


5-2021

## The Relationships of Perceived Parental Social Support to Vigilance and Resilience among LGBTQ and Straight Cisgender Adults

Brady Dodds  
bdodds@unomaha.edu

Follow this and additional works at: [https://digitalcommons.unomaha.edu/university\\_honors\\_program](https://digitalcommons.unomaha.edu/university_honors_program)

 Part of the [Gender and Sexuality Commons](#), [Lesbian, Gay, Bisexual, and Transgender Studies Commons](#), [Mental and Social Health Commons](#), and the [Psychology Commons](#)

Please take our feedback survey at: [https://unomaha.az1.qualtrics.com/jfe/form/SV\\_8cchtFmpDyGfBLE](https://unomaha.az1.qualtrics.com/jfe/form/SV_8cchtFmpDyGfBLE)

---

### Recommended Citation

Dodds, Brady, "The Relationships of Perceived Parental Social Support to Vigilance and Resilience among LGBTQ and Straight Cisgender Adults" (2021). *Theses/Capstones/Creative Projects*. 122.  
[https://digitalcommons.unomaha.edu/university\\_honors\\_program/122](https://digitalcommons.unomaha.edu/university_honors_program/122)

This Dissertation/Thesis is brought to you for free and open access by the University Honors Program at DigitalCommons@UNO. It has been accepted for inclusion in Theses/Capstones/Creative Projects by an authorized administrator of DigitalCommons@UNO. For more information, please contact [unodigitalcommons@unomaha.edu](mailto:unodigitalcommons@unomaha.edu).

**The Relationships of Perceived Parental Social Support to Vigilance and Resilience among  
LGBTQ and Straight Cisgender Adults**

Brady L. Dodds

University of Nebraska at Omaha

### **Abstract**

The purpose of this study was to examine the relationships of parental support to resilience and vigilance in LGBTQ and straight, cisgender adults as the majority of research has examined these relationships in LGBTQ and straight, cisgender children and teens. It was hypothesized that greater parental support would be correlated with higher resilience and lower vigilance. Also, it was hypothesized that the relationships would be stronger for LGBTQ participants than for straight, cisgender participants. Participants who were recruited via Prolific Academic completed an online questionnaire that included measures of maternal and paternal support, resilience, and vigilance. Results indicated that participants who reported higher levels of maternal support also exhibited greater resilience, although this relationship was weak. Maternal and paternal support were unrelated to vigilance. Contrary to my hypothesis, parental support was not related to greater resilience and vigilance among LGBTQ participants than straight, cisgender participants. Indeed, simple effects tests indicated that maternal support was related to greater resilience among straight, cisgender adults, but not among LGBTQ adults.

*Keywords:* LGBTQ, resilience, vigilance, parental support, maternal support, paternal support

### **The Relationships of Perceived Parental Social Support to Vigilance and Resilience among LGBTQ and Straight Cisgender Adults**

Members of the LGBTQ community experience unique stressors. According to minority stress theory, minority (e.g., ethnic, racial, gender, sexual) group members, unlike dominant group members, experience stress because of their exposure to discrimination, prejudice, dehumanization, and social rejection (Hill & Gunderson, 2015). Minority group members also may face the stress of contradicting dominant group members' expectations about the psychological needs of minority group members. Further, sexual and gender minorities, unlike other minority groups (such as racial minorities), typically have parents who do not experience the same stressors because most LGBTQ children are born to cisgender, heterosexual parents (Goldfried & Goldfried, 2001). Thus, in addition to social stigmatization, for example, being viewed as immoral (Pachankis, et al., 2008), LGBTQ individuals often face stigmatization in their own homes. LGBTQ people are thus also more likely to experience parental rejection because their parents do not share or understand their children's stigmatized identity (Pachankis, et al., 2008).

LGBTQ people may also experience stressors as a result of internalizing negative attitudes about their LGBTQ identity. For example, one survey revealed that sexual minority group members may reject the idea that they could be LGBTQ or feel that being LGBTQ is morally wrong and thus suppress their identity (Pachankis, et al., 2008). This phenomenon, known as internalized homophobia, has been correlated with lower parental acceptance as well as with greater social anxiety and vigilance.

These additional stressors have marked effects on the mental and physical health of members of the LGBTQ community. For example, LGBTQ people are more likely to attempt

suicide and experience suicidal ideation than their cisgender, heterosexual peers (Hill & Gunderson 2015). They are also more likely to experience victimization, engage in risky sexual behaviors (i.e., unprotected sex), and abuse drugs. However, social support can act as a buffer between LGBTQ people's experiences of these stressors and negative mental and physical health outcomes (Kwon, 2013).

A great deal of research has examined the relationships of parental social support to children's and teens' psychological well-being (e.g., Kwon, 2013; Katz-Wise, Rosario, & Tsappis 2017; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). However, few studies have examined the relationship of parental support to LGBTQ adults' psychological well-being. The purpose of the present study was to examine this relationship. More specifically, I examined the relationships of LGBTQ adults' perceptions of maternal and paternal support to resilience and vigilance.

### **Problem-focused versus Emotion-focused Coping**

There are two main methods of coping: problem-focused and emotion-focused. Problem-focused coping refers to attempts to deal with stressors by eradicating or reducing the source of the stress (Hill & Gunderson, 2015). For example, a person experiencing stress because of a coworker's harassment for being bisexual might report the coworker to a supervisor in an effort to stop the harassment. The person being harassed attempts to solve the underlying problem causing the stress, that is, the coworker's harassment.

Emotion-focused coping refers to attempts to deal with stressors by managing and reducing the negative emotions associated with them (Hill & Gunderson, 2015). Using the example above, the harassed person might seek emotional support by talking to their significant other about the experience. Although not directly addressing the harassment, talking to one's significant other may help reduce the harmful emotional effects of the stressor. A reliance on

emotion-focused coping has been found to be correlated with lower resilience among transgender youth (Grossman, D'Augelli, & Frank, 2011).

Emotion-focused coping generally includes three types: escape-avoidance strategies, distancing, emotional processing, and emotional expression (Hill & Gunderson, 2015). The type of emotion-focused coping that the harassed person was using by venting to their partner is emotional expression (also known as catharsis). Emotional expression is associated with positive short-term outcomes and regular emotional expression is correlated with greater life satisfaction (Hill & Gunderson, 2015). Another emotion-focused coping mechanism that can have positive outcomes is emotional processing. This involves the analysis and understanding of one's negative emotions. Although the outcomes are usually similar to catharsis, overprocessing emotions can be counterproductive.

Not all emotion-focused coping mechanisms work well unfortunately. Escape-avoidance strategies are not usually as effective for dealing with stressful situations as they involve maladaptive coping mechanisms such as drinking or smoking to deal with negative emotions. Escape-avoidance strategies can thus create more issues than there were to begin with. Distancing is another example of a less effective emotion-focused coping mechanism. Distancing occurs when people experiencing stress prevent themselves from thinking about the issue, although they acknowledge the issue is there. One of the few times distancing can be effective is when the issue that the person is facing is chronic (Hill & Gunderson, 2015).

Due to these additional stressors that LGBTQ people face, it is additionally important that they have a number of harm-reducing factors in their life including proper, beneficial coping mechanisms; secure attachment to their parents; and other factors that allow them to recover from stress relatively quickly and healthfully.

## **Parental Support**

Children and teens have underdeveloped prefrontal cortices, and thus rely on the adults in their lives, mainly their parents, to guide them through the issues they face at work and school as well as in their personal relationships. Parental support while children are growing up helps to predict the types of coping mechanisms children use as adults because differences in parental support are associated with different attachment styles (Bretherton & Waters, 1985). Attachment styles start developing in early childhood and are influenced by parents' actions towards their children and children's needs fulfillment. A child's attachment style can be secure or insecure. Parent-child relationships that are secure include parents who react in a timely and positive manner to their child's needs. Insecure attachment results from parents who are unresponsive, inconsistent, or abusive (Katz-Wise, et al., 2017). Secure attachment has been found to be correlated with positive outcomes including, but not limited to, a positive self-image, a positive image of others, greater emotional regulation, and greater independence (Katz-Wise et al.). Those who have an insecure attachment to their parents, and thus do not have that relationship to rely on for guidance, may experience difficulty when attempting to cope with stressors.

Another commonly studied aspect of attachment theory is the correlation between attachment styles and children's ability to cope with stress. People who have secure attachment styles are better able to choose effective coping mechanisms and are more likely to avoid maladaptive coping mechanisms such as drinking, smoking, and engaging in risky sex (Katz-Wise et al., 2017). Those with insecure attachment styles can see situations as more stressful than they are and even perceive relatively minor situations as stressful. They are also more likely to use maladaptive coping mechanisms rather than engaging in coping mechanisms that lift one's mood or reduce the negative effects of stress.

Several studies have examined children's attachment styles, as well as the relationship between parental support and mental health outcomes in LGBTQ children. Studies have found that LGBTQ youth are more likely to experience homelessness and abuse than their heterosexual, cisgender peers (Katz-Wise et al., 2017). In fact, one of every three LGBTQ children have experienced abuse from a family member and one out of every four experiences physical abuse when they are at school (Goldfried & Goldfried 2001). Researchers found in a survey of homeless youth in the United States that LGBTQ youth are 1.2 times more likely to experience homelessness than their heterosexual, cisgender peers (Morton, Dworsky, & Samuels 2017). LGBTQ youth are also more likely to experience an insecure attachment to their parents than are their heterosexual, cisgender peers.

Parental acceptance of children's LGBTQ identity is part of how supportive they are of their child. The role of parental acceptance can be understood using family stress theory (Katz-Wise et al., 2017). This theory basically states that the reactions of a family to a child coming out can depend on family resources (i.e., attachment and relationship) that can be used to deal with the stress, related beliefs and attitudes toward the LGBTQ community of the parents, and any comorbid stressors.

Others theorize that when describing parental acceptance/rejection of their LGBTQ child, mourning and loss paradigms can be used (Katz-Wise et al., 2017). In this case, parents mourn their idea of who their child is. If their child is a sexual minority, they may also mourn the loss of the possibility of having grandchildren in the future. The stages of "grief" when learning of an LGBTQ child's identity has five stages (Strommenn, 1989). The first stage is subliminal awareness in which parents may be suspicious of their child's identity, but the child has not come out to them yet. The second stage is the impact. This stage occurs after the child has come out to



parents and includes parents' actual discovery of their child's identity. The impact stage can bring about feelings of shock and denial, confusion, shame, and even anger. The third stage associated with learning a child's identity is adjustment or attempting to cope with the crisis experienced in stage two. The fourth stage of "grief" when learning of an LGBTQ child's identity is resolution or working through their stress and learning more about their child's identity. Lastly, parents enter the integration stage. At this point, parents integrate what they have learned about their child's identity and work towards acceptance of that identity. Parents may not advance straight through all five steps; they may bounce between steps and/or never reach the final integration stage. They also may have to repeat all the stages as their child's identity changes and develops (Ryan et al., 2010).

While most may think of acceptance of LGBTQ children as a binary (accept vs. reject), it is actually more of a spectrum. Muller (1987) described four types of relationships that parents and children have after the child comes out. They found that the most common relationship between parents and children after the child comes out is a "loving denial" type of relationship. In this relationship, the parent and children maintain a positive relationship, but the parents hide their child's LGBTQ identity. "Resentful denial," another type of relationship between parents and LGBTQ children, occurs when the parent and the child have a limited relationship because the parent is unable to accept their child's identity. If the parent is completely accepting of and open about their child's LGBTQ identity, their relationship would be described as "loving open." Lastly, if the parent completely rejects their child's identity and their relationship becomes estranged, it is then described as "hostile recognition." As with the stages of grief, the parent-child relationship can evolve as time goes on and shift between types.

Parental acceptance is associated with a variety of positive mental and physical health outcomes including, but not limited to high levels of self-acceptance, higher self-esteem, lower prevalence of drug abuse, and fewer psychological issues (Ryan et al., 2010). Those who experience parental rejection often experience the opposite of these positive effects as well as an increased risk for depression. Those who experience parental acceptance are also at less risk of self-stigmatization and internalized anti-LGBTQ sentiments (Bregman, Malik, Page, Makynen, Lindahl, 2013).

### **Resilience and Vigilance**

Resilience is defined as one's ability to cope with stressful situations and is one of many indicators of psychological well-being (Pooley & Cohen, 2010). It can look like being better off than one was prior to a stressful situation or getting back to where one was prior to the stressful situation without improving (Hill & Gunderson, 2015). People who improve after stressful situations are better able to cope with future stressors, a phenomenon known as "steeling" or "behavioral immunization" (Davydov et. al., 2010; Hill & Gunderson, 2015).

Social support, and specifically family support, has been found to be associated with greater resilience in LGB individuals (Kwon, 2013). Lower levels of resilience have also been reported on average, in LGB individuals, which may be a result of LGB people often having to hide a part of their identity from the people around them. Those who are instructed to hide their identity or emotions from others experience lower levels of resilience (Kwon, 2013), which may be partly due to the fact that LGB individuals often report lower levels of parental support (Katz-Wise et al., 2017).

Vigilance refers to cautiousness in public spaces due to a fear of experiencing harassment. It is an indicator of lower psychological well-being. Bauerband (2017) found that

LGB people who reported lower vigilance also reported higher social support. However, LGB people also experience more vigilance-inducing situations such as discrimination, homophobia, and victimization (Pachankis, et al., 2008), which serves as one explanation for LGB people's reports of higher levels of vigilance than cisgender, heterosexual people. This trend is not limited to sexual minorities but extends to gender minorities as well. Transgender individuals report higher levels of victimization as well as vigilance than their cisgender, heterosexual peers (Bauerband, 2017).

### **Overview of Present Research**

In the present study, I examined the relationships of maternal and paternal support to resilience and vigilance among LGBTQ and cisgender, heterosexual adults. I predicted that greater resilience would be associated with greater parental support and that greater vigilance would be associated with lower parental support. Lastly, I predicted that these relationships would be stronger amongst LGBTQ participants than cisgender, heterosexual participants because LGBTQ people face unique stressors that cisgender, heterosexual people do not.

## **Method**

### **Participants and Procedure**

Participants ( $N = 600$ ; 312 women, 247 men, and 41 other) were recruited from Prolific Academic for a study about self-expression at work. Participants included 289 LGBTQ adults and 311 straight, cisgender adults. The average age of LGBTQ participants was 30.2 years ( $SD = 8.8$ ) and the average age of straight, cisgender participants was 34.0 years ( $SD = 9.7$ ). Most participants were White ( $n = 440$ , 73.33%), followed by Asian ( $n = 69$ , 11.5%), those who selected multiple races ( $n = 35$ , 5.83%), Black ( $n = 33$ , 5.5%), those who selected other ( $n = 15$ , 2.5%), American Indian and Alaska Native ( $n = 6$ , 1%), and Native Hawaiian and Pacific

Islander ( $n = 2$ , .33%). Participants reported their socioeconomic status as middle class ( $n = 267$ , 44.80%), lower-to-middle class ( $n = 180$ , 30.20%), middle-to-upper class ( $n = 89$ , 14.93%), lower class ( $n = 53$ , 8.89%), and upper class ( $n = 7$ , 1.17%). Four participants did not report their socioeconomic status. Participants' educational backgrounds included four-year degrees ( $n = 252$ , 42%), some college ( $n = 137$ , 22.83%), professional or master's degrees ( $n = 108$ , 18%), two-year degrees ( $n = 48$ , 8%), high school diplomas ( $n = 34$ , 5.67%), doctorates ( $n = 20$ , 3.33%), and less than high school ( $n = 1$ , 0.17%).

Participants completed an online questionnaire that included measures of maternal and paternal support, resilience, and vigilance, as described below. Participants indicated their responses to each item on a scale of 1 (*Strongly Disagree*) to 7 (*Strongly Agree*). Reliability estimates are reported in Table 1.

## Measures

**Parental Support.** Parental support was evaluated using Needham (2008)'s split parental support evaluation in which participants complete the same items for the mother and the father separately, rather than for their parents overall. Participants responded to five statements, including "I feel close to the person I consider to be my mother (father)" and "I can really count on the person I consider to be my father (mother) to care about me, regardless of what is happening to me."

**Resilience.** Resilience was evaluated using the Brief Resiliency Scale (Smith et al, 2008). Participants rated six statements, including "It is hard for me to snap back when something bad happens at work," and "I tend to take a long time to get over setbacks in my daily work life."

**Vigilance.** Vigilance was evaluated using Vigilance for Others' Suspicions Scale (Timmins, et al. 2017). This measure includes three items, for example, "I become preoccupied

with whether people suspect me of having a certain hidden identity,” and “I pay close attention to whether people suspect me of having a particular hidden identity.”

### Results

Means, standard deviations, and correlations are reported in Table 1. Participants who reported receiving greater support from their mothers also perceived receiving greater support from their fathers. As expected, participants who received greater support from mothers and fathers exhibited greater resiliency; however, these relationships were weak. Further, contrary to my hypotheses, support from mothers and fathers was unrelated to vigilance. Other correlations were also generally weak. Younger participants were significantly more likely to exhibit greater vigilance and less resiliency, and report receiving greater support from their mothers and fathers. I therefore controlled for age in analyses examining the unique effects of the predictor variables.

The means and standard deviations separately for LGBTQ and cisgender heterosexual participants are reported in Table 2. Note that LGBTQ participants exhibited significantly less resiliency, reported receiving less support from their fathers, and were generally younger than cisgender heterosexual participants.

I conducted a multiple regression analysis to examine whether support from mothers, support from fathers, and LGBTQ status were uniquely associated with resiliency, controlling for age. The results indicated that participants who received more support from their mothers exhibited greater resiliency,  $t(590) = 2.32, p = .021$ , and that LGBTQ participants exhibited less resiliency than did cisgender heterosexual participants,  $t(590) = -3.53, p < .001$ . (The df for these analyses differ from the correlations as five participants did not report their ages.) However, support from fathers was not uniquely related to resiliency,  $p = .12$ . Finally, older participants exhibited greater resiliency controlling for parental support and LGBTQ status,  $t(590) = 3.50, p$

$< .001$ . A parallel analysis of vigilance revealed only that older participants exhibited less vigilance,  $t(590) = -4.87, p < .001$ .

I conducted separate multiple regression analyses to examine whether the relationships of support from mothers and support from fathers with resiliency and vigilance depended on LGBTQ status. That is, I separately regressed resilience and vigilance on support from mothers, support from fathers, LGBTQ status, and the interactions of support from mothers and support from fathers with LGBTQ status, and age. None of the tests of the four interactions was significant, all  $ps > .12$ .

I nevertheless examined the relationships of support from mothers and support from fathers to resiliency separately for LGBTQ and cisgender heterosexual participants, controlling for age. (The parallel tests for vigilance yielded no significant relationships,  $ps > .40$ .) These analyses indicated that parental support was unrelated to resiliency among LGBTQ participants,  $ps > .22$ . However, support from mothers was associated with greater resiliency among cisgender heterosexual participants,  $t(305) = 2.25, p = .025$  (See Figure 1).

### **Discussion**

The purpose of this study was to examine the correlation between maternal and paternal support to resilience and vigilance in LGBTQ and cisgender, heterosexual adults. LGBTQ and cisgender, heterosexual participants were recruited via Prolific Academic for a study about self-expression at work. They completed an online questionnaire that included measures of maternal support, parental support, resilience, and vigilance. I hypothesized that greater parental support would be associated with greater resilience and lower vigilance. I also hypothesized that these correlations would be stronger for LGBTQ participants than for cisgender, heterosexual participants.

My first hypothesis that participants who reported higher resilience would also report higher parental support was supported by the data, although the relationships were weak. My second hypothesis that higher vigilance would be correlated with lower parental support was not supported by the data, as there was no correlation between either maternal or paternal support and vigilance. Lastly, my hypothesis that the relationships of maternal and paternal support with resilience and vigilance would be stronger for LGBTQ people than for cisgender, heterosexual people was also not supported by the data.

Previous studies have found that parental support was correlated with higher resilience among LGBTQ children (Hill & Gunderson 2015; Katz-Wise et al., 2017; Kwon, 2013). Previous studies have also found that low parental support is correlated with higher vigilance (Bauerband, 2017, Pachankis, et al., 2008;). However, none of the studies examined these relationships among adults.

One possible reason the present results differed from those in previous studies is that participants were asked specifically about their resilience and vigilance in the workplace. It is possible that LGBTQ people are more open in their workplace or choose a workplace that is accepting of their LGBTQ identity. This discrepancy may be remedied by expanding the questionnaire to include questions about different realms of participants' lives such as school, social, and personal life. Future research should expand the measures of resilience and vigilance outside the workplace.

Another possible explanation for the differences results is that the majority of the participants in the present study were White. Parental support may play a larger role in the lives of people of different races, and thus the correlation between resilience and vigilance and parental support may be stronger or weaker for other races. Future research could possibly

benefit from examining the relationships between parental support and resilience and vigilance by race or by having a more representative sample by way of race.

Resilience is not fostered only by social support. Resilience can also be seen in individuals who have encountered many stressors and adversity. According to the theory of syndemic production (Stall, Friedman, & Catarina, 2007), sexual minorities face adversity in their early years because of their identity, which steels them for the adversity they face as adults, thus building their resilience. To the extent that this process occurred among participants in the present study, the relationship between parental support and resilience would be weaker.

Most previous studies have focused on the relationship of parental support to resilience and vigilance among children and young adults. The present sample was in their thirties, so it is possible that the participants had sources of social support other than parents who had a greater impact on their psychological well-being. For example, adults may find the social support they need in a friend and thus still have higher resilience and lower vigilance without necessarily having parental support. Future research should investigate other forms of social support such as social support from friends and significant others to determine whether those connections have a stronger relationship with resilience and vigilance than support from parents.

## **Conclusion**

Societal stigmatization of LGBTQ identities is so prevalent that it can even affect those who are not LGBTQ, but merely go against gender conformity and engage in activities or have traits that are expected of the other sex. Gender nonconformity is highly stigmatized, especially among young boys. Men are expected to be aggressive, undeniably heterosexual, and to be very limited when it comes to emotionality (Katz-Wise, et al., 2017). Those who are gender nonconforming because of a gender minority identity experience additional stress because of this



emphasis on gender conformity. Gender nonconforming youth also experience more sexual, psychological, and physical abuse than their peers who are not gender nonconforming (Katz-Wise, et al., 2017).

The breadth of social stigmatization of LGBTQ identities as well as gender nonconformity, which is often associated with LGBTQ identities warrants further research into the protective factors that are available to and effective for those impacted by these prejudices. Further research should be done to determine what forms of social support are correlated with positive mental health, such as high resilience and low vigilance. Also, further research should be done on how social support correlations change with age, race, and situation.

### References

- Bauerband, L. A., (2017). Investigation of health risk patterns across sexual and gender minority identities. *Open Access Dissertations. Paper 600*. Retrieved from [https://digitalcommons.uri.edu/oa\\_diss/600](https://digitalcommons.uri.edu/oa_diss/600)
- Bregman, H. R., Malik, N. M., Page, M. J. L., Makynen, E., & Lindahl, K. M. (2013). Identity profiles in lesbian, gay, and bisexual youth: The role of family influences. *Journal of Youth and Adolescence*, 42(3), 417–430. <https://doi.org/10.1007/s10964-012-9798-z>
- Bretherton, I. & Waters, E., (1985). Growing points in attachment theory and research, *Monographs of the Society for Research in Child Development*, 50(1-2), 41-65. <https://doi.org/10.2307/3333826>
- Davydov, D. M., Stewart, R., Ritchie, K., & Chaudieu, I. (2010). Resilience and mental health. *Clinical Psychology Review*, 30, 479 – 495. <http://doi.org/10.1016/j.cpr.2010.03.003>
- Goldfried, M. R., & Goldfried, A. P. (2001). The importance of parental support in the lives of gay, lesbian, and bisexual individuals. *Psychotherapy in Practice*, 57(5), 681-693. <https://doi.org/10.1002/jclp.1037>
- Grossman, A. H., D’Augelli, A. R., & Frank, J. A. (2011). Aspects of psychological resilience among transgender youth. *Journal of LGBT Youth*, 8(2), 103-115, <https://doi.org/10.1080/19361653.2011.541347>
- Hill, C. A. & Gunderson, C. J., (2015). Resilience of lesbian, gay, and bisexual individuals in relation to social environment, personal characteristics, and emotion regulation strategies. *Psychology of Sexual Orientation and Gender Diversity*, 2(3), 232-252. <https://doi.org/10.1037/sgd0000129>
- Kwon, P. (2013). Resilience in lesbian, gay, and bisexual Individuals. *Personality and Social*

- Psychology Review*, 17(4), 371-383. <https://doi.org/10.1177/1088868313490248>
- Katz-Wise, S. L., Rosario, M., & Tsappis, M. (2016). Lesbian, gay, bisexual, and transgender youth and family acceptance. *Pediatric Clinics of North America*, 63(6), 1011–1025. <https://doi.org/10.1016/j.pcl.2016.07.005>
- Morton, M. H., Dworsky, A., & Samuels, G. M. (2017). *Missed opportunities: Youth homelessness in America. National estimates*. Chicago, IL: Chapin Hall at the University of Chicago.
- Muller, A. (1987). *Parents matter: Parents' relationships with lesbian daughters and gay sons*. Tallahassee, FL: Naiad Press.
- Needham, B. L. (2008). Reciprocal relationships between symptoms of depression and parental support during the transition from adolescence to young adulthood. *Journal of Youth and Adolescence*, 37, 893-905. <https://doi.org/10.1007/s10964-007-9181-7>
- Pachankis, J. E., Goldfried, M. R., & Ramrattan, M. E. (2008). Extension of the rejection sensitivity construct to the interpersonal functioning of gay men. *Journal of Consulting and Clinical Psychology*, 76(2), 306-317. <https://doi.org/10.1037/0022-006X.76.2.306>
- Pooley, J. & Cohen, L. (2010). Resilience: a definition in context. *Australian Community Psychologist*, 22. 30-37.
- Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4), 205-213. <https://doi.org/10.1111/j.1744-6171.2010.00246.x>
- Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The Brief Resilience Scale: Assessing the ability to bounce back. *International Journal of Behavioral Medicine*, 15(3), 194-200. <https://doi.org/10.1080/10705500802222972>

- Stall, R., Friedman, M., & Catania, J. (2007). Interacting epidemics and gay men's health: A theory of syndemic production among urban gay men. In R. J. Wolitski, R. Stall, & R. O. Valdiserri (Eds.), *Unequal opportunity: Health disparities affecting gay and bisexual men in the United States* (pp. 251–274). New York, NY: Oxford University Press.  
<https://doi.org/10.1093/acprof:oso/9780195301533.003.0009>
- Strommen, E. F. (1989). "You're a what?": Family member reactions to the disclosure of homosexuality. *Journal of Homosexuality*, 18(1-2), 37- 58.  
[https://doi.org/10.1300/J082v18n01\\_02](https://doi.org/10.1300/J082v18n01_02)
- Timmins, L., Rimes, K. A. & Rahman (2017). Vigilance for Others' Suspicions Scale [Measurement instrument]. Retrieved from <https://www.kcl.ac.uk/ioppn/depts/psychology/research/researchgroupings/vigilance-for-others'-suspicious-scale.pdf>.

**Table 1***Descriptive Statistics, Reliabilities, and Correlations*

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5
1. Maternal Support	5.16	2.10	.97				
2. Paternal Support	4.48	2.35	.41**	.98			
3. Resilience	4.53	1.42	.11**	.10*	.87		
4. Vigilance	3.06	1.53	.01	.04	-.08*	.88	
5. Age	32.17	9.47	-.17**	-.14**	.15**	-.21**	

*Note.*  $N = 600$ . Cronbach's alphas are indicated on the diagonal.

\* $p < .05$ . \*\* $p < .01$ .

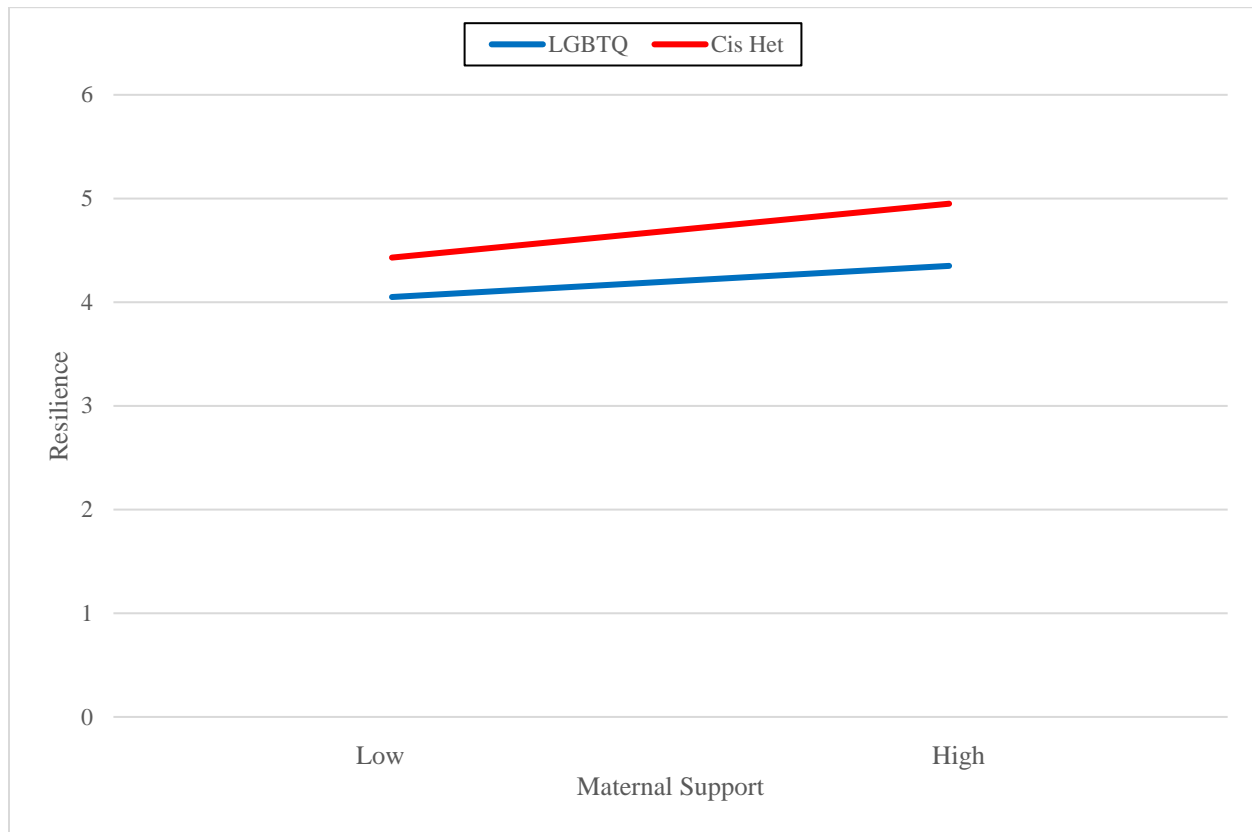
**Table 2***Descriptive Statistics by LGBTQ Status*

	Variable	<i>M</i>	<i>SD</i>
LGBTQ ( <i>n</i> = 289)	1. Maternal Support	5.06	2.04
	2. Paternal Support*	4.26	2.31
	3. Resilience*	4.25	1.50
	4. Vigilance	3.19	1.57
	5. Age*	30.16	8.81
Cisgender Heterosexual ( <i>n</i> = 311)	1. Maternal Support	5.25	2.15
	2. Paternal Support	4.70	2.37
	3. Resilience	4.78	1.29
	4. Vigilance	2.95	1.49
	5. Age	34.03	9.68

*Note.* Asterisks indicate significant differences between LGBTQ and cisgender heterosexual participants,  $p < .05$ .

**Figure 1**

*Relationship between Maternal Support and Resilience by LGBTQ Status*



*Note.*  $N = 595$ . Analysis controlled for age. Five people did not report their ages.