

Introducing the Queer Adolescent Coping Inventory (QACI): Construct Validity and Evidence of Protective Effect on Mental Health

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INTRO

- Adolescent minority stress model calls for consideration of **coping resources**¹
- Coping resources:** assets available to adaptively respond to stressors²
- Few tools to measure LGBTQ+ youth coping, especially LGBTQ-specific coping³
- Family support & LGBTQ community connection are commonly protective⁴⁻⁶
- Can a new scale of LGBTQ+ adolescent coping resources be validated? Do these resources protect mental health?

METHODS

- N=1,007 LGBTQ+ adolescents ages 14-17
- 57% white, 67% AFAB, 49% bi+, 74% cis
- Queer Adolescent Coping Inventory (QACI): measures coping resource use in response to LGBTQ-related stress
 - Yes or No: use/access to 20 resources
 - Based on prior qualitative research
- Convergent validity:
 - Engagement coping strategies
- Criterion validity:
 - Depression, anxiety, PTSD symptoms
- Scale validation using factor analysis, item response theory, convergent validity
 - Linear regression of mental health symptoms on new global and subscales

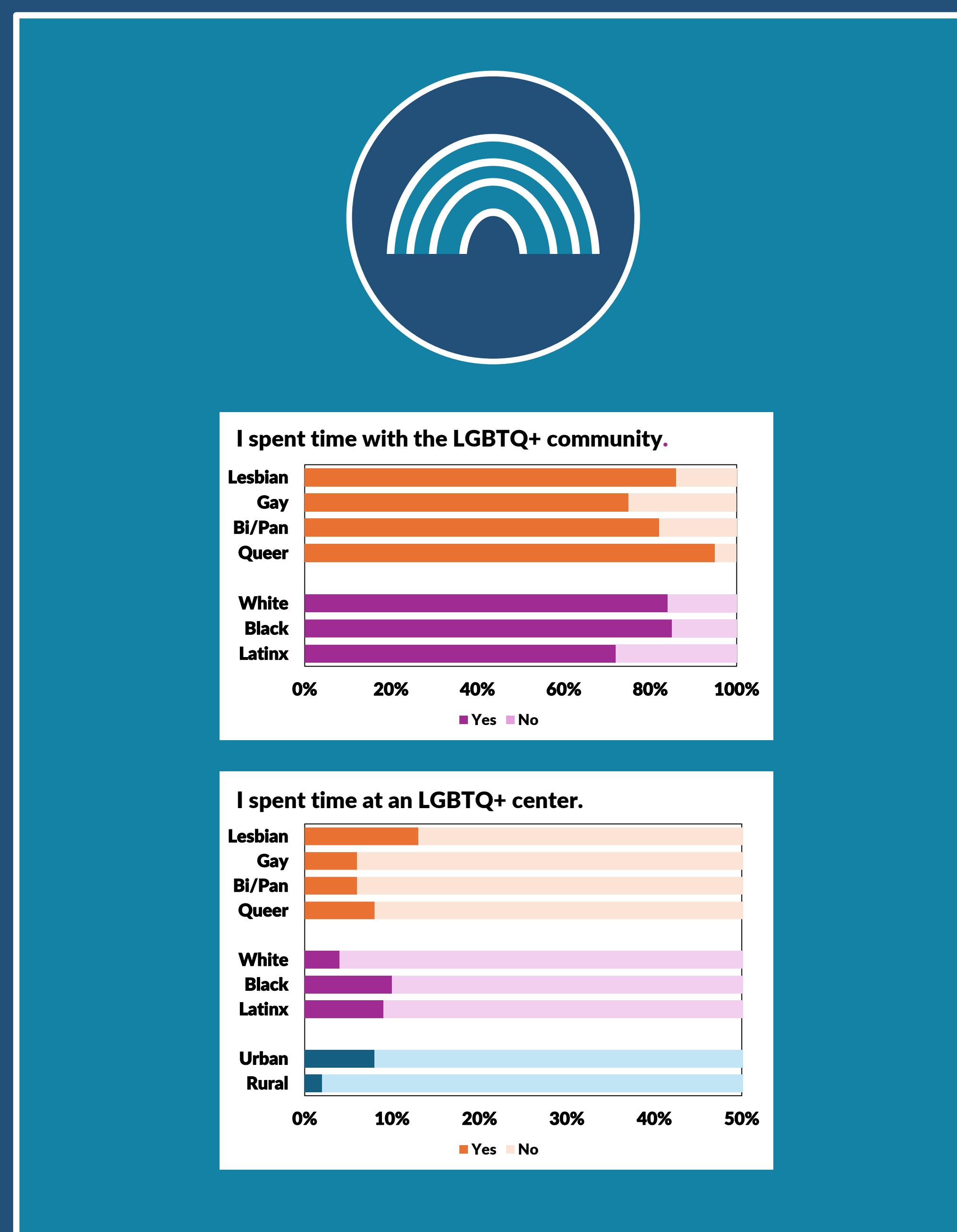
RESULTS

- 2-factor structure with 10 items
 - Global QACI: 10 items summed
 - LGBTQ+ Community resources: 6 items
 - Family coping resources: 4 items

Items	Factor 1	Factor 2
1. I spent time with the LGBTQ community	0.504	0.239
2. I tried to gain new knowledge about the LGBTQ community	0.664	-0.058
3. My religious beliefs helped me accept my identity	0.198	0.200
4. I used online resources to connect with other LGBTQ people	0.548	-0.164
5. I participated in a GSA or other LGBTQ club	0.528	0.200
6. I spent time at an LGBTQ center	0.735	-0.011
7. I watched LGBTQ films, TV or online series	0.563	0.073
8. I felt proud to be LGBTQ	0.517	0.130
9. I chose to isolate myself to avoid homophobic people at school	0.279	-0.383
10. I hid my LGBTQ identity for safety	0.173	-0.499
11. I went to an LGBTQ pride event	0.394	0.243
12. I left a religion due to negative LGBTQ messages	0.229	-0.224
13. I had at least one supportive parent or family member	0.101	0.707
14. I had at least one LGBTQ+ supportive adult/teacher at school	0.283	0.475
15. I saw other LGBTQ family members treated well by my family	-0.014	0.655
16. My parents were supportive of my gender expression	-0.035	0.645
17. My family actively tried to learn about the LGBTQ community	0.123	0.587
18. There was an "out" LGBTQ adult role model at my school	0.256	0.229
19. I've been in a romantic relationship	0.138	0.059
20. I saw an LGBTQ presence in my community (e.g., rainbow flag)	0.167	0.342

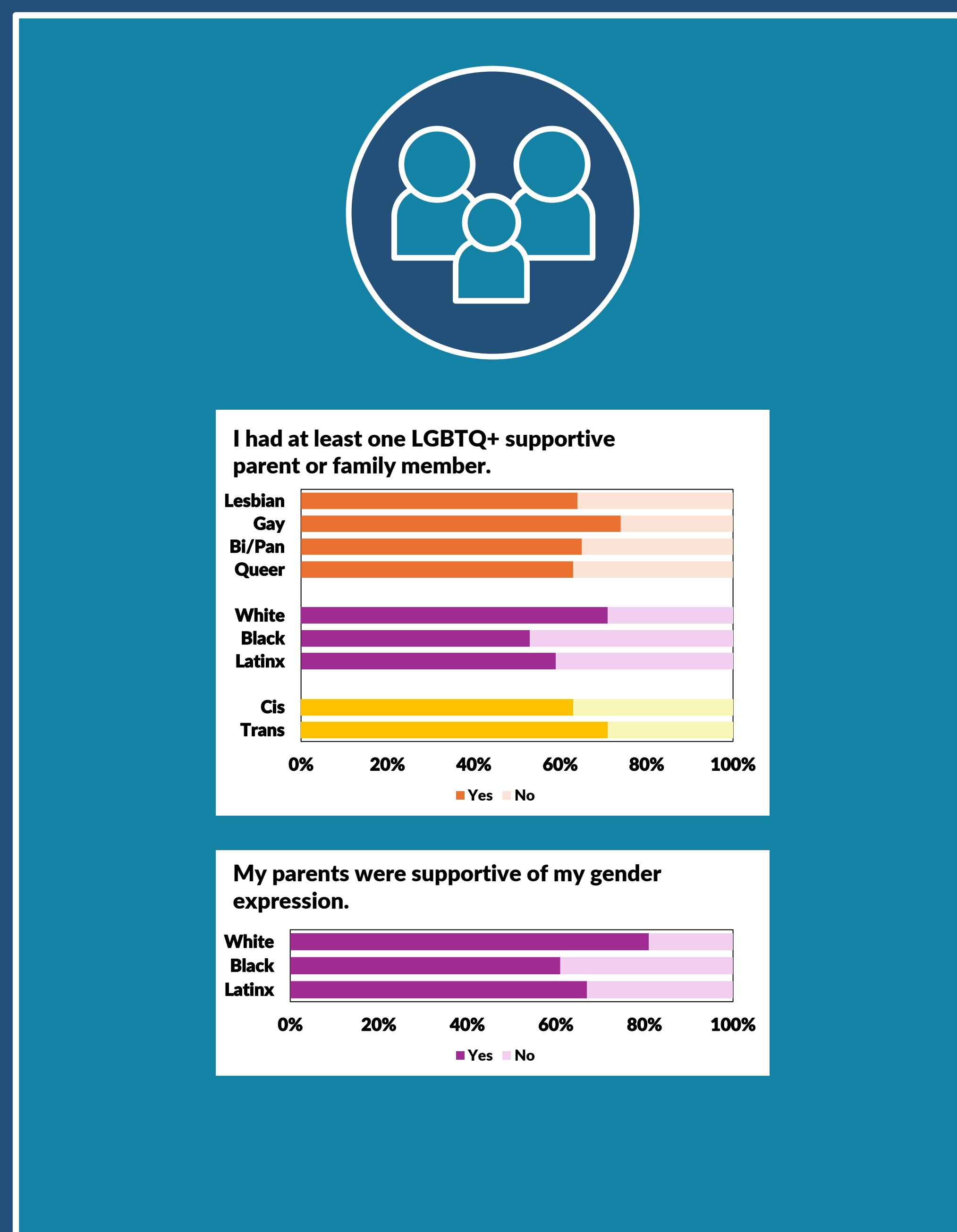
LGBTQ+ coping resources protect youth mental health beyond effect of general coping strategies.

LGBTQ+ Community coping resources



Figures highlight resources with notable differences in use/access among demographic groups

Family coping resources



RESULTS CONTINUED

- Factor structure and item discriminability stable across demographic subgroups
- Differences in endorsement rates by race, urbanicity, and sexual orientation
- Minor correlation with general coping:
 - Global QACI (r=.21)
 - LGBTQ+ Community (r=.16)
 - Family (r=.19)
- Global QACI and Family coping resources associated with better mental health
- More family coping resources predicts lower mental health symptoms, even when accounting for general coping strategies

	Depression Symptoms		Anxiety Symptoms		PTSD Symptoms	
	β	β	β	β	β	β
QACI Global	-.08	-.03	-.03	-.03	-.07	-.03
General Coping Strategies		-.23		-.13		-.19
QACI LGBTQ+ Community	.01	.04	.00	.02	.00	.03
General Coping Strategies		-.23		-.14		-.20
QACI Family	-.13	-.10	-.11	-.09	-.12	-.09
General Coping Strategies		-.20		-.11		-.16

DISCUSSION

- QACI is a newly validated scale for capturing coping resource use
- First scale of LGBTQ+ youth coping developed from youth data
- Not all resources are equally accessible and increasing access is critical
- Unique resources specific to LGBTQ+ youth provide additional protection beyond general adolescent protective factors
- Family resources for coping with LGBTQ stress most protective, emphasizing a need to focus on family as a coping resource
- LGBTQ+ Community coping surprisingly not protective for mental health
- More need to understand who accesses which resources and at what ages

REFERENCES

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Take a picture to view the abstract & the full scale