Sexual identity and intimate partner violence: The role of family and microaggressions among LGBTQ+ individuals

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Sexual identity and intimate partner violence: The role of family and microaggressions among LGBTQ+ individuals

by

Ashley B. Taylor

A dissertation proposal submitted to the graduate faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

Major: Human Development and Family Studies

Program of Study Committee:
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The student author, whose presentation of the scholarship herein was approved by the program of study committee, is solely responsible for the content of this dissertation. The Graduate College will ensure this dissertation is globally accessible and will not permit alterations after a degree is conferred.

Iowa State University
Ames, Iowa
2018

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ABSTRACT

The present dissertation provides critical contributions to the study of LGBTQ+ college students by examining the role of family and microaggressions on both intimate partner violence and identity development. Specifically, the role of interparental conflict, harsh parenting, and microaggressions on psychological perpetration and victimization; and the role of parental rejection, sexuality specific support, and microaggressions on both positive and negative identity were assessed. Findings illustrate that while mother interparental conflict, mother harsh parenting, and microaggressions were all significantly correlated with psychological victimization and perpetration, once all variables were added to the model, only microaggressions were significantly positively associated with both perpetration and victimization of psychological violence. For identity development, mother and father parental rejection positively influenced negative identity while sexuality specific support and microaggressions influenced positive identity. Also, moderation by participant gender was not supported. Limitations and future directions are discussed.
CHAPTER 1: INTRODUCTION

Motivated by both existing research and the gaps within research, the current dissertation centers on two primary interests regarding LGBTQ+ college students: 1) The contributing risk factors of intimate partner psychological violence perpetration and victimization; and 2) The impact of family and microaggressions on sexual identity development. Both papers are designed to encompass the developmental period of emerging adulthood (18 - 30 years old). This dissertation is an effort to fill some of the existing gaps in LGBTQ+ research in order to provide researchers, policy makers, counseling centers, and university officials with research that emphasizes the need to offer adequate and representative resources to LGBTQ+ students.

Pertaining to the first primary focus of this dissertation, rates of intimate partner violence in sexual minority populations are equal to or greater than rates within the straight population (for review see Edwards, Sylaska, & Neal, 2015). However, research focusing on psychological violence within the LGBTQ+ population is limited. A meta-analysis including 27 studies of psychological violence within LGBTQ+ relationships found that lifetime prevalence of perpetration and victimization varied considerably for lesbians and gay men (Mason et al., 2014). These findings hold significant relevance to sexual minorities. For example, sexual minorities are already more predisposed to experience exceptional social stress leading to various negative mental health outcomes (Meyer, 2003). Some of the social stressors experienced by sexual minorities may influence their likelihood to experience intimate partner psychological victimization and perpetration.

One stressor for LGBTQ+ individuals is violence experienced in the family of origin. Specifically, exposure to parental intimate partner violence has been directly associated with
perpetration of intimate partner violence (Ehrensaft et al., 2003; Roberts, McLaughlin, Conron, & Koenen, 2011; Stith et al., 2000; Whitfield, Anda, Dube, & Felitti, 2003) and victimization in adulthood (Iverson, Mclaughlin, Adair, & Monson, 2014; Kerly, Xu, Sirisunyaluck, & Alley, 2010; Narayan, Englund, Carlson, & Egeland, 2014). Additionally, experiencing harsh parenting in one’s family of origin has been linked to later intimate partner violence (Chiodo et al., 2012; Jouriles, Mueller, Rosenfield, McDonald, & Dodson, 2012; Lohman et al., 2013; Morris, Mrug, & Windle, 2015; Simons, Lin, & Gordon, 1998, Wekerle et al., 2009). Finally, one social stressor experienced by the LGBTQ+ community is microaggressions. A growing body of research suggests that experiencing microaggressions has a negative impact on LGBTQ+ individuals (for review see Nadal, Whittman, Davis, Erazo, & Davidoff, 2016). However, to date there are no studies published on the association between microaggressions and intimate partner psychological violence in LGBTQ+ college students.

Pertaining to the second primary focus of this dissertation, research has shown that sexual identity development is incredibly important in adolescence and emerging adulthood which can be uniquely challenging for sexual minorities (Bregman, Malik, Page, Makynen, & Lindahl, 2013; Mohr & Kendra, 2011). This dissertation used a multidimensional non-linear model of sexual identity development (Mohr & Kendra, 2011) to assess sexual minorities on eight distinct dimensions that relate to both positive and negative identity. Therefore, factors influencing sexual identity development such as parental rejection (Bregman et al., 2013; Carnelley, Hepper, Hicks, & Turner, 2011; D’Augelli & Hershberger, 1993; Willoughby, Malik, & Lindahl, 2006); family support (Baiocco, Laghi, Pomponio, & Nigito, 2012; Needham & Austin, 2010; Rosario et al., 2008); and microaggressions (Nadal
et al., 2016; Sarno & Wright, 2013) were assessed as possible stressors that may influence sexual identity development. To date, there is limited research specifically targeting these factors in relation to sexual identity development. Therefore, one aim of this dissertation is to examine sexual identity development, as well as risk factors which may help to identify the influence of stressors on the perpetually important sexual identity development process of LGBTQ+ college students.

Together, this dissertation utilizes a minority stress framework. Meyer (2003) explains that minority stress may be referred to as “the excess stress to which individuals from stigmatized social categories are exposed as a result of their social, often a minority, position” (p. 675). In his conceptualization of the minority stress model, Meyer (2003) suggests that minority stressors may significantly influence identity. In fact, several studies examine the link between minority stressors and specific dimensions of identity including coming out (Dunlap, 2016), sexual orientation concealment (Meyer, 2007), and identity uncertainty (Worthington, Navarro, Savoy, & Hampton, 2008). However, there is limited research on the role of family rejection (Bregman et al., 2013), family support, and microaggressions (Sarno & Wright, 2003) on sexual identity development of sexual minority individuals.

Researchers have hypothesized that minority stress increases the likelihood of experiencing intimate partner violence (Edwards & Sylaska, 2013; Lewis, Millentich, Kelley, & Woody, 2012; McKenry, Serovich, Mason, & Mosak, 2006). Additionally, minority stress experiences have been proven to influence relationship quality (Frost & Meyer, 2009) and depression (Bruce, Harper, & Bauermeister, 2015), which are both risk factors for an individual experiencing intimate partner violence (Hellemans, Buysse, DeSmet, & Wietzker,
Nevertheless, limited existing research focuses on the role of interparental conflict (Reuter Sharp, & Temple, 2015) on intimate partner violence in a sexual minority population. To our knowledge, no existing research examines the influence of harsh parenting and microaggressions on intimate partner psychological violence perpetration and victimization within a LGBTQ+ sample. Thus, to gain a fuller understanding of intimate partner violence, sexual identity development, and to advance the literature, a logical next step is to assess the aforementioned gaps in the literature by examining the role of these stressors on intimate partner violence and sexual identity development.

**Dissertation Organization**

This dissertation follows the alternative dissertation format and includes two comprehensive manuscripts detailing the role of interparental conflict, harsh parenting, and microaggressions on intimate partner psychological violence among LGBTQ+ college students and the influence of parental rejection, family support, and microaggressions on sexual identity development. The two chapters of this dissertation that reflect this effort are organized in the following way: Chapter 2 contains the theoretical framework and a comprehensive review of literature including the following main areas of interest for this study: interparental conflict, harsh parenting, microaggressions, and intimate partner violence. These sections are followed by the analytic plan and results detailing how each expectation for chapter 2 was tested. Chapter 3 includes the theoretical framework and comprehensive review of literature which includes: sexual identity development, parental rejection, family support, and microaggressions. These sections are also followed by the analytic plan and results detailing how each expectation for Chapter 3 was assessed. Chapter 4 includes a summary of the entire dissertation.
Paper one. Specifically, the proposed research contained in this dissertation aims to fill gaps in the literature by assessing predictors of intimate partner psychological violence among LGBTQ+ college students in Chapter 2 or Paper One entitled “Intimate Partner Psychological Violence among LGBTQ+ College Students: The Role of Harsh Parenting, Interparental Conflict, and Microaggressions.” Paper One specifically examined how family risk factors (interparental conflict and harsh parenting) and societal risk factors (microaggressions) influence intimate partner psychological perpetration and victimization among LGBTQ+ college students. This paper is being prepared for publication in the Journal of Sex Research.

Paper two. Chapter Three, or the second manuscript, “Sexual Identity in LGBTQ+ College Students: The Role of Parental Rejection, Family Support, and Microaggressions,” explores the role of parental rejection, family support, and microaggressions on sexual identity development of LGBTQ+ college students. Specifically, the third chapter evaluates the association between parental rejection, parental support, and microaggressions on eight dimensions of sexual identity outlined by Mohr and Kendra (2011) that following an exploratory factor analysis, were factored into two main constructs of negative and positive identity. Paper two is being prepared for submission to the Archives of Sexual Behavior.

In sum, the goal of this dissertation is to examine both the contributing risk factors of intimate partner psychological violence perpetration and victimization; and the impact of family and microaggressions on sexual identity development of LGBTQ+ college students. It is my hope that the results will provide meaningful insight to researchers, policy makers, families of LGBTQ+ children, LGBTQ+ campus student service centers, mental health
practitioners, and anyone working with LGBTQ+ emerging adults who want to understand the lives of LGBTQ+, in terms of what some risk factors are and what the potential outcome may be for violence in romantic relationships and sexual identity development.
References


CHAPTER 2: INTIMATE PARTNER PSYCHOLOGICAL VIOLENCE AMONG LGBTQ+ COLLEGE STUDENTS: THE ROLE OF HARSH PARENTING, INTERPARENTAL CONFLICT, AND MICROAGGRESSIONS

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Modified from a paper to be submitted to the Journal of GLBT Family Studies

Introduction

Psychological violence (also referred to as emotional violence) is often defined as severe sarcasm, offensive or degrading actions toward another, restrictions, and ultimatums or threats perpetrated by one person on another (O’Leary & Maiuro, 2001). It is commonly linked to an increased risk of posttraumatic stress disorder, unemployment, depression, substance abuse, anxiety, and suicidality (Coker et al., 2002; Jaquier, Flanagan, & Sullivan, 2015; Renner & Markward, 2009). According to a nationally representative sample of men and women over 18 years old in the United States, 40% of participants experienced expressive aggression such as name calling and 41% experienced coercive control in their lifetime (Black et al., 2011).

Studies show that violence experienced in the family of origin has been linked to both psychological violence perpetration and victimization in adulthood. For example, Kerley, Xu, Sirisunyaluck, and Alley (2010) found a direct association between exposure to parental intimate partner violence (IPV) in childhood and later psychological and physical victimization from a partner as an adult. Research also suggests that while witnessing violence between parents can have long-term effects, parental behavior towards their child

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may be more influential (Capaldi & Clark, 1998). Indeed, Lohman, Neppl, Senia, and Schofield (2013) found that parent psychological violence toward their adolescent, rather than interparental violence, predicted the adolescent’s psychological violence victimization and perpetration toward their own partner during adulthood. Thus, it is possible that the negativity and hostility experienced between parents spills over into parenting behaviors, which have long-term consequences for children that extends into adulthood.

In addition to interparental conflict and parenting, another potential risk factor for psychological violence perpetration and victimization is microaggressions. This is defined as behaviors and statements, intentional or unintentional, which express hostile or derogatory messages to a marginalized group (Sue, Capodilupo, & Holder, 2008). While there is a limited but growing body of research on microaggressions, the negative effects are well documented (Nadal, Whitman, Davis, Erazo, & Davidoff, 2016). For example, Robinson and Rubin (2016) revealed a positive association between reported posttraumatic symptoms and experiences with microaggressions. However, to the best of our knowledge, experiencing microaggressions has not been examined as a specific predictor of psychological IPV. Thus, the current study extends this literature by evaluating microaggressions in the context of psychological IPV perpetration and victimization.

Despite research on the prevalence, predictors, and consequences of psychological violence, little research specifically investigates psychological violence within the lesbian, gay, bisexual, transgender, queer (LGBTQ+) community. To date, most existing research on psychological violence, and IPV in general, focuses solely on straight individuals. Moreover, the limited research that exists on LGBTQ+ (used interchangeably with sexual minorities) individuals lacks representation of predictors of perpetration and victimization of college
students (Edwards & Sylaska, 2013). Indeed, the period of emerging adulthood may be particularly salient in terms of the relationship development. At this time, emerging adults are determining what qualities and attributes they would like in a partner, including acceptable and unacceptable behaviors such as IPV (Arnett 2000; Halpern-Meekin, Manning, Giordano, & Longmore, 2013).

For the purpose of the current study, the term LGBTQ+ was used to represent the broader experiences of individuals who are attracted to individuals of their same sex or gender. This is because LGBTQ+ is commonly used as an overarching acronym to include all gender and sexual minorities (GSM) who experience similar discrimination. For example, LGBTQ+ often includes not only those who identify as lesbian, gay, bisexual, and transgender but also other GSM such as those who identify as pansexual, asexual, questioning, or queer. Thus, for the review below, the acronym may be shortened to reflect the specific populations that a particular study investigates (i.e. LGB when the study includes only lesbian, gay, and bisexual participants). Taken together, the current study seeks to add to existing research by evaluating the role of interparental conflict, harsh parenting, and microaggressions on psychological IPV perpetration and victimization among sexual minority college students. Although there is little agreement among researchers about the definition of psychological violence (see Winstok & Sowan-Basheer, 2015), for this study psychological violence refers to the use of verbal and/or nonverbal communication with the intent to cause mental or emotional harm, and/or to exert control over a romantic partner.

**Theoretical Framework**

The minority stress model posits that increased stress placed on an individual because of their minority status (e.g. racial and sexual orientation) and the excess of social stressors
related to stigma and prejudice experienced by the LGBTQ+ community increases the risk of negative mental health outcomes (Meyer, 2003). The model was originally created for the LGBTQ+ community but has recently been extended to include racial minorities. Existing research has established stress to be a risk factor of IPV (Capaldi, Knoble, Shortt, & Kim, 2012). However, the stress experienced by the LGBTQ+ population is undoubtedly different (Hatzenbuehler, 2009). That is, there are additional stressors that are specific to the LGBTQ+ community including discrimination based on sexual orientation. For example, recent research using the minority stress model found that sexual minorities experiencing daily internalized stigma and expected rejection predicted negative affect (Mohr & Sarno, 2016). In addition, internalized homonegativity, defined as an individual internalizing anti-LGB stigma, has been extensively linked to negative mental health indicators such as depression, anxiety, and poor self-esteem (Feinstein, Goldfried, & Davila, 2012; Lehavot & Simoni, 2011; Newcomb & Mustanski, 2010; Szymanski, 2005, 2006).

Existing research examining IPV and minority stressors in LGBTQ+ individuals is scarce (see Edwards, Sylaska, & Neal, 2015). Indeed, little research exists focusing on psychological violence perpetration and victimization within the LGBTQ+ community, with even fewer studies focusing on college students at a time when individuals are most likely to experience IPV for the first time (Black et al., 2011). The limited research shows that the minority stress model has been used to assess the influence of minority stressors on perpetration and victimization of IPV among gay and lesbian individuals (Carvalho, Lewis, Derlega, Winstead, & Viggiano, 2011), and perpetration among LGBTQ+ college students (Edwards & Sylaska, 2013).
In addition to the minority stress model, the social learning theory (SLT) originally proposed that conformity and crime were learned behaviors based on interactions with other people (Akers, 1998) and was later extended to perpetration and victimization of IPV (Sellers et al., 2003). In fact, several studies provide evidence that SLT can be extended to learned behaviors from family influencing IPV (Fox et al., 2011; Powers, Cochran, Maskaly, & Sellers, 2017; Sellers et al., 2003). While SLT acknowledges that socializing or learned behaviors can come from outside the family (Krug, Mercy, Dahlberg, & Zwi, 2002), the current study focuses on SLT in the context of learned behaviors from family members, specifically parents. One recent study used SLT to predict IPV perpetration and victimization among a college student population (Powers, Cochran, Maskaly, & Sellers, 2017). Thus, the current study builds on the existing research using both the minority stress model and SLT to consider the influence of history of interparental violence, harsh parenting, and microaggressions on psychological violence perpetration and victimization among LGBTQ+ college students.

**Intimate Partner Violence**

The most recent estimate of IPV among a nationally representative sample of LGB individuals conducted by the Centers for Disease Control and Prevention reported the lifetime prevalence of rape, physical violence, and or stalking by an intimate partner was 44% lesbian women, 61% bisexual women, 26% gay men, and 37% bisexual men, while the rates for straight women and men were 35% and 29%, respectively (Walters, Chen, & Breiding, 2013). Research indicates that certain subgroups within the LGBTQ+ community may be at a higher risk of experiencing IPV. For example, Walter et al. (2013) found that bisexual women were much more likely to experience rape and sexual violence in their
lifetime when compared to lesbian and straight women, which is consistent with previous research (Dank, Lachman, Zweig, & Yahner, 2014; Freedner, Freed, Yang, & Austin, 2002). The few studies that have investigated IPV among LGBTQ+ college students have found that rates of IPV are the same as, or higher than, in straight populations. For example, Porter and Williams (2011) found that within a sample of college students, LGB individuals were more likely to experience physical, sexual, and psychological same sex violence than their straight counterparts.

While there is some existing research on IPV within the LGBTQ+ community, very little focuses specifically on psychological violence. Moreover, there is little consistency on the prevalence rates of psychological violence within the LGBTQ+ community. For example, some reports suggest that within lesbian, bisexual and gay relationships, 34% of individuals experience nonphysical violence (Bimbi et al., 2008). Others report that 21% of a nationally representative sample of high school students experience psychological partner violence victimization in a same sex relationship (Halpern et al., 2004), while 81% of men in same sex relationships report being the victim of verbal abuse within their lifetime (Blosnich & Bossarte, 2009).

In a review of 27 existing articles on psychological aggression among LGB individuals, 76% of women reported perpetrating psychological aggression and 70% reported being a victim of psychological aggression in the past year (Mason et al., 2014). Research on psychological violence specific to LGBTQ+ college students is further limited. A study focusing on the rates of IPV by LGBT college students found that 13% reported perpetration and 16% reported victimization of psychological violence (Edwards & Sylaska, 2013). Indeed, with some research suggesting that psychological violence may be more damaging
than physical violence (Finneran & Stephenson, 2013), in addition to evidence that LGB individuals may be more likely to experience IPV than their straight counterparts, it is important to examine predictors of psychological violence perpetration and victimization within the LGBTQ+ community.

Factors Influencing Psychological Violence Perpetration and Victimization

Interparental Conflict

Interparental conflict is commonly referred to as minor daily stress between parents, severe arguments, and physical violence (McCloskey, Figuerido, & Koss, 1995). Estimates suggest that approximately 10 million children are exposed to interparental conflict every year (McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, 2006). In a study of 8,629 adults, 24% reported exposure to domestic violence before age 18 (Dong et al., 2004). More recently, Karlsson, Temple, Weston, and Le (2016) found that approximately 40% of adolescent participants reported witnessing one or both parents physically assault one another in their lifetime. Existing research suggests overwhelming evidence that being exposed to interparental conflict within the family results in child aggressive behaviors (Belsky & Jaffey, 2005; Cummings, Goeke-Morey, & Papp, 2004; Pears & Capaldi, 2001), behavioral dysregulation (Fite, Greening, & Stoppelbein, 2008), and is linked to dating violence among adolescents (Lewis & Fremouw, 2001). Indeed, in a sample of adolescents, frequent parental conflict resulted in more involvement in perpetration and victimization of dating violence (Tschann et al., 2009).

Childhood exposure to interparental conflict also significantly increases the likelihood of being a perpetrator and victim of IPV in early adulthood (Ehrensaft et al., 2003; Roberts, McLaughlin, Conron, & Koenen, 2011; Stith et al., 2000; Whitfield, Anda, Dube, &
Felitti, 2003). One longitudinal study examined exposure to interparental conflict in childhood to adulthood (age 23) perpetration and victimization of IPV and found that exposure to interparental conflict in childhood significantly predicted later dating violence perpetration and marginally predicted dating violence victimization (Narayan, Englund, Carlson, & Egeland, 2014). Furthermore, childhood interparental violence is associated with higher physical, sexual, and emotional IPV victimization in adulthood (Iverson, Mclaughlin, Adair, & Monson, 2014).

Despite this evidence, most research on interparental conflict focuses on children or teenagers (Choi & Temple, 2016; Rhoades, 2008). However, one study of 223 college students found that witnessing interparental violence was prevalent, with 58% of the sample witnessing psychological interparental conflict and over 17% witnessing physical interparental violence in the past year (Black, Sussman, & Unger, 2010). A significant association was also found between interparental violence and IPV experienced in emerging adulthood. Indeed, almost 70% of participants reported the presence of psychological violence and 27% reported the presence of physical violence in their own relationships in the past year (Black, Sussman, & Unger, 2010). Moreover, although many studies exist linking interparental conflict to IPV, to date there is only one study that assessed the influence of interparental conflict on IPV among a sexual minority sample. Reuter, Sharp, and Temple (2015) reported that within an exploratory study of teen dating violence among sexual minority youth, interparental conflict was not associated with teen dating violence. Thus, the present study seeks to extend this existing research by assessing the association between interparental conflict during childhood and psychological IPV perpetration and victimization among LGBTQ+ college students.
Harsh Parenting

Harsh parenting can be defined as specific acts perpetrated by a parent to their child such as yelling, frequent negative commands, physical threats, and overt expressions of anger (Ge, Conger, Lorenz, & Simons, 1994; Morris, Mrug, & Windle, 2015; Neppl, Conger, Scaramella, Ontai, 2009). Various studies have linked harsh parenting experienced in the family of origin to later IPV in one’s own relationship (Lohman et al., 2013; Stith, Rosen, Middleton, Lundeberg, & Carlton, 2000). For example, Jouriles, Mueller, Rosenfield, McDonald, and Dodson (2012) found that adolescents who were recently exposed to harsh parenting were more likely to display teen dating violence perpetration. Similarly, another study found that reported pre-adolescent harsh parenting predicted adolescent IPV perpetration (Morris, Mrug, & Windle, 2015). These results are consistent with findings from longitudinal research which suggest that experiencing harsh parenting during childhood is associated with dating violence perpetration in both adolescence and adulthood (Chiodo et al., 2012; Lohman et al., 2013; Simons, Lin, & Gordon, 1998, Wekerle et al., 2009). Thus, it is argued that experiencing harsh parenting over a prolonged period of time may result in trauma symptoms (Margolin & Vickerman, 2007; Wekerle et al., 2001), which make the individual more likely to respond aggressively to a dissenting behavior from a partner (Wekerle et al., 2001).

Although there is a wealth of research linking harsh parenting during childhood to later IPV, less research exists focusing specifically on psychological violence among college students. For example, in a sample of 2,000 college students, men who have experienced harsh parenting were more likely to perpetrate sexual IPV (Simons, Simons, Lei, & Sutton, 2012). Sutton and Simmons (2015) also found that female college students who experienced
harsh parenting were more likely to be a victim of sexual assault by a male perpetrator than college students raised without experiencing harsh parenting. Moreover, to the best of our knowledge, there is little to no research on harsh parenting of LGBTQ+ individuals. Thus, the present study extends existing research by assessing the association between harsh parenting of LGBTQ+ college students and their reported experience with psychological IPV perpetration and victimization.

**Microaggressions**

The concept of microaggressions was originally introduced by Pierce (1978, 1988) to explain slights against ethnic minorities by White persons who felt a sense of entitlement to have a door held open for them or to break a line so they could get through, if the person were an ethnic minority versus a White person. Although Pierce’s work focused on the African American community, many researchers have investigated the presence of microaggressions toward various ethnic minority groups (Sue, Bucceri, Lin, Nadal, & Torino, 2007; Sue, Lin, Torino, Capodilupo, & Rivera, 2009), people with mental illness (Gonzales, Davidoff, Nadal, & Yanos, 2015), marginalized religious groups (Nadal et al., 2012), and women (Owen, Tao, & Rodolfa, 2010). Research suggests that all marginalized groups experience microaggressions differently (Sue, Capodilupo, & Holder, 2008). For example, a racial microaggression occurs when Black students are told they are very articulate because an underlying message is being conveyed that Blacks as a group are unintelligent. An example of a homonegative microaggression involves a gay man being told he doesn’t ‘act gay’ as a compliment or as if it is an accomplishment.

Although there is a wealth of information evaluating the effect of racial microaggressions, there is limited research on homonegative microaggressions or the subtle
discrimination experienced by sexual minorities. National samples have indicated that LGB individuals, after controlling for race, age, sex, income, marital status, and ethnicity, are twice as likely to report discrimination recently, in their day to day lives, and in their lifetime when compared to their straight counterparts (Burgess, Lee, Tran & van Ryn, 2007). Wright and Wegner (2012) found that individuals experiencing homonegative microaggressions had a significant negative impact on identity and self-esteem. Another study found that bisexual men and women who reported experiencing microaggressions reported more identity confusion than gay men or lesbians (Sarno & Wright, 2013). Moreover, a study involving LGB participants revealed a positive association between reported post-traumatic stress disorder symptoms and experiencing microaggressions (Robinson & Rubin, 2016).

Experiencing this subtle discrimination over time is reported to culminate in personal stress (King, 2005), which may result in severe stress or anxiety (Steele, Spencer, & Aronson, 2002). Increased stress and low self-esteem as a result of experiencing microaggressions may lead to exposure or perpetration of IPV. A study on domestic violence in lesbian relationships found low self-esteem to be a predictor of physical aggression (Miller, Greene, Causby, White, & Lockhart, 2001). Therefore, the current study seeks to extend this research by investigating the association between microaggressions and psychological victimization and perpetration. Indeed, to our knowledge no existing research includes microaggressions as a potential minority stressor, predicting psychological victimization or perpetration in LGBTQ+ college relationships.

**Present Investigation**

The present study evaluates the influence of interparental conflict and harsh parenting experienced in the family of origin and past microaggressions on perpetration and
victimization of psychological IPV for LGBTQ+ individuals. Data come from a sample of LGBTQ+ college students at a Midwestern university. Following our review of the literature, it is expected that reported interparental conflict and harsh parenting in childhood will be associated with perpetrating or being a victim of psychological IPV in emerging adulthood. It is also expected that experiencing microaggressions will be related to perpetration and victimization of psychological IPV (see Figure 1).

In a review of the literature pertaining to IPV among sexual minorities from 1999 to 2015, Edwards, Sylaska, and Neal (2015) provided several suggestions for future research. This includes inclusion of identities of sexual orientation which are underrepresented sexual minority groups (e.g., questioning individuals) and exploring the interaction of gender identity. Thus, the current study included LGBTQ+ individuals, as well as those who are questioning and asexual. In addition, we controlled for sexual orientation, income, size of town (rural v. urban), and age. Previous research shows that these control variables may be related to IPV behaviors. For example, Nadal, Whitman, Davis, Erazo, and Davidoff (2016) suggest that there may be microaggressions specific to each individual sexual orientation. Age has been shown to impact likelihood of experiencing IPV (Peterman, Bleck, & Palermo, 2015). Existing research has established that rural women are more likely to experience IPV than urban women (Peek-Asa et al., 2011). Finally, other research suggests that gender and outness may be related to parenting and IPV. For example, females perpetrate intimate violence at higher rates than their male counterparts (Feiring, Deblinger, Hoch-Espada, & Haworth, 2002). If the participant is out to a parent or not may put the participant at greater risk for experiencing verbal and physical abuse from parents because of their sexual
orientation (D’Augelli, Hershberger, & Pilkington, 1998). Therefore, we moderated our final model by gender identity and outness to parent.

**Method**

**Procedure**

During the 2017 fall semester, participants were recruited via a university wide mailing list that included all students at a Midwestern University. An email was sent out to all students which included a short description of the study and a link to complete a Qualtrics survey. To be eligible to participate in the study, participants were required to be at least 18 years old, have been in a current or previous relationship in the past 12 months, and identify as LGBTQ+. In order to account for multiple submissions by the same participant, a question was included asking the participant if they had previously completed the survey. The survey took approximately 15 - 20 minutes to complete and was approved by the university IRB. There was an incentive for completing the survey which allowed the participants to be entered to win one of 16 $50 gift cards.

**Participants**

This study included 379 participants. The participants identified as 45.1% bisexual, 17.6% gay, 11.1% lesbian, 12.2% pansexual, and 14% other sexual orientation. The participants ranged in age from 18 to 30 and the average age was 21. Gender was assessed by self-selection into one or more of the following categories: agender, genderqueer, gender fluid, man, non-binary, questioning or unsure, transgender, trans man, trans woman, woman, fill in the blank, and prefer not to answer. Because of small sample size, individuals who did not answer male or female were combined into a third category, ‘other gender’ (n= 45) resulting in three categories: female (60.2%), male (28%), and other (11.9%). The sample
represented the following racial groups: 84.4% White, 8% Hispanic, 5.5% Asian, 4.1% Multiracial, 1.8% Black/African American, 2.3% Native American, and .3% Hawaiian/Pacific Islander. There were 18.7% freshmen, 20.3% sophomores, 23.7% juniors, 25.3% seniors, and 11.9% graduate students. Most students were raised in urban (more than 50,000 people in town: 56.6%) rather than rural communities (43.4%). The participants’ parental relationship status for their mother figure was mostly married (89.2%), followed by cohabiting (3.7%), dating (2.6%), other (4.6%). The parental relationship status for their father figure was similar: married (88.2%), cohabiting (5%), dating (2.1%), other (4.7%). Parents who were single or widowed were dropped from the analyses. Most of the participants’ mother figures were the biological mother (96%), followed by step-mother (2%) and other (2%). Most of the participants’ father figures were the also their biological father (87.1%), followed by step-father (6%) and other (6.9%).

Measures

Interparental conflict. Interparental conflict was measured using the Behavioral Affect Rating Scale (BARS; Conger & Conger, 2002). Participants answered questions referring to a mother figure (e.g. biological mother, step-mother, foster mother) and a father figure (e.g. biological father, grandfather). The measure included 10 items asking the participant how often throughout childhood their mother and father got angry at each other, criticized each other for their ideas, shouted or yelled at each other because they were mad, or argued with each other whenever they disagreed about something. Responses ranged from 1 = always to 7 = never. After being reverse coded, the items were averaged together to create a manifest variable for each parent. Internal consistency reliability was (α = .94) for mother behavior to partner and (α = .95) for father behavior to partner. The BARS has been
used in other studies with demonstrated validity (Cui, Durtschi, Donnellan, Lorenz, & Conger, 2010).

**Harsh parenting.** Harsh parenting was measured using the Behavioral Affect Rating Scale (BARS; Conger & Conger, 2002). The participants answered questions referring to both a mother and father figure. The measure included 10 items asking the participant how often throughout childhood their mother and father got angry at him/her (the participant), criticized him/her for his/her ideas, shouted or yelled at him/her because she was mad, or argued with him/her whenever she disagreed about something. Responses ranged from 1 = *always* to 7 = *never*. After being reverse coded, the items were averaged together to create a manifest variable for each parent. Internal consistency reliability was ($\alpha = .92$) for mother and ($\alpha = .93$) for father.

**Microaggressions.** Microaggression experiences were measured using the Sexual Orientation Microaggressions Inventory (SOMI; Swann, Minshew, Newcomb, & Mustanski, 2016). The validated measure (Swann et al., 2016) includes 26 items and has shown convergent, factorial, and discriminant validity in sexual minority youth research (Swann et al., 2016). Questions included items such as growing up how often did you hear ‘You were told that being gay is just a phase?’ Someone said, ‘I don’t mind gay people, they just shouldn’t be so public?’; and Someone said, ‘homosexuality is a sin or immoral’.” Questions were answered on a Likert-type scale from (0 = *never* to 4 = *very often*). A high score reflects more experiences of microaggressions. Items were summed to create a manifest variable. The measure has been used in other studies with demonstrated validity (Kaufman, Baams, & Dubas, 2017) and proved good reliability in the present study $\alpha = .94$. 
**Psychological violence perpetration and victimization.** Participants completed the Revised Conflict Tactics Scale (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996). The CTS2 measures the presence of 16 behaviors, which are broken down into eight psychological/emotionally aggressive behaviors (e.g., “yelled at my partner”). Each respondent reported their own perpetration of emotional behaviors (eight total behaviors) and their own victimization of emotional behaviors by their partners (eight behaviors) for a total of 16 total behaviors. Participants indicated the number of times they were the perpetrators or victims of each behavior including; *never, once, twice, 3-5 times, 6-10 times, 11-10 times,* and *20+ times.* Composite scores for perpetration and victimization were calculated by adding the midpoints for each response category across tactics (e.g., the midpoint 4 for 3-5 times), as recommended by Straus et al. (1996). Each summed scale was used to create a manifest variable. Alphas across the two scales ranged from $\alpha = .72$ for psychological victimization to $\alpha = .82$ for psychological perpetration.

**Control variables.** The control variables include sexual orientation which was measured by asking the participant which sexual orientation they identify with. Responses included lesbian, gay, bisexual, pansexual, and because of small sample size queer, questioning, asexual, and prefer not to disclose were combined into an ‘other sexual orientation’ category ($n = 53$). Income was measured on a 6-point scale ranging from less than $5,000 to $125,000 and over. Size of town was measured by asking participants if they grew up in a rural (fewer than 50,000 people) or urban (more than 50,000 people) area and this variable was dummy coded 0=urban, 1=rural. Finally, age was measured by a forced answer question with selection options from 18 to over 26 (fill in the blank) and was included as a continuous variable.
Data Analysis Plan

Preliminary analyses were conducted to obtain descriptive data (Table 1), and correlations (Table 2) of all study variables. To test Figure 1, the model was analyzed in Mplus version 7 (Muthén & Muthén, 2012) as a structural equation model. Structural equation models examined the significance of the paths from interparental conflict, harsh parenting, and microaggressions to psychological violence perpetration and victimization. The model was estimated with and without the inclusion of the control variables. Both generated similar results, so models are presented with the inclusion of the control variables. Parental gender differences were tested by running a free (unconstrained) and fixed (equally constrained) model for mother and father interparental violence and harsh parenting. First, Model 1a freely estimated all parameters separately for mothers and fathers. Model 1b constrained mother and father indicators to equality to test whether the paths differ in magnitude between mother and father. Specifically, the paths from mother interparental conflict to both psychological violence perpetration and victimization and the parallel paths, father interparental conflict to both psychological violence perpetration and victimization, were equated. In addition, paths from mother and father harsh parenting to both violence perpetration and victimization were equated. According to fit, a final model was selected.

Model fit was assessed in the fixed model by the Chi Square, RMSEA, and CFI. RMSEA values under .05 indicate close fit to the data (Hu & Bentler, 1999). For the CFI, fit index values should preferably be greater than .95 to consider the fit of a model to the data to be acceptable. Model fit for testing moderation by participant gender and if the participant is out to a parent or not was assessed by the Chi Square, RMSEA, and CFI in the fixed (constrained) model. Missing data were handled by full information likelihood (FIML,
Allison, 2003) estimation for Mplus analyses. An a priori linear multiple regression power analysis (G Power; Faul, Erdfelder, Buchner, & Lang, 2009) indicated that to detect a medium sized effect (0.15), $\alpha = .05$, with five predictors, and to obtain statistical power at the .95 level, at least 138 subjects were needed.

**Results**

**Correlations among Variables**

Table 2 shows the zero-order correlations among predictor variables (mother and father interparental conflict, mother and father harsh parenting, and microaggressions) with the outcome variables (psychological violence perpetration and victimization), and the control variables (sexual orientation, income, rural/urban, and age). The associations among study variables indicated moving forward in conducting the path analyses. For example, mother harsh parenting was correlated with both psychological perpetration ($r = .16, p < .01$) and psychological victimization ($r = .20, p < .01$).

**Structural Equation Models**

Findings from the free and fully recursive model (see Table 3) show that, contrary to our expectation, mother and father interparental conflict, as well as mother and father harsh parenting were not significantly associated with psychological violence perpetration or victimization. However, microaggressions were positively associated with psychological violence perpetration ($\beta = 0.17, SE = 0.06$) and victimization ($\beta = 0.28, SE = 0.05$). First, Model 1a (free model across parent gender) freely estimated all paths separately for mothers and fathers. Because this model is fully recursive, as a consequence it has perfect fit. Model 1b constrained mother and father interparental conflict and harsh parenting to be equivalent. According to the fit of Model 1b ($\chi^2 = 5.87; df = 4; p = .21; CFI = 0.99; RMSEA = 0.04$), the
model was not significant. Therefore, there were no differences between mother and father paths from interparental conflict and harsh parenting to either psychological violence perpetration or victimization and we selected Model 1b as the final model. Thus, the final model (see Figure 2) includes equally constrained paths from mother and father interparental conflict and harsh parenting to psychological violence perpetration and victimization. Once again, mother and father interparental conflict and harsh parenting were not significantly associated with psychological violence perpetration or victimization. However, microaggressions were significantly positively associated with psychological perpetration ($\beta = 0.17, SE = 0.06$) and psychological victimization ($\beta = 0.28, SE = 0.05$).

**Multiple-Group Analyses**

To test for the effect of gender identity on the structural parameters in the direct model, the model was estimated with the paths unconstrained and then with the paths constrained to equality across each gender identity group. Gender encompassed three groups: female (60.2%), male (28%), and other (11.9%). According to the fit of the fixed (constrained) model ($\chi^2 = 5.09; df = 4; p = .19; CFI = 0.95; RMSEA = 0.05$), the model was not significant. Thus, group differences in gender identity were not supported.

Additionally, to test for the effect of a participant being out to a parent or not on the structural parameters in the direct model, the model was estimated with the paths unconstrained and then with the paths constrained to equality across both groups ($0 = no, 1 = yes$). Out to a parent included two groups: not out ($n = 149$) and out ($n = 234$). According to the fit of the fixed (constrained) model ($\chi^2 = 11.09; df = 3; p = .15; CFI = 0.97; RMSEA = 0.07$), the model was not significant. Therefore, group differences of being out to a parent were not supported.
Discussion

The purpose of this study was to evaluate the influence of interparental conflict, harsh parenting, and microaggressions on psychological IPV perpetration and victimization among a sexual minority college population. Moreover, the moderating role of gender identity and if a participant was out to a parent or not, was also assessed. Results indicate that although mother interparental conflict, mother harsh parenting, and microagressions were all significantly correlated with victimization and perpetration, once all variables were added to the model, only microaggressions were significantly positively associated with both perpetration and victimization of psychological IPV. That is, neither mother or father interparental conflict or harsh parenting were associated with perpetration or victimization of psychological IPV. In addition, there were no significant gender differences among parents.

The finding that neither mother or father interparental conflict or harsh parenting was associated with psychological violence perpetration or victimization is not in line with most existing research on interparental conflict (Iverson, Mclaughlin, Adair, & Monson, 2014; Narayan, Englund, Carlson, & Egeland, 2014; Roberts, Mclauglin, Conron, & Koenen, 2011) or harsh parenting (Jouriles, Mueller, Rosenfield, McDonald, & Dodson, 2012; Lohman et al., 2013; Morris, Mrug, & Windle, 2015). However, none of the aforementioned studies included a sexual minority population. To our knowledge, there is only one study examining interparental conflict and any type of dating violence among a sexual minoritized population. Our results are consistent with that study (Reuter, Sharp, & Temple, 2015) that found interparental conflict was not associated with teen dating violence among sexual minority youth. It was concluded the findings were perplexing and “perhaps there is something unique
about the dating experiences of sexual minorities that limits the applicability of the dominant heteronormative model to this population” (Reuter, Sharp, & Temple, 2015, p. 22).

To our knowledge, there is only one study evaluating the association between harsh parenting and IPV among a sexual minority population. That study examined a population of sexual minority college students and found that childhood physical abuse was associated with higher rates of dating violence (Martin-Storey & Fromme, 2017). The current study found the opposite to be true, harsh parenting was not associated with psychological IPV. Martin-Storey and Fromme (2017) used one question to measure childhood abuse and cautioned in their own study that future work needed to include more detailed measures of harsh parenting, as the current study has done with a 10-item measure. Nevertheless, these findings are contrary to most existing research which suggests that harsh parenting is associated with psychological perpetration and victimization and more research is warranted to discern why the sexual minority population may have different outcomes regarding harsh parenting and interparental conflict compared to their straight counterparts.

One possible explanation could be the inclusion of microaggressions to the model. That is, microaggressions were significantly associated with psychological perpetration and victimization, while parental influences were not. Indeed, it was found that more microaggressive experiences were associated with more perpetration and victimization of psychological IPV. The hidden messages of intolerance and exclusion in microaggressions (e.g. homosexuality is immoral, ‘that’s so gay’) may communicate to sexual minority youth that they are different from, or less than, straight youth (Kaufman, Baams, & Dubas, 2017). The repetitive nature of experiencing many microaggressions over time may have an influence on the way individuals interact in their romantic relationships and the likelihood of
experiencing IPV. While to our knowledge there is no existing literature to compare these results to, several studies have found microaggressions lead to behaviors that may be indicators of perpetration or victimization of psychological violence (Nadal et al., 2011; Woodford et al., 2014). For example, one study found experiencing microaggressions on campus was related to psychological distress among LGBQ college students (Woodford et al., 2014). Another study linked microaggressions to anger, frustration, and depression among LGB individuals (Nadal et al., 2011). Although microaggressions among sexual minorities have increased in the recent past, to our knowledge this is the first study to examine microaggressions specifically as a potential minority stressor, predicting psychological victimization or perpetration in LGBTQ+ college relationships. Although these findings are preliminary, additional research on IPV among sexual minorities should consider the inclusion of microaggressions in their analyses.

Results also showed that moderation by gender identity of the participant was not supported. This finding is consistent with some previous research (Frost & Meyer, 2012), which found no gender differences in a sexual minority sample, but the study only included individuals who identified as male or female. All things considered, future research is needed to examine whether individuals outside of the binary male/female identities (e.g. trans and gender nonconforming individuals) may be significantly different from their cisgender (people whose gender identity is concordant with their sex assigned at birth) counterparts (Douglass, Conlin, Duffy, & Allan, 2017; Warren, Smalley, & Barefoot, 2016). Similarly, moderation by if the participant was out to a parent or not was also not supported. This is a little surprising given that previous research suggests that family may treat sexual minorities differently after coming out (D’Augelli et al., 1998). However, this result might have a more
uplifting and hopeful implication that parents may be becoming more accepting of their children regardless of sexual orientation. That said, because research has shown an association between parenting and outness, measuring sexual minority outness to parents is still a variable worth considering in future research.

**Limitations and Suggestions for Future Research**

This study is not without limitations that should be noted. First, the data are cross-sectional and therefore causal associations cannot be confirmed. Moreover, the measures rely on self-report items which could be influenced by social desirability or concerns with self-presentation (Ashmore et al., 2004). Also, the sample is overwhelmingly White and therefore, generalization to other samples should be undertaken with restraint. Some emerging research on LGBTQ+ individuals are able to consider the impact of multiple minoritized identities, such as LGBTQ+ black youth (Gattis & Larson, 2017), but this study is not able to do so because of low sample size. Additionally, the sample sizes of the gender categories (besides male and female) were low. For future research, purposeful over sampling of transgender and other gender identifying individuals can overcome this limitation. Of all the controls, only bisexual was significant for psychological perpetration. None of the other controls were significant. Future research should seek to explain why the bisexual individuals may have a higher likelihood of psychological perpetration. Finally, while this study attempted to collect data on less studied sexual identities such as asexual individuals, the sample size was too small to include in analyses without collapsing the category. Therefore, purposeful sampling of less commonly identified sexual orientations (i.e., asexual, demisexual, questioning) will aid in gaining a deeper understanding of
interparental conflict, harsh parenting, microaggressions, and IPV perpetration and victimization among all underrepresented sexual orientation identities.

In sum, using minority stress and social learning theories, this study provided insight into the influence of interparental conflict, harsh parenting, and microaggressions on perpetration and victimization of psychological violence among a sample of sexual minority college students. Specifically, there was a significant influence of microaggressions on both perpetration and victimization of psychological violence. Research suggests that experiencing microaggressions has a deleterious impact on well-being and mental health of marginalized groups including low self-esteem, higher rates of depression, lower psychological well-being, more binge drinking, and higher negative emotional intensity (for review; Nadal et al., 2016) which make individuals vulnerable to IPV. Researchers and clinicians seeking to understand psychological IPV perpetration and victimization should consider the impact of microaggressions, as the findings of this study highlight the importance of experiencing repeated microaggressions on the association with psychological perpetration and victimization among sexual minority individuals.
References


Kerley, K. R., Xu, X., Sirisunyaluck, B., & Alley, J. M. (2010). Exposure to family violence in childhood and intimate partner perpetration or victimization in adulthood:


Table 1

*Descriptive Statistics for Study Variables (N = 379)*

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<th>Variables</th>
<th>M</th>
<th>SD</th>
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<td>1.00-7.00</td>
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<td>0-133</td>
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<tr>
<td>Psychological Victimization</td>
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<td>22.62</td>
<td>0-148</td>
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*Note. M=Mean. SD=Standard Deviation.*
Table 2

Correlations Among Variables Used in Analyses

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<td>2. Father</td>
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<td>3. Mother Harsh Parenting</td>
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<td>.16**</td>
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<td>.14*</td>
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<td>-.11*</td>
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<td>.05</td>
<td>-.12**</td>
<td>-.16**</td>
<td>.03</td>
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<td>-.05</td>
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<td>12. Rural/Urban</td>
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Note. *p < .05, **p < .01.
Table 3

**Coefficients from Structural Equation Model**

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<tr>
<th>Path</th>
<th>B (SE)</th>
<th>β (SE)</th>
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</thead>
<tbody>
<tr>
<td>Mother Interparental Conflict → Psychological Perpetration</td>
<td>1.48 (1.20)</td>
<td>.10 (.08)</td>
</tr>
<tr>
<td>Father Interparental Conflict → Psychological Perpetration</td>
<td>-0.65 (1.20)</td>
<td>-0.05 (.09)</td>
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<tr>
<td>Mother Interparental Conflict → Psychological Victimization</td>
<td>0.53 (1.28)</td>
<td>0.03 (.08)</td>
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<td>Father Interparental Conflict → Psychological Victimization</td>
<td>-0.22 (1.27)</td>
<td>-0.02 (.08)</td>
</tr>
<tr>
<td>Mother Harsh Parenting → Psychological Perpetration</td>
<td>0.62 (1.27)</td>
<td>0.04 (0.8)</td>
</tr>
<tr>
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<td>0.59 (1.21)</td>
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<tr>
<td>Mother Harsh Parenting → Psychological Victimization</td>
<td>1.96 (1.35)</td>
<td>0.11 (0.8)</td>
</tr>
<tr>
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<td>-0.65 (1.28)</td>
<td>-0.04 (0.8)</td>
</tr>
<tr>
<td>Microaggressions → Psychological Perpetration</td>
<td>0.19 (.06)*</td>
<td>0.18 (.06)**</td>
</tr>
<tr>
<td>Microaggressions → Psychological Victimization</td>
<td>0.34 (.07)**</td>
<td>0.29 (.05)*</td>
</tr>
<tr>
<td>Lesbian → Psychological Perpetration</td>
<td>-1.24 (4.41)</td>
<td>-0.02 (.07)</td>
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<tr>
<td>Lesbian → Psychological Victimization</td>
<td>-3.52 (4.57)</td>
<td>-0.05 (.06)</td>
</tr>
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<td>Bisexual → Psychological Perpetration</td>
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<td>0.17 (.08)*</td>
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<td>2.01 (4.41)</td>
<td>0.03 (.07)</td>
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<td>Pansexual → Psychological Victimization</td>
<td>-1.09 (4.59)</td>
<td>-0.02 (.07)</td>
</tr>
<tr>
<td>Other Sexual Orientation → Psychological Perpetration</td>
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<td>0.03 (.07)</td>
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<tr>
<td>Other Sexual Orientation → Psychological Victimization</td>
<td>0.24 (4.52)</td>
<td>0.00 (.07)</td>
</tr>
<tr>
<td>Income → Psychological Perpetration</td>
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<td>0.01 (.05)</td>
</tr>
<tr>
<td>Income → Psychological Victimization</td>
<td>-0.08 (0.29)</td>
<td>-0.01 (.05)</td>
</tr>
<tr>
<td>Size of Town → Psychological Perpetration</td>
<td>2.32 (2.24)</td>
<td>0.06 (.05)</td>
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Table 3 continued

*Coefficients from Structural Equation Model*

<table>
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<tr>
<th>Free Model</th>
<th>B</th>
<th>β (SE)</th>
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</thead>
<tbody>
<tr>
<td>Size of Town → Psychological Victimization</td>
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<td>.03 (.05)</td>
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<tr>
<td>Age → Psychological Victimization</td>
<td>.64 (.44)</td>
<td>.08 (.05)</td>
</tr>
<tr>
<td>Age → Psychological Perpetration</td>
<td>.47 (.47)</td>
<td>.05 (.05)</td>
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</table>

*Note.* Model is fully recursive, $\chi^2 = 0$. B: Unstandardized beta. $\beta$: Standardized beta. SE: Standard Error. *$p < 0.05$, **$p < 0.01$.*
Figure 1. Conceptual Model
Figure 2. Statistical Model. Note. Coefficients are standardized. Model fit: $\chi^2 = 5.87; df = 4; p = .21; CFI = 0.99; RMSEA = 0.04, **p < .01.
CHAPTER 3: SEXUAL IDENTITY IN LGBTQ+ COLLEGE STUDENTS: THE ROLE OF PARENTAL REJECTION, FAMILY SUPPORT, AND MICROAGGRESSIONS

Ashley B. Taylor\textsuperscript{1,2,4} & Tricia K. Neppl\textsuperscript{1,3}
Modified from a paper to be submitted to Family Relations

Introduction

Lesbian, gay, bisexual, transgender, and queer (LGBTQ+; used interchangeably with sexual minorities) individuals face the unique challenge of developing a positive sexual identity amid marginalization, social stigma, and discrimination (Meyer, 2003; Mohr & Kendra, 2011). As the field of sexual minority research progresses, research has moved from a linear stage model of sexual identity development (Cass, 1979; Troiden, 1989) to a multidimensional (eight dimensions) non-linear model (Mohr & Kendra, 2011). That is, instead of moving through dimensions of development in a linear manner where one dimension must be experienced before moving to the next, recent evidence suggests that some individuals may skip dimensions and thus, sexual identity development is non-linear. However, the factors that influence sexual identity development are not well understood, especially in terms of parental influences on development. Existing research has identified parental rejection as a risk factor for psychological difficulties among LGB individuals (Bregman, Malik, Page, Makynen, & Lindahl, 2013), as parental rejection is common (Carnelley, Hepper, Hicks, & Turner, 2011) and related to negative sexual minority identity (Willoughby, Doty, & Malik, 2010). However, to our knowledge, no research exists

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that assesses the role of parental rejection on all eight dimensions (Mohr & Kendra, 2011) of sexual identity. Moreover, family support is also important to the physical and mental health of sexual minorities (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010) but few studies assess sexuality specific family support (Bregman et al., 2013; Ryan et al., 2010). That is, sexual minoritized individuals’ perceptions of parental support for coping with stressors related to their sexuality.

In addition to parental influences, microaggressions, which are low-level and often covert acts of aggression, are prevalent among sexual minorities (Sue, 2010). While the negative effects of experiencing microaggressions are well documented (for review see Nadal, Whitman, Davis, Erazo, & Davidoff, 2016), very limited research exists evaluating the influence of microaggressions on sexual identity. In fact, to our knowledge, there is only one study investigating the role of microaggressions on sexual identity (Sarno & Wright, 2013). In this study with a sample of gay, lesbian, and bisexual individuals, bisexual individuals were more likely to experience the microaggression of being assumed to be straight and experienced more identity confusion than their lesbian and gay counterparts (Sarno & Wright, 2013). Moreover, in a review of the existing literature on LGBTQ+ microaggressions, suggestions for future research included investigating microaggressions outside of major metropolitan areas (i.e., rural, suburban, and different parts of the United States) and in underrepresented groups (i.e., asexuals, pansexuals; Nadal et al., 2016).

Thus, the current study seeks to extend previous limited research by evaluating the association of parental rejection, sexuality specific parental support, and microaggressions on all eight dimensions of sexual identity in the rural Midwest. Within the United States the current trend includes growing acceptance of same-sex couples and increasing public support
of pro-LGB policies (Kiley, 2014). However, sexual minority individuals still experience lower levels of social acceptance (Kazyak, 2015). In addition, there are no federal laws to protect LGB individuals from employment or housing discrimination (Friedman et al, 2013; Stone, 2012), and red states (states that tend to support Republicans) are less likely to support LGB equality than blue states (states that tend to support Democrats; Rauch, 2014). Therefore, it is worthy to conduct research to examine the associations between family rejection, family support, and microaggressions on the various dimensions of sexual identity development. For the purpose of the current study, the term LGBTQ+ is used to represent the broader experiences of individuals who are attracted to individuals of their same sex or gender. For example, LGBTQ+ often includes not only those who identify as lesbian, gay, bisexual, and transgender but also other gender and sexual minorities (GSM) such as those who identify as pansexual, asexual, questioning, or queer. Therefore, for the review below, the acronym may be shortened to reflect the specific populations that a particular study investigates (i.e., LGB when the study includes only lesbian, gay, and bisexual participants).

**The Minority Stress Model**

The minority stress model helps explain the way increased stigma, prejudice, and discrimination experienced by individuals because of their minority status (e.g., racial and sexual orientation) creates a hostile and stressful social environment, which increases risk of negative mental health outcomes (Meyer, 2003). According to this model, self-identifying as a sexual minority is a proximal stressor which varies by the individual. Additionally, identifying as a sexual minority is connected to many stress processes including concealing one’s identity for safety and internalizing societal stigmatization (internalized homonegativity; Meyer, 2003).
Supporting this theory, research suggests high levels of sexual identity concealment are significantly associated with lower well-being (Riggle, Rostosky, Black, & Rosenkrantz, 2017). In addition, the minority stressor of internalized homonegativity, has been extensively linked to negative mental health indicators such as depression, anxiety, and self-esteem (Feinstein, Goldfried, & Davila, 2012; Kuyper & Fokkema, 2011; Lehavot & Simoni, 2011; Newcomb & Mustanski, 2010; Szymanski, 2005, 2006). Finally, among sexual minority men, internalized homonegativity was found to fully mediate the association between experiencing heterosexist discrimination and depression (Szymanski & Ikizler, 2013). Thus, this theory provides a framework to examine parental rejection, family sexuality specific support, microaggressions, and sexual identity development.

**Sexual Identity Development**

Sexual identity development is considered the process of recognizing sexual attraction and the subsequent process the individual goes through in developing, accepting, and understanding their sexual identity (Mohr & Fassinger, 2000). While this is a developmental process that is experienced by all individuals, sexual minorities face unique and specific challenges. For example, sexual minorities must decide if it is safe (physically and economically) to disclose their sexual orientation to their parents or if it is safe for an employer to know their sexual orientation in a company where sexual orientation is not a protected class. The early stage models of sexual identity development (Cass, 1979; Chapman & Brannock, 1987; Fassinger & Miller, 1996; Meyer & Schwitzer, 1999; Troiden, 1989) all proposed a linear progression of stages beginning with the individual’s first awareness of same sex attraction and then moving through the subsequent stages of acceptance (accepting ones sexual orientation), disclosure (telling others about their sexual
orientation), and integration (deep sense of pride and inclusion of sexual orientation into overall identity) of their identity.

Since the early sexual identity development models, researchers have started to bring attention to the idea that the coming out process is diverse and not precisely the same for all individuals and thus may not progress in a linear pattern (Rosario, Schrimshaw, & Hunter, 2008; Savin-Williams, 2001; Schneider, 2001). Some individuals may be surrounded by a supportive family and community, which makes the acceptance stage very short or they may move directly to the disclosure stage and skip acceptance altogether in comparison to other individuals without support. Similarly, individuals who are already immersed in the LGBTQ+ community and surrounded by supportive family, friends, and community may skip the integration stage because it is already in place, as compared to another individual who does not have access to the LGBTQ+ community or a support system.

The Lesbian, Gay, and Bisexual Identity Scale (LGBIS) builds off this idea by formulating an identity development measurement that is non-linear and multidimensional. The LGBIS was created by Mohr and Kendra (2011) to assess eight subscales: acceptance concerns, concealment motivation, identity uncertainty, internalized homonegativity, difficult process, identity superiority, identity centrality, and identity affirmation. Acceptance concerns refers to an individual’s concerns that they may be stigmatized as an LGB person. Concealment motivation refers to one’s motivation to protect privacy as an LGB person. Identity uncertainty refers to a person’s uncertainty about their sexual orientation identity. Internalized homonegativity refers to an individual internalizing anti-LGB stigma. Difficult process refers to the individual believing that their LGB identity development process was difficult. Identity superiority refers to LGB individuals’ feelings of superiority and rejection.
of heterosexual culture. Identity centrality is “the degree to which an aspect of a person’s identity (sexual orientation, gender) is central to her or his overall identity… Identity affirmation reflects the degree to which an LGB person associates positive thoughts and feelings with her or his sexual orientation and membership in LGB communities” (Mohr & Kendra, 2011, p.235). The LGBIS differs from previous sexual identity models by using language inclusive of bisexuals, including items to measure identity centrality and identity affirmation, and attempting to exclude language that could be perceived as stigmatizing (Mohr & Kendra, 2011).

Most existing research has focused on only a few identity related dimensions such as internalized homonegativity and sexual identity concealment. Internalized homonegativity is arguably the most researched, sometimes referred to as internalized homophobia and internalized heterosexism, and is defined as the degree to which sexual minorities believe and internalize negative assumptions, attitudes, and social stigma about homosexuality (Rostosky, Riggle, Gray, & Hatton, 2007). In previous research, internalized homonegativity has been extensively linked to mental health problems, such as suicidal ideation (Plöderl et al., 2014), an increase in psychological distress (Kaysen et al., 2014; Newcomb & Mustanski, 2010) anxiety disorders (Meyer, 2003), and depression (Szymanski, Kashubeck-West, & Meyer, 2008).

Sexual identity concealment, not to be confused with sexual orientation disclosure, refers to the extent that some individuals attempt to prevent others knowing about their stigmatized identity (Meidlinger & Hope, 2014). For example, in anticipation of negative reactions a bisexual female may want to keep her sexual orientation a secret from family members and male partners while being open with close friends and female partners.
Concealing one’s sexual identity has been associated with increased depression and anxiety symptoms (Schrimshaw, Siegel, Downing, & Parsons, 2013; Ullrich, Lutgendorf, & Stapleton, 2003), lower positive affect (Schrimshaw et al., 2013), greater social constraints, and less satisfaction with social support (Ullrich et al., 2003).

While studies that have focused on internalized homonegativity and sexual identity concealment have yielded significant contributions to existing research, concentrating on other areas of sexual identity development such as identity uncertainty and acceptance concerns is warranted. For example, previous research suggests that identity uncertainty is paramount in developing sexual identity (Worthington, Navarro, Savoy, & Hampton, 2008). Indeed, Mohr and Kendra (2011) suggest incorporating a multidimensional measure of sexual identity into future research for a more comprehensive understanding of identity development. Thus, the purpose of the current investigation is to examine the influence of family level predictors and microaggressions on the eight dimensions of sexual identity theorized by Mohr and Kendra (2011).

**Factors Influencing Sexual Identity**

**Parental Rejection**

The coming out process has been suggested as a major component of sexual minority identity and integration (Cass, 1979; Legate, Ryan, & Weinstein, 2011; Rivers, 2002). For example, coming out has been characterized in terms of disclosure milestones or the age that sexual minorities tell others (family, friends, etc.) about their non-heterosexual identity (Martos, Nezhad, & Meyer, 2015). Within identity development this process can be considered acceptance of one’s sexual minority identity and the subsequent sharing of that identity with others (e.g., parents, peers). “Coming out is a necessary prerequisite to obtain
social support and permits the adolescent to affirm a core part of self-identity while also reducing stress and psychological symptoms” (Baiocco et al., 2012, p. 385). Successful integration of identity for sexual minorities may be associated with higher self-esteem resulting in strengths that help combat stress related to their minority status (Meyer, 1995; 2003).

However, parental rejection, defined as negative reactions from parents related to their child’s disclosure of their sexual identity, may have negative outcomes for sexual minorities (Bregman, Malik, Page, Makynen, & Lindahl, 2013). In fact, parental rejection has been considered one of the biggest problems facing sexual minority individuals because of the fear of negative reactions (D’Augelli & Hershberger, 1993). Unfortunately, previous research suggests that parental rejection is common (Carnelley, Hepper, Hicks, & Turner, 2011; Willoughby, Malik, & Lindahl, 2006) and the deleterious impact on physical and mental health consequences has been documented to include depression (Legate et al., 2011; Ryan et al., 2010) substance abuse (Baiocco, D’Alessio, & Laghi, 2010), unprotected sex, and suicidal ideation (Ryan et al., 2010). Indeed, it was found that negative reaction by parents was associated with suicidality in LGB youth (van Bergen, Boss, van Lisdonk, Keuzenkamp, & Sandfort, 2013).

Existing research also suggests that parental rejection is related to sexual identity (Bregman et al., 2013; Floyd, Stein, Harter, Allison, & Nye, 1999; Savin-Williams, 1989; Willoughby, Doty, & Malik, 2010). A study of sexual minorities ages 14-24 found that high parental rejection negatively impacted sexual identity (Bregman et al., 2013). Similarly, another study comprised of sexual minorities of that same age range found that family rejection is related to negative sexual minority identity (Willoughby et al., 2010). Although
there are not many existing studies, the limited studies do suggest there is a relation between parental rejection and sexual identity. As previously mentioned, recent research suggests that sexual identity includes many dimensions (Mohr & Fassinger, 2000). However, most of the existing research measures sexual identity in a limited and constrained manner, by focusing solely on internalized homonegativity instead of including the many additional dimensions of sexual identity. To our knowledge, there is no existing empirical research on the impact of family rejection on all eight dimensions of sexual identity as outlined by Mohr and Kendra (2011).

**Family Support**

Existing research suggests that parental rejection and parental support are different constructs (Bregman et al., 2013; Perrin et al., 2004; Ryan et al., 2010). “Parental rejection focuses specifically on negative reactions from parents in regard to youth LGB status, and functions not as the direct inverse of acceptance (i.e., low parental rejection does not guarantee high parental acceptance), but as a distinct, although highly related, dimension” (Bregman et al., 2013, p. 419). In other words, as parents of LGBTQ+ individuals adjust to their sexual identity, rejecting and supportive behaviors may occur at the same time.

There is research focusing on parental support (showing affection, attentiveness, praise, and support) of LGBTQ+ individuals (Needham & Austin, 2010; Rosario et al., 2008). For example, in a longitudinal study of LGB individuals age 14-21, perceiving more family support resulted in ideal identity integration, characterized in this study by acceptance, positive attitudes towards identity, disclosing ones LGB identity to others, and comfort with others knowing their sexual orientation (Rosario et al., 2008). Similarly, a study of LGB individuals found that family acceptance and support had the strongest positive effect on self-
acceptance of sexual orientation (Baiocco, Laghi, Pomponio, & Nigito, 2012). Another study with 11,153 LGB individuals between the ages of 18-26 found lack of family support as a factor that increases the risk of some negative mental health outcomes (Needham & Austin, 2010).

However, these studies assessed general family support instead of sexuality specific support, which emerging research suggests is more relevant for sexual minorities (Bregman et al., 2013; Doty et al., 2010). Indeed, in one of the existing studies, it was found that sexuality specific family support was a salient link to LGB identity (Bregman et al., 2013). The only other study to which we are aware, found that increased sexuality specific family support was associated with positive mental and physical health (Ryan et al., 2010). Moreover, one study of 30 LGB youth ages 16-25 found that strong negative attitudes towards sexual minorities expressed by parents negatively impacted LGB youths’ development of a positive LGB identity (van Bergen & Spiegel, 2014). Thus, the current study seeks to extend this dearth literature by assessing the role of sexuality specific family support on sexual identity.

**Microaggressions**

Microaggressions can be defined as “everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, that communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership” (Sue, 2010, p.3). Although the concept of microaggressions was originally introduced by Pierce (1978, 1988) to explain discrimination against the African American community by the White majority, researchers have investigated microaggressions towards several ethnic minority groups (Sue, Bucceri, Lin, Nadal, & Torino, 2007; Sue, Lin,
Torino, Capodilupo, & Rivera, 2009; Wong, Derthick, David, Saw, & Okazaki, 2014), people with mental illness (Gonzales, Davidoff, Nadal, & Yanos, 2015), religious groups that have been marginalized (Nadal et al., 2012), and microaggressions towards women (Owen, Tao, & Rodolfa, 2010).

Although there is a wealth of information evaluating the effect of racial microaggressions, there is very limited research on homonegative microaggressions or the subtle discrimination experienced by sexual minorities. Homonegative microaggressions might include using heterosexist terminology, receiving disparaging looks when holding hands, or hearing someone say, “that’s so gay.” Wright and Wegner (2012) found that individuals experiencing homonegative microaggressions had a significant negative impact on LGB identity and self-esteem. Another study found that bisexual men and women who reported experiencing microaggressions reported more identity confusion than gay men or lesbians (Sarno & Wright, 2013). Coming into contact with this subtle discrimination over time may culminate in a level of personal stress (King, 2005) and over time that personal stress may compound into severe stress or anxiety (Steele, Spencer, & Aronson, 2002). Those additional stressors may negatively impact the various dimensions of sexual identity. For example, if an individual is under severe stress they may be more likely to conceal their sexual orientation, so they do not have to deal with the potentially negative reactions of revealing their sexual orientation to others, which may add more stress and anxiety. Some research suggests that LGB Dutch youth reported homophobic name-calling and psychological distress at higher rates than their heterosexual counterparts (Van Beusekom et al., 2016). Therefore, using the minority stress model as a guide, the current study seeks to investigate the association between homonegative microaggressions and sexual identity.
Present Investigation

The present study evaluates the influence of parental rejection, sexuality specific family support, and microaggressions on the eight dimensions of sexual identity (acceptance concerns, concealment motivation, identity uncertainty, internalized homonegativity, difficult process, identity superiority, identity centrality, and identity affirmation) among a sexual minority college population in the Midwest. The current study expands existing microaggressions research by incorporating several suggestions as outlined by Nadal and colleagues (2016) for future studies. This includes recruiting less studied marginalized communities (i.e., asexuals), and sampling participants from a rural area within the United States. Additionally, to our knowledge this is the first study to examine the influence of family rejection, sexuality specific social support, and microaggressions on all eight dimensions of sexual identity as defined by Mohr and Kendra (2011).

Following the review of the literature suggesting that family rejection and microaggressions negatively impact sexual minorities, it is expected that family rejection and reported experiences with microaggressions will be positively related to five dimensions of identity development (i.e., acceptance concerns, concealment motivation, identity uncertainty, internalized homonegativity, and, difficult process) and negatively related to three dimensions of identity development (i.e., identity centrality, identity superiority, and identity affirmation). It is also expected that because of the positive benefits of family support documented in the literature, family support will positively influence identity development. Therefore, family support is expected to be negatively associated with five dimensions (i.e., acceptance concerns, concealment motivation, identity uncertainty, internalized homonegativity, and difficult process) and positively associated with three
dimensions of identity development (i.e., identity centrality, identity superiority, and identity affirmation). See Figure 1 for the conceptual model.

In the present investigation we controlled for sexual orientation, income, being from urban or rural communities, time out to parent, and age. Previous research shows that these control variables may be related to the variables in this study. For example, Nadal, Whitman, Davis, Erazo, and Davidoff (2016) suggest there may be microaggressions specific to each individual sexual orientation. Income has been shown to vary greatly between sexual orientation subgroups (gays vs. lesbians; Aksoy, Carpenter, & Frank, 2017). Research has found that emerging adults are at a greater risk for experiencing parental rejection (Schope, 2002). Some research suggests that with regards to parental rejection of coming out, that the reaction was more negative when the parent and child were the same gender (Savin-Williams, 2001) while other studies were unable to replicate such findings (Hiller, 2002). Therefore, we moderate by gender identity of the participant.

**Method**

**Procedure**

During the 2017 fall semester participants were recruited via a university wide mailing list including all students at a Midwestern University. To participate, all participants were required to be at least 18 years old and identify as LGBQ+. All participants must also be out to one or both of their parents in order to be able to answer questions about parental rejection. In order to account for multiple submissions by the same participant, a question asked the participant if they had previously completed the survey. The email included a short description of the study and a link to complete a Qualtrics survey. The survey took approximately 15-20 minutes to complete and was approved by the IRB. There was an
incentive for completing the survey, which allowed the participant to be entered to win one of 16, $50 gift cards.

**Participants**

This study included a total of 338 participants. The participants identified as 35.7% bisexual, 25.5% gay, 14.4% lesbian, 11.4% pansexual, and 12.9% other sexual orientation. The participants ranged in age from 18 to 30 and the average age was 21. Gender was assessed by self-selection into one or more of the following categories: agender, genderqueer, gender fluid, man, non-binary, questioning or unsure, transgender, trans man, trans woman, woman, fill in the blank, and prefer not to answer. Because of small sample size, individuals who did not answer male or female were combined into a third category, ‘other gender’ (n= 51) resulting in three categories: 52.4% female, 32.5% male, and 15.1% other. The sample represented the following racial groups: 85.8% White, 6.5% Hispanic, 5% Asian, 4.6% Multiracial, 3.3% Black/African American, 1.7% Native American, and .3% Hawaiian/Pacific Islander. There were 23.1% freshmen, 18.9% sophomores, 22.8% juniors, 24% seniors, and 11.2% graduate students. Most students were raised in rural (less than 50,000 people in town: 53%) rather than urban communities (47%). The participants’ parents relationship status for their mother figure was mostly married (86.5%), followed by cohabiting (4.5%), dating (2.6%), other (6.4%). The participants’ parents relationship status for their father figure was similar: married (86.7%), cohabiting (5%), dating (2%), other (6.3%). Most of the participants’ mother figures were the participants’ biological mother (96.9%), followed by step mother (2%) and other (1.1%). Most of the participants’ father figures were the participants’ biological father (92%), followed by step father (6.2%) and other (1.8%).
Measures

**Parental rejection.** Participant perception of their parents’ reactions to coming out was measured using the Perceived Parental Reactions Scale (PPRS; Willoughby, Doty, Braaten, & Malik, 2006). The PPRS instructed participants to think back to the time they disclosed their sexual identity and respond to statements using a 5-point Likert scale. The PPRS included a total of 64 items (e.g., supported me, was proud of me, kicked me out of the house, yelled and/or screamed, told me it was just a phase, said I was no longer her/his child), 32 items referring to the mother and 32 items referring to the father. The total score was calculated by summing all items for each parent (range from 32 to 160) to create a manifest variable, with negative reactions indicated by high scores. The PPRS has previously been proven to be reliable (α .97; test-retest r = .95 - .97; Willoughby et al., 2006) and test-retest reliability has been calculated as well. The PPRS was demonstrated to be reliable in the present study for mothers (α=.97), and fathers (α=.97).

**Family support.** Family social support was measured using a modified version of the Social Support Behaviors Scale (SSB; Doty et al., 2010; Vaux et al., 1987), which assessed the perceived availability of sexuality specific social support from family. The scale consisted of 22 items in which respondents rated the likelihood family would provide various types of assistance (e.g. would comfort me, give me advice, suggest the way I might do something, help me figure out what I wanted to do) for an imagined sexuality specific problem. Items were rated on a 5-point Likert scale. Items were averaged to create a manifest variable. Good internal consistency has been reported for sexuality specific social support (α = .97-.98; Doty et al., 2010). Cronbach’s alpha coefficient for the present study is (α = .78).
**Microaggressions.** Microaggression experiences were measured using the Sexual Orientation Microaggressions Inventory (SOMI; Swann, Minshew, Newcomb, & Mustanski, 2016). The validated measure (Swann et al., 2016) included 26 items and has shown convergent, factorial, and discriminant validity in sexual minority youth research (Swann et al., 2016). Questions included items such as, growing up how often did you hear “You were told that being gay is just a phase? Someone said, ‘I don’t mind gay people, they just shouldn’t be so public?’”, and Someone said, ‘homosexuality is a sin or immoral’.” Questions were answered on a Likert-type scale from 0 = never to 4 = very often). A high score reflected more experiences of microaggressions. Items were summed to create a manifest variable. The measure has been used in other studies with demonstrated validity (Kaufman, Baams, & Dubas, 2017) and proved adequate reliability in the present study α = .95.

**Identity development.** Identity development was measured using the Lesbian, Gay, & Bisexual Identity Scale (LGBIS; Mohr & Kendra, 2011). This 27-item measure assessed eight dimensions (acceptance concerns, concealment motivation, identity uncertainty, internalized homonegativity, difficult process, identity superiority, identity centrality, and identity affirmation) of LGBTQ+ identity. Some examples of statements measuring each dimension include: acceptance concerns, “I often wonder whether others judge me for my sexual orientation, I can’t feel comfortable knowing that others judge me negatively for my sexual orientation”; concealment motivation, “I prefer to keep my same-sex romantic relationships rather private, I keep careful control over who knows about my same-sex romantic relationships”; identity uncertainty, “I’m not totally sure what my sexual orientation is, I keep changing my mind about my sexual orientation”; internalized homonegativity, “If it were possible, I would choose to be straight, I wish I were heterosexual”; difficult process,
“Admitting to myself that I’m an LGB person has been a very painful process, Admitting to myself that I’m an LGB person has been a very slow process”; identity superiority, “I look down on heterosexuals, I feel that LGB people are superior to heterosexuals”; identity centrality, “My sexual orientation is an insignificant part of who I am, My sexual orientation is a central part of my identity”; and identity affirmation, “I am glad to be an LGB person, I’m proud to be part of the LGB community.” Participants were asked to respond with one of the following; Disagree Strongly, Disagree, Disagree Somewhat, Agree Somewhat, Agree, Agree Strongly; which indicated their current experience with the 27 statements. Subscale scores were computed by averaging subscale items to create the manifest variable and items were reverse scored in accordance with the scoring procedure for the measure (Mohr & Kendra, 2011). The eight dimensions demonstrated acceptable reliability: $\alpha = .72$ acceptance concerns, $\alpha = .82$ concealment motivation, $\alpha = .89$ identity uncertainty, $\alpha = .88$ internalized homonegativity, $\alpha = .80$ difficult process, $\alpha = .80$ identity superiority, $\alpha = .86$ identity centrality, and $\alpha = .92$ identity affirmation.

Control variables. The control variables included sexual orientation which was measured by asking participants which sexual orientation they identify with (asexual, bisexual, gay, lesbian, pansexual, queer, questioning/unsure, fill in the blank, prefer not to disclose). Because of small sample size, individuals who responded queer, questioning, asexual, and prefer not to disclose were combined into the ‘other sexual orientation’ category ($n=44$). The final sexual orientation categories were dummy coded: bisexual, gay, lesbian, pansexual, and other. Parental income was a continuous variable measured on a 6-point scale ranging from less than $5,000 to $125,000 and over. Size of town was measured by asking participants if they grew up in a rural (fewer than 50,000 people) or urban (more than 50,000
people) area and this variable was dummy coded 0=urban, 1=rural. Age was subtracted from the age the respondent came out to one of their parents to create a new variable ‘time since out to a parent.’ Time since out to a parent was included as a continuous variable. Age was a continuous variable measured by a forced answer question with selection options from 18 to over 26 (fill in the blank)

**Data Analysis Plan**

Preliminary analyses were conducted to obtain descriptive data (Table 1), and correlations (Table 2) of all study variables. To test Figure 1, the model was analyzed in *Mplus* (Muthén & Muthén, 2012) as a structural equation model. A structural equation model was run to examine the significance of the paths from parental rejection, family support, and microaggressions to the eight dimensions for sexual identity. The model was estimated with and without the inclusion of the control variables. Both generated similar results, so models are presented with the inclusion of the control variables. Gender differences of the parents were tested by running a free (unconstrained) and fixed (constrained) model for mother and father parental rejection. Model fit of the fixed model determined if parent gender was statistically different from one another. Model fit for testing moderation by participant gender was assessed by the Chi Square, RMSEA, and CFI in the fixed (constrained) models. Missing data for both models were handled by full information likelihood (FIML, Allison, 2003) estimation for *Mplus* analyses. An a priori ANOVA fixed effects power analysis (G Power; Faul, Erdfelder, Buchner, & Lang, 2009) indicated that with two groups to detect a medium sized effect (0.25), $\alpha = .05$, and to obtain statistical power at the recommended .80 level (Cohen, 1988), 128 subjects are needed.
Results

Correlations among Variables

Table 2 shows the zero-order correlations among predictor variables (mother and father family rejection, sexuality specific support, and microaggressions with all outcome variables (eight subscales of sexual identity development). The associations among study variables indicated moving forward in conducting the path analyses. For example, sexuality specific support was significantly correlated with positive identity ($r = .15 \ p < .05$).

Exploratory Factor Analysis

The factorability of the eight LGBIS subscales of sexual identity were examined. Several well-recognized criteria for the factorability of a correlation were used. The Kaiser-Meyer-Olkin Measure of Sampling Adequacy was .71, above the recommended value of .7 for good fit (Hair, Black, Babin, Anderson, & Tatham, 2006) and Bartlett’s Test of Sphericity was significant ($\chi^2 = 564.194; \ df = 28; \ p < .05$). Given these overall indicators, exploratory factor analysis was conducted with all eight subscales.

Principle components analysis and no rotation were used as default and the initial eigen values showed that the first factor explained 32% of the variance, and the second factor explained 24% of the variance. Results indicate loading on two factors which is consistent with existing research of the LGBIS with college students which found evidence for a negative and positive identity factor consisting of the exact same subscales (Mohr & Kendra, 2011). The negative identity factor includes the subscales acceptance concerns, concealment motivation, identity uncertainty, internalized homonegativity, and difficult process. The positive identity factor includes identity superiority, identity centrality, and identity affirmation. Internal consistency for each of the scales was examined using Cronbach’s
alpha; $\alpha = .73$ for negative identity (5 subscales) and $\alpha = .62$ for positive identity (3 subscales). Based on the results of the exploratory factor analysis, the final model includes the second order factor (negative and positive identity) instead of the expanded eight subscales as outcome variables (see Figure 2 for final model).

**Structural Equation Models**

Findings from the free model (see Table 3) show that, contrary to our expectation, mother rejection, sexuality specific support, and microaggressions were not significantly associated with negative identity. However, in support of our expectation, father rejection was positively associated with negative identity ($\beta = 0.01$, $SE = 0.00$). Contrary to our expectation mother and father rejection were not significantly associated with positive identity. However, sexuality specific support ($\beta = 0.04$, $SE = 0.00$) and microaggressions ($\beta = 0.01$, $SE = 0.00$) were both significantly associated with positive identity.

The model was estimated with the inclusion of the control variables in the analysis. Next, the model was estimated without the inclusion of the controls. First, *Model 1a* (free model across parent gender) freely estimated all paths separately for mothers and fathers. Because this model is fully recursive, as a consequence it has perfect fit. *Model 1b* constrained mother and father parental rejection to be equivalent. According to the fit of Model 1b ($\chi^2 = 0.258; df = 2; p = .87; CFI = 1.00; RMSEA = 0.00$), the model is not significant. Therefore, there were no differences between mother and father paths from parental rejection to either negative or positive identity. We selected Model 1b as the final model. Thus, the final model includes equally constrained paths from mother and father parental rejection to negative and positive identity. High mother ($\beta = 0.16$, $SE = 0.04$) and father parental rejection ($\beta = 0.15$, $SE = 0.03$) was significantly positively associated with
negative identity. Additionally, SSB and microaggressions were not significant for negative identity. Mother and father parental rejection was not significant for positive identity. However, sexuality specific support ($\beta = 0.13$, $SE = 0.07$) and microaggressions ($\beta = 0.19$, $SE = 0.06$) were positively associated with positive identity.

**Multiple-Group Analyses**

To test for the effect of gender identity on the structural parameters in the direct model, the model was estimated with the paths unconstrained and then with the paths constrained to equality across each gender identity group. Gender encompassed three groups: female, male, and other. The fit of the fixed (constrained) model was not significant. According to the fit of the fixed (constrained) model ($\chi^2 = 11.09; df = 8; p = .20; CFI = 0.95; RMSEA = 0.05$), the model was not significant. Gender identity did not show a significant difference between the free and fixed model, thus group differences in gender identity were not supported.

**Discussion**

The purpose of this study was to evaluate the influence of parental rejection, sexuality specific family support, and microaggressions on sexual identity among a sexual minority college population. In addition, based on an EFA, the eight dimensions of the LGBIS were examined with two factors: negative and positive identity, which is consistent with existing research (Mohr & Kendra, 2011). Moreover, the moderating role of gender identity was also assessed. Results indicate that mother and father rejection was significantly positively associated with negative identity. Results also indicate that sexuality specific support and microaggressions were associated with positive identity.
The finding that parent rejection is associated with negative identity is consistent with previous research which found that parental rejection was associated with sexual identity (Bregman, Malik, Page, Makynen, & Lindahl, 2013). This means more rejecting behaviors that parents exhibit to their sexual minoritized children is associated with an increase in negative identity. However, we found that parent rejection was not associated with positive identity. This finding is inconsistent with previous research which found low parental rejection to be associated with affirmed (positive) identity (Bregman et al., 2013). This may be because of the finding in this study that sexuality specific support was associated with positive identity. Specifically, high sexuality specific support was associated with positive identity which is consistent with existing research (Bregman et al., 2013; Doty et al., 2010). Thus, perhaps parent rejection is more influential for negative than positive identity and that when it comes to positive identity sexuality specific support is more influential.

These results build on the work of Bregman and colleagues (2013) which examined the influence of parent rejection and sexuality specific support on sexual identity among an adolescent sample. However, to our knowledge, the current study is the first to specifically examine the influence of parent rejection, sexuality specific social support, and microaggressions together on sexual identity. Previous research suggests that experiencing microaggressions has negative outcomes such as psychological distress among LGBQ college students (Woodford et al., 2014) and anger, frustration, and depression among LGB individuals (Nadal et al., 2012).

The current study found that microaggressions were positively associated with positive identity and not associated with negative identity. In other words, experiencing more microaggressions was associated with positive identity. One explanation for this unexpected
finding may be that experiencing stigma based on sexual orientation reinforces or makes that identity more concrete. Indeed, some existing research suggests authenticity is an aspect of a positive LGB identity, which is important to well-being (Harter, 2005; Riggle, Mohr, Rostosky, Fingerhut, & Balsam, 2014). In addition, it was found that developing a positive LGB identity in the face of pervasive heteronormativity, which devalues LGB individuals, may further reinforce positive views of oneself in general (Riggle et al., 2014). Future research investigating the role of microaggressions on positive identity may benefit from including a qualitative component in data collection to better understand this association.

Results of the current study also found that moderation by gender identity was not supported which is consistent with some previous research (Frost & Meyer, 2012), finding no gender differences among a male and female sexual minority sample. Future research is needed to examine whether individuals outside of the binary male/female identities (e.g., trans and gender nonconforming individuals) may be significantly different from their cisgender (people whose gender identity is concordant with their sex assigned at birth) equivalents (Douglass, Conlin, Duffy, & Allan, 2017; Warren, Smalley, & Barefoot, 2016).

**Limitations and Suggestions for Future Research**

While this study adds promising findings to the literature, it is not without limitations that should be noted. First, the data are cross-sectional. Moreover, the measures rely on self-report items which could be influenced by social desirability (Ashmore et al., 2004). The sample is overwhelmingly White and therefore not generalizable. Some emerging research on LGBTQ+ individuals are able to consider the impact of multiple minoritized identities, such as LGBTQ+ black youth (Gattis & Larson, 2017), but this study is not able to do so because of low sample size. Additionally, the sample sizes of the gender categories (besides
male and female) were low. For future research, purposeful over sampling of transgender and other gender identifying individuals can overcome this limitation. Also, time out to parent was significant for identity struggles. Future research should consider looking more closely at the impact of how long a person has been out to their parent(s) and how that might impact sexual identity. For sexual orientation, lesbian and other were significantly associated with negative identity, and pansexual was related to positive identity. Given the limited research in this area, future research should address the possibility of differences in sexual identity based on sexual orientation. Additionally, while this study attempted to collect data on less studied sexual identities such as asexual individuals, the sample size was too small to include in analyses without collapsing the category. Therefore, purposeful sampling of less commonly identified sexual orientations (i.e., asexual, demisexual, questioning) will aid in gaining a deeper understanding of parent rejection, sexuality specific social support, microaggressions, and sexual identity among all underrepresented sexual orientation identities. Finally, this sample is limited to individuals who are out to one or both parents and therefore the experience of individuals who are not out to a parent and that influence on positive and negative sexual identity are not represented.

In sum, using minority stress as a framework, this study provided insight into the influence of parental rejection, sexuality specific social support, and microaggressions on positive and negative identity among a sample of sexual minorities. Specifically, parental rejection was associated with negative identity and sexuality specific support and microaggressions were related to positive identity. Researchers and clinicians who seek to understand the lives of LGBTQ+ emerging adults should focus on the availability of family support and the role of parent rejection in sexual identity development. Indeed, the research
is very clear about the negative impact of experiencing parental rejection (Puckett, Woodward, & Mereish, 2015) and also the protective factor of family acceptance (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010) on youth well-being. Results from the current study suggest that parental rejection, as well as sexuality specific support may play an important role in identity development. Taking these findings into account, it would be beneficial for LGBTQ+ community centers, mental health professionals, LGBTQ+ student resource centers, and all individuals and organizations involved in outreach with sexual minoritized communities to foster family centered approaches to interventions with LGBTQ+ adolescents and emerging adults.
References


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doi:10.1037/sgd0000057


doi:10.1080/15299716.2013.756677


Table 1

*Descriptive Statistics for Study Variables (N = 338)*

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*Note.* M=Mean. SD=Standard Deviation.
Table 2

Correlations Among Variables Used in Analyses

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*Note.* SSB=Sexuality Specific Social Support, SOMI=Microaggressions, *p < .05, **p < .01.*
Table 3

*Coefficients from Structural Equation Model*

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<tr>
<th></th>
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<th>β (SE)</th>
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<td>.19 (.09)*</td>
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<td>Size of Town → Negative Identity</td>
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<td>Size of Town → Positive Identity</td>
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<td>-.01 (.06)</td>
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</table>
Table 3 continued

*Coefficients from Structural Equation Model*

<table>
<thead>
<tr>
<th>Free Model</th>
<th>B (SE)</th>
<th>β (SE)</th>
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</thead>
<tbody>
<tr>
<td>Time Out to Parent → Negative Identity</td>
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<td>Time Out to Parent → Positive Identity</td>
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<td>Age → Negative Identity</td>
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<tr>
<td>Age → Positive Identity</td>
<td>-.03 (.02)</td>
<td>-.12 (.06)</td>
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</tbody>
</table>

*Note.* Coefficients are standardized. Model is fully recursive, \( \chi^2 = 0 \). SE: Standard Error. B: Unstandardized beta. β: Standardized beta. \(*p < 0.05, **p < 0.01.*\)
Figure 1. Conceptual Model
Figure 2. Statistical Model. Note. Coefficients are standardized; Model fit: $\chi^2 = 0.258; df = 2; p = .87; CFI = 1.00; RMSEA = 0.00, *p<.05, **p < .01, ***p<.001.$
CHAPTER 4: DISCUSSION

The present study examined two primary interests regarding LGBTQ+ college students:
1) The contributing risk factors of psychological intimate partner violence (IPV) perpetration and victimization; and 2) The impact of family and microaggressions on sexual identity development. Both papers are designed to encompass the developmental period of emerging adulthood (18 - 30 years old) and utilize the minority stress model (Meyer, 2003) and social learning theory (Akers, 1998) to generate research expectations. This study is an effort to fill some of the existing gaps in LGBTQ+ research in order to provide researchers, policy makers, counseling centers, and university officials with research that emphasizes the need to offer adequate and representative resources to LGBTQ+ students.

The second chapter of this dissertation evaluated the influence of interparental conflict, harsh parenting, and microaggressions on psychological IPV perpetration and victimization among a sexual minority population. In addition, we examined the moderating role of gender identity of the participant and if the participant was out to a parent or not. Results indicate that neither mother or father interparental conflict or harsh parenting were associated with perpetration or victimization of psychological IPV. Rather, microaggressions were positively associated with both perpetration and victimization of psychological IPV. In sum, chapter two revealed the importance of microaggressions on psychological perpetration and victimization.

The third chapter of this dissertation study evaluated the influence of parental rejection, sexuality specific family support, and microaggressions on sexual identity among a sexual minority population. An exploratory factor analysis revealed two factors of the LGBIS: negative and positive identity, which is consistent with existing research (Mohr & Kendra, 2011). The moderating role of gender identity was also assessed. Results indicate that mother and father
rejection was significantly positively associated with negative identity. Results also indicate that sexuality specific support and microaggressions were associated with positive identity. Chapter three also suggests that parent gender was not influential and that either parent exhibiting rejecting behaviors impacts negative identity in the same way, as rejection increases so does negative identity.

Taken together these results reveal several interesting findings. One, consistent with existing research (Mohr & Kendra, 2011), it appears that the LGBIS may have two separate factors: negative and positive identity. Two, the impact of parental rejection on identity development was not significantly different based on parent gender. In other words, who is exhibiting the rejecting behaviors did not matter, it is the presence and existence of the behaviors that matter, not which parent is displaying the behaviors. This is consistent with some existing research that also did not find gender differences among parents for interparental conflict and harsh parenting (Cummings et al., 2016).

Third, the influence of microaggressions on psychological perpetration and victimization was as expected, but the influence on microaggressions on positive identity is not what we expected to find. There is limited research on microaggressions and no existing literature to compare our results to, making it difficult to interpret our own findings. These results might be because microaggressions have a larger impact on sexual minorities than previously thought. The hidden messages of intolerance and exclusion communicate that sexual minority youth are different from, or inferior to straight youth (Kaufman, Baams, & Dubas, 2017). This may help explain why microaggressions were so strongly associated with psychological perpetration and victimization. Regarding the positive association microaggressions had on positive identity, this may be explained by research which found that developing a positive LGB identity in the face of
pervasive heteronormativity, which devalues LGB individuals, may further reinforce positive views of oneself in general (Riggle, Mohr, Rostosky, Fingerhut, & Balsam, 2014). Perhaps sexual minorities that experience microaggressions reinforce their identity in the face of adversity, leading to positive identity. Additional qualitative and quantitative research on microaggressions and positive identity is warranted and may help to explain why the variables were associated in a positive way.

Increased sexuality specific social support was associated with positive identity and should be considered as a potential protective factor in future research. This finding is consistent with existing research showing sexuality specific support to be associated with positive identity (Bregman, Malik, Page, Makynen, & Lindahl, 2013; Doty et al., 2010). The finding that parent rejection was associated with negative identity is also consistent with previous research (Bregman et al, 2013). Since existing research has overwhelmingly found that rejecting behaviors from parents are harmful to sexual minorities (Bregman et al., 2013; Legate et al., 2011; Ryan et al., 2010), this finding is not surprising. This may be why parents seem to be more important in chapter three than chapter two. There is a wealth of existing research on parental rejection among sexual minority populations but to our knowledge chapter two is the first study to examine interparental conflict and harsh parenting on IPV among a sexual minority population. It goes without saying that more research should examine these associations.

Even though this dissertation has several limitations regarding the sample size of several variables, there are unique contributions to existing research. To our knowledge, this is the first study to assess the influence of parent rejection, sexuality specific support, and microaggressions on all eight LGBIS subscales. This is the second study to assess the influence of interparental conflict on IPV in a sexual minority population and the first study to assess the influence of
harsh parenting and microaggressions on IPV in a sexual minority population. The results of this dissertation can be used to inform policy makers, LGBTQ+ student service centers, researchers, counseling centers, university officials, and anyone working with LGBTQ+ individuals on why they should advocate for adequate and representative resources for LGBTQ+ students and the entire LGBTQ+ community. Research overwhelmingly suggests that the sexual minority community is a community in need. This includes fostering a home life for sexual minorities that is accepting instead of rejecting, researching the impact of microaggressions and seeking to limit their usage in everyday society, counselors and therapists considering the role of family for their LGBTQ+ clients, creating federal, state, and local protections for LGBTQ+ youth such as banning conversion therapy, and working with college administrators to ensure that LGBTQ+ students feel safe in their classrooms and the greater campus community.
References


APPENDIX: INSTITUTIONAL REVIEW BOARD APPROVAL

IOWA STATE UNIVERSITY
OF SCIENCE AND TECHNOLOGY

Date: 8/9/2017
To: Ashley Taylor
       60 LeBaron

From: Office for Responsible Research

Title: Family, Personal Relationship Behaviors, and Feelings Among LGBTQ+ College Students

IRB ID: 17-328

Approval Date: 8/9/2017
Date for Continuing Review: 7/17/2019
Submission Type: New
Review Type: Full Committee

The project referenced above has received approval from the Institutional Review Board (IRB) at Iowa State University according to the dates shown above. Please refer to the IRB ID number shown above in all correspondence regarding this study.

To ensure compliance with federal regulations (45 CFR 46 & 21 CFR 56), please be sure to:

- Use only the approved study materials in your research, including the recruitment materials and informed consent documents that have the IRB approval stamp.
- Retain signed informed consent documents for 3 years after the close of the study, when documented consent is required.
- Obtain IRB approval prior to implementing any changes to the study by submitting a Modification Form for Non-Exempt Research or Amendment for Personnel Changes form, as necessary.
- Immediately inform the IRB of (1) all serious and/or unexpected adverse experiences involving risks to subjects or others; and (2) any other unanticipated problems involving risks to subjects or others.
- Stop all research activity if IRB approval lapses, unless continuation is necessary to prevent harm to research participants. Research activity can resume once IRB approval is reestablished.
- Complete a new continuing review form at least three to four weeks prior to the date for continuing review as noted above to provide sufficient time for the IRB to review and approve continuation of the study. We will send a courtesy reminder as this date approaches.

Please be aware that IRB approval means that you have met the requirements of federal regulations and ISU policies governing human subjects research. Approval from other entities may also be needed. For example, access to data from private records (e.g., student, medical, or employment records, etc.) that are protected by FERPA, HIPAA, or other confidentiality policies requires permission from the holders of those records. Similarly, for research conducted in institutions other than ISU (e.g., schools, other colleges or universities, medical facilities, companies, etc.), investigators must obtain permission from the institution(s) as required by their policies. IRB approval in no way implies or guarantees that permission from these other entities will be granted.

Upon completion of the project, please submit a Project Closure Form to the Office for Responsible Research, 202 Kingland, to officially close the project.

Please don't hesitate to contact us if you have questions or concerns at 515-294-4566 or IRB@iastate.edu.