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CHILDREN WILL LISTEN: A STRUCTURAL MODEL OF FAMILY RELATIONSHIPS AND POSITIVE YOUTH DEVELOPMENT OUTCOMES IN SEXUAL AND GENDER MINORITY YOUTH

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Abstract

Children Will Listen: A Structural Model of Family Relationships and Positive Youth Development Outcomes in Sexual and Gender Minority Youth

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Research examining the health of sexual and gender minority (SGM) youth has expanded recently from a focus on how social contexts are linked to health risk to ways they promote wellbeing. The positive youth development (PYD) framework has been increasingly used to conceptualize how various social contexts may promote SGM youth wellbeing, as well as help them engage in community-level change through contribution efforts. There is limited research examining how the family context may promote PYD outcomes and contribution for SGM youth, despite the setting's association with positive development for heterosexual/cisgender youth. Furthermore, there is a paucity of literature contextualizing family support for SGM identities alongside other measures of family relationships.

Parent-child attachment and family cohesion are two measures of family-child relationships that have historically been linked to positive development in youth. They have been linked to various markers of positive development in youth, including confidence, care for others, hope, and gratitude, which in turn may promote greater advocacy and community engagement. This study examined a structural model testing the role of several measures of family relationships in predicting PYD qualities and contribution behaviors for SGM youth.

Among 270 SGM youth, structural equation modeling analyses tested the relationship between family relationships with SGM youth (parent-child attachment, family cohesion, and SGM-specific support) and PYD qualities (confidence, care for others, hope, and gratitude) as well as contribution behaviors (advocacy beliefs and community engagement), as mediated by PYD qualities over a six month period.

Results indicated that each measure of family relationships was uniquely associated with various PYD qualities and contribution in participants. Furthermore, care for others acted as an indirect pathway through which parent-child attachment was associated with greater advocacy and community engagement for participants. These findings position families as having a role in promoting SGM youth wellbeing within the larger community and contextualize how various markers of family relationships promote select PYD qualities and behaviors. Future research should continue to investigate the longitudinal role of positive family relationships in SGM youth development and how a more nuanced understanding of these relationships may have clinical applications for practitioners and youth wellbeing.

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Chapter 1

Introduction

In the past decade, research examining the health of sexual and gender minority (SGM) youth has expanded from risk and disparities, which remain robust, to markers of health and thriving (Frost, Meyer, & Hammack, 2015; Gahagan & Colpitts, 2017; Horn, Kosciw, & Russell, 2009; Russell & Fish, 2016). As part of these efforts, scholars have called for research to explore ways that various environments may buffer against the impact of harmful social practices (Hong & Garbarino, 2012; Newcomb, Heinz, & Mustanski, 2012). Emergent research has explored how settings, including schools and healthcare providers, may directly promote wellbeing for this population (Higa et al., 2014). In doing so, this research has elucidated pathways by which various contexts may directly promote thriving for SGM youth through structural-level support of youth sexual and gender identity (Craig & Austin, 2016; Poteat et al., 2015).

Positive Youth Development and SGM Youth

The Positive Youth Development (PYD) framework has frequently been used to conceptualize how social environments may foster thriving in young people. Situated within a relational-developmental model, PYD stresses the interconnectedness of an individual's development and their context (Lerner, Lerner, Bowers, & Geldhof, 2015). The model portrays this interconnectedness as recursive; changes in the individual prompt environmental changes, catalyzing further individual development. Within psychology, this approach de-emphasizes deficits and places greater focus on markers of wellbeing in development. From this focus, PYD literature has explored the utility of

numerous character strengths and personal qualities (e.g., confidence, care, and self-efficacy) in improving health for youth (Bowers et al., 2010).

Such PYD characteristics may also promote behavioral outcomes uniquely suited to supporting youth who face marginalization. PYD characteristics have been linked to increased self-efficacy for youth marginalized based on race and SGM-identity (Heck, 2015; Vacek, Coyle, & Vera, 2010), including the capacity to advocate for their needs and engage the broader community to change structural policies (Hope & Spencer, 2017). Within PYD research, these behavioral outcomes are part of an emerging domain called contribution. Through increased contribution, such as advocacy efforts to improve social standing and greater engagement in the broader social context, marginalized youth are able to confront oppressive structural practices (Hershberg, Johnson, DeSouza, Hunter, & Zaff, 2015). Such behaviors can empower individuals and others in their communities to improve the wellbeing of the larger community (Lerner et al., 2005). Over time, contribution behaviors can also transform historically oppressive environments into ones that promote thriving (Thackeray & Hunter, 2010), a process particularly pertinent for wellbeing in SGM youth (Poteat, Calzo, & Yoshikawa, 2018).

In recent years, various social settings have shifted from contexts of potential risk (including bullying and discrimination) to expanding to facilitate positive development in SGM youth. For example, within school settings, Gender-Sexuality Alliances (GSAs) provide space for SGM youth as well as heterosexual and cisgender peers to engage in positive social relationships with one another and adult advisors. Positive interpersonal relationships with adults, such as parents or school teachers, are known to increase PYD characteristics for SGM youth (Snapp et al., 2015; Romijnders et al., 2017). These

positive social relationships are associated with increased PYD markers, such as care for others and confidence (Bowers et al., 2014). Such strengths can enable this population to engage in more contribution behaviors, advocating for their needs and engaging others to promote structural change and wellbeing (Heck, 2015; Poteat et al., 2019, Swank, Woodford, &Lim, 2013).

One social context receiving increased attention in SGM youth research is that of families (Ryan et al., 2009; Snapp et al., 2015). Given the possibility for transformation in how SGM youth navigate typically hostile environments, it is possible that positive social relationships in the family context could similarly promote positive characteristics and increase contribution-related behaviors in this population. As researchers seek to elucidate social interactions that foster positive development for SGM youth, it is vital to understand how families may engage in specific interpersonal practices that promote PYD characteristics and contribution behaviors in SGM youth.

Families and SGM Youth

Within the broader youth development literature, and in line with a PYD framework, family-based support is known to protect youth from a wide range of negative mental health outcomes (Crowell et al., 2008; Schlosser, Pearson, Perez, & Loewy, 2012; Wolff, et al., 2013). Beyond buffering against negative health outcomes, positive family social experiences such as affirmation and expressions of warmth are linked to explicitly positive functioning, including increased agency and community contribution (Olle & Fouad, 2015), and psychological wellbeing in later adulthood (Sheets & Mohr, 2009).

To date, there is limited research on SGM youth experiences in their families that is based on family socialization frameworks or with attention to positive developmental outcomes. Rather, historically, families have been examined as a source of heightened risk for SGM youth. This population frequently faces gender or sexuality-based rejection and hostility from caregivers and close family (Cochran et al., 2002; Halady, 2013; Klein & Golub, 2016; Ryan, Huebner, Diaz, & Sanchez, 2009; Van Leeuwen et al., 2006). SGM youth who experience rejection are at heightened risk for depression, substance use, and suicidal ideation, compared to SGM youth who do not experience family rejection (Horn, Kosciw, & Russell, 2009; Ryan et al., 2009). Nevertheless, families could be an important source of strength for some SGM youth. In light of the social challenges faced by SGM youth, secure parent-child attachment, high family cohesion, and SGM-specific support from family members could be especially well-suited for promoting wellbeing and positive behavioral outcomes among SGM youth.

Parent-child attachment. Parent-child attachment refers to the relationship between a caregiver and child, focusing on how the child uses the caregiver as an emotional base from which to explore and learn about the environment (Mikulincer, Shaver, & Pereg, 2003). Children who find their caregivers to be reliable sources of emotional comfort when distressed are generally understood to have secure attachments. Meanwhile, children with more variable or unreliable emotional support are seen to have avoidant or anxious attachments. Secure attachment in adolescence has been repeatedly linked to greater positive qualities both during adolescence and later adulthood, such as greater hope, kindness toward others, and self-confidence (Armsden & Greenberg, 1987; Mayseless & Popper, 2019; Shaver, Mikulincer, Sahdra, & Gross, 2016). Secure

attachment would be critical in promoting the aforementioned positive qualities in this population in order to promote greater wellbeing in light of the complex, often stigmatizing, systemic forces SGM youth may navigate (Trub, Quinlan, Starks, & Rosenthal, 2017; Wagaman, 2016).

Family cohesion. While attachment focuses on a dyadic care relationship (between one child and an identified caregiver), family cohesion aims to understand how all family members' relationships to one another contribute to the family system's overall wellbeing. Cohesion, drawn from the Circumplex Model of family functioning, measures the level of emotional closeness between family members and feelings of agency among family members (Olsen, 2000). Higher cohesion is associated with greater confidence and community engagement in youth (Leidy, Guerra, & Toro; Marsiglia, Parsai, & Kulis, 2009). Greater family cohesion is particularly crucial for promoting in SGM youth, as a family system in which SGM youth feel agentic would be linked to other PYD characteristics and behaviors, especially the capacity to enact structural change.

SGM-specific support. Although attachment and family cohesion are associated with various positive health and behavioral outcomes among youth in general, the limited literature on positive interactions between SGM youth and family members does not draw from these models. Instead, these studies have focused mainly on the role of SGM identity-specific support in relation to health outcomes, and have highlighted the importance of parental affirmation of SGM identity in relation to the wellbeing of SGM youth. Support for SGM identity is associated with reduced feelings of depression and of suicidal ideation, (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010; Snapp, Watson, Russell, Diaz, & Ryan, 2015; Watson, Grossman, & Russell, 2019). Although this

nascent literature continues to highlight reduced negative health outcomes (e.g. depression and suicidal ideation), such research also links SGM-specific family support to greater self-esteem, confidence, and connection with others (Snapp et al., 2015; Watson et al., 2019). Furthermore, this research has focused primarily on the support provided by youth's parents. While parent-based support for SGM identity continues to be crucial to fostering health in SGM youth, understanding such support in context (i.e., alongside parent-child attachment and family cohesion) would help elucidate how various family practices influence PYD characteristics and behaviors.

Family-based SGM-specific support may uniquely promote PYD characteristics in SGM youth, alongside positive family interactions as conceived through attachment and family cohesion models. In Figure 1, I propose a model wherein each of these family dynamics (parent-child attachment, family cohesion, and SGM-specific support from family members) may be associated with PYD characteristics and behaviors among SGM youth. Elucidating how these frameworks individually and collectively promote PYD characteristics for SGM youth is critical to improving wellbeing for this population within the family context and across social settings.

Families, PYD Characteristics, and Contribution Behaviors in SGM Youth

I expect positive family interactions to foster four PYD characteristics that are critical for SGM youth: confidence, care for others, hope, and gratitude. Ultimately, I expect these characteristics to act as mechanisms through which more positive family interactions promote greater contribution behaviors, namely advocacy and community engagement (see Figure 1). I base this expectation on foundational research showing that confidence, care for others, hope, and gratitude are associated with youth contribution to

communities, with hope and care especially associated with increased social justice advocacy (Callina, Johnson, Buckingham, & Lerner, 2014; Schmid et al., 2011). Together, these contributing behaviors would be especially advantageous for SGM youth development, enabling them to promote wellbeing for themselves and others who face marginalization in their larger communities (Wagaman, 2016).

PYD research has examined how positive family interactions may increase character strengths like increased community connection as well as greater contribution (Smith, Faulk, & Sizer, 2016). Secure parent attachment and family cohesion are associated with youth willingness to engage in community efforts and increased PYD characteristics throughout development into adulthood (Leidy, Guera, & Toro, 2010; Stafford, Kuh, Gale, Mishra, & Richards, 2016). Emergent PYD research on marginalized youth further highlights how secure parent attachment and high family cohesion are associated with PYD strengths and contribution. In general, youth who experience secure attachment with their family members are more likely to perceive themselves to have character strengths, including confidence and care for others, characteristics which may be otherwise diminished in youth facing oppression (Mayseless & Popper, 2019; Shaver, Mikulincer, Sahdra & Gross, 2016). Furthermore, youth marginalized based on their immigration status engage more actively in their communities when they perceive greater cohesion within their family (Leidy, Guerra, & Toro, 2010). Families could similarly foster such positive attributes and behaviors among SGM youth, which could promote their wellbeing and help them to challenge the very systemic factors that place them at increased risk (Wagaman, 2016).

Care for others and confidence. Both care for others and confidence are important in catalyzing positive development in youth (Lerner, 2004; Roth & Brooks-Gunn, 2003). Care for others is defined as one's sense of sympathy and empathy for others, whereas confidence is an internal sense of self-worth and self-efficacy (Bowers et al. 2010; Gestsdottir & Lerner, 2007). These qualities are robustly linked to behavioral markers of wellbeing in adolescence and adulthood, including greater social contribution (Conway, Heary, & Hogan, 2015). These qualities could be important in helping SGM youth to advocate for themselves and be active in their communities. Because these characteristics may be diminished through experiences of stigma in the larger environment (Meyer, 2003), confidence and care for others could motivate SGM youth to engage in efforts that improve wellbeing for themselves and for others (i.e., to engage in advocacy and community engagement) in spite of such marginalization.

Family support is linked to both confidence and care, which could be fostered in SGM youth through positive family interactions (Youngblade et al., 2007). Positive relationships between youth and parents increase youth confidence to achieve long term goals and are associated with greater expressions of care for others (Desrosiers, Kelley, & Miller, 2011; Olle & Fouad, 2015). Both qualities are known to be central in cultivating youth intention to proactively encourage wellbeing at the structural level in their social contexts (Callina, Johnson, Buckingham, & Lerner, 2014). Secure attachment and strong family cohesion could, together, promote these two qualities for SGM youth. Secure attachment with parents is associated with greater confidence in youth exploring their context and increased willingness to care for others' needs (Shaver et al., 2016). Family cohesion could also promote these attributes as it is associated with youth confidence and

community involvement (Leidy, Guerra, & Toro, 2010). Additionally, SGM-specific support from family members would directly address aspects of youth identity that is marginalized at the structural level, in turn enabling SGM youth to be more engaged in community efforts. Therefore, fostering greater confidence and care in SGM youth could increase their likelihood of involvement in both advocacy and community efforts.

Hope. Hope is defined as a motivational state wherein individuals feel they may achieve their goals with agency (Snyder, Irving, & Anderson, 1991). Initial research on hope rooted the construct within the positive psychology framework, more closely related the fields of personality and clinical psychology. However, the concept of hope has been adapted more recently for understanding thriving in marginalized youth, emphasizing perseverance despite structural challenges and its recursive development through positive social interactions (Callina et al., 2014; te Riele, 2010). Hope has been identified as key to helping young people persevere through difficult circumstances, as it is associated with greater feelings of life purpose, satisfaction, and agency (Esteves, Scoloveno, Mahat, Yarcheski, & Scoloveno, 2013; Vacek, Coyle, & Vera, 2009; Wong & Lim, 2010). It has also been linked to increased contribution behaviors in adolescence and later adult development.

Hope would be critical to instill in SGM youth who may face discrimination because it could support youth positive development in spite of possible oppression in social environments. Hope that is fostered by family members is associated with an individual's positive adjustment in young adulthood, over and above hope that is fostered through their peer relationships (Du & King, 2013). Secure attachment with parents is particularly known to foster more open and trusting interpersonal relationships with

others in later development. SGM youth with more secure attachment could build on greater trusting relationships to exercise greater agency due to increased hope for the possibility of change within complex systems (te Riele, 2010), as well as more likely to contribute to their larger community (Pallini, Baiocco, Schneider, Madigan, & Atkinson, 2014). Furthermore, greater family cohesion could help SGM youth feel capable of acting with agency in a complex environment, again indicative of hope (Olsen, 2000).

Gratitude. Gratitude is the practice of cultivating appreciation for the positive in one's life, in contrast to focusing on what one lacks despite possible injustice (Wood, Joseph, & Maltby, 2009). It has been studied extensively in positive psychology and is strongly linked to improved mental health and engagement in one's larger community (Barton & Miller, 2015; Ruini & Vescovelli, 2013; Tsang, 2006). Like hope, gratitude has received great interest within the field of positive psychology as a means to promote psychological wellbeing despite negative social experiences (Stellar et al., 2017). Furthermore, there is evidence that suggests gratitude can grow recursively through supportive relationships with others, both in adolescence and adulthood (Emmons & Stern, 2013; Ghandeharioun et al., 2016) Gratitude would be especially important for supporting SGM youth, as it could enable those who have experienced structural discrimination to contextualize their experiences from a growth-oriented perspective, emphasizing the potential for positive change and a framework for conceptualizing oppression in their social settings. This practice aligns strongly with a PYD framework, and could help youth identify ways to build on extant strengths to promote community wellbeing in light of unique social circumstances.

Families could be particularly well positioned to promote gratitude for SGM youth, as scholars have proposed ways that positive family social interactions foster gratitude in adolescence (Barton & Miller, 2015; Desrosiers, Kelley, & Miller, 2011). Secure attachment and high cohesion could both foster this characteristic, since these constructs would provide SGM youth a safe home environment from which to openly engage with more hostile settings (Shaver et al., 2016; Willoughby, Malik, & Lindahl, 2006). SGM-specific support would be especially vital in promoting gratitude, as it would enable SGM youth to contextualize their positive family support within broader hostile contexts in order to exert their needs (Ryan et al., 2010). Thus, in light of systemic oppression, gratitude could encourage SGM youth to engage in more contribution behaviors, especially advocacy and community efforts. Because gratitude is closely associated with community care, SGM youth would be more likely to promote wellbeing at the structural level, both for themselves and others in their community.

In Figure 1, I propose that all three constructs of family-based support (attachment, cohesion, and SGM-specific support) will predict residualized increases in these four PYD-related characteristics (hope, confidence, care, and gratitude) in SGM youth over the course of six months, adjusting for their levels at baseline. Because all four constructs are rooted in PYD and positive psychology frameworks, I also expect them to covary with one another.

Contribution. Because positive family interactions have potential to promote these PYD characteristics of hope, care, confidence, and gratitude, positive family interactions may also indirectly foster contribution behaviors through these characteristics for SGM youth. Although PYD models speculate a link between positive

family interactions and contribution efforts through PYD characteristics (Lerner et al., 2005; Youngblade et al., 2007), few empirical studies have tested a mediating pathway between family practices and contribution behaviors. Furthermore, research with SGM youth populations has yet to examine the association between family practices and contribution behavior.

Together, hope, confidence, care, and gratitude could promote greater contribution actions in SGM youth, fostering greater advocacy as well as community engagement. Advocacy can include youth efforts to raise awareness about and to counteract instances of oppression that they or their communities may face (D'Andrea & Daniels, 1999; Reading & Rubin, 2011). Community engagement carries some similarities in that it captures youth's willingness to address broad concerns in their larger social environments, but is distinct in that [insert here] (Ballard & Syme, 2016; Swank, Woodford, & Lim, 2013). Both types of contribution behaviors could help SGM youth to improve their own health and the health of others in their communities. In light of the positive impact contribution behaviors may have on SGM youth wellbeing, it is critical to understand the role of families in promoting such efforts.

In Figure 1, I expect that all four PYD characteristics (hope, confidence, care, and gratitude) will predict youth's advocacy efforts and community engagement. In addition to this direct association, I also expect that family interactions will be indirectly associated with residualized increases in contribution efforts through the four PYD characteristics.

Proposed Study

I propose to examine pathways by which interactions between family members and SGM youth may be associated with PYD characteristics and contribution behaviors. I will focus on ways that family interactions reflected in parent-child attachment, family cohesion, and SGM-specific support may promote PYD characteristics. In turn, I will consider how increases in these PYD characteristics could predict increased contribution behaviors, represented by greater youth advocacy and community engagement. In this proposed study I also will examine whether there are direct and indirect relationships between positive family practices and contribution behaviors.

In Figure 1, I propose a model by which the components of parent-child attachment, family cohesion, and SGM-specific family support are associated with PYD qualities in SGM youth. I expect these particular characteristics to relate to increases in youth advocacy efforts and community engagement. I consider hope, confidence, care for others, and gratitude as characteristics that could be especially relevant for leading SGM youth to report greater advocacy and community engagement. Furthermore, I expect family practices to be directly and indirectly associated with both advocacy and engagement.

Purpose of the Study

In the proposed study, I examine pathways by which SGM youth perceptions of their interactions with family members, as conceptualized through attachment and cohesion frameworks, are related to select PYD characteristics, advocacy efforts, and community engagement. In order to examine directional associations between family practices and PYD attributes, I will use a short-term longitudinal design with two time points of data over a period of six months.

I hypothesize that greater perceived positive family practices (marked by greater parent attachment, family cohesion, and SGM-specific support) will be associated with residualized increases in PYD attributes in SGM youth, adjusting for baseline levels at the first data collection. PYD attributes will be measured by youth-reported hope, care for others, confidence, and gratitude. I hypothesize that these increased PYD qualities will be associated with increases in SGM youth's intention to be involved in advocacy efforts and community engagement.

I further hypothesize that there will be a direct association between family practices and advocacy and community engagement. I hypothesize that there will also be an indirect effect of family practices on advocacy and community engagement, mediated by increases in PYD characteristics.

Significance

This study is one of the first to apply established models of family-child relationships and a PYD framework to contextualize SGM youth wellbeing within the family environment. There may be benefits of positive family practices and support for SGM youth, especially given families' critical roles in promoting wellbeing for youth overall. Furthermore, in light of the historical risk SGM youth have faced in this setting, the study would suggest specific practices which families could use to promote SGM youth's positive development. It is also among the first studies to position positive outcomes for SGM youth within attachment and cohesion models of family relationships, distinguishing related practices from general or SGM-specific family-support efforts. Finally, this study would be one of a limited number of longitudinal examinations of SGM youth wellbeing that focus on positive outcomes and thriving, as opposed to

disparities and negative health. Furthermore, to my knowledge, this study would be among the first to longitudinally examine SGM youth wellbeing within the family context.

Chapter 2

Literature Review

Positive Youth Development (PYD) research addressing the needs of sexual and gender minority (SGM) youth has expanded in recent years (Frost, Meyer, & Hammack, 2015; Gahagan & Colpitts, 2017; Horn, Kosciw, & Russell, 2009; Russell & Fish, 2016), with emergent work focusing on the influence of various social contexts on PYD qualities and behaviors in this population (Higa et al., 2014). Despite recent findings that highlight the transformation of historically hostile environments into sources of strength for SGM youth, few studies have explored how the family context may similarly support SGM youth development. Furthermore, while nascent research has identified the potential for family-based support to be associated with wellbeing in SGM youth (Ryan et al., 2010; Snapp et al., 2015), the mechanisms by which families may promote positive development remain unclear. To date, no research on SGM youth and families has examined PYD qualities using parent-child attachment or family cohesion frameworks. Furthermore, studies using a PYD framework to understand SGM youth within the family setting have yet to clearly distinguish generally supportive family practices from those that explicitly affirm youth gender or sexual orientation (Snapp et al., 2015).

In this chapter, I review literature exploring the role of family interactions in SGM youth health, focusing especially on research outlining the roles of family support for youth gender and sexual orientation in positive development. I then review the theoretical basis of Positive Youth Development, both within its broader metatheoretical history and as applied to marginalized populations. I also review positive psychology literature that has relevance for thriving in SGM youth. Furthermore, I highlight how the

parent-child attachment and family cohesion frameworks are particularly well-suited to conceptualizing ways for families to promote PYD in SGM youth, complementing explicit support for youth gender and sexual orientation. Finally, I review select characteristics and behaviors, drawn from PYD and positive psychology models, which I believe are critical to foster in SGM youth to promote health and wellbeing across adolescence into adulthood.

Social Settings and SGM Youth

Hostility toward SGM youth in social contexts. SGM youth often experience stigma and discrimination in numerous social environments (Meyer, 2003). In the United States, SGM youth have historically been marginalized through individual and systematic oppression. This includes threats of physical and psychological violence, as well as structural policies that promote heterosexism and cissexism (Hatzenbuehler, Shen, Vandewater, & Russell, 2019; Poteat & Russell, 2013). Various social settings have been extensively studied in the context of SGM youth-focused discrimination, with a large body of research examining oppressive practices within schools, religious organizations, cities, and family systems (Barnes & Meyer, 2012; Ryan et al., 2009). SGM youth in these settings regularly face increased risk for bullying, psychological victimization and manipulation, as well as social rejection by adult caregivers and community leaders (Gibbs & Goldbach, 2015).

Such research consistently finds mental health and quality of life disparities between SGM and heterosexual as well as cisgender populations (Center for Disease Control & Prevention, 2019; Fisher & Mustanski, 2014). SGM youth are at heightened risk for depression, substance use, and suicidal ideation (Marshal et al., 2011); estimates

place rates of suicide ideation in SGM youth to be five times higher compared to heterosexual and cisgender youth, as well as to peers who do not experience identity-based hostility (Horn, Kosciw, & Russell, 2009; Rivers et al., 2018; Ryan et al., 2009). Furthermore, SGM youth make up a disproportionate number of homeless youth in the United States, often having faced hostility and rejection in one or many of the aforementioned social environments (Rosario, Scrimshaw, & Hunter, 2012).

Families and SGM youth. In contrast to the majority of research on youth within the family context, the family social setting is historically positioned as a source of heightened risk for SGM youth. The population frequently faces gender- or sexuality-based rejection and hostility from caregivers and immediate family members (Halady, 2013; Klein & Golub, 2016; Ryan, Huebner, Diaz, & Sanchez, 2009). Studies have shown that SGM youth who experience family rejection are at heightened risk for depression, substance use, and suicidal ideation, compared to youth who do not experience such family rejection (Horn, Kosciw, & Russell, 2009; Ryan et al., 2009). Family-based hostility often intersects with heterosexist and cissexist cultural and religious expectations that further marginalize SGM youth, placing them at even greater risk for negative mental health (Page, Lindhal, & Malik, 2013).This research aligns with a broader cultural narrative surrounding SGM youth, that families typically reject SGM youth based upon their SGM identity (Cochran et al., 2002; Van Leeuwen et al., 2006).

Despite this concerning history, nascent literature on SGM youth and families has expanded to frame the family context in a way that considers its potential positive contribution. Ryan and colleagues (2010) initially identified family acceptance of SGM identity to be associated with lower depression, suicidal ideation, and substance use in

SGM youth, all domains of risk for SGM youth. Since these early findings, more research has continued expanding on the role of SGM-specific family support in directly promoting wellbeing for SGM youth; such support is further associated with increased positive emotions, including self-esteem and life satisfaction in adolescence and young adult development (Snapp et al., 2015; Watson et al., 2019).

While these results are promising, they do not capture some of the complex social experiences SGM youth often navigate within the family setting. Qualitative research exploring youth experiences with family members frequently highlights mixed perceptions of care and support by SGM youth. While SGM youth may not be outright rejected by family members, this literature notes that families often engage in SGM microaggressions or provide explicit instrumental family support coupled with less explicit or unaffirming support for SGM identify (Li, Thing, Galvan, & Gonzalez, 2017; Schimmel-Bristow et al., 2018). For example, SGM youth may notice that family members provide less apparent support when addressing SGM-related concerns as opposed to support for school-related or community activities (Ceccolini, Poteat, Calzo, Yoshikawa, & Meyer, 2021; Sterzing, Fisher, & Gartner, 2018). Parents may also directly invalidate their child's SGM identity. For instance, in one qualitative study a gay participant described how his mother denied the validity of his coming out to her, telling him: "you don't know what you are talking about … it's just a phase or part of the mental illness you're going through," (Li et al., 2017, p. 7). Yet he further noted she was otherwise supportive of social and vocational goals unrelated to his sexual orientation. Such a discrepancy may be due, in part, to family members' discomfort with their SGM youth's sexual orientation- or gender identity-based concerns.

Currently, no research to my knowledge explores how these nuanced social experiences with family members, as captured in the qualitative literature, may be understood in light of the encouraging quantitative findings discussed above. Contextualizing explicit family support for youth's SGM identities within established relational developmental frameworks of family care as well as positive characteristics and behaviors is key to promoting SGM youth's wellbeing both in and outside of the family setting. To this end, PYD is especially appropriate to conceptualize characteristics and behaviors that are critical to foster and support in SGM youth. As a model rooted in Relational Developmental Systems, it is particularly optimal for understanding positive development within family relationships.

Relational Developmental Systems and Positive Youth Development

Psychological wellbeing in adolescence is of interest to the field of developmental psychopathology (Masten & Cicchetti, 2010). Adolescence is a transitionary period when youth develop critical qualities and behavioral skills that enable them to function effectively in their social contexts in later development. In contrast to deficit-oriented pathology models, developmental psychopathology focuses on how psychological intervention may not only diminish negative experiences during the lifespan, but also promote positive ones (Cicchetti, 1999). In studying adolescence, developmentally-informed research frequently utilizes the framework of Positive Youth Development (PYD) to conceptualize effective interventions to support youth wellbeing. The PYD framework has its origins in Relational Developmental Systems (RDS) meta-theory and Urie Bronfenbrenner's Ecological Systems Theory (EST).

Relational Developmental Systems. Relational Developmental Systems (RDS) is a meta-theory that focuses on the interaction of environment and individual as the key catalyst in prompting changes in development. It rejects a dichotomous view of the roles of individual differences (e.g., genetics and personal traits) and context in development, stressing the dialectic between both as the primary catalyst of change (Lerner, Lerner, Bowers, & Geldhof, 2015). The interconnectedness of an individual's development and larger context is regarded as persistently recursive, with changes in both person and environment causing continuous change in one another. Furthermore, the model does not assume a teleological perspective on development; rather, RDS focuses on the person's potential for future growth and resilience rather than prescribed developmental markers (Lerner et al., 2013).

Within psychology, the RDS approach often stands in contrast with medical models of functioning, which focus on individual deficits in mental health and conceive of interventions as rectifying disparities in typical functioning (Smith, 2014). Although RDS acknowledges when development is negatively affected, it also highlights strengths in the person and environment that may promote positive growth. Therefore, RDS-informed theories stress the importance of spurring positive changes in development through interventions focused on both the person and their context, as well as aim to heal disparities and provide pathways for intervention prior to potential deficits (Lerner et al., 2013).

Ecological Systems Theory. Bronfenbrenner's Ecological Systems Theory (EST) conceptualizes the influence of both proximal and distal environmental factors on youth development throughout the lifespan. Such interactions between youth and their

environment grow more complex over time as youth mature physically and cognitively, and as their relationship with the surrounding environment changes (Bronfenbrenner, 1986). Environmental factors influencing development range from individual-level (e.g., relationship with parents) to community-level (e.g., government policies), and even to cultural values (e.g., social expectations regarding gender; Neal & Neal, 2013). Although during earlier development youth exert limited power to alter such influences, over time adolescents may learn how to effectively interact with these multi-level factors to promote their own interests and wellbeing. To this end, PYD seeks to conceptualize personal qualities that are critical to helping youth exert agency within such complex environments and enact positive change for themselves and for others.

Positive Youth Development. The PYD framework builds upon Bronfenbrenner's model by highlighting how the recursive person-environment interaction described above may positively influence child and adolescent development. Within PYD, positive interactions between adults and youth help youth to cultivate various qualities and character strengths upon which they can build interpersonal skills to enable long-term positive behavioral outcomes (Fredricks & Simpkins, 2012; Lerner et al., 2005). Through these interactions with various adults across social settings, youth and adults can collaboratively foster health and wellbeing, both in childhood and adulthood. PYD research has consistently found links between positive characteristics and behaviors in adolescence and long-term health, physically and mentally, in adulthood (Hoyt, Chase-Lansdale, McDade, & Adam, 2012). Therefore, research has started examining how supportive relationships with adults in various environments may promote PYD qualities and wellbeing throughout adolescence into adulthood.

As the model has expanded, researchers increasingly conceptualize these positive qualities as one of five major characteristics: Competence, Confidence, Character, Care for others, and Connection, colloquially known as the "five C's" (Bowers et al., 2010; Conway, Heary, & Hogan, 2015). Together, these characteristics enable youth to promote continued wellbeing in themselves and have a positive impact on their larger environment. For example, youth who report feeling these characteristics can support others in cultivating them as well, recursively promoting health and wellbeing among peers and adults (Hershberg, Johnson, DeSouza, Hunter, & Zaff, 2015; Lerner et al., 2005, 2014). Furthermore, organized groups across settings, like schools and religious communities, have developed PYD-informed programs designed to foster these characteristics in youth through structured interactions with adults and other peers (Bundick, 2011; Poteat et al., 2019).

Contribution behaviors. In addition to the aforementioned five C's, PYD scholars have recently identified a sixth C: contribution. Contribution is conceptualized as various activities that promote greater youth self-efficacy, including greater leadership to advocate for their needs and greater willingness to participate in their community (Russell, Muraco, Subramaniam, & Laub, 2009). Contribution includes actions youth take that promote the wellbeing of the larger community both directly and indirectly (Lerner, Phelps, Forman, & Bowers, 2009). For youth, this often takes the form of structural engagement, such as advocacy and community engagement. While all PYD constructs are thought to covary and have a recursive relationship with one another, contribution is distinct in its focus on youth perspectives on social action and behaviors as opposed to personal characteristics.

Community engagement. This PYD behavior entails participation in broader community systems to voice one's perspective (Lerner et al., 2005, 2014). Though closely related to advocacy, it is distinct in its focus on action within a larger system, enabling youth to navigate political and social systems to enact policy and structural change. Community engagement is associated with increased care for others and confidence, increasing youth self-efficacy to foster change within complex social systems (Youngblade et al., 2007).

Advocacy. Advocacy consists of youth attitudes and beliefs that individuals should promote the needs of marginalized populations in the larger environment (Fouad, Gerstein, & Toporek, 2006). Though closely related to community engagement, it is distinct in its focus on actions that explicitly benefit marginalized groups, countering discrimination or oppressive systems; indeed, advocacy often underpins community engagement behaviors. Advocacy beliefs are often informed by social justice frameworks, including addressing social inequities impacting oneself or similarly marginalized populations. PYD research has linked advocacy to increases in other characteristics, particularly care for others and confidence, as these may help youth feel they are able to overcome structural barriers and foster empathy for others (Lerner et al., 2005). For SGM youth, advocacy is especially critical to foster, as it can help youth navigate aforementioned social systems in spite of, and often in response to, structural barriers or oppression (Youngblade et al., 2007).

PYD and marginalized youth. Scholars have increasingly called for using strength-based frameworks (i.e., PYD, the five Cs, contribution) to understand how PYD characteristics may counter the unique challenges marginalized youth face (Diemer & Li,

2011). In particular, the association between various PYD qualities and actions that enable these youth to respond to structural challenges has received growing attention (Diemer, Rapa, Voight, & McWhirter, 2016; Sanders et al., 2015). This lens does not overhaul past PYD research but enhances it, identifying how extant characteristics (the five C's) and behaviors (contribution) may be especially relevant to those youth facing structural oppression.

This emerging literature theorizes that youth marginalized by experiences of structural oppression can respond to these systemic factors by cultivating PYD character strengths that counter negative influences of these forces (Flanagan & Christens, 2011). For example, cultivating confidence and care for others in youth marginalized due to race has helped youth of color foster positive mental health when facing structural obstacles. Subsequently, cultivating PYD characteristics can enable marginalized youth to confront these forces individually and structurally through proactive social and political activities (Diemer et al, 2016). Such actions align closely with contribution behaviors, including advocating for the needs of marginalized groups or pushing for policy or political reforms in the larger community (Checkoway, 2012; Thackeray & Hunter, 2010).

Positive Youth Development and SGM youth. In recent years, research examining SGM youth health has expanded from a deficit-oriented (pathology) lens to a strengths-based (relational-developmental) one (Frost, Meyer, & Hammack, 2015; Gahagan & Colpitts, 2017). Though disparities between SGM youth and their heterosexual and cisgender peers persist, such research has sought to understand how models of positive functioning and thriving may promote wellbeing for this historically marginalized population (Horn, Kosciw, & Russell, 2009; Russell & Fish, 2016). In

particular, emergent research has drawn upon the PYD framework to conceptualize this development.

Research examining historically hostile settings for SGM youth has found encouraging evidence that these environments also can foster PYD characteristics and behaviors in SGM youth. For example, in schools, Gender-Sexuality Alliances (GSAs) are PYD-informed school groups that provide SGM youth and allied peers and adults a space to share concerns affecting all youth in that school, often with an emphasis on SGM-related issues (Poteat, 2017). PYD research has identified pathways by which these groups promote attributes such as hope, agency, and self-efficacy (Poteat et al., 2015, 2019), qualities associated with greater contribution behaviors (Hershberg et al., 2015; Lerner et al., 2005). Outside of the school setting, similar organizations are devoted to fostering leadership and community social justice in SGM youth. These include state-wide and regional groups like the Boston Alliance of Gay, Lesbian, Bisexual, and Transgender Youth (BAGLY) where SGM youth and allies may connect with one another in order to promote wellbeing at a structural level across municipalities and school districts (Commonwealth of Massachusetts, 2014).

Confidence and care for others. Both confidence and care for others are two of the aforementioned five Cs of PYD (Lerner et al., 2005). Confidence is defined as an internal sense of overall self-worth and self-efficacy, while care for others captures youth's sense of empathy and sympathy for others (Bowers et al., 2010). Aspects of confidence are a belief in one's self-worth, capacity to identify long term goals, and to cultivate a sense of purpose (Lerner et al., 2005; Phelps et al., 2009). Care for others includes one's care for the wellbeing for members of various communities in a youth's

life, including family members, larger living community, and one's school environment (Lerner et al., 2005; Phelps et al., 2009). Together, these characteristics are associated with thriving and wellbeing throughout development, including greater self-efficacy in adolescence and adulthood (Bowers et al., 2010). Although all of five Cs are considered important in fostering positive development, confidence and care are characteristics that are vital to promote more contribution behaviors in SGM youth. Because both characteristics complement one another in their focus on people's intrinsic worth, the combination of these characteristics would likely be associated with more contribution behaviors (outlined in figure 1).

These characteristics could spur contribution behaviors in SGM youth and be well-suited to foster through families. SGM youth's willingness to engage in contribution behaviors is often reduced through experiences of structural stigma that diminish their belief in their capacity to impact their own and others' wellbeing in the larger environment (Meyer, 2003). Family systems that exhibit SGM-specific support and promote secure attachment and general family cohesion could foster greater self-worth, life purpose, and care for members across communities. These characteristics align with PYD qualities associated with wellbeing in marginalized youth (Edwards et al., 2007). In turn, confidence and care for others could motivate SGM youth to engage in contribution efforts that improve wellbeing for themselves and others in spite of marginalization. Belief in one's self-worth (confidence) and concern for the wellbeing of various community stakeholders (care for others) could be associated with increases in advocacy beliefs and community engagement.

Positive Psychology Qualities in a Relational Developmental Context

Beyond the aforementioned PYD characteristics (i.e., the five Cs), scholars have called for continued research to expand the characteristics youth may access in order to increase their capacity for contribution (Lerner et al., 2012). Positive psychology, a discipline rooted in clinical and personality psychology, has made similar efforts in recent years to identify strengths and qualities that may be associated with psychological wellbeing (Seligman, 2019).

From a metatheoretical standpoint, positive psychology is not based in RDS, focusing more on how positive qualities are inert traits as opposed to interpersonal characteristics (Noftle, Schnitker, & Robins, 2011). Yet the discipline also centers the capacity to cultivate such traits; positive psychology, in line with PYD, takes a growth-oriented perspective. Positive psychology has also increasingly addressed the utility of these traits in promoting wellbeing within marginalized populations (Anderson et al., 2017; Miller, Warner, Wickramaratne, & Weissman, 1997). Nascent positive psychology research links positive attributes with contribution behaviors that are similarly vital to promote in marginalized groups to improve health (Barton & Miller, 2015). Furthermore, scholars within the PYD field have sought to contextualize these traits within a relational-developmental framework, focusing more on their recursive development within individuals rather than construing them as static personality traits. Given these promising findings and the efforts of PYD researchers, it is likely that qualities originally drawn from positive psychology can promote thriving in SGM youth in line with what is expected from PYD characteristics. Specifically, I believe the constructs of hope and gratitude are particularly relevant to promoting contribution behaviors in SGM youth.

Hope and gratitude. Hope is an attribute of feeling that one has the potential to achieve goals and to persevere in spite of systemic obstacles (Snyder, Irving, & Anderson, 1991; te Riele, 2010). While initial research on hope primarily positions it within a positive psychology framework, more nascent PYD scholars have sought to position it within a relational-developmental one. For example, Callina and colleagues (2014) focus on hope in youth as reflective of an expectation of the nature of one's future. In particular, such research represents the characteristic s being fostered through positive parent-child interactions, especially within the adolescent period of development. Such positive parent-child interactions build trust in others, in turn helping young people to develop more helping attitudes and contribution behaviors both during adolescence and in later development (Callina, Mueller, Buckingham, & Guttierez, 2015).

Within marginalized populations, like youth at risk for deportation, hope has been associated with increased willingness to participate in social efforts to improve their own and their family's well-being and is linked to care for others who share similarly socially marginalized positions (Cammarota, 2011; Wong & Lim, 2009). Hope is also linked to increased civic engagement and structural efforts (Callina, Johnson, Buckingham, & Lerner, 2014). It is likely then that hope would be also associated with greater interest in community issues as well as confidence that one can have a positive social impact.

Gratitude is the practice of cultivating one's capacity to identify and appreciate positive influences in one's life, despite possible structural injustice (Barton & Miller, 2015; Wood, Joseph, & Maltby, 2009). The quality is associated with greater care for one's larger community, and research has repeatedly found that individuals expressing high gratitude engage more frequently in community-centered activities (Wood, Froh, &

Geraghty, 2010; Stellar et al., 2017). Furthermore, gratitude has been linked to greater contribution efforts in homeless single mothers, a population at high risk for substance use and depression, and one that faces immense structural barriers to their self-efficacy (Miller et al., 1997).

There is a paucity of RDS-informed research on gratitude compared to hope; to date, only one study has examined the construct using a contextual-developmental approach (Ghandeharioun et al., 2016). However, even findings within a positive psychology framework can be interpreted with a developmental lens. The long-term practice of gratitude is known to be associated with increased care for others in the community (Stellar et al., 2017). Furthermore, practicing gratitude within intervention settings (i.e., individual counseling) has been linked to increased physical and psychological health over time (Emmons & Stern, 2013). Therefore, there is evidence to suggest that gratitude, like the other PYD characteristics, similarly develops through a recursive, relational-developmental process with others.

Hope and gratitude are vital qualities that families may instill in SGM youth in order to promote more contribution behaviors. Hope could help SGM youth to sustain other PYD qualities, as they will have the belief that their efforts will ultimately achieve desired goals (Callina et al., 2014). A positive orientation to the future would be uniquely helpful for SGM youth who may receive frequently negative or hostile messages about SGM identity. Similarly, gratitude would encourage SGM youth to identify potential social privileges they care, and in turn, harness that to care for others who are marginalized, highlighting the strengths they possess to improve the world around them (Barton & Miller, 2015; Miller et al., 1997). Additionally, both hope and gratitude can

help SGM youth to persevere in their advocacy beliefs and community engagement in light of systemic oppression.

Frameworks to Conceptualize SGM youth within Families

Complementing these strength-based and relational models of development and behavior, two longstanding frameworks conceptualizing youth experiences with family members take a similar approach. The frameworks of attachment theory and family cohesion are particularly well-suited to understanding SGM youth wellbeing and fostering positive characteristics and behaviors within family settings. These models focus on interpersonal experiences between youth and family members, emphasizing youth perceptions of the safety and support provided through these relationships. These models would best supplement SGM youth perceptions of explicit SGM-specific family support providing a nuanced perspective on youth's complex perceptions of family social interactions that both pertain and do not pertain to their gender identity or sexual orientation.

Parent-child attachment. Parent-child attachment conceptualizes the relationship between caregiver and child. The framework focuses on how children use their caregivers as an emotional base from which to explore and learn about the environment (Mikulincer, Shaver, & Pereg, 2003). A caregiver's attention to emotional and physical needs, coupled with the child's increasing awareness of whether they can predict the receipt of such support formulates the basis of their attachment style.

Attachment theory was first theorized by psychologist John Bowlby (1958, 1988), and empirically studied in experiments with young children and their mothers across diverse populations (Van Uzendoorn & Kroonenberg, 1988). According to this

framework, children who find their caregivers to be reliable sources of emotional comfort when distressed are understood to have secure attachments (Waters & Cummings, 2000). Meanwhile, children with more variable or unreliable emotional support are seen to have avoidant or anxious attachment (Richman, DeWall, & Wolff, 2015). Secure attachment has been repeatedly linked to greater qualities in childhood and adulthood that are rooted in PYD (Bowers et al., 2015). Qualities associated with secure attachment include life satisfaction, kindness toward peers, and increased self-efficacy (Armsden & Greenberg, 1987; Mayseless & Popper, 2019; Shaver, Mikulincer, Sahdra, & Gross, 2016). Conversely, insecure attachment styles are linked to less empathy and less likelihood to express PYD characteristics (Richman, DeWall, & Wolff, 2015; Robinson, Joel, & Plaks, 2015).

Attachment literature generally conceives of attachment as stable across development, though also capable of transformation with broad changes in caring behaviors in the child's environment (Khan et al., 2019). For example, children who develop avoidant attachment with initial caregivers in early development can develop secure attachment within adoptive families (Beijersbergen, Juffer, Bakermans-Kranenburg, &van Uzendoorn, 2012). These positive shifts in attachment are linked to increases in PYD-related health outcomes. These include more PYD characteristics (confidence in oneself and care for others) and contribution behaviors (e.g., willingness to advocate for oneself and for others in their community; Erdem et al., 2016; Laghi et al., 2016).

Behavioral and mental health outcomes linked with secure attachment manifest differently across youth development. While younger children (younger than 14 years)

may express positive affect and high distress tolerance (Muris, Meesters, & van den Berg, 2003), in adolescence, secure attachment is linked to decreased depression and substance use, as well as increased life satisfaction (Agerup, Lydersen, Wallander, & Sund, 2015; Guarnieri, Smorti, & Tani, 2015). Although most research examines the association between attachment and negative outcomes, there is expanding evidence that secure attachment in adolescence is linked with markers of thriving, both during adolescence and into later adulthood. For example, adolescents reporting secure attachment with caregivers also demonstrate more PYD characteristics, such as confidence and care for others (Chen, 2017; Mohamed, Hamzah, & Samah, 2017). Furthermore, secure attachment in adolescence is predictive of later developmental wellbeing; adults with secure attachment in adolescence report having more emotionally stable romantic partnerships, longer marriages, confidence in their efforts, and greater contribution behaviors (e.g., community engagement), compared to adults who experienced less secure attachment in adolescence (Nevarez, Morrill, & Waldinger, 2018). Less secure attachment during adolescence has also been linked to challenges in expressing care during adulthood, both toward close relations (i.e., family members) and others in the community (Ward, Lee, & Lipper, 2000).

More recently, attachment research has expanded on ways of conceptualizing family structures that do not reflect a traditional two biological parent system. Because the theory originated when divorce, same-sex parenting, and complex family systems were uncommon in American society (Ruggles, 2016), new attachment research seeks to redefine children's caregivers as those defined by youth. For instance, Junewicz and Billick (2018) surveyed diverse attachment literature in light of recent shifting parenting

trends in order to de-emphasize genetic connection and reframe the construct around general parental care. They define caregiver attachment as "an affectional tie that one person … forms between himself and another specific one … that binds them together and endures over time," (Junewicz & Billick, 2018, p. 512). This and similar efforts toward inclusive definitions have paved the way for attachment research that considers the influence of step-parents, same-sex parents, and other family members who may play a caregiving role in the youth's life (Trub, Quinlan, Starks, & Rosenthal, 2017). Thus, one's attachment is formed by an overall experience of safety and consistency from all identified caregivers, not by the influence of any particular caregiver.

Attachment may be especially predictive of thriving in SGM youth. SGM youth often navigate concerns about emotional safety in relationships with others, particularly regarding others' knowledge of their sexuality or gender identity (Li et al., 2017). Such concerns continue to manifest in later development, as youth transition across various educational, career, and community contexts (Barnes & Meyer, 2012). Repeated social rejection based on SGM identity, across settings, can lead to less satisfying interpersonal relationships, lower PYD characteristics (e.g., confidence and hope) and less willingness to openly engage with the larger community. SGM adolescents who experience secure attachment would be better equipped to manage possible social rejection if their caregivers are a reliable source of emotional support in the face of adversity. Knowledge that one's caregivers will be supportive despite broader social rejection would foster greater ability to persevere in light of rejection, as well as help SGM adults develop coping strategies to respond to such experiences of stigma without immediate caregiver intervention.

To date, several studies have conceptualized SGM adolescent experiences using an attachment framework. These show that SGM youth frequently experience avoidant or anxious attachment with caregivers, particularly when families do not provide explicit support for SGM identity (Mills-Koonce, Rehder, & McCurdy, 2018). Avoidant and anxious attachments in adolescence are associated with internalizing and externalizing behaviors across development, including increased risk for depression and substance use (Muris, Meesters, & van den Berg, 2003). In light of research highlighting the critical role of attachment during adolescence, as well as the unique utility it could have for SGM youth facing marginalization in their larger communities, secure attachment is critical to promoting PYD characteristics and behaviors.

Secure attachment would predict greater confidence for SGM youth, as youth who perceive their caregivers as sources of reliable socio-emotional support would be more willing to take social risks in their larger environment (Moretti & Peled, 2004). Because SGM youth often navigate more hostile social settings, greater confidence would be particularly critical to promote via parent-child attachment, and would increase likelihood of engaging in subsequent contribution behaviors.

Strong attachment would also be linked to greater care for others in SGM youth, due to such adolescents having models for frequent socio-emotional support. Youth who experience more consistent attachment are more likely to demonstrate attention to others' physical and emotional health (Mayseless & Popper, 2019; Richman, DeWall, & Wolff, 2015). For SGM youth, the increased capacity to attend to and support others' wellbeing is critical in facilitating their willingness to improve quality of life for others in the community (i.e., contribution).

Hope is likely to be associated with greater parent-child attachment in SGM youth because, as with confidence, youth who experience strong attachment with caregivers are able to proactively engage with complex environments. Because SGM youth often socialize in environments that are markedly more hostile toward them, compared to cisgender and heterosexual peers, hope would enable SGM adolescents to continue to persevere in light of individual or systemic challenges, and enable more contribution behaviors. In line with extant research on hope (Callina et al., 2015), SGM youth experiencing greater hope would be more likely to engage in broader community-oriented efforts and advocacy.

Finally, secure attachment is also likely associated with more gratitude in SGM youth. Though gratitude has yet to be examined within the context of parent-child attachment, it may be uniquely predicted by attachment for SGM youth. While attachment is established as associated with care for others in youth, the mechanism of this association (having reliable care modeled by caregivers) is often variable for SGM youth; SGM youth often navigate more complex and nuanced expressions family support (Ryan et al., 2009; Schimmel-Bristow et al., 2018). Thus, SGM youth experiencing strong attachment with caregivers could develop appreciation for their support in light of systemic injustice often experienced by other SGM youth (Mayseless & Popper, 2019). This recognition, in turn, would cultivate greater empathy for others, particularly those facing marginalization, leading to greater interest in contribution efforts and behaviors.

Understanding how parent-child attachment, concurrent with SGM-specific support, may be associated with each PYD characteristic and behavior is important to understand in order to optimize SGM youth development within the family setting.

Therefore, in my proposed model (figure 1), I posit that more secure parent-child attachment will be associated with increases in each PYD characteristic and behavior included in the full model.

Family cohesion. This more recent framework focuses less on dyadic experiences between one child and one caregiver, and focuses more on the broader family network as an indicator of youth wellbeing. First posited by scholar David Olson (1996), family cohesion is part of the Circumplex Model of family functioning. This model identifies various aspects of family and marriage qualities, each thought to capture an element of family wellbeing at a structural level. Family cohesion, one part of this model, measures the level of emotional closeness between family members and feelings of agency among family members (Olson, 2000; Olson & Gorall, 2003).

Family cohesion has a history of use to understand youth thriving within marginalized communities, particularly youth of color and first generation immigrants. Within these populations, greater family cohesion is associated with increased youth confidence and contribution behaviors, particularly youth willingness to participate in their new community outside of their family system (Leidy, Guerra, & Toro, 2010; Marsiglia, Parsai, & Kulis, 2009). Scholars have hypothesized that the association between cohesion and youth willingness to engage may function similarly to the link between secure attachment and youth willingness to take interpersonal risks. A secure and cohesive family system provides a safe home environment in which youth may cultivate positive characteristics that foster PYD behaviors that empower youth and their broader communities (Renick-Thomson & Zand, 2010; Taylor, Merrilees, & Goeke-Morey, 2016).

Few studies have examined family cohesion within SGM populations. One study by Willoughby, Malik, and Lindahl (2006) found increased family cohesion to be associated with perceptions of more open and loving parents in gay male young adults. Another study examining perceptions of family cohesion in transgender adults found low cohesion linked to depression and reduced income, while higher cohesion was associated with greater self-esteem related to gender identity (Stotzer, 2011). However, no research with SGM populations has yet linked family cohesion to markers of PYD, either characteristics or behaviors.

Understanding how cohesion may impact these characteristics and behaviors in SGM youth is critical for promoting contribution and thriving with SGM populations. Based on past literature, increased family cohesion is likely associated with each PYD characteristic and behavior included in my model for SGM youth. Cohesion would be associated with increased confidence in SGM youth due to its established association for similarly marginalized youth. More cohesion within SGM youth's family systems would foster their capacity to voice their perspectives within broader social systems. For SGM youth, this would be especially critical in fostering contribution behaviors, particularly advocacy. Similarly, cohesion would be linked with more hope for SGM youth as such families could provide them a model for how they can act with agency within complex systems. This would also be associated with increased willingness to contribute to their larger communities.

Family cohesion will also be associated with greater care for others and gratitude, which in turn will promote contribution behaviors. Because youth can practice balancing their own needs within cohesive families, they build an ability to empathize with others

in larger social system. This would especially enable contribution for SGM youth. More frequent experiences of having one's own voice heard in tandem with valuing and attending to others' needs would allow youth to care for others while interacting within in a broader community. Furthermore, family cohesion may be linked to more gratitude for SGM youth living in hostile communities as it would directly contrast experiences of oppression in the broader social system. SGM youth who perceive themselves as having capacity to assert their needs while other marginalized individuals often cannot would foster gratitude, and in turn, greater willingness to engage in advocacy-related contribution behaviors.

Along with attachment quality and SGM-specific support, family cohesion further conceptualizes SGM youth experiences of family support within an RDS model. In figure 1, I show how family cohesion, alongside parent-child attachment and SGM specific support, provide a context-specific framework for understanding family practices that may promote important PYD characteristics and behaviors to support SGM youth who face marginalization.

Hope and gratitude. Families exhibiting greater cohesion and SGM-specific support who also foster secure attachment can enable youth to both cultivate a greater sense of hope and of gratitude. Positive family experiences could provide SGM youth a social model for positive functioning in light of negative systemic forces (hope) as well as enable them to identify internal and contextual strengths in their environments despite possible structural barriers to thriving (gratitude; Barton & Miller, 2015; te Riele, 2010; Tsang, 2006). Together, the attributes further complement youth confidence and care for others, making those characteristics more likely to lead to contribution.

Summary

SGM youth's capacity to advocate for their needs and engage in community concerns are important for this population. These behaviors, often conceived of as part of the construct contribution, could foster greater self-efficacy in SGM youth, enabling them to challenge heterosexist and cissexist structural policies (Poteat, Calzo, & Yoshikawa, 2018). Such changes could improve SGM youth health across contexts, recursively spurring continued wellbeing for both this population and others.

Researchers have only recently started examining family interactions with SGM youth as having the potential for fostering their wellbeing. Despite historical hostility faced by SGM youth in the family context, explicit family support for SGM identity has been associated with various PYD qualities. Because SGM youth often experience a range of social experiences in the family setting, which may entail ambiguous support for SGM identity, parent-child attachment and family cohesion can capture the impact of alternate forms of family support on PYD attributes. Helping SGM youth cultivate PYD characteristics, especially hope, confidence, care for others, and gratitude would enable them to engage in various contribution behaviors. Of particular interest for marginalized populations, these PYD qualities would uniquely help SGM youth to advocate for their own needs as well as to transform larger communities and foster thriving in others. This proposed study conceptualizes SGM youth within the family context using both markers of explicit SGM-specific support and relational frameworks of family care for youth (attachment and family cohesion) as indicators of greater PYD characteristics and behaviors.

As outlined in figure 1, I posit that more secure attachment, greater family cohesion, as well as youth perceptions of explicit SGM-specific support will be directly associated with greater PYD characteristics. I focus on confidence, care for others, hope, and gratitude as positive attributes that are both critical for helping SGM youth engage in contribution and particularly well-suited for proportion through the family context. My study is novel for linking experiences of family support for SGM youth with a variety of PYD outcomes, both characteristics and behaviors. My study is also novel in its longitudinal focus on SGM youth thriving within the family context. Understanding how the family setting may foster health and wellbeing in SGM youth can provide directions for researchers and clinicians to develop more effective, strengths-based family interventions for this population.

Chapter 3

Method

Review of Purpose and Hypotheses

The study examined pathways by which SGM youth perceptions of interactions with family members, as conceptualized by parent-child attachment, family cohesion, and SGM-specific support, were related to select positive characteristics (confidence, care for others, hope, and gratitude), and contribution behaviors (advocacy beliefs and community engagement). In order to examined directional associations between family practices and different PYD attributes and behaviors, the study was longitudinal, using a two timepoint data collection design.

Hypothesis 1. Greater parent-child attachment, family cohesion, and perceived SGM-specific support will be associated with residualized increases in positive characteristics of confidence, care for others, hope, and gratitude in SGM youth (adjusting for baseline reports of PYD).

Hypothesis 2. Residualized increases in positive characteristics will be associated with residualized increases in contribution behaviors of advocacy and community engagement in SGM youth.

Hypothesis 3a. Parent-child attachment, family cohesion, and SGM-specific support will have a direct association with advocacy and community engagement in SGM youth.

Hypothesis 3b. There will be an indirect association from parent-child attachment, family cohesion, and SGM-specific support to advocacy and community

engagement, mediated through residualized increases in positive characteristics (confidence, care for others, hope, and gratitude) in SGM youth.

Research Design and Recruitment

This study used a two wave, longitudinal quantitative design. Participants were 270 sexual and/or gender minority-identified youth from the ages of 14 to 19, who answered survey questions at two timepoints: a baseline data collection and a six month follow-up. Youth were recruited through educational settings and SGM support-focused organizations with whom I had established contact through colleagues in my professional network. Contact organizations included the Boston Area Association for Gay and Lesbian Youth (BAGLY), OUT Metrowest, the Mama Bears, and Gender-Sexuality Alliances across various regions in the United States. I provided more comprehensive study information after receiving approval from the Boston College Institutional Review Board (IRB) in July 2020. All organization contacts were provided with an IRB approved description of the study, outlining the nature of the study, the estimated length of time it would take for youth to participate, and the remuneration.

Issues of statistical power. Statistical power can be affected by the stipulated statistical significance level, measurement error, magnitude of effects, and sample size (Murphy, Myors, & Wolach, 2014). I used strong measures, with the assumption that effects would be small to moderate in size. In determining the number of participants to recruit, I considered two factors based on the literature.

Prior research. The study drew from multiple theoretical frameworks, which have addressed a wide range of research questions across different youth populations. Therefore, there is large variation in number of participants in prior studies, both within

and across frameworks, and depending on the types of analyses that were conducted in those studies. For example, larger longitudinal studies on Positive Youth Development (PYD) have collected data from over 2,000 participants (Bowers et al., 2010; Gestsdottir & Lerner, 2007), while others have included as few as 146 participants (Poteat et al., 2015). Studies in parent-child attachment have ranged from 32 participants to over 1,000 (Muris, Meesters, & van den Berg, 2003; Schneider, Atkinson, & Tardif, 2001). In family cohesion-related studies, participants have ranged from 72 to nearly 300 (Leidy, Guerra, & Toro, 2010; Marsiglia; Willoughby, Malik, Lindahl, 2006). Studies of SGM-specific support have ranged between nearly 200 and over 9,000 participants (Snapp et al., 2015; Eisenberg, Puhl, & Watson, 2020).

Waiver of adult consent. I did not seek the consent from the parents of the youth who participated in this study, instead only asking those under the age of 18 to provide assent. Research conducted with SGM youth frequently uses this approach for several reasons. First, by requiring parental consent, a researcher can inadvertently "out" a participating SGM youth to their parents by way of the consent form. Outing participating youth could jeopardize their safety (Mustanski, 2011; Romijnders et al., 2017). Because parental consent to participate in an SGM-focused study may require youth to disclose their SGM identity to their parents or guardians, who do not otherwise know of this identity, they could increase their own risk of victimization, abuse, and rejection. Second, parental consent may also jeopardize validity of findings, as youth willing or able to obtain parental consent may self-select the participant group, skewing results (Schrager et al., 2019). Participants who were 18 and older were able to provide

consent. This study was considered minimal risk by the Boston College IRB, which approved of waiving adult consent in July 2020.

Minimal risk. This study did not include measures with a high likelihood of producing triggering responses, and no questions were diagnostic in nature. For example, there were no items assessing psychiatric illnesses or behavioral concerns, such as anxiety, depression, substance use, or suicidality; this study was focused on understanding outcomes related to PYD and thriving. Participants could choose to terminate their involvement in the surveys at any time and were only be linked to responses through their provision of assent and their email address which was recoded into a number in the final dataset.

Documentation of and capacity to assent. Participants read the "Information about Research Study" language on the first page of the online survey. Participants were provided the relevant information about the study. If participants agreed to engage in the study after they had read the entire form, they answered the first anonymous question (Do you assent?). In this dataset, only participants who consented or assented were included.

In order to minimize any potential for perceived coercion, all verbal discussions and written documents emphasized the voluntary nature of the study and were written to reflect the reading level of students in 7th grade. These documents stressed that participants were free to discontinue their participation at any time, were encouraged to ask any questions about the survey, and could skip any questions they did not wish to answer. All responses were provided through Qualtrics online surveys.

Data Collection Procedures

Wave 1 collection. Emails and advertisements provided a brief explanation of the study and highlighted that youth who participated would be remunerated ($5 gift card for wave 1, $10 gift card for wave 2), and that those who took the survey at two timepoints would be enrolled in a raffle for an additional $100 Amazon gift card. These advertisements were dispersed through contact groups, who provided information directly to members through their own social media and email listservs. When a contact group had distributed the study information to members, I also provided a unique password that members could use to access the survey. This password protection was used to prevent bots and false participants from accessing the survey. Each password was tailored to that particular contact group (e.g., MamaBears2020), and was valid for a limited period of time, after which it would no longer allow individuals to access to the survey. Group contacts were permitted to share my contact information with any individuals who wished to take the survey after the access window closed, who were then provided with a unique, one-time link to the survey. This process was repeated for each group so that data collection was strictly monitored and false participants/bots could be detected quickly.

After completing the wave 1 survey, each participant received a $5 gift card for Amazon.com as compensation and was reminded that subsequent completion of the six month follow-up survey will entitle them to another $10 gift card. The $5 gift card was sent electronically to participants only after confirmed the authenticity of a response. I implemented several methods to check the data. First, the Qualtrics survey included several attention check questions to ensure all data was from human participants who exerted effort to carefully read questions (e.g., “please select ‘frequently’ as the answer to this question”). Participants were also asked to provide their zip code, which was

compared to the GPS location of the participant, as provided through Qualtrics. Responses with either incorrect data check responses or GPS locations that were not in the same geographic region as the provided zip code were not considered valid.

I recorded the date of each participant's completion of the wave 1 survey in order to track when six months had passed for each participant since the completion of wave 1 data collection. Each participant was assigned a numerical code in order to match wave 1 and wave 2 data. There were no physical documents linking participants to their data. All assent and survey data were stored on the Boston College secure server, which is password-protected and was accessible only to me and my academic advisor. Youth provided their contact information using an email address, which was used at wave 2 in order to provide a link to the second survey.

Wave 2 data collection. Six months after a participant took the wave 1 survey, I emailed a link to a new Qualtrics survey. This Qualtrics survey was also created using the Boston College Qualtrics account and was again protected with unique passwords that were specific to that participant's contact group (e.g., Freeport2021). As with wave 1, gift cards were sent to participants only after I had confirmed that the response was from a human participant. At the conclusion of all wave 2 data collection, I randomly selected three participants who completed both wave 1 and wave 2 surveys to each receive an additional Amazon gift card worth $100. These winners were selected using their participant numerical code, and I did not look at any other identifying information until after these gift cards were sent.

Measures

Demographic information. Youth participants provided data about: age, gender sexual orientation, race, region where they live, religiosity, whether they reside with identified caregivers, the number of caregivers in their household, the family members with whom they lived, their level of outness to each family member, and their internet accessibility. The term caregiver, though variously defined across attachment literature, repeatedly refers to an individual who fosters support through provision of physical safety and emotional care (Benoit, 2004). While earlier attachment literature leans toward the term parent (Bowlby, 1988), caregiver has replaced that word over time, as family structures have grown more complex in the late-20th and 21st Centuries.

Age. Participants selected their age, which was presented as 14, 15, 16, 17, 18, 19, and Other. Participants had to fall within this age range (14-19 years) in order to participate in the study, and were not allowed to continue taking the survey if they selected the option "Other."

Gender. Participants were asked to check all of the genders that align with their gender identity. Listed identities included "cisgender male," "cisgender female," "trans-male," "trans-female," "non-binary," "agender," "gender fluid," and "genderqueer." There was also a written-in option "my gender identity is" with space for youth to provide their gender identity.

Sexual orientation. Participants were asked to check off the sexual orientation identities that align with them. Listed options included "gay/lesbian," "bisexual," "heterosexual," "asexual," "pansexual," "questioning my sexual orientation," and "queer." There was also a written-in option "my sexual orientation is" for youth to provide their sexual orientation. Any participants who selected both a cisgender identity

(i.e., cis-male, cis-female) and heterosexual as their sexual orientation were not considered eligible and were not permitted to continue the survey.

Race. Participants were asked to check off any racial identities with which they identify. Listed options included "White/European American," "Black/African-American," "Asian/Asian American," "Latino/a/x," "Bi/multi-racial," "Native American," "Middle Eastern," and "Prefer not to answer." There was also a written-in option "I identify as" for youth to provide their racial identity.

Region. Participants were asked to provide their zip code of residence at the time of completing wave 1 data collection.

Religious importance. Participants were asked about the importance of religion at the time of wave 1 data collection. Listed options included "very important," "fairly important," "not too important," and "not at all."

Family structure and members. Participants were asked whether they reside with caregivers. This question stated: "Family can be defined in many ways. Please indicate whether you live with people you would call your family." This phrasing enabled participants to best describe their own family structure and to reduce possible stigma surrounding historically atypical family structures. Participants then identified if they live with: "two caregivers in one home," "two caregivers separately," "one caregiver," or "more than two caregivers." Participants were also asked to "Please identify the individuals who make up your immediate family." Here, they listed all individuals whom they consider to be a part of their immediate family.

Outness. Participants were asked their level of outness as an SGM person to family members. For each family member indicated, participants rated their sexual

orientation outness on a scale of 1 to 7 (1 = person definitely does not know about my sexual orientation, 7 = person definitely knows about my sexual orientation, and it is openly talked about), and their gender identity outness on a scale of 1 to 7 (1 = person definitely does not know about my gender identity, 7 = person definitely knows about my gender identity, and it is openly talked about).

This measure is adapted from the Outness Inventory (Mohr & Fassinger, 2000), which was originally designed to measure only sexual orientation outness, though has been modified to also measure outness of gender identity (Brewster, Velez, DeBlaere, & Moradi, 2012). Coefficient alpha reliability ranges from $\alpha = .62 – .97$ (Whitman & Nadal, 2015).

Internet Accessibility. In light of the COVID-19 pandemic in 2020, it was important to consider how youth may engage with their broader communities through internet-based media. Therefore, participants indicated whether their internet is accessible. Participants were asked "are you able to access the internet regularly at this time?" Those who answered "no" were provided a fill-in text box to explain how their current access was limited.

Parent attachment. The Inventory of Parent Attachment (Armsden & Greenberg, 1987; Gullone & Robinson, 2005) is a 25-item scale that measures various qualities of youth relationships with caregivers, and asks youth to report the extent to which they agree with statements describing their relationship with their caregivers. The current scale is updated from its initial 1987 version, and several studies have substituted "caregiver" for "parents" in the original scale in order to account for more diverse family structures

(e.g., families with more than two caregivers or single parents; Gullone & Robinson, 2005; Hannum & Dvorak, 2004).

The inventory uses a five-point Likert scale, scaled from 1 to 5 ("almost never true" to "almost always true"). Statements include "My caregivers sense when I'm upset about something" and "My caregivers don't understand what I'm going through these days." Final scores are formed by summing the value of participants' answers. On this shortened scale, final scores may range from 12 to 60, with higher scores representing higher youth reports of attachment quality. Five items on this measure are reverse scored. As research with increasingly complex family and caregiver systems has grown more commonplace, the tool has been successfully used to understand attachment within these family structures. This includes use with families with divorced or single parents (Hannum & Dvorak, 2004). Thus, there is precedence in the literature for using the tool across a range of family structures. For this study, coefficient alpha reliability was $\alpha = .93$.

Family cohesion. The Family Adaptation and Cohesion Scale (FACES-III) is a 10-item scale that measures the extent to which participants agree with statements about perceived closeness between themselves and other family members. The scale uses a five-point Likert scale scored from 1 to 5 ("almost never" to "almost always"), that include items such as "My family members feel close to one another" and "In my family, everyone is involved and feels heard." The tool has been the primary measure of family cohesion in psychological literature since the initial model was posited (Olson, 2011). Final scores may range from 10 to 50 and higher scores represent greater perceived family cohesion. The tool has been used across a wide range of youth and family

structures (Edman, Cole, & Howard, 1990). For this study, coefficient alpha reliability was $\alpha = .88$.

SGM-specific support. This form of support was measured using an 8-item measure that asks youth to respond to statements about the extent to which they perceive their family members to engage in explicit practices supporting their sexual orientation or gender identity. This is an adapted version of a widely used scale used to measure family support for SGM youth sexual orientation and gender identity (Ryan et al., 2010). Youth respond to statements using a four-point scale, ranging from 0 to 3 ("never" to "often"), and each question includes an option that the statement "doesn't apply to me." The measure includes the stem "how much/often does your family," followed by various sentence completions, including "say negative comments about you being an LGBTQ person" and "say they are proud of you for being an LGBTQ person?" Final scores are calculated by finding the average of participants' numerical responses. Final scores may range from 0 to 3, with higher averages indicating higher levels of perceived family support for SGM-identity. Responses of "does not apply to me" are not averaged, and treated as missing. Cases containing all "doesn't apply to me" responses are removed from analyses. This tool was recently created for a study on the relationship between parent teasing and weight in SGM youth (Eisenberg, Puhl, & Watson, 2020). Though the tool has yet to be extensively studied, the creators are experts in family systems and SGM youth. For this study, coefficient alpha reliability was $\alpha = .75$.

Confidence. This subscale is taken from the Positive Youth Development – Short Form Scale measure (PYD-SF; Geldhof, et al., 2014). The subscale asks youth the extent to which various character descriptions apply to themselves, using a five-point Likert

scale scaled from 1 to 5 (“not at all like me” to “just like me”). These statements include claims about aspects underlying various PYD attributes. The confidence subscale is comprised of 6-items. Confidence is measured by statements such as “All in all, I am glad I am me.” The subscale has a final score range of 1 (infrequent expression of the PYD attribute) to 5 (frequent expression of confidence), calculated by finding the average of the recorded responses in each subscale. Coefficient alpha reliability for this study was $\alpha = .77$.

Care for others. As with confidence, this subscale is also taken from the Positive Youth Development – Short Form Scale measure (PYD-SF; Geldhof et al., 2014). This subscale asks youth the extent to which various character descriptions, all reflecting care for others, apply to themselves, using a five-point Likert scale, from 1 to 5 (“not at all like me” to “just like me”). The care for others subscale is comprised of 9-items. Statements such as “when I see someone being taken advantage of, I want to help them,” measure youth care for others. The subscale has a final score range of 1 (infrequent expression of care for others) to 5 (frequent expression of the PYD attribute), calculated by finding the average of the recorded responses in each subscale. Coefficient alpha reliability for care for others in this study was $\alpha = .85$.

Hope. The State Hope Scale is a 6-item measure that asks youth to indicate their level of agreement with various statements regarding their ability to navigate challenges to reach goals, using an eight-point scale, scaled 1 to 8 (“definitely false” to “definitely true”). Items include statements such as “I can think of many ways to reach my current goals” (Snyder et al., 1996). Final scores range from 6, indicating low levels of hope, to 48, reflecting high levels of hope. Coefficient alpha reliability for this study was $\alpha = .83$.

Gratitude. The Gratitude Questionnaire (GQ-6) is a 6-item measure asking participants to rate the extent to which they agree or disagree on a seven-point Likert scale, scaled 1 to 7 ("strongly agree" to "strongly disagree") on items such as "I have so much in life to be thankful for" (McCullough, Emmons, & Tsang, 2002). Final scores range from 6 (low gratitude) to 42 (high gratitude); two of the items are reverse-scored. Coefficient alpha reliability here was $\alpha = .77$.

Community engagement. The Civic Engagement Scale is a 14-item measure of youth attitudes toward community engagement and behaviors (each a subscale) that represent service to their larger community (Doolittle & Faul, 2013). Youth are asked to indicate the level to which they agree or disagree with statements about their own views and behaviors pertaining to community engagement using a seven-point Likert scale, scaled 1 to 7 ("disagree" to "agree"). Statements include "I feel responsible for my community," and "I believe that it is important to volunteer." Youth were asked the 8 questions from the attitudes subscale. Because participants may have been limited in their capacity to fully engage their communities due to COVID-19, we believed a measure of intention better captured the relationship between this construct and family support frameworks as well as PYD characteristics. Total scores on this subscale can range from 6 (low likelihood of engagement) to 56 (high likelihood of engagement). Coefficient alpha reliability was $\alpha = .91$.

Advocacy. Youth were asked to rate their advocacy-related behaviors. This was measured using the social justice behavior subscale of the Social Justice Scale. The social justice behavior subscale is a 4-item measure of youth behaviors in social justice-informed advocacy efforts. This measure has youth respond to statements using a seven-

point Likert scale, from 1 to 7 (1 = disagree strongly, 4 = neutral, and 7 = strongly agree) about how well a statement about advocacy beliefs applies to them. Examples of social justice advocacy include "I engage in activities that will promote social justice," and "I talk with others about social power inequalities, social injustices, and the impact of social forces on health and wellbeing." Final scores are calculated by summing participants' numerical responses. Coefficient alpha reliability for this subscale was $\alpha = .84$.

Chapter 4

Results

Preliminary Analyses

Data cleaning. There was minimal to moderate missing data across the included measures, from .003% (the item "I tell my parents about my problems and troubles") to 9% (the item asking the extent to which participant parents "taunt or mock you for being an LGBTQ person."). There was a retention rate of 63% between waves 1 and 2 of data collection (n = 270 in wave 1; n = 170 in wave 2). There were no significant differential attrition rates for participants based on gender ($\chi^2 = 198$, $p = .32$) , sexual orientation ($\chi^2 = 215$, $p = .29$), or race ($\chi^2 = 130$, $p = .19$). Imputation in MPlus at the item level was used to impute missing values with plausible simulated values based on the actual data. Imputation is considered an optimal approach for managing missing data (Schlomer, Bauman, & Card, 2010).

Correlations. Bivariate correlations among the variables within waves and between waves are reported in Tables 3a, 3b, and 3c for descriptive purposes. Correlations among exogenous (parent-child attachment, family cohesion, SGM-based support), and endogenous (confidence, care, hope, gratitude, advocacy beliefs, SGM-based advocacy, and community engagement) variables are reported. Correlations are based on computed scale scores and should not be confounded with the latent factors as tested in the structural model. Significant correlations were consistent with extant literature and hypothesized relationships between variables. Furthermore, all variables were highly correlated between time 1 and time 2 data ($r = .60 – .78$, see Table 3c).

Basic Group Comparisons

I conducted three MANOVAs to test for sampling and demographic group differences on all measures, based on gender identity, sexual orientation, and race. Based on the insufficient representation of participants across demographic groups, I decided to conduct these comparisons only for certain groups, as well as to combine select groups. Gender identity and sexual orientation group combinations were based on extant literature suggesting similar identity-related minority stressors. For example, trans-men and trans-women both navigate cissexism in society, while genderqueer and agender individuals often experience pressure from those in both cisgender and trans communities to conform to more familiar or established gender expressions (Herek, 2016). Gender identity categories examined were: cis-male, cis-female, transgender, non-binary, and those reporting other gender expansive identities (e.g., agender). Sexual orientation categories were: gay/lesbian, bisexual, heterosexual, pansexual, and those reporting other sexual orientations (e.g., asexual). I chose not to combine any racial or ethnic groups, as there is ample research demonstrating that experiences of race-based discrimination and stigma are unique to each group's sociopolitical identity (Fattoracci, Revels-Macalinao, & Huynh, 2021). Race categories included in comparison analyses were: White/European American, Black/African American, Latino/a/x, and Bi/multiracial. I did not include participants who indicated Asian/Asian American or Native American/American Indian due to their low representation in the data (6 participants and 2 participants, respectively).

Gender identity. A MANOVA was used to test for gender identity differences on the 10 variables representing family relationships and PYD qualities. There was a significant effect, Wilks' $\Lambda = .65$, $F(36, 534) = 1.803$, $p < .01$, $\eta_p^2 = .102$. Follow up ANOVAs and Bonferroni post hoc analyses indicated that cisgender women reported less

SGM-specific support compared to transgender ($p < .05$, Cohen's $d = .82$), nonbinary ($p < .01$, Cohen's $d = .76$), and other gender identified individuals ($p < .01$, Cohen's $d = .79$). Furthermore, cisgender men reported less care ($p < .05$, Cohen's $d = .68$), gratitude ($p < .01$, Cohen's $d = .78$), and social justice advocacy beliefs ($p < .05$, Cohen's $d = .70$) than nonbinary and other gender identified individuals; transgender youth reported less gratitude compared to nonbinary and other gender identified youth ($p < .05$, Cohen's $d = .29$ and .21, respectively; Table 4)

Sexual orientation. A MANOVA was used to test for sexual orientation differences on the 10 variables representing family relationships, PYD qualities, and contribution. There was a significant effect, Wilks' $\Lambda = .626$, $F(36, 508) = 1.876$, $p < .01$, $\eta_p^2 = .110$. Follow up analyses showed that gay/lesbian participants and those with other sexual orientations reported more family cohesion compared to pansexual individuals ($p < .01$, Cohen's $d = .48$ and .32 respectively; Table 5).

Race/ethnicity. A MANOVA was used to test for racial/ethnic group differences on the 10 variables representing family relationships, PYD qualities, and contribution. There was a significant effect, Wilks' $\Lambda = .522$, $F(36, 571) = 3.004$, $p < .001$, $\eta_p^2 = .150$. Post hoc analyses showed that Black/African American participants reported less family cohesion ($p < .05$, Cohen's $d = .25$) and gratitude ($p < .01$, Cohen's $d = .56$) compared to bi/multiracial participants, and less care ($p < .05$, Cohen's $d = .30$) and gratitude ($p < .05$, Cohen's $d = .34$) compared to Latinx participants. White participants reported more SGM-specific support compared to Black/African American participants ($p < .01$, Cohen's $d = .80$) though they also reported less care and gratitude compared to Latinx

and bi/multiracial participants, respectively ($p < .05$, Cohen's $d = .25$ and .27 respectively; Table 6).

Structural Equation Models

Structural equation modeling (SEM) with MPlus was used to test: (a) the measurement model; (b) the direct effects of the exogenous variables (attachment, cohesion, SGM-specific support) on the mediating variables (care for others, confidence, hope, and gratitude); (c) the direct effect of the mediating variables (care for others, confidence, hope, and gratitude) on the endogenous variables (advocacy and community engagement); (d) the direct effects of the exogenous variables (attachment, cohesion, and SGM-specific support) on the endogenous variables (advocacy beliefs and community engagement); and (e) the indirect effects of the exogenous variables (attachment, cohesion, SGM-specific support) on the endogenous variables through the mediating variables (care for others, confidence, hope, and gratitude).

In the initial dissertation proposal, I indicated the model would look at residualized change in PYD qualities and contribution. However, in testing this latent model, MPlus reported that it could not create a structural model using residualized changes for PYD outcomes. This was possibly due to the very high correlation between time 1 and time 2 data ($r = .60 – .78$, Table 3c). Therefore, I decided to test a predictive structural model, using time 2 data for all PYD qualities and contribution variables. Time 1 data was used for all family-related variables (parent-child attachment, family cohesion, SGM-specific support).

Measurement model specification. I used two to three indicators to specify each latent factor in the measurement models. The parent-child attachment factor was

composed of the three subscale scores from the Inventory of Parent and Peer Attachment: trust, communication, and alienation. All other factors in the model were composed of two to three item parcels (see figure 2). I conducted exploratory factor analyses on a univariate factor outcome for these measures, and calculated parcels based on paired factor loadings to ensure that items with higher and lower loadings were evenly distributed. Then, I conducted confirmatory factor analyses for the latent constructs in order to test the measurement models (see Table 7).

Model modification. I then considered modifications to my measurement models. MPlus produces a number of goodness of fit indices to assess whether a model is a good fit to the data. These include the standardized root square mean residual (SRMR), the root-mean-square error of approximation (RMSEA), the Comparative Fit Index (CFI), and the Tucker Lewis Index (TLI). SRMR and RMSEA have an acceptable level when less than .08 and the CFI and TLI are considered acceptable when greater than .90.

The initial models had an acceptable SRMR, RMSEA, and CFI (SRMR and RMSEA were both less than .08 and CFI was greater than .90). TLI was slightly unacceptable for both measurement models (TLI = .89), and so I reviewed modification indices to identify potential ways to improve model fit that would remain theoretically-driven and consistent. Based on this review, I allowed the indicators of communication and alienation for the parent-child attachment latent variable to covary. In the adjusted models, TLI improved to equal .90, and all other goodness of fit measures remained acceptable. I used these adjusted models to construct the final SEM models (see Table 7 for measurement model goodness-of-fit statistics).

Structural model identification. I then constructed SEM models based on the final measurement model. Due to the complexity of the proposed model and the high correlation between advocacy and community engagement (r = .81), I tested two structural models. One model included advocacy as the dependent variable and the second included community engagement as the dependent variable. Standardized and unstandardized path coefficients were examined for all dependent variables.

Bootstrapping. I conducted bootstrapping procedures to address non-normally distributed data and to obtain indirect effect estimates. Bias-corrected bootstrapping with 95% confidence intervals for 1000 samples from the data was used.

Testing the Hypotheses

The measurement and structural models were both good fits to the data (see Table 7 and Figure 2). Parent-child attachment was uniquely predictive of greater levels of care (β = .64, p < .001) and gratitude (β = .63, p < .001) six months later, beyond that of the other family-related variables. Family cohesion was uniquely predictive of greater confidence six months later, beyond all other variables (β = .32, p < .05; hypothesis 1, Figures 3 and 4).

SGM-specific support was uniquely predictive of community engagement six months later (β = .27, p < .05) beyond other family variables (hypothesis 3a, Figure 4).

Care was uniquely associated with greater advocacy beliefs (β = .51, p < .01) and community engagement (β = .47, p < .01), beyond that of all other PYD qualities (hypothesis 2, Figures 3 and 4).

Finally, there was a significant indirect predictive association from parent-child attachment to advocacy beliefs six months later through care (β = .16, p < .05), and a

significant indirect predictive association from parent-child attachment to community engagement six months later through care ($\beta = .13$, $p < .05$; hypothesis 3b, Table 8).

Chapter 5

Discussion

Research on SGM youth has increasingly shifted from a focus on disparities and health risks to emphasizing wellbeing and thriving (Frost, Meyer, & Hammack, 2015; Horn, Kosciw, & Russell, 2009). It has also sought to understand ways that such youth can engage in behaviors that promote thriving in their local communities, promoting wellbeing for others who face marginalization and improving overall community health (Craig & Austin, 2016; Poteat et al., 2015). While the PYD framework is increasingly used to understand how various social settings, like schools, may foster PYD and advocacy efforts in SGM youth, there is a paucity of research examining the role of the family context in promoting such outcomes. This study advances this literature, examining how positive relationships between SGM youth and family members, indicated by several markers of relationships, are associated with PYD qualities in SGM youth and their intention to engage in PYD behaviors in their local community.

Family Relationships in Predicting PYD Outcomes in SGM Youth

In the comprehensive structural model, parent-child attachment, family cohesion, and SGM-specific support were each uniquely predictive of various PYD qualities and behaviors after six months. Greater parent-child attachment was uniquely predictive of greater care for others as well as greater gratitude after six months, and family cohesion uniquely predicted greater levels of confidence after six months. Finally, greater levels of SGM-specific support were uniquely predictive of greater community engagement after six months.

Parent-child attachment. Greater attachment between parents and SGM youth was uniquely predictive of greater care for others and of gratitude in SGM youth after six months. These findings align strongly with prior attachment literature (Shaver, Mikulincer, Sahdra, & Gross, 2016) and highlight the role of secure attachment in promoting all PYD characteristics, especially care for others and gratitude in SGM youth.

Research has repeatedly shown secure parent-child attachment to be protective against mental health challenges in adolescence, particularly depression and substance use, as well as greater levels of PYD characteristics and contribution (Agerup et al., 2015; Chen, 2017; Mohamed et al., 2017; Nevarez et al., 2018). Attachment's especially strong associations with care for others and gratitude in this study aligns with literature on those positive qualities. Secure attachment is known to enable youth to feel safe in exploring novel environments and tolerate settings that are unfamiliar. Furthermore, when youth see their caregivers responding to their needs, they may be able to model that behavior for others in need of support. Therefore, it is likely that care for others can be exercised more effectively for SGM youth with strong parent-child attachment, as these youth may feel greater efficacy in extending greater attention and empathy toward diverse populations.

Similarly, secure attachment may also increase youth experiences of gratitude, which emphasizes the role of positive influences in one's life and has been shown to relate to care for one's larger community (Barton & Miller, 2015; Stellar et al., 2017). Youth with more secure attachment may be able to perceive ways to provide help to others in spite of structural barriers. For example, such SGM youth can recognize how their parents provide emotional support in spite of differences based on gender or sexual

orientation or non-existent external affirmation, modeling a way to draw on family-rooted positive experiences as a source of strength despite limited support. Extending attention and efforts toward improving the larger community is especially critical for historically marginalized youth who may face structural oppression during development. Caring for others and feeling gratitude in light of these challenges may enable them to engage in activities that address social oppression for themselves and for others in their immediate communities, despite diverse intersectional identities and community needs.

Family cohesion. In the structural model, family cohesion uniquely predicted greater levels of SGM youth confidence after six months. Literature on marginalized youth shows the role of family cohesion is particularly important, with greater closeness between family members associated with greater youth confidence and willingness to participate in the larger community, despite possible rejection from that larger system (Olson, 2000). Within SGM populations, family cohesion has been examined retrospectively with both gay and transgender adults, and known to be associated with perceptions of parents as being more loving and greater self-esteem (Stotzer, 2011; Willoughby et al., 2006).

This study's findings suggest that the connection between family cohesion and greater confidence and self-esteem in marginalized youth and SGM adults may extend to SGM youth, and could play a similar role in helping such youth to engage in communities that reject them. SGM youth in cohesive family systems may feel more confident due to increased feelings of agency in their family systems, as cohesive families allow members to express their needs to one another without concern for judgment or rejection. Furthermore, children in cohesive families are more likely to feel

that they are actively contributing to the larger family system, compared to youth within families that operate with more authoritarian members (Zahra & Saleem, 2021). Therefore, SGM youth living within highly cohesive families may develop greater confidence over time and a belief in their ability to enact change. This greater self-confidence may allow them to extend this quality outside of their family system and assert themselves within their larger social environments. Recognizing their capacity to advocate for their needs within a cohesive family structure may enable SGM youth to translate that behavior to their larger communities and identify ways to voice their needs as well as others'.

SGM-specific support. In the comprehensive model, greater levels of SGM-specific support were uniquely predictive of community engagement after six months. Affirmation for youth around their gender identity and sexual orientation has been recently identified as an important factor related to better health among SGM youth. Acceptance of queer identities by family members has been linked to reduced depression and suicidal ideation, as well as increased confidence and connection with others (Ryan et al., 2010; Snapp et al., 2015; Watson et al, 2020).

The particularly strong association between SGM-specific support and community engagement above all other model variables could be due to the structural nature of family affirmation for SGM identities. To date, the majority of studies examining family acceptance of SGM identity have focused on its individual impact on youth wellbeing (i.e., examining mental health outcomes; Ryan et al., 2010; Snapp et al., 2015). Furthermore, this study used a measure of SGM-specific support that focused on parent-child interactions. However, the findings of this study, linking such acceptance to

youth interest in community engagement after six months, highlights the role of SGM-specific family support in the broader sociocultural context. Explicitly affirming a child's sexuality or gender identity communicates more to the child than just that they are accepted by their caregivers. Identity-specific affirmation positions the identity's role in a larger sociocultural context, such as a religious or local community (McCormick & Baldridge, 2019). To highlight a child's sexual or gender identity positions that family member's support either in opposition to or alignment with social expectations outside of the family system (McCormick & Baldridge, 2019). For example, a parent who tells their child that they are proud about their child's SGM identity within a community that is primarily homo/transphobic can enable that child to model individual-level behavior that stands against broader social injustice.

The influence of SGM-specific support on community engagement may be further influenced by the extent to which youth are out to their caregivers. Research has shown that greater outness regarding gender identity/sexual orientation is associated with overall improved wellbeing for SGM youth (Meanley et al., 2021; Renteria et al., 2022). It is possible that role of SGM-specific support on youth wellbeing changes based on whether youth are affirmatively out to their family members. For example, a parent who affirms their child's potential SGM identity prior to the child sharing their SGM identity communicates anticipated acceptance, while a parent who does not voice support communicates possible rejection through ambivalence. The role of anticipated support, rejection, or ambivalence prior to being out could alter the relationship between SGM-specific support and community engagement following a child's decision to share their SGM identity with various family members.

Identity affirmation has been shown to have similar positive effects for other historically marginalized youth, particularly those facing racial discrimination and racial minority youth living with White parents (Castelli, Zogmaister, & Tomelleri, 2009). As such, whether intended or not, affirmation can be a political act within the family context. Thus, youth who are frequently told that their family members love them for their SGM identity and are proud of them for being an SGM role model, regardless of where they are in the outing process, may be more aware of, and express greater interest in, contributing to their larger community.

PYD Associations with Advocacy and Community Engagement

All measured PYD characteristics were associated with both advocacy beliefs and community engagement at the bivariate level (Tables 3a, 3b). However, within the final structural models, care for others predicted advocacy beliefs and community engagement beyond youth levels of confidence, hope, and gratitude. Additionally, care for others further acted as an indirect pathway through which parent-child attachment predicted both greater advocacy beliefs and community engagement.

The particularly strong role of care for others is noteworthy for SGM youth, as social marginalization for SGM populations is typically rooted in rejection by others (Meyer, 2003). Helping SGM youth to build their care for others may enable those facing systemic rejection to enact structural change in spite of social opposition. Care for others is known in the wider PYD literature to be associated with greater community concern and greater contribution efforts (Callina et al., 2014; Lerner et al, 2005). PYD research with marginalized youth has further shown that those who develop empathy for others in spite of their own challenges rooted in systemic injustice (e.g., racism) can lead them to

take actions at an individual and political level that address those issues (Diemer et al., 2016; Edwards et al., 2007). For SGM youth, immediate action could take the form of posting on social media or joining a school-based group focused on SGM or racial minority rights. In adulthood, such practice with community action could translate to broader structural engagement, volunteering with or financially supporting organizations focused on civic engagement of marginalized populations, to challenge oppressive systems.

Furthermore, the indirect pathway from parent-child attachment to both advocacy and community engagement suggests family interactions have a part to play in fostering wider social change. Due to attachment's association with greater comfort in exploring novel environments (Mikulincer, Shaver, & Pereg, 2003), stronger attachment between SGM youth and their caregivers may act as a catalyst that enables youth to engage in activities to enact community-level change and advocate for others who face marginalization; this may especially due to having cultivated greater empathy for others who share unfamiliar intersectional identities, allowing them to then act in solidarity with others.

Indeed, the development of care and empathy toward others in the wider community could be a particularly empowering psychological asset for SGM youth within societies that are hostile toward their and others' identities. As intersectionality is increasingly used as a lens to understand individual and group identity (Azmitia & Mansfield, 2021), there is a greater need to help youth cultivate empathy for others in light of the increasing heterogeneity in identity expression and group affinity. Emergent PYD research has noted that youth with intersectional views of peers' identities often

focus on intergroup differences as opposed to commonalities, which may mask shared group concerns regarding systemic oppression (e.g., misogyny, racism, homophobia; Azmitia & Mansfield, 2021). However, nascent qualitative research has shown that cultivating greater care for others in marginalized individuals, especially across intersectional differences, may help them organize to confront shared sociopolitical concerns and oppressive systems (Njeze et al., 2020). Helping SGM youth to increase their capacity to exert their needs alongside others despite oppressive systems may be especially important in the future, particularly with the rise of more intersectional understandings of marginalization and a rise in right-wing political activity in the United States (Jordan & Pennebaker, 2017). Emergent research following the COVID-19 pandemic and the Black Lives Matter protests highlights the role that youth played in raising awareness about these issues, particularly though greater community engagement (e.g., protests, social media, charity donations; Aitken, 2021; Hope, Keels, & Durkee, 2016). The ability of youth to connect with others and mobilize for action has long term implications for enabling self-determination in SGM populations, and centers the important role that positive family relationships can play in long-term population health, both for SGM individuals as well as community wellbeing.

Understanding hope. One unexpected finding was the lack of any significant relationship between hope and any of the other measured variables. This could be accounted for by the nature of the item wording for the State Hope Scale. The measure includes statements such as “I am meeting the goals that I have set for myself” and “Right now, I see myself as being pretty successful.” If youth believe they are meeting their current goals or see themselves as successful, they may be less motivated to engage

in activities in their local communities. The individualistic wording of the State Hope Scale highlights a need to better understand and measure hope in a collective way. The majority of hope-focused research in positive psychology has centered how hope for oneself influences broader beliefs about one's future (e.g., life purpose and engaging in community; Pallini et al., 2014; Wong & Lim, 2010). However, it remains unclear how hope may be influenced by one's beliefs about the wider community. For example, while youth may have hope regarding their own futures, that hope may not extend to their beliefs for the future of the broader community. A more nuanced or community-level conceptualization of hope may elucidate a more complex relationship between hope and the other constructs highlighted in this study.

Another explanation for this lack of association could be that greater hope for the future removes the urgency to act in the present toward structural change. That is, if one believes the future will be positive, there is less of a pressing need to engage in the community. This does not suggest, however, that families have no role in instilling hope in SGM youth, or that hope has no relationship with the development of contribution. Indeed, bivariate correlations between hope and all measures of family relationships were significant (Table 3). Rather, the construct does not appear significantly related to these variables above and beyond other related measures. In addition, because all PYD constructs were allowed to covary, it could be that hope is associated with advocacy or community engagement through one of these variables.

Within PYD literature, the construct of hope typically involves a future-orientation component, with youth not only centering their mastery for problem solving in the present but also asserting their belief that they can exert these capacities in the

future (Callina et al., 2014). This inclusion of future-orientation is an expanded conceptualization of hope that may be especially critical to understand in the context of research with marginalized youth. Such youth may struggle to develop hope for the future if they do not foresee a way that their marginalized identities (e.g., racial, sexual orientation, gender identity) can have a place to thrive in that future. This conceptualization of hope may be more strongly related to other PYD constructs for SGM youth, and future research should use measures of hope that encompass contextual, identity-related factors.

Significance of Findings

The role of positive relationships between family members and SGM youth is a nascent area of research, and this study is among the first to examine PYD outcomes with SGM youth within the family context using both: a) multiple indicators of family support and b) two time points of data. These innovations are important for the future of SGM youth research in several ways.

Contextualizing family support. The use of multiple indicators of family support is a critical step in understanding what many SGM youth and adults have expressed in qualitative research and in clinical settings: that affirmation of youth gender identity and sexuality is only one component reflecting how they relate to family members and how strongly they feel connected to their family.

Family relationships are inherently nuanced and multidimensional. Given the complexity of these relationships, it is important to consider the role of multiple indicators of family relationship dynamics and their effects on various developmental outcomes. Prior research rooted in the family indicators used in this study (parent-child

attachment, family cohesion, SGM-specific support) has often focused on one conceptualization of family interactions, and highlighted how that one construct relates to the examined outcomes (Leidy et al., 2009; Mayseless & Popper, 2019; Ryan et al., 2010). However, in this study, no one family construct stood out as markedly more important than the others in promoting PYD outcomes. Rather, while each indicator appeared slightly more predictive of one or several components of PYD characteristics and contribution, altogether the family-related variables predicted these outcomes in the conceptually expected manner.

It is important to carefully interpret the significance of select pathways in the structural models. While certain constructs uniquely predicted certain PYD and contribution outcomes, they do not detract from the role of the other variables in predicting positive outcomes for SGM youth. Indeed, the bivariate correlations for all measured variables were strong and statistically significant (see Table 3). Furthermore, the covariance of all family-related latent variables and all PYD quality variables in the final structural models (see Table 9) exemplifies how these constructs may frequently co-vary and likely work together to influence positive developmental outcomes. That is, SGM youth with affirming parents are more likely to have strong parent attachments along with cohesive family systems. Thus, all indicators appear to work together to promote wellbeing and are all important in fostering PYD qualities and contribution in SGM youth.

Another strength of using multiple indicators to understand SGM youth's family relationships is the ability to capture the nuanced experiences youth face in the family context. Family relationships for young SGM people are often complex, and may be

neither clearly affirming nor rejecting of their sexual orientation or gender identity. This ambivalent experience of family support may account for findings in past research showing unique associations or none at all between family support and health outcomes for SGM youth compared to heterosexual and/or cisgender populations (Ceccolini et al., 2021; Li et al., 2017). Because family-based support can encompass a wide range of experiences, such unique findings may not have fully captured all of these indicators of family relationship quality.

Two-timepoint design. Another strength of this study was the use of two time points of data, allowing for a directional understanding of how PYD qualities and contribution relate to family relationships. While single time point data collection may have suggested similar results in the structural models compared to the ones found in this study, all family-related latent variables were shown to predict various PYD qualities and contribution outcomes after a six month period. Furthermore, the high correlation between time 1 and time 2 PYD and contribution variables suggests that initial positive effects of strong family relationships may be long lasting. Although these variables may be relatively stable constructs, it remains noteworthy that family relationship dynamics predicted PYD indicators of wellbeing after six months, especially considering ongoing broader social changes (i.e., the effects of COVID-19). Having a framework to understand complex experiences of family relationships will be critical in helping SGM youth make sense of their own development, in turn impacting their own positive qualities and capacity to contribute to their communities.

Clinical applications of findings. The more nuanced understanding of multiple indictors of family support alongside knowledge of its predictive impact on PYD is

highly relevant in clinical settings. Clinicians in a variety of settings can use therapeutic space, particularly family therapy, to help families with SGM youth to strengthen parent-child attachment and family cohesion, and to learn ways to directly affirm youth's SGM identity through the family context. Various evidence-based family treatments already aim to improve youth community functioning by targeting elements of parent-child attachment and family cohesion through established intervention approaches (e.g., dialectical behavior therapy; Rathus & Miller, 2014). For example, such treatments help family members to listen and communicate more effectively interpersonally (e.g., one indicator of secure parent-child attachment) in order to increase feelings of agency among family members (i.e., greater family cohesion), and improve youth mental health (e.g., reduction in symptoms of depression or anxiety; Diamond, Russon, & Levy, 2016; Karver et al., 2005).

Addressing SGM-specific support alongside these other factors would be critical to increasing treatment effectiveness for SGM youth. For example, a queer youth experiencing symptoms of depression may feel unable (or even incapable) to voice how they experience their family's support, when family members express outright care for their wellbeing while either ignoring or even stigmatizing their SGM identity. The multifaceted understanding of family support for SGM youth, conceptualizing SGM support as distinct from other elements of family relationships, would allow clinicians and all family members to openly discuss how various aspects of their interactions affect youth wellbeing. If family members can understand the unique roles of all aspects of family functioning (attachment, cohesion, and SGM support), this could enable them to more effectively develop and apply skills in family therapy (e.g., expression of emotion

and advocacy for emotional needs). Such development would enable families to more actively foster various PYD characteristics in SGM youth, and allow for positive gains made within family treatment to continue once treatment concludes.

Using family treatment to build positive relationships between SGM youth and family members as well as foster PYD qualities is especially important from a preventative perspective. SGM youth are at markedly greater risk for mental health concerns, compared to cisgender and heterosexual peers (Marshal et al., 2011). Much research examining the etiology of these concerning trends links these outcomes to experienced stigma and discrimination, and positions the social environment as critical in either exacerbating or mitigating those experiences (Horn, Kosciw, & Russell, 2009; Meyer, 2003; Rivers et al., 2018; Ryan et al., 2009). Fostering positive family relationships within clinical settings would position families to have a positive role in both mitigating the effects of negative social contexts and in helping youth develop the capacity to actively change those settings to improve their wellbeing.

It is also important to note that these findings reflect both a chronosystem- and macrosystem-level shift in cultural attitudes toward the SGM community in the United States. Within the past twenty years, acceptance of SGM populations in popular culture has increased, with greater visibility and representation of queer identities in media and in political systems (Kohnen, 2015). In light of these recent social developments, this study's findings provide a possible roadmap for families to actively disrupt and change the cultural narratives surrounding queer identities, and to center families in promoting ecological change that supports SGM youth wellbeing and even thriving. Past social change promoting queer wellbeing has not been linear, and the progress gained speaks

directly to the role of advocacy and engagement in helping marginalized populations shift cultural narratives that pertain to their unique identities, and to reshape how they relate to different systems in their lives. Such progress has been met with pushback from conservative efforts to alienate individuals from those with different or more complex social identities. As such, family support for SGM youth continues to play an important role in fostering their wellbeing within a larger world that regularly and systemically oppresses them.

Limitations

This study's findings significantly advance an understanding of SGM youth within the family context, as well as that setting's capacity to promote PYD qualities for such youth. Despite the various strengths of this study, there are several limitations that should be considered in interpreting results. While there was a relatively strong retention rate (approximately 63%) between waves 1 and 2 of data collection, 100 participants did not provide time 2 data. Although attrition rates were not significant based on certain social identities (race, gender, sexual orientation), it is possible that other systemic differences may have accounted for participants' inability to continue or choice to discontinue their participation in wave 2. For example, participants who did not complete time 2 may have faced socioeconomic challenges, making the time 2 participants a self-selecting group due to their economic standing. It is important to acknowledge that retention in longitudinal research is especially challenging when seeking engagement from youth in marginalized communities, and that attrition rates for this study are in line with typical rates for longitudinal internet research with such youth (McInroy, 2016; Schleider & Weisz 2015). While I used several approaches to actively stay in contact

with youth and SGM support organizations during data collection, it is possible that data from these lost participants would have altered my findings. Future longitudinal research with SGM youth may choose to send youth survey access through a more diverse range of contact points, such as text message or social media communication.

Another limitation is that this study relied on youth perceptions of their relationships with family members, and did not include participation from other family members. Thus, results are only based on self-report, and may reflect a single-informant bias that could artificially inflate associations among variables. Because the measured family constructs are all rooted in relational frameworks, it is likely that different family members would report differing perceptions of the quality of relationships. Therefore, a more comprehensive approach to collecting data from all family members would provide a more nuanced understanding of how these family constructs influence SGM youth health over time. This could include multi-family member participation or even researcher observation to obtain as many data points as possible in understanding family relationships.

While this study significantly expands upon the primarily cross-sectional data of past research involving SGM youth family relationships, the two time points of data do not allow for the examination of developmental trajectories of change or to observe prolonged change over time. Similarly, while the structural model tested in this study looks at ways that family relationships predict PYD outcomes six months later, it does not predict relative change in these outcomes. More data points would allow for a more nuanced understanding of relative change in these variables and provide a more comprehensive model of SGM youth development in the family context.

Additionally, it remains unclear the extent to which the COVID-19 pandemic influenced the findings. Wave 1 data were collected during the height of the pandemic (August through November 2020), when positivity rates in the United States were increasing rapidly and when household lockdowns were still the norm (CDC, 2021). Nascent research suggests that COVID-19 lockdowns in 2020 may have amplified the role of family relationships in youth wellbeing (Panchal et al., 2021). That is, youth with preexisting strong relationships may have experienced positive effects of increased family time, while youth with poor intrafamily relations could have exacerbated negative health outcomes. Since youth spent extensive time within their households with limited access to other forms of social support, the influence of family relationships on health outcomes could be magnified in my findings. Therefore, I could not assess the extent to which extended time spent with other family members may have influenced youth's report of the family constructs at wave 1. Furthermore, wave 2 data were gathered when vaccination rates were increasing and vaccines were approved for youth aged 12 and older in the United States (March through May 2021). Therefore, it is not possible to parse how increased optimism surrounding the pandemic's end may have influenced reported PYD qualities and desire to engage in contribution activities.

Finally, these data, while gathered from SGM youth at a national scale, are not necessarily representative of the population of SGM youth, particularly with regard to racial identity, and may not represent all members of the SGM youth community in the United States. While certain groups were well or even over represented in the sample (e.g., White and African American youth), others were markedly underrepresented. For example, no participants identified as Middle Eastern or Arab American and there was an

underrepresentation of youth identifying as Asian or Asian American (2.2% compared to 5.7%, based on the 2020 census). Furthermore, youth continue to actively expand the language surrounding how they express their gender identities and sexual orientations, making it difficult to compare this sample to a national SGM population. While this study attempted to include a wide range of identities, it is inevitable that some participants did not see their own gender or sexual identities reflected in the options offered by this study. This may have discouraged certain youth from continuing to participate. Future studies should continue to engage with SGM youth in order to expand the diverse sexual and gender identities that are captured within research.

Future Directions

These findings demonstrate that positive family relationships have a strong association with PYD qualities and behaviors for SGM youth, and the two time points of data further suggest that such positive family relationships have at least an immediate sustained predictive association with these PYD outcomes. However, a more comprehensive longitudinal study of SGM youth would be especially helpful in understanding how all of these constructs within the family system influence SGM youth wellbeing. Future studies should continue to expand how they measure the quality of relationships between SGM youth and their family members. For example, repeated assessment over time, including prior to and immediately following youth coming out to family members regarding their gender identity and/or sexual orientation, would allow researchers to understand how these constructs vary over time, particularly through key developmental milestones for SGM youth. Additionally, assessing family relationships as perceived by all members would build on this study's relational framework, allowing

researchers to understand how variation in some or all markers of the quality of family relationships impact PYD variables, and subsequently may predict health and wellbeing in later development.

Such comprehensive designs would also further elucidate the unique role of SGM-specific support and identity affirmation in promoting positive outcomes for SGM youth and all family members. For example, while this study asked participants to rate the extent to which they experienced verbal affirmation for their SGM identity, I did not assess the extent to which other family members expressed interest in advocacy and community engagement. Understanding variation in family relationship indicators, PYD qualities, and contribution across all family members would provide researchers and clinicians a thorough picture of how all of these constructs work together to promote health for all members of the system. It could be that youth who witness family members participate in structural activities that affirm their SGM identity may develop even higher rates of PYD qualities over time, in turn promoting increased contribution over time. Furthermore, system-level contribution (i.e., advocacy on the part of some or all family members) may promote greater health for all family members, who may derive similar psychological benefits to SGM youth who engage in those activities. In turn, this could increase the health of all family members and of the whole family system, on both the individual and systemic level.

Conclusion

Researchers and clinicians have called for a greater examination of how contexts may promote health and wellbeing for SGM youth, and how various settings can support marginalized youth in advocating for their and others' needs in order to promote social

equity (Horn, Kosciw, & Russell, 2009; Russell & Fish, 2016). While the family setting has historically acted as a source of hostility, rejection, and mental health challenges for SGM youth (Ryan et al., 2009), it is increasingly evident that the context has the capacity for promoting their wellbeing. My findings demonstrate that positive family relationships, as conceptualized by several indicators (i.e., parent-child attachment, family cohesion, and SGM-specific support) can have a longstanding positive association with PYD qualities and contribution. More frequent experiences of these positive relationships could sustain SGM youth's health (conceptualized by confidence, care for others, hope, and gratitude) and their capacity to advocate for structural equity that promotes wellbeing for marginalized individuals in their communities.

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Tables & Figures

Table 1a
Skewness and Kurtosis Patterns of the Data – Time 1

Variable	Mean	*SD*	Min	Max	Skewness	Kurtosis
Parent-child Attachment	79.91	16.25	18	123	.46	.68
Family Cohesion	31.87	7.12	15	50	.55	-.15
SGM-specific Support	1.37	.78	0	3	.27	-.64
Confidence	3.11	.76	1	5	.06	.49
Care for Others	3.58	.76	1	5	.47	-1.04
Hope	29.97	7.19	8	48	.04	.16
Gratitude	31.25	7.10	13	49	.57	.01
Advocacy Beliefs	19.62	4.85	4	28	-.02	-.40
Community Engagement	38.03	9.32	13	56	.18	-.80

Table 1b
Skewness and Kurtosis Patterns of the Data – Time 2

Variable	Mean	*SD*	Min	Max	Skewness	Kurtosis
Parent-child Attachment	79.98	14.07	34	121	.72	1.29
Family Cohesion	31.08	7.01	14	48	.29	-.19
SGM-specific Support	1.42	.75	0	3	.33	-.50
Confidence	3.06	.70	1	5	.24	.93
Care for Others	3.53	.72	2	5	.58	-.74
Hope	29.46	7.78	4	48	.08	.53
Gratitude	30.94	7.37	17	49	.63	-.38
Advocacy Beliefs	19.74	4.31	12	28	.47	-.89
Community Engagement	37.35	8.47	15	56	.43	-.41

Table 2
Frequencies of Demographic Variables

Variable	Frequency
Age	
14	27 (10.0%)
15	40 (14.8%)
16	42 (15.6%)
17	59 (21.9%)
18	72 (26.7%)
19	30 (11.1%)
Gender Identity	
Cis-male	74 (27.4%)
Cis-female	88 (32.6%)
Trans-male	58 (21.5%)
Trans-female	9 (3.3%)
Non-binary	17 (6.3%)
Agender	1 (0.4%)
Genderfluid	4 (1.5%)
Genderqueer	3 (1.1%)
Other	16 (5.9%)
Sexual Orientation	
Gay/Lesbian	83 (30.7%)
Bisexual	69 (25.6%)
Heterosexual[a]	4 (1.5%)
Asexual	4 (1.5%)
Pansexual	63 (23.3%)
Questioning sexual orientation	8 (3.0%)
Queer	5 (1.9%)
Other	1 (0.4%)
Race/Ethnicity	
White/European American	177 (65.8%)
Black/African American	46 (17.1%)
Asian/Asian American	6 (2.2%)

Latino/a/x	22 (8.2%)
Bi/Multi-racial	16 (5.9%)
Native American/American Indian	2 (0.7%)
Zip Code (Geographic Region)	
00000s (New England)	23 (8.5%)
10000s (Northern Mid-Atlantic)	43 (15.9%)
20000s (Southern Mid-Atlantic and Southeast)	17 (6.3%)
30000s (Southeast)	43 (15.9%)
40000s (Eastern Midwest/Great Lakes)	21 (7.8%)
50000s (Northern Plains)	11 (4.1%)
60000s (Great Plains)	17 (6.3%)
70000s (Southern Plains and Texas)	30 (11.1%)
80000s (Rocky Mountains and Southwest)	23 (8.5%)
90000s (West Coast, Alaska, and Hawaii)	42 (15.6%)
Religiosity	
Very important	29 (10.7%)
Fairly important	101 (37.4%)
Not too important	76 (28.1%)
Not at all important	64 (23.7%)
Family Structure	
Two caregivers in one home	211 (78.1%)
Two caregivers separately	21 (7.8%)
One caregiver	28 (10.5%)
More than two caregivers	10 (3.7%)
Outness[b]	
Out to at least one caregiver (regarding sexual orientation.)	244 (91.9%)
Out to at least one caregiver (regarding non-cisgender identity)	106 (98.1%)

a) All participants identifying as heterosexual also endorsed a gender minority identity (i.e., not cisgender).
b) Percentages for outness are from youth identifying as a gender minority or sexual minority.

Table 3a
Bivariate Correlations – Time 1

	1	2	3	4	5	6	7	8	9
1. Parent-child Attachment	--								
2. Family Cohesion	.663**	--							
3. SGM Affirmation	.589**	.457**	--						
4. Confidence	.461**	.353**	.189**	--					
5. Care	.354**	.303**	.358**	.036	--				
6. Hope	.512**	.460**	.384**	.582**	.233**	--			
7. Gratitude	.480**	.403**	.350**	.398**	.512**	.488**	--		
8. Advocacy Beliefs	.320**	.340**	.406**	.064	.605**	.360**	.563**	--	
9. Community Engagement	.409**	.453**	.439**	.222**	.638**	.498**	.629**	.817*	--
M	79.91	31.88	1.37	3.11	3.58	29.97	31.25	19.62	38.03
(SD)	16.25	7.12	.78	.76	.76	7.29	7.10	4.85	9.32

* $p < .05$, ** $p < .01$

Table 3b
Bivariate Correlations – Time 2

	1	2	3	4	5	6	7	8	9
1. Parent-child Attachment	--								
2. Family Cohesion	.606**	--							
3. SGM Affirmation	.653**	.430**	--						
4. Confidence	.473**	.437**	.312**	--					
5. Care	.402**	.341**	.407**	.160*	--				
6. Hope	.429**	.433**	.429**	.538**	.388**	--			
7. Gratitude	.548**	.411**	.403**	.395**	.644**	.483**	--		
8. Advocacy Beliefs	.371**	.301**	.383**	.156*	.676**	.314**	.601**	--	
9. Community Engagement	.409**	.412**	.453**	.261**	.650**	.387**	.564**	.805**	--
M	79.98	31.08	1.43	3.06	3.53	29.46	30.94	19.75	37.35
(SD)	14.07	7.01	.75	.70	.72	7.78	7.37	4.31	8.47

* $p < .05$, ** $p < .01$

Table 3c
Bivariate Correlations Between Time 1 and Time 2 Variables

Time 1 Variable	Correlation with Time 2 Counterpart
Parent-child Attachment	.80**
Family Cohesion	.73**
SGM Affirmation	.71**
Confidence	.66**
Care	.78**
Hope	.60**
Gratitude	.72**
Advocacy Beliefs	.73**
Community Engagement	.68**

** $p < .01$

Table 4
Basic Group Differences on Account of Gender Identity

	F	η_p^2	Gender Identity *M (SD)*					Result
Measure			Cismale	Cisfemale	Transgender	Nonbinary	Other	
Parent-child Attachment	1.95	.05	79.05 (2.20)	78.96 (1.96)	79.13 (2.10)	91.12 (4.30)	85.00 (8.23)	---
Family Cohesion	1.24	.03	31.95 (1.05)	30.74 (0.93)	29.98 (1.00)	34.55 (2.05)	32.00 (3.92)	---
SGM-specific Support	4.31	.10	1.29 (0.11)	1.05 (0.09)	1.46 (0.10)	1.82 (0.21)	1.75 (0.40)	W < TG W < NB W < O
Confidence	.30	.008	3.13 (0.10)	3.03 (0.09)	2.99 (0.10)	3.06 (0.20)	3.22 (0.39)	---
Care for Others	3.49	.09	3.28 (0.10)	3.53 (0.09)	3.43 (0.10)	4.02 (0.20)	4.04 (0.38)	M < NB
Hope	.65	.02	28.36 (1.20)	28.25 (1.07)	29.98 (1.14)	28.82 (2.34)	33.67 (4.48)	---
Gratitude	4.52	.11	28.83 (1.09)	30.55 (0.97)	30.02 (1.04)	37.46 (2.12)	39.33 (4.06)	M < NB M < O TG < NB TG < NB
Advocacy Beliefs	3.80	.09	18.87 (0.63)	20.09 (0.56)	18.87 (0.60)	22.91 (1.24)	22.00 (2.37)	---
Community Engagement	3.38	.08	35.19 (1.22)	37.36 (1.09)	36.07 (1.17)	43.64 (2.38)	44.67 (4.56)	---

Note. M = cismale; W = cisfemale; TG = transgender; NB = nonbinary; O = other

Table 5
Basic Group Differences on Account of Sexual Orientation

	F	η_p^2	Sexual Orientation *M (SD)*					Result
Measure			Gay/Lesbian	Bisexual	Heterosexual	Pansexual	Other	
Parent-child Attachment	1.48	.04	81.70 (1.98)	76.54 (2.01)	88.00 (7.74)	79.10 (2.07)	83.71 (3.58)	---
Family Cohesion	4.57	.11	33.24 (0.95)	30.12 (0.98)	32.67 (3.72)	28.12 (0.99)	34.14 (1.72)	P < GL P < O
SGM-specific Support	1.69	.05	1.39 (0.10)	1.19 (0.11)	1.67 (0.40)	1.16 (0.11)	1.59 (0.18)	---
Confidence	1.52	.04	3.24 (0.10)	2.98 (0.10)	3.56 (0.39)	2.99 (0.10)	2.96 (0.18)	---
Care for Others	2.06	.06	3.43 (0.10)	3.41 (0.10)	3.05 (0.39)	3.44 (0.10)	3.92 (0.18)	---
Hope	.47	.01	29.76 (1.12)	28.26 (1.16)	32.33 (4.37)	28.64 (1.17)	30.21 (2.02)	---
Gratitude	4.28	.11	30.83 (1.01)	27.72 (1.04)	32.00 (3.94)	30.12 (1.05)	36.21 (1.83)	---
Advocacy Beliefs	3.88	.08	18.78 (0.59)	19.07 (0.61)	16.33 (2.30)	18.71 (0.61)	23.00 (1.06)	---
Community Engagement	4.77	.12	36.50 (1.15)	35.72 (1.19)	30.00 (4.50)	34.88 (1.20)	44.50 (2.08)	---

Note. GL = gay/lesbian; P = pansexual; O = other

Table 6
Basic Group Differences on Account of Race

	F	η_p^2	Race *M* (*SD*)				Result
Measure			White	Black/African American	Latino/a/x	Bi/multicultural	
Parent-child Attachment	.94	.02	82.19 (1.41)	77.59 (2.81)	74.78 (5.04)	80.10 (4.79)	B < BM
Family Cohesion	3.01	.07	31.37 (0.64)	28.52 (1.28)	32.22 (2.30)	37.10 (2.18)	---
SGM-specific Support	3.29	.08	1.48 (0.07)	0.99 (0.13)	0.97 (0.24)	1.40 (0.23)	B < W
Confidence	1.11	.03	3.08 (0.07)	3.00 (0.13)	2.68 (0.23)	3.30 (0.22)	---
Care for Others	4.67	.11	3.56 (0.06)	3.24 (0.13)	4.31 (0.23)	3.60 (0.21)	W < L B < L
Hope	2.16	.05	29.66 (0.72)	27.14 (1.44)	27.89 (2.59)	35.00 (2.46)	---
Gratitude	5.38	.12	30.73 (0.66)	28.83 (1.32)	36.89 (2.38)	37.60 (2.24)	W < BM B < L
Advocacy Beliefs	3.00	.07	19.89 (0.40)	17.93 (0.79)	22.00 (1.41)	21.40 (1.34)	---
Community Engagement	4.77	.11	37.58 (0.75)	32.97 (1.50)	44.67 (2.70)	40.90 (2.56)	---

Note. W = White; B = Black/African American; L = Latino/a/x; BM = Bi/multiracial

Table 7
Goodness of Fit Indices for the Measurement & Structural Models

	Goodness of Fit Indices			
Model	SRMR	RMSEA	CFI	TLI
Initial Measurement Model	.07	.07	.91	.89
Final Measurement Model	.07	.06	.92	.90
Structural Model (Advocacy)	.07	.06	.92	.90
Structural Model (Community)	.07	.06	.92	.90

Note. SRMR = standardized root mean square residual; RMSEA = root mean square error of approximation; CFI = comparative fit index; TLI = Tucker-Lewis Index.

Table 8
Structural Model

Estimated paths	Coefficient (standardized)	SE
Confidence predicted by:		
Parent-child attachment	.16	0.21
Family cohesion	.30*	0.17
SGM-specific support	.09	0.18
Care for others predicted by:		
Parent-child attachment	.64***	0.17
Family cohesion	-.14	0.14
SGM-specific support	.11	0.16
Hope predicted by:		
Parent-child attachment	.34	0.18
Family cohesion	.01	0.15
SGM-specific support	.24	0.16
Gratitude predicted by:		
Parent-child attachment	.63***	0.15
Family cohesion	.08	0.13
SGM-specific support	.12	0.14
Advocacy predicted by:		
Parent-child attachment	-.28	0.19
Family cohesion	.09	0.14
SGM-specific support	.24	0.15
Confidence	.03	0.15
Care for others	.51**	0.19
Hope	-.20	0.16
Gratitude	.55	0.29
Community Engagement predicted by:		
Parent-child attachment	-.18	0.17
Family cohesion	.11	0.13
SGM-specific support	.27*	0.13
Confidence	.16	0.13
Care for others	.47**	0.15
Hope	-.13	0.14
Gratitude	.28	0.24
Indirect pathway from Attachment to Advocacy through:		
Confidence	.03	0.15
Care	.16*	2.09
Hope	.06	1.10
Gratitude	.21	1.66
Indirect pathway from Attachment to Community Engagement through:		
Confidence	.14	3.08
Care for others	.13*	2.21

Hope	.05	0.85
Gratitude	.16	1.10

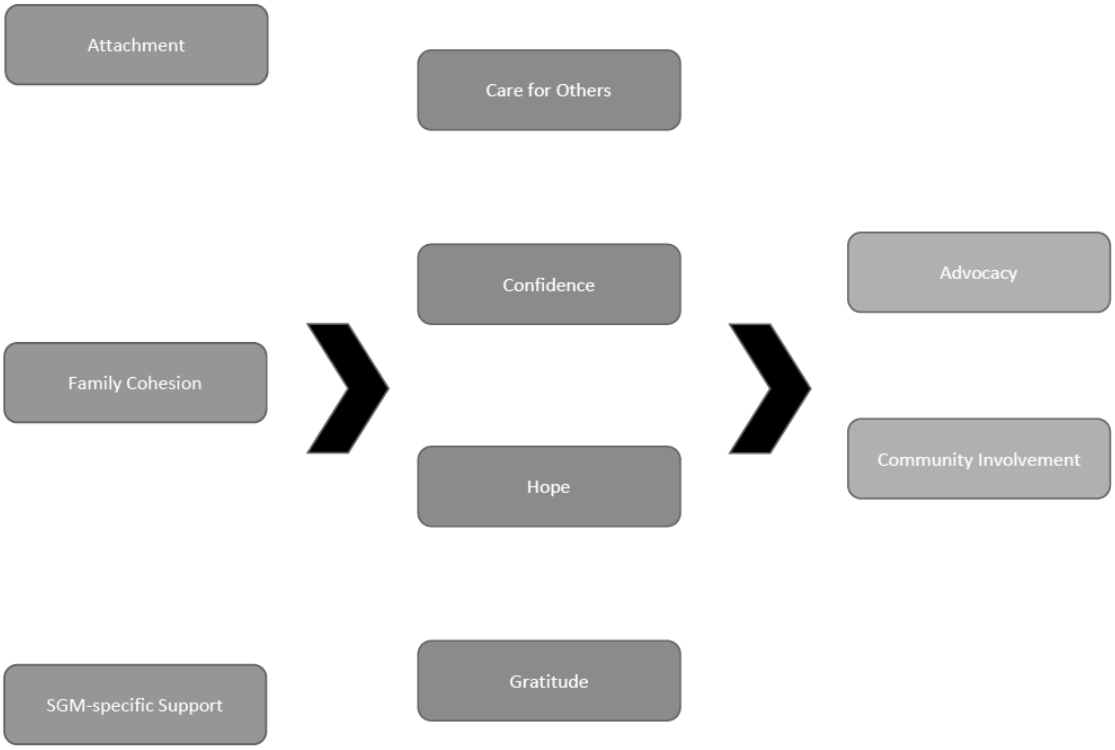
* $p < .05$ ** $p < .01$ *** $p < .001$

Note. Indirect pathways were tested for all exogenous variables. No indirect associations from family cohesion or SGM-specific support to advocacy or community engagement were significant at $p < .05$.

Table 9
Covariances Between Latent Variables and Select Parcels

	Coefficient (standardized)	SE
Parent child attachment with		
Family cohesion	.77	0.04
SGM-specific support	.73	0.05
Family cohesion with		
SGM-specific support	.58	0.06
Confidence with		
Care	.09	0.13
Hope	.68	0.08
Gratitude	.34	0.12
Care for others with		
Hope	.21	0.10
Gratitude	.71	0.08
Hope		
Gratitude	.43	0.10
Communication (Attachment parcel)		
Alienation (Attachment parcel)	.28	0.06

Figure 1. Initial proposed model[a]



a) All family framework variables are hypothesized to predict all mediators and outcomes.

Figure 2. Measurement model

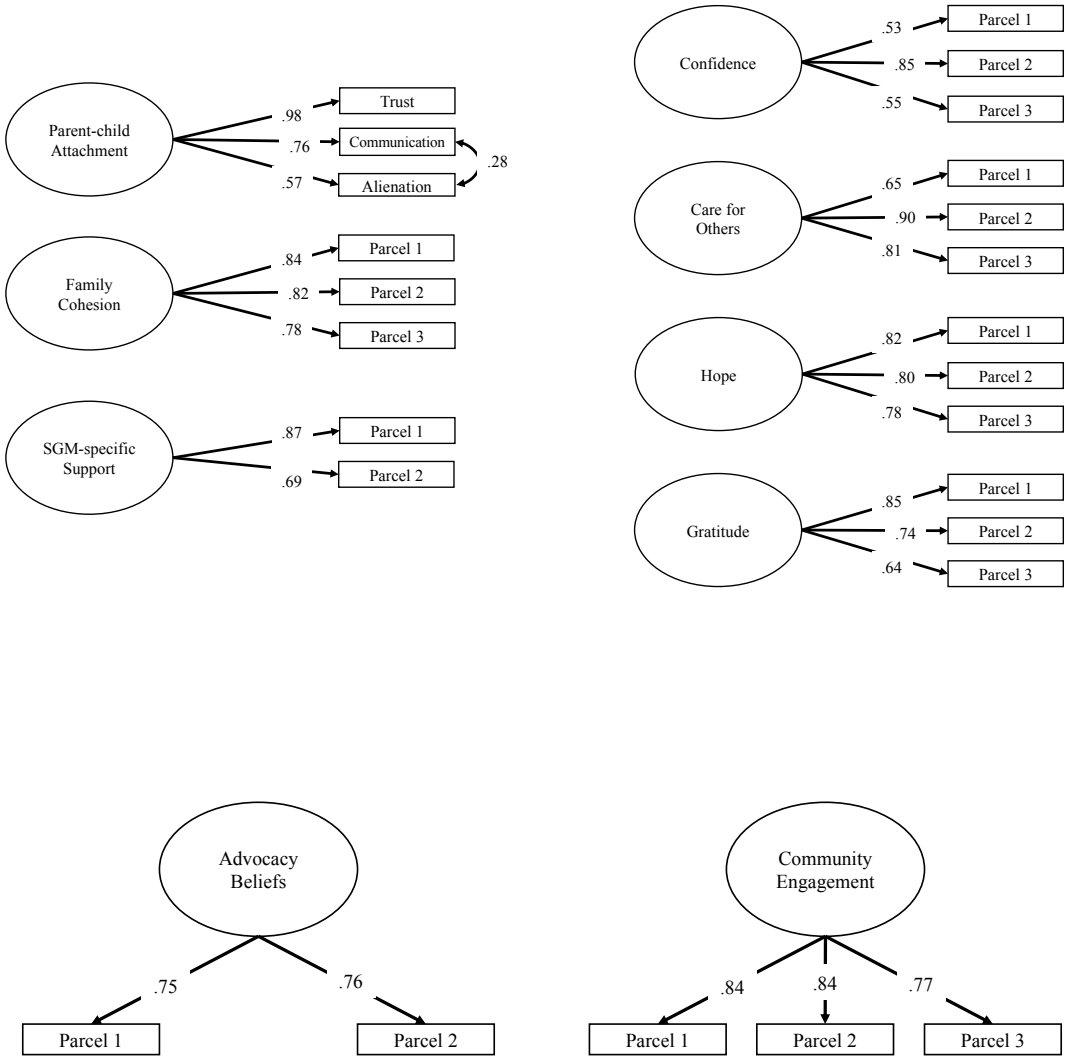
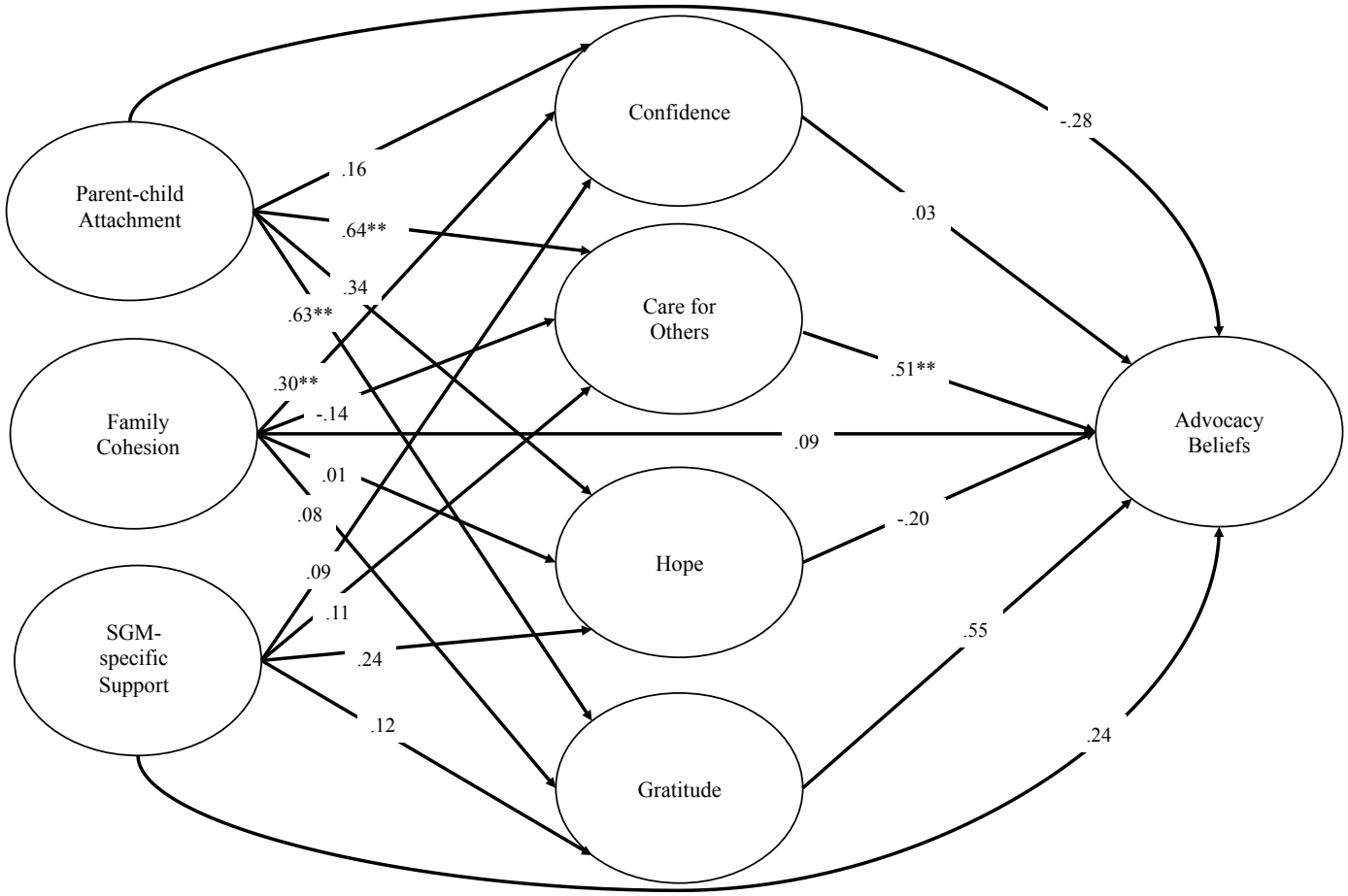
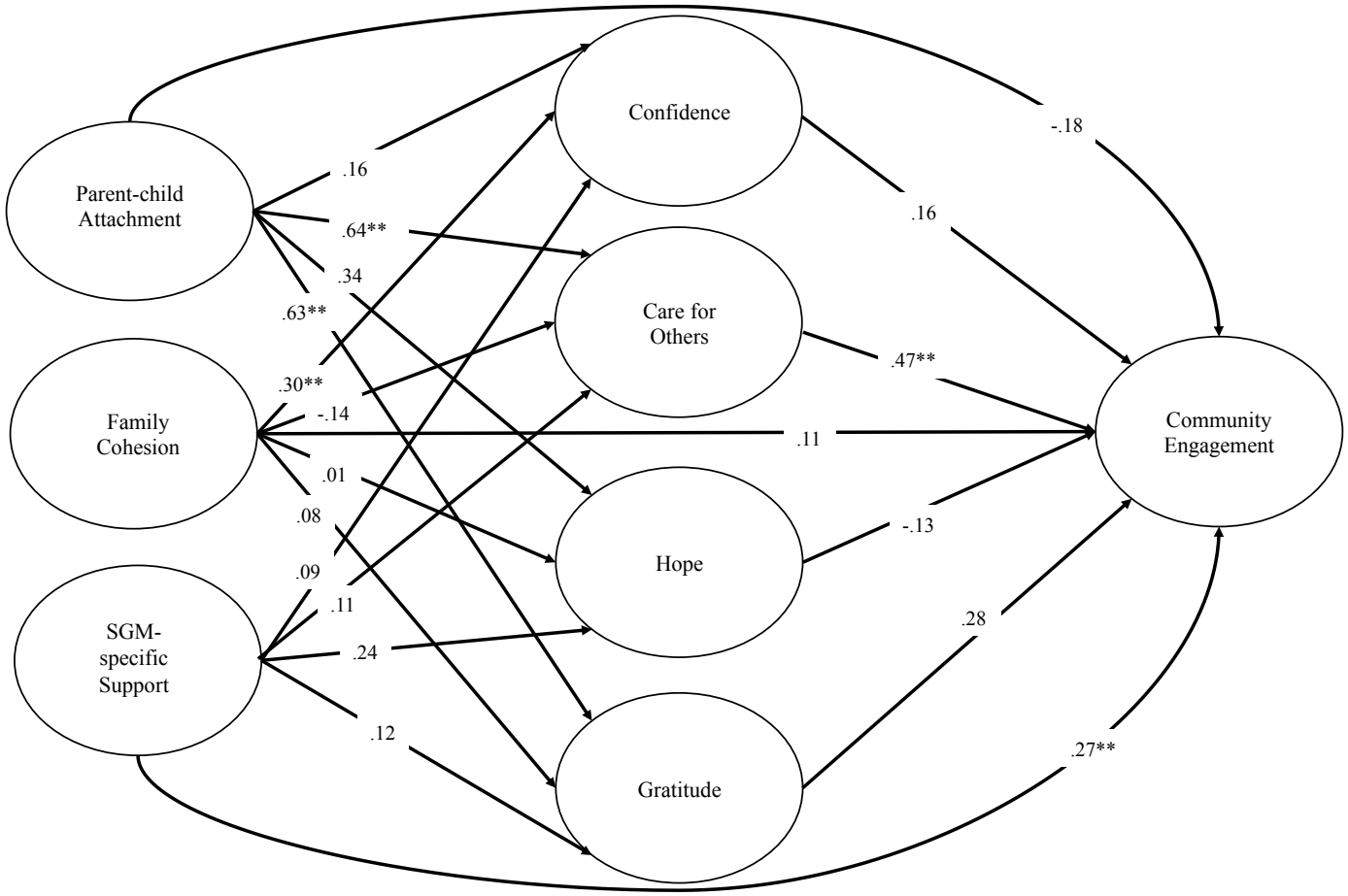


Figure 3. Structural model with advocacy beliefs outcome



Note. All family and PYD constructs covary as noted in Table 9. Covariance is not depicted here for parsimonious presentation of the model. ** $p < .01$

Figure 4. Structural model with community engagement outcome



Note. All family and PYD constructs covary as noted in Table 9. Covariance is not depicted here for parsimonious presentation of the model. ** $p < .01$