THE ROLE OF PERCEIVED PARENTAL ACCEPTANCE-REJECTION ON PERSONALITY PSYCHOPATHOLOGY IN SEXUAL MINORITIES

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by

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DEDICATION

There are a multitude of people who deserve appreciation and a proper dedication for their help and encouragement; however, some people in particular have played an integral role in the successful completion of this thesis. First, to Dr. Jaime L. Anderson, who accepted me as her student despite already not having enough chairs for everyone in her lab. I cannot wait to continue working with you as I head into the doctoral program. To my committee members, Dr. Justin P. Allen and Dr. Temilola K. Salami, for investing time they surely do not have into my work and growth as an academic. To Kenzie Billeiter and Blaine Cordova, who kept me motivated and smiling through sleep-deprived nights filled with caffeine. Of course, to my family, most of whom have no idea what I am doing but tell me they are proud anyway. And finally, to my partner, Krystal, who has reassured my constant imposter syndrome by lovingly telling me to shut up and keep writing.

ABSTRACT

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Parental Acceptance-Rejection (PAR) impacts a person's mental health and psychological wellbeing well into adulthood and has been linked with many negative outcomes (D'Amico & Julien, 2012; Feinstein, Wadsworth, Davila, & Goldfried, 2014; Puckett, Woodward, Mereish, & Pantalone, 2015). For sexual orientation minorities, parental attitudes and reactions toward their child's sexual orientation can impact perceived PAR and therefore wellbeing. Sexual minorities who experience parental rejection are at risk for alcohol and substance use, internalized homophobia, and a disrupted sense of identity (D'Amico & Julien, 2012; Feinstein, Wadsworth, Davila, & Goldfried, 2014; Puckett, Woodward, Mereish, & Pantalone, 2015). Furthermore, regardless of PAR, the sexual minority population already has an increased risk of mental health issues, self-harm and suicide (Eaton, 2014; Marshal et al., 2013), and in particular, higher scores on measures of personality psychopathology and personality disorders (Russell, Pocknell, & King, 2017). To date, no research has examined the role of PAR on personality psychopathology in sexual minority populations. This study examined the association between perceived PAR and pathologic personality traits and impairment in a sample of 79 sexual minorities. Significant correlations were found, indicating that higher levels of parental rejection were associated with higher levels of pathological personality traits and impairment. Additionally, identity-related moderators were examined, and multiple interaction effects were identified. Implications and future directions are discussed.

KEY WORDS: LGBT, GSM, Parental acceptance rejection, Personality psychopathology, Sexual minorities, Impairment

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CHAPTER I

The Role of Perceived Parental Acceptance-Rejection on Personality Psychopathology in Sexual Minorities

The lives of sexual minority individuals are filled with severe challenges, from higher rates of mental health issues to stress related to political inequality and familial trouble (James et al., 2016; Kessler et al., 2012; Levitt et al., 2009; Nguyen et al., 2016; Oost, Livingston, Gleason, & Cochran, 2016; Patterson, Tate, Sumontha, & Xu, 2018; Stojanovski, Kotevska, Milevska, Mancheva, & Bauermesiter, 2015). One of the most *concerning risks* for the sexual minority population is that over 1/3 report suicidal behavioral (e.g., suicidal ideation, planning, attempts) by adolescence, a statistic 7.5 times higher than adolescents overall (Kessler et al., 2012; Nock et al., 2013). Even more concerning, sexual minority youth who come from highly rejecting families are 8.4 times as likely to have attempted suicide compared to sexual minority peers who reported no or low levels of family rejection (Family Acceptance Project, 2009). Also important to the current investigation focused on personality psychopathology, individuals diagnosed with personality disorders (PDs) display higher levels of suicidality and completed suicide rates (Björkenstam, Ekselius, Berlin, Gerdin & Björkenstam, 2016; Zaheer, Links, & Lui, 2008). With these concerns in mind, the broad aim of this study is to examine the impact of parental rejection on pathologic personality traits within sexual minority young adults.

Parental Acceptance-Rejection

Parental Acceptance-Rejection (PAR) is a construct which captures the way in which a child perceives their parents' attitudes and behaviors as either accepting or rejecting. PAR has been shown to have a lasting impact on a child's mental health and

psychological wellbeing (Ramírez-Uclés, González-Calderón, del Barrio-Gándara, & Carrasco, 2017; Rohner, Khaleque, & Cournoyer, 2005). Furthermore, sexual orientation minorities are faced with a critical point for PAR – the coming out process (i.e., the process in which a sexual minority and/or gender identity minority reveals their minority status, in this case to their parents) and the following attitudes and reactions displayed toward their sexual orientation by their parents. Indeed, of those who have disclosed their sexual orientation to parents, around 60% describe the process as a difficult experience (Pew Research Center, 2013). The coming out process, as well later familial interactions, are critical in sexual minorities' lives since perceived parental rejection can increase psychological distress, alcohol and substance use, mental health symptoms, risk for psychiatric diagnosis, self-esteem issues, internalized homophobia (taking others' homophobic views as true and turning them against oneself), and decreased overall wellbeing (D'Amico & Julien, 2012; Feinstein, Wadsworth, Davila, & Goldfried, 2014; Puckett, Woodward, Mereish, & Pantalone, 2015). Conversely, perceived parental acceptance can protect against symptoms of depression, decrease negative self-thoughts, increase comfort with sexual minority identification, and improve overall wellbeing (Baiocco, Fontanesi, Santamaria, Ioverno, Baumgartner, & Laghi, 2016; Feinstein et al., 2014; Ramírez-Uclés et al., 2017; Savin-Williams, 1989).

One of the major theories centered on PAR is Interpersonal Parental Acceptance-Rejection Theory (IPARTheory; Rohner, Khaleque, Cournoyer, 2005). Based on nearly 2000 studies carried out across the United States and other countries, IPARTheory identifies parental acceptance as a necessary proponent of a child's life regardless of culture, demographics, or background. In particular, IPARTheory suggests PAR impacts

personality, coping, and sociocultural systems. Based on this theory, PAR is broken down into multiple dimensions (i.e., warmth, hostility, neglect, undifferentiated rejection), which exist on a continuum between parental acceptance and parental rejection.

The warmth dimension, which includes both physical and verbal attributes, falls under the realm of parental acceptance. Parental rejection, meanwhile, is composed of three categories: hostile and aggressive, indifferent and neglecting, and undifferentiated rejecting. It is also stressed that these attributes can be measured based on child interpretation or objective observation; however, because perception and observation can differ, higher importance is placed upon the child's perception of PAR. The effects seen from PAR last well into adulthood and remain a factor in the lives of people regardless of age (D'Amico & Julien, 2012; Feinstein, Wadsworth, Davila, & Goldfried, 2014; Puckett, Woodward, Mereish, & Pantalone, 2015; Rohner, 2005). Understanding this initial relationship between PAR and wellbeing is important; however, group differences may occur. This might be particularly true for sexual minority populations whose coming out process may bring about higher levels of PAR.

Fuller (2017) has adapted IPARTheory to apply specifically to PAR of lesbian, gay and bisexual individuals by creating exemplary parental behaviors of each dimension (i.e., warmth, hostility, indifference, and undifferentiated rejection) that related to a child's sexual orientation. Fuller (2017) undertook this adaptation due to several key strengths and weaknesses in applying IPARTheory to sexual minorities. According to Fuller (2017) the strength of IPARTheory is its empirically-supported multidimensional approach, which examines both individual perceptions and family structure through a sociocultural lens. However, although IPARTheory captures a broad and dynamic range

of PAR, Fuller (2017) notes that its application to nuanced minority population and their specific experiences is limited. For example, although IPARTheory-based measures of PAR successfully evaluate both current children and adults reflecting on their current and past perception of PAR, these measures do not capture the unique experiences of sexual minorities who come out as a Gender or Sexuality Minority (GSM, also referred to as LGBT+). Although Fuller's adaptation of IPARTheory helps to address some of the concerns of the use of this theory in marginalized groups, more strides must be taken to fully conceptualize the unique experiences of these populations.

PAR is of key interest in the sexual minority population because it plays a major role in identity development, a process that is heavily influenced by sexual minority status and experiences of coming out. Identity formation itself has been linked to both psychological wellbeing and parental attitudes (Sandhu, Singh, Tung, & Kundra, 2012). Research has also consistently found that PAR plays a role in specific facets of identity development, such as moral identity (Patrick & Gibbs, 2016), gender expression, and gender identification (Kelly & Worell, 1976). Research on the transgender community provides further insight into the impact of PAR on identity and mental health. Although it should be noted that gender identity and transgender identification are not directly related to sexual minority status, the two populations often crossover and both often tend to consider themselves part of the broader GSM community, with 85% of transgender individuals identifying as a sexual minority (James, et al., 2016). Research on the transgender community shows that these individuals have higher rates of family rejection and higher rates of significant mental illness, homelessness, and in rare cases genital mutilation self-harm (Donnelly-Boylen, 2016; Koken, Bimbi, & Parsons, 2009). These

findings suggest parental rejection, which occurs more frequently for sexual minorities', may lead to a higher risk of mental illness. Given the importance of self-identity to mental illness and self-harm (Björkenstam, Ekselius, Berlin, Gerdin & Björkenstam, 2016; Zaheer, Links, & Lui, 2008), the importance of PAR to identity development, and the unique struggles with identity experienced by sexual minorities, it may be that parental rejection disrupts sexual minorities' identity development, which then leads to a greater risk of mental health problems.

Personality Psychopathology

Both identity formation and PAR play a major role in personality disorders (PDs). Indeed, identity disturbance (i.e., when one struggles to conceptualize who they are, sometimes apart from others, or struggles to integrate different views of themselves and their roles; Wilkinson-Ryan & Westen, 2000) has been utilized as a diagnostic criterion for PDs since DSM III, with multiple studies finding identity disturbance to be linked with higher rates of emotion dysregulation, depression, and PD diagnosis, particularly borderline PD (BPD; Feenstra, Hutsebaut, Verheul, & van Limbeek, 2014; Kaufman, Cundiff, & Crowell, 2015; Koenigsberg et al., 2001; Wilkinson-Ryan & Westen, 2000). Although there have been a few studies which have contested the all-encompassing role of identity disturbance in PDs (Modestin, Oberson, & Erni, 1998), newer DSM definitions have found identity disturbance to be a consistent factor in PDs. Indeed, DSM-5 Section III (Emerging Models and Measures) explicitly states that identity disturbance is a key component in identifying functional impairment in PD diagnosis (American Psychiatric Association [APA], 2013).

IPARTheory also provides a model to conceptualize how PAR can impact major personality and/or psychological aspects of an individual, known as the personality subtheory. When a child feels rejected by their attachment figures, this acts as a major influence, positive or negative, on the child's personality and psychological adjustment (Rohner, 2005). Specifically, the subtheory predicts that parental rejection will lead to a litany of negative personality outcomes, including aspects such as overdependence, aggression/hostility, emotional instability and/or unresponsiveness, cynicism, and psychological problems (Rohner, Khaleque, Cournoyer, 2005).

Not surprisingly, PAR has also been found to be associated with higher rates and more severe personality psychopathology (Huang, Yun, & Zhang, 2000; Liu, Huang, & Li, 2001; Rosenbach & Renneberg, 2014). Additionally, lack of parental acceptance has been indicated as a significant predictor of BPD even when controlling for other confounds, such as sexual and/or physical abuse (Russ, Heim, & Westen, 2003). Rohner and Brothers (1999) examined BPD and the role of PAR and found parental rejection was perceived to a higher extent by BPD patients, and those with high perceived parental rejection scored higher on psychological maladjustment ratings. Despite PAR and identity both playing a major role in PDs, little research has examined how these two factors impact personality psychopathology in marginalized groups, such as sexual minorities.

Currently, research evaluating the impact of PAR on PDs within the sexual minority population has been exceptionally sparse, and the majority of studies which have been conducted almost exclusively evaluate BPD (for examples, see Reich & Zanarini, 2008; Reuter, Sharp, Kalpacki, Choi, & Temple, 2016; Singh, McMain, &

Zucker, 2011). This is arguably fitting, as BPD individuals are significantly more likely to report lesbian, gay or bisexual orientation and same-sex relationships; furthermore, they are more likely to change the gender of their intimate partners without changing their sexual orientation identification (Reich & Zanarini, 2008; Reuter et al., 2016). Sexual minorities have also shown higher scores on measures of personality psychopathology, such as the Personality Inventory for DSM-5 (PID-5), and are more likely to meet diagnostic criteria for PDs (Russell, Pocknell, & King, 2017). In 2011, Grant, Flynn, Odlaug, and Schreiber found that within a substance use treatment program, 94% of GSM individuals were diagnosed with at least one PD; the most common were BPD, obsessive compulsive personality disorder (OCPD) and avoidant personality disorder (APD). Personality traits have been shown to mediate risk of psychiatric disorders and suicidality in sexual minority men (Wang et al., 2014) and are also associated with hypersexual behavior, disconnection from the GSM community, and depressive and anxiety symptoms in sexual minorities overall (D'Avanzo, Barton, Kapadia, & Halkitis, 2017; Rettenberger, Klein, & Briken, 2016). However, no research has examined the role of PAR in personality psychopathology in sexual minority populations.

Wellbeing and Impairment

The sexual minority population, regardless of PAR, has an increased risk of mental health issues, self-harm, and suicide (Beard, Kirakosian, Silverman, Winer, Wadsworth, & Björgvinsson, 2017; Marshal et al., 2013; Eaton, 2014). For example, Power and colleagues (2016) examined lesbian, bisexual, and gay young adults and found a 6.6-fold increase in non-suicidal self-harm, a 7.7-fold increased risk of suicidal intent,

and a 6.8-fold increase in suicide attempts as compared to their heterosexual counterparts. A lack of social support and resources can increase these negative outcomes further. Indeed, sexual minority individuals who kept their GSM experiences and parent-youth experiences separated (e.g., parents were not involved with activities related to orientation, such as going to a Pride Parade or talking about sexuality together), reported less access to, yet higher need for, outside support resources (e.g., friends, on-campus organizations, support groups; Mehus, Watson, Eisenberg, Corliss, & Porta, 2017).

Also relevant to the current study is the general impact PDs can have on an individual's wellbeing and pathology in the general population. PDs have been shown to be associated with significant occupational and psychosocial impairment (Simms & Calabrese, 2016; Smith & Benjamin, 2002). BPD in particular has been found to have a strong connection with inability to understand others' mental states, which can lead to interpersonal problems (Semerari et al., 2015). Even more concerning, PDs have been linked to higher rates of non-suicidal self-injury, nonfatal suicidal behaviors (suicide ideation, planning, attempt), and higher suicide completion rates (Chu, Buchman-Schmitt, Joiner, & Rudd, 2017; Del Bello et al., 2015). With PDs and sexual minority status each being major risk factors for psychological impairment and suicide risk, the combination of these two statuses could prove even more problematic. With these high risks, the perception of PAR may act as a major risk or resilience factor for sexual minority individuals.

The cross-section of PDs and sexual minority status has a significant impact on individuals who experience both. This interaction effect has been shown to impact identity. A study by Singh, McMain, and Zucker (2011) showed that lesbian and

bisexual women with BPD had higher levels of gender dysphoria and cross-gender behavior in childhood. This interaction also affects externalizing, internalizing, and BPD symptoms, as sexual minority female adolescents tend to endorse significantly more of each compared to heterosexual girls (Marshall et al., 2013). Beyond identity and symptomatology, behavioral concerns such as increased levels of high-risk sexual behavior (Ellis, Collis, & King, 1995; Northey, Dunkley, Klonsky, & Gorzalka, 2016) and psychological distress (Johnson et al., 1997) have been found in sexual minorities with PDs. Finally, diagnosis and treatment can be impacted by the relationship between PDs and sexual minority status. For instance, Beard et al. (2017) found that bisexual individuals reported worse perceptions of mental health care in clinical setting as compared to gay men and lesbian women. In addition, research found that when psychologists evaluated a vignette with symptoms that fit both BPD and a sexual identity crisis, male clients were more likely to be labeled with a sexual identity crisis, whereas female clients were labeled with BPD (Eubanks-Carter & Goldfried, 2006). With the suicide risk of rejected sexual minorities being exponentially high (Family Acceptance Project, 2009; Kessler et al., 2012; Nock et al., 2013), this study is aiming to demonstrate how important it is to fully understand the lasting effects of PAR. PDs are often lifelong disorders which cause significant distress, so research is needed to further investigate potential etiological factors in their development, particularly in vulnerable populations such as sexual minorities.

CHAPTER II

The Current Study

With research demonstrating the major role PAR has on sexual minorities, identity, and possibly PDs, it is important to determine whether the association between PAR and personality psychopathology is particularly strong in sexual minority populations. Therefore, this study sought to examine the association between perceived PAR and pathological personality traits and personality disorder impairment (as measured by the DSM-5 Section III alternative personality disorder model) in a sample of sexual minority young adults. Parental rejection has been shown to increase a variety of mental health issues in sexual minorities, and sexual minorities have shown elevated mental health issues at base rate. More specifically, GSM-applied versions of the Minority Stress Model (Meyer, 2003) suggest internalizing symptoms are associated with GSM marginalization, such as emotional regulation and rumination (Hatzenbuehler, Nolen-Hoeksema, & Dovidio, 2009), detachment (Craney, Watson, Brownfield, & Flores, 2018), and depression and suicidal ideation (Lindquist, Livingston, Heck, & Machek, 2017; McCarthy et al., 2014).Therefore, the primary hypothesis was that a higher level of perceived parental rejection would predict higher levels of personality psychopathology and functional impairment. In particular, the current researchers expected to find higher functional impairment in the area of identity, and elevated levels of pathological personality traits associated with BPD, such as emotional lability and risk taking.

Based on previous research which suggests the notable differences between different marginalized identities, this study also conducted exploratory analyses to

examine multiple possible moderating factors. These factors included comparisons of gender (i.e., cisgender versus transgender, masculine versus feminine versus nonbinary), ethnicity, and specific sexual orientation (i.e., monosexual versus polysexual). Although research on personality psychopathology in sexual minorities is scarce, the vast majority of literature in sexual minority populations tends to focus primarily on lesbian/gay and sometimes bisexual individuals with limited variability in gender identity or race/ethnicity. Indeed, other sexual minority identifications (such as asexual/demisexual, pansexual/polysexual) have yet to be examined in the context of personality psychopathology. Furthermore, research in the general population tends to combine GSM individuals into one sexual orientation category, despite previous research showing differences in multiple areas (e.g., treatment outcomes, treatment satisfaction, endorsement of symptoms, self-esteem) between these sexual minority groups (Brotto, Knudson, Inskip, Rhodes, & Erskine, 2010; Pew Research Center, 2013; Samarova, Shilo, & Diamond, 2014). Therefore, we examined identities including strictly homosexual (lesbian or gay), bisexual, pansexual/polysexual, and asexual/demisexual. Additionally, although results from previous studies that have examined the possible moderating role of race has been mixed (Bebes, Samarova, Shilo, & Diamond, 2015; Marshall et al., 2013), this literature is also very limited and additional research is required. Lastly, we planned to examine gender identity. Notable differences have been found when comparing the sex and/or gender of sexual minority individuals in relation to serious mental illness (Bolton, & Sareen, 2011; Russell, Pocknell, & King, 2017) as well as in the role PAR plays in the general population (Kelly & Worell, 1976). Beyond binary categories of sex and gender, gender identity may also play a role, as non-

cisgender individuals report significantly higher levels of serious psychological distress and parental rejection (James et al., 2016; Oost, Livingston, Gleason, & Cochran, 2016). Gender identities that we examined include cisgender male/female, transgender male (masculine)/female (feminine), and genderfluid/nonbinary. Therefore, the secondary aim of the present study was to conduct exploratory analyses to examine multiple potential moderating factors within this relationship, including gender identity, ethnic background, and specific sexual orientation identity.

With an understanding of the individual interactions between PAR, identity, and PDs within sexual minorities, this study sought to provide evidence for the need of interventions targeted at parents of sexual minorities, to support the examination of risk factors and resiliency for sexual minorities, and to display the necessity of examining different sexual orientations separating rather than collapsing them into one group.

Methods

Participants.

Participants included 79 English speaking sexual minority individuals between the ages of 18-28 recruited through multiple GSM organizations across the country. These included college interest groups, national GSM fraternities and sororities, GSM spaces on social media, and both local and national GSM organizations such as PFLAG (previously known as Parents, Families and Friends of Lesbians and Gays) and local Pride groups. Of the participants, 60.8% identified as cisgender (46.8% female), 8.8% identified as transgender (2.5% transfeminine), and 30.4% identified as genderfluid/nonbinary. Additionally, 84.8% of the sample identified as White, 1.3% as Black/African American, 3.8% as Latinx, 3.8% as Asian, and 6.3% as multiethnic. In

terms of sexual orientation, 20.3% identified as monosexual (i.e., gay/lesbian), 24.1% as bisexual, 51.9% as pansexual/polysexual, and 3.8% as asexual/demisexual. All participants had come out to at least some people, with 50.6% considering themselves publicly out, 68.4% had come out to their immediate family, and 92.4% are out to their friends.

Measures The following measures were administered to participants:

Demographics. Demographic information, including age, gender identity, race/ethnicity, sexual orientation, and previous or current mental health diagnoses were collected via self-report (see Appendix A).

Personality Inventory for DSM-5. The Personality Inventory for DSM-5 (PID-5; American Psychological Association [APA], 2013) is a 220 item self-report measure designed to assess the personality trait model found in the DSM-5 Alternative Model for Personality Disorder (AMPD). The inventory measures 25 personality trait facets, and can be categorized into five broader traits domains, including Negative Affectivity, Detachment, Psychoticism, Disinhibition, and Antagonism. The items for each of these domains is measured on a Likert scale, ranging from 0 (“Very false of often false”) to 3 (“Very true or often true”). The psychometric properties of the PID-5 have been well supported in past research (see Al Dajani et al., 2016 for a review). For this sample, an internal consistency ($\alpha = .94$) was acceptable.

Levels of Personality Functioning Scale - Self Report. The Level of Personality Functioning Scale – Self Report (LPFS-SR; Morey, 2017) is designed to measure functional impairment as measured by the DSM-5 Section III AMPD. Specifically, impairment in the areas of Identity, Self-Direction, Intimacy, and Empathy are assessed.

Each of the 80 questions are rated on a Likert scale, with a low of 1 (“Totally False, not at all True”) and a high of 4 (“Very True”). Preliminary analyses indicate the scale is reliable and concurrently valid (Morey, 2017). For this sample, an internal consistency (α = .94) was acceptable.

Parental Acceptance-Rejection Questionnaire. The Parental Acceptance-Rejection Questionnaire (PARQ; Rohner, 2005) assesses adults’ recollection of maternal and paternal acceptance-rejection during childhood. Item responses fall on a 4-point Likert scale from 1 (“Almost never true”) to 4 (“Almost always true”). The convergent and discriminant validity have been demonstrated in previous studies (e.g., Rohner, 2005), and a meta-analysis of the reliability of the PARQ has been shown in multiple countries (Khaleque & Rohner, 2002). For this sample, the internal consistency for paternal (α = .96) and maternal (α = .97) versions were acceptable.

Sexuality Acceptance Questionnaire. The Sexuality Acceptance Questionnaire (SAQ; Davis & Anderson, developed ad hoc; see Appendix A) was developed to evaluate how participants feel about their parents’ acceptance-rejection of their sexual orientation and factors that relate directly to their sexuality (e.g., relationships, participation in PRIDE events, group identification). This measure was modeled after the PARQ in structure, but novel questions relating to acceptance-rejection of sexual orientation were utilized to capture the construct. Item responses fall on a 4-point Likert scale from 1 (“Almost never true”) to 4 (“Almost always true”). For this sample, the internal consistency for paternal (α = .79) and maternal (α = .80) versions were acceptable.

Validity Indicator. Validity items were dispersed throughout the survey (see Appendix A). These items consisted of statements that participants are expected to deny,

such as “I enjoy stealing from graves” and “I’m allergic to water.” Individuals who were suspected of random responding (i.e., individuals who endorse three or more validity items) were excluded.

Procedure. Participants were recruited through online contact and asked to complete a questionnaire administered through Qualtrics after indicating informed consent. Participants who completed the survey according to the given requirements were entered into a raffle with a 10% chance at winning a gift card worth $5 (United States Dollars). Inclusion criteria consisted of the following requirements: being a young adult (i.e., ages 18-28), self-identifying as a sexual minority, and passing the validity screening. An online questionnaire was taken by 156 participants; however, 75 were eliminated for not completing the survey, and one was eliminated for not passing the validity despite answering all the questions. This left a final sample of 79 participants.

Analysis Plan. SPSS Version 22 was used for data analysis. The relationship between PAR (as measured by the PARQ and SAQ within two separate analyses) and personality psychopathology and impairment (as measured by the PID-5 and LPFS-SR) was examined using Pearson correlation and multiple regression analyses. Multiple regression analyses were conducted using personality traits and impairment as dependent variables and PAR scores as independent variables.

Hypothesis 1: A higher level of perceived PAR will predict higher levels of personality disorder symptoms and potential diagnosis.

Furthermore, moderation analyses were conducted in order to determine the interaction effects of gender identity, sexual orientation, and race/ethnicity (all dummy coded for analysis) on these relationships.

Hypothesis 2: Multiple moderating variables (e.g. orientation, gender identity, ethnic identity, etc.) will be tested. For variables determined to have a moderating effect, a hierarchal regression will be conducted to determine the relationship between PAR and personality psychopathology and impairment after controlling for these variables.

Results

Comparisons of Paternal and Maternal Scores. To compare if there were significant differences between paternal and maternal scores on the PARQ and the SAQ, a series of paired samples tests was conducted. There was a significant difference in the scores for the PARQ Undifferentiated Rejection subscale, with paternal undifferentiated rejection scores (M = 33.22, SD = 6.79) being higher than maternal undifferentiated rejection scores (M = 30.66, SD = 7.71); $t(63) = 2.15$, $p = .035$, $d = .35$. However, no other PARQ subscales, nor the total scores for either measure, showed a significant difference between paternal and maternal scores (see Tables 1-2).

Table 1

Descriptive Statistics between paternal and maternal rejection scores.

	Mean	N	Std. Deviation
PARQ Dad Warmth	35.78	64	14.94
PARQ Mom Warmth	33.02	64	14.55
PARQ Dad Hostility	49.91	63	10.66
PARQ Mom Hostility	46.76	63	11.16
PARQ Dad Indifference	48.15	65	10.20
PARQ Mom Indifference	50.52	65	10.39
PARQ Dad Und. Rejection	33.22	64	6.79
PARQ Mom Und. Rejection	30.66	64	7.71
PARQ Dad Total	195.42	62	39.58
PARQ Mom Total	197.00	62	39.41
SAQ Dad Total	76.61	64	24.49
SAQ Mom Total	72.22	64	26.10

Table 2

Paired Samples Test between paternal and maternal rejection scores

	Mean Differences	Std. Deviation Differences	*t*	*p*	Cohen's *d*
PARQ Dad Warmth – PARQ Mom Warmth	2.77	19.39	1.14	.258	.19
PARQ Dad Hostility – PARQ Mom Hostility	3.14	14.69	1.70	.095	.29
PARQ Dad Indifference – PARQ Mom Indifference	-2.37	13.04	-1.47	.148	.23
PARQ Dad Und. Rejection – PARQ Mom Und. Rejection	2.56	9.53	**2.15**	**.035**	.35
PARQ Dad Total – PARQ Mom Total	-1.58	53.54	-0.24	.814	.04
SAQ Dad Total – SAQ Mom Total	4.39	25.47	1.38	.173	.17

Note: Significant values are presented in boldface font.

Correlations. Correlation analyses indicated rejection from father figures was correlated with multiple domains of personality psychopathology and impairment. See Appendix B (paternal) and Appendix C (maternal) for a more specific breakdown, including the PID-5 and LPFS subscales.

General paternal rejection (PARQ) domains showed small to moderate relationships with Negative Affectivity (*r*'s = .32 [Hostility], .30 [Rejection], .31 [PARQ Total], and .28 [Indifference]), Disinhibition (*r*'s = .27 [Rejection], .32 [Hostility]), Psychoticism (*r*'s = .25 [Hostility], .25 [Rejection]), Identity Impairment (*r*'s = .28 [Rejection], .27 [PARQ Total], .29 [Hostility]), Self-Direction Impairment (*r*'s = .26 [Hostility], .26 [PARQ Total]), and overall Impairment (*r*=.27 [Hostility]). Paternal rejection specifically related to sexual orientation (SAQ) showed a significant relationship with Disinhibition (*r* = -.298). See Table 3 for a more specific breakdown.

Table 3

Correlations between paternal rejection (PARQ and SAQ) and the PID-5 domain scales and LPFS Total score

		Negative Affect	Detachment	Antagonism	Disinhibition	Psychoticism	Impairment
PARQ DAD Warmth (R)	*r*	.23	.11	.08	.19	.14	.16
	p	.076	.394	.517	.138	.265	.235
PARQ DAD Hostility	*r*	**.32**	.15	.08	**.32**	**.25**	**.27**
	p	**.012**	.257	.561	**.011**	**.049**	**.039**
PARQ DAD Indifference	*r*	**.28**	.19	.04	.15	.23	.20
	p	**.030**	.131	.754	.253	.076	.123
PARQ DAD Und. Reject.	*r*	**.30**	.13	.06	**.27**	**.25**	.23
	p	**.017**	.313	.648	**.039**	**.048**	.078
PARQ DAD Total	*r*	**.31**	.17	.08	.25	.24	.24
	p	**.017**	.205	.544	.054	.069	.074
SAQ DAD Total	*r*	-.22	-.02	-.03	**-.30**	-.17	-.21
	p	.083	.858	.805	**.019**	.185	.105

Note: Significant values are presented in boldface font.

Mother figure general rejection (PARQ) related to Detachment (*r*'s = .23 [Lack of Warmth], .26 [Indifference], .25 [Rejection], .25 [PARQ Total), Psychoticism (*r*'s = .26 [Lack of Warmth], .35 [Indifference], .30 [Rejection], .29 [PARQ Total]). Maternal rejection specifically related to sexual orientation (SAQ) showed no significant correlations with other factors. Additionally, maternal rejection was not related with facets of identity impairment. See Table 4 for a more specific breakdown.

Table 4

Correlations between maternal rejection (PARQ and SAQ) and the PID-5 domain scales and LPFS Total score

		Negative Affect	Detachment	Antagonism	Disinhibition	Psychoticism	Impairment
PARQ MOM Warmth (R)	*r*	.06	**.24**	.09	-.06	**.26**	.08
	p	.639	**.046**	.453	.632	**.028**	.496
PARQ MOM Hostility	*r*	.05	.22	.04	.03	.20	.08
	p	.694	.058	.770	.821	.083	.527
PARQ MOM Indifference	*r*	.13	**.26**	.13	.02	**.35**	.15
	p	.264	**.027**	.258	.867	**.002**	.219
PARQ MOM Und. Reject.	*r*	.11	**.25**	.06	.04	**.30**	.13
	p	.350	**.033**	.615	.745	**.009**	.277
PARQ MOM Total	*r*	.08	**.25**	.07	.01	**.29**	.10
	p	.507	**.034**	.552	.920	**.015**	.395
SAQ MOM Total	*r*	-.11	-.13	.03	.07	-.13	-.12
	p	.353	.273	.834	.566	.288	.305

Note: Significant values are presented in boldface font.

Moderation. Furthermore, exploratory moderation analyses were conducted in order to determine the interaction effects of gender identity, sexual orientation, and race/ethnicity (all dummy coded for analysis) on these relationships. We tested multiple linear regression models that examined the impact of each moderator on the correlation between PAR (as measured by the PARQ and SAQ) and personality psychopathology (i.e. the domain scales and the LPFS impairment scales), and their interaction effects. In total, four exploratory analyses per moderator were conducted to account for the two forms of the independent variable and the two dependent variables.

Cisgender versus Transgender. A variety of interaction effects were found when comparing cisgender participants with transgender (including nonbinary/genderfluid) participants, which can be found in Table 5.

Table 5

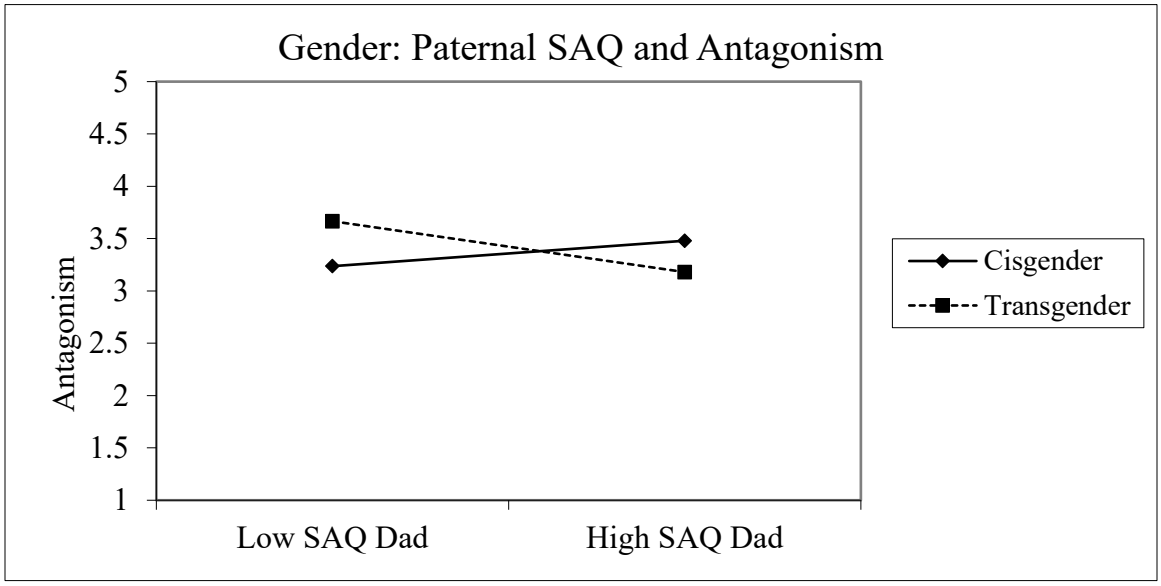
Interaction effects of gender on the relationships between rejection and the PID-5 domain scales and LPFS total score

CISGENDER VERSUS TRANSGENDER INTERACTIONS						
		Unstandardized Coefficients		Standardized		
		β	Std. Error	β	*t*	*p*
Negative Affect	PARQ DAD	.00	.00	.11	.66	.511
	SAQ DAD	-.00	.01	-.06	-.37	.710
	PARQ MOM	-.00	.00	-.12	-.72	.472
	SAQ MOM	.01	.01	.25	1.62	.110
Detachment	PARQ DAD	.01	.00	.19	1.07	.288
	SAQ DAD	-01	.01	-.26	-1.53	.131
	PARQ MOM	-.00	.00	-.14	-.80	.429
	SAQ MOM	-.00	.01	-.04	-.25	.805
Antagonism	PARQ DAD	.00	.00	.09	.50	.622
	SAQ DAD	-.02	.01	-.44	**-2.68**	**.009**
	PARQ MOM	.00	.00	.05	.30	.768
	SAQ MOM	-.01	.01	-.33	**-2.07**	**.042**

Disinhibition	PARQ DAD	.00	.00	.08	.46	.648
	SAQ DAD	.00	.01	.06	.34	.736
	PARQ MOM	-.00	.00	-.14	-.82	.415
	SAQ MOM	.01	.01	.15	.95	.346
Psychoticism	PARQ DAD	-.00	.00	-.13	-.78	.439
	SAQ DAD	.00	.01	.07	.40	.690
	PARQ MOM	-.01	.00	-.22	-1.31	.195
	SAQ MOM	.00	.01	.07	.45	.653
Impairment	PARQ DAD	.29	.45	.11	.65	.519
	SAQ DAD	-.14	.80	-.03	-.18	.860
	PARQ MOM	-.24	.40	-.10	-.60	.549
	SAQ MOM	1.38	.59	.36	**2.36**	**.021**

Note: Significant values are presented in boldface font.

Gender showed an interaction effect on the association between paternal rejection specifically related to sexual orientation (i.e. SAQ) and antagonism, with transgender



participants showing higher levels of antagonism than cisgender participants when sexuality rejection is low, but having lower levels of antagonism when sexuality rejection is high (β = -4.40, t = -2.68, p = .009; see Figure 1).

Figure 1. The interaction effect of gender (cisgender versus transgender) on the relationship between paternal sexual orientation rejection (SAQ) and antagonism.

Similarly, the relationship between maternal sexuality orientation rejection and antagonism was also moderated by gender, with transgender participants showing higher levels of antagonism than cisgender participants when sexuality rejection is low, but having lower levels of antagonism when sexuality rejection is high (β = -.33, t = -2.07, p = .042; see Figure 2).

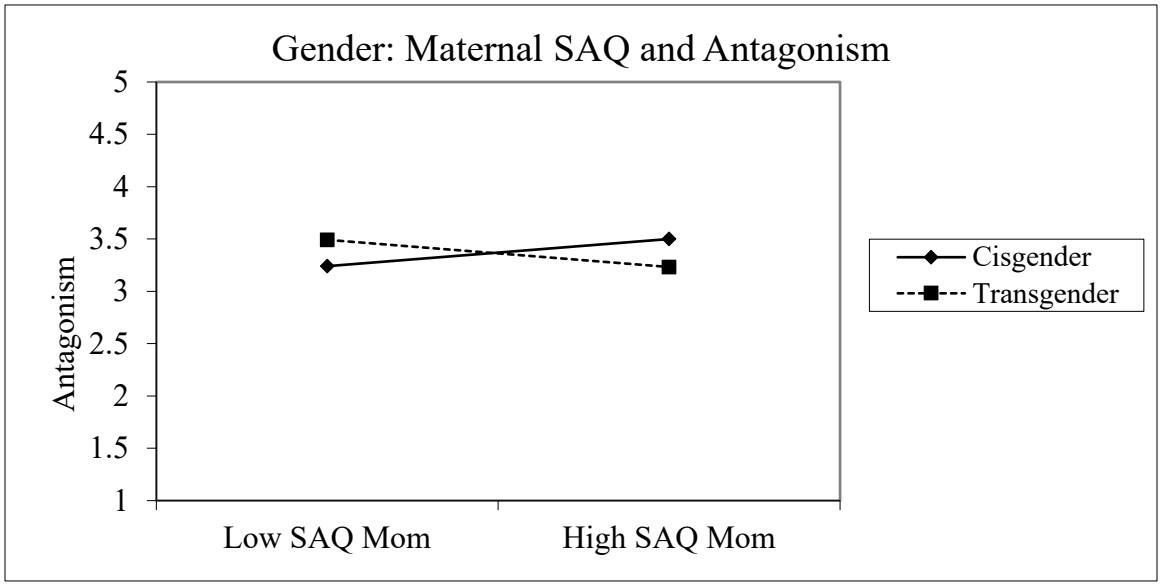


Figure 2. The interaction effect of gender (cisgender versus transgender) on the relationship between maternal sexual orientation rejection (SAQ) and antagonism.

Additionally, an interaction was found for the relationship between maternal sexuality rejection and impairment, with cisgender participants showing higher levels of impairment than transgender participants when sexuality rejection is low, but having lower levels of impairment when sexuality rejection is high (β = .36, t = 2.36, p = .021; see Figure 3).

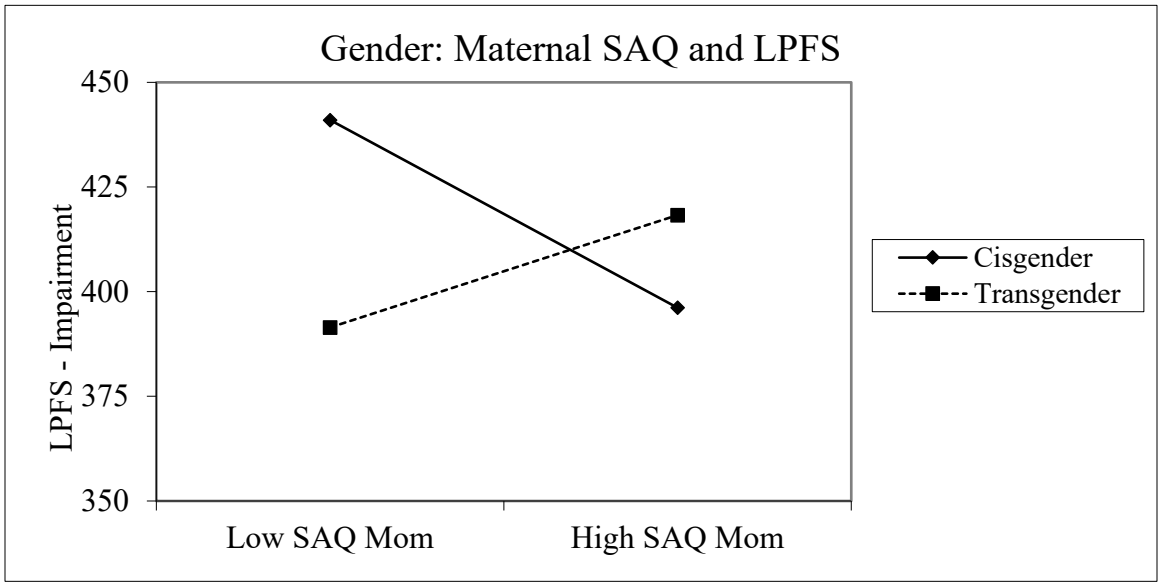


Figure 3. The interaction effect of gender (cisgender versus transgender) on the relationship between maternal sexual orientation rejection (SAQ) and impairment.

Masculine versus Feminine versus Nonbinary/Genderfluid. Moderation analyses were conducted to compare gender presentation, divided into masculine (cisgender men and transgender men), feminine (cisgender women and transgender women), and nonbinary/genderfluid presentations. However, no significant moderation interaction effects were found in these analyses (see Table 6-7).

Table 6

Interaction effects of masculine versus feminine gender presentation on the relationships between rejection and the PID-5 domain scales and LPFS total score.

MASCULINE VERSUS FEMININE INTERACTIONS						
		Unstandardized Coefficients		Standardized		
		β	Std. Error	β	*t*	*p*
Negative Affect	PARQ DAD	.00	.01	.07	.24	.812
	SAQ DAD	.00	.01	.09	.42	.680
	PARQ MOM	.00	.01	.01	.07	.943
	SAQ MOM	.00	.01	-.01	-.04	.967
Detachment	PARQ DAD	-.00	.01	-.03	-.10	.923
	SAQ DAD	.01	.01	.14	.64	.526
	PARQ MOM	.00	.01	.13	.69	.496
	SAQ MOM	.01	.01	.17	.82	.417
Antagonism	PARQ DAD	.00	.01	.01	.03	.979
	SAQ DAD	.01	.01	.28	1.30	.197
	PARQ MOM	.00	.00	.08	.42	.678
	SAQ MOM	.01	.01	.27	1.37	.175
Disinhibition	PARQ DAD	.01	.01	.29	1.06	.296
	SAQ DAD	-.01	.01	-.13	-.62	.538
	PARQ MOM	.01	.00	.34	1.79	.079
	SAQ MOM	-.01	.01	-.21	-1.04	.303
Psychoticism	PARQ DAD	.01	.01	.20	.69	.495
	SAQ DAD	.00	.01	-.01	-.04	.968
	PARQ MOM	.00	.01	.17	.92	.359
	SAQ MOM	.00	.01	.06	.32	.749
Impairment	PARQ DAD	.47	.68	.21	.70	.489
	SAQ DAD	.00	.96	.00	.00	.997
	PARQ MOM	.19	.49	.08	.39	.697
	SAQ MOM	-.75	.77	-.20	-.98	.329

Table 7

Interaction effects of masculine versus nonbinary gender presentation on the relationships between rejection and the PID-5 domain scales and LPFS total score.

MASCULINE VERSUS NONBINARY INTERACTIONS						
		Unstandardized Coefficients		Standardized		
		β	Std. Error	β	*t*	*p*
Negative Affect	PARQ DAD	.01	.01	.20	.87	.397
	SAQ DAD	-.00	.01	-.05	-.23	.819
	PARQ MOM	-.00	.01	-.15	-.79	.433
	SAQ MOM	.01	.01	.23	1.24	.218
Detachment	PARQ DAD	.01	.01	.17	.67	.506
	SAQ DAD	-.01	.01	-.17	-.82	.417
	PARQ MOM	-.00	.01	-.04	-.20	.840
	SAQ MOM	.00	.01	.07	.37	.716
Antagonism	PARQ DAD	.00	.01	.12	.45	.655
	SAQ DAD	-.01	.01	-.29	-1.50	.140
	PARQ MOM	.00	.00	.17	.89	.378
	SAQ MOM	-.01	.01	-.17	-.91	.364
Disinhibition	PARQ DAD	.01	.01	.40	1.70	.094
	SAQ DAD	-.00	.01	-.09	-.49	.630
	PARQ MOM	.00	.00	.12	.64	.526
	SAQ MOM	.00	.01	-.01	-.03	.978
Psychoticism	PARQ DAD	.00	.01	.13	.52	.603
	SAQ DAD	-.00	.01	-.02	-.12	.909
	PARQ MOM	.00	.01	.05	.29	.773
	SAQ MOM	.00	.01	.03	.16	.871
Impairment	PARQ DAD	.99	.728	.34	1.36	.179
	SAQ DAD	-.52	1.06	-.10	-.49	.625
	PARQ MOM	-.20	.53	-.07	-.38	.709
	SAQ MOM	.86	.79	.21	1.08	.284

White versus People of Color. To examine ethnicity, all participants of color were collapsed into one group due to a lack of sample variability. A variety of interaction

effects were found when comparing white participants with participants of color, which can be found in Table 8.

Table 8

Interaction effects of ethnicity on the relationships between rejection and the PID-5 domain scales and LPFS total score

ETHNICITY INTERACTIONS						
		Unstandardized Coefficients		Standardized		
		β	Std. Error	β	*t*	*p*
Negative Affect	PARQ DAD	.02	.01	.28	1.83	.073
	SAQ DAD	-.02	.01	-.23	-1.69	.096
	PARQ MOM	.00	.01	.05	.36	.718
	SAQ MOM	-.02	.01	-.31	**-2.52**	**.014**
Detachment	PARQ DAD	.01	.01	.21	.126	.211
	SAQ DAD	-.01	.01	-.19	-1.36	.180
	PARQ MOM	.01	.01	.14	1.10	.275
	SAQ MOM	-.02	.01	-.20	-1.60	.114
Antagonism	PARQ DAD	.01	.01	.23	1.39	.171
	SAQ DAD	-.02	.01	-.28	**-2.02**	**.048**
	PARQ MOM	.00	.01	.02	.17	.869
	SAQ MOM	-.02	.01	-.29	**-2.42**	**.018**
Disinhibition	PARQ DAD	.00	.01	.03	.17	.865
	SAQ DAD	-.01	.01	-.13	-.97	.334
	PARQ MOM	.00	.01	.04	.29	.773
	SAQ MOM	-.02	.01	-.24	-1.95	.055
Psychoticism	PARQ DAD	.01	.01	.09	.57	.574
	SAQ DAD	.00	.01	-.01	-.04	.969
	PARQ MOM	.00	.01	.09	.69	.495
	SAQ MOM	-.01	.01	-.14	-1.14	.259
Impairment	PARQ DAD	.99	.95	.16	1.04	.301
	SAQ DAD	-2.21	.99	-.30	**-2.23**	**.030**
	PARQ MOM	.25	.60	.05	.41	.681
	SAQ MOM	-2.27	.92	-.30	**-2.47**	**.016**

Note: Significant values are presented in boldface font.

Ethnicity showed an interaction effect on the relationship between paternal rejection specifically related to sexual orientation (i.e. SAQ) and antagonism, with participants of color showing higher levels of antagonism than white participants when sexuality rejection is low, but having lower levels of antagonism when sexuality rejection is high (β = -.28, t = -2.02, p = .048; see Figure 4).

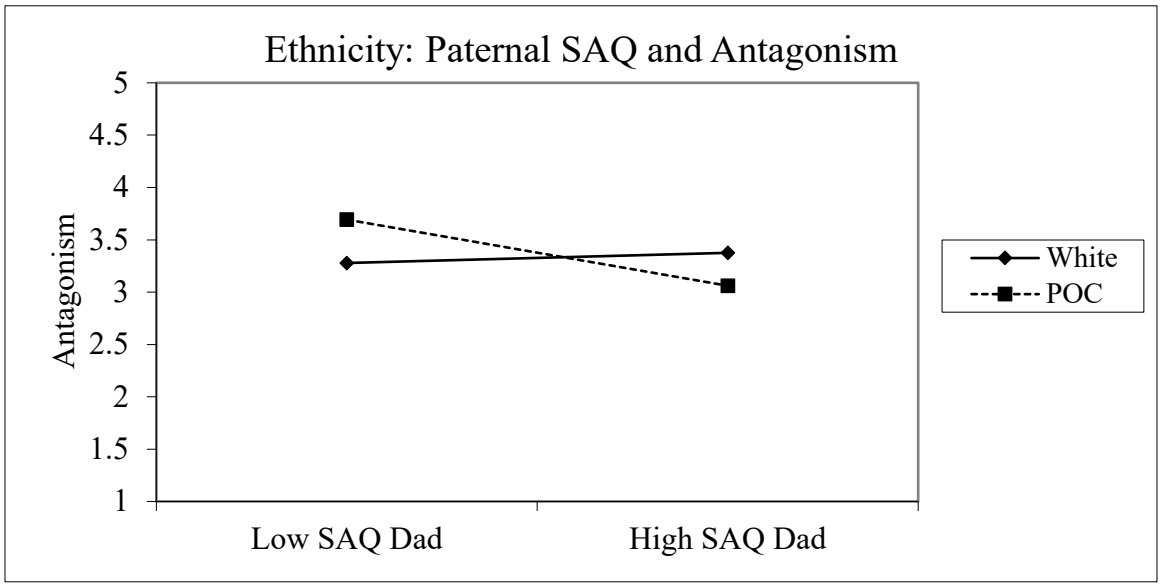


Figure 4. The interaction effect of ethnicity on the relationship between paternal sexual orientation rejection (SAQ) and antagonism.

Additionally, ethnicity moderated the relationship between paternal rejection and impairment, with participants of color showing higher levels of impairment than white participants when sexuality rejection is low, but having lower levels of impairment when sexuality rejection is high (β = -.30, t = -2.23, p = .030; see Figure 5).

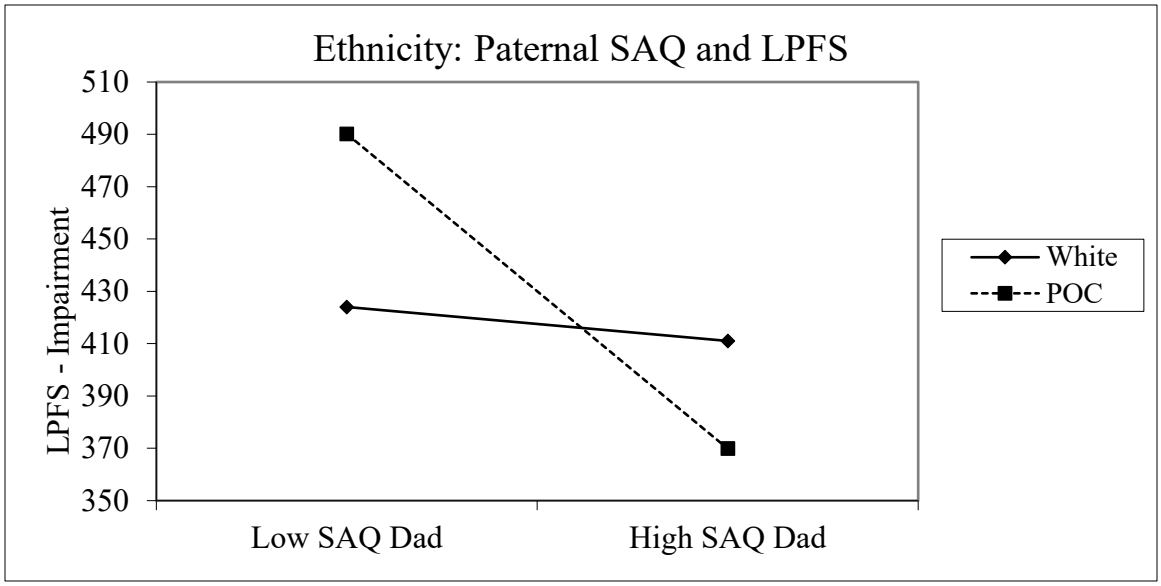


Figure 5. The interaction effect of ethnicity on the relationship between paternal sexual orientation rejection (SAQ) and impairment.

An interaction effect of ethnicity was also found on the relationship between maternal sexual orientation rejection and negative affect, with participants of color showing higher levels of negative affect than white participants when sexuality rejection is low, but having lower levels of negative affect when sexuality rejection is high (β = -.31, t = -2.52, p = .014; see Figure 6).

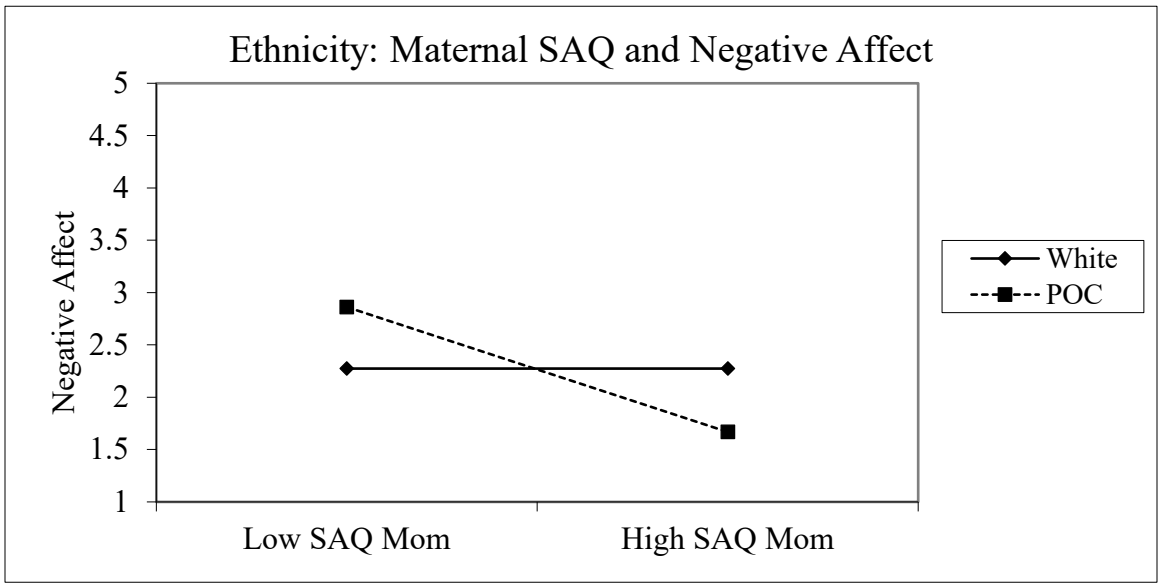


Figure 6. The interaction effect of ethnicity on the relationship between maternal sexual orientation rejection (SAQ) and negative affect.

Additionally, ethnicity moderated the relationship between maternal sexuality rejection and antagonism, with participants of color showing higher levels of antagonism than white participants when sexuality rejection is low, but having lower levels of antagonism when high (β = -.30, t = -2.42, p = .018; see Figure 7).

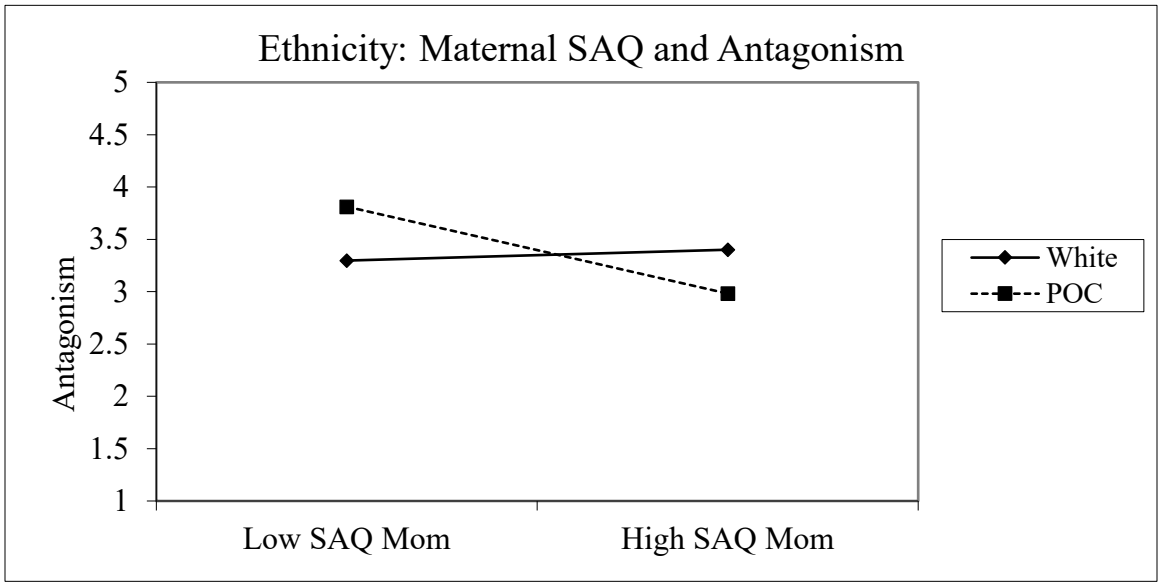
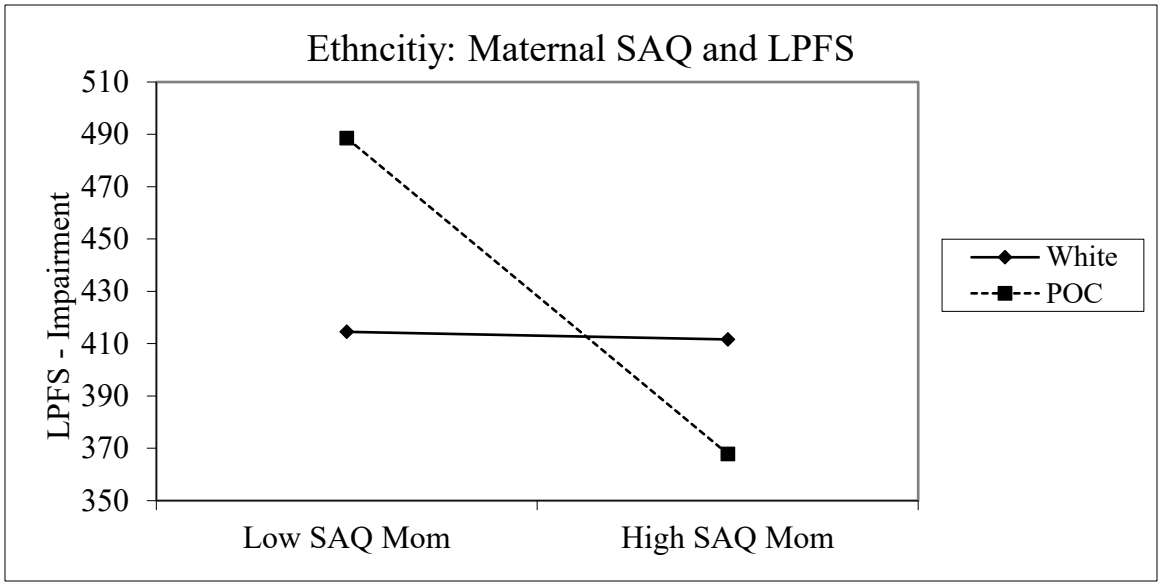


Figure 7. The interaction effect of ethnicity on the relationship between maternal sexual orientation rejection (SAQ) and antagonism.

The relationship between maternal rejection and impairment also showed an interaction effect, with participants of color showing higher levels of impairment than



white participants when sexuality rejection is low, but having lower levels of impairment when sexuality rejection is high (β = -.30, *t* = -2.47, *p* = .016; see Figure 8).

Figure 8. The interaction effect of ethnicity on the relationship between maternal sexual orientation rejection (SAQ) and impairment.

Monosexual versus Polysexual. Moderation analyses were conducted to compare monosexual (i.e., gay, lesbian) participants with polysexual (i.e., bisexual, pansexual) participants. For these analyses, participants who identified as asexual or demisexual were removed due to both the small number of participants whom identified as such (*n* = 3). However, no significant moderation interaction effects were found in these analyses (see Table 9).

Table 9

Interaction effects of monosexuality versus polysexuality on the relationships between rejection and the PID-5 domain scales and LPFS total score.

MONOSEXUAL VERSUS POLYSEXUAL INTERACTIONS						
		Unstandardized Coefficients		Standardized		
		β	Std. Error	β	*t*	*p*
Negative Affect	PARQ DAD	-.01	.01	-.31	-1.18	.243
	SAQ DAD	.01	.01	.17	.64	.523
	PARQ MOM	-.00	.01	-.05	-.11	.910
	SAQ MOM	-.00	.01	-.12	-.49	.626
Detachment	PARQ DAD	-.00	.01	-.13	-.49	.626
	SAQ DAD	.00	.01	.09	.34	.733
	PARQ MOM	.00	.01	.20	.51	.613
	SAQ MOM	-.01	.01	-.20	-.78	.436
Antagonism	PARQ DAD	-.00	.00	-.18	-.67	.504
	SAQ DAD	.00	.01	.16	.59	.560
	PARQ MOM	-.01	.01	-.44	-1.11	.269
	SAQ MOM	-.01	.01	-.26	-1.03	.305
Disinhibition	PARQ DAD	-.00	.00	-.23	-.86	.393
	SAQ DAD	.01	.01	.33	.130	.198

	PARQ MOM	-.00	.01	-.28	-.69	.495
	SAQ MOM	.00	.01	.09	.34	.737
Psychoticism	PARQ DAD	-.01	.01	-.33	-1.22	.229
	SAQ DAD	.01	.01	.32	1.23	.225
	PARQ MOM	-.00	.01	-.15	-.38	.703
	SAQ MOM	.00	.01	.04	.14	.886
Impairment	PARQ DAD	-.28	.51	-.15	-.54	.589
	SAQ DAD	.21	.88	.07	.24	.809
	PARQ MOM	-.26	.71	-.15	-.36	.720
	SAQ MOM	-.43	.75	-.15	-.57	.569

Discussion

The goal of this study was to improve the understanding of PAR in the lives of sexual minorities, particularly as it relates to personality psychopathology. Sexual minorities experience unique and highly stressful experiences associated with marginalization (Bialer & McIntosh, 2017); therefore, potential risk and resiliency factors are key to help these individuals achieve a higher sense of wellbeing and quality of life.

When examining how PAR impacted personality psychopathology, we expected to find elevated scores of Negative Affect and Detachment. This expectation was informed both by previous research (e.g., Russell, Pocknell, & King, 2017), as well as GSM-applied versions of the Minority Stress Model (Meyer, 2003) which examines the role of internalized homophobia, discrimination, stigma, and sexual orientation concealment on mental health. Applications of the Minority Stress Model have often examined internalizing symptoms associated with GSM marginalization, such as emotional regulation and rumination (Hatzenbuehler, Nolen-Hoeksema, & Dovidio, 2009), detachment (Craney, Watson, Brownfield, & Flores, 2018), and depression and suicidal ideation (Lindquist, Livingston, Heck, & Machek, 2017; McCarthy et al., 2014).

Results from the current study provided additional support for these findings, and provided a new perspective to the research by adding the role of parental acceptance-rejection to expand the scope of related research. Indeed, a variety of correlations were found between parental acceptance-rejection subscales, and both broad constructs Negative Affect and Detachment as well as their related subscales. By bolstering previous findings, this study enhances present understanding of how internalizing symptoms are impacted by minority stress, and utilizes a less common theoretical approach to conceptualizing minority rejection. Additionally, the current researchers expected to find higher functional impairment in the area of identity. There was some support for this hypothesis, as multiple correlations were found with identity impairment; however, these correlations only existed for paternal rejection. Furthermore, unexpected correlations were found between paternal rejection and impairment of self-direction. Although not hypothesized, the current researchers do not find this result particularly surprising, as identity and self-direction are theoretically related, and Huprich and colleagues (2018) found significant correlations between self-direction and the PID-5 domains of Negative Affect and Detachment.

Although some of the broad hypotheses presented by the researchers were supported, there were unexpected findings as well. However, associations between parental rejection and a wider variety of personality psychopathology was exhibited in the current study, which highlights the severity of the impact PAR has on sexual minorities. Indeed, disinhibition was positively correlated with general paternal rejection; however, it was negatively correlated with paternal rejection due to sexual orientation. This shift could act as a safety mechanism for GSM individuals: when fearing sexual

orientation rejection (which may lead to more severe negative stressors such as abuse and/or homelessness), individuals inhibit their actions in a form of "closeting" oneself and decreasing detection and threat. Additionally, parental rejection was correlated with Psychoticism. Although this potential relationship is understudied, and therefore hard to explain, Baker and Hoerger (2012) found a similar result in which parental rejection was positively correlated with thought dysfunction, and parental control was positively correlated with Psychoticism. Additionally, it should be noted Psychoticism, in the context of personality psychopathology is different from a clinical concept of psychosis. Indeed, the PID-5 subfacets of Psychoticism include Eccentricity, Perceptual Dysregulation and Unusual Beliefs. Although there were correlations with each of these subfacets, the majority of correlations were related to Unusual Beliefs. It is possible this conceptualization is capturing aspects of sexual minorities expressing their identities in a way that is less acceptable to mainstream society, or related to experiences of stigma and discrimination which may be presenting as "unusual."

Another unexpected result was found in relation to impairment. Although paternal rejection impacted impairment in a variety of ways (i.e., identity, self-direction, overall impairment), maternal rejection showed no relationships with impairment. Importantly, this did not appear to be due to overall differences in the level of rejection experienced by mothers vs. fathers; as only one PARQ subscale (i.e. Undifferentiated Rejection) showed a significant difference in rejection scores. However, this occurrence is not an isolated event. Indeed, other studies examining parental acceptance-rejection have often found differences in outcomes between paternal and maternal rejection (Ali, Khatun, Khaleque, & Rohner, 2019; Giesel, 2018; Ulu-Yalçınkaya & Demir, 2018). Although it is unclear of

the exact pathways which exist to cause these differences, a variety of research could be introduced to examine this phenomenon. Indeed, developmental research and attachment theory research have examined how different parental interactions and relationships with mothers and fathers have impacted a variety of outcomes (Benware, 2013); however, minimal research has examined the crossover between attachment and personality psychopathology in the GSM community. It is likely that research from the cisgender/heterosexual community may not translate to the GSM community, as unique factors such as sexual orientation rejection, masculinity versus femininity expectations, and internalized homophobia/transphobia are not being considered.

In regards to moderation, only sexual orientation rejection (i.e., SAQ) was related to interaction effects (as opposed to general rejection measured by the PARQ). This may be due to an intersectional effect between the selected moderating variable and sexual minority status, creating an interaction effect when exposed to the stressor of rejection. Gender (i.e. cisgender and transgender) and ethnicity both showed a variety of interaction effects on the relationship with PAR and personality psychopathology. Antagonism in particular had a variety of interaction effects across both gender and race, and in both paternal and maternal figures. Across these contexts, the marginalized identity (i.e., transgender and people of color) showed higher levels of antagonism than non-marginalized participants when sexuality rejection is low, but having lower levels of antagonism when sexuality rejection is high. However, this relationship did not occur for general rejection (i.e., with the PARQ). Previous studies have found that personality psychopathology is higher in GSM populations (Russell, Pocknell, & King, 2017), as well as other marginalized samples such as people of color (Crawford et al., 2012) and

transgender individuals (Camel & Erickson-Schroth, 2016; Hepp et al. 2005), so it is possible that this intersectionality creates a double-down effect when parental rejection is low. However, when parental sexual orientation rejection occurs, marginalized individuals may feel the need to lessen their antagonistic tendencies to avoid more aversive punishments, out of fear of losing their relationship with their parents, threats of homeless, etc.

The same type of pervasive relationship in impairment existed across both gender and race, and in both parental figures as well. However, impairment was impacted differently by gender and ethnicity. When examining gender, transgender participants showed lower levels of impairment when sexuality rejection is low, but higher levels of impairment when rejection was high. It is possible that, because sexual orientation and gender identity are often tied so closely together in the public's mind, low levels of sexual orientation rejection would be correlated with lower levels of transgender rejection (a much more positive environment). However, when rejection is present, there is likely rejection for both orientation and gender identity, which increases the severity of impairment more than for cisgender individuals.

Ethnicity shows a mirror effect with impairment, as participants of color started with higher levels of impairment when sexuality rejection is low, but lower impairment when rejection is high. This relationship is a bit less intuitive, and additional research should be conducted to understand this relationship and the pathway through which it occurs. Based on previous research, it was unclear whether or not ethnicity would play a role in this relationship; however, the results of this study show support for its moderating role. Although it is unclear why this is occurring across the research, it is

possible that one of the contributing factors for the relationship occurring in the present study is due to the collapsing of identities of color, which may have created a stronger opportunity to find results than when ethnicities are examined separately.

Implications. This study is presented as a novel intersection of a variety of research domains: the GSM community, personality psychopathology, parental acceptance-rejection, and paternal versus maternal relationship outcomes. This niche currently suffers from a dearth of research, and this study provides a foundation for a variety of additional studies to help inform the outcomes, examine replication, and create practical applications to help create change within the GSM community.

Further research should continue pursuing more diverse samples for study, and in particular look into potential impacts of intersectional identities on the relationships between PAR and personality psychopathology. Although the intent of this study was to examine these issues from an intersectional perspective, a stunted sample limited this capability. However, having these initial findings in regards to gender (both cisgender/transgender and masculine/feminine/nonbinary), ethnicity, and specific sexual orientation creates a variety of opportunities with an initial direction for hypotheses. Indeed, some of the peculiar findings of this study warrant closer examination, such as how rejection impacts psychoticism and the interactions between other marginalized identities and how they impact outcomes.

Indeed, additional research could target specific interventions to help educate rejecting parents (or parents who may struggle to outwardly express their acceptance) in order to curb these negative outcomes. Additionally, programs could facilitate sexual minorities' understanding of the potential roots of some of their distress, creating a

foundation for insight and active coping mechanisms which may lessen the impairment and distress associated with psychopathology. Personality psychopathology, and personality disorders in particular, are often both severe and chronic. Therefore, any preventative steps are extremely valuable for early identification and intervention. This study begins the foundation of providing key insight into ways to reduce the risk of this distress for this psychologically vulnerable minority group. By furthering the understanding of how PAR and personality psychopathology may impact the lives of sexual minorities, the researchers hope to build a foundation for future interventions and research.

Limitations and Weaknesses. There are significant weaknesses within this study that should be weighed when considering the results. Foremost, the sample size of 79 participants is small compared to the number of analyses. Although a power analysis indicated an acceptable amount of power to run the correlations, the moderation analyses were more exploratory in nature and should be considered as such.

Additionally, it is questionable whether the gender distribution of the sample is representative of the GSM community as a whole. In the current study, the majority of participants were cisgender females, with only 13.9% cisgender male participants and 30.4% of participants identified as genderfluid/nonbinary. Although it is hard to determine an exact estimate of how many individuals identify as nonbinary/genderfluid in the GSM community, some recent studies provide some context. The Pew Research Center (2013) has found that approximately 5% of GSM individuals identity as transgender, and James et al. (2015) found in 35% of individuals identified as nonbinary within a national transgender-targeted survey; however, it should be noted that not all

nonbinary/genderfluid individuals identify as transgender, so this population may not be fully captured. However, the high percentage of participants that identified as nonbinary/genderfluid, as well as pansexual/polysexual, indicates a need for more inclusive demographic questions and answer options. When considering younger generations have endorsed higher percentages of fluid identities (Laughlin, 2016), this gender distribution may be close to representative in a young adult sample. In GSM youth samples, nonbinary/genderfluid identities have been found to be as high as 26% (Human Rights Campaign, 2018). In other words, although this study highlights many of the problems in previous work that has collapsed sexual orientation/gender identity categories, the representativeness of this sample may not be typical of the entire GSM community, particularly older generations.

Another potential weakness of this study is the use of a novel measure: the SAQ. The SAQ was created out of necessity, as presently there exists no measure which examines parental acceptance-rejection related to sexual minority status. Steps were taken to increase the validity and reliability of the measure, including modeling based on a similar, psychometrically sound measure (i.e., the PARQ), gaining feedback from a variety of both GSM and non-GSM individuals, and by utilizing a "wide net" approach to question content. However, the psychometric utility of this measure is untested outside of the current investigation.

Although this study certainly has implications for personality psychopathology and parental acceptance-rejection, other mental health variables were not examined and remained understudied within the GSM community. Community and societal level rejection were not examined, and might better inform potential risk or protective factors.

Additionally, examining GSM rejection from a holistic perspective may better inform which level of rejection (personal, familial, peer, community, or societal) leads to the most distress and adverse outcomes, and therefore guide the best form of intervention. Furthermore, mental health variables beyond personality psychopathology were not examined, and the picture presented from this study may only capture one aspect of a multi-faceted, complex problem. Presently, it remains unclear what the best practice is to mitigate these problems, and further research should attempt to gain more detailed information about rejection, mental health, and interventions.

In conclusion, although consisting of a small sample, this study builds a foundation for a variety of factors that intersect within the lives of sexual minorities. Indeed, by approaching parental acceptance-rejection from an intersectional perspective, preliminary findings suggest that personality psychopathology within the GSM is a more multi-faceted and complex problem than previously suggested. Additionally, these findings provide evidence for the need to further research within this underserved domain, and is an important step to further the understanding of the role of acceptance in a community that has been widely unaccepted historically and still suffers from academic neglect.

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APPENDIX A

Demographics

Sexual Minority: *An individual who does not identify as straight in regards to sexual orientation (for example, they may identify as gay, bisexual, queer, etc.).*

What is your age?

- 18-20
- 20-22
- 23-25
- 26-28

What is your gender?

- Cisgender Male
- Cisgender Female
- Transgender Male
- Transgender Female
- Genderfluid / Nonbinary

How would you describe yourself?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian / Pacific Islander
- Hispanic / Latinx
- White
- Multiethnic

Which of the following best describes your sexual orientation?

- Strictly homosexual (gay, lesbian)
- Bisexual
- Pansexual / Polysexual
- Asexual / Demisexual

What is your marital status?

- Single (never married)
- Committed relationship (not married or in a domestic partnership)
- Married, or in a domestic partnership
- Widowed
- Divorced
- Separated

What is your religious affiliation?

- Christian / Catholic / Orthodox
- Jewish
- Islam / Muslim
- Hindu
- Buddhist
- Pagan
- Atheist
- No affiliation
- Other:

In regards to sexual orientation, are you currently “out” to the following groups: (Check all that apply)

- Immediate Family
- Extended Family
- Friends
- Coworkers
- Publicly out
- I am have not come out to anyone.

At what age did you realize you were a sexual minority?

- Before 10
- 10-13
- 14-17
- 17-20
- 20 or older

At what age did you first tell another person you were a sexual minority?

- Before 10
- 10-13
- 14-17
- 17-20
- 20 or older
- I have not told anyone

At what age did your parents you were a sexual minority?

- Before 10
- 10-13
- 14-17
- 17-20
- 20 or older
- I have not told my parents

Have you been diagnosed with a mental health problem(s)?

- No
- If yes, please indicate:
- If yes, when were you first diagnosed (i.e., year):

Do one or both of your parents/guardians identify as LGBT+?

- Yes
- No

Which of the following best describes your parents/primary guardians:

- Single woman
- Single man
- Man and woman

Validity Questions

To be included throughout the surveys randomly, answer choices matched the embedded measure formatting.

I am allergic to water. (Demographics)

I enjoy digging up graves. (PID-5)

I only date people who can hold their breath for twenty minutes. (PID-5)

I often receive a small loan of one million dollars. (LPFS-SR)

Sexual Orientation Acceptance Questionnaire (SAQ) – Father Version.

The following pages contain a number of statements describing the way fathers sometimes act toward their children. Read each statement carefully and think how well it describes the way your father treated you since you've told him about your sexual orientation ("come out of the closet"; if you have not come out to your father, indicate how you think he would respond). Work quickly. Give your first impression and move on to the next item. Do not dwell on any item.

Remember, there is no right or wrong answer to any statement, so be as frank as you can. Respond to each statement the way you feel your father really was rather than the way you might have liked him to be.

Partner refers to someone whom you are, or were, involved with sexually or romantically.

MY FATHER		TRUE OF MY FATHER		NOT TRUE OF MY FATHER	
		Almost Always True	Sometimes True	Rarely True	Almost Never True
1.	Would proudly tell other people about my sexual orientation				
2.	Would use gay slurs*				
3.	Would not (or did not) attend my wedding if it was not an opposite-sex relationship*				
4.	Wanted to "pray the gay away"*				
5.	Would have attended a sexual orientation Pride event with me if I asked				
6.	Enjoyed meeting my partner(s)				
7.	Supported anti-LGBT laws and policies*				
8.	Would have been willing to wear a LGBT+ ally shirt				
9.	Would call my sexual orientation a lifestyle or a choice*				
10.	Would refer to my sexual orientation as disgusting, gross, or sick*				
11.	Did not want to talk about my sexual orientation*				
12.	Would hit me because of my sexual orientation*				

13.	Would stand up for me if I was bullied about my sexual orientation				
14.	Would only refer to my partner(s) as “friends”*				
15.	Kept a distance from me because of my sexual orientation*				
16.	Would try to introduce me to people who were LGBT+				
17.	Wanted to learn and understand LGBT+ terms				
18.	Would talk positively about a famous LGBT+ person				
19.	Would consider donating to an LGBT+ organization				
20.	Would correct someone they know if they used homophobic language				
21.	Made it clear he supported my sexual orientation				
22.	Wanted me to go to conversion therapy (anti-LGBT therapy)*				
23.	Encouraged me to explore the LGBT+ community				
24.	Helped me learn to accept my sexual orientation				
25.	Wanted to (or did) kick me out of the house because of my sexual orientation*				
26.	Neglected me because of my sexual orientation*				
27.	Referred to my sexual orientation as a phase.*				
28.	Would be rude to my partner(s)*				
29.	Talked positively to my family members about my sexual orientation				

30.	Questioned my religious beliefs because of my sexual orientation*				
31.	Would be upset if LGBT+ people showed affection in front of him*				
32.	Would periodically ask if I was still LGBT+*				
33.	Would make stereotypical jokes about LGBT+ people and/or their relationships*				
34.	Would watch LGBT+ shows and movies				
35.	Supported same-sex couples adopting children				
36.	Supported same-sex marriage				

APPENDIX B

Paternal Rejection and PID-5 Subscales

PATERNAL REJECTION AND PID-5 SUBSCALE CORRELATIONS						
		Anxiousness	Emotional Lability	Hostility	Perseveration	Restricted Affectivity
PARQ DAD Warmth (R)	*r*	.214	.081	-.081	.060	-.154
	p	.094	.531	.531	.644	.232
PARQ DAD Hostility	*r*	.245	.179	-.078	.099	-.020
	p	.057	.168	.551	.447	.878
PARQ DAD Indifference	*r*	**.278**	.192	-.092	.102	-.177
	p	.029	.135	.475	.429	.168
PARQ DAD Und. Reject.	*r*	.251	.175	-.072	.105	-.037
	p	.051	.176	.583	.420	.779
PARQ DAD Total	*r*	**.267**	.170	-.085	.103	-.120
	p	.039	.194	.521	.434	.362
SAQ DAD Total	*r*	-.181	-.040	-.072	.012	.194
	p	.158	.755	.579	.925	.131

PATERNAL REJECTION AND PID-5 SUBSCALE CORRELATIONS						
		Separation Insecurity	Submissive	Anhedonia	Depression	Intimacy Avoidance
PARQ DAD Warmth (R)	*r*	.234	.233	.226	.202	-.077
	p	.068	.068	.078	.116	.554
PARQ DAD Hostility	*r*	**.315**	**.309**	.186	.210	-.062
	p	.014	.016	.151	.105	.634
PARQ DAD Indifference	*r*	.181	.221	**.277**	.247	-.041
	p	.160	.085	.029	.052	.751
PARQ DAD Und. Reject.	*r*	**.281**	**.288**	.205	.204	-.118
	p	.028	.024	.112	.115	.365
PARQ DAD Total	*r*	**.275**	**.283**	**.255**	.248	-.076
	p	.033	.028	.049	.056	.564
SAQ DAD Total	*r*	**-.290**	-.124	-.042	.058	.055
	p	.022	.336	.746	.657	.671

PATERNAL REJECTION AND PID-5 SUBSCALE CORRELATIONS						
		Suspicious	Withdrawal	Eccentricity	Perceptual Dysregulation	Unusual Beliefs
PARQ DAD Warmth (R)	*r*	.212	.069	.194	.065	.070
	p	.098	.592	.130	.616	.587
PARQ DAD Hostility	*r*	.163	.206	.202	.223	.201
	p	.210	.111	.119	.084	.120
PARQ DAD Indifference	*r*	**.263**	.189	.235	.152	.153
	p	.039	.141	.066	.237	.234
PARQ DAD Und. Reject.	*r*	.198	.197	.202	.177	.231
	p	.126	.129	.119	.171	.073
PARQ DAD Total	*r*	.237	.177	.234	.161	.169
	p	.068	.176	.072	.219	.198
SAQ DAD Total	*r*	-.167	-.062	-.177	-.095	-.126
	p	.194	.634	.169	.461	.328

PATERNAL REJECTION AND PID-5 SUBSCALE CORRELATIONS

		Attention	Callousness	Deceitful	Grandiosity	Manipulate
PARQ DAD Warmth (R)	*r*	.012	.099	.017	-.030	.182
	p	.928	.443	.897	.814	.157
PARQ DAD Hostility	*r*	-.041	.156	.031	-.071	.189
	p	.756	.231	.811	.587	.144
PARQ DAD Indifference	*r*	-.063	.113	-.024	-.063	.153
	p	.627	.384	.855	.626	.236
PARQ DAD Und. Reject.	*r*	-.050	.103	-.009	-.073	.185
	p	.704	.430	.945	.574	.154
PARQ DAD Total	*r*	-.033	.128	.013	-.056	.195
	p	.804	.329	.920	.669	.136
SAQ DAD Total	*r*	-.106	-.119	-.079	.174	-.123
	p	.410	.356	.540	.177	.342

PATERNAL REJECTION AND PID-5 SUBSCALE CORRELATIONS						
		Distractibility	Impulsivity	Irresponsible	Rigid Perfectionism	Risk Taking
PARQ DAD Warmth (R)	*r*	.201	.101	.130	-.160	.101
	p	.117	.433	.314	.214	.433
PARQ DAD Hostility	*r*	.230	.219	**.354**	-.111	.183
	p	.075	.090	.005	.393	.159
PARQ DAD Indifference	*r*	.162	.058	.122	-.200	.180
	p	.209	.655	.346	.118	.161
PARQ DAD Und. Reject.	*r*	.238	.154	.233	-.093	.113
	p	.064	.235	.071	.476	.386
PARQ DAD Total	*r*	.227	.144	.227	-.161	.157
	p	.081	.274	.081	.218	.230
SAQ DAD Total	*r*	**-.307**	-.139	-.241	.168	-.068
	p	.015	.280	.059	.192	.599

Paternal Rejection and LPFS Subscales

PATERNAL REJECTION AND LPFS SUBSCALE CORRELATIONS					
		Identity	Self- Direction	Empathy	Intimacy
PARQ DAD Warmth (R)	*r*	.193	.182	.106	.085
	p	.126	.149	.404	.507
PARQ DAD Hostility	*r*	**.294**	**.255**	.197	.184
	p	.019	.044	.121	.153
PARQ DAD Indifference	*r*	.221	.229	.156	.134
	p	.079	.069	.218	.294
PARQ DAD Und. Reject.	*r*	**.281**	.234	.159	.146
	p	.026	.065	.213	.252
PARQ DAD Total	*r*	**.272**	**.257**	.171	.149
	p	.032	.044	.184	.247
SAQ DAD Total	*r*	-.205	-.209	-.158	-.134
	p	.104	.098	.214	.295

APPENDIX C

Maternal Rejection and PID-5 Subscales

MATERNAL REJECTION AND PID-5 SUBSCALE CORRELATIONS						
		Anxiousness	Emotional Lability	Hostility	Perseveration	Restricted Affectivity
PARQ MOM Warmth (R)	*r*	.099	.109	.103	-.043	-.099
	p	.406	.362	.389	.718	.407
PARQ MOM Hostility	*r*	.081	.139	.151	.026	-.040
	p	.497	.240	.204	.824	.738
PARQ MOM Indifference	*r*	.148	.163	.108	.056	-.107
	p	.209	.166	.360	.638	.364
PARQ MOM Und. Reject.	*r*	.152	.192	.139	.042	-.009
	p	.199	.104	.242	.724	.937
PARQ MOM Total	*r*	.117	.136	.105	.011	-.063
	p	.331	.256	.386	.930	.603
SAQ MOM Total	*r*	-.128	-.021	-.199	.002	.124
	p	.283	.861	.095	.986	.298

MATERNAL REJECTION AND PID-5 SUBSCALE CORRELATIONS						
		Separation Insecurity	Submissive	Anhedonia	Depression	Intimacy Avoidance
PARQ MOM Warmth (R)	*r*	-.069	-.116	.207	.165	.153
	p	.566	.330	.082	.165	.198
PARQ MOM Hostility	*r*	-.102	-.112	.154	.138	.192
	p	.389	.346	.194	.244	.104
PARQ MOM Indifference	*r*	.001	-.061	.226	.165	.179
	p	.996	.607	.053	.159	.127
PARQ MOM Und. Reject.	*r*	-.076	-.042	.227	.211	.124
	p	.523	.724	.054	.073	.295
PARQ MOM Total	*r*	-.058	-.088	.222	.189	.179
	p	.633	.464	.063	.115	.136
SAQ MOM Total	*r*	-.112	.006	-.093	-.019	-.094
	p	.349	.962	.439	.873	.433

MATERNAL REJECTION AND PID-5 SUBSCALE CORRELATIONS						
		Suspiciousness	Withdrawal	Eccentricity	Perceptual Dysregulation	Unusual Beliefs
PARQ MOM Warmth (R)	*r*	.125	.195	.156	.173	**.295**
	p	.297	.101	.191	.146	.012
PARQ MOM Hostility	*r*	.046	.196	.081	.196	**.243**
	p	.701	.096	.495	.096	.038
PARQ MOM Indifference	*r*	.166	.200	**.270**	.220	**.354**
	p	.157	.087	.020	.060	.002
PARQ MOM Und. Reject.	*r*	.172	**.236**	.142	**.256**	**.355**
	p	.146	.044	.229	.029	.002
PARQ MOM Total	*r*	.125	.193	.183	.207	**.315**
	p	.299	.107	.126	.083	.008
SAQ MOM Total	*r*	-.206	-.130	-.109	-.055	-.129
	p	.083	.276	.362	.649	.280

MATERNAL REJECTION AND PID-5 SUBSCALE CORRELATIONS

		Attention	Callousness	Deceitful	Grandiosity	Manipulate
PARQ MOM Warmth (R)	*r*	**-.237**	.178	.153	.093	-.025
	p	.045	.135	.200	.437	.835
PARQ MOM Hostility	*r*	-.181	.163	.100	.099	-.103
	p	.126	.167	.402	.404	.388
PARQ MOM Indifference	*r*	-.161	**.279**	.202	.073	.029
	p	.171	.016	.085	.539	.809
PARQ MOM Und. Reject.	*r*	-.145	.193	.100	.131	-.072
	p	.220	.102	.398	.268	.546
PARQ MOM Total	*r*	-.205	.206	.146	.091	-.057
	p	.087	.085	.224	.451	.639
SAQ MOM Total	*r*	-.022	.012	-.047	-.009	.111
	p	.852	.918	.692	.938	.355

MATERNAL REJECTION AND PID-5 SUBSCALE CORRELATIONS						
		Distractibility	Impulsivity	Irresponsible	Rigid Perfectionism	Risk Taking
PARQ MOM Warmth (R)	*r*	.043	**-.239**	.098	-.117	.084
	p	.721	.044	.412	.328	.481
PARQ MOM Hostility	*r*	.106	-.149	.137	-.219	.179
	p	.372	.207	.247	.063	.130
PARQ MOM Indifference	*r*	.113	-.155	.106	-.101	.127
	p	.336	.189	.368	.394	.283
PARQ MOM Und. Reject.	*r*	.129	-.123	.092	-.196	.192
	p	.277	.299	.441	.096	.103
PARQ MOM Total	*r*	.116	-.185	.122	-.165	.150
	p	.336	.122	.310	.170	.211
SAQ MOM Total	*r*	-.068	**.240**	-.021	**.334**	.037
	p	.573	.042	.864	.004	.756

Maternal Rejection and LPFS Subscales

MATERNAL REJECTION AND LPFS SUBSCALE CORRELATIONS					
		Identity	Self- Direction	Empathy	Intimacy
PARQ MOM Warmth (R)	*r*	.085	.104	.036	.064
	p	.466	.374	.762	.588
PARQ MOM Hostility	*r*	.074	.069	.094	.078
	p	.525	.556	.417	.509
PARQ MOM Indifference	*r*	.126	.200	.122	.112
	p	.276	.081	.291	.337
PARQ MOM Und. Reject.	*r*	.150	.120	.115	.104
	p	.197	.301	.320	.372
PARQ MOM Total	*r*	.095	.127	.075	.082
	p	.420	.281	.525	.487
SAQ MOM Total	*r*	-.138	-.092	-.103	-.154
	p	.239	.430	.379	.191

Vita

Kelci Chezem Davis

Clinical Psychology Graduate Student

EDUCATION

M.A.Sam Houston State University
Fall, 2017 – Spring, 2019
Master's, Clinical Psychology
Thesis (Proposed, In Progress): *The Role of Perceived Parental Acceptance-Rejection on Personality Psychopathology in Sexual Minorities*
Thesis Committee: *Jaime Anderson, PhD; Justin Allen, PhD; Temilola Salami, PhD*

B.S. Missouri University of Science and Technology
Fall, 2013 - Spring, 2017
Bachelor of Science, Psychological Science
Minor: Biology

GRANTS, HONORS, & SCHOLARSHIPS

2018-2019	Graduate Organization Leadership Scholarship, *Sam Houston State University*
2018-2019	Academic Scholarships: College of Humanities and Social Sciences Graduate Student Scholarship, *Sam Houston State University*
2018	Academic Scholarships: College of Humanities and Social Sciences Graduate Student Summer Scholarship, *Sam Houston State University*
2017-2018	Academic Scholarships: College of Humanities and Social Sciences Graduate Student Scholarship, *Sam Houston State University*
2017	Senior of the Year Award, *Psychological Science Department, Missouri University of Science and Technology*
2017	Outstanding Research Award, *Psychological Science Department, Missouri University of Science and Technology*
2016	Woman of the Year, *Missouri University of Science and Technology*
2016	Outstanding Research Award, *Psychological Science Department, Missouri University of Science and Technology*
2016	Outstanding Service Award, *Psychological Science Department, Missouri University of Science and Technology*
2016	Government Resolution for dedication and work in research, *Missouri State Senate*
2015	Psi Chi (ΨX)
2013-2017	Academic Scholarships: Donald P. Odom Scholarship, Alumni Scholarship, Trustees Scholarship, Bright Flight, Access Missouri Program, Chiles-Montgomery Endowed Psychology Scholarship, *Missouri University of Science and Technology*

2013-2017 Dean's List, *Missouri University of Science and Technology*

RESEARCH EXPERIENCE

Research Assistant in Diversity Psychology Lab July 2018-Present
Dr. Craig Henderson, Sam Houston State University, Psychology Department

Research Assistant in Health Psychology Lab February 2018-Present
Dr. David Nelson, Sam Houston State University, Psychology Department

Research Assistant in Personality/Assessment Lab September 2017-Present
Dr. Jaime L. Anderson, Sam Houston State University, Psychology Department

Research Assistant in Political Science December 2017-Fall 2018
Varied Professors, Sam Houston State University, Political Science Department

Substance Abuse Research Assistant August 2015- May 2017
Dr. Amber M. Henslee, Missouri S&T, Psychological Sciences Department

Neuroscience Lab Assistant May 2015-August 2015
Dr. Brandi Klein, Missouri S&T Psychological Science Department

TEACHING EXPERIENCE

Graduate Assistant Spring 2019
Sam Houston State University, Psychology Department
Currently assisting with course organization, assignment and test grading, and student communication in an undergraduate level Health Psychology course.

Guest Lecturer Fall 2018
Sam Houston State University, Psychology Department
Guest Lecture in undergraduate Developmental Psychology course related to Gender Identity Development theories and research.

Guest Lecturer Fall 2018
Sam Houston State University, Psychology Department
Guest Lecture in undergraduate Developmental Psychology course related to Developmental theories.

Graduate Assistant Fall 2017-Fall 2018
Sam Houston State University, Political Science Department
Assisted multiple professors in both undergraduate and graduate level political science and public administration courses.

Graduate Assistant Summer 2018
Sam Houston State University, Psychology Department
Assisted with course organization, assignment and test grading, and student communication in undergraduate level Health Psychology and Personality.

Guest Lecturer Fall 2016
Missouri University of Science and Technology, Psychological Science Department
Guest Lecture in undergraduate Abnormal Psychology covering the areas of sexual orientation, sexual disfunction, transgender and non-binary gender identification, and gender dysphoria.

Undergraduate Assistant Spring 2016, Spring 2017
Missouri University of Science and Technology, Psychological Science Department
Assisted with assignment and test creation and grading in undergraduate level Clinical Psychology.

Undergraduate Assistant Fall 2015, Fall 2016
Missouri University of Science and Technology, Psychological Science Department
Assisted with assignment and test creation and grading in undergraduate level Abnormal Psychology.

Tutor and Exam Proctor Fall 2014-Spring 2017
Missouri University of Science and Technology, Psychological Science Department

PROFESSIONAL EXPERIENCE

Practicum – HCJPD Spring 2019
Harris County Juvenile Probation Department
Practice-based practicum at a juvenile probation department. Primary duties include intake interviews, assessment, psychological evaluation and individual therapy.

Practicum – TDCJ Prison System Fall 2018
Texas Department Criminal Justice, Huntsville Unit ("The Walls" Unit)
Observation-based practicum at a male correctional facility. Observed individual and group therapy, as well as crisis interventions.

Lead Addiction Recovery Technician January 2016-May 2017
Pathways Behavioral Health, NAVIG8 Adolescent Inpatient Treatment Program
Worked with individuals with comorbid substance use disorders and mental illness in an inpatient setting; ran group sessions and helped trained new staff. Taught topics including family therapy, dialectical behavioral therapy, neuroscience, drug effects. Maintained administrative duties such as urine samples, scheduling, and outreach.

Internship - Pathways Behavioral Health Center in Rolla, Missouri Spring 2016
NAVIG8 Adolescent Rehab, Adult and Child Services, Disease Management and ER services

Observed treatment of individuals with mental illness in both outpatient and inpatient settings; helped create action plans, attended team meetings, helped teach educational groups, and supervised in-patient adolescents.

Online Suicide Intervention Specialist Fall 2010-Summer 2014
IMAlive.org, Online Suicide Hotline

Certified and trained in HEART crisis intervention; worked in real-time, high stress interventions; focus on de-escalation and referral

PUBLICATIONS & PRESENTATIONS

Peer Reviewed Journal Articles

Henslee, A. M., Isakowitz, C. D., Choi, C. H., **Davis, K. C.**, & Irons, J. G. (under review at *Addictive Behaviors*). *Drinking Motives and Protective Strategies Predict Crossover Point in a Multiple Choice Procedure.*

Peer Reviewed Professional Presentations – Posters

Davis, K. C., Haugh, S., Rock, R. C., Jones, M. A., Johnson, A. K., & Anderson, J. L. (2019, March). *Examining the Associations between Animal Abuse and Psychopathy*. Poster presentation at the annual conference of the Society for Personality Assessment (SPA), New Orleans, LA.

Henslee, A. M., Isakowitz, C. D., Choi, C. H., & Irons, J. G. (2015, November). *Drinking Motives and Protective Strategies Predict Crossover Point in a Multiple Choice Procedure.* Poster presented at the meeting of the Association of Behavioral and Cognitive Therapies (ABCT), Chicago, IL.
*Note: Though not listed as a co-author, I contributed to this presentation and poster creation as a student assistant and presented it at a research conference.

Peer Reviewed Professional Presentations – Oral

Davis, K. C. (2019, March). *The Role of Perceived Parental Acceptance-Rejection on Personality Psychopathology in Sexual Minorities*. Paper presentation at the annual conference of the Society for Personality Assessment (SPA), New Orleans, LA.

Davis, K. C., Boland, J. K., & Henderson, C. E. (2019, February). *The Intersectional Self: Opening the Narrative of Identities.* Oral presentation and workshop at the annual Diversity Leadership Conference, Huntsville, TX.

Davis, K. C. (2019, January). *Gender and Sexual Minority (GSM) Youth in the Justice System.* Oral presentation at the monthly Forensic Friday seminar hosted by the University of Houston-Downtown, Houston, TX.

Davis, K. C., & Henslee, A. M. (2017, January). *What You Might Want to Know about Your Teaching: Perspectives from an Undergraduate TA.* Oral presentation at the annual conference for the National Institute on the Teaching of Psychology (NITOP), St. Pete Beach, FL.

Works In Progress

Davis, K. C. & Anderson, J. L. (data collected, to be submitted). *The Role of Perceived Parental Acceptance-Rejection on Personality Psychopathology in Sexual Minorities*.

Davis, K. C. & Anderson, J. L. (data collected, to be submitted). *Invariance Testing of the Personality Inventory for DSM 5 – Short Form (PID-5-SF) within Sexual Minorities*.

Rock, R. C., Haugh, S., **Davis, K. C.**, Jones, M. A., Johnson, A. K., & Anderson, J. L. (data collected, to be submitted). *Examining the Associations between Animal Abuse and Psychopathy*.

Davis, K. C. & Anderson, J. L. (in progress). *Definitions of Sexuality: How Contexts of Sex, Virginity and Rape Influence the Interpretation of Sexual Acts.*

CAMPUS & COMMUNITY SERVICE

Organizations

Master's Vice President, Graduate Students of Psychology Organization, Sam Houston State University, Fall 2017-Present

Representative to Nationals and New Member Educator, Beta Class (Founding) Member, Gamma Rho Lambda (ΓΡΛ) – Colony/Upsilon Chapter, Spring 2016-Spring 2017

Co-Founder, Miners4Recovery (Recovery Support Group), Fall 2015-Spring 2017

Health and Wellness Educator, Joe's PEERS (Peer Education), specialty focused in mental illness, substance use and sexual health, Spring 2014-Spring 2016

President, Psi Chi (ΨX), Missouri University of Science and Technology Chapter, Spring 2014-Spring 2017

President, PsyCo (Psychological Science Organization), Missouri University of Science and Technology, Spring 2014-Spring 2017

Committees

Committee Member, Health and Wellness/Counseling Department Search Committee for Licensed Professional Counselor, Spring 2015-Fall 2015

Student Member, Alcohol T.E.A.M. (S&T Alcohol Coalition), Fall 2014-Spring 2017

Assessment and Strategic Planning Subcommittee Member, Fall 2014-Spring 2017
Student Interviewer, Department Search Committee for Psychological Science Department Chair, Spring 2016
Student Interviewer, Department Search Committee for Psychological Science Faculty, Spring 2016

Other Service
Haven Diversity Advocate (LGBT+), Sam Houston State University, Fall 2018
Volunteer, The Montrose Center (Community Behavioral Health Center for LGBT+ and Marginalized Populations & Advocacy Group), Summer 2018-Present
Editor in Chief, *The Mind's Eye*, Psychological Science Departmental Newsletter, Missouri University of Science and Technology, 2016

PROFESSIONAL AFFILIATIONS

2018-Present Individual Member of the National Coalition for Sexual Freedom, Supporting Graduate Student of Kink-Aware Professionals
2018-Present Student Member of the Society for Personality Assessment
2017-Present Graduate Student Member of the American Psychological Association