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Multidimensional Discrimination Distress, Controlling Parenting, and Parent-Adolescent Attachment Relationships: Racial/Ethnic Differences

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Abstract

Parents have multifaceted identities, across dimensions like race/ethnicity, gender, and class, which shape their experience of discrimination. However, little is known about how distress from such multidimensional discrimination influences parenting behavior and parent-adolescent relationships. We tested associations between mothers' multidimensional discrimination distress and parental control (overcontrol and conditional regard) and daughters' attachment, among 82 African American (AA), Hispanic/Latina (HL), and non-Hispanic White (NHW) mother-adolescent daughter dyads in the United States. Additionally, we examined whether these associations vary by race/ethnicity. Mothers reported their distress due to multidimensional discrimination and adolescents reported mothers' overcontrol, mothers' conditional regard, and adolescents' attachment to mothers. Across racial/ethnic groups, more multidimensional discrimination distress was associated with more maternal overcontrol. Additionally, racial/ethnic groups differed in associations between discrimination, maternal conditional regard, and adolescent attachment, such that AA mothers were buffered from the deleterious effects of discrimination on conditional regard and adolescent attachment. HL mothers were buffered from effects on adolescent attachment and conditional regard for anger expression, but not fear expression. Findings suggest that stigmatized racial/ethnic groups may rely on adaptive cultural practices to parent effectively in the face of multidimensional discrimination distress, but these resources may not be available to NHW mothers.

Keywords

discrimination; stigma; parenting; relationships; adolescents

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Stigma is socially enacted through discrimination, the unfair treatment of marginalized groups (Major et al., 2018). Discrimination not only harms individuals, but also cascades through families. For example, parents from stigmatized racial/ethnic groups must manage the stresses of parenting while socially disempowered and preparing their children to navigate a racist world (Hughes et al., 2006; Whitaker & Snell, 2016). Accordingly, a small literature suggests that racial/ethnic discrimination shapes parenting among Hispanic/Latinx (HL) and African Americans (AA) in the United States (e.g., Anderson et al., 2015; Gassman-Pines, 2015). However, to date, research has examined racial/ethnic discrimination in isolation, when parents hold multiple identities, across dimensions such as gender, class, and physical disability, which shape the form, frequency, and intensity of discrimination (Crenshaw, 1990; Garcia-Coll et al., 1996); limited existing research supports that discrimination on the basis of other identities, such as sexual orientation, also shapes parenting (Crouch et al., 2014; Green et al., 2019). Measuring discrimination on the basis of multiple identities may more accurately reflect parents' lived experiences and capture how discrimination shapes parenting. This approach also allows for the examination of how discrimination might influence parenting for non-Hispanic white (NHW) parents, who may face discrimination related to some stigmatized identities, while also holding racial/ethnic privilege, and for the exploration of racial/ethnic group differences in vulnerability to, or resilience from, the adverse impacts of discrimination. The present study uses cross-informant reports to fill these gaps by measuring distress due to discrimination on the basis of multiple stigmatized identities among a diverse sample of AA, HL, and NHW mothers of adolescent daughters, examining associations of mothers' discrimination distress with adolescents' reports of controlling parenting and adolescent attachment to mothers, and exploring racial/ethnic differences in these associations.

Discrimination and Parenting

In line with family stress models (Conger et al., 2010; Conger & Donnellan, 2007; Masarik & Conger, 2017; McLoyd, 1990), research on discrimination and parenting in the United States most commonly supports the argument that the stress of discrimination can interfere with parenting quality by eroding parents' mental health, although this literature is somewhat mixed. For example, among AA parents, depressive and/or anxiety symptoms mediate the association between parents' racial/ethnic discrimination and their harsher, more inconsistent, and more overreactive discipline practices, more negative and conflictual interactions with their offspring, as well as less involved, nurturant, and reasoned parenting (Anderson et al., 2015; Brody et al., 2008; Murry et al., 2021). Among HL parents, racial/ethnic discrimination has also been associated with reduced parenting quality, including less parental monitoring, more inconsistent and harsh discipline, less warmth, and more aversive parent-child interactions (Ayón & Garcia, 2019; Gassman-Pines, 2015). However, some studies present conflicting results, suggesting that parents' experiences of racial-ethnic discrimination can predict more sensitive parenting under some circumstances (e.g., Riina & McHale, 2010), calling for the identification of moderators. Although most research in this domain has focused on racial/ethnic discrimination, limited literature also suggests that discrimination related to sexual orientation compromises parenting behavior among gay and

lesbian parents (Crouch et al., 2014; Green et al., 2019), suggesting that discrimination on the basis of multiple identities might shape parenting.

Multidimensional Discrimination Distress

By focusing primarily on racial/ethnic discrimination, the literature on discrimination and parenting has overlooked the complex, multidimensional nature of parents' identities. Parents who have multiple stigmatized identities, traits, or experiences may experience *multidimensional discrimination distress*, the combined impact of unfair treatment related to each of one's stigmatized identities. Each parent holds an overall social position, which is determined by the constellation of one's dominant versus marginalized status with respect to multiple social dimensions, such as race, ethnicity, class, gender, sexual orientation, appearance, disability, and so forth (Cho et al., 2013; Crenshaw, 1990; Garcia-Coll et al., 1996; McNeil Smith & Landor, 2018). Multidimensional discrimination distress may have both a cumulative effect on parenting (e.g., distress related to discrimination on the basis of gender and on the basis of race may add up to shape parenting) and an intersectional effect on parenting (e.g., the forms of discrimination an AA woman faces are not identical to the forms of discrimination faced by either NHW women or AA men and resulting distress may uniquely shape how AA mothers parent their offspring). In research using a cumulative approach, individuals who report having a greater number of marginalized identities and more frequent discrimination related to any of these identities have more post-traumatic stress symptoms and poorer quality of life (Seng et al., 2012). In research using an intersectional approach, individuals who have more discrimination experiences related to their overall identity, which includes multiple identity dimensions (e.g., skin color, religion, weight) simultaneously, experience more psychological distress (Scheim & Bauer, 2019). These findings suggest that across measurement approaches and conceptualizations, distress resulting from discrimination on the basis of multiple identities may impair parenting behavior and parent-child relationships in much the same way as does distress due to racial/ethnic or sexual orientation discrimination alone. Here, we measure multidimensional discrimination distress cumulatively, examining whether it contributes to more controlling parenting behavior and less secure parent-child attachment relationships.

Parental Control: Overcontrol and Conditional Regard

Parents who face distress due to discrimination may cope by engaging in controlling parenting practices, in which parents dominantly or intrusively attempt to manipulate children's thoughts, emotions, or behaviors (Grolnick & Pomerantz, 2009; Grusec & Davidov, 2007). Whereas parental structure provides monitoring, boundaries, and guidance that fosters autonomy, self-expression, and mastery, parental control interferes with children's autonomy by restricting children's cognitive and emotional states and the expression thereof (Barber, 1996; Grolnick & Pomerantz, 2009). Psychological control, one highly autonomy-interfering form of parental control, is associated with maladaptive child outcomes across ethnic/cultural groups (Barber et al., 2005; Scharf & Goldner, 2018), although the tradeoffs of exerting control may vary by culture and context. For instance, parents' choice to exert control might depend on the degree to which parents' socialization goals for their children include fostering autonomy and the degree to which children's autonomy expression risks exposing them to highly dangerous environments (Pomerantz

& Grolnick, 2009). We focus here on two forms of controlling parenting: *overcontrol* (autonomy restriction) and *conditional regard* (contingent approval).

Parental overcontrol intrusively limits child autonomy through either behavioral or psychological means (Bögels & Brechman-Toussaint, 2006; Borelli et al., 2015; Grolnick & Pomerantz, 2009). Parents may demonstrate overcontrol by taking away children's freedom to make decisions or provide input, rigidly regulating children's routines, undermining children's ability to solve problems independently, and constraining children's expression of emotions, thoughts, or preferences (Miller et al., 2018). Parents with more anxious and depressive symptoms engage in more overcontrol (Aunola et al., 2015; Borelli et al., 2015; Papp et al., 2005; Whaley et al., 1999), and overcontrol, in turn, is associated with increased risk for both internalizing and externalizing problems among adolescents (Bögels & Brechman-Toussaint, 2006; Hennen et al., 1997). Parents who experienced discrimination may be particularly prone to overcontrol, both to protect their children from dangers in the environment (Spano et al., 2011) and to manage their own feelings of fear and powerlessness in response to imagining their children also facing discrimination (Whitaker & Snell, 2016; Woodruff-Borden et al., 2002). However, in contrast to parental structure, use of overcontrolling parenting practices can undermine children's confidence in their ability to cope with challenges (Bögels & Brechman-Toussaint, 2006), which may pose a particular liability in an environment marked by the threat of discrimination also occurring in the adolescent generation.

Another manifestation of parental control is socialization of emotion via conditional regard (CR), the contingent expression of affection when children restrict displays of emotions such as fear (CR-Fear) and anger (CR-Anger, Roth et al., 2009). Conditional regard includes both withdrawing attention and affection when undesired emotions are displayed (*negative conditional regard*) and increasing attention and affection when undesired emotions are restricted (*positive conditional regard*). In line with self-determination theory, this form of contingent parental approval may give children the message that they are lovable only when they constrain emotions in line with parents' demands, thereby putting needs for autonomy and relatedness at odds (Deci & Ryan, 2000; Smiley et al., 2020). Parental conditional regard for negative emotion expression is associated with more emotional dysregulation, physiological dysregulation, contingent self-approval, and difficulty labeling and responding to emotions among children and adolescents (Roth & Assor, 2010; Roth et al., 2009; Smiley et al., 2020).

In line with family stress models, discrimination is distressing (Anderson et al., 2015; Masarik & Conger, 2017), and parents who experience greater emotion dysregulation or poorer well-being may have more unsupportive or autonomy-restricting responses to children's emotion expression (Assor et al., 2004; Han et al., 2015; Lai, 2020). As with other forms of autonomy-limiting control, parents who have faced distress related to multidimensional discrimination may be prone to employing conditional regard to manage their own emotional reactions to seeing their children in pain. As the stress of discrimination typically is not amenable to direct change strategies, parents may try to resolve pain by eliminating its expression rather than its source. Additionally, parents who have more multidimensional discrimination distress may perceive emotional expression as a liability

that makes one more vulnerable to mistreatment by dominant groups (Dunbar et al. 2017). When the stakes of emotion expression are high, parents may resort to coercive emotion socialization practices to ensure compliance, as conditional regard increases enactment of the desired behavior (i.e., suppressing emotional expression), despite its costs (Assor et al., 2004).

Adolescent Attachment

Parents under the burden of distress due to multidimensional discrimination may be less able to foster secure attachment relationships with their adolescents. Attachment security develops in response to sensitive parent-child interactions, beginning in infancy (Bowlby, 1969). Children who consistently receive warm, responsive caregiving develop secure attachment representations, which include confidence in the availability of others, in one's own self-worth, and in the belief that challenging situations and painful emotions can be overcome. In adolescence, insecure attachment may involve both *attachment anxiety*, marked by vigilance to cues of abandonment or rejection, and *attachment avoidance*, marked by discomfort with interpersonal closeness and vulnerability (Brennan, Clark, & Shaver, 1998; Brenning et al., 2011). Children of stressed parents have less secure attachment (Cicchetti et al., 1998), as demands of highly stressful environments may interfere with responding to their children's bids for care. In a recent theoretical review, Mikulincer and Shaver (2021) proposed that parents who experience chronic racial/ethnic discrimination may "find it harder to attend to their children's needs and signals, keep their children's mental processes in mind (i.e., 'mentalize'), and provide a reliable safe haven and secure base, no matter how much they wish to do so," (p. 10–11). Children who are not buffered by secure attachment may then themselves be particularly vulnerable to the effects of discrimination distress (Mikulincer & Shaver, 2021). However, there has been a dearth of research in this area, leading for a recent call to attend to the ways in which discrimination and prejudice shape attachment processes (Stern et al., 2021).

Racial/Ethnic Differences in the Association Between Multidimensional Discrimination Distress and Parenting

Race/ethnicity is a salient context that may shape how parenting behavior is shaped by multidimensional discrimination by endowing parents with cultural knowledge and practices that shape the meaning of discrimination and provide strategies for how discrimination might be endured (Bronfenbrenner, 1979; Garcia-Coll et al., 1996). However, the direction of this effect is unclear. On one hand, belonging to a racial/ethnic group with an ongoing history of grave discrimination may sensitize parents to the effects of their own lived discrimination. For example, AA's history of horrific abuse during slavery and Jim Crow is a constant reminder that discrimination of all types is not just an emotional threat but an existential one. Moreover, AA parents know that the behavior of their AA adolescent offspring is under greater scrutiny than that experienced by NHW youth (Whitaker & Snell, 2016). Adults in the community view AA youth and youth who adopt AA culture as angrier and more aggressive than NHW youth and AA youth who do not display AA culture, respectively (Halberstadt et al., 2020; Neal et al., 2003). AA parents are regularly exposed to news stories in which these racist misperceptions lead to AA adolescents losing their lives

to police officers, motorists, or neighbors (Whitaker & Snell, 2016). Therefore, particularly for AA parents who also have AA children or children who adopt AA culture, experiencing the distress of multidimensional discrimination may also activate fear for their children's survival, triggering controlling parenting and impairing attachment processes. Similarly, HL parents, fueled by knowledge of anti-Hispanic violence, forced deportation, and HL children locked in cages, may also be sensitized to the effects of discrimination of all forms.

On the other hand, parents from stigmatized groups may be buffered from the effects of multidimensional discrimination distress on parenting by adaptive culture, which arises in response to generations of oppression and provides strategies to survive adverse environments (Garcia-Coll et al., 1996; Harrison et al., 1990). Racial/ethnic minority families provide an ideal context for the development and dissemination of adaptive cultural practices, as racial/ethnic identity is commonly shared across generations, allowing parents to share adaptive culture with children. AA and HL families have developed a variety of coping strategies to survive and flourish in a racist society, including provision of sensitive parenting that both counteracts discrimination and endows children with skills they need to survive it (Peters & Massey, 1983; Zayas & Solari, 1994). In line with the influence of adaptive culture, although much of the literature on discrimination and parenting suggests that discrimination erodes parenting, some research also points to ways in which racial/ethnic discrimination might prompt racial/ethnic minority parents to adapt sensitive parenting strategies to buffer their children from the effects of this environmental stressor. For example, AA and HL parents' own exposure to discrimination promotes their use of racial/ethnic socialization, the act of preparing children to take pride in their racial/ethnic identity and to expect to encounter bias (Hughes, 2003; Witherspoon et al., 2022), although the majority of this work has been conducted with AA parents (Crouter et al., 2008; Hughes & Chen, 1997; McNeil Smith et al., 2016; Thomas et al., 2010; White-Johnson et al., 2010), underscoring the need for research on this topic with HL parents, for whom effects are not always detected (e.g., Witherspoon et al., 2021). Among AA, parents' racial discrimination has also been observed to be positively associated with a range of adaptive parenting practices, such as more relational warmth (Riina & McHale, 2010), emotion talk (Odom et al., 2016), and school involvement (Rowley et al., 2010). In a qualitative study of HL immigrants to the United States, parents reported that their experiences of discrimination led them to develop more open communication as well as greater empathy and respect for their adolescent children (Perreira et al., 2006).

Cultural practices, such as the above, that promote *more* attuned parenting as a response to discrimination may foster secure attachments in adolescents. Similarly, adaptive cultural practices may help HL and AA parents who face discrimination employ nuanced strategies for exerting control and socializing emotion expression in their children, rather than resorting to heavy-handed techniques such as overcontrol and conditional regard. For example, in response to discrimination, AA parents may promote the open expression of negative emotions within the family, in order to help children process the stresses of racism; in contrast, they may promote the suppression of negative emotions with outsiders, in order to protect children from dangerous misperceptions by authority figures (Dunbar et al., 2017). The same adaptive cultural practices that shape sensitive parenting among AA and HL who face racial/ethnic discrimination may also help buffer AA and HL parents

from the effects of discrimination on the basis of other identities on their parenting and parent-child relationships. Adaptive cultural practices that arise in response to racial/ethnic discrimination also may extend to multidimensional discrimination distress and its influence on parenting behavior for HL and AA parents. However, these adaptive practices may not be accessible to NHW parents who face discrimination due to various stigmatized identities because NHW parents may not have been raised in family or cultural contexts that endowed them with strategies to withstand discrimination without compromising parenting.

Mothers and Adolescent Daughters

Although most research on discrimination and parenting has been conducted in predominantly or entirely female samples, those studies that have included both mothers and fathers support that there are gender differences in the effect of parents' discrimination on their behavior (e.g., Gassman-Pines, 2015; Riina & McHale, 2010). Parents may also employ different strategies for helping sons versus daughters prepare to face a biased world, perhaps because they anticipate that gender will shape the form and frequency of discrimination children will face (Brown et al., 2010; Hughes et al., 2006). For example, male AA youth may experience more overt discrimination and be viewed as more threatening, as compared to female AA youth (Hughes et al., 2006). Moreover, research suggests that mothers' experiences of discrimination may have a greater influence on parenting behavior with daughters, while fathers' experiences of discrimination may have a greater influence on parenting behavior with sons (McNeil Smith et al., 2016). Therefore, to minimize such gender effects and to enhance feasibility and minimize participant burden, this initial investigation of the associations between multidimensional discrimination and parenting behavior focuses only on mother-daughter dyads.

Adolescence is a developmental period in which parents' discrimination experiences may be particularly likely to shape parenting behavior. Children are increasingly exposed to, and aware of, discrimination during adolescence (Spears Brown & Bigler, 2005; Umaña-Taylor et al., 2014). Seeing their children begin to experience discrimination may make parents' own experiences of discrimination more salient. Indeed, Hughes (2003) found that AA and HL parents' exposure to discrimination and other race-related phenomena shaped parenting behavior among parents of 10–17-year-old children more so than among parents of 6–9-year-old children. Finally, adolescence is also a period in which overcontrol, conditional regard, and insecure attachment may be particularly consequential. Constraining children's autonomy via overcontrol or conditional regard may be especially detrimental during adolescence, a developmental period marked by increasing independence. Secure attachment relationships in adolescence are both associated with better adjustment concurrently (Allen et al., 1998) and set the stage for healthy adjustment and the development of secure romantic attachments during emerging adulthood (Dawson et al., 2014; Pascuzzo et al., 2013); therefore, identifying factors that promote or inhibit attachment security during adolescence may promote healthy development during a period of heightened risk (Paus et al., 2008).

The Present Study

Although racial/ethnic discrimination has been shown to shape parenting behavior among racial/ethnic minorities in the United States, the simultaneous influence of multidimensional forms of discrimination has not been tested. Moreover, little is known about how racial/ethnic groups may differ in the effects of multidimensional discrimination on parenting behavior and parent-child relationships, despite possible racial/ethnic group differences in both the salience of discrimination and available sociocultural resources for withstanding discrimination, as well as mixed findings regarding how discrimination shapes parenting in the research literature. We address these limitations by examining associations among multidimensional discrimination distress, parental control (indexed by overcontrol, CR-fear, and CR-anger), and child attachment anxiety and avoidance, using cross-informant reports among AA, HL, and NHW mothers and their adolescent daughters. We predict that mothers' discrimination will be associated with more control, more CR, and less child attachment security. Next, we explore whether these effects vary by race/ethnicity. Figure 1 presents this conceptual model.

Methods

Participants

Participants included 82 mother-adolescent dyads, from a larger, ongoing study of racial/ethnic disparities in obesity-related health during adolescence, conducted in southern California, United States. Participants were recruited from the community via flyers, online advertisements, and word of mouth. The parent study recruited only female NHW, HL, or AA adolescents (aged 13–17 years) and their primary caregivers, as AA and HL females show greater risk for obesity than do NHW females or males of any racial/ethnic group (Ogden et al., 2014, 2015), and because sex differences have been demonstrated regarding associated risk factors (e.g., stressful experiences, Adkins et al., 2009) and outcome measures (e.g., body composition, insulin resistance; Geer & Shen, 2009). The current study included adolescents (M age = 15.27) from the parent study who participated with a mother or mother figure who was NHW (31.7%), HL (43.9%), or AA (24.4%). In most instances (91.5%), participating adolescents identified with the same racial/ethnic group as their mothers; adolescents were 28.0% NHW, 42.7% HL, and 29.3% AA. We retained mother-adolescent dyads who differed in race/ethnicity because we hypothesized that mothers' race/ethnicity was the relevant moderator (either because mothers from racial/ethnic groups with histories of grave discrimination might be sensitized to the detrimental effects of multidimensional discrimination distress on parenting or because mothers from racial/ethnic groups with adaptive cultural practices for withstanding discrimination might be protected against the effects of multidimensional discrimination distress on parenting), regardless of child race/ethnicity. Mother figures were primarily biological mothers, but also included three biological grandmothers. The present study focuses on mothers/mother figures for three reasons: 1) effects of discrimination on parenting behavior can differ by parent gender, and our sample size was insufficient to assess for these differences adequately while also testing primary hypotheses; 2) participating primary caregivers were most typically mothers; and 3) adolescents were only asked to complete questionnaires about

mothers/mother figures, in order to reduce participant burden. To be included in the present analyses, participants had to complete: 1) demographic information, 2) mother reports of discrimination, and 3) adolescent reports of maternal overcontrol, maternal conditional regard, and attachment to mother.

Procedures

All procedures were approved by the Institutional Review Board (University of California, Irvine Health Sciences IRB #2017-3441). As a comprehensive description of procedures used in the larger parent study is presented elsewhere (Zurita et al., 2021), only procedures used to collect data for the current study are reviewed. Adolescents and their parents visited the laboratory and provided assent and consent, respectively. Parents and adolescents each provided demographic information and completed self-report questionnaires.

Measures

Demographics—Mothers reported their adolescents' ages in years. Mothers described their own levels of education using a single item, which ranges from 1 = *Under seven years of schooling* to 7 = *Completed graduate/professional training* (Hollingshead, 1957). Mothers reported their racial and ethnic status based on social or cultural group of common descent; Non-Hispanic Caucasian/White mothers were coded as NHW; Non-Hispanic Black or African American mothers were coded as AA; and ethnically Hispanic mothers who identified racially as White, multi-racial, or Native American were coded as HL. Additionally, adolescents described the racial/ethnic group with which they most identified, among NHW, HL, and AA.

Mothers' Multidimensional Discrimination—Mothers reported their distress due to multidimensional discrimination using a version of the Multidimensional Perceived Discrimination Scale (Rasmussen et al., 2018), modified to include additional dimensions of discrimination and their impact. Higher scores on the Multidimensional Perceived Discrimination Scale have been associated with higher levels of depression, anxiety, and physical health symptoms and with more hostile and less positive family environments (Kim et al., 2021). Mothers reported how frequently they had experienced discrimination related to each of 22 stigmatized identities, traits, or experiences (e.g., ethnicity/race, religion, gender, sexual orientation, political beliefs, birthplace, language, disability, homelessness, etc.), plus mothers had the option to identify one "other" source of discrimination. Frequency ratings ranged from 0 = *Never* to 3 = *Often*. In order to capture the subjective emotional impact of each form of discrimination, mothers additionally rated how upsetting each experience was from 0 = *Not at All* to 3 = *Very*. In order to give more weight to more upsetting events that occur more frequently for each item, the product of frequency and upset was computed; the sum of these products formed the multidimensional discrimination distress score.

Most mothers (96.3%) reported having experienced discrimination in at least one domain. The most endorsed domains of discrimination were race/ethnicity (70.7%), political beliefs (66.1%), physical appearance (63.4%), something that happened to a family member or something a family member did (54.9%), and not having enough money (54.7%). All

23 domains of discrimination were endorsed by at least some participants. Supplemental Table 1 provides detailed information regarding participant rates of endorsement and mean frequency and upset ratings regarding discrimination on the basis each identity dimension, and Supplemental Tables 2 and 3 provide inter-item correlations among scores for each identity dimension.

Parental Overcontrol—Adolescents described their mothers' use of autonomy-restricting overcontrol using a ten-item self-report questionnaire, modified from the Child Report-Parenting Behavior Inventory (Schaefer, 1965; Schludermann & Schludermann, 1988) and Psychological Control Scale-Youth Self Report (Barber, 1996), which shows positive associations with behavioral observations of maternal overcontrol (Borelli et al., 2017). Adolescents rated mothers' use of a range of overcontrolling parenting practices (e.g., *Says if I really cared for her, I would not do things that make her worry, Is always trying to change me, Often interrupts me*) on a scale from 1 = *Not Like Her* to 3 = *A Lot Like Her*. The scale demonstrated good internal consistency in our sample ($\alpha = .82$).

Parental Conditional Regard—Adolescents described mothers' use of conditional regard using the emotion expression subscale of the Child Perceptions of Parent Autonomy Support for Emotion Expression and Academics Scales (Roth et al., 2009). Adolescents rated sixteen items (e.g., *if I'm scared but do not express my fear my mother will express more love for me; if I show my anger my mother will express less warmth toward me for a while*), divided equally between conditional regard with respect to fear (CR-fear) and with respect to anger (CR-anger), on a six-point Likert scale, from 1 = *Not true at all* to 6 = *Very true*. Conditional regard was measured with respect to fear and anger only to utilize an existing, validated measure (Roth et al., 2009); to assess negative emotions, which are particularly likely to be stigmatized; and to capture one assertive, approach-oriented emotion and one vulnerable, avoid-oriented emotion. The scale demonstrated strong internal consistency in our sample with respect to both fear ($\alpha = .90$) and anger ($\alpha = .88$).

Adolescent Attachment—Adolescents described their relationships with their mothers using the Experiences in Close Relationships Scale—Revised Child version (ECR-RC; Brenning et al., 2011), which has 18 items measuring attachment anxiety ($\alpha = .90$) and 18 items measuring attachment avoidance ($\alpha = .94$). All items are rated on a 7-point Likert-scale, from 1 = *Strongly disagree* to 7 = *Strongly agree*. Items measuring attachment anxiety assessed fear of abandonment (e.g., *I'm afraid my mother will stop loving me*); whereas items measuring attachment avoidance assessed discomfort with closeness (e.g., *I don't like telling my mother how I feel deep down inside*).

Analytic Plan

Hypotheses were tested using a series of hierarchical linear regressions. Mother race/ethnicity was dummy coded into two variables, HL (1 = *HL*/ 0 = *not HL*) and AA (1 = *AA*/ 0 = *not AA*), with no participants receiving a 1 for both variables and NHW mothers receiving a 0 for both variables. Mother discrimination was mean-centered. For each outcome variable, adolescent age and mother education was entered at step 1, mother discrimination distress was entered at step 2, mother race/ethnicity was entered at step 3,

and the interactions of mother discrimination and race/ethnicity (computed as the products of discrimination distress and the dummy coded race/ethnicity variables) was entered at step 4. Interactions were probed at each category of race/ethnicity (NHW, HL, AA). R^2 was calculated to denote the incremental variance explained by predictors added at each step of the regression equation. Sensitivity analyses support that medium effect sizes (Cohen's $f^2 = 0.20$) can be detected with 80% power in a sample size of 82 dyads.

Results

Descriptive Statistics

Racial/ethnic groups did not differ in levels of multidimensional discrimination distress, parental overcontrol, conditional regard, adolescent attachment variables, or adolescent age. Groups did differ in mothers' level of education, $F(2, 79) = 6.47, p = .003$, such that NHW mothers had more education than did HL mothers ($p = .002$). Table 1 presents means, standard deviations, and bivariate associations among continuous study variables. Adolescent-reported outcome variables were positively associated with one another. Mothers' multidimensional discrimination distress was associated with greater CR-fear ($r = 0.27, p = .02$) and showed non-significant trend associations with CR-anger ($r = .18, p = .10$) and parental overcontrol ($r = .21, p = .06$).

Multidimensional Discrimination Distress and Parenting

Mothers' multidimensional discrimination distress was associated with greater overcontrol ($b = .01, SE < .01, 95\% CI = <.01, .01, p = .04, R^2 = .05$) and CR-Fear ($b = .01, SE = .01, 95\% CI = <.01, .03, p = .02, R^2 = .07$). However, mothers' multidimensional discrimination distress was not associated with CR-Anger ($b = .01, SE = .01, 95\% CI = >-.01, .03, p = .13, R^2 = .03$), attachment anxiety ($b = .01, SE = .01, 95\% CI = -.01, .03, p = .23, R^2 = .02$) or attachment avoidance ($b = .004, SE = .01, 95\% CI = -.02, .03, p = .75, R^2 < .01$). Results are displayed in Table 2, Step 2.

Moderation by Race/Ethnicity

Moderation effects are shown in Step 4 of Tables 2–3 and displayed in Figure 2. The association between mothers' multidimensional discrimination distress and parental overcontrol did not differ by race/ethnicity, as inclusion of the race/ethnicity x discrimination interaction terms did not add significantly to the variance explained by the model ($R^2 = .01, p = .73$). The effect of mothers' multidimensional discrimination distress on CR-Fear varied by race/ethnicity ($R^2 = .07, p = .045$) such that more discrimination was associated with more CR-Fear for HL mothers ($b = .02, SE = .01, 95\% CI = .01, .04, p = .01$) but not for AA mothers ($b = -.01, SE = .01, 95\% CI = -.03, .01, p = .35$); a non-significant trend emerged for NHW mothers, such that more discrimination was marginally associated with more CR-Fear ($b = .03, SE = .01, 95\% CI = >-.01, .05, p = .07$). Adding race/ethnicity x discrimination interaction terms also contributed to the variance explained by the model predicting CR-Anger ($R^2 = .07, p = .03$). Race/ethnicity and mothers' multidimensional discrimination interacted such that more discrimination was associated with more CR-Anger for NHW mothers ($b = .04, SE = .02, 95\% CI = .01, .08, p = .02$) but not for AA ($b = -.02, SE = .02, 95\% CI = -.05, .01, p = .18$) or HL ($b = .01, SE = .01, 95\% CI = -.01, .04, p$

= .21) mothers. Moderation effects were also observed for adolescent attachment anxiety ($R^2 = .14, p = .02$), such that more mother multidimensional discrimination was associated with more attachment anxiety for children of NHW mothers ($b = .05, SE = .02, 95\% CI = .01, .09, p = .01$) but not for children of AA ($b = -.02, SE = .02, 95\% CI = -.05, .01, p = .21$) or HL ($b = .01, SE = .01, 95\% CI = -.01, .03, p = .35$) mothers. Inclusion of race/ethnicity \times discrimination interaction terms marginally added to the explanatory power of the model predicting adolescent attachment avoidance ($R^2 = .06, p = .10$), such that more discrimination was associated with more attachment avoidance for children of NHW mothers ($b = .05, SE = .03, 95\% CI = <.01, .11, p = .047$) but not for children of AA ($b = -.02, SE = .02, 95\% CI = -.06, .02, p = .42$) or HL ($b = -.01, SE = .02, 95\% CI = -.04, .03, p = .37$) mothers.

Discussion

The current study tested associations of mothers' multidimensional discrimination distress with both parental control (including overcontrol and socialization of emotion via conditional regard) and adolescents' attachment to mothers in a sample of AA, HL, and NHW adolescent mothers and daughters. Across racial/ethnic groups, mothers who experienced more multidimensional discrimination distress exerted more overcontrol. However, the effects of mothers' multidimensional discrimination distress on conditional regard and adolescent attachment varied by race/ethnicity, such that AA mothers were buffered from the effect of discrimination across parenting and parent-child relationship outcomes, HL mothers were buffered except in the case of CR-fear, and NHW mothers exhibited associations between multidimensional discrimination distress and both conditional regard and insecure attachment.

Broadly, findings are consistent with family stress models (e.g., Masarik & Conger, 2017), as parents who experience more multidimensional discrimination distress exhibit more compromised parenting behaviors. This conclusion is particularly notable with respect to overcontrol, a finding that held across racial/ethnic groups. Multidimensional discrimination is a highly threatening stressor; for example, in one study of perinatal women, number of marginalized identities and frequency of discrimination accounted for 15% of the variance in post-traumatic stress symptoms (Seng et al., 2012). Parents may react to the distressing nature of their multidimensional discrimination experiences by limiting their children's autonomy, perhaps in an attempt both to reduce their children's distress by helping them avoid environmental threats and to reduce their own distress by exerting power over their children, even while they are powerless over the environment (Whitaker & Snell, 2016).

Importantly, although overcontrol is generally considered a maladaptive parenting practice, which confers risk for internalizing and externalizing disorders (Bögels & Brechman-Toussaint, 2006; Hennan et al., 1997), the effect of overcontrol can also vary by context. For instance, parental overcontrol did not longitudinally predict internalizing or externalizing disorders across the transition to adolescence for parents who were highly attuned to their children (Miller et al., 2018). Race/ethnicity may be another such salient context, with some studies finding that AA and HL parents engage in some controlling parenting practices at higher rates than NHW, but these can be harmless or beneficial for AA and HL children

(e.g., Baumrind, 1972; Halgunseth et al., 2006; Richman & Mandara, 2013), although this finding is somewhat mixed and may simultaneously depend on family social and economic contexts (e.g., Dearing, 2004). Although mothers did not differ by racial/ethnic group in their level of overcontrol in the present study, the significance and impact of this parenting practice may nevertheless vary by racial/ethnic group in ways that influence child development. For example, AA or HL adolescents may experience even intrusive autonomy restriction as a protective or loving response to a threatening environment rather than an indictment of their own competence to function independently. In this way, adaptive culture may operate at the level of the child, even when no differences are observed in parenting behavior.

When outcomes did vary by race/ethnicity, AA mothers and daughters were consistently buffered from effects of multidimensional discrimination distress on conditional regard and adolescent insecure attachment. This finding is remarkable, given the profound contemporary and historical discrimination AA face, but also unremarkable, given the vast adaptive culture AA families have developed for coping with this reality. This “ordinary magic,” the capacity to succeed despite enormous environmental barriers, distinguishes AA family life (Masten, 2001; Murry et al., 2018), as AA parents “attempt the nearly impossible task of raising empowered children with healthy self-esteem who are free to express themselves and explore the world around them” (Whitaker & Snell, 2016, p. 305), despite the hostility of that world. This is likely achieved through a combination of engaging in culturally specific adaptive parenting practices in response to the toll of discrimination (e.g., racial/ethnic socialization) and persisting in universally adaptive parenting behaviors despite the toll of discrimination (e.g., promotion of attachment security).

Findings paint a complex picture for HL parents. Although HL parents were also buffered from the effects of mothers’ multidimensional discrimination distress on adolescents’ attachment, findings were mixed regarding mothers’ conditional regard. Unexpectedly, HL mothers who experienced more discrimination distress used more contingent affection, attention, and approval to constrain adolescents’ displays of fear but not their displays of anger. One possibility is that HL parents who have experienced more discrimination find their children’s displays of fear especially aversive, insofar as these expressions risk drawing unwanted attention from authority figures. HL Americans face mistreatment from law enforcement, who may hold stereotyped beliefs that HL are likely to be undocumented and subject them to additional scrutiny, regardless of their actual documentation status (Gardner & Kohli, 2009; Romero, 2006); expressing fear in such a politically hostile context may be interpreted as indicating having something to hide. Data were collected in southern California, a state along the United States-Mexico border, which may intensify such concerns in our sample; however, data on participants’ lived experiences with law enforcement were beyond the scope of the present study. Alternatively, witnessing children express a vulnerable emotion such as fear may be hard to tolerate for parents who may themselves feel fearful and powerless in response to multidimensional discrimination experiences; socializing children not to express these vulnerable emotions may help parents avoid their own sense of vulnerability. Finally, HL culture values expressing emotions in ways that are respectful of others and that maintain family harmony (Perez Rivera & Dunsmore, 2011; Zayas, 1994); HL mothers therefore may be susceptible to responding

to their own distress by reigning in children's displays of negative emotion, in order to restore a sense of family peace. However, it is not clear why these factors did not also contribute to HL mothers engaging in more CR-anger in association with more maternal multidimensional discrimination distress, as adolescent displays of anger may also draw attention from authority figures, remind mothers of their own pain, and disrupt family harmony. The relatively small literature describing emotion socialization practices of HL mothers is mixed (e.g., Lugo-Candelas et al., 2015; Perez Rivera & Dunsmore, 2011), with relatively little attention devoted to factors that contribute to individual differences within HL or HL-enculturated mothers or how socialization practices might vary based on the type of negative emotion children display. These findings suggest that further work is needed to understand the nuanced emotion socialization practices of HL mothers and how these practices might respond to the stresses and demands of stigma and discrimination. Moreover, our findings point to the need for additional research on the influence of discrimination on parenting among HL broadly, as the literature has more commonly examined these associations in AA samples.

Notably, NHW mothers who experienced more multidimensional discrimination were vulnerable to both employing more conditional regard and having less securely attached daughters. For NHW mothers, more multidimensional discrimination distress was associated with more CR-anger and CR-fear (non-significant trend), supporting the argument that NHW mothers may respond to the distress of multidimensional discrimination by manipulating their children's emotional expression by providing contingent approval, attention, and love, perhaps because mothers' distress interferes with effortful, attuned, and autonomy-supporting emotion coaching strategies. NHW mothers who experience more multidimensional discrimination distress also have daughters who report more attachment anxiety and avoidance (non-significant trend), suggesting that daughters of NHW mothers who have faced more multidimensional discrimination distress are more sensitive to cues that mothers might reject or abandon them and may also be less comfortable tolerating closeness and emotional vulnerability in relationships with their mothers. Notably, NHW parents are the only group for whom multidimensional discrimination is associated with quality of daughters' attachment. Although the present study cannot assess the long-term implications of insecure attachment for these participants, attachment insecurity can portend cascades of poorer adjustment and relationship quality for adolescents (Dawson et al., 2014; Pascuzzo et al., 2013). These risks are particularly troubling given that daughters of discriminated-against mothers may themselves be at greater risk of experiencing discrimination; the toll of this discrimination may be particularly heavy for adolescents who lack a refuge of security within the family to soften the impact of stress from the outside world (Causadias et al., 2021).

Findings suggest that multidimensional discrimination may have more profound effects on parenting and parent-child relationships for NHW mothers than for AA or HL mothers. DiAngelo (2011) proposed that NHW Americans may be particularly vulnerable to race-based stress, as their social insulation from race-based stressors may interfere with the development of resilience to them. Similarly, NHW parents may be uniquely sensitive to the effects of discrimination related to any identity dimension because they have neither the cultural expectation that facing bias is a typical part of life nor the cultural framework for

absorbing and overcoming that bias. In this way, oppressive social systems of power, such as racism, have potential to harm both privileged and marginalized groups: while marginalized groups feel the full force of societal oppression, including the acute and chronic harms of both structural and interpersonal discrimination, privileged groups may insidiously become unaccustomed, and therefore less resilient, to environmental challenges. Although major environmental stressors, such as discrimination, are undoubtedly detrimental to families, mothers who have access to adaptive culture may have a relative advantage in helping their offspring cope with such stressors (as evidenced by more sensitive parenting behaviors and more secure parent-child relationships) as compared to mothers who face similar stress but without the resource of adaptive culture.

NHW parents who face other forms of multidimensional discrimination, despite their privileged racial/ethnic status, may therefore benefit from gaining access to the adaptive parenting practices that have fortified other groups who experience discrimination. Nearly all mothers (96.3%) in our study reported experiencing discrimination, underscoring the ubiquity of unfair social treatment related to at least some domain of identity. However, mothers may not be aware that experiencing distress due to discrimination is common; this knowledge might empower mothers to share these experiences and related coping strategies more widely with one another. Additionally, promoting social spaces for parents with diverse, intersectional identities to collaboratively create and share the adaptive parenting practices that meet their needs may help mitigate the effects of discrimination on parenting. Moreover, such exchanges may enhance NHW mothers' understanding of the impact of racial/ethnic discrimination, by drawing on the distress they experienced when subjected to discrimination due to other stigmatized identities to foster empathy for the profound and pervasive effects of racial/ethnic discrimination on others. However, spaces for open social exchange with diverse peers can be hard for mothers to find and benefit from, with virtual spaces (e.g., online mothers' groups) and physical spaces (e.g., parent participation in schools) providing opportunities to both disrupt and reinforce stereotyped parenting (Dyrness, 2007; Madge & O'Connor, 2006). These limitations point to the utility of developing novel preventive interventions and public health campaigns that provide psychoeducation about the prevalence and impact of multidimensional discrimination and facilitate conversations among mothers with diverse stigmatized identities. Already, novel interventions that promote parenting practices that are adaptive in the face of discrimination, such as racial/ethnic socialization, are being piloted for racial/ethnic minority parents (e.g., Stein et al., 2021)

Findings from the present study must be interpreted in light of several additional limitations. Although multi-informant data is used, all measures are self-reported; future studies would benefit from also including observations of parenting behavior across home and lab settings. Moreover, our self-reported measure of multidimensional discrimination distress captures the cumulative impact of discrimination on the basis of multiple identity dimensions, but not how one's multiple marginalized or privileged identities might interact to shape one's experience of discrimination. Additionally, participants included only mothers and daughters; parents who experienced multidimensional discrimination may respond differently to sons, whom they may perceive as being at greater risk of harm related to discrimination (Brown et al., 2010; Hughes et al., 2006). Larger studies are

needed to identify such gender differences. Similarly, we studied only participants in the United States; experiences of multidimensional discrimination, their effect on parenting, and racial-ethnic differences in the above may differ by national context. Additionally, this study was only powered to detect moderate or larger effects. The present study may have yielded only non-significant trends for the effects of multidimensional discrimination distress on CR-fear among NHW parents and for racial-ethnic differences in the effect of multidimensional discrimination distress for attachment avoidance because these effects are relatively modest. Future studies should employ larger samples to detect additional small or subtle effects of multidimensional discrimination distress on parenting. The present study is also limited because we did not have direct measurement of acculturation or specific adaptive parenting practices; racial/ethnic group membership is associated with, but not equivalent to, identification with that group's cultural values and norms. This limitation is particularly notable because mothers who are minoritized along the lines of other identities (e.g., sexual orientation) might also belong to communities with buffering adaptive cultural practices; future studies should measure this moderator directly, rather than via group membership. Additionally, in a small portion of cases (8.5%), mothers and daughters belonged to different racial/ethnic groups. Although our study is underpowered to assess whether moderation effects further vary by parent-child racial/ethnic concordance, future studies should assess whether child's race/ethnicity also shapes the direction and magnitude of effect of mother's multidimensional discrimination on parenting behavior. Finally, longitudinal data is needed to determine whether parental overcontrol, conditional regard, and attachment in adolescence portend riskier developmental trajectories through the transition to adulthood for our participants, and whether these effects differ by race/ethnicity or mothers' discrimination distress. Although controlling parenting practices are typically considered maladaptive, their impact may depend on the larger context of the parent-child relationship (e.g., Miller et al., 2018). Even the vigilance to rejection and discomfort with closeness that mark attachment insecurity may be strategies parents transmit to help children cope with hostile interpersonal environments (Belsky, 1999). Therefore, future studies should assess how the parenting and parent-child relationships that develop under the stress of multidimensional discrimination might confer both risk and benefit to adolescents.

Despite these limitations, the present study extends the literature on discrimination and parenting in several new directions. First, to our knowledge, this study is the first to examine the effects of multidimensional discrimination distress on parenting. We also introduce new ways that this stress might shape parenting behavior, in line with calls to develop programs of research that explicate the relationships between discrimination and attachment relationships (Stern et al., 2021). Finally, we identify racial/ethnic differences in associations between multidimensional discrimination distress and parenting or parent-child attachment, which point towards the presence of adaptive cultural practices that may buffer the impact of discrimination on parenting and adolescent attachment for mothers who hold diverse stigmatized identities. Together, findings add to a relatively small and mixed literature on the effects of discrimination on parenting, suggesting that multidimensional discrimination distress might erode parenting and parent-child relationships in some domains (e.g., degree of parental overcontrol) and for some mothers (especially NHW mothers), while prompting

more sensitive parenting behaviors for other mothers in other domains (e.g., emotion socialization strategies for AA mothers).

Conclusion

Results support that mothers' distress related to their own experiences of multidimensional discrimination is associated with controlling parenting and quality of adolescent daughters' attachment to mothers. Whereas more multidimensional discrimination distress was associated with more overcontrol for AA, HL, and NHW mothers, AA mothers were buffered from the effects of discrimination on conditional regard and adolescent attachment. This pattern of findings is consistent with both family stress models of how discrimination may impair parenting and adaptive culture models of how the stress of discrimination may be overcome.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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Data Availability Statement:

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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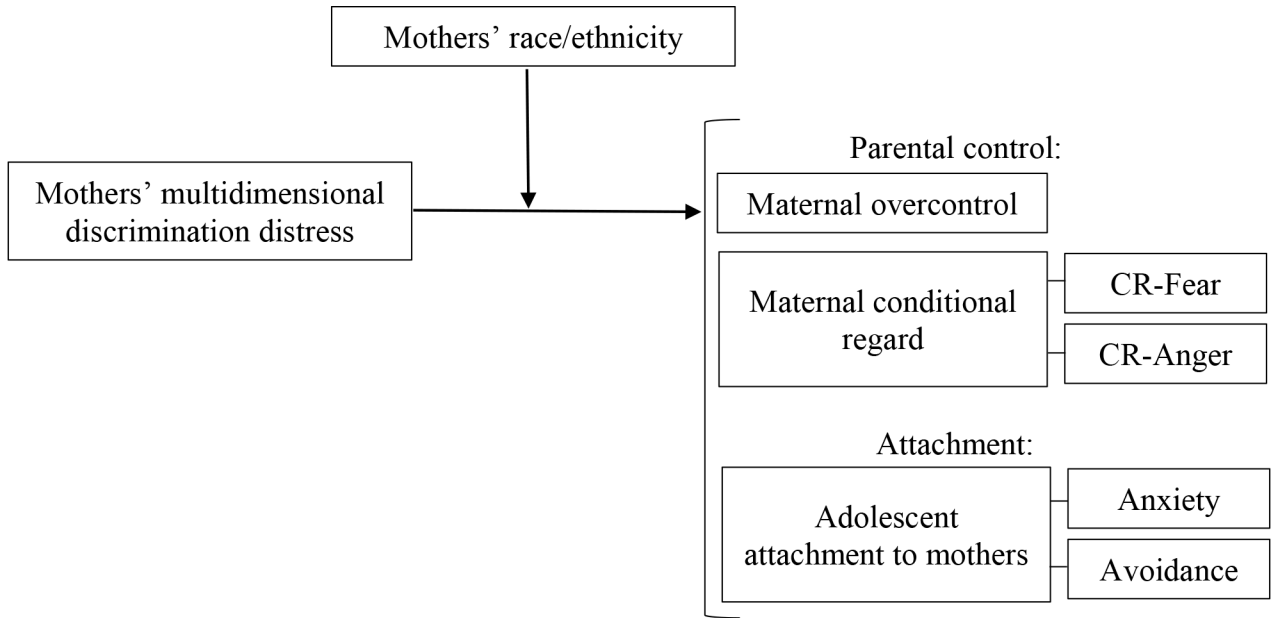


Figure 1. Conceptual model, in which mothers' multidimensional discrimination distress is associated with adolescent daughters' reports of parental control and attachment to mothers, and this relationship varies by maternal race/ethnicity. Outcomes include maternal overcontrol, maternal conditional regard with respect to adolescent expression of fear (CR-Fear) and anger (CR-anger), and adolescent attachment anxiety and avoidance in relationships with mothers.

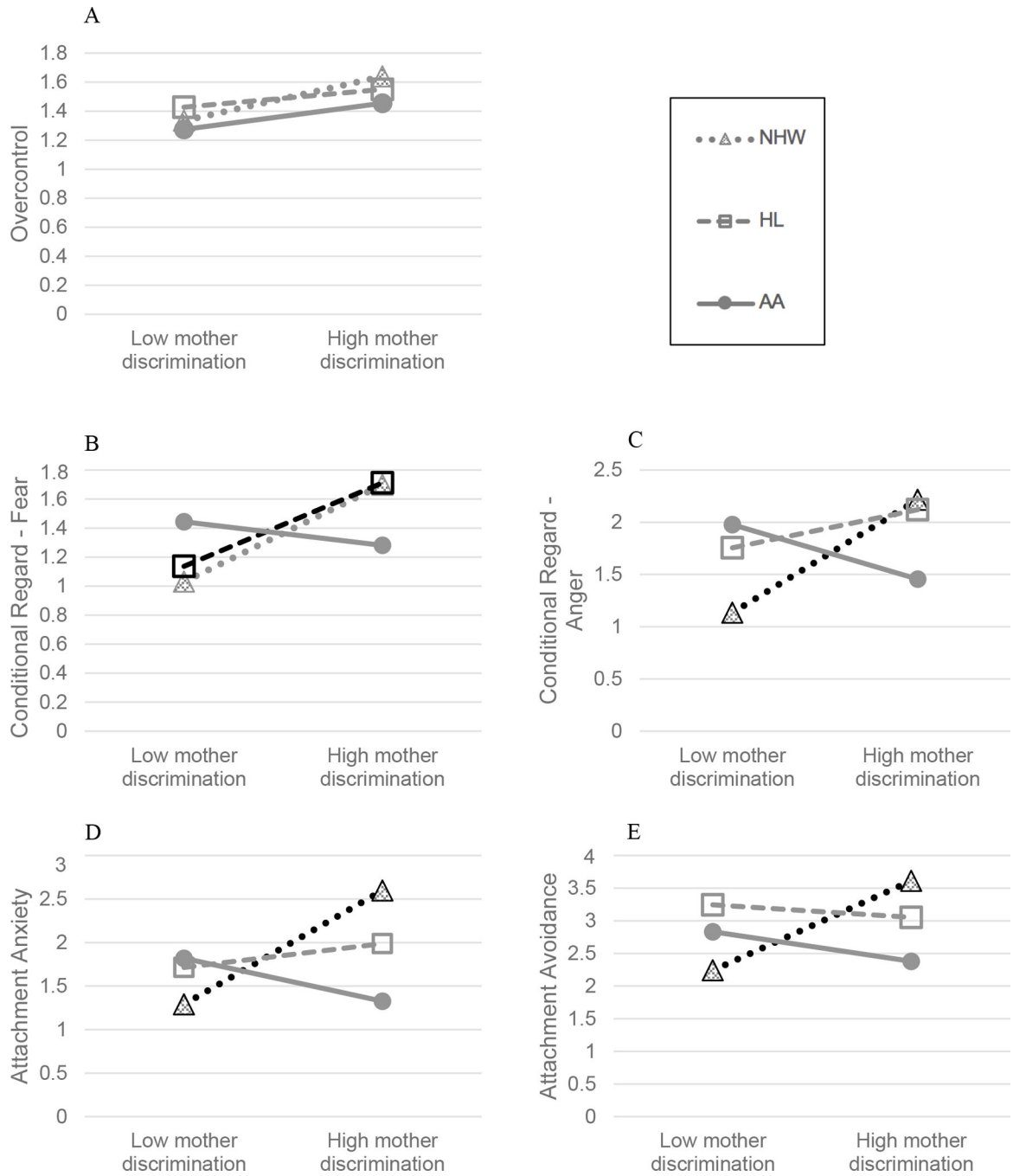


Figure 2. Interaction of mother’s multidimensional discrimination distress with race/ethnicity on mother’s overcontrol (2A), mother’s conditional regard with respect to fear (2B) and anger (2C), and adolescent’s attachment anxiety (2D) and avoidance (2E). Mother’s discrimination is displayed at high ($M + 1 SD$) and low ($M - 1 SD$) levels. Significant slopes are presented in bold.

Table 1. Means, Standard Deviations, and Bivariate Correlations Among Continuous Study Variables.

	M (SD)	1.	2.	3.	4.	5.	6.	7.
1. Discrimination	15.96 (12.74)	-	-	-	-	-	-	-
2. Overcontrol	1.45 (0.38)	.21 [†]	-	-	-	-	-	-
3. CR-Fear	1.38 (0.71)	.27*	.33**	-	-	-	-	-
4. CR-Anger	1.76 (0.93)	.18 [†]	.52***	.75***	-	-	-	-
5. Attachment Anxiety	1.76 (0.94)	.14	.60***	.53***	.67***	-	-	-
6. Attachment Avoidance	2.88 (1.31)	.02	.52***	.26*	.36***	.57***	-	-
7. Age	15.27 (1.53)	-.02	-.10	-.05	-.02	-.08	-.03	-
8. Education	4.39 (1.49)	.13	-.12	.06	.12	.02	-.10	-.12

[†] $p < .10$

* $p < .05$

** $p < .01$

*** $p < .001$

Note. CR = conditional regard; Age = adolescent age; Education = mother education; Discrimination = mother discrimination distress

Table 2.

Hierarchical Linear Regression Examining Race/Ethnicity as a Moderator of the Association Between Mother’s Multidimensional Discrimination Distress and Controlling Parenting Behavior.

	Overcontrol					CR-Fear					CR-Anger					
	b (SE)	95% CI	R ²	Adj R ²	b (SE)	95% CI	R ²	Adj R ²	b (SE)	95% CI	R ²	Adj R ²	b (SE)	95% CI	R ²	Adj R ²
<i>Step 1</i>																
Age	-.03 (.03)	-.08, .03	.03	<.01	-.02 (.05)	-.12, .09	.01	-.02	>-.01 (.07)	-.14, .14	.02	-.01	>-.01 (.07)	-.14, .14	.02	-.01
Education	-.04 (.03)	-.09, .02			.02 (.05)	-.08, .13			.08 (.07)	-.06, .22			.08 (.07)	-.06, .22		
<i>Step 2</i>																
Age	-.03 (.03)	-.08, .02	.05*	.05	-.02 (.05)	-.12, .08	.07*	.04	>-.01 (.07)	-.14, .13	.03	.01	>-.01 (.07)	-.14, .13	.03	.01
Education	-.04 (.03)	-.10, .01			.01 (.05)	-.10, .11			.06 (.07)	-.08, .20			.06 (.07)	-.08, .20		
Discrimination	.01 (<.01)*	<-.01, .01			.02 (.01)**	<.01, .03			.01 (.01)	>-.01, .03			.01 (.01)	>-.01, .03		
<i>Step 3</i>																
Age	-.03 (.03)	-.08, .03	.02	.04	-.02 (.05)	-.12, .09	<.01	.02	>-.01 (.07)	-.13, .14	.02	.01	>-.01 (.07)	-.13, .14	.02	.01
Education	-.04 (.03)	-.10, .02			.02 (.06)	-.10, .14			.11 (.08)	-.05, .26			.11 (.08)	-.05, .26		
Discrimination	.01 (<.01)*	<.01, .01			.01 (.01)*	<.01, .03			.01 (.01)	-.01, .03			.01 (.01)	-.01, .03		
HL	.01 (.11)	-.20, .22			.11 (.20)	-.29, .51			.35 (.27)	-.18, .87			.35 (.27)	-.18, .87		
AA	-.11 (.11)	-.33, .12			.06 (.21)	-.37, .49			.10 (.28)	-.47, .66			.10 (.28)	-.47, .66		
<i>Step 4</i>																
Age	-.03 (.03)	-.08, .03	.01	.02	>-.01 (.05)	-.10, .10	.07*	.07	.03 (.07)	-.11, .16	.08*	.07	.03 (.07)	-.11, .16	.08*	.07
Education	-.03 (.03)	-.10, .03			.03 (.06)	-.09, .14			.13 (.08) [†]	-.02, .28			.13 (.08) [†]	-.02, .28		
Discrimination	.01 (.01)	>-.01, .03			.03 (.01) [†]	>-.01, .05			.04 (.02)*	.01, .08			.04 (.02)*	.01, .08		
HL	<.01 (.11)	-.21, .22			.06 (.20)	-.33, .45			.26 (.26)	-.25, .78			.26 (.26)	-.25, .78		
AA	-.12 (.11)	-.35, .11			.06 (.21)	-.37, .03			.04 (.28)	-.51, .60			.04 (.28)	-.51, .60		
Discrimination × HL	-.01 (.01)	-.03, .01			>-.01 (.02)	-.04, .03			-.03 (.02)	-.07, .02			-.03 (.02)	-.07, .02		
Discrimination × AA	-.01 (.01)	-.03, .02			-.04 (.02)*	-.07, >-.01			-.06 (.02)*	-.11, -.02			-.06 (.02)*	-.11, -.02		

[†] p < .10

* p < .05

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$p < .01$
**

Note. CR = conditional regard; CI = Confidence Interval; Age = adolescent age; Education = mother education; Discrimination = mother multidimensional discrimination distress; HL = mother Hispanic/Latina; AA = mother African American

Table 3.

Hierarchical Linear Regression Examining Race/Ethnicity as a Moderator of the Association Between Mother’s Multidimensional Discrimination Distress and Adolescent Attachment to Mothers.

	Attachment Anxiety				Attachment Avoidance			
	b (SE)	95% CI	R ²	Adj R ²	b (SE)	95% CI	R ²	Adj R ²
<u>Step 1</u>								
Age	-.04 (.07)	-18, .10	.01	-.02	-.03 (.10)	-23, .16	.01	-.01
Education	.01 (.07)	-14, .15			-.09 (.10)	-29, .11		
<u>Step 2</u>								
Age	-.04 (.07)	-18, .09	.02	-.01	-.03 (.10)	-23, .16	<.01	-.03
Education	.01 (.07)	-15, .14			-.09 (.10)	-29, .11		
Discrimination	.01 (.01)	-01, .03			<.01 (.01)	-02, .03		
<u>Step 3</u>								
Age	-.04 (.07)	-18, .10	.02	-.02	-.03 (.10)	-22, .17	.03	-.03
Education	<.01 (.07)	-16, .16			-.05 (.11)	-27, .17		
Discrimination	.01 (.01)	-01, .03			<.01 (.01)	-02, .03		
HL	>-.01 (.27)	-54, .53			.32 (.38)	-44, 1.07		
AA	-.29 (.29)	-87, .28			-.20 (.40)	-1.01, .60		
<u>Step 4</u>								
Age	-.01 (.07)	-15, .12	.10*	.06	>-.01 (.10)	-19, .19	.06 [†]	.01
Education	.03 (.08)	-12, .19			-.01 (.11)	-23, .22		
Discrimination	.05 (.02)**	.01, .09			.05 (.03)*	<.01, .11		
HL	-.09 (.26)	-61, .42			.22 (.37)	-.52, .97		
AA	-.37 (.28)	-93, .19			-.32 (.40)	-1.12, .48		
Discrimination × HL	-.04 (.02) [†]	-.08, <.01			-.06 (.03) [†]	-.12, <.01		
Discrimination × AA	-.07 (.02)**	-.12, .02			-.07 (.04)*	-.14, >-.01		

[†] p < .10
 * p < .05
 ** p < .01

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Note. CI = Confidence Interval; Age = adolescent age; Education = mother education; Discrimination = mother multidimensional discrimination distress; HL = mother Hispanic/Latina; AA = mother African American