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Disempowering Parenting and Mental Health among Asian American Youth: Immigration and Ethnicity

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Abstract

Guided by the concept of ABCDG (Abusive, Burdening, Culturally Disjointed, Disengaged, and Gender Prescriptive) parenting, this study investigated how subdomains of disempowering parenting adversely influence young people's mental health, independently and collectively, using a large-scale longitudinal survey data of community samples among Filipino American (FA) and Korean American (KA) youth ($M_{AGE}=15.01$, $N=1,580$; 391 FA and 417 KA families). Regression results showed that the subdomains of disempowering parenting, while individually harmful, were differentially associated with mental health. For example, abusive and disengaged parenting and culturally disjointed parenting (a.k.a. intergenerational cultural conflict) were the most notably adverse subdomains and remained significant when all subdomains were accounted together. This study pinpoints specific aspects of disempowering parenting that may lead to mental distress among FA and KA youth and underscores a need for culturally tailored intervention programs that address the harms of disempowering parenting approaches.

Keywords

Parenting; Asian Americans; Mental Health; Adolescents; Culture

Parenting strongly influences youth social-emotional development (Dornbusch, Ritter, Leiderman, Roberts, & Fraleigh, 1987; Maccoby & Martin, 1983; Okagaki & Luster, 2005). However, there is considerable debate as to how parenting and associated youth outcomes vary in different cultural contexts (Sangawi, Adams, & Reissland, 2015; Sorkhabi, 2005). This debate is particularly significant for Asian American (AA) adolescents, who are stereotyped as academic overachievers and well-behaving students but frequently report serious mental health challenges, including higher social anxiety, lower self-esteem, and greater depressed mood and risk for self-injury (Austin & Chorpita, 2004; Brice et al., 2015; Center for Disease Control and Prevention, 2016; Qin, Rak, Rana, & Donnellan, 2012; Sen,

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2004). As the AA population has grown exponentially in the past decades (Pew Research Center, 2013), scholars and pundits alike have looked to AA parenting for clues to this paradox, with seemingly stern parenting styles, or “tiger parenting,” prompting ready criticism (Choi, Kim, Kim, & Park, 2013; Juang, Qin, & Park, 2013).

Yet, with over seventeen countries of origin, further diversified by distinct languages, ethnicities, and cultural histories represented among Asians in the U.S. (Pew Research Center, 2013), the heterogeneous ecological contexts of AAs confound attempts to formulate an overarching theory of AA parenting and youth development. Given the complexity of AA communities, a combination of emic and etic approaches can shed light on unique aspects of AA parenting that are different from Western parenting and additional distinct traits in respective subgroups. For example, using qualitative interviews and survey data, Choi and her team (e.g., Choi et al., 2018; Choi & Kim, 2010; Choi et al., 2013; Choi, Park, Lee, Kim, & Tan, 2017) found that both Korean American (KA) and Filipino American (FA) parenting reflected a unique blend of heritage culture, mainstream U.S. culture, and experiences of immigration and racial/ethnic minority status that is neither stereotypically Western nor Asian. However, despite the many similarities, the two groups differed at key junctures. For example, Choi et al. (2017) found that FA parents reported a higher degree of adherence to traditional values including gendered norms and practiced more parental control than did KA parents. Along similar lines, Russell, Crockett, and Chao (2010) have found multiple differences between Chinese American and FA youth, including different conceptions of parental warmth and support, as well as those of autonomy and parental control. Moreover, AA subgroups can significantly differ in developmental outcomes. Some subgroups of high school youth (e.g., Chinese, Korean, and Vietnamese) fare well academically and behaviorally, while others (e.g., Filipino, Cambodian, and multiracial) struggle (Choi, 2008). The differences are large and remain when accounting for parental socioeconomic status (SES). At the same time, high internalizing problems seem shared across communities; in particular, both KA and FA youth report higher rates of depression and suicidal behaviors than other AA youth subgroups (David, 2010; E. Kim & Cain, 2008). Young FA women are thought to be notably vulnerable to mental distress (David, 2010; Espiritu, 2003). These similarities and differences among AA subgroups raise the important question of how different parenting approaches may explain varying outcomes among subgroups of AA youth.

In a small but in-depth qualitative study ($N=16$), self-harming AA young adult women of Chinese, Korean, and Vietnamese descent (aged 18–35) reported being subject to disempowering parenting, collectively conceptualized as ABCDG (i.e., Abusive, Burdening, Culturally Disjointed, Disengaged, and Gender-Prescriptive) parenting (Hahm, Gonyea, Chiao, & Koritsanszky, 2014). Disempowering family processes such as ABCDG parenting led to lack of self-agency, “fractured identity,” and serious mental health issues among participants. As further discussed below, the authors’ typology can be mapped onto elements of parenting that have been found to be detrimental to AA youth development in the literature. Although generated by clinical samples, the concept of disempowering ABCDG parenting and its expansion may be useful for nonclinical community samples to discern traits of parenting that are harmful to youth mental health.

Disempowering Parenting

An emphasis on collectivism, interdependency, and priority of and duty to the family is a consistent thread that weaves through many AA cultures (Chao & Tseng, 2002; Choi et al., 2018; Yee, DeBaryshe, Yuen, Kim, & McCubbin, 2007). Family obligation, as measured by beliefs and attitudes around showing respect to one's family members, and supporting family members emotionally, fiscally, and with time, in the present or in the future, is often an important value of AA family processes (Choi, Park, et al., 2017; Sabogal, Marin, Otero-Sabogal, Marin, & Perez-Stable, 1987). Family obligation has been associated with greater psychological health (Campos, Ullman, Aguilera, & Dunkel Schetter, 2014; Fuligni & Pedersen, 2002; Juang & Cookston, 2009). However, the actual act of carrying out family obligations has also been associated with stress, depression, and anxiety (Lai, 2009; Telzer, Gonzales, & Fuligni, 2014). Furthermore, when family obligation was operationalized with measures of living up to parental expectations of academic or career achievement (Wang & Heppner, 2002), it was correlated with worry and psychological distress among AA students (Dundes, Cho, & Kwak, 2009; Saw, Berenbaum, & Okazaki, 2013). AA parenting, as in any culture's parenting, includes multiple traits that can be beneficial and instrumentally supportive of children's wellbeing (blinded for review), but can also include certain aspects that may be less constructive or even harmful. However, our current knowledge on AA parenting lacks specificity to pinpoint elements of parenting that may be associated with mental distress.

Disempowering parenting that embodies "abusive, burdening, culturally disjointed, disengaged, and gender prescriptive" domains were linked to AA participants' experiences of self-harming and suicidal behaviors (Hahm et al., 2014). The present study uses this concept of disempowering parenting and its subdomains (outlined below) as a conceptual guide to identify traits of parenting that may be harmful to young people's mental health.

Abusive parenting includes emotional, physical, and sexual abuse. *Disengaged* parenting refers to emotional neglect, or the failure of parents to validate their children's feelings and support them emotionally. Abuse and neglect are often treated as different nodes on the spectrum of child maltreatment (Cicchetti & Toth, 1993). What matters in particular for AA parenting is whether it is perceived as abusive and disengaged by their Americanized children. Relative to Western parenting, AA parenting can be viewed as more controlling, shaming, and emotionally distant, thus harsh (Choi, Kim, Pekelnicky, Kim, & Kim, 2017). In Kim et al.'s (2015) longitudinal study of Chinese Americans, 8% of mothers and 0% of fathers were reported to practice a "harsh" parenting style (i.e., high hostility, psychological control, shaming, and punitive parenting). "Tiger" parenting (i.e., harsh parenting coexistent with the positive parenting domains of warmth and monitoring) was more common than harsh parenting; 28% of mothers and 19% of fathers fit these profiles. Children of harsh and tiger parenting were more likely to be poorly adjusted both socioemotionally and academically than those who perceived their parents as having a "supportive" parenting style (i.e., low on negative parenting domains, high on positive parenting domains, 45% of mothers and 63% of fathers). Similarly, several other studies show that AA children benefit from parental warmth and are negatively affected by emotional distance and misunderstanding (Barongan, 2008; S. Y. Kim, Chen, Wang, Shen, & Orozco-Lapray, 2013;

S. Y. Kim & Ge, 2000). Thus, it is evident that abusive and disengaged parenting is deleterious to AA youth development. It is important to note, however, that the combined total of parents with harsh and tiger parenting styles was still lower than those with a supportive parenting style in Kim et al.'s (2015) study. These distributions indicate that while abusive and disengaged parenting behaviors can indeed be detrimental to children's mental health, they are neither specific to nor necessarily prevalent among AA parents.

Burdening parenting can span multiple domains. In Hahm et al.'s (2014) study, three were most prominent: financial, under which children feel pressure to repay parents for their investments in their future; academic achievement, by which children feel burdened to succeed academically themselves and/or marry someone with high academic achievements; and care, i.e., feeling obligated to care for their parents/elders as they age. Pressure to succeed academically is often cited as a main source of parent-child conflict and youth distress among AA families and have been examined as a form of psychological control (Frost, Marten, Lahart, & Rosenblate, 1990; Silk, Morris, Kanaya, & Steinberg, 2003; Soenens, Vansteenkiste, & Luyten, 2010). For example, youth may feel that parental affection is conditional on their academic performance (Soenens et al., 2010) or that they cannot satisfy high parental expectations (Silk et al., 2003). Moreover, one of the traits of familism that is common among AA families includes parental expectation of their children to make personal sacrifices to ensure harmony in the family (Choi et al., 2018). This type of pressure was described as burdensome among AA women with a self-harming history (Hahm et al., 2014).

Culturally Disjointed parenting (more commonly called intergenerational cultural conflict) refers to the acculturation gap between parents and children, and particularly, differing endorsements of cultural values such as respecting elders, parental authority, and personal sacrifice. Likely one of the most researched source of AA family conflict, intergenerational cultural conflict is frequently, though not always, associated with adolescent maladjustment among AAs (Lim, Yeh, Liang, Lau, & McCabe, 2008). A common hypothesis is that acculturation gaps result in parent-child conflict, which may lead to adolescent distress (Choi, He, & Harachi, 2008). Ying and Han (2007) found that child-perceived acculturation gaps in early adolescence predicted parent-child conflict in late adolescence, which in turn increased symptoms of depression. These findings echo others in the literature (Lui, 2015; Qin et al., 2012; Zhai, 2017).

Gender Prescriptive parenting involves strict parental expectations of their children to fulfill prescribed gender roles and behave in particular ways depending on their gender. Suárez-Orozco and Qin (2006) identify the myriad of ways in which immigrant origin youth navigate a gendered experience. Across ethnicities, girls face restrictive and controlling parenting, particularly around their sexuality and family obligations, which can serve as a protective factor but also contribute to intergenerational cultural conflict and parent-child conflict (Qin, 2006), especially between daughters and parents (Espiritu, 2003).

Filipino and Korean American Families

FAs and KAs are the third and fifth most populous communities of AAs in the U.S., respectively. Studying the similarities and critical differences between FAs and KAs offer unique opportunities to explore the intersection of immigration and ethnicity and its impact on family. These two subgroups share similar SES, diminishing a confounding class effect. However, the two groups notably differ in sociocultural histories and acculturation that may affect parenting. Ocampo (2014) details how successive colonization of the Philippines by Spain and the United States has left a lasting mark on Filipino culture. Most saliently, among AA groups, FAs are more assimilated to mainstream U.S. culture, characterized by fluency in English, residential integration, and pre-immigration acculturation, due to their colonial history. In contrast, Korean immigrants, while familiar with the U.S. through the latter's role in the Korean War and subsequent military presence, are often unfamiliar with U.S. culture and have limited English language skills prior to their immigration (Min, 2006), and have a heritage of Confucianism, Buddhism, and Taoism (Sung, 2010). KAs, especially immigrant adults, remain largely monolingual, socialize primarily with co-ethnics, and reside in areas of high KA concentration. In part due to FAs' familiarity with American culture, second generation FAs are significantly less likely than their KA counterparts to speak their mother tongue at home or live in ethnic enclaves (Oh & Min, 2011).

These differences may lead one to hypothesize that FA parents are more acculturated in family processes than KA parents but, as Choi et al. (2018) found, FA parents endorsed nearly all items of familism (e.g., centrality of family) more highly than did KA parents. FA parents scored higher on items that measured family obligation, respect for parents, and familial care expectations of daughters. This stronger emphasis on familism may have implications for how likely FA children are to perceive intergenerational cultural conflict in comparison to KA children. Alternatively, one can argue that KA families may experience greater intergenerational cultural conflict because of KA parents' tendency to stay largely mono-cultural. In addition, although Espiritu's (2001) exploration of restrictions and expectations of FA daughters parallels Son's (2006) narrative of KA women's subordinate role in their families, there is evidence that FAs may enforce more gendered norms (Choi et al., 2018; David, 2010; Espiritu, 2003). Most existing studies point to differences in characteristics of parenting but not in how parenting is associated with youth outcomes.

Present Study

Using the ABCDG parenting concept as a guide, this study's primary goal was to examine the relationships between subdomains of disempowering parenting and youth mental health outcomes, including depressive symptoms and suicidal ideation and behaviors. We first put together a set of scales, both existing and new, to map subdomains of disempowering parenting. We then examined concurrent and longitudinal associations between each subdomain of disempowering parenting and mental distress outcomes. Overall, we expected each subdomain to be negatively associated with mental health, concurrently as well as longitudinally, with the exception of burdening parenting. For example, high expectation and pressure may lead to poor mental health among children, if AA parents use negative parenting practices to promote their value of education, but such pressure may not be wholly

detrimental per se. For instance, the “immigrant ethos” of a strong aspiration for upward mobility and high expectations for children has been an important drive for success among immigrant groups. Lastly, we examined all subdomains simultaneously in multivariate analyses to see how they are associated when other subdomains are considered together. The last set of analyses was exploratory, although we expected abusive and disengaged parenting to be the most powerful of the subdomains, given its detrimental effect extensively established in the literature.

While a growing body of scholarship assesses the relationship between parenting and AA youth outcomes, examination between AA ethnicities remains rare. The present study evaluated the associations between disempowering parenting and youth mental distress among KA and FA families. This study does not imply that disempowering parenting is prevalent among AA families, nor a main feature of AA parenting. On the contrary, this study is one of the concerted efforts to debunk overgeneralizations and misconceptions of AA parenting that ignore important subgroup differences and to inform more tailored intervention approaches. In conducting an analysis within the larger rubric of AA communities but between specific AA ethnic groups, this study aims to delineate group-specific and shared aspects of AA parenting as a product of ethnic culture, immigration, and minority status that can explain a complex pattern of AA youth development. The results of this study can help isolate negative aspects of parenting among AAs that can ultimately help formulate bicultural parenting approaches that are helpful to youth development and reduce vulnerability to mental distress.

The original concept of disempowering ABCDG parenting was first established among AA women with a self-harming history. Thus, the use of large-scale community samples is one of the major contributions of this study. Our expansion and use of the concept as a guide among nonclinical populations can help establish a better understanding of disempowering parenting that may lead to mental health problems among community samples of AA youth. Identifying which elements of disempowering parenting are associated with youth mental distress (and differently or similarly across ethnic groups) has important research and clinical implications. For example, gendered parenting is found in minority families across ethnicities (Sabogal et al., 1987), but their associations with child maladaptation across AA samples remain understudied. The study’s examination of concurrent and longitudinal associations can inform the development of clinical tools for AAs, who are considered “hidden ideators” that often suffer alone and underreport symptoms of depression and suicide, making diagnosis and treatment difficult (Morrison & Downey, 2000). This study also significantly adds to the literature by highlighting nuances and specificities of AA parenting and further adding subgroup specific knowledge. These together can inform the development of effective clinical interventions to improve outcomes among AA families.

Methods

Overview of the Project

Data are from the Midwest Longitudinal Study of Asian American Families (MLSAAF) project, a survey of FA and KA youth and their parents living in a Midwestern metropolitan area. This study used the first two waves of the data. The first wave (W1) was collected in

2014 from 379 FA youth and 377 parents (365 families were parent-child dyads), and 410 KA youth and 414 parents (407 families were parent-child dyads) ($N = 1,580$). The second wave (W2) surveys were collected in 2016 with a retention rate of approximately 79% ($N = 1,212$). In the first wave, all participants resided in Midwest areas and were recruited from multiple sources, including phonebooks, public and private schools, ethnic churches/temples, ethnic grocery stores, and ethnic community organizations. This proactive outreach campaign continued until the project reached its target numbers (at least 350 families for each subgroup). A majority of the MLSAAF questionnaires, available both in paper and web survey formats, were collected in person (84% surveyed by bilingual interviewers at W1) and self-administered via website in W2. The questionnaires were available in English, Korean, and Tagalog. The English version of the survey was translated into Korean and Tagalog using a committee translation process in which multiple translators made independent translations of the same questionnaire and, at a consensus meeting, reconciled discrepancies and agreed on a final version. The initial version of the survey was pilot-tested with 682 samples of FA and KA youth and parents for psychometric properties and further revised for clarity before being administered to MLSAAF participants.

Sample Characteristics

At W1, the average age was 15.28 years ($SD=1.89$) for FA youth and 14.76 years ($SD=1.91$) for KA youth, with a larger proportion of high school students (78.69% FA and 75.25% KA) than middle school students. Gender distribution among youth was about equal (56.20% of FAs and 47.56% of KAs were girls). Seventy-one percent of FA and 58.29% of KA youth were U.S.-born, and the average years of living in the U.S. among those foreign-born was 8.47 ($SD= 4.24$) for FAs and 8.13 ($SD= 4.28$) for KAs. The average age of parents was 46.21 years ($SD=5.79$) for FAs and 45.32 years ($SD=3.76$) for KAs.

The participating parents were predominantly biological mothers (92.02% of FAs and 95.65% of KAs), foreign-born (90.43% of FAs and 98.55% of KAs) with an average of 21.38 years of living in the U.S. ($SD=11.01$) for FAs and 16.04 years ($SD=8.53$) for KAs, highly educated (88.56% of FA mothers and 83.09% of KA mothers having at least some college education either in the Philippines, Korea, or the U.S.), currently married (88.56% of FAs and 92.03% of KAs), and employed (87.23% of FA mothers and 64.69% of KA mothers). Approximately 20% of FA families and less than a quarter of KA families had received free/reduced-price school lunch. These demographic characteristics indicate that our study sample was comprised of highly educated middle-income families, which is consistent with FA and KA families in Census or national-level data such as Add Health.

Measures

A total of 44 items from the MLSAAF survey were selected to construct the subdomains of disempowering parenting as described below. This first round of selection served to establish face validity. In this process, abusive and disengaged parenting were combined because they fall into a category of child maltreatment and, moreover, items largely touched on both. Items were on an ordinal Likert scale, ranging from 1 to 5, if not specified otherwise.

Independent Variables: ABCDG Parenting

Abusive/Disengaged Parenting: Fourteen items from the Parental Acceptance-Rejection Questionnaire (PARQ, Rohner, 2004) were selected to assess abusive, punitive, harsh, and disengaged parenting. Example items include: “my mom punishes me severely when she is angry” and “my mom lets me know I am not wanted.” Two additional items were included that asked whether parents use physical punishment and embarrass/shame their child in front of others when they break rules. The latter items were added based on several focus group interviews that the research team conducted with FA and KA youth in which youth reported them as harsh (blinded for review). The response options for the last two items were binary (Yes and No).

Burdening Parenting: We first constructed two subscales to assess burdening parenting. The first was “harmony and sacrifice.” Three items were created based on several focus groups with FA and KA youth (blinded for review) to measure traditional values of familial expectations to sacrifice individual desires for the sake of family and community. The second burdening parenting subscale was pressure to succeed. Items from four studies or measures (Frost et al., 1990; Grolnick, Ryan, & Deci, 1991; Silk et al., 2003; Soenens et al., 2010) were used to assess parental pressure to succeed. Examples include: my mother “shows she loves me less if I perform poorly” and “pressures me to go to a top college.”

Culturally Disjointed Parenting: Ten items of the Asian American Family Conflict scale (Lee, Choe, Kim, & Ngo, 2000) were used to measure intergenerational cultural conflict between children and their parents. Examples include: “Your parents expect you to behave like a proper Korean male or female, but you feel your parents are being too traditional.” Although culturally disjointed parenting is the same as intergenerational cultural conflict, we kept the wording of the original ABCDG model as it served as our conceptual guide.

Gender Prescriptive Parenting: Four items from several studies of FA families (de Guzman, 2011; Espiritu, 2003; Nadal, 2011; Wolf, 1997) were selected to assess parental gendered expectations, in particular toward girls. Examples include “My parents think that girls should not date while in high school.”

Because some of the items or scales were new, we ran several psychometric tests before proceeding to regression analyses. First, we examined inter-correlations (i.e., Cronbach-alpha), item-total correlations, and confirmatory factor analyses (CFA), for FAs and KAs, respectively. We ran single-factor CFA models for each scale and a multi-factor CFA model that includes all scales together. During the measurement model fitting, pressure to succeed was divided into (1) conditional affection and (2) insatiable expectation. The scales are presented in Table 1 with measurement fit indices (not provided for scales with three items or less), α , and factor loadings. Each subdomain scale showed acceptable to high reliability with Cronbach’s α ranging from .60 to .96. The fit indices were mostly fair to excellent for each subgroup. Finally, we ran measurement invariance testing. All of the measures achieved configural and metric invariance across FA and KA groups and were ready to move to the next steps. Although it would have been ideal to have two different datasets for measurement testing and subsequent regression analyses, the MLSAAF pretest did not include existing,

well-established measures because its main purpose was to test new and underused measures.

Control Variables

The study included six youth-reported and one parent-reported control variables. Youth-report controls were age, gender (0=male, 1=female), ethnicity (0=FA, 1=KA), nativity (0=foreign born, 1=U.S. born), perception of family socio-economic status ranging from 1(lower class) to 5 (upper class), and general health from 1 (very poor) to 5 (very good). The parent-report control was depressive symptoms of parents in the week prior to the survey measured by 20 items, such as, "I thought my life had been a failure" (Hann, Winter, & Jacobsen, 1999) ($\alpha = .85$ for FA and $\alpha = .90$ for KA). These variables (e.g., older age, female gender, U.S.-born, poverty, health problems, and parental mental health problems) were controlled because they have been shown to be associated with higher mental health problems among youth.

Dependent Variables: Mental Health Outcomes

Depressive symptoms: Fourteen items from the Children's Depression Inventory (Angold, Costello, Messer, & Pickles, 1995) assessed depressive symptoms of children for two weeks prior to the survey. Example questions include: "I didn't enjoy anything at all" and "I felt I was a bad person." ($\alpha = .94$ for FA and $\alpha = .93$ for KA)

Suicidal ideation and behaviors: To measure suicidal ideation and attempts, participants were asked if they seriously have thought about committing suicide or actually attempted suicide in the 12 months prior to the survey. The response options were yes or no.

Analysis Steps

While accounting for control variables, the established subdomains of ABCDG parenting were regressed on each mental health outcome. The associations were examined concurrently (predictors and outcomes from W1) and longitudinally (W1 predictors and W2 outcomes). This time-lagged model examines whether disempowering parenting at W1 can predict mental distress at W2. We examined another longitudinal model that accounts for the same outcome from W1, because a prior level of outcomes is one of the strongest predictors of developmental outcomes (Moffitt, 1993). If the associations are significant in the second longitudinal model, it means that predictors explain later mental distress above and beyond the effect of prior level of mental distress. If predictors show significant association in the first longitudinal model but not in the second, it shows mainly concurrent associations and that the predictors' lasting influence is mediated by earlier outcomes. The second longitudinal model is also equivalent to regressing on a change of an outcome from W1 to W2, i.e., a residual change model that examines whether predictors contribute to a change in outcomes over time. We did not have the same set of disempowering parenting predictors at W2. If so, we could have run a change-model to examine whether a change in the outcome from W1 to W2 can be explained by a change in predictors from W1 to W2.

Using STATA v.15, the Ordinary Least Squared (OLS) was used for a continuous outcome (i.e., depressive symptoms) and logistic regressions for binary outcomes (i.e., suicidal

ideation and attempt).¹ Each of the subdomains was initially run individually along with the controls. In the final model, all subdomains were regressed together. The rate of missing data was less than 1% in W1 data and less than 2% in W2, which did not warrant missing data imputations.

Results

Descriptive Statistics

Tables 2, 3 and 4 summarize descriptive statistics of the study variables including mental distress outcomes by ethnicity and gender. In Table 2, subgroup differences at the .05 level are reported in the last column of the table. FA girls reported higher burdening_pressure to succeed_insatiable expectation (B3), culturally disjointed (CD), and gender prescriptive (GP) parenting than FA boys and sometimes KAs. FA girls also reported higher depressive symptoms at W2 and suicidal ideation than other groups. Notable were the rates of suicidal ideation among FA girls (12.44%) and KA girls (10.36%) in W1, which went up to nearly 17% in W2. Depressive symptoms were continuous variables and included in the pairwise correlations with the main independent variables in Table 2. With the exception of burdening_harmony and sacrifice (B1), abusive and disengaged (A/D), burdening_pressure to succeed_conditional affection (B2), B3, CD, and GP were positively correlated with depressive symptoms at both waves. Unlike other domains, B1 was in fact negatively correlated with depressive symptoms at both waves. Table 4 shows the rates of disempowering subdomains by yes or no responses to the binary dependent variables and significant differences by *t*-test. The overall pattern was as expected, i.e., those who reported suicidal ideation or behaviors also reported significantly higher A/D, B2, B3, CD, and GP parenting.

Regressions Models

While accounting for control variables, the ABCDG subdomains were individually regressed on each dependent variable.² The findings are summarized in Table 5. We did not report the

¹This study used regressions and not a latent variable framework (e.g., Structural Equation Modeling (SEM)). There were several reasons for this decision. First, the study was mainly interested in examining direct associations, not mediations for which SEM could have been a better option. Secondly, the size of variances of mental distress, in particular suicidal ideations and behaviors, tends to be small. Thus, although this study has sizable sample sizes, we were not able to run regressions on suicidal attempts. Moreover, this study was interested in testing moderations by ethnicity and by ethnicity×gender (reported in footnote). In SEM, moderation is tested in multiple-group analyses. In that case, the variance of outcome variables in each subgroup (e.g., FA girls, FA boys, KA girls and KA boys) becomes too small to generate meaningful results or for models to properly converge.

²**Interactions:** For each subdomain, we examined the associations by ethnicity and gender, respectively (2-way interactions), and further by ethnicity and gender together (3-way interactions). As described earlier, we did not expect significant moderation effects but we wanted to explore in particular whether FA girls who have shown high mental distress are more vulnerable to any of the disempowering parenting traits than other groups. To the regression models in which each of the subdomains was run individually, two two-way interaction terms (predictor×ethnicity and predictor×gender) were added to examine whether the associations vary by ethnicity and by gender. In the next step, three-way interaction terms (predictor×ethnicity×gender) were added to examine whether the associations vary across FA boys, FA girls, KA boys, and KA girls. Significant interactions were further analyzed for significant difference between slopes, following guidelines by Dawson and Richter (2006). Although interactions terms were largely non-significant, there were a few significant interactions that may suggest heightened vulnerability among subsamples. For example, women were more susceptible to the negative impact of A/D parenting ($\beta = .41, p < .001$ for girls and $\beta = .34, p < .001$ for boys) and B2: Pressure to Succeed—Insatiable Expectation ($\beta = .24, p < .001$ for girls and $\beta = .05, p > .05$ for boys). The longitudinal impact of negative parenting also varied, in which KA women's sensitivity to pressure to succeed ($\beta = .64, OR = 1.90, p < .05$) and FA men's to cultural conflict ($\beta = 1.83, OR = 6.24, p < .05$) were particularly pronounced. Gender Prescriptive parenting, while equally negative among all ethnicity and gender groups, did show a lasting impact on women, albeit at the .10 level. These findings should be further analyzed for clinical implications.

coefficients of control variables because they were largely similar but varied only slightly across models for each dependent variable. The regression results for suicidal attempts were excluded because of the small samples who reported the suicidal behaviors (i.e., $n=8$ in W1 and $n=11$ in W2). All ABCDG subdomains but B1 generally predicted mental health problems among FA and KA youth. More specifically, A/D, B2, B3, CD, and GP were predictive of higher depressive symptoms concurrently ($\beta = .38, p < 0.001, \beta = .23, p < 0.001, \beta = .26, p < 0.001, \beta = .34, p < 0.001, \text{ and } \beta = .14, p < 0.001$, respectively) and longitudinally ($\beta = .23, p < 0.001, \beta = .14, p < 0.01, \beta = .16, p < 0.001, \beta = .20, p < 0.001, \text{ and } \beta = .09, p < 0.05$, respectively). When depressive symptoms at W1 were accounted for, A/D remained significant ($\beta = .10, p < 0.05$), showing that it significantly predicted a longitudinal increase of depressive symptoms.

A/D, B2, B3, and CD (OR = 12.35, $p < 0.001$, OR = 1.48, $p < 0.01$, OR = 1.64, $p < 0.01$, and OR = 2.11, $p < 0.001$, respectively), but not B1 and GP, concurrently predicted more suicidal ideation. A/D and B2 (OR = 4.30, $p < 0.01$, OR = 1.36, $p < 0.01$) longitudinally predicted suicidal ideation. Only A/D significantly predicted an increase in suicide ideation at W2 (OR = 3.03, $p < 0.05$). B1 did not significantly predict more mental health problems and in fact, although at $p = .060$ ($\beta = -.07$), less depressive symptoms.

Full Model

Presented at the lower part of Table 5, when the control variables and all subdomains were regressed together, A/D and CD remained significant on depressive symptoms concurrently ($\beta = .26, p < 0.001; \beta = .16, p < 0.001$) and longitudinally ($\beta = .17, p < 0.001, \beta = .10, p < 0.1$). When prior depressive symptoms were added, A/D and CD became non-significant. A/D and CD were also significantly associated with higher suicide ideation at W1 ($\beta = 1.66, p < 0.01; \beta = .53, p < 0.5$) but not at W2.

Discussion

Despite high diversity among AA subgroups, they are often considered in a monolithic manner. More research is being conducted to discern meaningful differences and similarities in areas like family processes, socioeconomic experiences, and health/mental health outcomes. An enhanced understanding of an overarching AA culture as well as subgroup specific knowledge can inform a development of tailored thus more efficient interventions. Although our current efforts remain descriptive and exploratory, research efforts such as this study will establish empirical data to build and strengthen theoretical underpinnings to better understand and better serve diverse groups of AAs.

This study found that, after accounting for several significant control variables, and with the exception of the Burdening, Sacrifice for Harmony factor, disempowering parenting subdomains that are an extension of the ABCDG parenting concept had an extensive, adverse, mostly concurrent, but often lasting relationship with depressive symptoms and suicidal ideation among the community samples of FA and KA adolescents.

Abusive/Disengaged Parenting.—Among the six subdomains of ABCDG parenting, Abusive/Disengaged parenting had the most severe association with poor mental health and

had a longitudinal association with suicidal ideation. This finding aligns with the extensive literature on child maltreatment. Its robust association, nonetheless, is notable. Abusive/Disengaged parenting also remained significant when all subdomains were accounted for together and was adverse for the full sample and by subgroups when examined for interactions by ethnicity or gender, or ethnicity and gender together. This extensive negative association is a clear indication that abusive and disengaged parenting behaviors are distinct from AA parenting, i.e., directive parental control but practiced with reasoning, and less expressive but supportive parenting (Chao & Tseng, 2002; Choi & Hahm, 2017) which have not been associated with poor mental health among youth.

Burdening Parenting.—Parental pressure to succeed is one of the signature traits of AA parenting. This study supports the sustained, burdening, and detrimental effect of pressure to succeed, in the form of insatiable expectations and conditional parental affection. Excessive parental expectations, as well as a mismatch between expectation and performance, have often been associated with anxiety, stress, and suicidal ideation (Dundes et al., 2009; Saw et al., 2013; Wang & Heppner, 2002). This study adds, however, that when Abusive/Disengaged parenting is accounted for, the negativity of Burdening Parenting is diminished, suggesting that the pressure to succeed in and of itself may not be as detrimental as when coupled with Abusive/Disengaged parenting.

Unexpectedly, participants' endorsement of harmony and sacrifice for the family (i.e., Burdening, Sacrifice for Harmony) was negatively correlated with depressive symptoms. As discussed earlier, this finding suggests that children who endorse harmony and sacrifice for the family may not perceive sacrificing their own desires for the sake of harmony and the greater good as burdensome (Okazaki & Abelmann, 2018). Moreover, their prioritization of family, others, and the greater good may even be a protective factor for their mental wellness. Although this scale was somewhat limited with a low alpha among FAs, there is support for these results in the extant literature. Qualitative studies by Wu and Chao (2017) and Kang and Shih (2018) among Chinese American adolescents and KA emerging adults found, respectively, that participants perceived their parents' sacrifice for them as their way of expressing love and affection, and that endorsing harmony with and sacrifice for their parents was a means of returning this love and fostering closeness in the relationship. In a parallel analysis with samples of Korean adolescents in South Korea, similar ABCDG scales were constructed. However, in contrast to the present study, Burdening, Sacrifice for Harmony was positively correlated with other aspects of ABCDG subdomains and further showed negative relationships to mental health. These findings together highlight the significant role of context for the development of culturally diverse children of immigrants. Extant research on immigrant families in the U.S. finds aspects of enculturation a protective factor for immigrant, cultural minority adolescents (e.g., Birman, Trickett, & Vinokurov, 2002; Choi, Tan, Yasui, & Pekelnicky, 2014; Tseng & Fuligni, 2000). The contrasting findings between immigrant adolescents in the U.S. and nonimmigrant counterparts in South Korea may suggest that a cultural trait perceived as burdensome in the country of origin may become protective in an immigrant context under the rubric of enculturation. It is noted, however, that this pattern was not extensive, as other cultural traits such as gendered norms

were detrimental in both contexts. Additional research is warranted to identify specific family processes in which such a change occurs for some traits but not others.

Culturally Disjointed parenting.—A strong foundation of research supports the present study's empirical findings on the negative effects of Culturally Disjointed parenting and associated intergenerational conflict. Here, corroborating extant research, Culturally Disjointed parenting remained significant after all subdomains were collectively considered. Although a natural product of immigration and ethnicity, a bicultural familial environment in which core family values and traditional parenting behaviors persevere may be a source of intergenerational cultural conflict that is associated with increased vulnerabilities for youth. Such findings raise essential questions such as whether the inconsistency exhibited by FA parents (i.e., high acculturation in some domains like language and residential assimilation, with high enculturation in traditional family values) is a source of culturally disjointed parenting and family stress and if so, how it can be reconciled.

Gender Prescriptive parenting.—Gender Prescriptive parenting had a negative association with mental health. It is noted that despite its independent association with mental health, Gender Prescriptive parenting became non-significant in the full model. It is possible that Gender Prescriptive parenting is often a source of intergenerational cultural contention between parents and youth. Thus, although a mediation model was not explicitly tested, it is possible that the negativity of gendered parenting may be absorbed in parent-child cultural conflict in the full model. Nevertheless, the present study supports findings of gendered parenting and possible negative effects from Choi et al.'s (2018) study of FA and KA youth.

Our findings on depressive symptoms are noteworthy. ABCDG parenting (except for Burdening, Sacrifice for Harmony) was predictive of higher depressive symptoms concurrently and longitudinally. This may suggest the utility of measuring ABCDG parenting to predict depressive symptoms. Alternatively, the higher incidence (or variance) of depression in our samples may have led to more significant findings. Conversely, suicidal ideation and suicide attempts were low and did not vary significantly between FA and KA women in either W1 or W2. However, suicide ideation significantly increased for both groups of women from W1 to W2. This may be in part because they were older, as suicidal ideation increases with age. However, it was intriguing that the same was not true for men.

The findings on interactions across subgroups were largely non-significant, as expected, and can be an indication that the negative influence of ABCDG parenting is overall detrimental to youth regardless of ethnicity and gender, or ethnicity and gender considered together. However, it was notable that Gender Prescriptive parenting was negatively and equally associated with adolescent boys' mental health. Although gendered norms are typically conceptualized as more restrictions toward girls, research shows that gendered norms tend to place less restrictions on boys, possibly incurring risk for problem behaviors (Espiritu, 2003). This study shows that such gendered norms can also bring about mental health problems to both genders, and the pathways by which this happens merits further investigation.

A history of depressive symptoms and suicidal ideation was a powerful predictor for later depression and suicidal ideation. Parenting variables did not predict later mental health when prior mental health was accounted for. This may suggest that the role of parenting is likely more contemporaneous. Although one may attribute this finding to a limited timeframe in which depressive symptoms were assessed (i.e., within 2 weeks prior to the survey), suicidal ideation was more extensive in time (i.e., a year) and showed a similar pattern. Thus, it seems more plausible to conclude that the lasting role of parenting may be primarily mediated by prior mental health outcomes. The equivalent measures of ABCDG parenting in W2 would have helped clarify the associations but unfortunately, we did not have them. Nevertheless, this finding highlights the lasting pattern of mental health problems and the importance of prevention.

The results of this study confirmed the vulnerability of FA women. They reported higher means of pressure to succeed in the form of insatiable expectation, intergenerational cultural conflict, and gendered norms in the family, and higher mental distress. Given the findings of largely non-significant interaction terms, FA women's vulnerability can be explained by a higher mean of practicing some facets of disempowering parenting toward FA daughters in the family.

Conclusion

The ABCDG framework has been incorporated in culturally specific interventions to treat depression and prevent suicidal behaviors among young AA women, such as the AWARE intervention (<https://www.bu.edu/awship/>). This study supports a wider application of the ABCDG framework.

The increased presence of Asian immigrants in the U.S. warrants a better understanding of which elements of AA parenting correlate with adolescent mental health outcomes. The present findings strengthen scholarship revealing large commonalities in parenting values and behaviors across AA groups, but also highlight different ways in which AA youth are affected by those values and behaviors. The continuous process of acculturation impacts AA family process in variable ways, and understanding the specificities of different AA subgroup family processes will be beneficial to addressing the disparate outcomes of psychological health among AA adolescents. Further research is needed to understand the pathways of mental health distress, and the ABCDG profile offers a foundational framework towards that end.

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Highlights

Guided by the concept of ABCDG (Abusive, Burdening, Culturally Disjointed, Disengaged, and Gender Prescriptive) parenting, this study investigated how subdomains of disempowering parenting adversely influence young people's mental health, independently and collectively, using a large-scale longitudinal survey data of community samples among Filipino American (FA) and Korean American (KA) youth. This study demonstrated how each aspect of ABCDG parenting has an extensive, adverse and often lasting impact on depressive symptoms and suicidal ideations. Moreover, we found that the adverse impact largely did not vary across ethnicity and gender. For example, the negative impact of gendered norms was also harmful to boys. The equally negative and significant impact on boys is noteworthy as it indicates that gendered norms that are restrictive toward girls are equally harmful to boys. The three-way interaction tests indicated that the higher rates of problems among Filipino girls are likely due to the higher rate of the predictors such as gendered norms in the family, not because the predictors have stronger impact on Filipino youth. This finding highlights that the harmful impact of gendered socialization in Asian American families should be targeted for intervention in a culturally appropriate way.

[Table 1]

Disempowering Parenting Scales

	Factor Loadings		
	FA	KA	KA
Abusive/Disengaged	0.89	0.84	0.89
α	0.89	0.84	0.89
$\chi^2(df)$	337.66 (104)	248.75 (104)	248.75 (104)
CFI	0.86	0.89	0.89
RMSEA	0.08	0.08	0.049
	0.53	0.51	0.51
	0.58	0.54	0.54
	0.62	0.56	0.56
	0.61	0.55	0.55
	0.42	0.44	0.44
	0.49	0.48	0.48
	0.65	0.63	0.63
	0.55	0.51	0.51
	0.64	0.56	0.56
	0.42	0.43	0.43
	0.65	0.61	0.61
	0.60	0.60	0.60
	0.59	0.50	0.50
	0.50	0.46	0.46

What do your parents do when you do not follow the rules that they have set? For example, rules on homework or schoolwork, how much you spend time with friends, or use of computer and cellphones and such that we talked about earlier. Please read each of the following items carefully and mark your answer.

Uses physical punishment (e.g. lightly hitting on the wrist or back, pinching)
 Embarrasses/shames you in front of others (e.g. spanking, slapping, hitting with bare hands)

Burdening 1_Harmony & Sacrifice

How much do you agree with the following statements?

It is important to ensure harmony with family at the expense of my own desires.
 It is important to ensure harmony with others at the expense of my own desires.
 It is important to sacrifice individual(s) for the greater good

0.38 0.33
 0.47 0.26
0.71 0.60

		Factor Loadings		
		EA	KA	KA
Burdening 2_Pressured to Succeed - Conditional Affection				
<i>How well do the following statements describe your parents?</i>				
My mother shows she loves me less if I perform poorly.				
My mother only shows her love if I get good grades.				
My mother is proud of me only if I perform well on exams.				
Burdening 3_Pressured to Succeed - Insatiable Expectation				
<i>How well do the following statements describe your parents?</i>				
My mother pressures me to go to a top college.				
My mother gets upset when I don't do well in school.				
When I get a poor grade, my mother makes me feel guilty				
My mother says my other grades should be as good, when I get a good grade.				
My mother wants me to be THE best at everything.				
My mother has higher expectations for my future than I have.				
I never felt like I could meet my mother's standards.				
<i>Think about what your parents do on the following school-related matters. How often do your parents do the followings?</i>				
Your parent punish if your grades are down				
Culturally Disjointed				
<i>Think about whether and how you and your parents have disagreements on things. How often do the following situations occur in your family.</i>				
Your parents tell you what to do with your life, but you want to make your own decisions.				
Your parents tell you that a social life is not important at your age, but you think that it is.				
You have done well in school, but your parent's academic expectations always exceed your performance.				
Your parents want you to sacrifice personal interests for the sake of the family, but you feel this is unfair.				
Your parents always compare you to others, but you want them to accept you for being yourself.				
Your parents argue that they show you love by housing, feeding, and educating you, but you wish they would show more physical and verbal signs of affection.				
Your parents don't want you to bring shame upon the family, but you feel that your parents are too concerned with saving face.				
Your parents expect you to behave like a proper Korean male or female, but you feel your parents are being too traditional.				
α		0.78	0.83	0.83
α		0.84		0.96
χ²(df)		136.23 (20)		191.86 (20)
CFI		0.88		0.87
RMSEA		0.12		0.15
		0.58		0.64
		0.73		0.80
		0.74		0.81
		0.77		0.69
		0.49		0.46
		0.57		0.65
		0.54		0.55
α		0.60		0.65
α		0.89		0.84
χ²(df)		94.50 (35)		122.08 (35)
CFI		0.96		0.93
RMSEA		0.07		0.08
		0.62		0.55
		0.60		0.53
		0.63		0.62
		0.74		0.64
		0.76		0.65
		0.78		0.67
		0.78		0.73
		0.68		0.64

You want to state your opinion, but your parents consider it to be disrespectful to talk back.

Your parents demand that you always show respect for elders, but you believe in showing respect only if they deserve it.

Gender Prescriptive

How much do the following apply to your parents?

My parents think that girls should not date while in high school.

My parents think that girls should not stay out late.

My parents think that girls should live with their parents until married.

My parents think that girls should not express negative feelings like anger.

		Factor Loadings	
		FA	KA
		0.65	0.66
		0.43	0.30
α		0.89	0.84
$\chi^2(df)$		9.15 (2)	4.53 (2)
CFI		0.98	0.99
RMSEA		0.10	0.06
		0.63	0.58
		0.75	0.66
		0.63	0.59
		0.55	0.53

Note: The fit indices for multi-factor CFA models were CFI = .86, RMSEA = .050, $\chi^2(df)=1,743.36$ (887), $p<.000$ for FA and CFI = .87, RMSEA = .046, $\chi^2(df)=1,650.58$ (887), $p<.000$ for KA.

[Table 2]

Descriptive Statistics of the Study Variables

Variables	Filipino Americans			Korean Americans		Sig Diff at $p < .05$
	All FAs	FA Female (FF)	FA male (FM)	All KAs	KA Female (KF)	
Subgroups						
Sample Sizes (<i>n</i>)	379	214	165	410	195	215
U.S.-Born (%)	71.24%	70.56%	72.12%	58.29%	56.41%	60.00%
Perceived SES	3.05 (0.71)	3.08 (0.59)	3.13 (0.52)	3.10 (0.56)	3.02 (0.69)	3.05 (0.71)
Baseline Age	14.74 (1.88)	15.46 (1.78)	15.05 (2.00)	15.28 (1.89)	14.79 (1.94)	14.74 (1.88)
General Health	3.95 (0.84)	4.07 (0.71)	4.12 (0.83)	4.09 (0.76)	3.96 (0.74)	3.95 (0.84)
Parental Depressive symptoms	1.55 (0.39)	1.36 (0.34)	1.36 (0.30)	1.36 (0.32)	1.55 (0.41)	1.55 (0.39)
Abusive/Disengaged	0.37 (0.24)	0.38 (0.25)	0.33 (0.28)	0.36 (0.26)	0.35 (0.25)	0.37 (0.24)
Burdening 1_Harmony & Sacrifice	3.78 (0.62)	3.85 (0.68)	3.76 (0.68)	3.81 (0.68)	3.83 (0.65)	3.78 (0.62)
Burdening 2_Pressured to Succeed – Conditional Affection	1.73 (0.86)	1.89 (1.02)	1.92 (1.00)	1.90 (1.01)	1.70 (0.86)	1.73 (0.86)
Burdening 3_Pressured to Succeed – Insatiable Expectation	2.79 (0.84)	2.99 (0.90)	3.06 (0.87)	3.02 (0.89)	2.59 (0.91)	2.79 (0.84)
Culturally Disjointed	2.40 (0.79)	2.71 (0.90)	2.46 (0.91)	2.60 (0.91)	2.33 (0.78)	2.40 (0.79)
Gender Prescriptive	2.53 (0.84)	3.13 (0.94)	2.75 (0.93)	2.97 (0.95)	2.79 (0.84)	2.53 (0.84)
Depressive symptoms (W1)	1.77 (0.69)	1.94 (0.78)	1.64 (0.70)	1.81 (0.76)	1.86 (0.77)	1.77 (0.69)
Depressive symptoms (W2)	1.76 (0.74)	2.08 (0.84)	1.61 (0.68)	1.89 (0.82)	2.20 (0.88)	1.76 (0.74)
Suicide Ideation (W1) [<i>n</i> (%)]	38 (10.27%)	26 (12.44%)	12 (7.45%)	39 (9.38%)	20 (10.36%)	19 (9.05%)
Suicide Ideation (W2) [<i>n</i> (%)]	35 (12.59%)	27 (16.36%)	8 (7.08%)	41 (12.73%)	26 (16.99%)	15 (8.88%)
Suicide Attempt (W1) [<i>n</i> (%)]	5 (1.36%)	4 (1.91%)	1 (0.63%)	3 (0.75%)	3 (1.56%)	0 (0.00%)
Suicide Attempt (W2) [<i>n</i> (%)]	3 (1.08%)	3 (1.82%)	0 (0.00%)	8 (2.48%)	4 (2.61%)	4 (2.35%)

[Table 3]
 Descriptive Statistics: Means and intercorrelations among ABCDG subdomains and depressive symptoms

FA\KA	1	2	3	4	5	6	7	8
1 Abusive/Disengaged		-0.14**	0.47***	0.48***	0.56***	0.20***	0.34***	0.17**
2 Burdening 1_Harmony & Sacrifice	-0.17		-0.07	-0.03	-0.13**	0.07	-0.08	-0.04
3 Burdening 2_Pressured to Succeed – Conditional Affection	0.43***	0.02		0.55***	0.49***	0.24***	0.23***	0.08
4 Burdening 3_Pressured to Succeed – Insatiable Expectation	0.44***	0.10	0.53***		0.61***	0.28***	0.22***	0.07
5 Culturally Disjointed	0.54***	0.03	0.47***	0.61***		0.34***	0.31***	0.19***
6 Gender Prescriptive	0.16**	0.24***	0.23***	0.34***	0.36***		0.09	0.08
7 Depressive Symptoms (Wave 1)	0.52***	-0.13*	0.26***	0.32***	0.46***	0.13*		0.44***
8 Depressive Symptoms (Wave 2)	0.36***	-0.03	0.23***	0.26***	0.30***	0.17**	0.52***	

 $p < 0.001$,

**
 $p < 0.01$,

*
 $p < 0.05$,

+
 $p < 0.1$

Above the diagonal are correlations for FAs and below for KAs.

[Table 4]
 Descriptive Statistics: Proportions and crosstabs among ABCDG subdomains, suicidal ideation and attempts

Variables	Suicide Ideation (Wave 1)		Suicide Ideation (Wave 2)		Suicide Attempts (Wave 1)		Suicide Attempts (Wave 2)	
	Yes ¹	No ²	Yes ¹	No ²	Yes ¹	No ²	Yes ¹	No ²
Abusive/Disengaged	0.52	0.34 ^{***}	0.45	0.36 [*]	0.52	0.36 ⁺	0.36	0.37
Burdening 1_Harmony & Sacrifice	3.71	3.81	3.80	3.81	3.92	3.80	3.85	3.81
Burdening 2_Pressured to Succeed – Conditional Affection	2.15	1.76 ^{***}	2.04	1.74 ^{**}	2.08	1.79	1.52	1.79
Burdening 3_Pressured to Succeed – Insatiable Expectation	3.18	2.81 ^{***}	3.00	2.82 ⁺	2.95	2.85	2.52	2.85
Culturally Disjointed	3.02	2.42 ^{***}	2.68	2.44 [*]	2.86	2.48	2.39	2.47
Gender Prescriptive	2.93	2.78	2.99	2.76 [*]	2.84	2.80	3.21	2.78 [*]

^{***} $p < 0.001$,

^{**} $p < 0.01$,

^{*} $p < 0.05$,

⁺ $p < 0.1$ ³

¹ Mean of the variable for those who responded yes to the outcome variable

² Mean of the variable for those who responded no to the outcome variable

³ Asterisks show the significant mean difference of the variable between those who responded yes or no to the outcome variable

[Table 5]

Regression Results

	Depression (β)			Suicide Ideation (Odds Ratio)		
	W1	W2	Wave	W1	W2	Wave
<i>Individual Regression Models for Each Subdomain</i>						
Abusive/Disengaged (AID)	0.38***	0.23***	0.10*	12.35***	4.30**	3.03*
Burdening_Harmony & Sacrifice (B1)	-0.07 ⁺	-0.01	0.00	0.89	0.98	0.91
Burdening_Conditional Affection (B2)	0.23***	0.14**	0.05	1.48**	1.36*	1.27 ⁺
Burdening_Insatiable Expectation (B3)	0.26***	0.16***	0.07 ⁺	1.64**	1.31 ⁺	1.20
Culturally Disjointed (CD)	0.34***	0.20***	0.07 ⁺	2.11***	1.33 ⁺	1.15
Gendered Prescriptive (GP)	0.14***	0.09*	0.01	1.25	1.21	1.11
<i>Full Regression Model with all Subdomains</i>						
<i>Controls</i>						
Age	0.19***	0.08	0.00	1.07	0.92	0.92
Ethnicity	0.05	0.08	0.06	1.08	0.92	1.08
Gender	0.12***	0.24***	0.20***	1.57	2.28**	2.11***
Nativity	0.09**	0.01	-0.03	1.22	0.87	0.86
Family SES	-0.06	-0.06	-0.03	0.91	0.60*	0.64
General Health	-0.17***	-0.15***	-0.08***	0.95	0.94	0.98
Parental Depressive Symptoms	-0.01	0.02	0.03	0.92	1.32	1.49
Wave 1 outcome			0.47***			5.80***
<i>ABCDG Parenting</i>						
Abusive/Disengaged	0.26***	0.17**	0.07	5.17**	10.76	2.25
Burdening_1_Harmony & Sacrifice	-0.03	0.14	0.01	0.96	1.53	0.94
Burdening_2_Conditional Affection	0.01	-0.01	-0.00	0.99	1.13	1.14
Burdening_3_Insatiable Expectation	0.04	0.03	0.04	1.03	1.04	1.05
Culturally Disjointed	0.16***	0.10**	0.02	1.70*	1.00	0.88
Gendered Prescriptive	0.01	0.00	-0.02	0.92	1.06	1.04

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 $p < 0.001$,
**
 $p < 0.01$,
*
 $p < 0.05$,
+
 $p < 0.1$

I: Coefficients for control variables are not included because they remained largely the same.