such experiences involve a series of person-environment interactions that are comprised of: (a) a stressor (such as exposure to an episode of antigay discrimination) and the mediating effects of specific components: (b) how the person appraises (evaluates the stressor in primary and secondary appraisal) the danger potential of that stressor, (c) the social, psychological, and cultural coping resources available to that person, as these operate as cognitive and affective mediators of the risk potential (perceived danger), and (d) the eventual outcome imposed by this potential stressor (Clark & Gochett, 2006; Glanz & Schwartz, 2008). Regarding this multi-stage process, when people face a stressor they first evaluate the potential threat imposed by that event (*primary appraisal*), as well as their ability to manage emotional distress or their ability to alter the situation—

11

their coping resources and options (*secondary appraisal*; Cohen, 1984; Glanz &

Schwartz, 2008). Dependent on the *coping styles* of the individual facing an

environmental stressor, this appraisal process can produce varying responses and

interpretations that can determine how the individual responds with a coping response

(Lazarus & Folkman, 1984). Lazarus (1993) describes a coping style as a set of

dispositional characteristics that mirror generalized tendencies for typical sets of response

behaviors and evaluations of stress in specific ways. These coping styles are relatively

stable across time and situation. In other words, the explicit effect of a stressor or a

specific coping response is often dependent on the person's coping style.

Indeed, according to the TMSC, functional and emotional effects of primary and

secondary appraisals are influenced by the actual coping strategies that people use to

combat stress. For example, Meyer, Schwartz, and Frost (2008) suggest that for lesbian

women, gay men, and bisexuals there is mixed support regarding the ways in which

disadvantaged social status present more stress and fewer coping resources. Others have

argued that there are certain coping mechanisms that often constitute adaptive coping

beyond the effects of social status such as *spirituality* (Laubmeier, Zakowski, & Bair,

2004) and *flexible coping* (Selvidge, Matthews, & Bridges, 2008). Clearly there is a need

to further study the associations between minority status and the coping strategies

employed when facing environmental stressors.

For example, in the presents study, hypothesized thematic coping strategies are

directly informed from the Transactional Model. Glanz and Schwartz (2008) describe

coping strategies in two dimensions: (a) "*problem management*" and (b) "*emotional*

regulation." It can then be argued that, "problem-focused coping strategies will be most

adaptive for stressors that are changeable, whereas emotion-focused strategies are most adaptive when the stressor is unchangeable or when this strategy is used in conjunction with problem-focused strategies (p. 217)." In the case of antigay discrimination, LG parents may utilize both strategies depending on their assessment of change in the perpetrator/s or the type of experienced emotion.

Glanz and Schwartz (2008) also describe adaptive coping strategies using these dimensions, for problem-focused coping this may include active coping—taking action, creative problem-solving, and information-seeking. By contrast, regarding emotion-focused coping, its expression as an adaptive form of emotion regulation as this involves seeking social support and sharing feelings to alter the way one feels or thinks about the stressful event. The maladaptive form of these coping strategies under either dimension can include both behavioral and cognitive avoidance, escape, distraction and denial. Last, *meaning-based coping* consists of the use of reappraising the stressor in a positive way to reduce the impact of the stress and to reinterpret the stressful situation in a meaningful way—or how people believe they may have positively changed as a person due to the stressful experience (Garland, Gaylord, & Park, 2009; Glanz & Schwartz, 2008).

Thus, the current study utilizes the TMSC as a framework to better understand the stress appraisal and subsequent coping efforts expressed by LG parents, in response to exposure to an event involving antigay discrimination. The TMSC framework is critical because LG families face social and institutional discrimination as stressors that involve social interactions. Therefore, the nature of the stress and coping response is interactive. Furthermore, the use of the Transactional Model has been used extensively in public health research involving social determinants of health. As the exposure to an antigay

discrimination event is social in nature, the TMSC framework is pivotal to the present study (see review Skinner & Zimmer-Gembeck, 2007).

Sociocultural Stressors Related to Children of Gays and Lesbians

There have been numerous demonstrations in developmental psychology and other fields that children of LG parents are both psychologically and developmentally "comparable" to children raised by heterosexuals (e.g., Golombok et al., 2003; Patterson, 1992, 2006). Indeed, some have argued that children who are raised by LG parents are doing better in areas related to gender equality (Kellison, 2007) and problem behaviors in adolescence (e.g., social problems and externalizing problem behaviors; Gartrell & Bos, 2010). Yet, for those children in LG families who *are* having difficulties, it remains to be discovered exactly what factors operate as determinants of problem behaviors and poor psychological well-being as associated with homophobic discrimination (e.g., hyperactivity and poor self-esteem; Bos & van Balen, 2008; later mistrust in adulthood Goldberg, 2007; internalized feelings of abnormality; Robitaille & Saint-Jacques, 2009). Moreover, if some researchers contend that LG parents are parenting in ways that promote psychological health, then what are the factors that ostensibly affect these children in negative ways, and conversely, what are the strategies that LG parents use to effectively protect their children from discrimination?

In the last decade LG family research has sought to understand the source for possible psychological distress in LG parented children, and have focused on social stigma and discrimination from outside the family. For example, societal and institutional heterosexism and intolerance toward lesbian and gay people has been argued to affect children with LG parents. In a 78 lesbian-parented families sample from the National

Lesbian Family Study, Gartrell et al. (2000) found that 18% of children by the age of five had experienced some form of homophobia or discrimination from peers or teachers, and by the age of 10 years, this went up to 43% (Gartrell et al., 2005). Moreover, Bos and van Balen (2008) found that although children in planned lesbian families reported overall low levels of stigmatization, for those that did report stigmatization boys perceived more exclusion from their peers and girls reported other children gossiped about their having two lesbian mothers. Furthermore, higher levels of stigmatization was associated with lower levels of psychological well-being as defined by boys displaying more hyperactivity and girls having lower self-esteem.

In another study, Robitaille and Saint-Jacques (2009) used qualitative methods to examine the experience of 11 adolescents and young adults from LG stepfamilies. The authors found social stigmatization affected how youth perceived their families and how they conceived of themselves in terms of being "weird" and "abnormal." Additionally, participants reported fears of social rejection and mockery, and these fears impacted their lives by the youth avoiding discussions of family with friends and teachers, and through limiting relationships with peers (e.g., not having friends come to their homes). Moreover, Robitaille and Saint-Jacques (2009) contend that the stigmatization these children reported was, "exclusively directed at homosexuality in general or at the parent in particular (p. 436)." Thus, children with LG parents may experience other forms of stigma, but the stigma associated with having LG parents is highly salient and takes precedence in these children's lives.

Another source of stress experienced by children raised with LG parents is the parents' own internalized homophobia. Fairtlough (2008) argues that this particularly

experience is profoundly damaging in that the children feel they have the additional

pressure to live in secrecy or feel as if they are being "protected" from the truth of their

parent's lives. Indeed, nearly half of her sample had experienced some form of

homophobic verbal or physical abuse from peers and, on occasion, other parents. For

some of Fairtlough's (2008) respondents they felt pressured to protect their LG parents

from these experiences and would conceal these incidences about the "harsh reality of the

world's prejudice" from their parents (p. 526). As others have noted, these social

inequalities and associated stressors related to minority membership can lead to health

disparities (e.g., Allison, 1998; Dohrenwend, 2000; Hatzenbuehler, 2009; Jackson, 2005;

Ryff, Corey, Keyes, & Hughes, 2003). For example, Gershon, Tschann, and Jemerin

(1999) found that adolescents who had been raised by lesbian mothers and who reported

higher rates of perceived stigma had lower self-esteem compared to those who perceived

lower levels of stigma.

Therefore, discrimination and stigma are associated with negative psychological

development in children raised by LG parents. Yet, still unclear are the coping and

parenting strategies that LG parents use to combat these negative outcomes that are

associated with stigma and antigay discrimination and the related parenting needs as

defined by LG parents. Additionally, a call for more qualitative in-depth studies that

investigate the complex and diverse experience of lesbian and gay families has been

suggested to unpack the complex socially constructed issues that have been associated

with being a child raised in an LG family (Gamson, 2000; Hicks, 2005).

Sociocultural Stressors Related to Lesbian and Gay Parents

LG parents face many obstacles in forming families due in part to being denied certain rights and privileges afforded to heterosexual couples by society and the legal system. These denied resources range from problems in retaining custody of their children in divorce cases involving a spouse of the opposite sex, adopting children, serving as foster parents, and being denied legal marriage in some states (Lassiter et al., 2006). Additionally, some of the most difficult problems LG parents face involve medical systems (Mikhailovich et al., 2001), educational systems (Lindsay et al., 2006), and family court systems (Patterson, 2009). Such institutionalized discrimination can lead to psychiatric health disparities and increased interpersonal issues related to a sexual minority identity (Lewis, Derlega, Griffin, & Krowinski, 2003; Massey, 2007). For example, Rostosky, Riggle, Horne, and Miller (2009) found that lesbian, gay, and bisexual adults who lived in states that passed marriage amendments reported experiencing more minority stress (i.e., exposure to antigay media and negative conversations) and higher psychological distress (i.e., depressive symptoms, negative affect, and stress) than participants living in other states.

These types of social difficulties have been examined using two approaches that describe these forms of sociocultural stressors as *social determinants of health*—that is the perspective that social and economic factors such as social interactions and social policies and inequalities can influence the health and health behaviors of individuals and specific groups (e.g., minorities, occupations, exposure to certain social phenomena— war; e.g., Noone, 2009; Wilkinson & Marmot, 2003). Although the following two

approaches to understanding the social determinants of health in LG populations are described in isolation from one another, they have been used interchangeably.

First, *social stress theory* has shown associations between both chronic and acute social stressors as connected with minority status and mental health problems and with reduced coping resources among sexual minorities (e.g., Balsam & Mohr, 2007; David & Knight, 2008; Kertzner, Meyer, Frost, & Stirratt, 2009; Meyer, Schwartz, & Frost, 2008). Second, the *minority stress model* has also been used to describe the increase in everyday stress associated with being a sexual minority and the greater psychiatric morbidity experienced by sexual minorities than their heterosexual counterparts (e.g., Cochran & Cauce, 2006; Cochran, Sullivan, & Mays, 2003; Hamilton & Mahalik, 2009; Huebner & Davis, 2007; Meyer, 1995). Although there are noted limitations to research that uses social stress theory or the minority stress model (see Schwartz & Meyer, 2010), the undeniable positive association between social stress and psychological distress is important when examining discrimination and coping among minority populations (e.g., LG parents, Demino, Appleby, & Fisk, 2007; Meyer, 2003b; Tasker, 2005). Similarly, the deleterious effects of discrimination on family-related factors such as parent-child communication, parenting practices, and family functioning have been routinely demonstrated in many social minority populations. Indeed, parental psychological distress and poor family functioning resulting from discrimination have been found to occur within ethnic and racial minority populations (e.g., African Americans, Bowman, & Sanders, 1998; Brody et al., 2008; Latinos, Perrira, Chapman, & Stein, 2006; Unger et al., 2009; Asian Americans, Dinh & Nguyen, 2006; Qin, 2008), and among parents with disabilities (e.g., Aunos & Feldman, 2002; Callow, Buckland, & Jones, 2011).

18

Therefore, studies that have focused on LG parents have argued that parental well-being and parenting can also be adversely affected by antigay stigmatization and discrimination. Although parental stress has been understudied in LG parents, parental stress in heterosexual parents has been associated with lower pleasure in the parent-child relationship, more child negativity, depression, and a greater number of behavioral problems in children (Crnic, Hoffman, & Gaze, 2005; Huth-Bocks & Hughes, 2008; Williford et al., 2007). These results indicate the important role that parental stress has on child behavior and parenting, and the need to examine parental stress in LG families. In one study, for a sample of Dutch lesbian mothers, Bos, van Balen, and van den Boom (2004) investigated minority stress as a determinant for parental stress and parental justification in a sample of lesbian mothers. The authors defined minority stress in several dimensions in terms of negative experiences, expectations of discrimination and rejection, and internalized homophobia. Bos and colleagues (2004) found that lesbian mothers who experienced higher levels of minority stress, also reported higher levels of parental stress, felt less competent as parents, and also defended their positions as mothers more strongly (i.e., parental justification). They argued that "parental justification" operated as an additional culturally specific stressor for LG parents, a stressor that increases perceived pressures to be the "best parents," have "normal" children, and that these mothers felt the burden of representing *all* LG parents in non-gay interactions (e.g., parent-teacher conferences and play dates with non-gay parents).

While less is known about gay fathers, some of the results from studies of lesbian mothers have been replicated for gay fathers. For example, Armesto (2002) reviewed literature on gay fathers and also concluded that stigma and internalized homophobia

impacts gay fathers' parenting through the fathers' gay identity formation and coming out process. He argued that some gay fathers' post-heterosexual divorce with children from the previous marriage endure increased parental stress by emotionally and psychologically distancing themselves from their children as a coping mechanism due to the fear of rejection by their children for being gay. He believed undisclosed gay fathers "enforced dishonesty," and in doing so lowered their parental functioning and closeness with their children. Bozett's (1981a; 1989) integrative sanctioning theory describes this process in terms of an integration of two identities, one as a gay father who discloses his father identity to other gays, and the other as a gay man who discloses this identity to non-gays in an attempt to bring both worlds together. This process can lead to the achievement of full, partial, or no integration, because gay fathers struggle with internalized homophobia and parental distancing (Bozett, 1981b). Moreover, the integrative process can influence why and how they disclose their homosexuality to their children through internalized beliefs and coping strategies (Bozett, 1980).

Lesbian and Gay Parental Coping Mechanisms

LG parents and their children face unique stressors, some of which are directly related to antigay discrimination and homophobia, yet few studies have examined in-depth how LG families cope with discrimination or as a consequence, or how parents discuss these issues with their children. Moreover, there have been no studies that have attempted to determine the unique parenting needs related to antigay discrimination and stigma that are specific to LG families. These are fundamental issues that address core issues of parental self-concept, roles and responsibilities as a parent, and sense of well-being, along with the LG parent's capacity to provide sound care and guidance to their

children. Much about adaptive coping and proactive parenting can be learned from a study, such as the current study, that examines in-depth the challenges faced by LG parents.

In this regard, to date, there appear to be few studies that investigate core features of resilient LG families. In fact, it is noteworthy that there appears to be no existing LG parenting interventions that aim to provide LG parents with the best antigay discrimination coping and related parenting skills, as personal resources that can aid and guide parental efforts to protect their children from the adverse consequences of exposure to acts of discrimination. Moreover, the single available intervention that is only partially relevant to LG families teaches parents and allies to publicly speak about family equality (see *OUTSpoken Families*, Family Pride Speakers Bureau, 2005). Nonetheless, there are several studies that have uncovered some of the coping strategies and parenting approaches LG parents might use to protect their children and inform their children about homophobia, stigmatization, and discrimination. Thus, results obtained from the current study will be useful in the subsequent development and implementation of a LG parenting intervention.

By contrast, there exist several studies that have identified some of the coping strategies and parenting approaches that LG parents have used to protect their children and to inform them about homophobia, stigmatization, and antigay discrimination. In parallel with the coping responses of ethnic minority parents who educate their children about racism and racial discrimination (i.e., racial socialization), as they encounter racism and feel that both they and their children are devalued (Carranza, 2007; Coard et al., 2004; Gibbons et al., 2004; see *Strong African American Families Program*; Brody et

al., 2004), some LG parents seek to instill pride and foster discrimination coping abilities in their children. In such studies, the use of qualitative methods has been instrumental in identifying important LG parents' coping and parenting strategies.

For example, Litovich and Langhout (2004) examined the experiences of six daughters of lesbian mothers through the use of semi-structured interviews of both mothers and daughters. These researchers found that heterosexism was part of these families' lives, although, contrary to other research, it did not negatively affect the children's development. They found that lesbian mothers prepared their children at an early age to effectively handle heterosexism through the use of discussions on sexual orientation and warning of possible future experiences of discrimination and homophobia. This finding is particularly interesting because as Armesto (2002) pointed out, some gay fathers do not disclose their sexuality to their children, which may prevent them from discussing issues related to sexual orientation and homophobia. Litovich and Langhout (2004) also found that both disclosed and undisclosed lesbian mothers released their children from the burden of defending their families. Thus, children could freely choose to ignore heterosexist comments by their peers and the public at large without the associated guilt for failing to defend their families.

Social support has also been found to be of extreme importance, particularly when LG parents face discrimination from society for being gay, but then are also less welcome by LG communities once they have children (DeMino et al., 2007). Yet, many LG parents receive parenting support from their families-of-origin upon the birth or adoption of a child, and in one study, LG parents increased family-of-origin contact by 55% (Gartrell et al., 1999). Moreover, Bos and van Balen (2008) found that the negative

influence of stigmatization on children's self-esteem was mitigated by frequent contact with other children who have LG parents. They believe LG parents and children receive social support and self-esteem from these interactions with other LG families by relating experiences of discrimination and, that in turn, this disclosure reduces the negative effects of these experiences.

Although these findings are helpful in understanding some of the coping strategies that LG parents use to help alleviate the effects of discrimination that their children may experience, there is still much to be learned about the actual coping strategies parents use in front of their children during an act of discrimination and the parenting strategies LG parents use to discuss and educate their children about the discrimination experience. Moreover, many of these studies focus on lesbian mothers and do not include the experiences of gay fathers. Thus, the significance of the present study is based on its aims to: (a) identify the effective coping strategies against antigay discrimination that LG parents employ, and (b) isolate the parenting strategies that LG parents use after an act of discrimination as this has either taken place in front of or has otherwise involved their children. Second, this study (c) seeks to establish specific parenting needs of LG parents that are related to the unique sociocultural stressors which they face. In subsequent studies, this information can be used to: (d) design and develop a strength-based LG parenting intervention or to adapt an existing parenting intervention that addresses specific stressors related to LG families (Barrera & Castro, 2006; Harper & Schneider, 2003; Matthews & Lease, 2000).

The Present Study

This study will examine a historically understudied sector of the LG community to identify possible parenting needs and discrimination coping-related skills of LG parents. This study addressed these issues using the Integrative Mixed-Methods (IMM) approach that combines quantitative and qualitative methods for data collection and analysis (Castro et al., 2010b; Hansen et al., 2005; Tashakkori & Teddlie, 1998). This approach is particularly useful in assessing in depth the life experiences of discrimination faced by LG families. Furthermore, this method supports a better understanding of complex constructs (e.g., coping and parenting efforts) through careful examination of structured interviews and the use of established measures given that these may not be readily identified with marginalized populations when solely using quantitative methods alone (Hicks, 2005; Johnson et al., 2007; Lassiter et al., 2006; Mertens, 2003).

Aim 1

To define the discrimination coping and parenting strategies that LG parents use during and after an act of discrimination that either their children have witnessed.

> H1.1: *Discrimination coping actions*, as derived by the thematic text analysis, will include bi-dimensional styles of (a) emotional regulation (e.g., seeking social support, venting feelings, avoidant/denial) and (b) problem-management coping (e.g., active coping, problem-solving, and information-seeking). These strategies have been generally defined as adaptive (e.g., self-control, planful problem-solving, acceptance, positive reappraisal) or as maladaptive (e.g., avoidant, escape—hiding feelings,

24

avoiding others, and refusing to think about the event; Glanz &

Schwatrz, 2008; Lazarus & Folkman, 1984; Folkman et al., 1986).

H1.2: *Discrimination parenting strategies* will be similarly defined using a

bi-dimensional *proactive* or *uninvolved* parenting strategies

structure as described by past research in this area (e.g., McLeod &

Shanahan, 1993; Simmons et al., 2002).

Aim 2

To test the expected associations between these inductively-derived maladaptive

and adaptive coping actions, as well as the proactive and uninvolved parenting strategies

from Aim 1 as associated with the outcome measures of parental depression, parental

stress, parenting self-agency, and life satisfaction, and child behavioral outcomes.

H2.1: *Maladaptive-Coping Actions* (MCA; i.e., both emotion and

problem-focused strategies, such as escape, avoidant, refusal) will

be negatively associated with life satisfaction and parenting self-

agency. By contrast, MCA will be positively associated with

depression, parental stress, and problem behaviors in children.

H2.2: *Adaptive-Coping Actions* (ACA; i.e., both emotion and problem-

focused strategies, such as problem-solving, seek social support,

self-control) will be negatively associated with depression, parental

stress, and problem behaviors in witnessing children. By contrast,

ACA will be positively associated with life satisfaction and

parenting self-agency.

25

H2.3: *Proactive-Parenting Strategies* will be negatively associated with

internalizing and externalizing problems in children, parental

depression, and parental stress, and positively associated with

parenting self-agency and parental life satisfaction.

H2.4: *Uninvolved-Parenting Strategies* will be positively associated with

internalizing and externalizing problems in children, parental

depression, and parental stress, and negatively associated with

parenting self-agency and parental life satisfaction.

Aim 3

To determine parenting needs that are specific to LG parents.

H3.1: LG Parents will endorse needs that are unique to their families; for

example, they may need skill sets associated with contending with

specific stressors that are related to being a minority person,

learning about potential parenting issues that are unique to being a

part of the LGBT community, and other general parenting skills

that use inclusive language (e.g., "parents" rather than "mother and

father," "partner/spouse" rather than solely using "husband/wife").

To address these aims, this study examined naturally-occurring coping actions in

response to antigay discrimination, and parenting strategies that LG parents employ with

their children who were involved or have witnessed such an event and the associated LG

parent and child psychosocial outcomes. Additionally, this study examined the parent

training areas that LG parents deem to be important for the design and development of

future LG family interventions, based on the identification of the unique needs of LG

26

parents. This unique dataset provides the opportunity to address the specified aims with an advanced integrative mixed-methods (qualitative and quantitative) approach as examined with both gay and lesbian parents (Johnson, Onwuegbuzie, & Turner, 2008).

Method

Participants

The current study examines data from 43 different LG families that consist of self-identified lesbian mothers ($N = 24$), one pansexual mother and four bisexual mothers who were all currently in a monogamous same-sex relationship ($N = 5$), and gay fathers ($N = 14$). In terms of gender, all 14 gay fathers identified as male, two lesbian mothers identified as gender queer, one lesbian mother identified as a male-to-female transsexual, and the remaining 26 mothers identified as female (see Table 1 for demographic characteristics). This diversity in sexual orientation and gender identities has been a past criticism in this area of research, yet these subgroups have yielded homogeneous results as related to experiencing antigay discrimination (e.g., Golombok et al., 1997; Lambert, 2005; Millbank, 2003). Overall, these parents were 21 years of age or older ($M = 39.30$, $SD = 7.59$). All respondents resided in the state of Arizona, and (a) are racially diverse (based on the question "*Which ethnic or cultural group describes YOU best? Mark all that apply*:" 86% White-Non-Hispanic, 14% Hispanic/Latino, 7% African American, 7% American Indian), (b) varied in their parental role—biological, foster, adoptive, non-legally recognized, legal guardians, when serving as parents to at least one school-aged child (6-12 years), and (c) within the past year had experienced an act of antigay discrimination that also involved their child/ren. Participants were paid $25 for their

27

participation. Only one parent from each household was selected. Thus, a total of 43 different LG parents were interviewed.

Participants were recruited through various LGBT family organizations (e.g., Tucson Rainbow Families and Phoenix Dads Group), electronic media (e.g., *Facebook* and *Craigslist*), direct contact at various community activities (e.g., LGBT Pride Festivals throughout Arizona), and through flyers and advertisements placed in local LG community sites (e.g., LGBT bars and night clubs, One Voice [LGBT] Community Center, and gay-affirming religious centers of worship, e.g., Faith Lutheran Church, Congregation Chaverim, St. Mark's Presbyterian Church) and community magazine/newspapers (e.g., *Echo* and *'n touch*).

Procedure

Upon completion of informed consent, a single in-person interview lasting approximately 2 ½ hours was conducted privately in quiet and convenient locations (e.g., within a secure lab space located on the Arizona State University campus, their homes, or a community location – local public library private study room). In design, this study consisted of a concurrent triangulation mixed methods study (Castro et al., 2010b) where the interview consisted of two stages: (a) an in-depth open-ended interview comprised of focus questions (the qualitative portion) and (b) a structured interview that consisted of several sections composed of established scales and measures (the quantitative portion). The interview consisted of a 30- to 45-minute audio-recorded session consisting of seven focus questions and relevant probes that asked about: (a) sexual identity, (b) LG parenting, (c) family traditions, (d) life journey as a parent, (e) coming out, (f) a difficult life problem occurring within the past year that consisted of an act of antigay

discrimination that involved the LG participant and that participant's school-aged child/ren (see Table 2 for discrimination event characteristics), and the last section consisted of (g) the training or mentoring that the participants would have liked to receive in a LG-specific parent intervention (see Appendix 1 for the LG parent study interview).

The interview was then followed by the structured interview that consisted of established scales and measures that asked about: (a) background characteristics (e.g., age, income, ethnicity, gender), (b) positive coping and adaptation, (c) parenting practices and family cohesion (e.g., parent-child communication, child compliance, the parent-child relationship), (d) issues related to identifying as lesbian or gay person (e.g., degree of sexual disclosure or "outness," internalized homophobia, and perceived discrimination), (e) a family needs survey (e.g., topic areas and format), and (f) outcomes related to the act of discrimination for both parents (e.g., life satisfaction, depression, and parental stress) and children (e.g., child behavior – parent report). This study focused on the specific psychosocial outcome measures as related to the LG parents and their children during the week following the act of antigay discrimination.

Thus, this study focused on the effects of a prior antigay discrimination event and used the timeline follow-back (TLFB) methodology to ensure reliable retrospective recall of the discrimination event and associated behaviors, feelings, and thoughts (Sobell & Sobell, 1992). The goal for this TLFB methodology was to increase accuracy and reduce recall bias—error associated with a participant's memory or accuracy and thoroughness of the recall of past experiences (Lewis-Esquerre et al., 2005; Vinson, Reidinger, & Wilcosky, 2003). The TLFB methodology has been used to reliably study multiple psychological phenomena such as alcohol and illegal drug use (e.g., Bardone et al., 2000;

29

Cervantes et al., 1994), maternal depression (Wagner, Tennen, Mansoor, & Abbott, 2006), and condom use among gay and bisexual men (e.g., Crosby et al., 1996). Moreover, Sorbell (n.d.) argues that TLFB has demonstrated content validity, concurrent criterion validity, robust test-retest reliability, and construct validity in both clinical and non-clinical populations (as cited Wagner et al., 2006). For this study, the TLFB method used a visual timeline calendar generated with the participant composed of specific dates and key life events to serve as anchors (e.g., Thanksgiving, birthdays, gay pride, Father's/Mother's Day) that helped guide participants through the previous year and grounded the discrimination event to other memorable dates and events (Ehrman & Robbins, 1994; Sobell & Sobell, 1996).

Retrospective recall of a stressful life event and coping strategies is consistent with past related research and at times recommended (e.g., Brown, 1993; Dubow et al., 1991; Lazarus, 2000). For example, in the study of childhood maltreatment and victimization (e.g., verbal, physical, or sexual abuse) researchers argue that the use of lifetime or past-year retrospective recall is necessary to capture the cumulative effects of victimization (Finklehor, Ormrod, & Turner, 2009), can reflect the individuals' need to justify negative situations (Silvern et al., 2000), capture the effects of other identity related stressors (e.g., race/ethnicity; Mallet & Swim, 2009), and the additive effects of abuse and victimization experienced by sexual minorities. For example, both parental maltreatment (e.g., Corliss, Cochran, & Mays, 2002) and childhood bullying (e.g., Vergara, Marin, & Martxueta, 2007) have been studied with LGBT populations; however, others have argued that retrospective recall of antigay discrimination is

30

necessary to better understand levels of stress associated with acute discriminatory events, as they are not appreciable (e.g., Meyer, 2003a; Rivers, 2004).

For example, Meyer, Schwartz, and Frost (2008) found, "LGB status was related to greater exposure to large magnitude life events and prejudice-related life events but not to perceived everyday discrimination or chronic strains" (p. 11). They argue that retrospective recall of discriminatory events is thus recommended to fully capture the associated effects of this acute stressor. Moreover, reliable recall has been well established with memory of traumatic events as better than non-traumatic events, but is limited to specific rather than the peripheral details (e.g., Christianson & Loftus, 1987; Dubow et al., 1993).

Nonetheless, there are limitations to this method and precautions were observed. As noted the TLFB method was applied to decrease recall bias and increase reliable recall to reduce the limitations associated with retrospective recall. Furthermore, a test-retest method was conducted with a random sample of 12 respondents (28%) who were called approximately 1-6 weeks after the initial interview (in days; M = 19.83, SD = 10.81). Responses to questions regarding the date of the event, who was involved, where the event took place, and the salient events that occurred around the time of the antigay discrimination event that were used to populate the TLFB calendar (e.g., birthdays, vacations, holidays, illnesses), were compared to original responses from the initial interview. For each of the randomly selected respondents four categories were used: (a) Date of Event, (b) Who was Involved, (c) Where Event Occurred, (d) Salient Events Surrounding Discrimination Event and these were matched with either a 0 = *No* and 1 = *Yes* for a total of 48 cells. Matched results for the entire sample was 94%, indicating

reliable recall between the initial interview and the test-retest for the total amount of cells (e.g., there were three non-matches, all three were the date of the event where the respondent had a different date but the same month and year).

Measures

Qualitative assessment: Discrimination coping, discrimination parenting, and lesbian and gay parenting needs. To achieve *Aim (1)* this study used focus questions. A focus question is narrow in scope, and prompts a specific and clear response, while still allowing the participant to answer that specific question in any way that applies to the participant.

During the interview parents were asked a focus question regarding the act of antigay discrimination: "Now think of the *most* difficult act of antigay discrimination or stigma that you have experienced in the past year that either involved you or your school aged (6-12- years of age) child/ren, that is, an event that occurred in the last year that *ultimately* involved the family. This discrimination/stigma event made you feel that something had to be done, and that you needed to resolve it." Parents also reported on the severity of the event using a 5-point scale (1 = *not severe* – did not have any long-term effects*; 2 = a bit severe* – made life difficult for a while; 3 *= moderately severe* – caused many problems for a while; 4 = *severe* – had permanent ill effects*; and 5 = extremely severe* – was life threatening). See Table 2 for discrimination event characteristics.

Parents described how they coped with the discrimination experience by responding to the following question: "Now tell me a short story about what you did to try resolving this situation. For the *most difficult* act of discrimination/stigma, please tell me what actions did you take to resolve the problem (goals or strategies)?" Parents were

32

then asked to describe parenting associated with the experience: "If you did, how did you explain this experience to your children?"

Last, parents were asked to describe their parenting needs with the following prompt: "Finally, please offer your vision and wisdom as a lesbian or gay parent by commenting on factors in three areas that you believe are most important in helping and supporting a new generation of lesbian and gay parents. First, what about *content* in a parent training program or learning activities that is specific to the needs of lesbian and gay parents? Second, the type of *support* needed by parents, that is, what types of parenting and/or mentorship support? Third, looking back on your life as a lesbian or gay parent, what do you wish you would have known then that you know now? In other words, what would you have liked to have known prior to becoming a lesbian or gay parent, or specifically during a difficult period" Note that the present study only focused on the first two areas: content and support/mentorship.

Quantitative assessment: Parental outcomes. Parents used self-report measures to assess their levels of life satisfaction, depression, parental stress, and parenting self-agency during the week after the act of discrimination. In descriptive analyses of the psychometric properties of these quantitative measures, for all parental outcome variables skewness and kurtosis were examined to assess normality and parental depression was the only variable that required transformation (skewness = 1.12, kurtosis = 0.51). Thus, depression was $\log_{10}$ transformed (see Table 3 for psychometric properties of outcome scales).

*Parental depression***.** The abbreviated 11-item Center for Epidemiologic Studies Depression Scale (CES-D Scale) was used to assess the levels of depression in parents

during the week following the act of discrimination (Irwin et al., 1999; Radloff, 1977).

All items elicit responses to the question, "How often you have had each of these feelings

in the week after the act of discrimination?" Two examples are: "Feel sad," and "That

everything you did was an effort." Each item was rated on a 4-point scale ranging from

(1) = *Rarely* to (4) = *Most*. Two items were reversed coded (α = .93).

 Parental stress. Parental stress was assessed using the Berry and Jones (1995)

Parental Stress Scale that consists of 16 items rated on a 5-point scale ranging from (1) =

Strongly disagree to (5) = *Strongly agree*. Seven items were reversed coded (α = .87).

Examples are, "During the week after the act of discrimination…"Having children left

little time and flexibility in my life," and "Caring for my child/ren sometimes takes more

energy than I have to give."

 Parenting self-agency. Parents were asked to rate their thoughts and feelings

about being a parent as it relates to their self-perceived abilities using the Dumka,

Stoerzinger, Jackson, & Roosa (1996) Parenting Self-Agency Measure that consists of

five items rated on a 5-point scale ranging from (1) = *Almost never or never* to (5) =

Almost always or always (α = .87). Examples are, "During the week after the act of

discrimination…"I felt sure of myself as a mother/father," and "I knew I was doing a

good job as a mother/father."

 Life satisfaction. Life satisfaction was measured using the Castro Life

Satisfaction Scale that consists of 10 items that assess satisfaction with personal

characteristics and interpersonal relations. The scale exhibits a high correlation with

resilience, but also constitutes a distinct construct from resilience (Kellison, 2009). As

utilized in the present study, all items elicit responses to the question, "In the week after

the act of discrimination, how satisfied were you with having?" Two example items ask satisfaction with: "the ability to overcome life's problems," and "social confidence with others." Items are rated on a 5-point scale ranging from (1) = *Not at all satisfied* to (5) = *Extremely satisfied* (α = .93).

     Quantitative assessment: Child outcomes. Although solely using the parent-report is a limitation, others have argued that these limitations may be due to issues related to self-report by a clinical sample (e.g., children who witnesses domestic violence; Huetteman, 2004). Additionally, others have shown that there is consistency and reliability of other self-report measures and the parent Child Behavior Checklist (CBCL) reports (e.g., social phobia and anxiety, sleep problems, and ADHD; Biderman et al., 1993; Higa, Fernandez, Nakamura, Chorpita, & Daleiden, 2006; Gregory, Van der Ende, Willis, & Verhulst, 2009). Furthermore, retrospective use of the parent-reported CBCL has also been shown to be a valid technique in assessing problem behaviors in children (Achenbach, Dumenci, & Rescorla, 2002; Houghton, Cordin, Durkin, & Whiting, 2008). Nonetheless, the current study acknowledges the noted limitations of solely using parent-reports and will interpret the results of such reports with caution, while utilizing the careful in-depth qualitative timeline follow-back approach to ensure reliable parental recall of their child's behaviors as measured by the CBCL.

     Several subscales based on the CBCL have been utilized for specific problem areas, this study focused on the CBCL-Post Traumatic Stress Problems scale (CBCL-PTSP). As these children have been exposed to a traumatic antigay discrimination event, this scale was determined to be the most relevant to our sample. Although there are clear limitations to the use of this measure (e.g., poor concurrent/discriminant validity,

Ruggiero & McLeer, 2003; overlap with other CBCL scales, Althoff, Ayer, Rettew, & Hudziak, 2010), it has been argued that the CBCL-PTSP can be a useful tool for determining a child's emotional and behavioral dysregulation associated with trauma (Wolfe & Birt, 1997). See Table 3 for psychometric properties of outcome scales.

The 113-item Child Behavior Checklist (CBCL; Achenbach & Edelbrock, 1983; Nakamura et al., 2009) was used to assess the levels of internal and external problems in children during the week after the act of discrimination. All items were rated on a 3-point scale ranging from (0) = *Not true* and (2) = *Very true or Often true* (α = .96). All items elicit responses to the question, "For each item that describes your school-aged child *within the WEEK after* the act of discrimination, please circle the 2 if the item was very true or often true, circle the 1 if the item was somewhat true or sometimes true, and if the item was not true of your child, please circle the 0" Three examples are: "was disobedient at home," "was unhappy, sad, or depressed," and "argued too much." Reliability and validity are well established and the CBCL has been used broadly with various populations.

This study focused on the following subscales: (a) Internalizing Behavior Problems; (b) Externalizing Behavior Problems; and (c) Post-traumatic Stress Problems (CBCL-PTSP). T-scores (60 -65 Borderline Clinical Range, 65 and higher is in the Clinical Range) were used for the first four subscales as they were determined to have acceptable skewness/kurtosis; however, dummy codes (0 = *non-clinical significance*; 1 = *borderline/clinical significance*) were used for the PTSP scale to retain all responses as the data were skewed and all transformation techniques failed to adjust adequately for these data's distribution issues (Norris & Aroian, 2004). Additionally, for the PTSP scale

T-scores of 65-70 are considered Borderline Clinical Range and 70 and higher are in the Clinical Range.

Quantitative assessment: Parenting needs important to lesbian and gay parents. Parents reported the importance of parenting topic areas related to raising children as a LG parent, as well as the format that they would like to receive the parent training, in terms of the type of format, setting, and the provider (see Appendix 2 for the Family Needs Survey). Parenting needs specific to LG parents were assessed using a 34-item survey adapted from the Family Needs Survey (Bailey & Simeonsson, 1990) that covers 7-topic areas (e.g., information on parenting, family and social support, and explaining our family to others). All items elicited responses to the statement, "Please rate how important would the following topics be to you in a LG parenting intervention." Example items are, "Knowing how to respond when friends, neighbors, or strangers ask questions about our family," "How to teach my child about discrimination," and "Helping our family discuss problems and reach solutions." All items were rated on a 5-point scale ranging from (1) = *Not at all important* to (5) = *Extremely important* (α = .96). Adequate reliability (α = .89) and validity has been previously reported for use with minority populations (Bailey et al., 1999).

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Data Analyses

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Preliminary Analyses

Scale data were standardized mean scale scores (e.g., Life Satisfaction) by adding up the item values per scale and dividing by the number of items. This strategy is used to aid in interpreting the mean scores in relation to the dimension used in assessing the participants' responses; however, the CES-D scale score is a sum score where one adds

the items for a total score, again $\log_{10}$ was used to normalize depression. Of note, there were no missing data in the current data set ($N = 43$). The data analytic plan for this study involved the following data analytic procedures:

1. To conduct descriptive analyses for key variables to assess data integrity and ensure that the data meet the required assumptions for the proposed analyses (i.e., linearity, normality, homogeneity of variance, independence of observations).

2. To assess the psychometric properties of all the measured variables (i.e., scales) by examining Cronbach's coefficients for .70 or higher.

3. To assess the psychometric properties of all the thematic variables by examining the skewness and kurtosis of the variables to determine if they can be retained or need to be reexamined.

4. To construct a correlation matrix of both thematic and measured variables to assess the expected convergence and divergence between variables as assessed via correlation coefficients.

5. To create factor scores as derived from an exploratory principal factor analysis of the thematic variables.

6. To conduct specific hierarchical regression models (see below).

Integrative Mixed-Methods Analyses

This study used the Integrative Mixed-Methods (IMM) research methodology, under a concurrent triangulation mixed methods design, as this involves a planned integrative collection of qualitative and quantitative data concurrently, to more accurately assess associations between variables of interest (e.g., coping/parenting strategies and

38

outcome variables; Castro et al., 2010b). As noted, Creswell et al. (2003) describes this method as a *concurrent triangulation* mixed methods research design, one which also treats both qualitative and quantitative data with the same weight, thus consisting of a [QUAL + QUAN] design. This method allows the current study to collect the descriptive richness of text narratives that describe the discriminatory event and the accuracy in measurement of quantitative measures of outcome variables, e.g., parental stress and child behavioral problems (Castro, Morera, Kellison & Aguirre, in press; Hanson et al., 2005).

Qualitative Text Analysis

Participants' narratives that involve defining antigay discrimination coping and parenting were analyzed using a variable-oriented strategy with the purpose of identifying themes across cases (Miles & Huberman, 1994a).

First, transcriptions of the recorded interviews were analyzed and managed using *Atlas.ti* version 7.0.76, a computer software program that has code-and-retrieve capabilities and uses a semantic network approach to qualitative data analysis. We used an adapted inductive method of building codes that is consistent with grounded theory, with two exceptions: Simple *thematic content codes* that categorize the nature of the discrimination coping actions and types of parenting that LG parents employed were used to generate *thematic categories* that were then quantified into *thematic variables* using scale coding (Castro et al., 2010b). This approach is consistent with one approach to code building that maps initial codes to the interview questions (Miles & Huberman, 1994b). In this analysis of text narratives, the unit of analysis was the case, and each case was examined for one or more thematic responses using *in-vivo coding* of the response that

conveys a statement about discrimination coping and parenting strategies that consists of the clear and direct response to the specific focus question. Themes were identified by consensus from two independent coders, for responses that were observed across cases via a roundtable session, and as supervised by a third person who acted as a mediator. This mediator was not involved in the initial coding, but then worked with the two coders to develop a consensus that both independent coders agreed to constitute the optimal solution. Memoing was used during coding to record ideas for theoretical propositions that emerge, and to allow coders to make notes for use during the roundtable meetings (Castro et al., 2010b; Castro & Nieri, 2008; Corbin & Strauss, 1990; Miles & Huberman, 1994a).

The IMM approach, as based on our prior research, is implemented in six steps: (a) creating focus questions and conducting focus question interviews; (b) extracting *response codes* and Roundtable 1 to determine optimal response code solution; (c) creating *thematic categories* (a "family" within Atlas.ti) and Roundtable 2 to determine the optimal families and the response codes within those families; (d) dimensionalizing the thematic category via *scale coding*; (e) qualitative-quantitative data analysis; and (f) creating *storylines* (Castro et al., 2010b). The description listed below of each step has been developed from the aforementioned Castro et al (2010b) paper, with one additional roundtable meeting occurring as part of Step 2 and the removal of a roundtable meeting in Step 4 (see below).

Step 1. The development of focus questions is critical to the goal of eliciting relevant responses (response codes) and is facilitated by a focus question that is narrow, yet open-ended. Thus, the interview protocol consists of a series of specific focus

questions related to varying topics with similar design (e.g., sentence completion, or open-ended questions). This study focused on a series of focus questions related to an act of antigay discrimination where both LG parents and their children were present, and focus questions regarding what types of mentorship or support would LG parents like to have in a LG parent training.

For example, in answer to the focus question, "What <u>actions</u> did you take, if any, to resolve the problem (goals or strategies)," JD7633 stated, "I'm a big processor so I will sit down and process with them, or we'll do family dinners to process, but this one I just pulled her [his daughter] aside later in the day 'cause she did end up going back outside to the pool with her [daughter's peer], with the neighbor, and the neighbor's mom," and "I talked about it [not saying anything about the father being gay] just briefly with her, and it ended up the neighbor's friend's mom is director of a beauty school, so they've had gay people in their life." Here the response, ". . . neighbor's friend's mom is director of a beauty school, so they've had gay people in their life," is solely a comment, and this would not be coded as a relevant response to the question, "What actions did you take," although it could be added to the response codes related to what the parent was thinking. Thus, for the present narrative the core response codes were, ". . . I just pulled her [his daughter] aside later in the day" and "I talked about it [not saying anything about the father being gay] just briefly with her."

Since each participant's qualitative data are collected via an independent audio-recorded interview, each participant serves as a "case," and the "case" (not the response codes) serves as the "unit of analysis." Thus, each participant or case will contribute zero to one or more verbal responses, which are then used to create the relevant response

41

codes for each focus question. Also, as each of one or more response codes is "tagged" with the respondent's ID number, that code or codes are linked to the originating case in subsequent data analyses.

Step 2. The goal is to identify "response codes" that are encoded from relevant answers to a specific focus questions. Two independent coders used Atlas.ti version 7.0.76 to highlight a relevant quotes that answer the focus question and, as noted, tagged each response code with the participant's case ID number [e.g., JE4928] to later link each response code to other quantitative data collected from the survey items. In Atlas.ti version 7.0.76 the chosen coding modality was "In-vivo coding," that allows interactive labeling and identification (Corbin & Strauss, 1990) in creating both response codes and then later thematic categories. After all independent coders finished *Step 2* they met together with a supervising coordinator (the mediator) who did not code for their section and whose input were unbiased. During this "Roundtable Session 1," each coder presented their response codes and the team reconciled them into an *optimal solution* that captured all relevant response codes expressed by participants and that were identified similarly across the independent coders.

For example, regarding antigay coping strategies, we asked "What actions did you take to resolve the problem," and Coder 1 indentified the code for participant JE4928, "When we moved out though, we had to go from house to house," while Coder 2 identified the same code but added more of the context, "When we moved out though, we had to go from house to house at first because no one wanted us together." During the roundtable session, the review team decided that the context was not relevant as it did not answer the question of *what* the parent did, but answered *why*, which is not the focus for

analysis. Thus, the decided optimal solution for this response code was, "When we moved out though, we had to go from house to house." At the end of Roundtable 1, the review team developed a *Master Code List* that included all of the optimal response codes determined through a consensus of all relevant response codes for each participant.

      Step 3. After identifying response codes and developing the Master Code List, the coders again independently created "thematic categories" utilizing the Master Code List. This consists of assigning several response codes that have *functionally equivalent meaning* to a higher order "thematic category", also known as creating a "family" in Atlas.ti version 7.0.76 (Castro et al., 2010b, p. 348). In IMM a response code can be assigned to one or more thematic categories. This method is similar to "discovering categories" and naming them as defined in *Grounded Theory* (Corbin & Strauss, 1990). Castro et al. (2010b) describe the goal in creating thematic categories is to, "create the smallest number of 'strong' thematic categories, where strong categories contain at least 20 percent of the total number of response codes, thus accounting for a remarkable percentage of the explanatory variance (p. 348)." The proportion of 20 percent as a lower-bound percent of responses is a heuristic value that was determined from previous research and that has been used effectively in the past (e.g., Kellison, 2009). The aim is to create an *optimal solution* of thematic categories that capture all relevant themes expressed by respondents and that are identified similarly across independent coders utilizing the same response code list. Thus, the independent coders designated a response code to one or more of the thematic categories that they have created. After all independent coders completed *step 2* and *step 3* they met together with the same supervising coordinator. During this "Roundtable Session 2," each coder presented their

43

categories and response codes and the team would reconcile them into an "optimal solution" as defined above; however, the *Master Family List*, the product from the Roundtable Session 2, would consist of all of the optimal Families containing all of the assigned response codes as derived from the Master Code List.

For example, utilizing the same example, for the focus question "What actions did you take to resolve the problem (goals or strategies)?" for the antigay discrimination coping actions, Coder 1 identified *14* thematic categories, with the labels being the following: (a) "Act of Anger;" (b) "Avoidant/Escape Coping;" (c) "Do Nothing: By Choice or Request of Child/Partner;" (d) "Denial of Feelings;" (e) "Venting Emotions;" (f) "Humor Coping;" (g) "Child Express Emotions;" (h) "Educate Child;" (i) "Protect Child;" (j) "Physical Response: Emotive/Physical;" (k) "Positive Reappraisal;" (l) "Information-seeking;" (m) "Problem-solving;" and (n) "Seeking Social Support." Coder 2 also identified *14* thematic categories: (a) "Aggression/Anger;" (b) "Avoidance of Perpetrator/Situation;" (c) "Confrontation with Perpetrator;" (d) "Conversation with Child;" (e) "Conversation with Child's Friends;" (f) "Conversation with School;" (g) "Conversation/Support from Partner;" (h) "Explain Situation to Child;" (i) "Loss of Control;" (j) "Proactive in Interest of Child;" (k) "Provide Child with Coping Strategies;" (l) "Reassurance/Emotional Support for Child;" (m) "Use of Humor to Cope;" and (n) "Watchfulness over Child/Situation."

Thus, during the Roundtable Session 2 using a concordance analysis, both independent coders' solutions were examined to reconcile into an optimal solution. Several thematic categories were replicated by each coder, for example, Coder 1) "Act of Anger," "Avoidant/Escape Coping," "Humor Coping," "Child Express Emotions,"

44

"Confrontation with Perpetrator," "Protect Child," "Physical Response: Emotive/Physical," "Information-seeking," "Seeking Social Support," and Coder 2) "Aggression/Anger" "Avoidance of Perpetrator/Situation," "Confrontation with Perpetrator," "Conversation with Child," "Conversation with Child's Friends," "Conversation with School," "Conversation/Support from Partner," "Explain Situation to Child," "Loss of Control," "Proactive in Interest of Child," "Provide Child with Coping Strategies," "Reassurance/Emotional Support for Child," "Use of Humor to Cope," "Watchfulness Over Child/Situation." Under this concordance analysis, these matching thematic categories contribute to the optimal solution, and were relabeled as the common categories, (e.g., "Act of Anger: Violence or Aggression," "Parent-Based Coping: Protect Child," "Emotion-Base Coping: Venting Emotions," "Problem-Based Coping: Planful Problem-solving," and "Seeking Social Support" (see Tables 4 and 5). For those that remained unmatched or deemed "weak," less than 20 percent of respondents mention this theme, they were either dropped or the team noted that the response codes were identical for differently labeled families and an optimal solution was decided (e.g., Coder 1: "Protect Child" and Coder 2: ""Proactive in Interest of Child" and "Watchfulness Over Child/Situation."). Through this careful reconciliation process the coding team developed 11 thematic categories that had sufficient inter-rater agreement to yield the optimal solution or Master Family List (see Table 4).

This same process was followed for each of the focus questions for the present study and optimal solutions can be seen for the antigay discrimination parenting strategies in Table 4, and also for the 1) types of content, and 2) types of

45

parenting/mentorship support LG parents deem important for a LG parent training program (see Table 5).

Step 4. Dimensionalization via *scale coding* allows researchers to convert thematic categories into "thematic variables," which has code values of: 0, 1, 2, and 3 for each respondent (Corbin & Strauss, 1990). For each thematic category, a team of coders independently conducted "scale coding" using the *frequency of mention* scale coding method, 0 = *No mention*, 1 = *One mention* – states theme once, 2 = *Two mentions* – two mentions of the theme, 3 = *Three or more mentions* – states the theme three or more times (Castro et al., 2010b). Thus, scale coding converts a dichotomous thematic category (0 = *No mention*, 1 = *Mention*), into an ordinal or interval-level *thematic variable.*

Frequency scale codes are tabulated in a *Case-Theme Scale Coding Matrix* that lists all cases in rows, and all thematic categories (families) in columns. This allowed coders to independently input discrete numerical values that represent the number of mention code values of 0, 1, 2, or 3. The coders then met with each other to compare and discuss these generated matrices and reach a consensus. Once finalized, these thematic variables are defined by scores akin to Likert-scaling and can be used in conventional correlation and regression analyses. Again using JD7633's example, "I just pulled her [his daughter] aside…," and "I talked about it just briefly with her" would receive a (2) for both the thematic categories of "Parent-Based Coping: Educate Child about Discrimination," and "Parent-Based Coping: Allow Child to Vent Emotions," as there were two clear mentions that can be captured by both of these categories.

Step 5. Analyses may now be conducted to examine the relationships between the qualitative-constructed thematic variables and the quantitatively-measured variables

(Castro & Coe, 2007). Another step was to conduct an exploratory factor analysis with the sets of thematic variables that measure the complex construct (see Results Section), such as *discrimination coping*, to examine its factor structure (Kellison, 2009). These results were then used to compute *factor scores* that were then used as predictor variables in a hierarchical regression analysis of outcome variables of interest, e.g., parental stress, parental depression, and child behavior scores (Castro et al., 2010b; Kellison, 2009). For example, descriptive and correlation analyses were conducted to examine the associations among both forms of variables, and to determine whether the variables should be entered as a unified block of thematic variable predictors, or independent from one another in a hierarchical regression analysis (Cohen, Cohen, West, & Aiken, 2003).

Additionally, the use of factor scores when thematic variables are correlated has been determined to be a more useful technique than with other dimension reduction techniques (Grice, 2001). Rummel (1967) describes the use of factor analysis and subsequent factor scores as a solution to weighing the characteristics (i.e., thematic variables) that we are seeking to combine, he writes:

> Factor analysis offers a solution by dividing the characteristics into independent sources of variation (factors). Each factor then represents a scale based on the empirical relationships among the characteristics … the factor analysis will give the weights to employ for each characteristic when combining them into the scales. The factor score results are actually such scales, developed by summing characteristics times these weights. (p. 150)

47

Thus, one does not lose the integrity of the data. Use of factor scores allows the data to be used in a meaningful way by combining the thematic variables into a "scale" and providing each participant a factor score on each factor—i.e., scale.

Step 6. The final step of the integrative analysis is to *recontextualize* these results by returning to the actual text narratives and constructing *storylines* that describe patterns or processes of discrimination coping and parenting as these relate to psychosocial outcome variables of LG parents and their children (Castro et al., 2010b). The purpose of this final step is to integrate the discovered thematic categories into a unified statement about the experience of discrimination as it facilitates or impedes psychosocial outcomes. As noted previously, the qualitative analyses are used to reveal forms or aspects of LG parent coping and parenting that are not captured by existing scales, thus generating new information and predictive relationships that would otherwise not be revealed by the use of quantitative measures alone (Castro & Coe, 2007; Tashakkori & Teddlie, 1998).

Storylines are developed for variables that have been found to be significant within the prior regression models and are constructed from participant narratives (e.g., the top 5 and lowest 5 on life satisfaction, when a thematic variable (e.g., *machismo identity* was a significant predictor of Life Satisfaction; Kellison, 2009). By examining select text narratives as derived by the results of a regression model analysis, the current study utilized a contrasting group analysis by contrasting storylines by levels of outcome variables based on the highest-scoring strata of cases and the lowest-scoring strata of cases (Castro et al., 2010b).

In summary, transcriptions of the recorded interviews were analyzed and managed using Atlas.ti version 7.0.76, software that has code-and-retrieve capabilities.

This study used an adapted inductive method of extracting *thematic response codes* that is consistent with *Grounded Theory* (Charmarz, 2006; Glaser & Strauss, 1967). The Grounded Theory method of extracting codes operates as a parallel method to the development of *thematic categories* and within Atlas.ti version 7.0.76, this procedures is called creating *thematic families*, that constitute an emerging consensual category, that is, a thematic category that can tie together information that might be related to themes, causes/explanations, relationships among people, and theoretical constructs (Strauss & Corbin, 1990; Miles & Huberman, 1994). Subsequently, these qualitatively derived *thematic variables* now converted to numeric form can be analyzed within the same dataset as the quantitatively defined numeric variables, both individual variables and scaled variables. Following recommendations by Tabachnick and Fidell (2001) the distributional properties of the thematic (qualitative data) and summary score variables (quantitative data) were examined for their appropriateness for correlational and regression analyses. Concurrently with the text analysis, hierarchical regression models were used to answer research questions related to the prediction of outcome variables of interest using SPSS version 20 (Cohen et al., 2003).

Outline of Analyses by Aim

  Aim 1. The purpose of this aim is to uncover naturally-occurring coping actions and parenting strategies that LG parents use during and after and in response to an antigay discriminatory event which ultimately involved the family within the past year (i.e., either the parent or the child was the target of the discrimination, yet both were ultimately involved). *Thematic content codes* that categorize the nature of experiencing discrimination (e.g., actions, feelings, and thoughts experienced) were used to generate

response codes derived in direct response to each of the focus questions (e.g., "What actions did you take in response to this act of discrimination?;" "How did you explain this situation to your children?"), and the consensually validated *thematic categories* were then quantified into *thematic variables* using scale coding (see above; Castro et al., 2010b).

An exploratory principal components factor analysis was then conducted to assess the factor structure of the discrimination coping strategies as well as for the parenting methods parents used to educate their children about the act of antigay discrimination (Kim & Mueller, 1978a). This was used to better formulate the dimensions of both antigay discrimination coping and parenting and to create the factor scores that were then used in subsequent analyses rather than treating each thematic variable separately (see Figure 1).

Aim 2. The purpose of this aim was to assess the parent and child outcomes associated with the coping actions and parenting strategies that LG parents used during and after an antigay discrimination event. Factor scores generated from Aim 1 were then used in hierarchical regression analyses to predict specific parental outcomes (i.e., depression, parental stress, parenting self-agency, and life satisfaction) and also to predict child outcomes (i.e., emotional and behavioral outcomes), while controlling for potential confounders: income, education, parents' age, parents' gender, child's age, and child's gender, the severity level for the discrimination event, and the frequency of the discrimination event (i.e., chronic or isolated; See equations below). Last, based on the regression analysis, narrative responses were then examined and stratified for the 8

lowest and 8 highest scores on each of the outcome variables to create *storylines* (see above; Castro et al., 2010b; Kellison, 2009).

Aim 3. The purpose of this aim was to assess the parenting needs and the importance of these needs being covered in a LG-specific parenting intervention as reported by LG parents. Analyses examined the means and frequencies of responses from the Family Needs Survey and a factor analysis of the narratives from the interview (content and support/mentorship) to determine the types of parenting needs most important to LG parents.

Overview of Regression Model Analyses

The hierarchical regression models followed the same stepwise block format, where the control variables were entered first, the thematic variables coping actions and parenting strategies second, and the discrimination event variables third. Given that the severity of the event is really a measure of the participants' perception of the severity of the effects associated with the discrimination event (e.g., 1 = *not severe – did not have any long-term effects; 2 = a bit severe – made life difficult for a while; 3 = moderately severe – caused many problems for a while*), it was determined that the event variables would be entered in the final step (i.e., severity and frequency of the event).

Therefore, all of the regression models examined in this study used the following stepwise analysis. The first block contained the control variables that consisted of the parent's age, parent's gender, parent's education, child's age, child's gender, and household income. In the second block, the constructed qualitative thematic variable factor scores of discrimination coping actions and separately the parenting strategies were entered and tested as a set, partialing out the effects of the demographic variables from

51

the first block. The third blocks contained the parent reported severity and frequency of the antigay discrimination event (i.e., isolated or chronic), and were tested for significance after partialing out the variance explained by the first two blocks (Cohen et al., 2003).

Below results are reported in similar order for both parent outcomes (depression, parental stress, parenting self-agency, and parental life satisfaction) and child outcomes (internalizing problems, externalizing problems, total problems, and post-traumatic stress problems). Thus, hierarchical regression models for each outcome are reported below first with the discrimination coping actions and then the parenting strategies thematic variables.

Examples of Hierarchical Regression Equations

To achieve Aim 2 which sought to examine the prediction of parental outcomes associated with the coping actions and separately for the parenting strategies that LG parents used during and after an antigay discrimination event, eight mixed methods regression model analyses were conducted. One example using parental depression as the outcome and the discrimination coping actions factor scores as predictors was the following:

Y_{hat} (Parental Depression) = b_1 Income Level +   (Step 1)
     b_2 Education +
     b_3 Age of Parent +
     b_4 Age of Child+
     b_5 Gender of Parent +
     b_6 Age of Child +
     b_0

Y_{hat} (Parental Depression) = $b_1 \ldots b_6$ (demographic variables) +   (Step 2)
     b_7 Problem and Child Focused Proactive Actions Factor Score +
     b_8 Negative Emotion-Based Actions Factor Score +
     b_9 Avoidant/Escape Coping Actions Factor Score +
     b_0

Y_{hat} (Parental Depression) = $b_1 \ldots b_9$ (demographic variables and factor scores) +   (Step 3)
     b_{10} Severity of the Event +

b_{11} Frequency of the Event +

b_0

Similarly, to achieve another part of Aim 2 which sought to examine the prediction of child behavior outcomes associated with the coping actions and separately for the parenting strategies that LG parents used during and after an antigay discrimination event, eight mixed methods regression model analyses were conducted. One example using child internalizing behavior problems as the outcome and the discrimination coping actions and separately the discrimination parenting strategies factor scores was the following:

Y_{hat} (Child Internalizing Behavior Problems) = b_1 Income Level + (Step 1)

b_2 Education +

b_3 Age of Parent +

b_4 Age of Child+

b_5 Gender of Parent +

b_6 Age of Child +

b_0

Y_{hat} (Child Internalizing Behavior Problems) = b_1… b_6 (demographic variables) + (Step 2)

b_7 Problem and Child Focused Proactive Actions Factor Score +

b_8 Negative Emotion-Based Actions Factor Score +

b_9 Avoidant/Escape Coping Actions Factor Score +

b_0

Y_{hat} (Child Internalizing Behavior Problems) = b_1…b_9 (demographic variables and factor (Step 3)

scores) +

b_{10} Severity of the Event +

b_{11} Frequency of the Event +

b_0

Y_{hat} (Child Internalizing Behavior Problems) = b_1 Income Level + (Step 1)

b_2 Education +

b_3 Age of Parent +

b_4 Age of Child +

b_5 Gender of Parent +

b_6 Age of Child +

b_0

Y_{hat} (Child Internalizing Behavior Problems) = b_1… b_6 (demographic variables) + (Step 2)

b_7 Understanding/Coping with Discrimination Parenting Strategy Factor Score +

b_8 Sharing Personal and Family Values Parenting Strategy Factor Score +

b_9 Protect and Support Child Strategy Factor Score +

b_0

Y_{hat} (Child Internalizing Behavior Problems) = b_1…b_9 (demographic variables and factor (Step 3)

scores) +

b_{10} Severity of the Event +

b_{11} Frequency of the Event +

b_0

Results

Power Analysis

Using Cohen's effect sizes for multiple linear regression models (Faul et al., 2007; Murphy & Myors, 2003), based on one of the proposed hierarchical regression models that contained two predictors (e.g., Emotion-Based Coping and Problem-Based Coping Factor Scores) and four covariates (e.g., age, gender, income, education) to determine the required sample size, a two-tailed a-priori power analysis was conducted using *G*Power 3.1.2*. Based on assuming a medium effect size of .25, the sample size needed was 55, with the analysis assuming a statistical significance level of .05, and to attain a power to detect .95 for each individual predictor in the final step of regression model.

Upon completion of data collection, a two-tailed post-hoc power analysis was conducted, again using *G*Power 3.1.2*, based on one of the hierarchical regression models that contained three thematic predictors (e.g., Problem & Child Focused Proactive Action, Negative Emotion-Based Action, and Avoidant/Escape Action Factor Scores), six subject-based covariates (parent/child's age, parent/child's gender, income, education), two event-based covariates (severity and frequency of the event) to assess the effect size detected. Based on assuming a medium effect size of .25 and a statistical significance level of .05 the power (1-β probability) to detect a significant effect was .888 for each predictor. Thus, these power calculations indicate that for the present sample and the model analyses conducted, for each individual predictor we had sufficient power to analyze the identified models, assuming also the presence of medium size effects.

54

In factor analysis, both exploratory factor analysis (EFA) and principal components analysis (PCA), there are two main camps for determining the minimum sample size; (I) the absolute number of participants (*N*), and (II) the subject-to-variable ratio (*p*; e.g., see reviews Arrindell & van der Ende, 1985; MacCallum, Widaman, Zhang, & Hong, 1999; Osborne & Costello, 2004). As such, these two different areas have generated standards that researchers can use to determine the needs of their proposed studies while considering the number of variables they seek to analyze to reduce the likelihood for errors of inference. For example, in terms of sample size, the lowest recommended sample size that has been suggested is 50 (Barrett & Kline, 1981) to 100 (e.g., Gorsuch, 1983; Hatcher 1994), and has gone as high as a minimum of 500 (e.g., Comrey & Lee, 1992). Similarly, there are comparable discrepancies in terms of subject-to-variable (STV) ratios where some recommend on the high end a 20:1 ratio (e.g., Hair, Anderson, Tatham, & Black, 1995), while others recommend a lower widely used threshold of 10:1 (e.g., Garson, 2008; Velicer & Fava, 1998), and as low as a 5:1 ratio (e.g., Bryant & Yarnold, 1995; MacCallum et al., 1999).

Although, these standards have been generated for both areas, much of the peer reviewed research in the behavioral sciences using factor analysis has demonstrated that many studies do not adhere to these standards, and really treat them as "general recommendations" (Ford, MacCallum, & Tait, 1986). Henson and Roberts (2006) reported a review of 60 exploratory factor analyses in four journals: *Educational and Psychological Measurement, Journal of Educational Psychology, Personality and Individual Differences*, and *Psychological Assessment*. They found that the minimum sample size reported was 42 and a minimum STV reported was 3.25:1; they also found

that 11.86% of reviewed studies used a ratio less than 5:1. Similarly, Fabrigar, Wegener, MacCallum, and Strahan (1999) reported a review of articles that used EFA in two journals: *Journal of Personality and Social Psychology (JPSP)* and *Journal of Applied Psychology (JAP)*. They found that 18.9% articles in JPSP and 13.8% in JAP had a sample size of 100 or less and that the STVs were also low with 24.6% of papers in JPSP and 34.4% in JAP had STVs of 4:1 or less. Last, Costello and Osborne (2005) surveyed 1076 psychology journal articles utilizing PCA or EFA and found that 40.5% of published studies used less than a 5:1 STV, and 63.2% were under a 10:1 ratio.

EFA and PCA simulation studies have also been used to assess the effectiveness of smaller STVs and sample sizes by examining subsamples of various sizes from the original full samples to compare factor results; and were able to find good recovery (e.g., Arrindell & van der Ende, 1985; Barrett & Kline, 1981). Monte Carlo studies have also been used to examine sample size effects. MacCallum, Widaman, Zhang, and Hong (1999) obtained an exceptional recovery (100% convergence) of population factor structure with a sample size (*N*) of 60 and 20 variables—a STV of 3:1. Preacher and MacCallum (2002) determined that a study's sample size had the largest effect on factor recovery, however they noted that there was a sharp decrease in effect with sample sizes of 20 or less.

The STVs for the current study are (43 subjects, 11 variables) 3.9:1; and (43 subjects, 10 variables) 4.3:1 for the principal components factor analyses described below. Thus, the present study may not adhere to the sample size or STV standards as depicted above, however this study does meet the minimum requirements for publication as determined by Henson and Roberts (2006) and other reviews (MacCallum, Widaman,

Preacher, & Hong, 2001). Additionally, the current study's subject size ($N = 43$) is higher than the effectiveness drop-off ($N = 20$) that Preacher and MacCallum (2002) noted, and both STVs are higher than the STV of 3:1 that demonstrated excellent recovery in simulation studies. Therefore, although the current study's factor analyses should be viewed with caution, the sample size and STVs are arguably sufficient to detect the factor structures that are described below.

Factor Analysis of the Qualitative Antigay Discrimination Coping Actions

An exploratory principal components factor analysis with direct oblimin rotation was conducted to assess the factor structure of the antigay discrimination coping actions thematic variables (Kim & Mueller, 1978a). For the 11 thematic variables that serve as *items* from the Discrimination Coping Actions domain, three components were extracted with eigenvalues greater than one, and that accounted for a combined 52.4% of the variance. A scree plot also supported the decision to extract and rotate three factors. The three component factors generated from the Discrimination Coping Actions domain were named: (I) *Problem- and Child-focused Proactive Actions* (24.1% of the variance), (II) *Negative Emotion-Based Actions* (16.0% of the variance), and (III) *Avoidant/Escape Coping Actions* (12.3% of the variance). These component factors were then used to create factor scores to better formulate composite and more economical dimensions that capture composite themes from the qualitative responses to each focus question.

All but three of the discrimination coping thematic variables (i.e., families) clearly loaded on just one component, "Parenting-Based Coping: Protect Child/ren" and "Seeking Social Support" had positive loadings on two of the factors, this is discussed later in the discussion section. The thematic variable "Parenting-Based Coping: Educate

Child/ren About Discrimination" loaded on more than one component, albeit with a negative loading on one factor and with a positive loading on the other factor. Table 6 presents the thematic discrimination coping variables and their loadings.

Factor Analysis of the Qualitative Antigay Discrimination Parenting Strategies

A similar strategy was used when investigating the thematic discrimination parenting variables. For the focus question, "If you did, how did you explain this experience to your children," there were 10 thematic variables which were derived from the mixed methods coding process. For items from the Discrimination Parenting Strategies domain three components were extracted with eigenvalues greater than one, accounting for a cumulative 57.5% of the variance. And, the three component factors for the Discrimination Parenting Strategies domain were: (I) *Understanding/Coping with Discrimination* (30.5% of the variance), (II) *Sharing Personal and Family Values* (14.8% of the variance), and (III) *Protect/Support Child* (12.3% of the variance). Accordingly, this exploratory factor analysis generated three factor scores that were used in the planned regression model analyses.

The same factor analytic approach was confirmed through the scree plot. In this case as well, three of the thematic discrimination parenting variables *did not* clearly load on just one component. This dual loading for two of the thematic variables involved a positive loading on one component and a negative loading on the other component ("Equality" and "Pride and Identity Affirmation"). Conversely, the third item ("Diverse World/Diverse Opinions") had positive loadings on two components and again is reviewed in the discussion section; Table 7 presents the thematic discrimination parenting variables and their loadings.

Factor Analysis of the Qualitative Lesbian and Gay Parent Training Content

Similarly, an exploratory principal components factor analysis with direct oblimin rotation to simplify the factor structure was conducted to assess the factor structure of the LG parent training content and separately also for the LG parent training support/mentorship thematic variables (Kim & Mueller, 1978a). For the 8 thematic variables that serve as *items* from the LG Parent Training Content domain, three components were extracted with eigenvalues greater than one, and that accounted for 54.7% of the variance. The three factors generated from the LG Parent Training Content domain were: (I) *Providing Training for Child's Environment & Coming Out* (22.3% of the variance), (II) *Parenting Support for LG Parents* (16.6% of the variance), and (III) *Child Development/Support* (15.9% of the variance).

This was confirmed when we examined the scree plot, and thus, a three-factor solution was selected. All but three of the discrimination coping thematic variables clearly loaded on just one component. The three thematic variables of "Information Materials about LG Families," "School Issues," and "LG Social Support/Mentorship" had positive loadings on two of the factors, this is discussed later in the discussion section. Table 8 presents the thematic LG parent training content variables and their loadings.

Factor Analysis of the Qualitative Lesbian and Gay Parent Training Support/Mentorship

Again, the same strategy was used when investigating the thematic LG parent training support/mentorship variables. For the 8 thematic variables used as items of the LG Parent Training Support/Mentorship domain two components were extracted with eigenvalues greater than one, accounting for 49.8% of the variance. And, the two factors

generated for the LG Parent Training Support/Mentorship domain were: (I) *Developing*

Support for LG Parents (29.7% of the variance), and (II) *Developing Support for Your*

Child/ren (20.1% of the variance).

The same factor analytic approach was confirmed through the scree plot. In this

case as well, two of the thematic discrimination parenting variables *did not* clearly load

on just one component. This dual loading for one of the variables involved a positive

loading on one component and a negative loading on the other component ("Parent

Training and Education"). Conversely, the second item ("Informal

Support/Mentorship/Networking") had positive loadings on two components and again is

reviewed in the discussion section. Table 9 presents the thematic LG parent training

support/mentorship variables and their loadings.

Integrative Data Analyses (Correlation Analyses)

Following recommendations by Tabachnick and Fidell (2001) variables were

examined for their appropriateness for correlational and regression analyses.

Additionally, factor scores were computed using a *refined method* (Regression Scores) to

predict the location of each individual on the factor or component (DiStefano, Zhu, &

Mindrila, 2009). The advantage of using the least squares regression approach to

calculating factor scores over other methods, is that this method aims to maximize the

validity of the factor scores by generating well correlated factor scores with a given factor

and to "obtain unbiased estimates of the true factor scores" (DiStefano, Zhu, & Mindrila,

2009, p. 4).

Table 10 presents the intercorrelations among demographic variables, the factor

score variables for the discrimination coping actions domain, parental outcome variables,

and the severity and frequency of the discrimination event. Results indicate that the severity of the discrimination event is one of the strongest predictors of parent depression and parental stress, as well as poor life satisfaction and parental self-agency. Additionally, two of the discrimination coping actions thematic factor scores were also significantly correlated with depression (*Negative Emotion-Based Actions* and *Avoidant/Escape Actions*).

Similarly, Table 11 presents the intercorrelations among demographic variables, the factor score variables for the discrimination parenting strategies domain, parental outcome variables, and the severity and frequency of the discrimination event. Results indicate that the severity of the discrimination event remained one of the strongest predictors of parent depression and parental stress, as well as poor life satisfaction and parental self-agency; however, none of the discrimination parenting strategies thematic factor scores was significantly correlated with parent outcomes.

Table 12 presents similar intercorrelations among demographic variables, factor score variables for the discrimination coping actions, child behavior outcomes, and the severity and frequency of the discrimination event. Results indicate that the severity of the discrimination event is one of the strongest predictors of parents reporting internalizing, externalizing, and total behavior problems, as well as post-traumatic stress problems in their children; however, none of the discrimination coping actions thematic factor scores were significantly correlated with child behavior outcomes.

Similarly, Table 13 presents intercorrelations among demographic variables, factor score variables for the discrimination coping actions, child behavior outcomes, and the severity and frequency of the discrimination event. Results indicate that the severity

of the discrimination event remained one of the strongest predictors of child behavior problems; however, none of the discrimination parenting strategies thematic factor scores were significantly correlated with child behavior outcomes.

Table 14 presents intercorrelations between the sets of factor score variables from both of the discrimination coping actions and parenting strategies domains. There were no significant correlations between the thematic factor score variables.

Table 15 presents intercorrelations among thematic variables for the discrimination coping actions and parent outcomes. Results indicate that the discrimination coping thematic variables in isolation do not have as robust correlations with parental outcome variables as the discrimination coping factor scores; however, there are some thematic variables that underlay the factor scores, which demonstrate significant correlations with parent outcome variables (e.g., depression is positively correlated with venting self-emotion actions; parenting self-agency is negatively correlated with avoidant/escape actions).

Table 16 presents intercorrelations among thematic variables for the discrimination parenting strategies and parent outcomes. Similar to the discrimination parenting strategies factor scores, the parenting strategies thematic variables did not exhibit any significant correlations with parental outcome measures.

Table 17 presents intercorrelations among thematic variables for the discrimination coping actions and child outcomes. Results indicate that only one thematic variable was significantly correlated with a child behavioral outcome (i.e., avoidant/escape coping actions was positively correlated with PTSP ($r = 0.31$, $p < .05$).

Table 18 presents intercorrelations among thematic variables for the discrimination parenting strategies and child outcomes. Results were similar to the discrimination parenting strategies factor scores, as there were no significant correlations between the parenting strategies thematic variables and child outcomes.

Overall, these correlation results support the use of factor scores in later regression analyses (see Hierarchical Regression Results). Although there are similar correlations between a few of the independent thematic variables and outcome variables as there are between the factor scores and outcome variables, there are also correlations between the thematic variables themselves. Thus, factor analysis was used to reduce the thematic variables to a smaller set of *uncorrelated* factor scores. These scores were then used in the regression analysis described below in place of the original thematic variables, with the knowledge that the meaningful variation in the original data has *not* been lost (Ford, MacCallum, & Tait, 1986; Grice, 2001; Rummel, 1967).

Hierarchical Regression Results

Hierarchical regression analyses, as previously described, were conducted to assess the relative linear combination of influences of demographic variables, discrimination thematic coping actions and parenting strategies factor scores, the severity of the event, and the frequency of the event on the four parental outcome variables of interest (Parental Depression, Parental Stress, Parental Self-Agency, and Life Satisfaction), and also for the child outcome variables of interest (Child Behavior Problems: Internalizing Problems, Externalizing Problems, and Post-traumatic Stress Problems).

63

To review, the initial hypotheses generated and tested here were these:

H2.1: *Maladaptive-Coping Actions* (MCA; i.e., both emotion and problem-focused strategies, such as escape, avoidant, refusal) will be negatively associated with life satisfaction and parenting self-agency. By contrast, MCA will be positively associated with depression, parental stress, and problem behaviors in children.

H2.2: *Adaptive-Coping Actions* (ACA; i.e., both emotion and problem-focused strategies, such as problem-solving, seek social support, self-control) will be negatively associated with depression, parental stress, and problem behaviors in witnessing children. By contrast, ACA will be positively associated with life satisfaction and parenting self-agency.

H2.3: *Proactive-Parenting Strategies* will be negatively associated with internalizing and externalizing problems in children, parental depression, and parental stress, and positively associated with parenting self-agency and parental life satisfaction.

H2.4: *Uninvolved-Parenting Strategies* will be positively associated with internalizing and externalizing problems in children, parental depression, and parental stress, and negatively associated with parenting self-agency and parental life satisfaction.

Predictors of parental depression. Table 19 presents the hierarchical regression analysis results for the prediction of parental depression scores, as this analysis included thematic discrimination coping actions factor scores as predictors. Demographic variables

64

accounted for 29% of the variance, step one: $R^2 = .29$, $F(6, 36) = 2.44$, $p < .05$. The only demographic variable to attain significance in this block was parent's gender, standardized $\beta = .32$, $t(36) = 2.08$, $p < .05$. The set of thematic discrimination coping action factor scores added an additional 23% of the variance, step two: $\Delta R^2 = .23$, $F(3, 33) = 5.32$, $p < .01$. One of the discrimination coping action thematic factors reached significance; *Negative Emotion-Based Actions*, standardized $\beta = .41$, $t(33) = 3.17$, $p < .01$.

In the final block the only variable to attain significance was the severity of the discrimination event, which accounted for an incremental 14% of the variance, higher event severity (as a variable) was associated with higher depression symptom scores, standardized $\beta = .52$, $t(31) = 3.61$, $p < .01$; step three: $\Delta R^2 = .14$, $F(2, 31) = 6.53$, $p < .01$

Table 20 presents the hierarchical regression analysis results for the predictors of parental depression that included the thematic discrimination parenting strategies factor scores as predictors. Demographic variables accounted for 29% of the variance, step one: $R^2 = .29$, $F(6, 36) = 2.44$, $p < .05$. The only demographic variable to attain significance in this block was parent's gender, standardized $\beta = .32$, $t(36) = 2.08$, $p < .05$. The set of thematic discrimination parenting strategies factor scores added an additional 6% of the variance and was not significant. In the final block, only the severity of the discrimination event attained significance, which accounted for 31% of the variance with more sever events being associated with higher depressive symptoms, standardized $\beta = .64$, $t(31) = 5.26$, $p < .01$, step three: $\Delta R^2 = .31$, $F(2, 31) = 5.34$, $p < .01$.

Predictors of parental stress. Table 21 presents the hierarchical regression analysis results from the prediction of the parental stress. Demographic variables

accounted for 34% of the variance with the variables parent's gender, income, and the child's age associating with higher levels of parental stress, step one: $R^2 = .34$, $F(6, 36) = 3.06$, $p < .05$. The set of thematic discrimination coping action factor scores accounted for an additional 1% of the variance and was not significant. In the final block, the parameters of severity and frequency of the discrimination event accounted for 5% of the variance, yet these predictors were also not significant as predictors of parental stress, step three: $\Delta R^2 = .05$, $F(2, 31) = 1.88$, $p > .05$.

Table 22 presents the hierarchical regression analysis results from the prediction of parental stress that included thematic discrimination parenting strategies factor scores as predictors. Demographic variables accounted for 34% of the variance with the variables parent's gender, income, and the child's age associating with higher levels of parental stress, step one: $R^2 = .34$, $F(6, 36) = 3.06$, $p < .05$. The set of thematic discrimination parenting strategies factor scores added an additional 9% of the variance and was not significant. In the final block, severity and frequency of the discrimination event accounted for 6% of the variance and was also not significant, step three: $\Delta R^2 = .06$, $F(2, 31) = 2.72$, $p > .05$.

Predictors of parenting self-agency. Table 23 presents the hierarchical regression analysis results from the prediction of parenting self-agency. Demographic variables accounted for 30% of the variance with child's age being the only variable in this block to attain significance, standardized $\beta = -.39$, $t(36) = -2.56$, $p < .05$., step one: $R^2 = .30$, $F(6, 36) = 2.52$, $p < .05$. The set of thematic discrimination coping actions factor scores added an additional 11% of the variance, step two: $\Delta R^2 = .11$, $F(3, 33) = 2.45$, $p > .05$. Although this block was not significant, one of the thematic discrimination coping

action variables was significant; *Avoidant/Escape Coping Actions*, standardized $\beta = -.34$, $t(33) = -2.23$, $p < .05$. In the final block, severity and frequency of the discrimination event accounted for 22% of the variance and the severity of the discrimination event was the only new variable to attain significance, standardized $\beta = -.61$, $t(31) = -4.02$, $p < .01$, step three: $\Delta R^2 = .22$, $F(2, 31) = 4.58$, $p < .01$.

Table 24 presents the hierarchical regression analysis results from the prediction of parenting self-agency that included thematic discrimination parenting strategies factor scores as predictors. Demographic variables accounted for 30% of the variance with child's age being the only variable in this block to reach significance, step one: $R^2 = .30$, $F(6, 36) = 2.52$, $p < .05$. The set of thematic discrimination parenting strategies factor scores added an additional 7% of the variance and was not significant. In the final block, severity and frequency of the discrimination event accounted for 26% of the variance, step three: $\Delta R^2 = .26$, $F(2, 31) = 4.67$, $p < .01$. The severity of the discrimination event (standardized $\beta = -.57$, $t(31) = -4.50$, $p < .01$) and the parent's age (standardized $\beta = .30$, $t(31) = 2.39$, $p < .05$) were the only variables to attain significance in the full model.

Predictors of parental life satisfaction. Table 25 presents the hierarchical regression analysis results from the prediction of parental life satisfaction. Demographic variables accounted for 39% of the variance with the variables of income, parent's gender, and the child's age attaining significance, step one: $R^2 = .39$, $F(6, 36) = 3.78$, $p < .05$. The set of thematic discrimination coping actions factor scores added an additional 5% of the variance and was not significant. In the final block, severity and frequency of the discrimination event accounted for 16% of the variance, step three: $\Delta R^2 = .26$, $F(2, 31) = 4.19$, $p < .05$. The severity of the discrimination event, standardized $\beta = -.55$, $t(31)$

= -3.51, p <.01, and the parent's gender, standardized β = -.36, t(31) = -2.78, p <.01, were the only variables to attain significance in the full model.

Table 26 presents the hierarchical regression analysis results from the prediction of parental life satisfaction that included thematic discrimination parenting strategies factor scores as predictors. Demographic variables accounted for 39% of the variance with the variables of income, parent's gender, and the child's age attaining significance, step one: R^2 = .39, F(6, 36) = 3.78, p < .05. The set of thematic discrimination parenting strategies factor scores added an additional 4% of the variance and was not significant. In the final block, severity and frequency of the discrimination event accounted for 16% of the variance, step three: ΔR^2 = .16, F(2, 31) = 3.96, p < .05. The severity of the discrimination event, standardized β = -.47, t(31) = -3.47, p <.01, and the parent's gender, standardized β = -.33, t(31) = -2.41, p <.05, were the only variables to reach significance in the full model.

Predictors of child behavioral problems.

Internalizing behavior problems. Table 27 presents the hierarchical regression analysis results from the prediction of child internalizing behavior problems. Demographic variables accounted for 39% of the variance with child's age and child's gender were associated with higher levels of internalizing behavior problems, step one: R^2 = .39, F(6, 36) = 3.78, p < .05. The set of thematic discrimination coping actions factor scores added an additional 10% of the variance and was not significant. In the final block, severity and frequency of the discrimination event accounted for 6% of the variance, step three: ΔR^2 = .06, F(2, 31) = 2.18, p > .05. Although the overall model was

68

not significant, the child's gender and severity of the event did reach significance in the full model.

Table 28 presents the hierarchical regression analysis results from the prediction of child internalizing behavior problems that included thematic discrimination parenting strategies factor scores as predictors. Demographic variables accounted for 39% of the variance with child's age and child's gender being associated with higher levels of internalizing behavior problems, step one: $R^2 = .39$, $F(6, 36) = 3.78$, $p < .05$. The set of thematic discrimination parenting strategies factor scores added an additional 5% of the variance and was not significant. In the final block, severity and frequency of the discrimination event accounted for 14% of the variance and the severity of the discrimination event, standardized $\beta = .44$, $t(31) = 3.26$, $p < .01$, and the child's gender, standardized $\beta = .40$, $t(31) = 3.09$, $p < .01$, were the only variables to reach significance, step three: $\Delta R^2 = .14$, $F(2, 31) = 3.87$, $p = .01$.

Externalizing behavior problems. Table 29 presents the hierarchical regression analysis results from the prediction of child externalizing behavior problems. Demographic variables accounted for 42% of the variance with income and child's gender attaining significance in the prediction of externalizing behavior problems, step one: $R^2 = .42$, $F(6, 36) = 4.35$, $p < .01$. The set of thematic discrimination coping actions factor scores added an additional 3% of the variance and was not significant. In the final block, severity and frequency of the discrimination event accounted for 15% of the variance and the severity of the discrimination event, income, and the child's gender were the only variables to reach significance, step three: $\Delta R^2 = .15$, $F(2, 31) = 4.23$, $p < .05$.

Table 30 presents the hierarchical regression analysis results from the prediction of child externalizing behavior problems that included thematic discrimination parenting strategies factor scores as predictors. Demographic variables accounted for 42% of the variance with income and gender attaining significance in the prediction of externalizing behavior problems, step one: $R^2 = .42$, $F(6, 36) = 4.35$, $p < .01$. The set of thematic discrimination parenting strategies factor scores added an additional 2% of the variance and was not significant. In the final block, severity and frequency of the discrimination event accounted for 15% of the variance and the severity of the discrimination event, income, and the child's gender were the only variables to reach significance, step three: $\Delta R^2 = .15$, $F(2, 31) = 5.50$, $p = .01$.

Post-traumatic stress problems. Table 31 presents the hierarchical regression analysis results from the prediction of child post-traumatic stress problems. Although the first block was not significant, demographic variables accounted for 22% of the variance, step one: $R^2 = .22$, $F(6, 36) = 1.66$, $p > .05$, with parent's gender as the only variable to reach significance, standardized $\beta = .34$, $t(36) = 2.11$, $p < .05$. The set of thematic discrimination coping actions factor scores added an additional 6% of the variance and was not significant. In the final block, severity and frequency of the discrimination event accounted for 21% of the variance, the only variable to reach significance was the frequency of the antigay discrimination event standardized $\beta = -.47$, $t(31) = -3.37$, $p < .01$, step three: $\Delta R^2 = .21$, $F(2, 31) = 2.67$, $p < .05$.

Table 32 presents the hierarchical regression analysis results from the prediction of child post-traumatic stress problems that included thematic discrimination parenting strategies factor scores as predictors. Again, although the first block was not significant,

demographic variables accounted for 22% of the variance, step one: $R^2 = .22$, $F(6, 36) = 1.66$, $p > .05$, with parent's gender as the only variable to reach significance, standardized $\beta = .34$, $t(36) = 2.11$, $p < .05$. The set of thematic discrimination parenting strategies factor scores added an additional 11% of the variance and was not significant, step two: $\Delta R^2 = .11$, $F(3, 33) = 1.79$, $p > .05$; however, parents who used *Understanding and Coping with Discrimination* parenting techniques regarding the discrimination event approached significance, standardized $\beta = -.33$, $t(33) = -1.96$, $p = .059$, and the parent's gender was also significant $\beta = .36$, $t(33) = 2.26$, $p < .05$.

In the final block, severity and frequency of the discrimination event accounted for 17% of the variance and both the severity and the frequency of the discrimination event were the only variables to reach significance, step three: $\Delta R^2 = .17$, $F(2, 31) = 2.82$, $p < .05$.

Recontextualization of the Data: The Creation of Storylines from Regression Results

In this section, the aim is to come full circle in looking at the data for a more in-depth (deep structure) analysis of the information attained from the integrative mixed-methods analysis. Similar to Grounded Theory Storyline analysis (Strauss & Corbin, 1990), the goal to the creation of storylines is to return to the narratives provided by the participants and develop a "descriptive story" related to the focus of the study (Castro et al., 2010b). In the present study we examine the narratives from the three highest loaded thematic variables per each factor (Kellison, 2009).

Contrasting storylines by levels of parental depression. Table 33 presents the *Negative Emotion-Based Coping Actions* (NEBCA) responses for a set of contrasting groups analysis using the three highest loaded thematic variables for the NEBCA factor

71

scores: "Act of Anger: Violence or Aggression," "Emotion-Based Coping: Venting Self-Emotions," and "Seeking Social Support." Narrative responses are presented in a stratified analysis using purposive sampling for the eight cases having the highest Center for Epidemiologic Studies Depression Scale (Parental Depression) scores as contrasted with the eight lowest scoring cases (Castro et al., 2010b). The storylines for the eight highest scoring cases on depression convey NEBCA themes of wanting to or engaging in physical violence, venting negative emotions, and having difficulties with social support: "I wanted to beat the crap out of him," "you just feel defeated," and "I 'tried' to maintain a relationship with my parents." By contrast, the storylines about NEBCA themes for the lowest scoring cases of depression present themes of assertiveness, expressing positive-type emotions, using positive reappraisal, and using the experience as a teachable moment for their children: "I told her straight out that this was our family," "I told my son, I'm glad he told the teacher," "it's hard to stand up sometimes, but it's the right thing to do," and "We talked about how they [antigay protestors] have a right to do that."

Contrasting storylines by levels of parenting self-agency. Table 34 presents the *Avoidant/Escape Coping Actions* (AECA) responses for a set of contrasting groups analysis by parenting self-agency using the three highest loaded thematic variables for the AECA factor scores: "Avoidant/Escape Coping," "Emotion-Based Coping: Denial of Self-Emotions," and "Parent-Based Coping: Protect Child." Narrative responses are presented in a stratified sampling for the eight cases having the highest Parenting Self-Agency Scale scores as contrasted with the eight lowest scoring cases (Castro et al., 2010b). The storylines for the top eight cases on parenting self-agency convey AECA themes of wanting to protect their child from the discrimination event, provide an open

dialogue with their children about discrimination, provide their children with a plan of action when the family is under attack or teach them coping skills: "I wanted to get her [daughter] safe again," "I encouraged her [daughter] to continue talking to us about these issues," "we dealt with it in a very non-emotional way," "We had a secret knock, a secret word that he [son] would know to open the door," and "We explained to them [children] that some people don't like our lifestyle, and that is okay." By contrast, the storylines about AECA themes for the lowest scoring cases of parenting self-agency present themes of avoiding or escaping the situation, not talking to their children about the situation as it unfolded, or that they did nothing: "the strategy was kinda…not rock the boat," "I just started that [heterosexual] relationship to make everyone happy," "I would just say, I can't talk about this," "I didn't do anything," and "I didn't really take any action with the neighbors."

Contrasting storylines by levels of post-traumatic stress problems. Table 35 presents the *Understanding and Coping with Discrimination Parenting Strategies* (UCDPS) responses as a contrasting groups analysis by post-traumatic stress problems (PTSP) using the three highest loaded thematic variables for the UCDPS factor scores: "Normalize Others will Disagree/Discriminate," "Ignore Bullying/Passive Actions," and "Others Don't Understand/Ignorant." Narrative responses are presented in a stratified analysis using purposive sampling for the four cases that had clinically significant PTSP scores as contrasted with the four lowest scoring cases (Castro et al., 2010b). The storylines for the four cases that parents perceived clinically significant PTSP in their children convey UCDPS themes of not explaining the discrimination event to their children or providing any coping skills: "I didn't explain it to her [daughter]," "didn't

73

really mention it to him [son]," and "[I felt] didn't need to explain it to them [sons]." By contrast, the storylines about UCDPS themes for the parents that perceived the lowest PTSP in their children present themes of normalizing discrimination and that it does happen, teach their children to ignore antigay perpetrators/bullies and why you should ignore them, and that people may be ignorant or do not understand their family configuration: "We don't agree with everything they do, and they don't agree with everything we do," "You [son] cannot react, if you do you just feed their anger," "We're just a bit different than we were before and different than what other people's expectations are, but that that is okay," and ". . .I talk to them at the same level, that these people are ignorant and hateful. Generally, it comes from something that they're scared of, and they [bigots] just don't know any better."

Lesbian and Gay Parenting Needs

Family needs survey analyses. In tandem with the aforementioned factor analysis of the LG parent training content and support/mentorship focus questions, the Family Needs Survey (see Appendix (b) was conducted to allow the participating parents to openly indicate most important areas of interest in an intervention designed to provide support for LG parents. The original hypothesis generated was the following:

> H3.1: LG Parents will endorse needs that are unique to their families; for
> example, they may need skill sets associated with contending with
> specific stressors that are related to being a minority person,
> learning about potential parenting issues that are unique to being a
> part of the LGBT community, and other general parenting skills

74

that use inclusive language (e.g., "parents" rather than "mother and

father," "partner/spouse" rather than solely using "husband/wife."

There was adequate reliability for all seven topic areas: (a) Information about

Child Development (α = .79), (b) Family and Social Support (α = .88), (c) Financial

Issues (α = .96), (d) Explaining LG Family to Others (α = .93), (e) Locating LG-

Affirming Child Care Outside of Home (α = .89), (f) Locating Professional

Support/Services (α = .80), and (g) Locating LG Community Services (α = .94). Thus,

mean scores were computed for each participant in each topic area (e.g., mean scores for

Information about Child Development, Family and Social Support, Financial Issues) and

analyzed (see Table 36).

The following three topic areas exhibited the largest mean scores: 1) *LG Family*

Community Services (e.g., meeting other LG parents and locating a group for children

with LG parents that my child could join); 2) *Information about Child Development* (e.g.,

how children grow/develop and how to handle my child's behavior); and 3) *Explaining*

LG Family to Others (e.g., explaining our LG family to my parents or my

partner's/spouse's parents and knowing how to respond when friends, neighbors, or

strangers ask questions about our family).

Optimal solution and thematic variables of lesbian and gay parent training

content and parenting support/mentorship activity needs. In addition to the Family

Needs Survey, the present study sought to determine the parenting content for a future

LG parent training that participants would deem most important. Table 5 presents the

Optimal Solutions for both the Parent Training Content and the Parenting

Support/Mentorship Activities that LG parents would deem important in a LG specific

parent training. Based on the three highest percent of cases mentioning each thematic variable the following content thematic variables, and separately the parenting support/mentorship thematic variables exhibited the largest percentage of parental endorsement (see Optimal Solution Table 5): Content: "Information/Materials about LG Families," "Coming Out to Your Child/Your Child's Social Milieu," and "LG Parent/Child Social Support/Mentorship;" and Support/Mentorship: "Informal Support/Mentorship/Networking with other LG Families," "Parent Training and Child Development Education," and "Support for Children."

Taken together these results indicate that there are several areas of need for LG parents and their families that may be addressed in a future parenting intervention. Indeed, the factor analysis from the content (see Table 8) and parenting support/mentorship thematic (see Table 9) variables point to areas in terms of parents/parenting skills (e.g., child development, parent support, parenting skills, coping with LG specific issues), and separately for their children (e.g., support for children, information/materials about LG families, locating child social support with other LG families, and how parents may come out to their children and their children's social environment). The discussion below will combine these results and those of the Family Needs Survey to develop recommendations and potential sites for clinical intervention.

Discussion

Summary of Major Study Aims and Related Mixed Methods Data Analyses

Analyses from the current study tested hypotheses derived from feminist, social determinants of health, and the social and minority stress frameworks to examine the effects of an antigay discrimination event on the parents and children of LG families.

76

Present findings, as well as results from previous studies, indicate that sexual minorities who experience antigay discrimination and the associated psychological effects (i.e., depression) can impact the lives of LG parents and their families. Other studies have reported that some LG families demonstrate resilience in the face of discrimination and associate these findings with parenting strategies and community resources that LG parents access prior to experiencing discrimination (Griffiths & Pooley, 2011; Van Geldern, Gartrell, Bos, & Hermanns, 2009). Therefore, a study that sought to examine the ways in which LG parents cope and educate their children about discrimination after experiencing such an event was warranted. To gain a richer understanding of the aforementioned variables, an integrative mixed methods approach was utilized.

The first aim of the present study was to capture the dimensions of both the discrimination coping actions and also the discrimination parenting strategies. Results did *not* align with either hypothesis from this aim, as both the coping actions and parenting strategies had a tri-dimensional structure, rather than the hypothesized bi-dimensional structures; however, the second aim which sought to understand the associations between the psychosocial outcomes of both LG parents and their children after experiencing an act of antigay discrimination and the ways in which LG parents both (a) coped and (b) educated their children about the experience was confirmed. Indeed, the results of the current study did confirm some of the hypotheses in terms of the effects associated with the types of *maladaptive* coping actions and *involved* and *uninvolved* parenting strategies.

For example, LG parents who were more severely affected by an antigay discrimination act involving their children appeared to have greater difficulties with depression when they used negative emotion-based coping actions and reported poorer

parenting self-agency when they engaged in avoidant/escape coping actions. Additionally, when parents reported that they discussed and parented their children about the discrimination event using understanding and coping with discrimination parenting strategies, they reported that their children demonstrated low levels of post-traumatic stress problems (PTSP). Conversely, parents who did not discuss or educate their children about the event reported significant levels of PTSP in their children following the discrimination event.

The third aim of the current study was to discover the parenting needs that LG parents would find most important in a LG-specific parent training. The sole hypothesis from this aim was that parents would endorse needs that are related to the unique stressors of being a social minority. This hypothesis was confirmed when results from the Family Needs Survey determined that LG parents would find 1) *LG Family Community Services*; 2) *Information about Child Development*; and 3) *Explaining LG Family to Others* topic areas most important in a parent training. Additionally, results from the qualitative portion of the study determined that content and the parenting support/mentorship activities in a future LG-specific parent training should include the following: *Content*: 1) "Information/Materials about LG Families," 2) "Coming Out to Your Child/Your Child's Social Milieu," and 3) "LG Parent/Child Social Support and Mentorship;" and *Parenting Support/Mentorship Activities*: 1) "Informal Support/Mentorship/Networking with other LG Families," 2) "Parent Training and Child Development Education," and 3) "Support for Children." These results are discussed further in the clinical implications section below.

Dimensions of Parental Discrimination Coping Actions

Results from the exploratory principal components factor analyses did not confirm the first hypothesis that discrimination coping actions is a bi-dimensional construct as previously described (Glanz & Schwatrz, 2008; Lazarus & Folkman, 1984; Folkman et al., 1986). Rather, this study determined that antigay discrimination coping actions as performed by LG parents is a tri-dimensional construct (see Table 6). First, 11 thematic variables were originally identified from the discrimination coping actions question. Second, three factors were then extracted that fit a tri-dimensional model: *Problem & Child Focused Actions, Negative Emotion-Based Actions,* and *Avoidant/Escape Coping Actions*.

Certain aspects of these results corroborate a bi-dimensional construct as several of the thematic variables did fit with a bi-dimensional construct of emotion regulation (e.g., venting and denial of self-emotions) and problem-management coping actions (e.g., planful problem-solving and information-seeking; Folkman & Moskowitz, 2000). As such, the terms *Problem & Child Focused Actions* and *Negative Emotion-Based Actions* were used. Additionally, although the factor *Avoidant/Escape Coping Actions* is in itself a unique factor, Lazarus and Folkman, (1984) described such coping actions as maladaptive as they appeared within the bi-dimensional structure. Thus, for this sample two of the factors align well with previous research in the area of coping, and the third aligns with a description of certain coping behaviors that the factor includes.

Added support was found through the three highest loaded thematic variables that made up the problem and child focused coping actions factor, "Parent-Based Coping: Allow Child to Vent Emotions," "Problem-Based Coping: Planful Problem-solving," and

79

"Problem-Based Coping: Information-seeking." Similarly, following are the three highest

loaded thematic variables from the negative emotion-based coping actions responses,

"Act of Anger: Violence or Aggression," "Emotion-Based Coping: Venting Self-

Emotions," and "Seeking Social Support." As previous coping research has indicated that

people will seek social support to vent emotions as a means of gaining emotional support,

the later thematic variable seems appropriate (e.g., Carver, Scheier, & Weintaub, 1989;

Holtzman, Newth, & Delongis, 2004; Scarpa & Haden, 2006). Thus, it is reasonable to

use *Problem & Child Focused Actions* and *Negative Emotion-Based Actions* as the terms

to capture these themes, since the thematic variables both confirm and were part of the

previously noted traits of problem management and emotion regulation coping actions

(Glanz & Schwatrz, 2008; Lazarus & Folkman, 1984; Folkman et al., 1986).

Additionally, the third factor's term was made clear by the two highest loaded

thematic variables, "Avoidant/Escape Coping" and "Emotion-Based Coping: Denial of

Self-Emotions." Yet, the third thematic variable, "Parent-Based Coping: Protect Child,"

posed another type of understanding and had to be examined through the other two

factors. Medical coping studies describe this process as a way that parents protect their

children from their own reaction to a threat as a means of coping to ensure their child is

well-adjusted post-threat (e.g., Thastum, Johansen, Gubba, Olesen, & Romer, 2008;

Young, Dixon-Woods, Windridge, & Heney, 2003).

Therefore, some of these parents may be protecting their children from their own

negative reactions by avoiding/escaping the situation or denying their own emotions so

that their children will not be impacted by seeing their parents behave aggressively or

appear hurt/upset. This is supported by some of the quotes from the thematic Parent-

Based Coping: Protect Child variable. For example, parents said, "We didn't want to create a scene there," "I just bit my tongue, my goal was to distract him [son] from it…not let him be as impacted by it as much as I was," "deal with it in a very non-emotional way," and "we'll just let it go, especially when the kids are there." For these parents, they are trying to protect their children from further influence by responding "non-emotionally," and attempt to ignore or avoid responding verbally to the perpetrator when their children are present.

Dimensions of Parental Discrimination Parenting Strategies

Likewise, using the same factor analysis strategy, three factors were also extracted from the discrimination parenting strategies thematic variables. The tri-dimensional parenting strategies were termed *Understanding and Coping with Discrimination Strategies, Sharing Personal and Family Values Strategies,* and *Protect/Support Child Strategies* (see Table 7). Thus, based on these three factor structures that underlay discrimination parenting strategies, the hypothesized bi-dimensional model of *involved* and *uninvolved* parenting as previously described (e.g., McLeod & Shanahan, 1993; Simmons et al., 2002), was *not* confirmed; however, it should be noted that all three of these parenting strategies could be considered *involved* parenting as the parents were actively engaged in parenting their children through the event. Indeed, based on the storylines from the association between parenting strategies and post-traumatic stress problems (PTSP; see Table 35), parents who reported the highest levels of PTSP in their children also reported that they did not parent or discuss the event with their children (i.e., *uninvolved* parenting). Thus, although the coding team did not identify a thematic variable for non-parenting, the data demonstrate that there is

potentially a fourth factor not present in the factor analysis that includes uninvolved parenting.

The added support for the three factors is demonstrated by the highest loading thematic variables that provide the terms for the three factors (see Table 7). The three highest loaded thematic variables that made up the understanding and coping with discrimination parenting strategies were, "Normalize that Others will Disagree/Discriminate," "Ignore Bullying/Passive Actions," and "Others Don't Understand/Ignorant." Here the parents are not only trying to explain that discrimination and disagreement is a normal part of life, but they are also trying to provide them with ways to cope with such events (e.g., ignore). The two highest thematic variables for the sharing personal and family values parenting strategies were, "Diverse World/Opinions," and "Personal Philosophy and Family Values Explanation." The other two thematic variables that make up this factor are negatively associated, "Societal Expectations of Family" and "LG Family Pride and Identity Affirmation." For this factor, parents are attempting to provide their children with a way to understand the world as diverse and that people have varying opinions that do not deflect from the parents' or the families' values. Furthermore, these parents avert the discrimination as unrelated to their family pride or their child's role in the family, or what society defines or constitutes a "family." These parents are solely concerned with parenting their child about discrimination through a diversity lens and that discrimination, of any kind, is not part of their family or personal values.

The third factor, protect/support child parenting strategies is similarly constructed as there are two highly loaded factors, "Protection and Resilience" and "Support that the

Child is not Alone." There is a single thematic variable with a negative loading, "Equality." Thus, parents who endorse this parenting strategy are concerned with protecting their children from the discrimination and want to the child to know that they are not the only ones with LG parents. Additionally, for this factor the education is not about equality, it is more in terms of supporting and protecting the child.

Prediction of Outcome Variables

This section focuses on the two following hypotheses as related to parental discrimination coping actions: 1) Anticipated *Maladaptive Coping Actions* of both emotion and problem-focused strategies (e.g., escape, avoidant), would be positively correlated with depression and parental stress, and problem behaviors in children, and would be negatively associated with parenting self-agency and life satisfaction, and 2) Anticipated *Adaptive Coping Actions* both emotion and problem-focused strategies (problem-solving, seeking social support, self-control), would be negatively associated with depression, parental stress, and problem behaviors in children, and would be positively associated with life satisfaction and parenting self-agency.

Similarly, two hypotheses as related to the discrimination parenting strategies that parents employed are also examined: 1) *Proactive-Parenting Strategies* would be negatively associated with problem behaviors in children, parental depression, and parental stress, and positively associated with parenting self-agency and parental life satisfaction, and 2) *Uninvolved-Parenting Strategies* would be positively associated with internalizing and externalizing problems in children, parental depression, and parental stress, and negatively associated with parenting self-agency and parental life satisfaction.

These four hypotheses were partly confirmed (e.g., life satisfaction and parental stress did not have significant associations with the thematic variables or factor scores) through an initial look at the intercorrelations between the thematic variables, factor scores, and the outcome variables (see Table 10 through Table 18); however, there were three significant results from the hierarchical regression analyses that predicted parental depression, parenting self-agency, and post-traumatic stress problems in children. These illustrate the predictive relationship between discrimination coping actions and parenting strategies and the psychosocial outcomes of LG parents and their children as associated with an act of discrimination involving both LG parents and their children. Clinical implications resulting from these regression results are provided in the next section.

Parental depression. First, the only demographic variable to reach significance in the first block was parent's gender. Thus, lesbian mothers described experiencing more depressive symptoms than gay fathers. This is consistent with past research demonstrating that, for various reasons that go beyond the focus of the present study (e.g., women have less power and status); women tend to experience/express more depressive symptoms than men (Barnett, Biener, & Baruch, 1987; Kessler, 2003; Nolen-Hoeksema, 2001).

In the second block, one of the discrimination coping action thematic factors reached significance; *Negative Emotion-Based Actions*. Respondents who reported using more negative emotion-based actions which contained thematic variables such as "Act of Anger: Violence/Aggression" and "Emotion-Based Coping: Venting Self-Emotions," reported higher depressive symptoms. The storyline created from the narratives of the parent's with the highest depressive symptoms demonstrate that LG parents who utilize

84

negative emotion-based coping may engage in physical aggression or intimidation, vent negative emotions to others including the perpetrator, and have difficulties with their social support relationships, and in turn experience *high* levels of depressive symptoms (see Table 33).

In the final block the only variable to reach significance was the severity of the discrimination event, with parents who reported more severe effects resulting from the discrimination event reported more depressive symptoms. Thus, LG parents who are more severely affected by the discrimination event may also report higher depressive symptoms than parents who did not find the discrimination event as severe; however, as with all of our findings these results are not causal and should be viewed with caution (see Limitations).

Parenting self-agency. Second, the only demographic variable to reach significance in the first block was the child's age. Thus, parents who reported higher levels of parenting self-agency had younger children. This may be due in part that younger children are typically more compliant than older children as this is related to both the parent's perception and the strategies employed to gain compliance (e.g., Kuczynski, Kochanska, Radke-Yarrow, & Girnius-Brown, 1987, Russell et al., 2002).

Although the second block was not significant, the thematic discrimination coping action variable was significant; *Avoidant/Escape Coping Actions*. Those participants who reported using more avoidance/escape coping actions, also reported significantly lower levels of parenting self-agency. This coping factor contained thematic variables such as "Avoidant/Escape Coping," "Emotion-Based Coping: Denial of Self-Emotions," and "Parent-Based Coping: Protect Child." The storyline created from the narratives of the

parent's with the lowest parenting self-agency who utilize avoidant/escape coping actions reported that they actively avoid or resist reacting to the situation, or they flatly stated that they did nothing. As such, LG parents who engage in these forms of avoidant/escape coping were associated with *low* levels parenting self-agency. Conversely, parents who reported the highest levels of parenting self-agency who utilize avoidant/escape coping actions reported that they were trying to protect their children from their own negative responses to discrimination and thus avoided responding to the perpetrator, they also had a previously developed plan of action if such an event occurred, and provided their children with an openness to discuss discrimination issues (see Table 34).

Similarly, in the final block, the severity of the discrimination event was the only variable to reach significance. Thus, similar to depression, parents who perceived the event as more severe reported lower parenting self-agency than parents who did not.

Post-traumatic stress problems. Third, although the first block was not significant, parent's gender was the only demographic variable to reach significance. Similar to depression, lesbian mothers perceived that their children expressed more post-traumatic stress problems (PTSP) than gay fathers. This suggests that LG parents, in this case lesbian mothers, who report higher levels of depression, may also perceive more PTSP from their children as associated with a discrimination event.

The set of thematic discrimination parenting strategies factor scores was not significant; however, parents who used *Understanding and Coping with Discrimination* parenting techniques regarding the discrimination event approached significance and the parent's gender was also significant. The top three thematic variables comprising the understanding and coping with discrimination parenting strategy factor were "Normalize

that others will Disagree/Discriminate," "Ignore Bullying/Passive Actions," and "Others Don't Understand/Ignorant." Thus, the storyline from those LG parents who utilized the understanding and coping with discrimination parenting strategy reported that they discussed the event in terms of normalizing that other people disagree with their child's family and that this may lead to discrimination. They may also provide their children with bullying coping skills such as ignoring the bully or perpetrator and using other non-aggressive strategies to avoid the effects of discrimination. Last, they may also engage in helping their child to understand that the perpetrator may be ignorant of LG families and may not understand the family or how discrimination can hurt. Although these results approached significance, these parents who used this strategy perceived *lower* levels of PTSP in their children as associated with discrimination. LG parents who perceived *clinically significant* levels of PTSP in their children stated that they did not explain or parent their children about the discrimination event.

In the final block, severity and frequency of the discrimination event attained significance. Thus, parents who reported more severe and chronic discrimination events reported that their children exhibited more post-traumatic stress problems. Indeed, the present study is also consistent with the standard finding that chronic exposure to trauma is associated with more post-traumatic stress disorder symptoms in children (e.g., Kassam-Adams & Winston, 2004; Pine & Cohen, 2002). Clinically speaking, these results indicate that the frequency *and* the severity of the discrimination event also need to be assessed when working with social minority clients who have been involved in discrimination events.

87

Clinical Implications

Using tenets of feminist theory and social and minority stress theories, the current study examined associations between parental and child psychosocial outcomes and the discrimination coping actions and parenting strategies parents employed during/after an act of antigay discrimination. As such, providing culturally-responsive services to LG parents and their families requires careful consideration of the unique sociocultural stressors that these families face and the psychosocial outcomes associated with these stressful events. Accordingly, professional psychologists are encouraged to assess the client's reported severity and frequency of such a stressor, as an aid in understanding the extent and severity of the sequelae of that stressor. This can also implicate the levels and types of therapeutic support that may be needed to help such clients and their families to recover from an act of antigay discrimination. Thus, although there are numerous exceptional resources for therapy with LG clients (e.g., Bigner & Wetchler, 2012; Kort, 2008; Ritter & Temdrup, 2002), recommendations are provided below for practitioners when working with LG families.

Assessment. The intake or the initial structured interview that clinicians use to first gather the requisite information for LG clients may at times fail to account for LG family constellations and the issues that they may face (Chernin & Johnson, 2002). It is clear that with the large and growing number of LG people who are raising children (The Williams Institute, 2013), a clinician must first challenge the past bias or stereotype that gay men and lesbians do not have children (Bigner & Wetchler, 2012). Thus, an initial question may simply be, "Do you have children?"

Based on the answer provided, a series of considerate questions may begin to emerge in relation to several areas as to the how their child/ren joined their family, is there a non-resident co-parent (either past heterosexual or homosexual partner), are they a legal parent to the child/ren, is their current partner a legal parent to the child/ren, is the client "out" to their child/ren, do members of the child/ren's social environment (e.g., teachers, coaches, peers, neighbors) know the child has a LG parent, and with the results of our study in mind, have they experienced an act of antigay discrimination as a family, if so, how severe and how frequent was the event. The goal is not to alienate or digress from the issues that the client presents with; on the contrary these questions may inform and expand the therapeutic conceptual framework and support the rapport when working with LG clients. Moreover, the client may report psychological issues that the therapist or client may have otherwise ignored, or not fully comprehended without the opportunity to explore these issues in a supportive setting.

As results indicate that there are associations between the strategies LG parents use to educate their children and cope with an act of antigay discrimination and the psychological well-being of both LG parents and their children, particularly parental depression, parenting self-agency, and the post-traumatic stress problems in children, clients may want to explore parenting and discrimination coping skills development. Consequently, once the client and therapist have identified some therapeutic goals as related to parenting and coping with discrimination, the clinician may want to determine the client's past experience within their own family-of-origin to help assess a potential parenting style, their parenting self-efficacy, or establish if the client is seeking to change the maladaptive parenting traditions they were exposed to as children (Clark, 2001).

89

Likewise, to encourage associated parenting self-agency, it will also be important to ask general parenting questions that are not unique to LG populations to verify if the client is seeking overall parenting support (e.g., discipline, child care, child development). This may be determined through the use of a family needs assessment (see Appendix b; Kellison et al., 2012).

Implications for the design of an efficacious intervention for lesbian and gay parents. Following the intake and development of a treatment plan, practitioners may seek to initiate therapeutic strategies that can increase the likelihood that clients will be able to attain their therapeutic goals. As noted, if these goals include parenting, the practitioner will need to examine the parenting skill set that the client is reporting to have the most difficulty (e.g., parent-child communication, discipline, or positive parenting). Similarly, during the initial assessment the practitioner may also determine the typical coping style or types of coping that a LG client utilizes when confronting difficult life events; including antigay discrimination. As results from this study indicate, through a strategic assessment the practitioner may determine the needs of the client while also reducing the depression with an act of discrimination, and also increasing parenting self-agency and life satisfaction of LG parents.

Moreover, examination of the storylines from the Negative Emotion-Based Coping Actions (NEBCA; see Table 33) that were positively associated with parental depression, and the Avoidant/Escape Coping Actions (AECA; see Table 34) that were negatively associated with parenting self-agency can provide a *deep-structure* narrative that can be used to support the development of adaptive coping skills. As noted in the results section parents who used NEBCA were significantly associated with higher

90

depressive symptoms. The storylines for the top eight cases on depression reported that they wanted to or engaged in physical violence, had difficulties with their social support system, and engaged in venting negative emotions. Those with the lowest depression reported that they used the discrimination event as an opportunity to educate their children, expressed more assertive actions rather than aggressive actions, engaged in positive reappraisal of the event, and expressed positive emotions.

Thus, an intervention that seeks to support LG parents and reduce the likelihood of depressive symptoms may attempt to develop these parents coping skills in terms of assertiveness training, the use of positive reappraisal techniques when coping with challenging life events, developing a strong/ compassionate social support system, and providing them with parenting skills as related to teaching their children about antigay discrimination. More specifically, these results indicate a need for cognitive restructuring strategies that attempt to reduce the likelihood of parents relaying on the use of *emotional reasoning* and other cognitive distortions (e.g., catastrophizing) that past research has demonstrated are strongly associated with depression (e.g., Martin & Dahlen, 2005; Sullivan, Rodgers, Kirsch, 2001). Indeed, these same strategies have been used with other populations of lesbian, gay, and bisexual clients who have suffered harassment as related to antigay discrimination (e.g., Carbone, 2008; Kaysen, Lostutter, Goines, 2005; LaSala, 2006; Safren & Rogers, 2001).

Similarly, AECA was significantly associated with lower parenting self-agency. The storylines for the lowest eight cases on parenting self-agency reported that they attempted to avoid or escape the situation, did not talk to their children about the situation as it unfolded, or that they did not react or attempt to cope in any way. While the highest

91

eight cases on parenting self-agency reported that they had a plan of action in place for when the family is discriminated against, are open with their children about antigay discrimination, and protect their children from the effects of discrimination. Thus, a LG parenting intervention that seeks to support LG parents' parenting self-agency may attempt to develop these parents' discrimination communication/parenting skills in terms of having an "open door policy" where LG parents communicate with their children that they can come to them and discuss these issues openly. Additionally, the parent training may include proactive and preventative plans where parents and their children have a plan in place if such an event occurs, and parents communicate to their children that they will engage in protective measures to ensure their safety.

The present study's results indicate that some LG parents experience high depression and low parenting self-agency as associated with the coping behaviors that they used during an act of antigay discrimination. Furthermore, parents with the lowest parenting self-agency stated that they did not talk to their children about the event, perhaps as these conversations may be very challenging both emotionally and in terms of parents trying to explain such experiences to their children. Thus, a LG parenting intervention may provide a component where parents are able to express their fears and are provided with discrimination discussion points and parenting strategies to facilitate this dialogue between parents and their children. Additionally, the facilitator may consider other coping skills to provide to parents that are easily translated to contend with antigay discrimination and the problems associated with these events (e.g., emotion regulation, stress management, problem-solving skills). Such skills are currently

recommended to be included in many LG affirmative therapy resources as a means to cope with both external and internal gay-related stressors (e.g., Ritter & Temdrup, 2002).

Furthermore, the negative association between the parents' perception of post-traumatic stress problems in their children and the understanding and coping with discrimination parenting strategies warrants a few recommendations. One recommendation is that a component be developed that provides parents with communication skills as they relate to creating an open discussion with their children as it pertains to discrimination and why there are those that disagree with their family's constellation. This may include reducing the pressure some children feel to conceal from their parents that they have experienced discrimination as a result of having gay or lesbian parents (Fairtlough, 2008). Additionally, results from the current study indicate that the development of parenting skills as they relate to teaching their children how to cope with bullying or social conflict can also have an impact on the associated PTSP.

Another recommendation is to increase the *positive family cycle*, which has been efficaciously used with various families who were going through a difficult situation, such as those going through divorce/separation (e.g., Wolchik et al., 2009) and families with parentally bereaved children (e.g., Sandler et al., 2010). This may be even more important when the source of the discrimination is from another non-resident parent who is an ex-heterosexual partner. Overall, the positive family cycle model attempts to increase the parents' confidence in their positive parenting skills (i.e., increase parental self-efficacy), thereby increasing the child's sense of warmth and security, and the child's compliance with their parents' expectations. Additional outcomes include more quality time spent together and better communication between parents and children (i.e., higher

quality parent-child relationships). Similar strategies have been used in numerous family programs (e.g., Family Bereavement Program, Strong African American Families Project, New Beginnings Program).

Another area that has not been studied in LG families and may have similar traits for building LG family pride and increasing family functioning when coping with antigay discrimination is *racial socialization,* or a parent building ethnic pride in children (e.g., Brody et al., 2005; Coard et al., 2004). Racial socialization has been shown to support both parents and children in numerous ways and perhaps can be adapted to support LG families who have experienced severe antigay discrimination. The goal would be to encourage a parent's ability to instill pride within their child regarding their family culture and configuration, and thereby increase their ability to cope with antigay discrimination (Mossakowski, 2003). Similarly, through teaching their children about discrimination and their family, parents themselves increase their own family pride and coping skills as related to antigay discrimination (Coppehaver-Johnson, 2006).

Last, the results from the family needs survey (see Appendix (b) and the thematic variables regarding a future LG parent training (see Appendix A, section V, questions 1 and 2) provide further evidence for areas that LG parents would appreciate in a parent training. Parents reported that the following three topic areas from the family needs survey were the most important to them in a LG parent training: (a) *LG Family Community Services*, (b) *Information about Child Development*, and (c) *Explaining LG Family to Others*.

Examining the means from the individual items from the first topic area demonstrates that "Locating other LG families for social activities (e.g., play dates,

94

parent get-togethers" ($M = 4.23$) and "Meeting and talking with other parents who are

LG" ($M = 4.21$) were the most important from the four total items in this area. Similarly,

the related thematic variables that were highest on the optimal solution (see Table 5) for

the *support/mentorship* in a parent training had the "Informal

Support/Mentorship/Networking with other LG Families." Thus, a parent training may

provide parents with a list of local LG family organizations or popular LG family

community activities, and should spend time demonstrating to participants how to locate

these organizations and other LG families using social media and other online

communities (e.g., *Meetup, Craigslist,* and *Facebook*). These recommendations are also

consistent with the Bos and van Balen (2008) finding that the problems in children

associated with the experience of antigay discrimination was reduced by contact with

other children who have LG parents.

The second topic area demonstrated that "Information about services that are

presently available for my child that are LG family affirming (e.g., support groups)" ($M =$

4.30), "How to teach my child about antigay discrimination and coping skills" ($M =$

4.26), and "How to handle my child's behavior" ($M = 3.58$) were the most important out

of the six items from this topic area. These results corroborate the parenting self-agency

regression results in that for many LG parents, teaching their children about antigay

discrimination is an important skill that they would like to receive more training. Also

from this topic area, locating further LG focused resources is also an important topic, as

well as a more general parenting or child development topics of handling their child's

behaviors. Similarly, the thematic variables from the optimal solution (see Table 5) for

the *content* in a parent training had "Information/Materials about LG Families."

95

On the one hand, locating LG family-affirming resources is another area that can be addressed in the same component as the one addressing locating LG family organizations and other LG families from the first topic area (i.e., LG Family Community Services). On the other hand, the thematic variables from the optimal solution for *support/mentorship* had "Parent Training and Child Development Education." Therefore, an intervention should also include universal parenting concerns as related to children's behaviors during different developmental stages and how parents can "handle" inappropriate behaviors.

The third topic area yielded the following three topics that LG parents found to be most important from the five total items in this area, "How to discuss LG related culture and historical activities (e.g., why pride) to my children" ($M = 3.91$), "Finding reading material or children's books about LG families," ($M = 3.81$), "Explaining our LG family to other children (e.g., my child's peers)" ($M = 3.79$). These results indicate that LG parents find educating their children about LG related culture and LG families to be an important topic for a future parent training, while also training in terms of talking to their children's peers about their LG family is also important.

Again, this topic area is similar to the content thematic variable of "Information/Materials about LG Families." Thus, providing a list of age-appropriate children's books about LG families (e.g., *And Tango Makes Three,* Richardson & Parnell, 2006) may be an initial step as this is not only one of the topic areas they deemed important, but it would also support the attainment of some of the other topic areas (e.g., "Finding reading material or children's books about LG families"). Additionally, the thematic variable of "Coming Out to Your Child/Your Child's Social Milieu," from the

content question also aligns with the topic of explaining their family to other children. Thus, developing age-appropriate ways of discussing sexual orientation with their child and discussing LG families with their child's peers are important topics that these parents endorse and can be explored in an affirming way through an LG-specific parent training.

In summary, the results from the Family Needs Survey and the thematic variables are particularly interesting in that both the qualitative and quantitative measures illustrate the content and support/mentorship topics and areas of interest that LG parents deem most important for the design of an intervention for LG parents. Combined, these integrated results clearly indicate the robust nature of the parent training needs for LG parents and the noted recommendations are respectfully provided.

Limitations

There are several limitations to this study that warrant discussion. Despite the advantages offered by the integrative mixed-methods approach, several challenges still exist. In fact, clear concerns emerge that involve more than either qualitative or quantitative research methods alone (Bryman, 2007; Creswell, 1994; Teddlie & Tashakkori, 2003).

Sample size and sample characteristics. Although caution should be used in generalizing these findings in terms of the sample size, regional location, and ethnic diversity of this sample, the potential effects of discrimination demonstrated suggests that LG families may need support when coping with these issues. Indeed, the literature indicates that many LG people face discrimination when navigating their social milieu and these experiences have been associated with both physical and mental health problems (see review Tasker, 2005). Another area of concern was that many parents were

97

recruited through social media and in-person at LGBT community events. As such, there may be LG parents who are not engaged in the LGBT community whose experiences may be different than those who are actively involved. Likewise, the lack of diversity in terms of ethnic/racial diversity is a concern as there were few African American and Native Americans, and there were no Asian American or Pacific Islanders; however, based on the aforementioned power analyses and the resulting significant results, the present study does appear to have the necessary power.

Correlational data. It is also important to note that the findings from the current study are correlational and do not provide causal evidence regarding the occurrence of psychological symptoms or specific discrimination coping/parenting behaviors. Indeed, the direction of effect cannot be disambiguated. For example, the LG parents in this study who reported greater levels of distress from the discrimination event also reported greater levels of depression and parental stress; however, it may also be the case that LG parents who are typically more depressed or from more stressful families could also have reacted more intensely to the discrimination event.

Methodology. In terms of the current study's methodology, retrospective recall and a single parent reporter are subject to misinterpretation and bias. As argued, the TLFB method was used to support the retrospective recall of participants. To ascertain the presence of such distortion or bias in this retrospective recall a random sample of 12 participants (i.e., flipped a coin for every respondent) and a test-retest method was utilized in which participants were called one-to-six weeks (on average 20 days) later to provide the discrimination event information again without the use of the TLFB calendar. These data ruled out the presence of significant distortion in recall, as this sample was

94% reliable in terms of their recall of the discrimination event and the surrounding important events that were used to populate the TLFB calendar. Thus, we believe that our sample had excellent recall of the discrimination event. Nonetheless, caution should still be used when interpreting these results. The use of another reporter may have been another approach to corroborate the events as reported by the participant. This could involve corroborations by the participants' spouse/partner or the children involved in the discrimination event. Indeed, future research may consider using more than a single-parent reporter not only to assess the validity of the respondents, but also to strengthen the assessment of child and parent outcomes.

Sufficient data collection. One challenge is the need to obtain adequate responses from subjects that provide ample information from a set of focus questions. Short or superficial responses can generate insufficient thematic data and can produce shallow and uninformative thematic categories. Particularly, when responses are not informed by additional probing, answers are more likely to be deficient. Focus questions should include one or more probes, e.g., "can you tell me more about that," and probes can assist in generating deeper responses. From these profound answers, one can determine rich thematic categories (families). In this study, although interviewers were well trained on probing strategies, there were a few interviews where some respondents had minimal responses and further probing was unable to produce additional information.

On the other hand, qualitative studies have typically focused on the in-depth analysis of small samples of participants. Furthermore, some qualitative researchers use "reaching saturation" as a guide to end sampling, in that once a response has been received multiple times and they feel no new information is being received they conclude

sampling (Creswell, 1994). The need to manage a smaller sample size to conduct in-depth qualitative analyses and the need for larger samples to conduct multivariate statistics was carefully considered for the current study. Thus, the current study utilized a larger sample size than typical qualitative studies and was adequate for the purpose of this study. Yet, results may have benefitted from a larger sample size and may have produced stronger families and additional power to detect certain effects.

Future Directions

This study contributes to both the direct practice and to the overall body of knowledge in the field of LG family research. By conducting an exploratory study of discrimination coping and parenting strategies that LG parents enact during and after an act of discrimination has occurred that involved their children, the use of integrative mixed methods adds to our understanding of these issues through both psychometric measures (e.g., depression, life satisfaction) and the lived experiences of these parents via collected narratives. In addition, the development of a culturally relevant intervention starts with the community that the intervention seeks to serve (e.g., Barrera & Castro, 2008).

Although the findings from this study can be useful and add to this area of research, there are several research findings that can inform future research for LG parents and their families. For example, results indicated that certain variables did predict child outcomes for those who were school-aged. Thus, it will be important to examine how adolescent and young adults respond to their LG parents' discrimination coping and parenting strategies. This may also take the form of a longitudinal study that first examines the ways parents handle these situations with their young children and then

again when their child is an adolescent, while also looking at the psychosocial outcomes associated with these events over time.

Another finding that presents further questions is in relation to the content and parenting support/mentorship activities that LG parents would find important to include in a LG-relevant parent training. One theme that came up several times during the interviews was that LG parents wanted to know how other LG parents "came out" to their children or talked to their children about sexuality in an age appropriate and inclusive way. Moreover, for some of these LG parents who had become parents within a heterosexual relationship, this topic became more important as they felt that their children did not understand why they separated from the other parent and were left confused. Additionally, some parents were often "outed" by the other parent or were treated badly by the ex-partner's family in front of their children and they felt that they were "forced" to disclose to their children in a "rushed" manner. Thus, a study that examines how parents effectively disclose their sexuality and that examines the children's reaction to this process may add valuable information for future LG parent interventions.

As evidenced in the results from this study, severity of the discrimination event is a powerful predictor of parental and child outcomes associated with the experience of antigay discrimination. Additionally, the findings regarding the frequency of the discrimination event were mixed and may even appear to be an irrelevant variable when developing coping skills for a future intervention. Yet, as this study was primarily White Non-Hispanic, a study that examines the discrimination experiences of ethnic minority LG parents that takes into consideration other forms of discrimination (e.g., racism) may

be important to our understanding of the chronicity of discrimination and how one rates the severity of such an event.

Finally, as noted the lack of racial/ethnic diversity within the sample is a clear concern. Additionally, there is also clear bias in terms of socioeconomic variables (e.g., household income and education level) and geographic location (i.e., only residents of Arizona). Thus, two studies seem warranted, one that examines the nature of discrimination experiences of LG parents living in states where marriage equality has been enacted, and also a nationwide study that can examine other neighborhood contextual variables (e.g., density of alcohol and gun outlets). Last, it may also be important to examine such phenomenon on an international level as to determine the experiences of LG parents in other nations, such as those where homosexuality is punishable by death.

Conclusions

LG families living in Arizona contend with substantial institutional heterosexism and discrimination in terms of *unequal* rights and protections under the law (e.g., Lax & Philips, 2009; Rough, 2011; Walzer, 2002). Similarly, some Arizonan LG parents and their children experience antigay discrimination from within their communities (e.g., neighbors, service providers, educational and medical systems, and their families-of-origin). The current study contributes to this area of research and confirms that such experiences can lead to poor psychosocial functioning in both LG parents and their children. Yet, even in the face of discrimination some LG families are unaffected and remain resilient. These findings provide evidence that many LG parents engage in effective discrimination coping and parenting behaviors that support family members'

adjustment to such experiences. Conversely, findings also indicate that those LG parents who are not engaged in adaptive discrimination coping and parenting strategies report worse psychosocial well-being in themselves and their children.

Thus, the current study's relevance is in the promotion of successful antigay discrimination coping and parenting strategies that can support LG families. Results from this study indicate that these coping strategies include (a) problem-based coping actions that parents utilize in terms of seeking information as it relates to the discrimination event (e.g., who was involved, why did they act in this way, how can the parent deflate future situations) and planful problem-solving (e.g., carefully considering the situation and how the parent can end the event with the least amount of damage for both themselves and their children, discussing the situation with others to find solutions); and (b) parenting-based coping actions that parents use to allow their children to express their emotions openly and actions that protect their child from the event (e.g., sharing positive emotions and reappraisals of the event with their children, not venting negative emotions to their children or engaging in aggressive reactive behaviors).

Furthermore, separately from coping actions, findings from the current study indicate that the discrimination parenting-strategies that support children include these: (a) teaching their children how to engage in passive, yet assertive behaviors with a perpetrator (e.g., ignoring the situation, supporting others who are being victimized, asking their parents or other adults to help with the situation); (b) educating their child about discrimination (e.g., normalize the event in terms of different perspectives, it is acceptable that people have different views, and people have the right to their opinions);

103

and (c) that people who do not understand or are ignorant of their family configuration may also say or do things that are harmful without knowing.

In addition, findings from the present study indicate that there are unique areas of interest that LG parents would find important in a LG parent-training. Such areas involve the following: (a) training regarding the child's environment and ways to disclose that the parent is LG or that the child has LG parents (e.g., how to come out to your child/your child's social milieu and how to deal with medical, legal, and school issues); (b) locating local LG family resources (e.g., other LG families, support groups for both LG parents and also for their children, LG family community activities, reading materials that include LG families); and (c) child development (e.g., how to deal with misbehaviors, how to get your child to comply, how to teach your child to cope with difficult problems – antigay discrimination).

As families from the current study have shown that living in gay and lesbian households can be difficult, it is important to fulfill these unique needs and provide the adaptive ways that LG parents both cope and educate their children about antigay discrimination to professionals who serve LG families. Consequently, these results can be used in the development of a future LG parent training that can deliver resources and provide LG parents with the skills that they deem most important. Finally, although this research focused on the experience of antigay discrimination in the context of LG families, these results can potentially support the needs of other families who do not fit the heteronormative model of family. Indeed, if shared, these results can possibly provide models of adaptive discrimination coping and parenting strategies that address the other forms of discrimination facing families.

References

Achenbach, T. M., & Edelbrock, C. S. (1983). *Manual for the Child Behavior Checklist and Revised Behavior Profile*. Burlington, VT: University of Vermont Department of Psychiatry.

Achenbach, T. M., & Rescorla, L. A. (2001). *Manual for the ASEBA School-Age Forms and Profiles.* Burlington, VT: Research Center for Children, Youth and Families.

Achenbach, T. M., Dumenci, L., & Rescorla, L. A. (2002). Ten-year comparisons of problems and competencies of a national sample: Self, parent, teacher reports. *Journal of Emotional and Behavioral Disorders, 10,* 194-203.

Adams, J. L., Jaques, J. D., & May, K. M. (2004). Counseling gay and lesbian families: Theoretical considerations. *The Family Journal: Counseling and Therapy for Couples and Families, 12*, 40-42.

Allison, K. W. (1998). Stress and oppressed social category membership. In J. K. Swim & C. Stangor (Eds.), *Prejudice: The target's perspective* (pp. 145-170). San Diego, CA: Academic Press.

Althoff, R. R., Ayer, L. A., Rettew, D. C., & Hudziak, J. J. (2010). Assessment of dysregulated children using the Child Behavior Checklist: A receiver operating characteristic curve analysis. *Psychological Assessment, 22,* 609-617.

Armesto, J. C. (2002) Developmental and contextual factors that influence gay fathers' parental competence: A review of the literature. *Psychology of Men & Masculinity, 3*, 67-78.

Arrindell, W. A., & van der Ende. J. (1985). An empirical test of the utility of the observations-to-variables ratio in factor and components analysis. *Applied Psychological Measurement, 9*, 165-178.

Aunos, M., & Feldman, M. A. (2002). Attitudes toward sexuality, sterilization, and parenting Rights of persons with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities, 15,* 285-296.

Bailey, D. B. Jr., & Simeonsson, R. J. (1990). *Family Needs Survey*. FPG Child Development Institute: University of North Carolina at Chapel Hill. Retrieved August 9, 2010, from http://www.fpg.unc.edu/products/product_detail.cfm?apubsID=464

Bailey, D. B. Jr., Skinner, D., Correa, V., Arcia, E., Reyes-Blanes, M. E., Rodriguez, P., Vazquez-Montilla, E., & Skinner, M. (1999). Needs and supports reported by Latino families of young children with developmental disabilities. *American Journal on Mental Retardation, 104,* 437-451.

Balsam, K. F., & Mohr, J. J. (2007). Adaptation to sexual orientation stigma: A comparison of bisexual and lesbian/gay adults. *Journal of Counseling Psychology, 54*, 306-319.

Bardone, A. M., Krahn, D. D., Goodman, B. M., & Searles, J. S. (2000). Using interactive voice response technology and timeline follow-back methodology in studying binge eating and drinking behavior: Different answers to different forms of the same question? *Addictive Behaviors, 25,* 1-11.

Barnett, R. C., Biener, L., & Baruch, G. K. (1987). *Gender and stress.* New York: The Free Press.

Basow, S. A. (1992). *Gender: Stereotypes and roles* (3rd ed.). Pacific Grove, CA: Brooks/Cole.

Barrera, M., Jr., & Castro, F. G. (2006). A heuristic framework for the cultural adaptation of interventions. *Clinical Psychology: Science & Practice, 13,* 311-316.

Barrett, P. T., & Kline. P. (1981). The observation to variable ratio in factor analysis. *Personality Study in Group Behavior, 1*, 23-33.

Becker, S. J., (1996). Child sexual abuse allegations against a lesbian or gay parent in a custody or visitation dispute: Battling the overt and insidious bias of experts and judges. *Denver University Literature Review, 74*, 75-77.

Bem, S. L. (1993). *The lenses of gender: Transforming the debate on sexual inequality*. New Haven, CT: Yale University Press.

Berry, J. O., & Jones, W. H. (1995). The Parental Stress Scale: Initial psychometric evidence. *Journal of Social and Personal Relationships, 12*, 463-472.

Bernal, G. (2006). Intervention development and cultural adaptation research with diverse families. *Family Process, 45*, 143-151.

Biderman, J., Faraone, S. V., Doyle, A., Lehman, B. K., Kraus, I., Perrin, J., & Tsuang, M. T. (1993). Convergence of the Child Behavior Checklist with structured interview-based psychiatric diagnoses of ADHD children with and without comorbidity. *Journal of Child Psychology and Psychiatry, 34,* 1241-1251.

Bigner, J. J., & Wetchler, J. L. (2012). *Handbook of LGBT-affirmative couple and family therapy*. New York: Routledge.

Bos, H. M. W., van Balen, F., van den Boom, D. C., & Sandfort, T. G. M. (2004). Minority stress, experience of parenthood and child adjustment in lesbian families. *Journal of Reproductive and Infant Psychology, 22*, 291-304.

Bos, H. M. W., & Van Balen, F. (2008). Children in planned lesbian families: Stigmatization, psychological adjustment and protective factors. *Culture, Health, & Sexuality, 10*, 221-236.

Bos, H. M. W., van Balen, F., Gartrell, N. K., Peyser, H., & Sandfort, T. G. M. (2008). Children in planned lesbian families: A cross-cultural comparison between the United States and the Netherlands. *American Journal of Orthopsychiatry, 78*, 211-219.

Bozett, F. W. (1980). Gay fathers: How and why they disclose their homosexuality to their children. *Family Relations, 29*, 173-179.

Bozett, F. W. (1981a). Gay fathers: Evolutions of the gay-father identity. *American Journal of Orthopsychiatry, 51*, 552-559.

Bozett, F. W. (1981b). Gay fathers: Identity conflict resolution through integrative sanctioning. *Alternative Life Styles, 4*, 90-107.

Bozett, F. W. (1987). Children of gay fathers, *Gay and Lesbian Parents*, *39*, 47.

Brody, G. H., Murry, V. M., Gerrard, M., Gibbons, F. X., Molgaard, V., McNair, L., Brown, A. C., Wills, T. A., Spoth, R. L., Luo, Z., Chen, Y.-F., & Neubaum-Carlan, E. (2004). The Strong African American Families Program: Translating research into prevention programming. *Child Development, 75*, 900-917.

Brody, G. H., Murry, V. M., McNair, L., Chen, Y. F., Gibbons, F. X., Gerrard, M., & Wills, T. A. (2005). Linking changes in parent to parent-child relationship quality and youth self-control: The Strong African American Families Program. *Journal of Research on Adolescence, 15,* 47-69.

Brody, G. H., Chen, Y. F., Kogan, S. M., Murry, V. M., Logan, P., & Luo, Z. (2008). Linked perceived discrimination to longitudinal changes in African American mothers' parenting practices. *Journal of Marriage and Family, 70,* 319-331.

Brown, W. (1993). Life events and affective disorder: Replications and limitations. *Psychomatic Medicine, 55*, 248-259.

Bryant, F. B., & Yarnold, P. R. (1995). Principal components analysis and exploratory and confirmatory factor analysis. In L. G. Grimm & R R. Yarnold (Eds.), *Reading and understanding multivariate statistics* (pp. 99-136). Washington, DC: American Psychological Association.

Bryman, A. (2007). Barriers to integrating quantitative and qualitative research. *Journal of Mixed Methods Research, 1,* 8-22.

Butler, J. (1999). *Gender trouble: Feminism and the subversion of identity*. New York: Routledge.

Butler, J. (2004). *Undoing gender.* New York: Routledge.

Callow, E., Buckland, K., & Jones, S. (2011). Parents with disabilities in the United States: Prevalence, perspectives, and a proposal for legislative change to protect the right to family in a disability community. *Texas Journal of Civil Liberties & Civil Rights, 17,* 9-41.

Cameron, P. (2006). Children of homosexuals and transsexuals are more apt to be homosexual. *Journal of Biosocial Science, 38,* 413-418.

Cameron, P., & Cameron, K. (2002). Children of homosexual parents report childhood difficulties. *Psychological Report, 91,* 331-332.

Carbone, D. J. (2008). Treatment of gay men for Post-Traumatic Stress Disorder resulting from social ostracism and ridicule: Cognitive behavior therapy and eye movement desensitization and reprocessing approaches. *Archives of Sexual Behavior, 37,* 305-316.

Carranza, M. (2007). Building resilience and resistance against racism and discrimination among Salvadorian female youth in Canada. *Child and Family Social Work, 12,* 390-398.

Carver, C. S., Scheier, M. F., & Weintaub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology, 56,* 267-283.

Carver, P. R., Egan, S. K., & Perry, D. G. (2004). Children who question their heterosexuality. *Developmental Psychology, 40*, 43-53.

Castro, F. G., Barrera, M. Jr., & Martinez, C. R. (2004). The cultural adaptation of preventive interventions: Resolving tensions between fidelity and fit. *Prevention Science, 5,* 41-45.

Castro F. G., & Coe, K. (2007). Traditions and alcohol use: A mixed-methods analysis. *Cultural Diversity and Ethnic Minority Psychology, 13,* 269-284.

Castro, F. G., Barrera, M. Jr., & Holleran Steiker, L. K. (2010a). Issues and challenges in the design of culturally adapted evidence-based interventions. *Annual Review of Clinical Psychology, 6,* 213-239.

Castro, F. G., Kellison, J. G., Boyd, S. J., & Kopak, A. (2010b). A methodology for conducting integrative mixed-methods research and data analyses. *Journal of Mixed Methods Research, 4,* 342-360.

Castro, F. G., Morera, O., Kellison, J. G., & Aguirre, K. M. (in press). Mixed methods research design for prevention science: Methods, critiques and recommendations. In Z. Sloboda & H. Petras (Eds.), *Advances in Prevention Science*. New York: Springer.

Cervantes, E. A., Miller, W. R., & Tonigan, J. S. (1994). Comparison of timeline follow-back and averaging methods for quantifying alcohol consumption in treatment research. *Assessment, 1,* 23-30.

Charmarz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis.* Thousand Oaks, CA: Sage.

Chernin, J. N., & Johnson, M. R. (2002). *Affirmative psychotherapy and counseling for lesbians and gay men.* Thousand Oaks, CA: Sage.

Christianson, S-A., & Loftus, E. F. (1987). Memory for traumatic events. *Applied Cognitive Psychology, 1,* 225-239.

Clark, R., & Gochett, P. (2006). Interactive effects of perceived racism and coping responses predict a school-based assessment of blood pressure in Black youth. *Annals of Behavioral Medicine, 32,* 1-9.

Clarke, V. (2000). Lesbian mothers: Sameness and difference. *Feminism & Psychology, 10,* 273-278.

Clarke, V. (2002). Sameness and difference in research on lesbian parenting. *Journal of Community and Applied Psychology, 12,* 210-222.

Coard, S. I., Wallace, S. A., Stevenson, H. C., & Brotman, L. M. (2004). Toward culturally relevant preventive interventions: The consideration of racial socialization in parent training with African American families. *Journal of Child and Family Studies, 13*, 277-293.

Cochran, S. D., Sullivan, G. J., & Mays, V. M. (2003). Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States. *Journal of Consulting and Clinical Psychology, 71,* 53-61.

Cochran, B. N., & Cauce, A. M. (2006). Characteristics of lesbian, gay, bisexual, and transgender individuals entering substance abuse treatment. *Journal of Substance Abuse Treatment, 30,* 135-146.

Cohen, J. (1989) *Statistical power analysis: A simple and general model for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Erlbaum.

Cohen, J. Cohen, P., West, S. G., & Aiken, L. S. (2003). *Applied multiple regression/correlation analysis for the behavioral sciences* (3rd ed.). Mahwah, NY: Erlbaum.

Collins, L. M., Murphy, S. A., & Bierman, K. L. (2004). A conceptual framework for adaptive preventive interventions. *Prevention Science, 5*, 185-196.

Comrey, A. L., & Lee, H. B. (1992). *A first course in factor analysis*. Hillsdale, NJ: Erlbaum.

Connor, K. M., & Davidson, J. R. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression & Anxiety, 18*, 76-82.

Coontz, S. (2000). *The way we never were: American families and the nostalgia trap.* New York: Basic Books.

Coontz, S. (2005). *Marriage a history: From obedience to intimacy, or how love conquered marriage*. New York: Penguin Group (USA) INC.

Coppehaver-Johnson, J. (2006). Talking to children about race: The importance of inviting difficult conversations. *Childhood Education, 83,* 12-22.

Corbin, J., & Strauss, A. (1990). Grounded theory research: Procedures, canons, and evaluative criteria. *Qualitative Sociology, 13*, 3-21.

Corliss, H. L., Cochran, S. D., & Mays, V. M. (2002). Reports of parental maltreatment during childhood in a United States population-based survey of homosexual, bisexual, and heterosexual adults. *Child Abuse & Neglect, 26,* 1165-1178.

Costello, A. B., & Osborne, J. W. (2005). Best practices in exploratory factor analysis: Four recommendations for getting the most from your analysis. *Practical Assessment Research & Evaluation, 10*(7). Retrieved May 25, 2013, from http://pareonline.net/pdf/v10n7a.pdf

Cott, N. F. (2000). *Public vows: A history of marriage and the nation.* Cambridge, MA: Harvard University Press.

Creswell, J. W. (1994). *Research design: Qualitative & quantitative approaches*. Thousand Oaks, CA: Sage.

Crnic, K. A., & Lowe, C. (2001). Everyday stresses and parenting. In M. H. Bornstein (Ed.). *The handbook of parenting (Vol. 5): Practical issues in parenting* (pp. 243-268). Mahwah, NJ: Lawrence Erlbaum Associates, Inc.

Crnic, K. A., Hoffman, C., & Gaze, C. (2005). Cumulative parenting stress across the preschool period: Relations to maternal parenting and child behavior at age 5. *Infant and Child Development, 14*, 117-132.

Crosby, G. M., Stall, R. D., Paul, J. P., & Barrett, D. C. (1996). Condom use among gay/bisexual male substance abusers using the timeline follow-back method. *Addictive Behaviors, 21,* 249-257.

Cummings, E. M., Davies, P. T., & Campbell, S. B. (2000). *Developmental psychopathology and the family process: Theory, research, and clinical implications.* New York: Gulford Press.

David, S., & Knight, B.G. (2008). Stress and coping among gay men: Age and ethnic differences. *Psychology and Aging, 23,* 62-69.

Davies, P. T., & Cicchetti, D. (2004). Toward an integration of family systems and developmental psychopathology approaches. *Development and Psychopathology, 16,* 477-481.

Demino, K. A., Appleby, G., & Fisk, D. (2007). Lesbian mothers with planned families: A comparative study of internalized homophobia and social support. *American Journal of Orthopsychiatry, 77,* 165-173.

Denne, R., Castro, F. G., & Harris, T. (2001, May). *Antecedents and consequences of relapse in stimulant users: Integrating qualitative and quantitative analyses.* Paper presented at the Society for Prevention Research 9th Annual Meeting, Washington, DC.

Dinh, K. T., & Nguyen, H. H. (2006). The effects of acculturative variables on Asian American parent-child relationships. *Journal of Social and Personal Relationships, 23,* 407-426.

DiStefano, C., Zhu, M., & Mindrila, D. (2009). Understanding and using factor scores: Considerations for the applied researcher. *Practical Assessment, Research & Evaluation, 14,* 1-11. Retrieved on May 29, 2013, from http://pareonline.net/pdf/v14n20.pdf

Dohrenwend, B. P. (2000). The role of adversity and stress in psychopathology: Some evidence and its implications for theory or research. *Journal of Health and Social Behavior, 41,* 1-19.

Dubow, E. F., Tiask, J., Causey, D., Hryshko, A., & Reid, G. (1991). A two-year longitudinal study of stressful life events, social support, and social problem-solving skills: Contributions to children's behavioral and academic adjustment. *Child Development, 62,* 583-599.

Dumka, L. E., Stoerzinger, H. D., Jackson, K.M., & Roosa, M.W. (1996). Examination of the cross-cultural and cross-language equivalence of the Parenting Self-Agency measure. *Family Relations, 45,* 216-222.

Ehrman, R. N., & Robbins, S. J. (1994). Reliability and validity of 6-month reports of cocaine and heroin use in a methadone population. *Journal of Consulting and Clinical Psychology, 62,* 843-850.

Erdfelder, E., Faul, F., & Buchner, A. (1996). GPOWER: A general power analysis program. *Behavior Research Methods, Instruments, & Computers*, *28*, 1-11.

Fabrigar, L. R., Wegener, D. T., MacCallum, R. C., & Strahan, E. J. (1999). Evaluating the use of exploratory factor analysis in psychological research. *Psychological Methods, 4*, 272-299.

Fairtlough, A. (2008). Growing up with a lesbian or gay parent: Young people's perspectives. *Health and Social Care in the Community, 16,* 521-528.

Falicov, C. J. (2009). Commentary on the wisdom and challenges of culturally attuned treatments for Latinos. *Family Process, 48,* 292-309.

Faul, F., Erdfelder, E., Lang, A. G., & Buchner, A. (2007). G*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods, 39*, 175-191.

Ferree, M. M. (2010). Filling the glass: Gender perspectives on families. *Journal of Marriage and Family, 72,* 420-439.

Finklehor, D., Ormrod, R. K., & Turner, H. A. (2009). Lifetime assessment of poly-victimization in a national sample of children and youth. *Child Abuse & Neglect, 33,* 403-411.

Folkman, S., Lazarus, R. S., Dunkel-Schetter, C., DeLongis, A., & Gruen, R. J. (1986). Dynamics of a stressful encounter: Cognitive appraisal, coping, and encounter outcomes. *Journal of Personality and Social Psychology, 50*, 992-1003.

Folkman, S., & Moskowitz, J. T. (2000). Positive affect and the other side of coping. *American Psychologist, 55*, 647-654.

Ford, J. K., MacCallum, R. C., & Tait, M. (1986). The application of exploratory factor analysis in applied psychology: A critical review and analysis. *Personnel Psychology, 39*, 291-314.

Foucault, M. (1986). *The history of sexuality.* Robert Hurley (Trans.). New York: Pantheon Books.

Franke, R., & Leary, M. (1991). Disclosure of sexual orientation by lesbians and gay men: A comparison of private and public processes. *Journal of Social and Clinical Psychology, 10*, 262-269.

Fredriksen-Goldsen, K. L., & Erera, P. L. (2003). Lesbian-headed stepfamilies. *Journal of Human Behavior in the Social Environment, 8,* 171-187.

Gamson, J. (2000). Sexualities, queer theory, and qualitative research. In N. Denzin & Y. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 347-365). Thousand Oaks, CA: Sage.

Garland, E., Gaylord, S., & Park, J. (2009). The role of mindfulness in positive reappraisal. *Explore, 5,* 37-44. Retrieved March 28, 2011, from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2719560/pdf/nihms122364.pdf

Garson, D. G. (2008). *Factor analysis: Statnotes*. Retrieved May 24, 2013, from North Carolina State University Public Administration Program, http://www2.chass.ncsu.edu/garson/pa765/factor.htm

Gartrell, N., Banks, A., Hamilton, J., Reed, N., Bishop, H., & Rodas, C. (1999). The National Lesbian Family Study 2: Interviews with mothers and toddlers. *American Journal of Orthopsychiatry, 69*, 362-369.

Gartrell, N., Banks, A., Reed, N., Hamilton, J., Rodas, C., & Deck, A. (2000). The National Lesbian Family Study 3: Interviews with the five-year-olds. *American Journal of Orthopsychiatry, 70*, 542-548.

Gartrell, N., & Bos, H. (2010). US national longitudinal lesbian family study: Psychological adjustment in 17-year-old adolescents. *Pediatrics, 126*, 1-9.

Gartrell, N., Deck, A., Rodas, C., Peyser, H., & Banks, A. (2005). The National Lesbian Family Study 4: Interviews with the 10-year-old children. *American Journal of Orthopsychiatry, 75*, 518-524.

Gerard, A. B. (1994). *Parent-Child Relationship Inventory Manual*. Los Angeles: Western Psychological Services.

Gershon, T., Tschann, J. M., & Jemerin, J. M. (1999). Stigmatization, self-esteem, and coping among the adolescent children of lesbian mothers. *Journal of Adolescent Health, 24,* 437-445.

Gibbons, F. X., Gerrard, M., Cleveland, M. J., Willis, T. A., & Brody, G. (2004). Perceived discrimination and substance use in African American parents and their children: A panel study. *Journal of Personality and Social Psychology, 86*, 517-529.

Gillis, J. R. (1998). Cultural heterosexism and the family. In C. J. Patterson & A. R. D'Augelli (Eds.), *Lesbian, gay, and bisexual identities in families: Psychological perspectives* (pp. 249-269). New York: Oxford University Press.

Glanz, K., & Schwartz, M. D. (2008). Stress, coping, and health behavior. In K. Glanz, B. K. Rimer, & K. Viswanath (Eds.), *Health behavior and health education: Theory, research, and practice* (4th ed., pp. 211-236). San Francisco, CA: Jossey-Basey.

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of Grounded Theory: Strategies of qualitative research.* Hawthorne, NY: Walter de Gruyter, Inc.

Goldberg, A. E. (2009a). *Lesbian and gay parents and their children: Research on the family life cycle.* Washington, DC: American Psychology Association.

Goldberg, A. E. (2009b). Lesbian parents and their families: Complexity and intersectionality from a feminist perspective. In S. Lloyd, A. Few, & K. Allen (Eds.), *Handbook of feminist family studies* (pp. 108-120). Thousand Oaks CA: Sage.

Golombok, S., Perry, B., Burston, A., Murray, C., Mooney-Somers, J., Stevens, M., & Golding, J. (2003). Children with lesbian parents: A community study. *Developmental Psychology, 39*, 20-33.

Gorsuch, R. L. (1983). *Factor analysis* (2nd ed.). Hillsdale, NJ: Erlbaum.Green, R.-J., & Mitchell, V. (2008). Gay and lesbian couples in therapy: minority stress, relational ambiguity, and families of choice. In A. S. Gurman (Ed.), *Clinical handbook of couple therapy* (4th ed., pp. 662-680). New York: Guilford Press.

Gregory, A. M., Van der Ende, J., Willis, T. A., & Verhulst, F. C. (2009). Parent-reported sleep problems during development and self-reported anxiety/depression, attention problems, and aggressive behavior in later life. *Archive of Pediatrics & Adolescent Medicine, 162,* 330-335.

Grice, J. W. (2001). Computing and evaluating factor scores. *Psychological Methods, 6*, 430-450.

Griffiths, N., & Pooley, J. A. (2011). Resilience in families with same-sex parents. *The Australian Community Psychologist, 23,* 50-67.

Hair, J. F. J., Anderson, R. E., Tatham, R. L., & Black, W. C. (1995). *Multivariate data analysis* (4th ed.). Saddle River, NJ: Prentice Hall.

Hansen, W. E., Creswell, J. D., Clark, V. L. P., Petska, K. S., & Creswell, J. D. (2005). Mixed-methods research designs in counseling psychology. *Journal of Counseling Psychology, 52*, 224-235.

Harper, G. W., & Schneider, M. (2003). Oppression and discrimination among lesbian, gay, bisexual, and transgendered people and communities: A challenge for community psychology. *American Journal of Community Psychology, 31*, 243-252.

Hatcher, L. (1994). *A Step-by-step approach to using the SAS® system for factor analysis and structural equation modeling*. Cary, NC: SAS Institute, Inc.

Hatzenbuehler, M. S. (2009). How does sexual minority status 'get under the skin'? A psychological mediation framework. *Psychological Bulletin, 135,* 707-730.

Henson, R. K., & Roberts, J. K. (2006). Use of exploratory factor analysis in published research: Common errors and some comment on improved practice. *Educational and Psychological Measurement, 66*, 393-416.

Hicks, S. (2005). Is gay parenting bad for kids? Responding to the 'very idea of difference' in research on lesbian and gay parents. *Sexualities, 8,* 153-168.

Hicks, S. (2006). Maternal men-perverts and deviants? Making sense of gay men as foster careers and adopters. *Journal of GLBT Family Studies, 2*, 92-114.

Higa, C., Fernandez, S. N., Nakamura, B. J., Chorpita, B. F., & Daleiden, E. L. (2006). Parental assessment of childhood social phobia: Psychometric properties of the social phobia and anxiety inventory for children-parent report. *Journal of Clinical Child and Adolescent Psychology, 35,* 590-597.

Holtzman, S., Newth, S., Delongis, A. (2004). The role of social support in coping with daily pain among patients with Rheumatoid Arthritis. *Journal of Health Psychology, 9,* 677-695.

Houghton, S., Cordin, R., Durkin, K., & Whiting, K. (2008). Salience and temporal sequencing of time-related actions in boys with Attention Deficit/Hyperactivity Disorder. *Child Neuropsychology, 14,* 60-70.

Hudak, J., & Giammattei, S. V. (2010). Doing family: Decentering heteronormativity in "marriage" and "family" therapy. In J. Ariel, P. Hernandez-Wolfe, S. M. Stearns, L. R. Forman, and M. Elliott (Eds.), *Expanding our social justice practices: Advances in theory and training* (pp. 49-58). Washington, DC: American Family Therapy, Inc.

Huebner, D. M., & Davis, M. C. (2007). Perceived antigay discrimination and physical health outcomes. *Health Psychology, 26*, 627-634.

Huetteman, M. J. (2004). *Investigation of internal representations of preschoolers who witness domestic violence.* (Pacific Graduate School of Psychology). *ProQuest Dissertations and Theses, 65,* (1-203) Retrieved February 11, 2012, from http://login.ezproxy1.lib.asu.edu/login?url=http://search.proquest.com/?url=http://search.proquest.com/docview/621038507?accountid=4485

Huth-Bocks, A. C., & Hughes, H. M. (2008). Parenting stress, parenting behavior, and children's adjustment in families experiencing intimate partner violence. *Journal of Family Violence, 23*, 243-251.

115

Irwin, M., Artin, K. H., & Oxman, M. N. (1999). Screening for depression in the older adult: Criterion validity of the 10-item Center for Epidemiological Studies Depression Scale (CES-D). *Archives of Internal Medicine, 159,* 1701-1704.

Jackson, P. B. (2005). Health inequalities among minority populations. *The Journal of Gerontology, 60,* 63-67.

Jenny, C., Roesler, T. A., & Poyer, K. L. (1994). Are children at risk for sexual abuse by homosexuals? *Pediatrics*, *94*, 41-44.

Johnson, R. B., Onwuegbuzie, A. J., & Turner, L. A. (2008). Toward a definition of mixed methods research. *Journal of Mixed Methods Research, 1,* 112-133.

Kassam-Adams, N., & Winston, F. K. (2004). Predicting child PTSD: The relationship between acute stress disorder and PTSD in injured children. *Journal of American Academy of Child & Adolescent Psychiatry, 43,* 403-411.

Kaysen, D., Lostutter, T. W., & Goines, M. A. (2005). Cognitive processing therapy for acute stress disorder resulting from an anti-gay assault. *Cognitive and Behavioral Practice, 12,* 278-289.

Kellison, J. G. (2007). *Parent-child interaction: A comparison of gender roles and gender egalitarian attitudes of college students from same-sex and heterosexual parent couples.* Unpublished senior honors thesis, University of California, San Diego, La Jolla, CA.

Kellison, J. G. (2009). *The role of machismo in the resilience of Hispanic males.* Unpublished master's thesis, Arizona State University, Tempe, AZ.

Kellison, J. G., Moran, G., Jordan, R., Lauer, E., & Elliott, J. (2012, October). *Lesbian & Gay Parenting: A Mixed Methods Analysis of a Family Needs Assessment*, Poster for the 74th Annual Meeting for the National Council on Family Research, Phoenix, AZ.

Kertzner, R. M., Meyer, I. H., Frost, D. M., & Stirratt, R. J. (2009). Social and psychological well-being in lesbians, gay men, and bisexuals: The effects of race, gender, age, and sexual identity. *American Journal of Orthopsychiatry, 79*, 500-510.

Kessler, R. C. (2003). Epidemiology of women and depression. *Journal of Affective Disorders, 74,* 5-13.

Kim, J. O., & Mueller, C. W. (1978a). Introduction to factor analysis: What it is and how to do it. In J. L. Sullivan & R. G. Niemi (Eds.), *Quantitative Applications in the Social Sciences, 07(013;* pp. 7-79). Beverly Hills, CA: Sage University Papers.

Kim, J. O., & Mueller, C. W. (1978b). Factor analysis: Statistical methods and practical issues. In J. L. Sullivan & R. G. Niemi (Eds.), *Quantitative applications in the social sciences, 07(014;* pp. 7-88). Beverly Hills, CA: Sage.

Kitzenger, C. (2005). Heteronormativity in action: Reproducing the heterosexual nuclear family in after-hours medical calls. *Social Problems, 52*, 477-498.

Kuczynski, L., Kochanska, G., Radke-Yarrow, M., & Girnius-Brown, O. (1987). A developmental interpretation of young children's noncompliance. *Developmental Psychology, 23,* 799-806.

Lambert, S. (2005). Gay and lesbian families: What we know and where to go from here. *The Family Journal: Counseling and Therapy for Couples and Families, 13*, 43-51.

LaSala, M. C. (Cognitive and environmental interventions for gay males: Addressing stigma and its consequences. *Families in Society, 87,* 181-189.

Lassiter, P. S., Dew, B. J., Newton, K., Hays, D. G., Yarbrough, B. (2006). Self-defined empowerment for gay and lesbian parents: A qualitative examination. *The Family Journal: Counseling and Therapy for Couples and Families, 14*, 245-252.

Lau, A. S. (2006). Making the case for selective and directed cultural adaptations of evidence-based treatments: Examples from parent training. *Clinical Science: Science and Practice, 13*, 295-310.

Laubmeier, K. K., Zakowski, S. G., & Bair, J. P. (2004). The role of spirituality in the psychological adjustment to cancer: A test of the transactional model of stress and coping. *International Journal of Behavioral Medicine, 11,* 48-55.

Lax, J. R., & Philips, J. H. (2009). Gay rights in the states: Public opinion and policy responsiveness. *American Political Science Review, 103*, 367-386.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping.* New York: Springer Publishing Company, Inc.

Lazarus, R. S. (2000). Toward better research on stress and coping. *American Psychologist, 55*, 665-673.

Lee, J. (2009). 'This is normal for us': Resiliency and resistance among lesbian and gay parents. *Gay & Lesbian Issues and Psychology Review, 5,* 70-80.

Lewis, R. J., Derlega, V. J., Griffin, J. L., & Krowinski, A. C. (2003). Stressors for gay men and lesbians: Life stress, gay related stress, stigma consciousness, and depressive symptoms. *Journal of Social and Clinical Psychology, 22,* 716-729.

Litovich, M. L., & Langhout, R. D. (2004). Framing heterosexism in lesbian families: A preliminary examination of resilient coping. *Journal of Community & Applied Social Psychology, 14,* 411-435.

MacCallum, F., & Golombok, S. (2004). Children raised in fatherless families from infancy: A follow-up of children of lesbian and single heterosexual mothers at early adolescence. *Journal of Child Psychology & Psychiatry, 45,* 1407-1419.

MacCallum, R. C., Widaman, K. F., Preacher, K. J., & Hong S. (2001). Sample size in factor analysis: The role of model error. *Multivariate Behavioral Research, 36,* 611-637.

MacCallum, R. C., Widaman, K. F., Zhang, S., & Hong S. (1999). Sample size in factor analysis. *Psychological Methods, 4,* 84-99.

Mallet, R. K., & Swim, S. K. (2009). Making the best of a bad situation: Proactive coping with racial discrimination. *Basic and Applied Social Psychology, 31,* 304-316.

Mansbridge. J. (1986). *Why we lost the ERA*. Chicago, IL: Chicago University Press.

Martin, R. C., & Dahlen, E. R. (2005). Cognitive emotion regulation in the prediction of depression, anxiety, stress, and anger. *Personality and Individual Differences, 7,* 1249-1260.

Massey, D. (2007). *Categorically unequal.* New York: Russell Sage Foundation.

Matthews, C. R., & Lease, S. H. (2000). Focus on lesbian, gay, and bisexual families. In R. M. Perez, K. A. Debord, & K. J. Bieschke (Eds.), *Handbook of counseling and psychotherapy for lesbian, gay, and bisexual clients* (pp. 249-273). Washington, DC: American Psychological Association.

Mays, V. M., & Cochran, S. D. (2001). Mental health correlates of perceived discrimination among lesbian, gay, and bisexual adults in the United States. *American Journal of Public Health, 91,* 1869-1876.

McLeod, J. D., & Shanahan, M. J. (1993). Poverty, parenting, and children's mental health. *American Sociological Review, 58,* 351-366.

Mertens, D. (2003). Mixed methods and the politics of human research: The transformative-emancipatory perspective. In A. Tashakkori & C. Teddlie (Eds.), *Handbook of mixed methods in social and behavioral research* (pp. 135-164). Thousand Oaks, CA: Sage.

Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior, 36,* 38-56.

Meyer, I. H. (2003a). Prejudice as stress: Conceptual and measurement problems. *American Journal of Public Health, 93*, 262-265.

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

Meyer, I. H., Schwartz, S., & Frost, D. (2008). Social patterning of stress exposures. *Social Science & Medicine, 67,* 368-379.

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: A sourcebook of new methods.* Newbury Park, CA: Sage.

Millbank, J. (2003). From here to maternity: A review of the research on lesbian and gay families. *Australian Journal of Social Issues, 38,* 541-600.

Mossakowski, K. N. (2003). Coping with perceived discrimination: Does ethnic identity protect mental health? *Journal of Health and Social Behavior, 44,* 318-331.

Murphy, K. R., & Myors, B. (2003). *Statistical power analysis: A simple and general model for traditional and modern hypothesis tests* (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.

Nakamura, B. J., Ebesutani, C., Bernstein, A., Chorpita, B. F. (2009). A psychometric analysis of the Child Behavior Checklist DSM-Oriented Scales. *Journal of Psychopathology and Behavior, 31,* 178-189.

Negy, C., & McKinney, C. (2006). Application of feminist therapy: Promoting resiliency among lesbian and gay families. *Journal of Feminist Family Therapy, 18*, 67-83.

Nolen-Hoeksema, S. (2001). Gender differences in depression. *Current Directions in Psychological Science, 10,* 173-176.

Noone, P. (2009). Social determinants of health. *Occupational Medicine, 59,* 209.

Norris, A. E., & Aroian, K. J. (2004). To transform or not transform skewed data for psychometric analysis: That is the question! *Nursing Research, 53,* 67-71.

Osborne, J. W., & Costello, A. B. (2004). Sample size and subject to item ratio in principal components analysis. *Practical Assessment, Research, & Evaluation, 9*(11). Retrieved May 22, 2013, from http://PAREonline.net/getvn.asp?v=9&n=11

Pachankis, J. E., & Goldfried, M. R. (2004). Clinical issues in working with lesbian, gay, and bisexual clients. *Psychotherapy: Theory, Research, Practice, Training, 41*, 227-246.

Park, S. M. (2004). Feminism and therapy. In C. Negy (Ed.). *Cross-cultural psychotherapy: Toward a critical understanding of diverse clients* (pp. 281-300). Reno, NV: Bent Tree Press.

Patterson, C. J. (1992). Children of lesbian and gay parents. *Child Development, 63*, 1025-1042.

Patterson, C. J. (2005). Lesbian and gay parenting. American Psychological Association, Washington, DC. Retrieved June 16, 2009, from http://www.apa.org/pi/lgbc/.html

Patterson, C. J. (2006). Children of lesbian and gay parents. *Current Directions in Psychological Science, 15,* 241-244.

Patterson, C. J. (2009). Children of lesbian and gay parents: Psychology, law, and policy. *American Psychologist, 64*, 727-736.

Perrira, K. M., Chapman, M. V., & Stein, G. L. (2006). Becoming an American parent: Overcoming challenges and finding strength in a new immigrant Latino community. *Journal of Family Issues, 27,* 1383-1414.

Pine, D. S., & Cohen, J. A. (2002). Trauma in children and adolescents: Risk and treatment of psychiatric sequelae. *Biological Psychiatry, 51,* 519-531.

Posner, R. A. (1992). *Sex and reason*. New York: Routledge.

Preacher, K. J., & MacCallum, R. C. (2002). Exploratory factor analysis in behavior genetics research: Factor recovery with small sample sizes. *Behavior Genetics, 32*, 153-161.

Prouty, A. (2001). Experiencing feminist family therapy supervision. *Journal of Feminist Family Therapy, 12*, 171-203.

Qin, D. B. (2008). "Our child doesn't talk to us anymore:" Alienation in immigrant Chinese families. *Anthropology & Education Quarterly, 37,* 162-179.

Radoff, L. S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1,* 385-401.

Richardson, J., & Parnell, P. (2006). *And tango makes three.* New York: Simon & Schuster Books for Young Readers.

Ritter, K. Y., & Terndrup, A. I. (2002). *Handbook of affirmative psychotherapy with lesbians and gay men.* New York: Guilford Press.

Robitaille, C., & Saint-Jacques, M. C. (2009). Social stigma and the situation of young people in lesbian and gay stepfamilies. *Journal of Homosexuality, 56,* 421-442.

Rostosky, S. S., Riggle, E. D. B., Horne, S. G., & Miller, A. D. (2009). Marriage amendments and psychological distress in lesbian, gay, and bisexual (LGB) adults. *Journal of Counseling Psychology, 56,* 56-66.

Rough, G. (2011, April 18). Brewer signs Arizona bill on adoption preference. *The Arizona Republic,* Retrieved June 5, 2013, from http://www.azcentral.com/news/election/azelections/articles/2011/04/18/2011041 8arizona-adoption-preference-bill.html?nclick_check=1#ixzz1JvBhj7te

Ruggiero, K. J., McLeer, S. V. (2000). PTSD scale of the Child Behavior Checklist: Concurrent and discriminant validity with non-clinic-referred sexually abused children. *Journal of Trauma and Stress, 13,* 287-299.

Rummel, R. J. (1967). Understanding factor analysis. *The Journal of Conflict Resolution, 11,* 444-480.

Russell, R. P., Freedson, P. S., Sallis, J. F., Taylor, W. C., Sirard, J., Trost, S. G., & Dowda, M. (2002). Compliance with physical activity guidelines: Prevalience in a population of children and youth. *Annals of Epidemiology, 12,* 303-308.

Ryan, M., & Berkowitz, D. (2009). Constructing gay and lesbian parent families "beyond the closet." *Qualitative Sociology, 35,* 153-172.

Ryff, C. D., Corey, L., Keyes, M., & Hughes, D. L. (2003). Status inequalities, perceived discrimination, and eudemonic well-being: Do the challenges of minority life hone purpose and growth. *Journal of Health and Social Behavior, 44,* 275-291.

Safren, S. A., & Rogers, T. (2001). Cognitive-behavioral therapy with gay, lesbian, and bisexual clients. *Journal of Clinical Psychology, 57,* 629-643.

Sandler, I. N., Ma, Y., Tein, J. Y., Ayers, T. S., Wolchik, S. A., Kennedy, C. L., & Milsap, R. (2010). Long-term effects of the Family Bereavement Program on multiple indicators of grief in parentally bereaved children and adolescents. *Journal of Clinical Psychology, 78*, 131-143.

Scarpa, A., & Haden, S. C. (2006). Community violence victimization and aggressive behavior: The moderating effects of coping and social support. *Aggressive Behavior, 32,* 502-515.

Schwartz, S., & Meyer, I. H. (2010). Mental health disparities research: The impact of within and between group analyses on tests of social stress hypotheses. *Social Science & Medicine, 70,* 1111-1118.

Seidman, S. (2004). *Beyond the closet: The transformation of gay and lesbian life.* New York: Routledge.

121

Selvidge, M. M. D., Matthews, C. R., & Bridges, S. K. (2008). The relationship of minority stress and flexible coping to psychological well-being in lesbian and bisexual women. *Journal of Homosexuality, 55,* 450-471.

Short, E., Riggs, D. W., Perlesz, A., Brown, R., & Kane, G. (2007). *Lesbian, gay, bisexual and transgender (LGBT) parented families: Literature review prepared for the Australian Psychological Society.* Melbourne, VIC: The Australian Psychological Society Ltd. Retrieved June 16, 2009, from http://www.psychology.org.au/publications/statements/lgbt_families/.html

Silvern, L., Waelde, L. C., Baughan, B. M., Karyl, J., & Kaersvang, L. L. (2000). Two formats for eliciting retrospective reports of child sexual and physical abuse: Effects on apparent prevalence and relationships to adjustment. *Child Maltreatment: Journal of the American Professional Society on the Abuse of Children, 5,* 236-250.

Simons, R. L., Murry, V., McLoyd, V., Lin, K-H., Cutrona, C., & Conger, R. D. (2002). Discrimination, crime, ethnic identity, and parenting as correlates of depressive symptoms among African American children: A multilevel analysis. *Development and Psychopathology, 14*, 371-393.

Skinner, E. A., & Zimmer-Gembeck, M. J. (2007). The development of coping. *Annual Review of Psychology, 58,* 119-144.

Slonim, M. B. (1991). *Children, culture, and ethnicity: Evaluating and understanding the impact.* New York: Garland Publishing.

Smith, C. (2010). Equal protection for children of gay and lesbian parents: Challenging the three pillars of exclusion – legitimacy, dual-gender parenting, and biology. *Law & Inequality, 28,* 307-332.

Sobell, L. C. (n.d.). *Alcohol Timeline Followback (TLFB)* [National Institute on Alcohol Abuse and Alcoholism (NIAAA) Web site]. Retrieved April 5, 2011, from http://www.niaaa.nih.gov/publications/Assesing%20Alcohol/InstrumentPDFs/13_TLFB.pdf

Sullivan, M. J. L., Rodgers, W. M., Kirsch, I. (2001). Catastrophizing, depression and expectancies for pain and emotional distress. *Pain, 91,* 147-154.

Sobell, L. C., & Sobell, M. B. (1992). Timeline followback: A technique for assessing self-reported alcohol consumption. In R.Z. Litten & J. Allen (Eds.), *Measuring alcohol consumption: Psychosocial and biological methods* (pp. 41-72). New Jersey: Humana Press.

Sobell, L. C., & Sobell, M. B. (1996). *Alcohol Timeline Follow-Back (TLFB) User's Manual.* Toronto: Addiction Research Foundation.

Stacey, J. (2003). Gay and lesbian families: Queer like us. In M. A. Mason, A. Skolink, & S. D. Sugarman (Eds.), *All our families: New policies for a new century* (pp. 117-144). Oxford: Oxford University Press.

Stacey, J., & Biblarz, T. J. (2001). (How) does the sexual orientation of parents matter? *American Sociological Review, 66,* 159-183.

Stacey, J. (1990). *Brave new families: Stories of domestic upheaval in late-twentieth century America.* Berkeley, CA: University of California Press.

Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques.* Newbury Park, CA: Sage.

Tabachnick, B. G., & Fidell, L. S. (2001). *Using multivariate statistics* (4th ed.). Boston, MA: Allyn & Bacon.

Tashakkori, A., & Teddlie, C. (1998) *Mixed methodology: Combining qualitative and quantitative approaches.* Thousand Oaks, CA: Sage.

Tasker, F., & Golombok, S. (1997). *Growing up in a lesbian family: Effects on child development.* New York: Guilford Press.

Tasker, F. (2005). Lesbian mothers, gay fathers, and their children: A review. *Developmental and Behavioral Pediatrics, 26,* 224-240.

Teddlie, C. & Tashakkori, A. (2003). Major issues and controversies in the use of mixed methods in the social and behavioral sciences. In A. Tashakkori & C. Teddlie (Eds.), *Handbook of mixed methods in social and behavioral research* (pp. 3-50). Thousand Oaks, CA: Sage.

Thastum, M., Johansen, M. B., Gubba, L., Olesen, L. B., & Romer, G. (2008). Coping, social relations, and communication: A qualitative exploratory study of children of parents with cancer. *Clinical Child Psychology and Psychiatry, 13,* 123-138.

The Williams Institute. (2013). *LGBT parenting in the United States.* Los Angeles, CA: G. J. Gates.

Unger, J. B., Ritt-Olson, A., Wagner, K. D., Soto, D. W., & Baezconde-Garbanati, L. (2009). Parent-child acculturation patterns and substance use among Hispanic adolescents: A longitudinal analysis. *Journal of Primary Prevention, 30,* 293-313.

US Census Bureau, (2000). US Census Demographics. Retrieved August 27, 2009, from http://www.census.gov/main/www/cen2000.html

Van Geldern, L., Gartrell, N., Bos, H., & Hermanns, J. (2009). Stigmatization and resilience in adolescent children of lesbian mothers. *Journal of GLBT Family Studies, 5,* 268-279.

Velicer, W. F., & Fava, J. L. (1998). Effects of variable and subject sampling on factor pattern recovery. *Psychological Methods, 3*, 231-251.

Vergara, A., Marin, G., & Martxueta, A. (2007). Predicting psychological well-being in gay men and lesbians: Retrospective bullying and psychosocial factors. *International e-Journal of Criminal Sciences, 1,* 1-22. Retrieved March 28, 2011, from http://www.sc.ehu.es/scrwwwiv/DMS/home_rev.html

Vinson, D. C., Reidinger, C., & Wilcosky, T. (2003). Factors affecting the validity of a Timeline Follow-Back interview. *Journal of Studies on Alcohol, 64,* 733-740.

Wagner, J. A., Tennen, H., Mansoor, G. A., & Abbott, G. (2006). History of major depressive disorder and endothelial function in postmenopausal women. *Psychosomatic Medicine, 68,* 80-86.

Walters, M., Carter, B., Papp, P., & Silverstein, O. (1988). Toward a feminist perspective in family therapy. In M. Walters, B. Carter, P. Papp, & O. Silverstein (Eds.). *The invisible web: Gender patterns in family relationships* (pp. 15-30). New York: Guilford Press.

Walzer, L. (2002). *Gay rights on trial: A reference handbook.* Santa Barbara, CA: ABC-CLIO, Inc.

Wardle, L. D. (1997). The potential impact of homosexual parenting on children. *University of Illinois literature review*, 833-894.

Weston, K. (1991). *Families we choose: Lesbians, gays, kinship.* New York: Columbia University Press.

Wilkinson, R., & Marmot, M. (2003). *Social determinants of health: The solid facts* (2nd Ed.). Denmark: World Health Organization.

Williford, A. P., Calkins, S. D., & Keane, S. P. (2007). Predicting change in parenting stress across early childhood: Child and maternal factors. *Journal of Abnormal Child Psychology, 35*, 251-263.

Wolchik, S. A., Sandler, I. N., Jones, S., Gonzales, N., Doyle, K., Winslow, E., Zhou, Q., & Braver, S. L. (2009). The New Beginnings Program for divorcing and separating families: Moving from efficacy to effectiveness. *Family Court Review, 47,* 416-435.

Wolfe, V. V., & Birt, J. H. (1997). Child sexual abuse. In E. Mash & L. Terdal (Eds.), *Assessment of childhood disorders,* 3rd ed., (pp. 569-623). New York: Guilford.

Wright, E., Dye, J. D., Jiles, M. E., & Marcello, M. K. (1999). *Empowering gay, lesbian, and bisexual youth: Findings from the Indiana Youth Access Project (Final Evaluation report).* Indianapolis, IN: Indiana University.

Young, B., Dixon-Woods, M., Windridge, K. C., & Heney, D. (2003). Managing
communication with young people who have a potentially life threatening chronic
illness: Qualitative study of patients and parents. *British Medical Journal, 326,* 1-
5. Retrieved June 1, 2013,
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC143524/pdf/305.pdf

Table 1

*Background Characteristics for the Total Sample of Participants (*N *= 43)*

Variable	*M* (*SD*)	Skewness (Kurtosis)	Group Characteristic	Range
Parent's age	39.30 (7.59)	.28 (-.67)	—	29
Parent's gender	1.95 (1.27)	3.08 (10.71)	60.5% Female 32.6% Male	6
Relationship status	—	—	92.4% Currently in a monogamous same-household relationship	1
Level of education	7.47 (1.40)	-.36 (-.79)	30.2% College degree 37.2% Graduate degree	5
Total household income for last year	5.12 (2.38)	.09 (-1.61)	26% $21,000 - $40,000 33% Over $120,000	7
Family's economic class	3.56 (1.18)	1.18 (-.32)	48% Lower middle class	4
Child's age (6-12 years old)	9.53 (2.92)	-.33 (-1.51)	—	6
Child's gender	1.42 (.50)	.34 (-1.98)	58.1% Male	1

Note. Parent's gender was coded 1 = *Male*, 2 = *Female*, 4 = *MTF*, 7 = *Gender queer*; Level of education was coded 1 = *Completed 3 years or less of school*, 6 = *Had some college*, 9 = *Graduate/professional degree (e.g., M.A., Ph.D., MD, JD)*; Total household income for last year was coded 1 = *Under $10,000*, 5 = *$61,000-$80,000*, 8 = *Over $120,000*; Family's economic class was coded 1 = *Upper class*, 3 = *Middle class*, 4 = *Lower middle class*, 6 = *Lower class*; Child's gender was coded 1 = *Male*, 2 = *Female*, 6 = *Intersex*.

Table 2

*Discrimination Event Characteristics for the Total Sample of Participants (*N = 43)*

Variable	*M* (*SD*)	Group Characteristic
Parent was the target	—	35%
Family was the target[a]	—	60%
Child was the target	—	58%
Indirect discrimination – no true target (e.g., child's classmate who has gay parents was being targeted and child became involved, antigay protestors at Pride event where the family was in attendance, family saw/heard antigay gay marriage advertisements together)	—	5%
Discrimination events where child was not present, but parent discussed with child (1 parent)	—	2%
Discrimination events that did not involve the parent	—	0%
School-Based Events (e.g., teachers, staff, coaches, classmates, classmates' parents)	—	33%
Service Providers as perpetrators (e.g., hospital staff/nurses/doctors, store cashiers, wait staff)	—	16%
Family of Origin/Ex-heterosexual Partner/Ex-heterosexual Partner's Family as perpetrators	—	21%
Days between the date of the discrimination event and the date of the interview.	157.40 (109.51)	65.1% Within the last 6 Months
Frequency of the discrimination event	1.65 (.48)	65.1% Isolated
Severity of the discrimination event's effects	2.26 (1.16)	34.9% Not Severe 32.6% Moderately Severe

Note. Frequency of the discrimination event was coded 1 = *Chronic*, 2 = *Isolated*; Severity of the discrimination event's effects was coded 1 = *Not severe – did not have any long-term effects*, 3 = *Moderately severe – caused many problems for a while*, 5 = *Extremely severe = was life-threatening*.

[a]There is some overlap between parent/family as target, as well as child/family as target. Participants endorsed more than one target (i.e., the family was together, but the parent/child was the original target).

Table 3

Psychometric Properties of Outcome Variables for the Total Sample of Participants (N = 43)

Scale or Item	Items	Alpha	Range	Illustrative Items	Skewness (Kurtosis)
Parental Outcomes					
Depression (Log_{10})	11	.93	1 = Rarely (<1 day) 4 = Most (5-7 days) (range: 0.52)	"Feel sad," "Feel lonely"	.56 (-.59)
Parental stress	16	.87	1 = Strongly disagree 5 = Strongly agree (range: 2.0)	"I felt overwhelmed by the responsibility of being a parent."	.45 (-.53)
Parenting self-agency	5	.87	1 = Almost never or never 5 = Almost always or always (range: 2.80)	"I could solve most problems between my child and me."	-.53 (-.15)
Life satisfaction	10	.93	1 = Not at all satisfied 5 = Extremely satisfied (range: 4.0)	"a positive sense of self (self-esteem)"	-.66 (.18)
Child Outcomes					
Child behavior problems	113	.96	0 = Not true 2 = Very true or Often true (Internalizing range: 45.0) (Externalizing range: 48.0)	"Disobedient at home," "Cried a lot," "Argued a lot," "Whining"	Internalizing: .44 (-.31) Externalizing: .62 (.74)
Post-traumatic stress problems (dummy-coded)	14	.79	0 = Not true 2 = Very true or Often true (range: 1.0)	"Nightmares," "Couldn't get mind off certain thoughts," "Nervous," "Felt too guilty"	2.91 (6.75)

Table 4

Optimal Solution Table for Antigay Discrimination Coping Strategies and for Antigay Discrimination Parenting Strategies

Rank	*"What actions did you take to resolve the problems (goals or strategies)?"* Antigay Discrimination Coping Strategies (and Percentage of Cases Mentioning)		*"If you did, how did you explain this experience to your children?"* Antigay Discrimination Parenting Strategies (and Percentage of Cases Mentioning)	
1	Parent-BC: Education Child about Discrimination	(86.0%)	Diverse World/Diverse Opinions	(32.6%)
2	Problem-BC: Planful Problem-solving	(86.0%)	Equality	(30.2%)
3	Parent-BC: Protect Child	(81.4%)	Others Don't Understand/Ignorant	(30.2%)
4	Avoidant/Escape Coping	(67.4%)	Normalize that Others will Disagree and Discriminate	(30.2%)
5	EBC: Venting Self-Emotions	(53.5%)	Protection and Resilience	(27.9%)
6	Positive Reappraisal	(53.5%)	LG Family Pride and Identity Affirmation	(25.6%)
7	Parent-BC: Allow Child to Vent Emotions	(52.1%)	Societal Expectations of Family	(23.3%)
8	EBC: Denial of Self-Emotions	(46.5%)	Ignore Bullying/Passive Action	(20.9%)
9	Problem-BC: Information-seeking	(46.5%)	Personal Philosophy and Family Values	(18.6%)
10	Seeking Social Support	(41.9%)	Support Child is not Alone	(6.10%)
11	Act of Anger: Violence or Aggression	(34.9%)		

Note. EBC = Emotion-based coping; LG = Lesbian and gay; Parent-BC = Parent-based coping; Problem-BC = Problem-based coping.

129

Table 5

Optimal Solution Table for Content in a Lesbian and Gay Parent Training Problem and Parenting Support/Mentorship

Activities

Rank	*"What about <u>content</u> in a parent training program or learning activities that are specific to the needs of LG parents?"*		*"What types of parenting <u>support and/or mentorship</u>?"*	
	Content in a Lesbian and Gay Parent Training Program (and Percentage of Cases Mentioning)		Support/Mentorship Activities in a Lesbian and Gay Parent Training Program (and Percentage of Cases Mentioning)	
1	Information/Materials about LG Families	(53.5%)	Informal Support/Mentorship/Networking with Other LG Families	(90.7%)
2	Coming Out to Your Child/Your Child's Social Milieu	(48.8%)	Parent Training and Child Development Education	(60.5%)
3	LG Parent/Child Social Support/Mentorship	(39.5%)	Support for Children	(25.6%)
4	Medical/Legal Issues	(34.9%)	Coping with Discrimination and Stigma	(20.9%)
5	School Issues	(34.9%)	LG Family Literature/Community Resources	(20.9%)
6	LG Family Pride/Diversity Topics	(27.9%)	Medical Issues/Support	(18.6%)
7	Child Development	(27.9%)	Legal Support	(11.6%)
8	Age-appropriateness of Discussing LG Issues with Your Children	(16.3%)	School Issues/Support	(7.0%)

Note. LG = Lesbian and gay.

Table 6

Rotated Component Matrix for the Thematic Parent Discrimination Coping Actions

*Families (*N = *43)*

Variable	Factor 1[a]	Factor 2[b]	Factor 3[c]
Act of Anger: Violence or Aggression	-.041	*.724*	-.105
Avoidant/Escape Coping	-.143	.078	*.766*
Emotion-BC: Denial of Self-Emotions	.002	-.107	*.927*
Emotion-BC: Venting Self-Emotions	.099	*.690*	-.111
Parent-BC: Allow Child to Vent Emotions	*.737*	-.075	-.218
Parent-BC: Educate Child about Discrimination	*.430*	*-.535*	-.142
Parent-BC: Protect Child	*.529*	.031	*.356*
Positive Reappraisal	.164	*-.358*	-.126
Problem-BC: Information-seeking	*.643*	.024	-.230
Problem-BC: Planful Problem-solving	*.718*	.044	.055
Seeking Social Support	*.311*	*.614*	.202

Note. Numbers in bold/italicized-type indicate item loadings greater than .30 or less than -.30; Emotion-BC = Emotion-based coping; Parent-BC = Parent-based coping; Problem-BC = Problem-based coping.

[a]Problem- and Child-focused Proactive Actions.

[b]Negative Emotion-based Actions.

[c]Avoidant/Escape Coping Actions.

Table 7

Rotated Component Matrix for the Thematic Parent Discrimination Parenting

*Strategies Families (*N = *43)*

Variable	Factor 1[a]	Factor 2[b]	Factor 3[c]
Diverse World/Opinions	*.676*	*.513*	-.185
Equality	*.339*	-.211	*-.526*
Ignore Bullying/Passive Actions	*.813*	.141	.123
Others Don't Understand/Ignorant	*.745*	-.261	-.212
Normalize that Others will Disagree/Discriminate	*.842*	-.113	.269
Personal Philosophy and Family Values Explanation	.042	*.489*	.121
LG Family Pride and Identity Affirmation	*.557*	*-.457*	.190
Protection and Resilience	.023	-.070	*.748*
Societal Expectations of Family	.087	*-.780*	.020
Support that the Child is not Alone	.243	.035	*.544*

Note. Numbers in bold/italicized-type indicate item loadings greater than .30 or less than -.30; LG = Lesbian and gay.

[a]Understanding and Coping with Discrimination Strategies.

[b]Sharing Personal and Family Values Strategies.

[c]Protect/Support Child Strategies.

Table 8

Rotated Component Matrix for the Thematic Lesbian and Gay Parent-training Content

*Families (*N = *43)*

Variable	Factor 1[a]	Factor 2[b]	Factor 3[c]
Age-Appropriateness of Discussing LG Issues with Your Child/ren	.011	*-.640*	-.061
Coming Out to Your Child/Your Child's Social Milieu	*.749*	-.248	-.244
Information/Materials about LG Families	*.359*	*.429*	.119
Medical/Legal Issues	*.720*	.139	-.110
LG Family Pride/Diversity Topics	.242	*-.744*	.254
Child Development	-.233	-.172	*.799*
School Issues	*.616*	-.167	*.445*
LG Parent/Child Social Support/Mentorship	.059	*.339*	*.544*

Note. Numbers in bold/italicized-type indicate item loadings greater than .30 or less than -.30; LG = Lesbian and gay.

[a]Training for Child's Environment and Coming Out.

[b]Parenting Support for Parents.

[c]Child Development/Support.

Table 9

Rotated Component Matrix for the Thematic Lesbian and Gay Parent-training

*Mentorship/Support Families (*N = 43)

Variable	Factor 1[a]	Factor 2[b]
Coping with Discrimination/Stigma	*.786*	.034
Informal Support/Mentorship/Networking with other LG Families	*.357*	*.353*
Legal Support	*.623*	-.080
LG Family Literature/Community Resources	-.196	*.743*
Medical Issues/Support	*.816*	.118
School Issues/Support	.205	*.649*
Support for Child/ren	-.120	*.608*
Parent Training/Child Development Education	*.661*	*-.396*

Note. Numbers in bold/italicized-type indicate item loadings greater than .30 or less than -.30; LG = Lesbian and gay.

[a]Developing Support for LG Parents.

[b]Developing Support for Your Child/ren.

Table 10

Descriptive Statistics and Zero-order Correlations for Demographic Variables, Discrimination Coping Actions Factor Scores,

Associated Parental Outcomes, and Severity and Frequency of the Discrimination Event

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1 Parent's age															
2 Parent's gender	-.29														
3 Parent's education level	.28	-.05													
4 Yearly household income	.10	-.22	.50**												
5 Child's age	.25	-.26	.03	.12											
6 Child's gender	-.10	-.08	-.22	-.06	.17										
7 Problem- and Child-focused proactive actions	.17	-.17	.18	.24	.11	.01									
8 Negative Emotion-based actions	-.20	.22	-.00	-.03	-.30*	.01	-.07								
9 Avoidant/Escape actions	-.11	.19	-.29	-.19	-.29	-.17	-.10	.21							
10 Parental stress	-.18	-.33*	-.03	-.31	.20	.15	-.14	.10	-.01						
11 Parenting self-agency	.28	-.29	.05	.17	-.23	-.14	.16	-.10	-.23	-.65**					
12 Life satisfaction	.16	-.45**	.17	.39**	-.13	.06	.04	-.20	-.16	-.76**	.70**				
13 Depression	-.03	.31*	-.30	-.40**	.05	.19	-.17	.42**	.34*	.48**	-.48**	-.66**			
14 Severity of the discrimination event	-.00	.14	-.09	-.16	.24	.02	-.02	.41**	.31*	.38*	-.59**	-.59**	.67**		
15 Frequency of the discrimination event	.03	-.03	.11	.04	-.15	-.07	.27	-.01	-.07	.00	.25	.09	-.12	.04	
M	39.30	1.95	7.47	5.12	9.53	1.42	.00	.00	.00	49.65	47.88	48.16	1.30	2.26	1.65
SD	7.59	1.27	1.40	2.38	2.29	.50	1.00	1.00	1.00	11.17	10.84	12.00	.15	1.16	.48

Table 11

Descriptive Statistics and Zero-order Correlations for Demographic Variables, Discrimination Parenting Strategies Factor Scores, Associated Parental Outcomes, and Severity and Frequency of the Discrimination Event

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1 Parent's age															
2 Parent's gender	-.29														
3 Parent's education level	.28	-.05													
4 Yearly household income	.10	-.22	.50**												
5 Child's age	.25	-.26	.03	.12											
6 Child's gender	-.10	-.08	-.22	-.06	.17										
7 Understanding/Coping w/ discrimination strategies	.16	-.09	-.22	-.17	.34*	-.12									
8 Sharing personal and family values strategies	.05	.20	.01	-.09	.07	-.07	-.12								
9 Protect and support child strategies	-.05	-.01	-.01	.02	-.02	-.05	.05	.07							
10 Parental stress	-.18	-.33*	-.03	-.31	.20	.15	-.09	.13	-.27						
11 Parenting self-agency	.28	-.29	.05	.17	-.23	-.14	.15	-.05	.15	-.65					
12 Life satisfaction	.16	-.45**	.17	.39**	-.13	.06	-.08	-.02	.14	-.76	.70				
13 Depression	-.03	.31*	-.30	-.40**	.05	.19	.10	-.10	-.18	.48	-.48	-.66			
14 Severity of the discrimination event	-.00	.14	-.09	-.16	.24	.02	.17	-.23	-.11	.38*	--.59**	-.59**	.67**		
15 Frequency of the discrimination event	.03	-.03	.11	.04	-.15	-.07	.29	.09	-.04	.00	.25	.09	-.15	.04	
M	39.30	1.95	7.47	5.12	9.53	1.42	.00	.00	.00	49.65	47.88	48.16	1.30	2.26	1.65
SD	7.59	1.27	1.40	2.38	2.29	.50	1.00	1.00	1.00	11.17	10.84	12.00	.15	1.16	.48

Table 12

Descriptive Statistics and Zero-order Correlations for Demographic Variables, Discrimination Coping Actions Factor Scores,

Associated Child Outcomes, and Severity and Frequency of the Discrimination Event

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1 Parent's age														
2 Parent's gender	-.29													
3 Parent's education level	.28	-.05												
4 Yearly household income	.10	-.22	.50**											
5 Child's age	.25	-.26	.03	.12										
6 Child's gender	-.10	-.08	-.22	-.06	.17									
7 Problem- and Child-focused proactive actions	.17	-.17	.18	.24	.11	.01								
8 Negative Emotion-based actions	-.20	.22	-.00	-.03	-.30*	.01	-.07							
9 Avoidant/Escape actions	-.11	.19	-.29	-.19	-.29	-.17	-.10	.21						
10 Internalizing problems	-.18	-.33*	-.03	-.31	.20	.15	.20	.21	.13					
11 Externalizing problems	.28	-.29	.05	.17	-.23	-.14	-.20	.10	.10	.66**				
12 Post-traumatic stress problems	-.03	.33*	-.33	-.41**	.05	.21	.07	.16	.21	.58**	.58**			
13 Severity of the discrimination event	-.00	.14	-.09	-.16	.24	.02	-.02	.41**	.31*	.50**	.50**	.35		
14 Frequency of the discrimination event	.03	-.03	.11	.04	-.15	-.07	.27	-.01	-.07	-.09	-.10	-.44	.04	
M	39.30	1.95	7.47	5.12	9.53	1.42	.00	.00	.00	49.65	47.88	54.72	2.26	1.65
SD	7.59	1.27	1.40	2.38	2.29	.50	1.00	1.00	1.00	11.17	10.84	7.21	1.16	.48

Table 13

Descriptive Statistics and Zero-order Correlations for Demographic Variables, Discrimination Parenting Strategies Factor Scores, Associated Child Outcomes, and Severity and Frequency of the Discrimination Event

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1 Parent's age														
2 Parent's gender	-.29													
3 Parent's education level	.28	-.05												
4 Yearly household income	.10	-.22	.50**											
5 Child's age	.25	-.26	.03	.12										
6 Child's gender	-.10	-.08	-.22	-.06	.17									
7 Understanding/Coping with discrimination strategies	.16	-.09	-.22	-.17	.34*	-.12								
8 Sharing personal and family values strategies	.05	.20	.01	-.09	.07	-.07	-.12							
9 Protect and support child strategies	-.05	-.01	-.01	.02	-.02	-.05	.05	.07						
10 Internalizing problems	-.16	.25	-.19	-.27	.26	.43**	.02	.06	-.25					
11 Externalizing problems	-.14	.09	-.36*	-.52	.15	.37*	.04	-.04	-.15	.66**				
12 Post-traumatic stress problems	-.20	.34*	-.28	-.27	.11	.34*	-.19	-.04	-.19	.84**	.68**			
13 Severity of the discrimination event	-.00	.14	-.09	-.16	.24	.07	.17	-.23	-.11	.50**	.50**	.47**		
14 Frequency of the discrimination event	.03	-.03	.11	.04	-.15	-.07	.29	.29	-.04	-.09	.25	.05	.04	
M	39.30	1.95	7.47	5.12	9.53	1.42	.00	.00	.00	49.65	47.88	54.72	2.26	1.65
SD	7.59	1.27	1.40	2.38	2.29	.50	1.00	1.00	1.00	11.17	10.84	7.21	1.16	.48

Table 14

Descriptive Statistics and Zero-order Correlations for Thematic Variables: Discrimination Coping Actions and Discrimination Parenting Strategies Factor Scores (N = 43)

	1	2	3	4	5	6
1 Problem- and Child-focused proactive actions						
2 Negative Emotion-based actions	-.07					
3 Avoidant/Escape coping actions	-.10	.21				
4 Understanding/Coping with discrimination strategies	.09	-.21	-.05			
5 Sharing personal and family values strategies	-.18	.00	-.04	-.12		
6 Protect and support child strategies	.29	-.06	.09	.05	.07	
M	.00	.00	.00	.00	.00	.00
SD	1.00	1.00	1.00	1.00	1.00	1.00

Note. Variables included here are those for thematic discrimination coping actions and parenting strategies. Higher scores indicate higher levels of the construct.

Table 15

Descriptive Statistics and Zero-order Correlations for Discrimination Coping Actions Thematic Variables and Associated

Parental Outcomes

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1 Act of anger: Violence/aggression															
2 Avoidant/escape	.21														
3 Denial of self-emotions	-.09	.57**													
4 Vent self-emotions	.26	-.01	.04												
5 Allow child to express emotions	-.16	-.23	-.28	.01											
6 Education child about event	-.21	-.23	-.15	-.20	.52**										
7 Protect child	.09	.06	.16	.07	.15	-.04									
8 Positive reappraisal	-.35*	-.18	-.16	.08	.09	.31*	.03								
9 Information-seeking	.06	-.25	-.26	-.23	.45**	.23	.23	.13							
10 Planful problem-solving	-.04	-.22	-.00	.07	.36*	.25	.29	.00	.26						
11 Seeking social support	.16	.24	.24	.41**	.12	-.27	-.06	-.04	.15	.11					
12 Parental stress	.16	.00	.06	.10	.04	-.09	-.09	-.20	-.16	-.10	-.13				
13 Parenting self-agency	-.14	-.38*	-.09	.13	-.04	.19	-.08	.34*	.07	.25	.06	-.66**			
14 Life satisfaction	-.20	-.20	-.07	-.21	-.02	.15	-.25	.13	.11	.11	.08	-.76**	.70**		
15 Depression	.29	.25	.29	.33*	-.13	-.37*	.27	-.30	-.25	-.18	.08	.48**	-.48**	-.66**	
M	.77	1.33	.93	1.09	1.26	2.26	2.02	1.16	1.05	2.28	.95	2.00	4.05	3.55	1.30
SD	1.15	1.21	1.14	1.21	1.35	1.16	1.18	1.27	1.29	1.16	1.27	.55	.76	.91	.15

Table 16

Descriptive Statistics and Zero-order Correlations for Discrimination Parenting Strategies Thematic Variables and Associated Parental Outcomes

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1 Diverse World/Opinions														
2 Equality	.15													
3 Ignore bully/Passive actions	.35*	.00												
4 Others don't understand/ignorant	.24	.34*	.60**											
5 Normalize discrimination	.38*	.07	.73**	.58**										
6 Personal philosophy/ Family values explanation	.16	-.11	-.03	-.18	.02									
7 LG family pride and identity affirmation	.16	.28	.31*	.38*	.62**	-.06								
8 Protection and resilience	.00	-.08	.10	-.07	.20	.12	.10							
9 Societal expectations of family	-.11	.14	-.01	.30	.25	-.10	.36*	.04						
10 Support child is not alone	.14	-.05	.16	.09	.23	-.11	.24	.21	-.12					
11 Parental stress	.02	.13	-.08	-.09	-.15	.06	-.18	-.29	-.11	-.06				
12 Parenting self-agency	.15	.01	.08	.07	.13	.00	.19	.24	.07	.03	-.66**			
13 Life satisfaction	-.01	-.17	-.07	-.06	-.03	.08	.00	.21	.10	-.13	-.76**	.70**		
14 Depression	-.00	.19	.12	.17	.05	-.18	-.04	-.03	.01	-.13	.48**	-.48**	-.66**	
M	.77	.63	.51	.53	.67	.33	.49	.72	.42	.16	2.00	4.05	3.55	1.30
SD	1.21	1.09	1.03	.93	1.17	.78	.98	1.24	.88	.65	.55	.76	.91	.15

141

Table 17

Descriptive Statistics and Zero-order Correlations for Discrimination Coping Actions Thematic Variables and Associated

Child Outcomes

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1 Act of anger: Violence/aggression														
2 Avoidant/escape	.21													
3 Denial of self-emotions	.09	.57												
4 Vent self-emotions	.26	.01	.04											
5 Allow child to express emotions	.16	.23	.28	.01										
6 Education child about event	.21	.23	.15	.20	.52									
7 Protect child	.09	.06	.16	.07	.15	.04								
8 Positive reappraisal	.35	.18	.16	.08	.09	.31	.03							
9 Information-seeking	.06	.25	.26	.23	.45	.23	.23	.13						
10 Planful problem-solving	.04	.22	.00	.07	.36	.25	.29	.00	.26					
11 Seeking social support	.16	.24	.24	.41	.12	.27	.06	.04	.15	.11				
12 Internalizing problems	.26	.26	.07	.15	.01	.08	.00	.27	.22	.28	.04			
13 Externalizing problems	.11	.19	.06	.12	.00	.11	.00	.19	.24	.20	.14	.66		
14 Post-traumatic stress problems	.16	.31	.11	.15	.06	.12	.16	.27	.24	.21	.06	.84	.68	
M	.77	1.33	.93	1.09	1.26	2.26	2.02	1.16	1.05	2.28	.95	49.65	47.88	54.72
SD	1.15	1.21	1.14	1.21	1.35	1.16	1.18	1.27	1.29	1.16	1.27	11.17	10.84	7.21

Table 18

Descriptive Statistics and Zero-order Correlations for Discrimination Parenting Strategies Thematic Variables and

Associated Parental Outcomes

	1	2	3	4	5	6	7	8	9	10	11	12	13
1 Diverse World/Opinions													
2 Equality	.15												
3 Ignore bully/Passive actions	.35*	.00											
4 Others don't understand/ignorant	.24	.34*	.60**										
5 Normalize discrimination	.38*	.07	.73**	.58**									
6 Personal philosophy/ Family values explanation	.16	-.11	-.03	-.18	.02								
7 LG family pride and identity affirmation	.16	.28	.31*	.38*	.62**	-.06							
8 Protection and resilience	.00	-.08	.10	-.07	.20	.12	.10						
9 Societal expectations of family	-.11	.14	-.01	.30	.25	-.10	.36*	.04					
10 Support child is not alone	.14	-.05	.16	.09	.23	-.11	.24	.21	-.12				
11 Internalizing problems	.06	.09	.09	.08	-.05	-.15	-.15	-.12	-.11.	-.23			
12 Externalizing problems	-.03	.14	.04	.08	.04	-.08	-.05	-.13	-.01	-.01	.67**		
13 Post-traumatic stress problems	-.20	.06	-.10	-.10	-.19	-.17	-.14	-.15	-.11	-.15	.84**	.68*	
M	.77	.63	.51	.53	.67	.33	.49	.72	.42	.16	49.65	47.88	54.72
SD	1.21	1.09	1.03	.93	1.17	.78	.98	1.24	.88	.65	11.17	10.84	7.21

Table 19

Predicting Parent Depressive Symptoms from Demographic Variables, Discrimination

Coping Actions Factor Scores, and the Severity of the Discrimination Event

	B	SE	β	
Step 1				
Parent's current age	.00	.00	.12	
Parent's gender	.04	.02	.32[**]	
Parent's education	-.02	.02	-.15	
Yearly household income	-.02	.01	-.28	
Child's age	.01	.01	.11	
Child's gender	.05	.04	.16	$R^2 = .29$
Step 2				
Parent's current age	.00	.00	.16	
Parent's gender	.03	.02	.23	
Parent's education	-.01	.02	-.08	
Yearly household income	-.02	.01	-.28	
Child's age	.02	.01	.28[*]	
Child's gender	.06	.04	.18	
Problem- and child-focused proactive actions	-.01	.02	-.05	
Negative Emotion-based actions	.06	.02	.41[***]	
Avoidant/Escape coping actions	.04	.02	.26	$\Delta R^2 = .23$
Step 3				
Parent's current age	.00	.00	.15	
Parent's gender	.02	.01	.19	
Parent's education	-.01	.01	-.11	
Yearly household income	-.01	.01	-.20	
Child's age	-.00	.01	-.01	
Child's gender	.06	.03	.19	
Problem- and child-focused proactive actions	-.01	.02	-.04	
Negative Emotion-based actions	.03	.02	.17	
Avoidant/Escape coping actions	.01	.02	.07	
Severity of the discrimination event	.07	.02	.52[***]	
Frequency of the discrimination event (Isolated or Chronic)	-.03	.04	-.10	$\Delta R^2 = .14$

Note. $N = 43$. [*]$p = .05$; [**]$p < .05$; [***]$p < .01$.

Table 20

Predicting Parent Depressive Symptoms from Demographic Variables, Discrimination

Parenting Strategies Factor Scores, and the Severity of the Discrimination Event

	B	SE	β	
Step 1				
Parent's current age	.00	.00	.12	
Parent's gender	.04	.02	.32**	
Parent's education	-.02	.02	-.15	
Yearly household income	-.02	.01	-.28	
Child's age	.01	.01	.11	
Child's gender	.05	.04	.16	$R^2 = .29$
Step 2				
Parent's current age	.00	.00	.14	
Parent's gender	.04	.02	.36**	
Parent's education	-.02	.02	-.15	
Yearly household income	-.02	.01	-.29	
Child's age	.01	.01	.14	
Child's gender	.04	.05	.14	
Understanding and coping with discrimination strategies	-.00	.03	-.02	
Sharing personal and family values strategies	-.03	.02	-.19	
Protect/Support child strategies	-.02	.02	-.14	$\Delta R^2 = .06$
Step 3				
Parent's current age	.00	.00	.12	
Parent's gender	.02	.01	.18	
Parent's education	-.01	.01	-.10	
Yearly household income	-.01	.01	-.17	
Child's age	-.06	.01	-.16	
Child's gender	.06	.01	.16	
Understanding and coping with discrimination strategies	.01	.02	.07	
Sharing personal and family values strategies	.01	.02	.05	
Protect/Support child strategies	-.02	.02.	-.10	
Severity of the discrimination event	.08	.02	.64***	
Frequency of the discrimination event (Isolated or Chronic)	-.05	.04	-.17	$\Delta R^2 = .31$

Note. N = 43. **p < .05; ***p < .01.

Table 21

Predicting Parental Stress from Demographic Variables, Discrimination Coping

Actions Factor Scores, and the Severity of the Discrimination Event

	B	SE	β	
Step 1				
Parent's current age	-.14	.01	-.20	
Parent's gender	.13	.64	.30[*]	
Parent's education	.10	.07	.26	
Yearly household income	-.90	.04	-.39[**]	
Child's age	.08	.04	.35[**]	
Child's gender	.13	.16	.12	$R^2 = .34$
Step 2				
Parent's current age	-.01	.01	-.19	
Parent's gender	.12	.07	.28	
Parent's education	.11	.07	.27	
Yearly household income	-.09	.04	-.38[**]	
Child's age	.09	.04	.38[**]	
Child's gender	.14	.17	.19	
Problem- and child-focused proactive actions	-.03	.08	-.05	
Negative Emotion-based actions	.05	.08	.09	
Avoidant/Escape coping actions	.02	.09	.04	$\Delta R^2 = .01$
Step 3				
Parent's current age	-.01	.01	-.19	
Parent's gender	.11	.07	.26	
Parent's education	.10	.07	.25	
Yearly household income	-.08	.04	-.33	
Child's age	.06	.05	.24	
Child's gender	.14	.17	.13	
Problem- and child-focused proactive actions	-.04	.08	-.08	
Negative Emotion-based actions	-.02	.10	-.04	
Avoidant/Escape coping actions	-.03	.10	-.06	
Severity of the discrimination event	.14	.09	.29	
Frequency of the discrimination event (Isolated or Chronic)	.06	.17	.05	$\Delta R^2 = .05$

Note. N = 43. [*]p = .05; [**]p < .05.

Table 22

Predicting Parental Stress from Demographic Variables, Discrimination Parenting

Strategies Factor Scores, and the Severity of the Discrimination Event

	B	SE	β	
Step 1				
Parent's current age	-.14	.01	-.20	
Parent's gender	.13	.64	.30*	
Parent's education	.10	.07	.26	
Yearly household income	-.90	.04	-.39**	
Child's age	.08	.04	.35**	
Child's gender	.13	.16	.12	$R^2 = .34$
Step 2				
Parent's current age	-.01	.01	-.20	
Parent's gender	.12	.06	.29	
Parent's education	.08	.07	.21	
Yearly household income	-.09	.04	-.40**	
Child's age	.10	.04	.41**	
Child's gender	.07	.16	.07	
Understanding and coping with discrimination strategies	-.10	.09	-.17	
Sharing personal and family values strategies	.01	.08	.03	
Protect/Support child strategies	-.14	.07	-.25	$\Delta R^2 = .09$
Step 3				
Parent's current age	-.01	.01	-.19	
Parent's gender	.10	.07	.23	
Parent's education	.07	.07	.19	
Yearly household income	-.08	.04	-.37**	
Child's age	.07	.04	.36**	
Child's gender	.08	.16	.07	
Understanding and coping with discrimination strategies	-.13	.10	-.23	
Sharing personal and family values strategies	.05	.08	.08	
Protect/Support child strategies	-.12	.07	-.22	
Severity of the discrimination event	.12	.07	.25	
Frequency of the discrimination event (Isolated or Chronic)	.12	1.17	.11	$\Delta R^2 = .06$

Note. $N = 43$. *$p = .05$; **$p < .05$.

Table 23

Predicting Parenting Self-agency from Demographic Variables, Discrimination Coping

Actions Factor Scores, and the Severity of the Discrimination Event

	B	SE	β	
Step 1				
Parent's current age	.03	.07	.31	
Parent's gender	-.17	.09	-.28	
Parent's education	-.09	.09	-.16	
Yearly household income	.06	.05	.20	
Child's age	-.13	.05	-.39**	
Child's gender	-.13	.22	-.09	$R^2 = .30$
Step 2				
Parent's current age	.03	.02	.32**	
Parent's gender	-.13	.09	-.22	
Parent's education	-.15	.10	-.28	
Yearly household income	.06	.05	.19	
Child's age	-.16	.05	-.48***	
Child's gender	-.23	.22	-.15	
Problem- and child-focused proactive actions	.06	.11	.09	
Negative Emotion-based actions	.03	.11	.05	
Avoidant/Escape coping actions	-.26	.12	-.34**	$\Delta R^2 = .11$
Step 3				
Parent's current age	.03	.01	.33**	
Parent's gender	-.10	.08	-.17	
Parent's education	-.13	.08	-.25	
Yearly household income	.03	.04	.10	
Child's age	-.04	.05	-.11	
Child's gender	-.22	.18	-.15	
Problem- and child-focused proactive actions	.03	.09	.04	
Negative Emotion-based actions	.19	.11	.25	
Avoidant/Escape coping actions	-.09	.11	-.11	
Severity of the discrimination event	-.41	.10	-.61***	
Frequency of the discrimination event (Isolated or Chronic)	.38	.19	.24	$\Delta R^2 = .22$

Note. $N = 43$. **$p < .05$; ***$p < .01$.

Table 24

Predicting Parenting Self-agency from Demographic Variables, Discrimination

Parenting Strategies Factor Scores, and the Severity of the Discrimination Event

	B	SE	β	
Step 1				
Parent's current age	.03	.07	.31	
Parent's gender	-.17	.09	-.28	
Parent's education	-.09	.09	-.16	
Yearly household income	.06	.05	.20	
Child's age	-.13	.05	-.39**	
Child's gender	-.13	.22	-.09	$R^2 = .30$
Step 2				
Parent's current age	.03	.02	.28	
Parent's gender	-.17	.09	-.28	
Parent's education	-.05	.10	-.09	
Yearly household income	.07	.05	.23	
Child's age	-.16	.05	-.49**	
Child's gender	-.01	.23	-.01	
Understanding and coping with discrimination strategies	.20	.13	.27	
Sharing personal and family values strategies	.05	.11	.07	
Protect/Support child strategies	.10	.11	.13	$\Delta R^2 = .07$
Step 3				
Parent's current age	.03	.01	.30**	
Parent's gender	-.07	.08	-.11	
Parent's education	-.08	.08	-.15	
Yearly household income	.04	.04	.12	
Child's age	-.07	.05	-.20	
Child's gender	-.11	.19	-.07	
Understanding and coping with discrimination strategies	.12	.11	.15	
Sharing personal and family values strategies	-.13	.10	-.16	
Protect/Support child strategies	.08	.09	.10	
Severity of the discrimination event	-.38	.08	-.57***	
Frequency of the discrimination event (Isolated or Chronic)	.33	.21	.21	$\Delta R^2 = .26$

Note. $N = 43$. **$p < .05$; ***$p < .01$.

Table 25

Predicting Parental Life Satisfaction from Demographic Variables, Discrimination

Coping Actions Factor Scores, and the Severity of the Discrimination Event

	B	SE	β	
Step 1				
Parent's current age	.01	.02	.10	
Parent's gender	-.31	.10	-.43[**]	
Parent's education	-.01	.11	-.02	
Yearly household income	.13	.06	.34[**]	
Child's age	-.13	.06	-.32[**]	
Child's gender	.20	.25	.11	$R^2 = .39$
Step 2				
Parent's current age	.01	.02	.09	
Parent's gender	-.29	.11	-.40[**]	
Parent's education	-.02	.11	-.02	
Yearly household income	.14	.06	.36[**]	
Child's age	-.15	.06	-.39[**]	
Child's gender	.21	.26	.11	
Problem- and child-focused proactive actions	-.10	.13	-.11	
Negative Emotion-based actions	-.18	.13	-.19	
Avoidant/Escape coping actions	-.07	.14	-.07	$\Delta R^2 = .05$
Step 3				
Parent's current age	.01	.02	.10[**]	
Parent's gender	-.26	.09	-.36	
Parent's education	.01	.10	.01	
Yearly household income	.11	.05	.28	
Child's age	-.03	.06	-.07	
Child's gender	.21	.23	.11	
Problem- and child-focused proactive actions	-.11	.11	-.12	
Negative Emotion-based actions	.07	.13	.07	
Avoidant/Escape coping actions	.11	.13	.12	
Severity of the discrimination event	-.44	.12	-.55[***]	
Frequency of the discrimination event (Isolated or Chronic)	.24	.23	.13	$\Delta R^2 = .16$

Note. $N = 43$. [**]$p < .05$; [***]$p < .01$.

Table 26

Predicting Parental Life Satisfaction from Demographic Variables, Discrimination

Parenting Strategies Factor Scores, and the Severity of the Discrimination Event

	B	SE	β	
Step 1				
Parent's current age	.01	.02	.10	
Parent's gender	-.31	.10	-.43**	
Parent's education	-.01	.11	-.02	
Yearly household income	.13	.06	.34**	
Child's age	-.13	.06	-.32**	
Child's gender	.20	.25	.11	$R^2 = .39$
Step 2				
Parent's current age	.01	.02	.08	
Parent's gender	-.33	.11	-.46***	
Parent's education	.06	.11	.01	
Yearly household income	.14	.06	.35**	
Child's age	-.15	.06	-.37**	
Child's gender	.27	.27	.15	
Understanding and coping with discrimination strategies	.08	.14	.08	
Sharing personal and family values strategies	.12	.13	.13	
Protect/Support child strategies	.11	.12	.12	$\Delta R^2 = .04$
Step 3				
Parent's current age	.01	.02	.09	
Parent's gender	-.24	.10	-.33**	
Parent's education	-.01	.10	-.02	
Yearly household income	.10	.06	.27	
Child's age	-.07	.06	-.18	
Child's gender	.20	.24	.11	
Understanding and coping with discrimination strategies	.05	.14	.05	
Sharing personal and family values strategies	-.03	.12	-.03	
Protect/Support child strategies	.08	.11	.10	
Severity of the discrimination event	-.37	.11	-.47***	
Frequency of the discrimination event (Isolated or Chronic)	.12	.26	.06	$\Delta R^2 = .16$

Note. N = 43. **$p < .05$; ***$p < .01$.

Table 27

Predicting Child Internalizing Behavior Problems from Demographic Variables,

Discrimination Coping Actions Factor Scores, and the Severity of the Discrimination

Event

	B	SE	β	
Step 1				
Parent's current age	-.16	.22	-.11	
Parent's gender	2.45	1.26	.28	
Parent's education	.36	1.29	.05	
Yearly household income	-1.10	.74	-.23	
Child's age	1.55	.69	.32**	
Child's gender	8.51	3.07	.38**	$R^2 = .39$
Step 2				
Parent's current age	-.13	.21	-.09	
Parent's gender	1.89	1.22	.22	
Parent's education	.92	1.29	.12	
Yearly household income	-1.03	.71	-.22	
Child's age	2.07	.69	.43**	
Child's gender	9.15	3.00	.41**	
Problem- and child-focused proactive actions	-1.51	1.46	-.14	
Negative Emotion-based actions	2.32	1.51	.21	
Avoidant/Escape coping actions	2.36	1.59	.21	$\Delta R^2 = .10$
Step 3				
Parent's current age	-.13	.20	-.09	
Parent's gender	1.65	1.19	.19	
Parent's education	.73	1.25	.09	
Yearly household income	-.76	.70	-.16	
Child's age	1.25	.81	.26	
Child's gender	9.26	2.91	.41***	
Problem- and child-focused proactive actions	-1.71	1.47	-.15	
Negative Emotion-based actions	.56	1.71	.05	
Avoidant/Escape coping actions	1.13	1.67	.10	
Severity of the discrimination event	3.22	1.60	.33*	
Frequency of the discrimination event (Isolated or Chronic)	.54	3.03	.02	$\Delta R^2 = .06$

Note. N = 43. *p = .05; **p < .05; ***p < .01.

Table 28

Predicting Child Internalizing Behavior Problems from Demographic Variables,

Discrimination Parenting Strategies Factor Scores, and the Severity of the

Discrimination Event

	B	SE	β	
Step 1				
Parent's current age	-.16	.22	-.11	
Parent's gender	2.45	1.26	.28	
Parent's education	.36	1.29	.05	
Yearly household income	-1.10	.74	-.23	
Child's age	1.55	.69	.32**	
Child's gender	8.51	3.07	.38**	$R^2 = .39$
Step 2				
Parent's current age	-.18	.22	-.12	
Parent's gender	2.38	1.30	.27	
Parent's education	.26	1.33	.03	
Yearly household income	-1.07	.74	-.23	
Child's age	1.58	.75	.32**	
Child's gender	8.09	3.21	.36**	
Understanding and coping with discrimination strategies	-.27	1.73	-.02	
Sharing personal and family values strategies	.15	1.56	.01	
Protect/Support child strategies	-2.48	1.48	-.22	$\Delta R^2 = .05$
Step 3				
Parent's current age	-.19	.20	-.13	
Parent's gender	1.31	1.21	.15	
Parent's education	.46	1.21	.06	
Yearly household income	-.70	.67	-.15	
Child's age	.67	.78	.14	
Child's gender	8.93	2.89	.40***	
Understanding and coping with discrimination strategies	.18	1.75	.02	
Sharing personal and family values strategies	1.90	1.53	.17	
Protect/Support child strategies	-2.18	1.33	-.20	
Severity of the discrimination event	4.24	1.30	.44***	
Frequency of the discrimination event (Isolated or Chronic)	-1.67	3.19	-.07	$\Delta R^2 = .14$

Note. $N = 43$. **$p < .05$; ***$p < .01$.

153

Table 29

Predicting Child Externalizing Behavior Problems from Demographic Variables,

Discrimination Coping Actions Factor Scores, and the Severity of the Discrimination

Event

	B	SE	β	
Step 1				
Parent's current age	-.13	.20	-.09	
Parent's gender	.25	1.19	.03	
Parent's education	-.19	1.21	-.02	
Yearly household income	-2.27	.69	-.50***	
Child's age	.87	.65	.18	
Child's gender	6.42	2.90	.30**	$R^2 = .42$
Step 2				
Parent's current age	-.11	.21	-.08	
Parent's gender	-.03	1.23	-.00	
Parent's education	.06	1.30	.01	
Yearly household income	-1.03	.72	-.49***	
Child's age	-2.22	.70	-.24	
Child's gender	6.67	3.03	.31**	
Problem- and child-focused proactive actions	-.88	1.47	-.08	
Negative Emotion-based actions	1.18	1.52	.11	
Avoidant/Escape coping actions	1.00	1.60	.09	$\Delta R^2 = .03$
Step 3				
Parent's current age	-.12	.18	-.08	
Parent's gender	-.42	1.09	-.05	
Parent's education	-.19	1.14	-.03	
Yearly household income	-1.83	.64	-.40**	
Child's age	-.28	.74	-.06	
Child's gender	6.74	2.66	.31**	
Problem- and child-focused proactive actions	-.87	1.34	-.08	
Negative Emotion-based actions	-1.62	1.56	-.15	
Avoidant/Escape coping actions	-1.05	1.53	-.10	
Severity of the discrimination event	5.06	1.47	.54***	
Frequency of the discrimination event (Isolated or Chronic)	-1.64	2.78	-.07	$\Delta R^2 = .15$

*Note. N = 43. **p < .05; ***p < .01.*

154

Table 30

Predicting Child Externalizing Behavior Problems from Demographic Variables,

Discrimination Parenting Strategies Factor Scores, and the Severity of the

Discrimination Event

	B	SE	β	
Step 1				
Parent's current age	-.13	.20	-.09	
Parent's gender	.25	1.19	.03	
Parent's education	-.19	1.21	-.02	
Yearly household income	-2.27	.69	-.50***	
Child's age	.87	.65	.18	
Child's gender	6.42	2.90	.30**	$R^2 = .42$
Step 2				
Parent's current age	-.11	.21	-.08	
Parent's gender	.39	1.25	.05	
Parent's education	-.37	1.28	.05	
Yearly household income	-2.32	.72	-.51***	
Child's age	1.07	.73	.23	
Child's gender	5.70	3.09	.26	
Understanding and coping with discrimination strategies	-.92	1.67	-.09	
Sharing personal and family values strategies	-.92	1.50	-.09	
Protect/Support child strategies	-1.17	1.42	-.11	$\Delta R^2 = .02$
Step 3				
Parent's current age	-.13	.19	-.09	
Parent's gender	-.64	1.16	-.08	
Parent's education	-.19	1.16	-.02	
Yearly household income	-1.97	.65	-.43**	
Child's age	.20	.74	.04	
Child's gender	6.50	2.77	.30**	
Understanding and coping with discrimination strategies	-.54	1.68	-.05	
Sharing personal and family values strategies	.77	1.46	.07	
Protect/Support child strategies	-.87	1.27	-.08	
Severity of the discrimination event	4.13	1.25	.44***	
Frequency of the discrimination event (Isolated or Chronic)	-1.42	3.01	-.06	$\Delta R^2 = .15$

Note. $N = 43$. **$p < .05$; ***$p < .01$.

155

Table 31

Predicting Child Post-traumatic Stress Problems from Demographic Variables,

Discrimination Coping Actions Factor Scores, and the Severity of the Discrimination

Event

	B	SE	β	
Step 1				
Parent's current age	.00	.01	.00	
Parent's gender	.08	.04	.34[**]	
Parent's education	.01	.04	.06	
Yearly household income	-.03	.02	-.21	
Child's age	.02	.02	.14	
Child's gender	.13	.09	.22	$R^2 = .22$
Step 2				
Parent's current age	.00	.01	.00	
Parent's gender	.07	.04	.30	
Parent's education	.03	.04	.14	
Yearly household income	-.03	.02	-.22	
Child's age	.03	.02	.22	
Child's gender	.15	.09	.26	
Problem- and child-focused proactive actions	.01	.05	.02	
Negative Emotion-based actions	.03	.05	.10	
Avoidant/Escape coping actions	.07	.05	.24	$\Delta R^2 = .06$
Step 3				
Parent's current age	.00	.01	.01	
Parent's gender	.06	.03	.27	
Parent's education	.03	.04	.14	
Yearly household income	-.02	.02	-.20	
Child's age	-.01	.02	-.04	
Child's gender	.14	.08	.24	
Problem- and child-focused proactive actions	.04	.04	.14	
Negative Emotion-based actions	-.02	.05	-.06	
Avoidant/Escape coping actions	.03	.05	.09	
Severity of the discrimination event	.08	.05	.32	
Frequency of the discrimination event (Isolated or Chronic)	-.29	.09	-.47[***]	$\Delta R^2 = .21$

Note. $N = 43$. [**]$p < .05$; [***]$p < .01$.

Table 32

Predicting Child Post-traumatic Stress Problems from Demographic Variables,

Discrimination Parenting Strategies Factor Scores, and the Severity of the

Discrimination Event

	B	SE	β	
Step 1				
Parent's current age	.00	.01	.00	
Parent's gender	.08	.04	.34[**]	
Parent's education	.01	.04	.06	
Yearly household income	-.03	.02	-.21	
Child's age	.02	.02	.14	
Child's gender	.13	.09	.22	$R^2 = .22$
Step 2				
Parent's current age	.00	.01	.04	
Parent's gender	.08	.04	.36	
Parent's education	-.01	.04	-.03	
Yearly household income	-.03	.02	-.26	
Child's age	.04	.02	.28	
Child's gender	.07	.09	.12	
Understanding and coping with discrimination strategies	-.10	.05	-.33	
Sharing personal and family values strategies	-.04	.05	-.13	
Protect/Support child strategies	-.04	.04	-.14	$\Delta R^2 = .11$
Step 3				
Parent's current age	.00	.01	.02	
Parent's gender	.05	.04	.08[**]	
Parent's education	.02	.04	.08	
Yearly household income	-.02	.02	-.17	
Child's age	.00	.02	.00	
Child's gender	.11	.08	.19	
Understanding and coping with discrimination strategies	-.03	.50	-.11	
Sharing personal and family values strategies	.02	.04	.07	
Protect/Support child strategies	-.05	.04	-.15	
Severity of the discrimination event	.08	.04	.33[**]	
Frequency of the discrimination event (Isolated or Chronic)	-.25	.09	-.41[**]	$\Delta R^2 = .17$

Note. $N = 43$. [**]$p < .05$.

157

Table 33

Contrasting Groups Storyline Statement for the Eight Highest and Lowest Cases on

Parental Depressive Symptoms

Case number	CES-D Depression Total Score (Log_{10})	Quoted Statement for Negative Emotion-based Coping Actions	Storyline
Highest cases on parental depressive symptoms			
JE4928	43 (1.63)	• "you just feel like there is nothing you can do" • "you just feel defeated" • "We moved out, but we had to go from house to house"	*Storyline 1:* Lesbian and gay parents who utilize negative emotion-based coping may engage in physical aggression or intimidation, vent negative emotions to others including the perpetrator, and have difficulties with their social support systems, and in turn experience *high* levels of depressive symptoms as associated with being a victim of an antigay discrimination event.
LN0480	38 (1.58)	• "I couldn't function" • "I *tried* to maintain a relationship with my parents"	
CD8902	37 (1.57)	• "We were gonna fight" "We freaked out!"	
HH0274	37 (1.57)	• "I wanted to beat the crap out of him" • "I wanted to go over and yell at this guy"	
YI7760	34 (1.53)	• "I was literally at the point where I wanted to throw my silverware across the room at them"	
GL0032	32 (1.51)	• "I was very upset about it" • "I like physically just [exhaled] dropped down"	
HL9877	31 (1.49)	• "I told him [son] that it doesn't bother me"	
KG1216	28 (1.45)		
Lowest cases on parental depressive symptoms			
VD3990	13 (1.11)	• "we processed it together [partner/self]"	*Storyline 2:* By contrast, those lesbian and gay parents who utilize similar strategies, do so in a more adaptive way, or view these actions in a more positive light. In terms of aggression, these parents may stand up for themselves and use assertive strategies rather than aggression, they will vent more positive-type emotions such as pride and empathy, they also engage in positive reappraisal of the event, and use the discrimination event as a teachable moment for their children. As such, lesbian and gay parents who engage in these forms of adaptive coping are associated with *low* levels depressive symptoms that are associated with discrimination.
SD2980	13 (1.11)	• "we talk immediately" • "we hit it [discrimination] head on" • "we talk to the kids about appropriate and inappropriate behavior – it's not about the gay issue"	
NR8633	13 (1.11)	• "[son's name], to some extent stood up to 'em" • "Applauded him for standing up for his friend" • "how it's hard to stand up sometimes, but it's the right thing to do"	
JG0599	13 (1.11)	• "[I] told my son, I'm glad he told the teacher" • "[through discrimination] it's my goal in life to educate people about what being gay is all about"	
GS8786	13 (1.11)	• "I told her straight out that this was our family" • "We said, 'No. This *is* our family, right here! We're together…. These are our kids'"	
FY5753	13 (1.11)	• "We talked about how they [protestors] have a right to do that" • "we tried to keep the conversation very non-judgmental" • "giving her [daughter] the opportunity to come to her own conclusions"	
EP6104	13 (1.11)	• "We had *the* conversation with them" • "We discussed [discrimination] with them [children]"	
XX5707	14 (1.15)	• "she [daughter] stood up for herself" • "I talked about it with my wife" • "we had a family meeting"	

Table 34

Contrasting Groups Storyline Statement for the Eight Highest and Lowest Cases on

Parenting Self-agency

Case number	Parenting Self-agency *M* Score	Quoted Statement for Avoidant/Escape Coping Actions	Storyline
Highest cases on parental self-agency			
EP6104	5.00	• "We explained to them that some people don't like our lifestyle, and that is okay" • "They [the children] kinda forgot about once the parade started"	*Storyline 1:* Lesbian and gay parents who utilize avoidant/escape coping actions may protect their children from the effects of discrimination and their own negative responses to discrimination, provide their children with coping skills or a plan of action in the case of family attack, and provide their children with an openness to discuss discrimination issues, and in turn experience *high* levels of parenting self-agency as associated with being a victim of an antigay discrimination event.
GL0032	5.00	• "I wanted to get her [daughter] safe again" • "I was trying to tell him how his [ex-husband] comments affect her [daughter]"	
JG0599	5.00	• "I don't know what they are afraid of, it's not like we have extra arms or legs" • "[didn't take any actions to resolve it] only if it happens again" • "I told him to talk to his teacher"	
MV7032	5.00	• "I talk to him [son] about this [discrimination] a lot, and that I'm always willing to listen to anything and no matter what he's still my son and I'm going to love him no matter what"	
NY8964	5.00	• "I never let it [verbal abuse from neighbors] involve my child" • "I just rushed my son into the apartment" • "We had a secret knock, a secret word that he [son] would know to open the door"	
SD2980	5.00	• "we dealt with it in a very non-emotional way" • "we always try to down play it [gay discrimination]" • "we never go there [negative comments about gays are about their father]"	
WV3385	5.00	• "just watching the psychologist stumble, not knowing what to say and do" • "I was able to save her and explain what she couldn't ask or was uncomfortable asking"	
XX5707	5.00	• "She [daughter] didn't want any further intervention [from me]" • "I encouraged her to continue talking to us about these issues"	
Lowest cases on parental self-agency			
LN0480	2.20	• "Well, I mean, [we did] nothing [in the court]" • "I didn't do anything" • "my relationship with my parents is over now" • "I don't talk to them anymore"	*Storyline 2:* By contrast, those lesbian and gay parents who utilize similar strategies do so in a more maladaptive way. Some may completely avoid the situation altogether or escape the situation, some may do so as they feel unprepared to discuss discrimination with
JE4928	2.40	• "I ended my relationship with her" • "I just started that [heterosexual] relationship to make everyone happy" • "I wanted to be seen as *normal*"	
CD8902	2.40	• "Renting a car and driving across the nation, instead of getting on the plane" • "the strategy was kinda… not rock the boat"	
ST0985	3.00	• "I didn't do anything" • "I answered the phone call when it came from the principle" • "I told him [son] I'm not taking you to the park so you can	

		fight"	their children, or they
XK9520	3.20	• "I tried to just shut the conversation down"	stated that they did
		• "not talk about it [discrimination] anymore"	nothing. As such,
		• "I would just say, I can't talk about this"	lesbian and gay
LI8376	3.20	• "I told him, when it's just the two of us, we can talk about it, we, the family, can discuss it later"	parents who engage in these forms of
		• "I didn't want to give the other kids gay education"	avoidant/escape
		• "I told them to ask their mom"	coping were
HH0274	3.40		associated with *low*
BI4454	3.40	• "I didn't really take any action with the neighbors"	levels of parenting self-agency that are associated with discrimination.

160

Table 35

Contrasting Groups Storyline Statement for the Four-highest (Clinically Significant)

and -lowest Cases on Child Post-traumatic Stress Problems (PTSP)

Case number	PTSP Total Score (dummy code)	Quoted Statement for Understanding and Coping with Discrimination Parenting Strategy	Storyline
Highest cases on child post-traumatic stress problems			
LN0480	81 (1)	• "I didn't explain it" • "didn't really mention it to him [son]"	*Storyline 1:* Lesbian and gay parents who perceived *high* levels of post-traumatic stress problems in their children stated that they did not explain or parent their children about the discrimination event.
JE4928	78 (1)	• "I didn't explain it to her [daughter]" • "I haven't said anything to her… because I was so fearful that they were just gonna take away what little bit [visitation rights] I had"	
TO7098	66 (1)	• "When the opportunity came to talk to her [daughter], I hadn't thought about it in advance about what I would say or do about gay rights, basically"	
CD8902	65 (1)	• "the boys didn't understand what was in the papers" • "[I felt] didn't need to explain it to them" • "we're still working with them, it hasn't been successful yet"	
Lowest cases on child post-traumatic stress problems			
EP6104	50 (0)	• "we don't agree with everything they do, and they don't agree with everything we do" • "they don't agree with you having two mommies, or someone having two daddies"	*Storyline 2:* By contrast, those lesbian and gay parents who utilized the understanding and coping with discrimination parenting strategy normalize that other people won't agree with their child's family and why, people don't understand their family, and teach their children not to react to others perceived *low* levels of post-traumatic stress problems in their children as associated with discrimination.
NY8964	50 (0)	• "just let him know that people like that, don't like people like us" • "You [to her son] cannot react, if you do you just feed their anger"	
LK9874	50 (0)	• "We told them [sons], we are a same-sex couple and that doesn't it make us any better or any worse" • "We're just a bit different than we were before and different than what other peoples' expectations are, but that that is okay"	
RD8188	50 (0)	• "I talked to them [son and daughter] that we are all part of this, and we all suffer the human condition. I talk to them at the same level again, that these people are ignorant and hateful" • "Generally, it comes from something that they're scared of, and they [bigots] just don't know any better"	

Table 36

Mean Scores for Family Needs Survey *Topic Areas for the Total Sample (*N *= 43)*

Topic Area	*M*	(*SD*)
Locating lesbian and gay community services	4.19	(1.01)
Information about child development	3.76	(.86)
Explaining lesbian and gay family to others	3.54	(1.20)
Family and social support	3.19	(1.04)
Locating lesbian and gay-affirming child care outside of home	2.99	(1.38)
Locating professional support/services	2.88	(1.12)
Financial issues	2.74	(1.40)

Note. 1 = *not at all important*, 2 = *a little important*, 3 = *somewhat important*, 4 = *very much important*, 5 = *extremely important*.
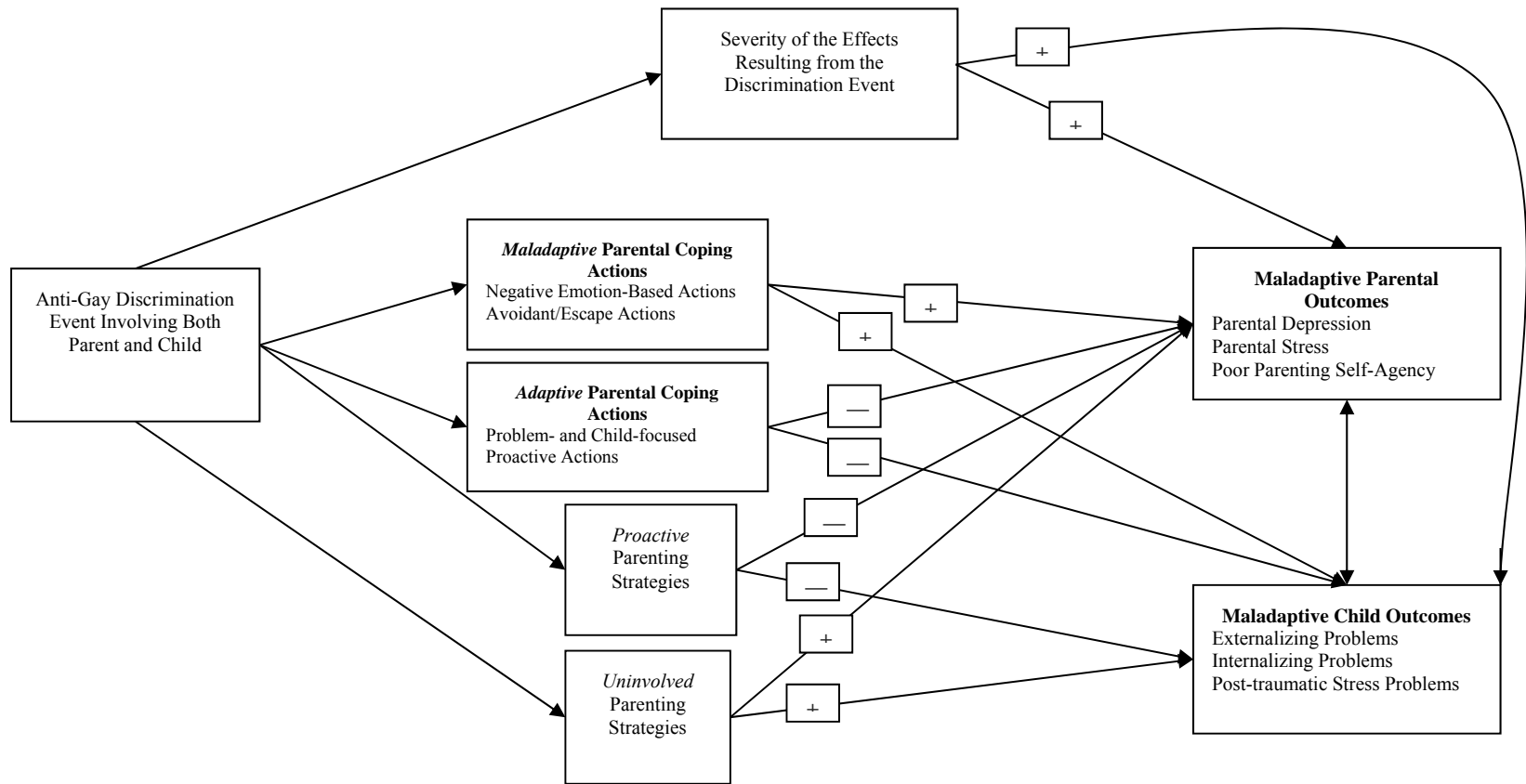
Figure 1. Conceptual model of the theoretical relations between an antigay discrimination event, parental coping actions, and

parenting strategies and parental and child outcomes.

APPENDIX A

LESBIAN & GAY PARENT STUDY INTERVIEW

<div align="center">**Who You Are and Where You are Going**
Parent Interview
Lesbian & Gay Parents
(v.8b_4-22-11)</div>

ID No. _____   **Today's Date: _____**   **Start Time: _____**

Please answer these questions honestly on how you feel and what you think. The best answers are those which tell exactly what you think and feel.

<div align="center">**I. Who You Are in America**</div>

1a. **Sexual Identity**. Many people in America claim a certain sexual identity. This identity affects how people see and identity themselves, that is, how they describe themselves in terms of sexuality.
    1. How do you identify yourself? (a label or identifier)
    2. How do you feel about identifying in this manner?
1c. **Gay Parenting in America**. Now let's look at your life as a parent.
    1. How do you identify yourself? (a label or identifier in terms of your relationship with your child)
    2. Are there differences between the way you and your partner parent your child/ren? *Tell me more; why?*
    3. Are there differences in the relationship styles (ways of relating) that you have with your child/ren that are different than the way your partner relates to the children (e.g., authoritative or authoritarian)?
    4. Some lesbian and gay parents associate differences as an aspect of biological relatedness to their child/ren. Does biological relatedness influence your or your partner's relationship with your children? *Tell me more; why?*
    5. Is there a hierarchy in decision making related to your child/ren (e.g., discipline, medical, educational decisions)? *Tell me more; why?*

<div align="center">**II. Groups and Organizations**</div>

2a. **Special Groups**. Now think about your closest friends, or the people with whom you spend a lot of time, and this can include your family-of-origin.
    1. For you, who belongs to this special group?
    2. In this ***special group***, what kinds of things do you ***usually do*** when you all get together?
    3. What is the approximate percentage of LGBT people in your close group?
2b. **Family Traditions.** Now think of you and your family's involvement in the gay community, that is the lesbian, gay, bisexual, transgender community.
    1. Has becoming a parent changed your involvement in the gay community? Why or why not?
    2. What kind of activities, if any, do you do without your child/ren in the gay community?
    3. What kind of activities, if any, do you do with your child/ren in the gay community?
    4. Are you involved with any gay family organizations (e.g., Family Equality; Phoenix Gay Dads)? Why or why not?
    5. Is/Are your child/ren active with any children of gays and lesbians organizations (e.g., Queer Spawn; COLAGE)? Why or why not?

<div align="center">**III. Parenthood**</div>

3a. **Your Life's Journey as a Parent**
    Please give me a short three part summary of how it is that you became a parent, by mentioning:
    (1) Origin: How it began- the roots of your becoming a parent,
    (2) Becoming: How you developed into a parent, and
    (3) Surviving: How you matured or have survived as a parent
3b. **Coming Out**
    1. Have you disclosed that you are a lesbian or gay person to your child/ren? Why did you or why did you not disclose to your child/ren? *Tell me more*
    2. If so, when did you discuss your sexual identity with your child/ren (Child/ren's age)?

<div align="center">165</div>

3. How did you frame or discuss you sexual identity with your child/ren? *Tell me more*

IV. Discrimination Event
Now think of the ***most difficult*** act of ***discrimination or stigma*** that you have experienced in the ***past year*** that either involved you or your ***school aged*** (6-to-12 years of age) child/ren, that is, an event that occurred in the last year that ultimately involved the family. This discrimination/stigma event made you feel that something had to be done, and that you needed to resolve.

4a. **Identifying the Event**. Please describe and label this most **difficult act of discrimination/stigma:**
4b. **When It Happened**. Please tell me about <u>when</u> this happened, that is, the month and the the
    approximate date. Month: _____, and Date: _____. (Use the *Timeline Follow-back*
    Calendar)
4c. **What Happened**. Now briefly, tell me what happened by telling me:
    (1) How it began.
    (2) What happened next?
4d. **Who Was Involved.** Besides yourself, please indicate who was involved in the act of discrimination
    (e.g., how many of your children and their ages):
4e. **What You Did**. Now tell me a <u>short story</u> about what **you did** to try resolving this situation. For the
    most difficult act of discrimination/stigma, please tell me:
    (1) What were you ***thinking.*** (beliefs about the problem, ideas about what was happening)
    (2) What you were ***feeling.*** (emotional reactions- anger, anxiety, sadness, fear; attitudes about the
    problem)
    (3) What ***actions*** did you take to resolve the problem? (goals or strategies)
    (4) How do you think that you may have ***changed as a person***, if you did, as a result of dealing
    with this situation (personal growth, losses, new attitudes toward life)?
    (5) How do you think that you may have ***changed as a parent***, if you did, as a result of dealing
    with this situation (educating child/ren about homophobia, losses, new attitudes toward
    parenting)? *Tell me more.*
    (6) If you could do it all over again, what would you do differently? Why?
    (7) If you did, how did you explain this experience to your children? How did you
       decide to explain it in this way?

V. Future Lesbian & Gay Parents
5. **Supporting Future Lesbian & Gay Parents.** Finally, please offer your vision and wisdom as a
    lesbian or gay parent by commenting on factors within three areas that you believe are ***most***
    important in helping and supporting a new generation of lesbian and gay parents. Accordingly,
    please mention the noted important factors within these three areas: (1) The type of ***support***
    needed for parents, (2) the lessons or ***training/supportive program activities*** that you believe
    would be both culturally sensitive to the unique stressors of lesbian and gay parents, and that
    would help lesbian and gay parents, (3) the ***parenting knowledge or advice you wish you had***
    prior to parenting that you believe every lesbian or gay parent should know.

    (1) First, what types of parenting and/or mentorship support? *Tell me more.*
       (1a) Is this different than the kind of support for heterosexual parents?
    (2) Second, what about ***content*** in a parent training program or learning activities that is specific
    to the needs of lesbian and gay parents? *Tell me more.*
    (3) Third, looking back at your life as a lesbian or gay parent, what do you wish you would have
    known then that you know now? In other words, what would you have liked to have known prior
    to becoming a lesbian or gay parent, or specifically during a difficult period? *Tell me more.*

We are grateful for your responses and your aid in helping us to learn about you and your family, and to gather the collective wisdom of you the parents, so that we can pass along this wisdom to another generation of lesbian and gay parents. Thank you.

End Time: _____

APPENDIX B

FAMILY NEEDS SURVEY

Please rate *how important* the following <u>*topics*</u> would be to YOU in a LG parent training.

1 = *Not at all*
2 = *A little*
3 = *Somewhat*
4 = *Very much*
5 = *Extremely*

Information
1. How children grow and develop
2. How to play or talk with my child
3. How to teach my child about antigay discrimination and coping skills
4. How to handle my child's behavior
5. Information about any condition or disability my child might hanve
6. Information about services that are presently available for my child that are LG family affirming (e.g., support groups)

Family and Social Support
7. Talking with someone in my family about parenting concerns
8. How to "come out" to my children from a previous heterosexual relationship
9. How to effectively co-parent with another non-resident parent (e.g., ex-husband/wife, lesbian couple, gay donor/father)
10. Finding more time for myself
11. Helping my spouse/partner accept any condition our child might have
12. Helping our family discuss problems and reach solutions
13. Helping our family support each other during difficult times
14. Deciding who will do household chores, child care, and other family tasks
15. Deciding on and doing family recreational activities

Financial
16. Paying for expenses, such as food, housing, medical care, clothing, or transportation
17. Paying for therapy, day care, or other services my child needs
18. Counseling or help in getting a job
19. Paying for babysitting or respite care

Explaining to Others
20. Explaining our LG family to my parents or my partner's/spouse's parents
21. Knowing how to respond when friends, neighbors, or strangers ask questions about our family
22. Explaining our LG family to other children (e.g., my child's peers)
23. Finding reading material or children's books about LG families
24. How to discuss LG-related culture and historical activities (e.g., Why Pride?) to my children

Child Care
25. Locating babysitters or respite care providers who are LG-affirming
26. Locating a day care program, preschool, or school for my child that is LG family-affirming
27. Getting appropriate care for my child in a church, temple, or synagogue during religious services

Professional Support
28. Meeting with a minister, priest, or rabbi
29. Meeting with a counselor (e.g., psychologist, social worker, psychiatrist)
30. Meeting and talking with my child's teacher or coaches
31. Locating a doctor who understands me and my child's needs

Community Services
32. Meeting and talking with other parents who are LG
33. Locating other LG families for social activities (e.g., play dates, parent get-togethers)
34. Locating a group for children with LG parents that my child could join
35. How to engage my child's school about family diversity and bully prevention if needed