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Minority Stress, Parenting Styles, and Mental Health in Brazilian Homosexual Men

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ABSTRACT

Homosexual men are constantly exposed to prejudice and violence in Brazil. The aim of this study was to investigate the relationship between minority stress, parenting styles, and indicators of mental health problems in a sample of homosexual men. Method: quantitative, cross-sectional, correlational, and retrospective design. Participants were 101 Brazilian men who selfidentified as homosexuals, aged between 18 and 55 years. Results: concealing sexual identity was a predictor of depression and stress. Parental responsiveness was associated with a lower incidence of enacted stigma and depression. Conclusions: the mental health of homosexual men can be negatively affected by the need to conceal their sexual orientation. Parental responsiveness is a protective factor in terms of experiencing enacted stigma and depression. The results found in the study may be useful for counselors and social workers who are working with LGBT people and their families.

KEYWORDS

Homosexuality; homosexual men; LGBT; sexual minority; minority stress; parenting styles; mental health

In recent decades, ideas about homosexuality in Western society have changed gradually and significantly (Clarke, Ellis, Peel, & Riggs, 2010; Goldblum, Pflum, Skinta, Evans, & Balsam, 2016; Herek & Garnets, 2007; Kite & Bryant-Lees, 2016). National and international legislation has condemned all forms of prejudice and contributed to guaranteeing the rights of homosexuals (Gato, Fontaine, Leme, & Leme, 2015). However, manifestations of intolerance continue, and discrimination against this group differs considerably between countries (Barrientos, 2016; Jackle & Wenzelburger, 2014; Kite & Bryant-Lees, 2016). In Brazil, despite the civil rights afforded to sexual minorities and extensive public debate on the issue, non-heterosexuals continue to experience prejudice and violence as a result of their sexual orientation (Freire & Cardinali, 2012; Secretaria de Direitos Humanos, 2016).

In 2012, data were published on the nature of violence perpetrated against lesbians, gays, bisexuals, transvestites, and transsexuals (LGBT) in Brazil.

A total of 3,084 reports were lodged on 9,982 violations, involving 4,851 victims and 4,784 suspects. The data revealed that each victim had suffered an average of 3.23 violations. Psychological violence was the most widely reported (83.2%), followed by discrimination (74%) and physical violence (32.6%). In 25.5% of cases, the violence reported took place in the victim's home. Additionally, 58.9% of victims knew the suspect, with neighbors as the most common perpetrators (20.6%), followed by family members (17.7%; Department of Human Rights, 2012). Brazil occupies a prominent position when it comes to violence against sexual minorities. According to data from the Gay Group of Bahia (*Grupo Gay da Bahia* – GGB), updated daily on the Web site “*Quem a homotransfobia matou hoje?*” (Who did homophobia kill today?), 343 people belonging to sexual minorities were killed in Brazil in 2016, totaling one hate crime every 25 hours (Grupo Gay da Bahia [GGB], 2017).

Empirical evidence has demonstrated that mental disorders are more prevalent among homosexuals when compared to heterosexuals (Becker, Cortina, Tsai, & Eccles, 2014; Cochran, Sullivan, & Mays, 2003; D’Augelli, 2002; Dunn, Gonzalez, Costa, Nardi, & Iantaffi, 2014; Meyer, 2003, Meyer & Frost, 2013). Considering the derogatory treatment often suffered by non-heterosexuals at the hands of society, it would be surprising if a significant number did not develop some degree of trauma (Goldfried & Goldfried, 2001; Meyer, 2003; Meyer & Frost, 2013). According to Meyer (1995, 2003), the high prevalence of mental disorders among homosexuals may be due to the stressful social environment that stigmatizes and discriminates against individuals belonging to minority groups. This hypothesis can be described as minority stress.

Minority stress theory was developed based on a series of psychological and social theories and defined as the resulting conflict between human beings and their experience in society (Meyer, 2003; Meyer & Frost, 2013). Meyer (1995) initially stipulated three minority stress processes: internalized homophobia, perceived stigma, and discrimination and violence. Changes in the definition of these terms have altered the most prominent stressors to: (1) enacted stigma: conceptually understood as acts of persecution, rejection, aggression, violence, or discrimination due to sexual orientation, that is, the explicit expression of sexual stigma through negative actions; (2) internalized homonegativity: defined as an individual process of absorbing negative social attitudes and assimilating them as part of one's own sexual identity; it is associated with shame, denial, and self-destructive behavior; and (3) concealment of sexual identity: refers to attempts to hide one's own sexuality. Shame associated with a stigmatized identity and fear of experiencing social stigma can contribute to concealment of sexual identity (Dunn et al., 2014; Meyer, 2003).

A study conducted in Brazil with 388 homosexual men aged between 18 and 56 years found that enacted stigma and internalized homonegativity were predictors of depressive symptoms. Additionally, resilience was

a moderator in the relationship between concealing sexual identity and depressive symptoms (Dunn et al., 2014). Despite the country's high rates of prejudice and violence against homosexuals (Department of Human Rights, 2016), few studies have investigated how minority stress affects the mental health of this population or the associated risk and protective factors, such as the role of family.

In recent decades, researchers have increasingly focused on the issue of family and homosexuality (Frazão & Rosário, 2008; Goldfried & Goldfried, 2001). Studies have shown that family relationships, particularly with parents and/or caregivers, can negatively or positively affect the health and wellbeing of homosexual individuals. This is because the family environment can either perpetuate prejudice and violence or be a place where the individual in question can find protection and emotional support (Goldfried & Goldfried, 2001; Jadwin-Cakmak, Pingel, Harper, & Bauermeister, 2015; Pachankis & Goldfried, 2004). Young gays and lesbians who receive a significant amount of parental support regarding their sexuality show less internalized homonegativity, less uncertainty about their identity, and fewer concerns about being accepted by others because of their sexual orientation (Bregman, Malik, Page, Makynen, & Lindahl, 2012). By contrast, young homosexuals who report rejection by their families during adolescence based on their sexual orientation are more likely to attempt suicide, suffer from depression, use illegal drugs, and have unprotected sex (Ryan, Huebner, Diaz, & Sanchez, 2007).

The relationship between parents and children can be evaluated through parenting styles. The concept of parenting styles was defined by Baumrind (1967) as a set of attitudes and practices by parents in relation to their children that characterize the nature of the interaction between them and also considers emotional aspects as well as parental conduct. Maccoby and Martin (1983) expanded on Baumrind's concept and established two dimensions to differentiate between the styles, known as responsiveness and demandingness. Responsiveness is the extent to which parents are supportive and attuned to their children and foster the development of individuality and self-assertion through emotional support and communication. Demandingness refers to how parents supervise their children's behavior, setting limits and establishing rules. Parents with high responsiveness and demandingness are classified as authoritative, while those exhibiting low responsiveness and demandingness are deemed neglectful. Highly responsive parents with low control (demandingness) are categorized as indulgent, and those who are excessively controlling with low warmth (responsiveness) as authoritarian.

Studies on the relationship between parenting styles and minority stress were not found in the national and international literature review carried out. The hypothesis is that LGBT people who were raised by responsive parents will cope better with stigma and discrimination related to the sexual orientation. As such, this study aims to investigate the relationship between

minority stress (e.g., enacted stigma, internalized homonegativity, and concealment of sexual identity), parenting styles (e.g., demandingness and responsiveness), and indicators of mental health problems (e.g., depression, anxiety, and stress) in a sample of Brazilian adult homosexual men, in addition to assessing whether minority stress and parenting styles are predictors of depression, anxiety, and stress.

Method

Design

This is a quantitative, cross-sectional, correlational, and retrospective study (Creswell, 2010).

Participants

Participants were 101 Brazilian men who self-identified as homosexuals, aged between 18 and 55 years ($M = 26.37$; $SD = 6.84$). The majority were White (73.3%), with incomplete college education (46.5%), studying (71.3%), working (66.3%), earned two to four minimum wages a month (21.8%), single (84.2%), not in a stable relationship (61.4%), did not hold any religious beliefs (44.6%), and lived in metropolitan cities in southern Brazil (72.2%). Bisexual men were excluded from the research because their experiences involving sexual orientation may be distinct from homosexual men (see Table 1).

Instruments

Sociodemographic data questionnaire: consisting of information on age, sexual orientation, color or race, schooling level, individual monthly income, current marital status, current religious beliefs, and region of residence.

Enacted stigma: containing seven items based on Herek's (2008). Enacted stigma is assessed by asking subjects how often they have experienced persecution, violence, and discrimination because they were perceived by others as being gay, lesbian, or bisexual since the age of 18 years. Participants responded using a 4-point Likert scale from 0 (*never*) to 3 (*three or more times*). In this study, Cronbach's alpha was 0.64, indicating acceptable internal consistency.

Internalized homonegativity: seven items from the Shortened Internalized Homonegativity Scale (Smolenski, Diamond, Ross, & Rosser, 2010) were used to assess levels of internalized homonegativity. The scale was based on the original 26-item instrument known as the Internalized Homonegativity Scale (Ross & Rosser, 1996). The seven items evaluated how comfortable participants felt about their homosexual identity and public identification as a homosexual, using a 7-point Likert scale ranging from 1 (*completely*

Table 1. Sociodemographic characteristics of the participants.

Variables	N	%
Age*		
18 to 25 years	53	53
26 to 35 years	37	37
36 to 45 years	8	8
46 to 55 years	2	2
Color or Race		
White	74	73.2
Brown	16	15.8
Black	5	5
I prefer not to answer	3	3
Yellow/Asian	2	2
Indigenous	1	1
Schooling Level		
Incomplete college education	47	46.5
Graduate degree (underway or completed)	27	26.7
College degree	21	20.8
Complete high school education	6	6
Currently Studying		
Yes	72	71.3
No	29	28.7
Currently Working		
Yes	67	66.3
No	34	33.7
Individual Monthly Income		
Two to four minimum wages	22	21.8
No individual income	21	20.8
One to two minimum wages	20	19.8
Four to six minimum wages	13	12.9
Up to one minimum wage	13	12.9
More than six minimum wages	12	11.8
Marital status		
Single	85	84.2
Married or in a stable relationship	16	15.8
Stable Relationship		
No	62	61.4
Yes	39	38.6
Current Religious Beliefs		
None	45	44.6
Catholic	18	17.8
Atheist	17	16.8
Spiritism/Kardecism	13	12.8
Other	4	4
Agnostic	2	2
Afro-Brazilian Religion	1	1
I prefer not to answer	1	1
Region of Residence		
Southern Region	73	72.2
Northeast Region	14	13.8
Southeast Region	10	9.9
Northern Region	4	3.9
Area of Residence		
Metropolitan	78	77.2
Inland City	21	20.8
Rural Zone	2	2.0

*The sum of the frequencies is not 101 because one of the participants did not answer the question.

disagree) to 7 (*completely agree*). The Cronbach's alpha of 0.68 obtained in this study indicated acceptable internal consistency.

Concealment of sexual identity: The four items form the "Outness Inventory" were used to determine the degree of openness to sexual identity (Frost & Meyer, 2009; Meyer, Rossano, Ellis, & Bradford, 2002). Participants were asked to rate openness about their sexual orientation to four groups: family, heterosexual friends, gay, lesbian, or transgender friends, and colleagues. The items were scored on a 4-point Likert scale from 1 (*to nobody*) to 4 (*to everybody*) and included the option "does not apply." Scores for all the responses were inverted to measure concealment. A Cronbach's alpha of 0.67 was determined, demonstrating acceptable internal consistency.

Scale on Responsiveness and Demandingness Parenting Styles: developed by Costa, Teixeira, and Gomes (2000), the scale contains six questions on perceived parental demandingness (control) and 10 on responsiveness (warmth), assessed on a 3-point Likert scale. The combination between high and low scores in the two dimensions classifies the four parenting styles: authoritarian (high control and low warmth), authoritative (high control and high warmth), indulgent (low control and high warmth), and neglectful (low warmth and low control). In order to assess the parental style of the subjects' own parents or caregivers, they were instructed to complete the scale based on their childhood experiences. A Cronbach's alpha of 0.80 was obtained for demandingness and 0.89 for responsiveness, indicating acceptable internal consistency.

Depression Anxiety Stress Scale (DASS-21): developed by Lovibond and Lovibond (1995) to evaluate symptoms of depression, anxiety, and stress. The scale consists of 21 items distributed across three subscales, assessing the feelings participants experienced in the last week on a Likert scale from 0 (*did not apply to me at all*) to 4 (*applied to me very much or most of the time*). The DASS-21 was translated into European Portuguese by Apóstolo, Mendes, and Azeredo (2006), and adapted and validated for Brazilian Portuguese by Vignola and Tucci (2014). The Cronbach's alpha of 0.90 for depression, 0.86 for anxiety, and 0.90 for stress showed acceptable internal consistency for each subscale.

Data collection procedures

A self-administered data collection form was created using the Qualtrics platform, which allows the online organization of research. Online data collection was performed from April to June 2016. The study was publicized on the social media accounts (e.g., Facebook) of the research group, researchers involved in the project, and on Web sites aimed at LGBT groups. The banner used to advertise the online data collection initiative was "Are you between 18 and 59 years old, male and self-identify as homosexual or gay?" The banner was also accompanied by a brief explanation of the study

proposal and a link to the only questionnaire compiled using Qualtrics software.

Once participants clicked on the link, an informed consent (IC) form was generated, and they had to confirm they had read and agreed to the IC form before filling out the survey. Should they decline to take part, a thank you message appeared, and data collection ended. A copy of the IC form was sent to each respondent, who provided an e-mail address after completing the online questionnaire.

During the two months in which the survey was available, 233 visitors were recorded. Of these, 101 (43.3%) answered all the questions on the survey, 73 (31.3%) accessed it but did not begin filling it out, and 50 (21.4%) started filling it out but did not finish. Additionally, nine (3.8%) subjects were excluded from this study for being bisexual.

Ethical procedures

The study was approved by the Research Ethics Committee of the Pontifical Catholic University of Rio Grande do Sul, under protocol number 1.427.051. All participants were advised of the nature and aims of the study and included after confirming informed consent (IC). The procedures adopted here were in line with Resolution 466/12 of the Ministry of Health (Ministério da Saúde, 2012).

The Web sites containing the IC and instruments, as well as the database containing the information collected, were stored under password protection to ensure privacy and confidentiality. Another ethical safeguard adopted was providing guidance that included procedures for reporting human rights violations and seeking psychosocial care. Once participants had completed the online questionnaire, a page was generated containing guidelines for reporting human rights violations at police stations or through the Human Rights Helpline (*Disque 100* – Dial 100).

Data analysis procedures

Descriptive statistics were performed to determine means, standard deviations, frequencies, and percentages. A description of the participants was compiled based on their sociodemographic characteristics (e.g., age, color or race), minority stress indices (e.g., enacted stigma, internalized homonegativity and concealment of sexual identity), parenting styles (e.g., demandingness and responsiveness) and indicators of mental health problems (e.g., depression, anxiety and stress).

Next, Pearson's correlation analyses were performed to examine the relationships between minority stress, parenting styles, and mental health indicators. Hierarchical multiple regression was carried out for each outcome

variable to analyze the predictor variables for depression, anxiety, and stress. The first step in the model included the variables enacted stigma, internalized homonegativity, and concealment of sexual identity, and the second included responsiveness and demandingness. All analyses adopted 5% statistical significance and were performed using SPSS software (Statistical Package for the Social Sciences), version 21.0.

Results

Analyses of enacted stigma experiences obtained a mean of 3.43 ($SD = 3.14$) for the study sample. The majority of respondents reported experiences of verbal insults (76.2%), followed by threats of violence (31.7%), physical and/or sexual assault (17.8%), having objects thrown at them (15.8%), being refused a job or fired (9.9%), being prevented from moving into a house or apartment (4%), and having their home burgled or vandalized (4%). The means obtained for internalized homonegativity and concealment of sexual identity were 14.93 ($SD = 6.33$) and 7.27 ($SD = 2.45$), respectively. The results of the parenting scale indicated most participants reported their parents expressed high levels of demandingness ($M = 14.71$; $SD = 2.83$) and moderate levels of responsiveness ($M = 22.97$; $SD = 5.45$). The majority of participants reported that their mother was the primary caregiver until the age of 16 years (85.1%), followed by the father (6.9%) and grandmother (5%). Most participants identified their caregivers as authoritative (37.6%), followed by authoritarian (22.8%), indulgent (20.8%), and neglectful (18.8%). In relation to indicators of mental health problems, the mean of the sample indicated low levels of depression ($M = 5.70$; $SD = 5.31$), anxiety ($M = 3.72$; $SD = 4.36$), and stress ($M = 7.26$; $SD = 5.24$; see [Table 2](#)).

Pearson's correlation analyses revealed a significant, negative, and moderate association between enacted stigma and parental responsiveness, indicating that the greater parental warmth, the less enacted stigma is present. In relation to concealment of sexual identity, a significant, positive, and moderate correlation was observed with internalized homonegativity,

Table 2. Means, standard deviations, and observed and theoretical ranges of the variables studied.

Variable	<i>M</i> (<i>SD</i>)	Observed Range	Theoretical Range
Enacted stigma	3.43 (3.14)	0 to 12	0 to 21
Internalized homonegativity	14.93 (6.33)	7 to 43	7 to 49
Concealment of sexual identity	7.50 (2.46)	4 to 15	4 to 16
Parenting styles – Demandingness	14.71 (2.83)	6 to 18	6 to 18
Parenting style – Responsiveness	22.97 (5.45)	11 to 30	10 to 30
Depressive symptoms	5.70 (5.31)	0 to 21	0 to 21
Anxiety symptoms	3.72 (4.36)	0 to 17	0 to 21
Stress symptoms	7.26 (5.24)	0 to 20	0 to 21

Table 3. Correlations between enacted stigma, internalized homonegativity, concealment of sexual identity, parental demandingness, parental responsiveness, depression, anxiety, and stress.

	1	2	3	4	5	6	7	8
1	1	-0.193	-0.269	-0.076	-0.321**	0.157	-0.028	0.128
2		1	0.420	-0.139	-0.163	0.180	0.122	0.144
3			1	0.073	0.001	0.332**	0.298	0.310**
4				1	0.250	-0.060	-0.005	-0.020
5					1	-0.388**	0.011	-0.197
6						1	0.523**	0.634
7							1	0.741**
8								1

* $p \leq 0.005$.** $p \leq 0.001$. 1: enacted stigma; 2: internalized homonegativity; 3: concealment of sexual identity; 4: parental demandingness; 5: parental responsiveness; 6: depression; 7: anxiety; 8: stress.**Table 4.** Hierarchical multiple regression.

	<i>B</i>	<i>SE</i>	Beta	<i>t</i>	<i>P</i>	<i>F</i>	<i>R</i>	<i>R</i> ²	ΔR^2
Depression									
Model 1						6.310**	0.433	0.158	0.188
(Constant)	-3.079	2.184		-1.409	0.162				
Enacted stigma	.475	0.177	0.278	2.684	0.009				
Internalized homonegativity	.096	0.100	0.106	0.963	0.338				
Concealment of sexual identity	.806	0.249	0.363	3.230	0.002				
Model 2						7.174**	0.556	0.266	0.122
(Constant)	8.269	4.189		1.974	0.052				
Enacted stigma	0.228	0.178	0.134	1.284	0.203				
Internalized homonegativity	-0.009	0.098	-0.010	-0.095	0.925				
Concealment of sexual identity	0.831	0.235	0.374	3.538	0.001				
Parental demandingness	-0.031	0.187	-0.016	-0.169	0.867				
Parental responsiveness	-0.379	0.104	-0.383	-3.650	0.000				
Stress									
Model 1						5.149*	0.398	0.128	0.159
(Constant)	-0.418	2.155		-0.194	0.847				
Enacted stigma	0.431	0.174	0.261	2.471	0.016				
Internalized homonegativity	0.020	0.099	0.022	0.200	0.842				
Concealment of sexual identity	0.797	0.246	0.370	3.240	0.002				
Model 2						3.626*	0.430	0.134	0.026
(Constant)	3.577	4.413		0.810	0.420				
Enacted stigma	0.321	0.187	0.194	1.712	0.091				
Internalized homonegativity	-0.020	0.103	-0.023	-0.198	0.844				
Concealment of sexual identity	0.794	0.247	0.369	3.209	0.002				
Parental demandingness	0.070	0.197	0.037	0.354	0.724				
Parental responsiveness	-0.176	0.109	-0.183	-1.604	0.113				

* $p \leq 0.005$.** $p \leq 0.001$.

demonstrating that the greater the internalized homonegativity, the greater the concealment of sexual identity. This variable was also significantly,

positively, and moderately associated with depression, anxiety, and stress, whereby the greater the concealment of sexual identity, the higher the levels of depression, anxiety, and stress. A significant, negative, and moderate correlation was observed between parental responsiveness and depression, that is, the greater the parental warmth, the lower the levels of depression. Significant, positive, and strong associations were also recorded between depression, anxiety, and stress (see [Table 3](#)).

A hierarchical multiple regression model was tested to investigate the predictor variables for depression. Concealment of sexual identity and parental warmth (responsiveness) explained 26.6% of the variance of depression. The greater the concealment of sexual identity and lower the parental warmth, the higher the indicators of depression. Concealment of sexual identity explained 13.4% of stress variance, and the greater the concealment of sexual identity, the higher the stress indicators. The variables included in the models did not contribute to explain anxiety (see [Table 4](#)).

Discussion

With respect to stressors of the minority stress model, the results indicated that most participants had experienced enacted stigma, that is, they had been the target of some form of prejudice or violence due to sexual orientation. The most frequent forms of aggression were verbal insults, threats of violence, and physical and/or sexual assault. Incidences of being fired or refused a job, prevented from moving into a house or apartment, and having their home burgled or vandalized were less common. These results are similar to those reported by Dunn et al. (2014) in one of the first studies to examine the application of the minority stress model to a sample of Brazilian homosexual men. According to a study conducted by Carrara, Ramos, and Caetano (2003, cited by the National Council Against Discrimination & Ministry of Health, 2004) with 416 gay and lesbian individuals, 56.3% of participants reported being sworn at, verbally insulted, and threatened because of their sexual orientation. Additionally, 58.5% stated they had been discriminated against, including being refused entry to commercial establishments, being thrown out of home, and being poorly treated by civil servants, colleagues, friends, and family members.

In addition to identifying types of enacted stigma, the analyses detected a positive association between internalized homonegativity and concealment of sexual identity, also described in the literature (Cohen, Blasey, Taylor, Weiss, & Newman, 2016; Herek, Cogan, Gillis, & Glunt, 1997; Meyer, 1995, 2003). Homosexuals who absorb society's negative attitude toward homosexuality may use strategies to hide their sexual identity in an attempt to prevent punishment and rejection (Meyer, 1995, 2003). In many cultures, heterosexist messages that disqualify any form of homosexual identity,

behavior, or relationships are internalized by children from a young age. As a result, individuals who recognize themselves as gay or lesbian experience different levels of discomfort in relation to their own sexual orientation (Herek et al., 1997). Internalized homonegativity may be a psychological mechanism to preserve identity. The belief system that condemns homosexuality is accepted as a form of protection, and behavioral changes are made to avoid being recognized as homosexual and experiencing prejudice and violence (Cerqueira-Santos, Carvalho, Nunes, & Silveira, 2017).

In regard to mental health indicators, the means did not indicate high levels of depression, anxiety, or stress. This finding differs from other studies that identified a high prevalence of mental disorders in this group (Becker et al., 2014; Cochran et al., 2003; Meyer, 2003; Meyer & Frost, 2013). The results obtained here may be related to the characteristics of the sample (age, race, schooling level), in addition to other protective factors and parenting styles not analyzed here. The analyses performed identified concealment of sexual identity as a predictor of depression and stress. Homosexuals are exposed to violence, discrimination, and rejection because of their sexual orientation on a daily basis. This aggression is aimed at a key aspect of their personal identity and creates feelings of vulnerability, distrust, and fear (Bell & Perry, 2015; Cohen & Byers, 2015). In light of the threats associated with sexual minority status, concealment of sexual identity is often used as a coping mechanism (Cohen et al., 2016; Meyer, 2003; Pachankis, Cochran, & Mays, 2015). However, despite the risk of exposure to prejudice and discrimination, the constant worry of one's sexual identity being discovered can result in hypervigilance and the need for behavioral changes to avoid persecution (Bell & Perry, 2015; Cohen et al., 2016; Iganski & Lagou, 2014; Schrimshaw, Siegel, Downing Jr., & Parsons, 2013). Empirical studies have shown that revealing sexual orientation to others, especially family, results in feelings of honesty and freedom, favoring interpersonal relationships (Goldfried & Goldfried, 2001; Pérez-Sancho, 2005).

In relation to parenting styles, mothers were considered the primary caregivers until the age of 16 years, and authoritative parenting was the most common style. Authoritative parents or caregivers encourage independence and recognize their children's individual interests, skills, and abilities (Ceconello, De Antoni, & Koller, 2003; Hutz & Bardagir, 2006; Weber, Prado, Viezzer, & Brandenburg, 2004). The most prominent feature of this parenting style is responsiveness (warmth). Responsive parents or caregivers are supportive of their children and stimulate their development through communication and emotional support (Maccoby & Martin, 1983). Their constant exposure to stressful situations means homosexual individuals need support in order to face these challenges. Family members can be turned to for emotional support in the event of discrimination, rejection, and personal conflicts (Doty, Willoughby, Lindahl, & Malik, 2010).

In this study, parental responsiveness was one of the factors that explained depression indicators, whereby the lower parental warmth, the greater the indicators of depression. Parenting styles significantly influence individual development and can have different consequences in adulthood (Costa et al., 2000). Responsiveness is related to better psychological wellbeing, self-esteem, and self-confidence (Hutz & Bardagi, 2006). Although no studies investigating the relationship between parenting styles and minority stress were found in the national or international literature, our study identified a negative association between parental responsiveness and enacted stigma. This suggests that supportive parents or caregivers who favor dialogue (responsive) show less hostility toward the sexual orientation of their children. Another hypothesis to explain this result is that by acknowledging the interests and needs of their children, responsive parents are more attuned to any manifestations of prejudice and violence due to their sexual orientation and, to some extent, protect them from these experiences.

According to the literature, having a strong relationship with their parents and parental acceptance are factors associated with wellbeing among adult homosexuals (Feinstein, Wadsworth, Davila, & Goldfried, 2014). By contrast, poor relationships, rejection, and fear of suffering physical and verbal abuse are correlated with depressive symptoms (D'Augelli, 2002). Hershberger and D'Augelli (1995) found that family support significantly reduced the association between victimization due to sexual orientation and mental disorders in young homosexuals. Moreover, Feinstein et al. (2014) reported that feeling loved and receiving emotional support from family members can stimulate the development of self-confidence and trust in relationships, which helps homosexual individuals deal with the negative stigma associated with their sexual orientation.

Conclusions

The results of the present study indicated that most participants had been victims of prejudice or violence because of their sexual orientation. With respect to parenting styles, parental responsiveness was found to be an important factor associated with fewer experiences of enacted stigma and depression in adulthood. Concealment of sexual identity was a predictor of depression and stress; the means obtained for the study sample were low. Being able to live with others and share experiences related to sexual orientation without fear of rejection and discrimination contributes to health and wellbeing. The results found in the study may be useful for counselors and social workers who are working with LGBT people and their families. It was chosen to include only homosexual men. Future studies should be developed to take into account the particularities of the experiences of lesbians and bisexual individuals.

A limitation of this study was its cross-sectional design, which limits causal inference. Longitudinal studies are suggested to clarify the relationship

between minority stress, parenting styles, and indicators of mental health problems. Moreover, the sample was predominantly made up of White men, with an incomplete college education, who worked, were single, held no religious beliefs, lived in metropolitan cities in southern Brazil, and had access to the Internet. They are not simply predominantly White, middle-class, young men, but probably ones that use electronic devices and online platforms to manage the social visibility of their desires and sexual lives. These characteristics may be related to the results obtained, which cannot be generalized to groups consisting of men of other races or ethnicities, with different schooling levels, who live in different regions and have no Internet access. Conducting research on the Internet has advantages and disadvantages. On the one hand, it limits the contact to some social groups. On the other hand, because of the relative anonymous and impersonal environment, people feel safer to talk frankly about their lives. The access of Brazilians to the Internet and social networks has increased in recent years. According to the Brazilian Institute of Geography and Statistics (2018), 64.7% of the population has Internet access. Individuals aged 18 to 24 years had the highest connection rate (85%).

It is important to conduct further research aimed at investigating the minority stress model considering the peculiarities of the Brazilian population and culture. Although the association between minority stress and indicators of mental health disorders is widely described in the international literature and garnering increasing attention among Brazilian researchers, future studies should include protective factors that contribute to the health and wellbeing of homosexual individuals. Additionally, exploratory studies would help to better understand the relationship between parenting styles and experiences of prejudice and violence motivated by sexual orientation.

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