

Explicit and Implicit Bias Among Parents of Sexual and Gender Minority Youth

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Sexual and gender minority (SGM) youth are at disproportionate risk for poor mental health outcomes, in part due to experiences and expectations of anti-SGM bias including from their own parents. We examined explicit anti-SGM and implicit antisexual minority bias in parents of SGM youth and associations with parenting and parent and youth psychosocial functioning. Heterosexual/cisgender parents ($N = 205$, $M_{\text{age}} = 46.9$ years, $SD = 8.5$) of SGM youth (≤ 29 years old, $M_{\text{age}} = 19.4$, $SD = 4.7$) completed an online study including measures of explicit anti-SGM and implicit anti-SM bias, parental acceptance and psychological control, parent–child unfinished business (unresolved negative feelings related to their child’s identity), parental depression and anxiety, and youth anxiety, depression, substance use, and exposure to bullying. In models including both explicit anti-SGM and implicit anti-SM bias as predictors of parent and youth outcomes, explicit bias was uniquely associated with lower parental acceptance and greater parental psychological control, parent–child unfinished business, parental anxiety and depression, and youth substance use and exposure to bullying, whereas implicit bias was uniquely associated with greater parent–child unfinished business and parental depression. Further, the combination of high levels of both explicit and implicit bias was associated with the highest levels of parent–child unfinished business, parental depression, and youth anxiety, depression, and exposure to bullying. Results suggest that both types of bias jointly contribute to parenting and parent and youth psychosocial functioning and can help identify families at greatest risk for maladjustment. Findings can inform the development of interventions designed to reduce anti-SGM bias in parents of SGM youth.

Keywords: bias, sexual orientation, gender identity, parent–child relationship, mental health

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Sexual and gender minority (SGM) youth are at greater risk than heterosexual and cisgender youth for poorer mental and physical health (Russell & Fish, 2016). SGM is an umbrella-term encompassing sexual minority (e.g., those who identify as lesbian, gay, bisexual, or queer or who report same-gender romantic attractions or behavior) and gender minority individuals (e.g., those whose gender identity or expression does not align with their assigned sex at birth; Russell & Fish, 2016). For SGM youth, health disparities start early, largely persist across the lifespan, and stem in part from the fact

that SGM youth must navigate typical developmental stressors, in addition to experiences and expectations of heteronormative¹ and cishnormative² stigma (Meyer et al., 2021). Many SGM youth must cope with stigma even from within their own families, which has been linked to lasting negative outcomes for SGM youth (Russell & Fish, 2016). Family-based interventions for SGM youth mental health have been shown to reduce internalizing symptoms and suicidal ideation in sexual minority youth (Diamond et al., 2012), as well as improve parental self-efficacy and support in parents who are highly distressed about their child’s sexual orientation (Goodman & Israel, 2020). Yet, little work has examined the mechanisms that impact parents’ perceptions of and behaviors toward their SGM children. One such mechanism may be anti-SGM bias that is negative attitudes toward or beliefs about SGM individuals (Morris et al., 2019). Qualitative research has documented that deeply valued anti-SGM cultural, religious, and community norms can influence anti-SGM bias among parents of SGM youth (Abreu et al., 2019). However, to our knowledge, no quantitative research has examined implicit anti-SGM bias among parents of

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¹ Characterized by the assumption that everyone is heterosexual and that heterosexuality is superior to all other sexualities, that heterosexuality is the norm, and that other sexualities are “different” or “abnormal.”

² Characterized by the assumption that everyone is cisgender and that being cisgender is superior to all other genders, that being cisgender is the norm, and that other genders are “different” or “abnormal.”

SGM youth or how it relates to explicit anti-SGM bias, parenting, or parent and youth psychosocial functioning.

Anti-SGM bias can be evaluated using explicit (direct) and implicit (indirect) measures, each of which provide unique insights into specific features of bias (Charlesworth & Banaji, 2019). Explicit bias measures rely on participant self-report, whereas implicit bias measures evaluate performance on tasks such as the Implicit Association Test (IAT; Greenwald et al., 2003), which measures response latency and accuracy in pairing stimuli related to a group (e.g., *gay* vs. *straight*) with positive and negative attributes (e.g., *good* vs. *bad*). Measures of explicit and implicit bias are differentially related to ethnicity, age, and political orientation (Nosek et al., 2007). They also show distinct associations with neural activation (Phelps et al., 2000), and are differentially impacted by intervention (Forscher et al., 2019). Prior work has sought to understand how explicit and implicit measures relate to behavior, and several patterns have garnered empirical support (Perugini et al., 2010). *Additive patterns* suggest that explicit and implicit measures incrementally provide unique contributions to behavior (Perugini et al., 2010). For instance, Payne et al. (2010) observed that implicit racial bias measures predicted likelihood that citizens would vote for a Black candidate over and above explicit measures. In contrast, *interactive patterns* suggest that explicit and implicit measures interact to jointly contribute to behavior (Perugini et al., 2010). For example, Penner et al. (2010) found that the interaction between explicit and implicit physician racial bias measures predicted Black patients' reactions to medical interactions. Finally, *double dissociation patterns* suggest that explicit measures best predict deliberate, controllable behaviors (e.g., verbalization) while implicit measures best predict automatic, uncontrollable behaviors (e.g., body language; Perugini et al., 2010). As a seminal example of this pattern, Dovidio and colleagues (Dovidio et al., 2002) reported that explicit racial bias measures predicted verbal racially biased behavior whereas implicit racial bias measures predicted nonverbal racially biased behavior toward Black versus White actors. Recent work, however, has only supported the role of controllability in associations between behavior and explicit bias, but not implicit bias (Kurdi et al., 2019). Taken together, this work suggests that explicit and implicit anti-SGM bias must both be examined to understand how bias manifests behaviorally and to intervene most effectively to reduce it.

Despite population reductions in bias against sexual minorities over the past decade, explicit and implicit bias toward sexual minorities continue to exist (Charlesworth & Banaji, 2019). Research has shown that explicit gender minority bias (e.g., anti-transgender bias) may even be more pronounced than explicit sexual minority bias (Norton & Herek, 2013). Anti-SGM bias has been linked to subtle, nonverbal discriminatory behaviors (Dasgupta & Rivera, 2006) as well as to overt discrimination, such as unwillingness to hire a sexual minority employee, donate to SGM organizations, vote for a sexual minority political candidate, and support policies affecting gender minority individuals (Axt et al., 2021; Gabriel et al., 2007; Morrison & Morrison, 2011; Steffens et al., 2019). Importantly, SGM individuals report frequent exposure to discrimination (Meyer et al., 2021), which has been linked to depression, anxiety, and engagement in maladaptive coping behaviors such as substance use in SGM youth and young adults (Smith et al., 2022). Taken together, these findings reflect that while there have been changes in the sociocultural climate related to

the acceptability of SGM identities, heterosexist³ and cissexist⁴ bias persists and continues to negatively impact SGM mental health. Importantly, such bias also stems from within SGM individuals' own families. Indeed, because the family environment is the most proximal context in which SGM individuals experience stigma and discrimination (Russell & Fish, 2016), examining anti-SGM bias among parents of SGM youth can provide insight into how anti-SGM bias operates within the family context to potentially harm SGM youth mental health. While some parents are supportive and accepting of their child's SGM identity, many parents reject their child's identity (Clark et al., 2022). For example, parents may ignore their child's SGM identity, subtly distance themselves from their child, or even be physically abusive or restrictive of their child's access to resources or social support (Savin-Williams & Dubé, 1998). Parents may also attempt to psychologically control, that is, manipulate, their child by attempting to persuade their child to change their identity or otherwise impose heterosexist and cissexist beliefs upon their child (Bebes et al., 2015). Importantly, parental rejection and psychological control are associated with negative mental and behavioral health outcomes for SGM youth (Bebes et al., 2015). Theoretical frameworks suggest that when a child comes out, their parents appraise this information alongside their beliefs and values; parents who perceive that their child's SGM identity conflicts with their beliefs and values must then cope with their negative emotions related to their child's SGM identity (Chrisler, 2017). Parents with greater anti-SGM bias may be more likely to do so by rejecting or attempting to psychologically control their child, as well as expressing anti-SGM attitudes or otherwise discriminating against SGM individuals in front of their child, each of which may increase SGM youth's risk for mental health problems (Bebes et al., 2015). Parents of SGM youth may also experience lingering, unresolved feelings of guilt, blame, anger, or sadness related to their child's identity, a pattern known as unfinished business (Pachankis et al., 2018). For instance, parents may feel frustrated by not getting what they want or need from their SGM child, or unable to let go of unresolved feelings related to their SGM child. Among sexual minority men, greater unfinished business with one's parents has been linked to sexual minority men's depression and anxiety (Pachankis et al., 2018). Applied to parents of SGM youth, parents with greater anti-SGM bias may be more likely to have unfinished business related to their child's SGM identity, increasing parents' own risk for psychological distress (Savin-Williams & Dubé, 1998). Parents of SGM youth also navigate experiences and expectations of anti-SGM bias directed toward themselves, as well as concerns about their child's experiences and expectation of anti-SGM bias (Rith, 2017). This is an important consideration given robust evidence in developmental science that parent mental health problems are associated with child mental health problems, parent-child conflict, and child psychological maladjustment (England et al., 2009).

In sum, examining anti-SGM bias in the parents of SGM youth may improve our understanding of the experiences of parents of

³ Characterized by or showing prejudice, stereotyping, or discrimination based on sexual orientation, specifically toward gay, lesbian, bisexual, or queer people.

⁴ Characterized by or showing prejudice, stereotyping, or discrimination based on gender identity, specifically toward transgender and gender-expansive people.

SGM youth. First, anti-SGM bias among parents may play a role in parents' initial and ongoing negative reactions to their child's SGM identity, which can harm SGM youth's mental health. Second, anti-SGM bias among parents may influence parents' unfinished business and associated mental health problems that are shown to have strong associations with youth mental health. Thus, targeting anti-SGM bias among parents of SGM youth may be a potential avenue of intervention to improve SGM youth's mental health.

The present study examined explicit anti-SGM and implicit anti-SGM bias in a sample of 205 heterosexual and cisgender parents of SGM youth. We aimed to examine (a) the unique associations between explicit anti-SGM and implicit anti-SM bias and parenting (i.e., parental acceptance and psychological control), parent psychosocial functioning (i.e., parent-child unfinished business, parental depression, and parental anxiety), and youth psychosocial functioning (i.e., anxiety, depression, substance use, and exposure to bullying), and (b) whether the interactions between explicit and implicit measures of anti-SGM bias are associated with these parent and youth outcomes. We hypothesized that both explicit and implicit measures of anti-SGM bias would each be uniquely associated with less parental acceptance and greater parental psychological control, parent-child unfinished business, parental depression and anxiety, and youth anxiety, depression, substance use, and exposure to bullying. Given that explicit anti-SGM and implicit anti-SM bias have not yet been studied together in the parents of SGM youth, the interaction between explicit anti-SGM bias in association with parent and youth outcomes served as an exploratory aim.

Method

Participants

Participants were recruited for an online survey for parents of SGM youth under 30 years old and living within the United States (for a full description of the study sample, see Clark et al., 2022). All parents endorsed being the parent of a child who has come out as lesbian, gay, bisexual, transgender, or queer. Parents of SGM youth were invited to answer questions related to their relationship with their child, their child's mental health, and their own mental health. A team of five research assistants screened responses for "bots," duplicates, and potentially fraudulent responses by checking for inconsistencies across duplicate items (e.g., age of child, age of parent) and reviewing open-ended item responses for coherence and unusual answers (as in Pozzar et al., 2020). Each response was independently reviewed by at least two research assistants, and any inconsistencies were resolved by consensus meetings led by the third author. A total of 264 valid responses were identified through this process. The present study included only parents who identified as heterosexual and cisgender ($N = 205$, mean age = 46.9 years, $SD = 8.1$, range = 28–68 years). Most parents in this sample were female (78.5%), White and non-Hispanic (73.2%), and college-educated (62.9%). Parents from 40 of the 50 states and District of Columbia participated in the study. The states with the greatest number of participants represented were California (14.1%), Pennsylvania (9.8%), New York (6.8%), Florida (5.4%), Maryland (4.9%), and Arizona (4.9%). There were no associations between U.S. census region (i.e., West, Midwest, Northeast, South) and study outcomes. Their SGM children (mean age = 19.4, $SD = 4.7$,

range = 5–29 years) largely were assigned female sex at birth (55.1% female at birth, 44.9% male at birth) and identified as gay or lesbian (58.1% gay or lesbian, 21.5% bisexual, 7.3% queer, 13.2% heterosexual or uncertain) and cisgender (59.0% cisgender, 41.0% transgender or gender diverse). Parents selected all responses that apply to describe their child's current gender identity: man ($n = 69$), woman ($n = 71$), transgender man (female to male; $n = 36$), transgender woman (male to female; $n = 18$), gender queer ($n = 12$), gender nonconforming ($n = 14$), two-spirit ($n = 2$), and hijra ($n = 0$). This project aimed to assess parents of SGM youth to identify treatment targets for interventions targeting parenting mechanisms. With a significance criterion of $\alpha = .05$ and power of .80, a minimum sample size of $N = 191$ was needed to detect small-to-medium effects (Pearson's $r = .2-.5$) in the sample; thus, the sample size of 205 was deemed to be appropriate (Cohen, 1988).

Procedure

Potential participants were recruited via online advertisements (e.g., Facebook and Google), targeted email listservs (e.g., PFLAG), community flyers, (e.g., in churches) and word-of-mouth. Participants provided informed consent, completed measures of explicit and implicit bias, parental acceptance and psychological control, parent-child unfinished business, and parent and youth mental health. Measures were identified based on constructs of interest relevant to understanding parenting behaviors toward SGM youth. Parents were compensated for their participation with a \$10 gift card. All study procedures were approved by the University of Maryland Institutional Review Board. Data are sensitive and thus not publicly available but are available from the corresponding author upon request. This study was not preregistered. We report how we determined our sample size, all data exclusions, all manipulations (none), and all measures in the study.

Measures

Explicit Anti-SGM Bias

Parents completed a modified version of the 7-item Social Distance Scale (Link et al., 1987) to assess explicit bias against lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals ($\alpha = .96$). This measure is reliable (Link et al., 1987) and has been administered to assess stigma toward SGM people (Burton et al., 2018). Parents were prompted to respond to items such as, "How would you feel having someone who is LGBTQ as your neighbor?" and "How would you feel about being a worker on the same job as someone who is LGBTQ?" on a 4-point scale (1 = *definitely willing or completely comfortable* to 4 = *definitely unwilling or uncomfortable*). Item responses were averaged to create an explicit anti-SGM bias score.

Implicit Anti-SM Bias

Parents completed the sexuality IAT (Greenwald et al., 2003) to assess implicit bias toward lesbian and gay individuals. Given that views about sexual minorities are strongly correlated with views about gender minorities (Norton & Herek, 2013), this measure of implicit antisexual minority bias was used as a proxy for implicit anti-SGM bias. The sexuality IAT compares the amount of

time it takes to categorize “gay people” and “straight people” with positive and negative words (“good” and “bad”). IAT *D*-scores were computed using a data cleaning and scoring algorithm, *iatgen* (Carpenter et al., 2019; Greenwald et al., 2003), which subtracts the mean response latency for trials categorizing “gay people” as “bad” and “straight people” as “good” from the mean response latency for trials categorizing “gay people” as “good” and “straight people” as “bad;” these difference scores are then divided by the standard deviation. Scores ranged from -2 , indicating a strong preference for sexual minority individuals, to $+2$, indicating a strong preference for heterosexual individuals.

Parenting

Parents completed the parent version of the 30-item Children’s Report of Parent Behavior Inventory (CRPBI-30; Schludermann & Schludermann, 1988) which assesses parents’ behaviors on three subscales: parental acceptance, psychological control, and firm control. The parent-reported CRPBI-30 demonstrates good reliability and validity (Schwarz et al., 1985). Parents were prompted to select answers that most closely describe the way they acted toward their SGM child when their child was growing up. Items were rated on a 3-point scale (1 = *not like me* to 3 = *a lot like me*). For the current report, we used the acceptance subscale ($\alpha = .92$, 10 items), which reflects parental support (e.g., “I made my child feel better after my child talked over his/her worries with me”), and the psychological control subscale ($\alpha = .88$, 10 items), which reflects the degree to which the parent is verbally directive and manipulative with the child (e.g., “I told my child all of the things I have done for my child”). Item responses from each subscale were summed to create parental acceptance and psychological control scores.

Parent Psychosocial Functioning

Parent–Child Unfinished Business. Parents completed the 11-item Unfinished Business Resolution Scale (UBRS; Singh, 1994), modified for parents of SGM individuals to assess parents’ “unfinished business,” or emotional experiences related to past experiences with their child ($\alpha = .88$). Unfinished business reflects a parent’s “lingering, unresolved negative thoughts and feelings” toward their SGM child (Pachankis et al., 2018). The UBRS has demonstrated convergent validity, moderate test–retest reliability, and good internal consistency (Pachankis et al., 2018; Singh, 1994). Parents were prompted to respond to items such as “I feel comfortable about my feelings in relation to my LGBTQ daughter/son” and “I feel frustrated about not having my needs met by my LGBTQ daughter/son” on a 3-point scale (1 = *not at all* to 3 = *very much*). Item responses were summed to create an unfinished business score.

Parent Mental Health. Parents completed the Patient-Reported Outcomes Measurement Information System (PROMIS) Anxiety–Short Form and Depression–Short Form (Pilkonis et al., 2011) to assess self-reported anxiety ($\alpha = .94$; 8 items) and depression ($\alpha = .96$; 8 items), respectively. The PROMIS measures of anxiety and depression are well-established and demonstrate clinical reliability and validity (Schalet et al., 2016). Parents reported on the frequency at which they experience symptoms of anxiety and depression on a 5-point scale (1 = *never* to 5 = *always*). Item responses were summed to create parental anxiety and depression scores.

Youth Psychosocial Functioning

In a measure developed for this study, parents reported on their child’s experience of four outcomes, including anxiety, depression, substance use, and exposure to bullying, commonly evaluated in the literature to assess youth mental health problems and related social difficulties (Zhu et al., 2022). Parents were prompted to respond to the question “how often has your child been experiencing any of the following problems in the past six months?” regarding their child’s experience of anxiety, depression, substance use, and bullying. Items were rated on a 5-point scale (0 = *never* to 4 = *very often*).

Data Analysis Plan

Statistical analyses were conducted in SPSS Version 24.0. First, to identify potential sociodemographic covariates, we conducted independent-sample *t* tests and bivariate correlations to assess associations between parent and youth sociodemographic characteristics and all parent and youth outcomes. In addition, given that this study is the first to examine explicit anti-SGM and implicit anti-SM bias together in the parents of SGM youth, we also report associations between parent and youth sociodemographic characteristics and explicit anti-SGM and implicit anti-SM bias. For Aim 1, we conducted multiple linear regression analyses to assess unique associations between explicit anti-SGM and implicit anti-SM bias and parenting (i.e., parental acceptance and psychological control), parent psychosocial functioning (i.e., parent–child unfinished business, parental depression, and parental anxiety), and youth psychosocial functioning (i.e., anxiety, depression, substance use, and exposure to bullying). In these models, both explicit and implicit bias were included as independent predictors to determine their unique association with each outcome variable. For Aim 2, we included the two-way interaction term between explicit anti-SGM and implicit anti-SM bias as an additional predictor variable to determine whether implicit bias moderated associations between explicit bias and the outcome variables. All significant interactions were probed at one standard deviation above and below the mean of implicit bias scores using simple slopes according to Aiken and West’s (1991) guidelines. Furthermore, the Johnson–Neyman (JN) technique (Bauer & Curran, 2005) was used to determine the upper and lower boundaries of the moderator (implicit bias) at which the relation between independent variable (explicit bias) and dependent variable is significant ($p < .05$). Because of the potential for Type I error, we applied the Holm–Bonferroni method (Holm, 1979) to correct for multiple comparisons with an initial significance threshold of $p < .05$; only results that survived the Holm–Bonferroni corrections are reported in the text of the results section.

Results

Preliminary Analyses

Table 1 presents the means and standard deviations of all study variables. On average, parents reported relatively low levels of explicit bias in terms of willingness to engage in various interactions with SGM individuals ($M = 1.46$, $SD = .71$, range = 1–4). However, parents on average demonstrated a slight implicit preference for heterosexual individuals ($M = .17$, $SD = .54$, range = -1.33 – 1.34). Explicit anti-SGM and implicit anti-SM bias were moderately correlated ($r = .50$, $p < .001$). Regarding psychosocial functioning, parents’ reports of their depression and anxiety ranged from no to severe depression and anxiety, with parents, on average, reporting low

Table 1
Sociodemographic Characteristics of the Study Sample (N = 205)

Parent sociodemographic characteristics	<i>M (SD)</i>	Range
Parent age: years (<i>SD</i>); range	46.89 (8.05)	28–68
Parent gender	<i>n (%)</i>	
Female	161 (78.54%)	
Male	44 (21.46%)	
Parent race/ethnicity		
White, non-Hispanic	150 (73.17%)	
Person of color or Hispanic	55 (26.83%)	
Parent education level		
Lower than 4-year college degree	76 (37.07%)	
4-year college degree or higher	129 (62.93%)	
Annual household income		
Less than \$40,000	33 (16.1%)	
Greater than or equal to \$40,000	172 (83.9%)	
SGM youth sociodemographic characteristics		
Youth age: years (<i>SD</i>); range	19.41 (4.70)	5–29
Youth age coming out: years (<i>SD</i>); range	15.93 (3.95)	3–27
Youth sexual orientation	<i>n (%)</i>	
Gay or lesbian	119 (58.05%)	
Bisexual	44 (21.46%)	
Queer	15 (7.32%)	
Heterosexual or uncertain	27 (13.17%)	
Youth sex assigned at birth		
Male	92 (44.88%)	
Female	113 (55.12%)	
Youth gender identity		
Transgender or gender diverse	84 (40.98%)	
Cisgender or uncertain	121 (59.02%)	
Parent anti-SGM bias		
Social Distance Scale	1.46 (0.71)	1–3.43
IAT	0.17 (0.54)	–1.33–1.34
Parenting characteristics		
CRPBI acceptance	26.23 (4.40)	12–30
CRPBI psychological control	15.19 (4.74)	10–27.5
Parent psychosocial functioning		
Unfinished Business Resolution Scale (UBRS)	28.16 (5.21)	20.78–43
PROMIS anxiety	17.33 (7.05)	8–34
PROMIS depression	14.74 (7.24)	8–38
Youth psychosocial functioning		
Anxiety	3.15 (1.18)	1–5
Depression	2.66 (1.30)	1–5
Substance use	1.56 (0.97)	1–5
Exposure to bullying	1.81 (1.07)	1–5

Note. SGM = sexual and gender minority; IAT = Implicit Association Test; CRPBI = Children's Report of Parent Behavior Inventory; PROMIS = patient-reported outcomes measurement information system.

levels of depression ($M = 14.74$, $SD = 7.24$, range = 8–38) and anxiety ($M = 17.33$, $SD = 7.05$, range = 8–34). Further, parents' reports of their SGM child's frequency of experiences of anxiety, depression, substance use, and bullying ranged from never to very often. On average, parents reported that their SGM children sometimes experienced anxiety ($M = 3.15$, $SD = 1.18$, range = 1–5) and depression ($M = 2.66$, $SD = 1.30$, range = 1–5), and rarely experienced substance use ($M = 1.56$, $SD = .97$, range = 1–5) and bullying ($M = 1.81$, $SD = 1.07$, range = 1–5).

Parent age, sex (female = 0, male = 1), and race/ethnicity (Person of color [POC] or Hispanic = 0, White non-Hispanic = 1) were each significantly correlated with parent and youth outcome variables, and thus were included as covariates in analyses examining

associations between anti-SGM bias and parent and youth outcomes (see [Supplemental Tables 1–4](#)).

Associations between explicit and implicit bias and sociodemographic characteristics were also observed (see [Supplemental Tables 1–4](#)). Specifically, parents of SGM youth who came out to their parents at an older age demonstrated greater explicit and implicit bias. Parents of older SGM youth were more likely to demonstrate greater explicit bias. Fathers and POC or Hispanic parents demonstrated greater explicit and implicit bias as compared to mothers and White non-Hispanic parents, respectively. Parents of SGM youth assigned male at birth demonstrated greater explicit and implicit bias as compared to parents of SGM youth assigned female at birth. Parents of cisgender, sexual minority youth

demonstrated greater explicit and implicit bias as compared to parents of gender minority youth. There was no significant association between parents' explicit bias ($r = -.081, p = .248$) or implicit bias ($r = -.09, p = .248$) and the amount of time that had passed since their SGM child came out to them.

Aim 1. Explicit Anti-SGM and Implicit Anti-SM Bias: Unique Associations With Parenting and Parent and Youth Psychosocial Functioning

All multiple linear regression models presented below were adjusted for parent age, sex, and race/ethnicity.

Parenting

In multivariable models including explicit anti-SGM and implicit anti-SM bias as predictors of parental acceptance and psychological control, only explicit bias was uniquely associated with lower parental acceptance ($b = -2.39, SE = .33, pr = -.50, p < .001$) and greater parental psychological control ($b = 2.88, SE = .33, pr = .58, p < .001$). No significant associations with implicit bias were observed.

Parent Psychosocial Functioning

In multivariate models including explicit anti-SGM and implicit anti-SM bias as predictors of parent-child unfinished business, parental depression, and parental anxiety, explicit and implicit bias were each uniquely associated with unfinished business ($b = 3.89, SE = .28, pr = .74, p < .001$ and $b = .80, SE = .27, pr = .24, p = .003$, respectively) and parental depression ($b = 3.09, SE = .56, pr = .40, p < .001$ and $b = 1.05, SE = .53, pr = .16, p = .049$, respectively). Only explicit bias was uniquely associated with higher levels of parental anxiety ($b = 3.27, SE = .60, pr = .39, p < .001$).

Youth Psychosocial Functioning

In multivariable models including explicit anti-SGM and implicit anti-SM bias as predictors of youth anxiety, depression, substance use, and exposure to bullying, only explicit bias was uniquely associated with greater substance use ($b = .27, SE = .09, pr = .24, p = .003$), and exposure to bullying ($b = .21, SE = .10, pr = .16, p = .043$). Explicit bias was also uniquely associated with greater youth depression ($b = .28, SE = .13, pr = .17, p = .033$), but this association did not survive the Holm-Bonferroni correction. No associations with implicit bias were observed.

Aim 2. Interaction Between Explicit Anti-SGM and Implicit Anti-SM Bias: Associations With Parenting and Parent and Youth Psychosocial Functioning

Parenting

The interaction between explicit anti-SGM and implicit anti-SM bias was not significantly associated with parental acceptance and psychological control (see Table 2).

Parent Psychosocial Functioning

The interaction between explicit anti-SGM and implicit anti-SM bias was significantly associated with parent-child unfinished business (see Table 3). Probing this interaction showed that for parents with higher levels of implicit bias, greater explicit bias was more strongly associated with higher levels of unfinished business ($b = 4.17, SE = .29, pr = .75, p < .001$) than for parents with lower levels of implicit bias ($b = 2.71, SE = .50, pr = .41, p < .001$; see Supplemental Figure 1a). Regions of significance tests demonstrated that greater explicit bias was associated with greater parent-child unfinished business at all levels of implicit bias; however, the relation between explicit bias and unfinished business was highest at higher levels of implicit bias.

The interaction between explicit and implicit bias was also significantly associated with parental depression (see Table 3). For parents with high levels of implicit bias, greater explicit bias was significantly associated with greater parental depression ($b = 3.56, SE = .59, pr = .44, p < .001$), whereas for parents with low levels of implicit bias, the association was not significant ($b = 1.12, SE = .99, pr = .09, p = .262$; see Supplemental Figure 1b).⁵ Regions of significance tests demonstrated that for parents with implicit bias greater than a standardized z score of $-.58$, greater explicit bias was associated with greater parental depression. The interaction between explicit and implicit bias was not significantly associated with parental anxiety.

Youth Psychosocial Functioning

The interaction between explicit and implicit bias was significantly associated with parent-reported youth anxiety, depression, and exposure to bullying (see Table 4). For parents with high levels of implicit bias, greater explicit bias was significantly associated with greater youth anxiety ($b = .27, SE = .12, pr = .17, p = .029$), depression ($b = .37, SE = .14, pr = .22, p = .007$), and bullying ($b = .30, SE = .11, pr = .22, p = .005$), whereas for parents with low levels of implicit bias, the associations between explicit bias and youth anxiety, depression, and bullying were not significant ($b = -0.39, SE = .21, pr = -0.15, p = .064$; $b = -0.11, SE = .23, pr = -0.04, p = .621$; and $b = -0.18, SE = .18, pr = -0.08, p = .326$, respectively; see Supplemental Figures 1c-e, respectively). Regions of significance tests demonstrated that for parents with implicit bias greater than standardized z scores of .90, .51, and .57, greater explicit bias was associated with greater youth anxiety, depression, and exposure to bullying, respectively. Moreover, for parents with implicit bias less than standardized z scores of -1.16 , greater explicit bias was associated with less youth anxiety. The interaction between explicit and implicit bias was not associated with youth substance use.

Additional Sensitivity Analyses

Given that the implicit bias measure used in the present study assessed implicit bias against sexual minority individuals only, we also reran all analyses including only parents of sexual minority

⁵ Given that parental depression was correlated with parental education ($r = -.15, p = .035$) and household income ($r = -.22, p = .002$), we additionally included parental education and household income as covariates and results were similar.

Table 2*Explicit and Implicit Anti-SGM Bias: Associations With Parenting and Parent-Child Unfinished Business*

Predictor	Parental acceptance			Parental psychological control		
	<i>b</i> (<i>SE</i>)	<i>pr</i>	<i>p</i>	<i>b</i> (<i>SE</i>)	<i>pr</i>	<i>p</i>
Parent age	-.02 (.04)	-.03	.668	-.04 (.04)	-.08	.328
Parent sex ^a	-1.70 (.67)	-.20	.012*	.33 (.66)	.04	.617
Parent race/ethnicity ^b	.61 (.71)	.07	.389	-1.41 (.69)	-.16	.043*
Parent implicit anti-SGM bias ^c	-.29 (.31)	-.07	.358	.40 (.31)	.10	.193
Parent explicit anti-SGM bias ^c	-2.02 (.38)	-.39	<.001**	3.20 (.37)	.57	<.001**
Implicit Bias × Explicit Bias	-.59 (.30)	-.15	.055 [†]	-.53 (.30)	-.14	.078 [†]

Note. *SE* = standard error; POC = person of color.

^a Sex: female = 0, male = 1. ^b Race/ethnicity: POC or Hispanic = 0, White, non-Hispanic = 1. ^c SGM = sexual or gender minority.

[†] $p < .10$. * $p < .05$. ** $p < .01$.

youth ($n = 178$), excluding parents of youth with a gender minority youth who did not identify with a sexual minority identity ($n = 27$). Results were similar and an additional significant interaction emerged. The interaction between explicit and implicit bias was significantly associated with parental psychological control ($b = -.76$, $SE = .32$, $pr = -.20$, $p = .019$). For parents with low levels of implicit bias, greater explicit bias was more strongly associated with greater parent psychological control ($b = 4.22$, $SE = .32$, $pr = .50$, $p < .001$) than for parents with greater levels of implicit bias ($b = 2.69$, $SE = .37$, $pr = .53$, $p < .001$).

In addition, the dependent variables were also associated with several youth sociodemographic characteristics (youth age, sex at birth, sexual identity, gender identity, and race/ethnicity; see Supplemental Tables 1–4). Therefore, we included these youth sociodemographic variables as additional covariates in all models described above, and results were similar.

Discussion

The present study examined explicit anti-SGM and implicit anti-SM bias together in the parents of SGM youth and associations with parenting, and parent and youth psychosocial functioning. In models including both explicit anti-SGM and implicit anti-SM bias as predictors of parent and youth outcomes, explicit bias was uniquely associated with lower parental acceptance and greater parental psychological control, parent-child unfinished business, parental anxiety and depression, and youth substance use and exposure to bullying, whereas implicit bias was uniquely associated

with greater parent-child unfinished business and parental depression. Moreover, explicit anti-SGM and implicit anti-SM bias were jointly associated with greater parent-child unfinished business; parental depression; and youth anxiety, depression, and exposure to bullying. Our findings suggest that parents with greater explicit anti-SGM and implicit anti-SM bias and their children are at the greatest risk for negative psychosocial functioning. Thus, interventions capable of reducing both explicit and implicit parental bias may improve outcomes for SGM youth and their parents by reducing parents' negative reactions to their child's SGM identity, as well as parents' unfinished business and associated mental health problems.

Associations Between Anti-SGM Bias and Parenting and Parent and Youth Psychosocial Functioning

Our findings revealed that explicit anti-SGM and implicit anti-SM bias were moderately correlated and contributed jointly to parenting and parent and youth psychosocial functioning. Specifically, parents with both greater explicit anti-SGM and implicit anti-SM bias demonstrated the greatest negative, unresolved thoughts and feelings (i.e., unfinished business) toward their child and reported the highest symptoms of depression. Further, their children had the most symptoms of depression and anxiety as well as the greatest exposure to bullying. In other words, parents in our sample demonstrated congruent levels explicit anti-SGM and implicit anti-SM bias overall, and, moreover, parents who held congruent high levels

Table 3*Explicit and Implicit Anti-SGM Bias: Associations With Parent Psychosocial Functioning*

Predictor	Parent-child unfinished business			Parental anxiety			Parental depression		
	<i>b</i> (<i>SE</i>)	<i>pr</i>	<i>p</i>	<i>b</i> (<i>SE</i>)	<i>pr</i>	<i>p</i>	<i>b</i> (<i>SE</i>)	<i>pr</i>	<i>P</i>
Parent age	-.04 (.03)	-.10	.207	-.12 (.07)	-.14	.082 [†]	-.15 (.06)	-.19	.018*
Parent sex ^a	-.38 (.57)	-.05	.511	-.99 (1.22)	-.07	.418	-.31 (1.13)	-.02	.784
Parent race/ethnicity ^b	-.56 (.60)	-.08	.350	.72 (1.29)	.05	.577	1.05 (1.19)	.07	.376
Parent implicit anti-SGM bias ^c	.87 (.26)	.26	.001**	.43 (.57)	.06	.444	1.16 (.52)	.18	.027*
Parent explicit anti-SGM bias ^c	3.44 (.32)	.66	<.001**	2.60 (.69)	.29	<.001**	2.34 (.64)	.28	<.001**
Implicit Bias × Explicit Bias	.73 (.26)	.23	.005**	1.09 (.55)	.16	.051 [†]	1.22 (.51)	.19	.018*

Note. *SE* = standard error; POC = person of color.

^a Sex: female = 0, male = 1. ^b Race/ethnicity: POC or Hispanic = 0, White, non-Hispanic = 1. ^c SGM = sexual or gender minority.

[†] $p < .10$. * $p < .05$. ** $p < .01$.

Table 4*Explicit and Implicit Anti-SGM Bias: Associations With Youth Psychosocial Functioning*

Predictor	Youth anxiety			Youth depression			Youth substance use			Youth exposure to bullying		
	<i>b</i> (<i>SE</i>)	<i>pr</i>	<i>p</i>	<i>b</i> (<i>SE</i>)	<i>pr</i>	<i>p</i>	<i>b</i> (<i>SE</i>)	<i>pr</i>	<i>p</i>	<i>b</i> (<i>SE</i>)	<i>pr</i>	<i>p</i>
Parent age	-.00 (.01)	-.03	.740	.00 (.01)	.01	.905	.01 (.01)	.08	.298	-.02 (.01)	-.15	.064 [†]
Parent sex ^a	-.37 (.24)	-.12	.127	-.62 (.26)	-.19	.018*	-.14 (.18)	-.06	.427	-.24 (.21)	-.10	.253
Parent race/ethnicity ^b	.18 (.25)	.06	.473	.15 (.28)	.05	.582	-.29 (.19)	-.12	.133	.01 (.22)	.00	.972
Parent implicit anti-SGM bias ^c	-.09 (.11)	-.07	.403	-.16 (.12)	-.11	.194	-.03 (.08)	-.03	.689	.01 (.10)	.01	.911
Parent explicit anti-SGM bias ^c	-.06 (.13)	-.04	.663	.13 (.15)	.07	.378	.21 (.10)	.16	.044*	.06 (.12)	.04	.596
Implicit Bias × Explicit Bias ^c	.33 (.11)	.24	.002**	.24 (.12)	.17	.040*	.10 (.08)	.10	.217	.24 (.09)	.20	.011*

Note. *SE* = standard error; POC = person of color.

^a Sex: female = 0, male = 1. ^b Race/ethnicity: POC or Hispanic = 0, White, non-Hispanic = 1. ^c SGM = sexual or gender minority.

[†] *p* < .10. * *p* < .05. ** *p* < .01.

of explicit and implicit bias demonstrated the poorest parent and youth psychosocial functioning. These findings are consistent with an interactive pattern of association between bias and behavior (Perugini et al., 2010). It may be that parents with congruent high levels of explicit anti-SGM and implicit anti-SM bias are more likely to engage in bias-based cognitions and behavior with their children as compared to parents with lesser explicit or implicit anti-SM bias. Such behaviors may increase their children's risk for depression and anxiety, as well as their own, possibly due to stress resulting from greater conflict in the parent-child relationship (Farmer & Lee, 2011) or other unresolved negative feelings related to their child (Pachankis et al., 2018). Our results suggest that both parents' explicit anti-SGM and implicit anti-SM bias can potentially be examined to identify at-risk youth and their parents, and that examining explicit and implicit bias together may aid in identifying youth and their parents at greatest risk for negative outcomes.

Only explicit anti-SGM bias, rather than implicit anti-SM bias, was uniquely associated with reduced parental acceptance and greater parental psychological control, as well as with youth substance use. When limiting our analyses to the parents of SM youth, we observed that greater explicit bias was more strongly associated with greater parental psychological control for parents with less implicit anti-SM bias as compared to parents with greater implicit anti-SM bias. Kurdi et al. (2019) recent meta-analysis showed variation in associations between measures of implicit bias and bias-based behavior depending on methodological factors, such as that associations were stronger when implicit measures (e.g., racial attitude IAT) and behavioral measures more closely captured corresponding constructs (e.g., an IAT assessing racial attitudes and a behavioral measure of participants' verbal and nonverbal friendliness toward an African American experimenter posing as a participant; Dovidio et al., 2002). Future research may assess associations between implicit anti-SM bias and parenting more precisely through using parenting measures targeted toward SGM identity-based parental acceptance and psychological control instead of general parenting measures that were used in the present study. Furthermore, future work may benefit from a multiinformant approach. For instance, examining youths' reports of their parents' behaviors may also provide a more comprehensive assessment of parents' acceptance and psychological control, including youth's reports of their parents' behaviors that parents are unable or unwilling to report.

Associations Between Anti-SGM Bias and Sociodemographic Characteristics

Given that this study is the first to examine explicit anti-SGM and implicit anti-SM bias together in the parents of SGM youth, we explored associations between anti-SGM bias and parent and youth sociodemographic characteristics to identify parents who may benefit most from evidence-based intervention. We observed greater average explicit anti-SGM and implicit anti-SM bias in parents of youth who came out at older ages, and greater average explicit anti-SGM bias in parents of older youth. Research has shown that SGM youth whose parents respond negatively to their SGM identity tend to come out at older ages (Clark et al., 2022). It is possible that these SGM youth may detect their parents' anti-SGM bias and be more likely to delay coming out, whereas SGM youth whose parents are less biased may come out at earlier ages.

We also observed greater average levels of explicit anti-SGM and implicit anti-SM bias in fathers compared to mothers and POC or Hispanic parents compared to White non-Hispanic parents. These findings align with prior work showing that fathers and racial/ethnic minority parents are less likely to be accepting of their SGM child's identity than mothers and racial/ethnic majority parents, respectively (Clark et al., 2022; Huebner et al., 2019). These differences may result in part from conflict between parents' acceptance of their child's SGM identity and masculinity norms, conservative cultural values, and religious beliefs (LaSala & Frierson, 2012; Pastrana, 2015), or due to parents' fears that their child will face discrimination based on their SGM identity as well as discrimination based on racial/ethnic identity (LaSala & Frierson, 2012). Interventions to reduce bias may be designed with consideration of cultural and religious values to provide an avenue to increase parental acceptance within deeply held values, as well as account for the intersectionality of sexual, gender, racial, ethnic, and religious identities to appropriately equip parents with strategies to navigate minority identity-related bias. Taken together, our findings may aid in the identification of parents who could most benefit from such interventions, in turn improving outcomes for SGM youth.

Of note, we observed greater anti-SGM bias in parents of cisgender sexual minority youth in our sample, compared to those who were transgender or gender diverse. We also observed greater anti-SGM bias in parents of youth assigned male at birth in our sample, as compared to those assigned female at birth. Prior work has evidenced that male SGM youth are more likely to be rejected by their fathers than female SGM youth (D'Amico & Julien, 2012).

The majority of youth who identified as transgender or gender diverse in our sample were also assigned female at birth ($n = 50$, 65.79%), and parents of youth who are transgender or gender diverse and assigned female at birth were both more likely to be to respond positively to their child's identity (Clark et al., 2022). Prior research has also shown that SGM youth report higher acceptance from mothers than fathers (D'Amico & Julien, 2012; Pachankis et al., 2018). Parents of youth who identified as transgender or gender diverse in our sample were also more likely than parents of cisgender sexual minority youth to be mothers and to respond positively to their child's identity. Thus, it may be that our finding of greater anti-SGM bias in parents of cisgender sexual minority youth in our sample is in part explained by youth sex at birth or parent sex. Furthermore, given substantial prior research evidencing experiences of parent rejection in gender minority youth (Grossman et al., 2021), our findings may be specific to our sample and require replication, especially given that our measure of explicit bias assessed antisexual minority and antigender minority bias together.

Limitations

Despite this study's strengths, including a novel assessment of explicit anti-SGM and implicit anti-SM bias in the parents of SGM youth alongside comprehensive assessment of parenting and parent and youth psychosocial outcomes, study results must be interpreted in light of several limitations. First, whereas our implicit bias measure overcame limitations of self-report assessment, this measure only assessed antisexual minority bias, whereas our explicit bias measure assessed antisexual minority and antigender minority bias together. While prior research has shown that antigender minority bias generally hews closely to antisexual minority bias (Norton & Herek, 2013), future research could incorporate the newly created implicit measurements of transgender-related bias (Axt et al., 2021). Further, prior work has identified key differences between the experiences of parents of sexual minority and gender minority youth that make parenting a gender minority child more difficult, including changes to their child's body, lack of media representation, tensions in public settings regarding their child's transition, and tensions within their own identities (Field & Mattson, 2016). Thus, future research should include separate measures of antisexual minority and antigender minority bias to explore possible differences in associations between bias and outcomes in parents of sexual minority and gender minority youth to aid in the development of individualized intervention.

Second, our study surveyed parents of SGM youth rather than the youth themselves, and thus relied on parent-report measures only. While recruiting a relatively large sample of parents of SGM youth represents a strength of the present study, reliance on parent-reported measures may be problematic in research on SGM youth given prior work documenting discordance between parent and youth reports of youth sexual orientation and reports of youth depression and parenting experiences (Clark et al., 2020). In an effort to reduce participant burden, youth anxiety, depression, substance use, and exposure to bullying were each assessed with a single item in a measure designed for the study. Moreover, given that self-report measures, rather than behavioral measures, were used to assess explicit anti-SGM bias and parenting, it may be that these associations were inflated as compared to associations

between implicit anti-SGM bias and parenting due to shared method variance. Future research would benefit from examining both parents' and youths' reports, validated diagnostic measures of youth psychosocial functioning, and behavioral measures of parenting in order to assess links between parental anti-SGM bias, parental behavior, and parent and youth psychosocial functioning.

Third, the children of the parents included in our study ranged from ages 5 to 29. Older children included in the study may be more likely to live away from home and thus be subject to different parent-child dynamics than children who live with their parents. This may also impact parents' ability to report on their child's psychosocial functioning, although parents whose children were more likely to live at home (i.e., those 18 years and younger) and parents whose children were less likely to live at home (i.e., those over 18) did not differ in their reports of child psychosocial functioning in our sample (Clark et al., 2022). Future research is needed to assess age-related variations in associations among anti-SGM bias, parenting, and parent and youth psychosocial functioning. Fourth, our measure of unfinished business prompted parents to respond to questions about their feelings in relation to their "LGBTQ daughter/son." Future research should improve upon this measure by changing this language to be gender inclusive of nonbinary and other gender expansive identities (e.g., "LGBTQ child").

Fifth, given our sample size ($N = 205$), we assessed the unique and joint contributions of parental explicit anti-SGM and implicit anti-SM bias to parent and youth outcomes using multiple linear regression. Future work should include larger samples to examine the incremental predictive validity of explicit anti-SGM and implicit anti-SM bias using structural equation modeling approaches that account for measurement reliability (Westfall & Yarkoni, 2016). Sixth, we assessed anti-SGM bias and parenting and parent and youth psychosocial functioning concurrently. Future longitudinal research is needed to determine directionality and causality of these associations, and how they may impact one another over time. Finally, our sample was largely female, White, and non-Hispanic. Further, our sample included a high proportion of parents who responded positively to their child's SGM identity (74.1%; Clark et al., 2022). While our sample also included parents whose response to their child's SGM identity was negative (15.1%) or mixed (10.7%; Clark et al., 2022), our recruitment method may have limited our inclusion of particularly hostile or rejecting parents who are less likely to acknowledge their child's SGM identity (Clark et al., 2022). Each of these factors may limit the generalizability of our findings to more diverse samples; thus, future work should seek to extend our work to more diverse populations, including more fathers, POC or Hispanic parents, and parents who are less accepting to further identify intervention targets specific to the full diversity of parents' societal positions and values.

Clinical Implications

The current research suggests several important clinical implications for future supportive interventions for parent and SGM youth mental health. First, study findings emphasize the importance of assessing anti-SGM bias in parents of SGM youth and suggest that both explicit and implicit measures of anti-SGM bias may be clinically useful in identifying parents who could benefit from

evidence-based interventions. Given that such measures may not be available in all clinical contexts, clinicians should prioritize assessment of parents' attitudes toward SGM individuals and seek to attend to explicit and implicit indicators of bias in session. Second, existing family-based interventions for SGM youth mental health (Diamond et al., 2012; Goodman & Israel, 2020) may benefit from incorporating bias-focused educational intervention components to increase parents' knowledge of SGM identities, awareness of their own biases, and comfort with SGM individuals in general. Bias-focused educational intervention components may include opportunities for experiential learning and intergroup contact, both of which have been associated with reducing anti-SGM bias and improving attitudes toward SGM individuals (Morris et al., 2019). Furthermore, highlighting parent mental health in such interventions may perhaps serve as motivation for increasing supportive behaviors toward their SGM children, and not only improve parents' ability to support their children but also their children's mental health. Finally, prior work has evidenced associations between anti-SGM institutional policies and SGM health outcomes (Hatzenbuehler et al., 2017). Reductions in structural discrimination toward SGM populations (e.g., same-sex marriage legalization) are known to be associated with decreases in citizens' anti-SGM bias (Ofosu et al., 2019). Future research may examine whether structural change to anti-SGM institutional policies and practices also mitigate anti-SGM bias among the parents of SGM youth especially in light of the recent increase of youth-focused anti-SGM laws and policies and parents' associated concerns for their children (Abreu et al., 2021).

In conclusion, our findings highlight the importance of considering both explicit and implicit anti-SGM bias when assessing at-risk families. These results may inform the development of future interventions targeting parents' explicit and implicit anti-SGM bias to improve SGM youth outcomes.

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