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From social adversity to connection: The influence of childhood experiences, discrimination, and social safeness in depression among sexual minority people



ESCOLA SUPERIOR DE ALTOS ESTUDOS

Dissertação de Mestrado em Psicologia Clínica
Área de Especialização em Terapias Cognitivo-
Comportamentais

Coimbra, 2024

From social adversity to connection: The influence of childhood experiences, discrimination, and social safeness in depression among sexual minority people

*Dissertação de Mestrado apresentada ao ISMT,
no âmbito do 2.º Ciclo de Estudos em Psicologia
Clínica (conducente ao Grau de Mestre), na
área de especialização em Terapias Cognitivo-
Comportamentais, sob orientação do Professor
Doutor Diogo Carreiras.*

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Coimbra, abril de 2024

Acknowledgements

Em primeiro lugar, quero agradecer ao meu orientador, Doutor Diogo Carreiras, por toda a paciência, dedicação, apoio e disponibilidade para comigo em todo este percurso. Estarei, para sempre, imensamente grato por tudo o que fez por mim. O meu muito obrigado.

Também quero endereçar um especial agradecimento ao Dr. Daniel Seabra, por me ter ajudado ao longo deste trabalho e por todas as sugestões que fez. Muito obrigado pela sua colaboração e por me ter ajudado a melhorar e a aprimorar este projeto.

De seguida, é muito importante também deixar aqui as minhas palavras de agradecimento para com todas as pessoas que participaram no meu estudo. Sem elas, o mesmo não teria acabado.

Como não podia deixar de ser, um especial agradecimento à minha família e amigos, pessoas importantes que moldam o meu dia-a-dia.

Primeiramente, agradecer aos meus pais. À minha mãe, à minha melhor amiga, por ter estado ao meu lado em todo este processo e por acreditar sempre em mim e nas minhas competências. Sem ela, nada seria possível. Ao Zé, por estar presente e dar o seu apoio nos momentos mais difíceis. Ao meu pai, por embarcar comigo em mais uma aventura e por ter dado o seu contributo para que este projeto visse o seu término. À Maria José, por acreditar em mim e estar sempre presente.

Agradecer à Carolina, uma amiga muito especial, que, para além de me ter ajudado com questões técnicas desta dissertação, está sempre disponível e pronta para me ajudar, é uma verdadeira inspiração e sem ela, também não teria chegado até aqui.

Agradecer também à minha prima Marta, que é uma irmã para mim, o meu modelo a seguir e que, também, sempre esteve disponível para me apoiar, incentivando-me sempre a acreditar em mim. Grato por isso e por tanto.

Por último, agradecer àquela que sempre foi uma segunda casa para mim e que eu sabia que ia voltar, o Instituto Superior Miguel Torga. É um orgulho voltar a ser Mestre na casa que me viu crescer. É impressionante como uma instituição de ensino consegue impactar tanto no enriquecimento pessoal e profissional de quem lá estudou. Muito obrigado, também, a quem de direito, que não consegui elencar nesta página.

Abstract

Introduction: Sexual Minority (SM) individuals endure minority stress due to their social minority position. The Minority Stress Model suggests that SM individuals have several processes of minority stress that are responsible to increase psychopathology levels, including depression. Early life experiences, discrimination, and a sense of belonging can significantly impact psychopathological outcomes in individuals overall, with particular relevance to those who identify as SM.

Objective: The aim of this study was to understand how social-related factors influence depressive symptoms in SM individuals. We hypothesized that SM individuals who encountered childhood threats and subordination, as well as current discrimination based on their sexual orientation, would exhibit higher levels of depressive symptoms. Conversely, we anticipated that social safety would positively influence depression.

Method: Participants were 126 Portuguese SM individuals, aged 19-52 years old ($M = 30.00$, $SD = 7.10$). Self-report questionnaires (Everyday Discrimination Scale – Sexual Minorities; Social Safeness and Pleasure Scale; Depression, Anxiety and Stress Scales 21-item version; The Early Life Experiences Scale) were completed using an online survey. Data were analyzed through SPSS.

Results: The sociodemographic variables that influenced depression in SM individuals were years of education and perceived socioeconomic status. Experiences of threat and subordination in childhood were positively correlated with discrimination based on sexual orientation and both variables were positively correlated with depression symptoms. On the other hand, social safeness presented negative correlations with all aforementioned variables. A hierarchical regression, with control for sociodemographic variables, revealed that experiences of threat and subordination in childhood and social safeness were the predictors of depression symptoms. Discrimination was not a significant predictor and the final model explained 24% of depression.

Conclusion: Social-related factors warrant careful consideration when addressing depression in SM individuals. In early life, environments of warmth and acceptance may have a positive contribution for mental health. In adult life, creating safeness connections may yield positive effects on depression in SM individuals, even amidst experiences of discrimination based on sexual orientation.

Keywords: Sexual minority individuals, depression symptoms, social safeness, discrimination, adverse childhood experiences, minority stress.

Resumo

Introdução: Indivíduos de Minorias Sexuais (MS) sofrem de stress minoritário devido à sua posição social minoritária. O Modelo de Stress Minoritário sugere que os indivíduos de MS têm vários processos de stress minoritário que são responsáveis pelo aumento dos níveis de psicopatologia, incluindo a depressão. As experiências precoces de vida, a discriminação e o sentimento de pertença podem ter um impacto significativo nos resultados psicopatológicos dos indivíduos em geral, com particular relevância para aqueles que se identificam como MS.

Objetivo: O objetivo deste estudo foi compreender como os fatores sociais influenciam os sintomas depressivos nos indivíduos de MS. Hipotetizamos que os indivíduos de MS que enfrentaram ameaças e subordinação na infância, bem como discriminação atual com base na sua orientação sexual, apresentariam níveis mais elevados de sintomas depressivos. Por outro lado, previmos que a proximidade e ligação aos outros influenciaria positivamente a depressão.

Método: Os participantes foram 126 indivíduos portugueses de MS, com idades compreendidas entre os 19 e os 52 anos ($M = 30,00$, $DP = 7,10$). Questionários de autorrelato (Escala de Discriminação Quotidiana – Minorias Sexuais; Escala de Proximidade e Ligação aos Outros; Escala de Ansiedade, Depressão e Stress (EADS-21); Escala de Experiências de Vida “Ameaçadoras” na Infância, foram preenchidos através de um inquérito online. Os dados foram analisados através do SPSS.

Resultados: As variáveis sociodemográficas que influenciaram a depressão nos indivíduos de MS foram os anos de escolaridade e o estatuto socioeconómico percebido. As experiências de ameaça e subordinação na infância foram positivamente correlacionadas com a discriminação com base na orientação sexual e ambas as variáveis foram positivamente correlacionadas com sintomas de depressão. Por outro lado, a proximidade e ligação aos outros apresentou correlações negativas com todas as variáveis acima mencionadas. Uma regressão hierárquica, com controlo para variáveis sociodemográficas, revelou que as experiências de ameaça e subordinação na infância e a proximidade e ligação aos outros foram os preditores de sintomas de depressão. A discriminação não foi um preditor significativo e o modelo final explicou 24% da depressão.

Conclusão: Os fatores sociais devem ser cuidadosamente considerados quando se aborda a depressão em indivíduos de MS. No início de vida, os ambientes de calor e

aceitação podem ter um contributo positivo para a saúde mental. Na vida adulta, a criação de ligações de segurança pode ter efeitos positivos na depressão dos indivíduos de MS, mesmo no meio de experiências de discriminação com base na orientação sexual.

Palavras-Chave: Minorias sexuais, sintomas de depressão, proximidade e ligação aos outros, discriminação, experiências adversas na infância, stress minoritário.

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Introduction

No one shall be privileged, favored, prejudiced, deprived of any right or exempted from any duty on the grounds of ancestry, sex, race, language, territory of origin, religion, political or ideological beliefs, education, economic situation, social condition, or sexual orientation.

Constitution of the Portuguese Republic

Sexual Minority (SM) individuals are those whose sexual identity, orientation or practices is different with what is socially valued and/or recognized as normative (Math & Seshadri, 2013). Generally, SM individuals include people who self-identify as lesbian, gay, bisexual, pansexual, asexual, and other non-normative sexual orientations (Smalley, 2017) and represent natural variants of human sexuality (APA, 2021). Current scientific evidence does not support the notion that SM orientations are manifestations of psychopathology (Blanchard, 2018, Xu et al., 2020), or that a predisposition to psychopathological conditions is inherently associated with individuals with diverse sexual orientations (Gonsiorek & Weinrich, 1991). That is, SM orientations do not represent any form of psychopathology; however, it was only in 1973 that APA formally acknowledged this fact (McHenry, 2022). This shift represents a significant advancement in recognizing the rights and dignity of SM individuals and also contributed to decreasing homophobic discrimination and stigmatization.

Notwithstanding this impactful shift, SM individuals continue to endure a specific type of stigma stressors due to their social minority position. In 1981, Brooks conceptualized the Minority Stress Model for lesbian women and more than two decades later Meyer (2003) expanded its applicability to encompass all SM individuals. This model postulates that SM individuals have several additional stress processes that are responsible for the increase of psychopathology levels in this population. It was delineated a continuum of minority stress processes: from distal to proximal. Distal processes encompass external, objective stressors that are independent of an individual's perceptions. These stressors include discriminatory policies and laws, major life events (e.g., unemployment, violence), chronic stressors (e.g., poverty), and experiences of prejudice or microaggressions (e.g., heteronormative speech). It is important to note that distal stressors are external to the individual and are often regarded as objective, although their interpretation and attribution may vary (Kobrynowicz & Branscombe, 1997;

Operario & Fiske, 2001). Furthermore, distal stressors are not contingent on personal identification with a minority status (Diamond, 2000). On the other hand, proximal stress processes arise from an individual's self-identity as a SM individual and are subjective. These proximal stressors encompass: (a) expectations of rejection, which involve anticipating negative reactions from others based on their SM identity; (b) concealment of sexual orientation, the act of hide one's SM identity as a means of self-protection from distal stressors and (c) internalized stigma, where individuals internalize negative feelings about themselves due to their sexual orientation. This multifaceted model provides a comprehensive framework for understanding the intricate interplay between external societal factors and internal individual experiences among all SM individuals (Meyer, 2003).

The feeling of being discriminated against is a common experience of minority stress and has a central impact on mental health among SM individuals (Lee et al., 2019). Recent research verified that SM individuals who have ever faced discrimination related to sexual orientation, had two to four times higher chance of getting any mental health disorder compared with those who never experienced discrimination (Lee et al., 2016). According to a report of the European Union Agency for Fundamental Rights (2020), there have been some national advancements in this matter over the past seven years. The study places Portugal on the right track, with 68% of respondents saying that prejudice has reduced in the last five years. Although Portugal is considered a safe country, with the lowest rate (5%) of physical or sexual attacks on SM individuals, 25% of those assessed report feeling discrimination in their workplace and 40% report feeling victimized in public spaces. This document reveals that less SM individuals between the ages of 18 and 24 are hiding their sexual orientation or gender identity at school and university. By presenting the results and assumptions of this survey, FRA aims to urge people in decision-making and political positions to step up efforts to promote full respect for the rights of SM individuals, recognizing the discrimination still occurs currently.

In the Annual Report (2020-22) of the Observatory on Discrimination against LGBTI+ People in Portugal (2023), in the period from 2020 to 2022, it was reported a total of 469 complaints. All situations refer to occurrences stemming from prejudice, discrimination and violence based on sexual orientation, gender identity, gender expression or actual or presumed sexual characteristics of the victims. Mostly, the people identified as the perpetrators of the discrimination or violence are unknown to the victim or witnesses. In the context of prejudice, the majority of events are in the main urban

centers. The city of Lisbon recorded the highest volume of complaints in the entire 2020-2022 period. In 2020, public services (e.g., hospital, health center, finance) were the settings where there was the maximum frequency of incidents (18.1%), followed by other contexts such as the street (13.8%), workplace (11.2%), home (8.6%), school (6.9%), pubs (6.0) and cruising areas (1.7). In the following years, comparable to previous years, the street was the place where the most reported incidents of discrimination or violence (22.1% in 2021 and 24.8% in 2022). In relation to the type of situation reported, verbal or written insult continues to be the most frequent. Other situations that raised out in each of the years were: in 2020, discrimination in health (13.8%), bullying (10.3%) and discrimination in access to goods and services (8.6%); in 2021, bullying (8.8%), discrimination in access to goods and services (7.5%) and discrimination in health (6.6%); and in 2022, discrimination in access to goods and services (8.0%), discrimination at work (7.1%), bullying (7.1%) and attempted or actual physical assault (7.1%).

SM individuals often face discrimination from exclusion to persecution and violence and experience injustices in many domains of their lives from employment to health care to education. In addition to arising from individual biases, prejudice against SM individuals can stem from ideological demonstrations of sexual stigma (Hoyt & Parry, 2018). Many SM workers face general and recurrent employment discrimination that leads to reduced physical and emotional well-being, inferior incomes and career evolution, and lower job satisfaction and productivity (DeSouza et al., 2017). A new field of stigma investigation has begun focusing on microaggressions, which are “short and commonplace daily verbal, behavioral, or environmental dishonors, whether intentional or unintentional, that reveal hostile, offensive, or negative affronts and insults to members of repressed groups” (Nadal, 2008).

Considering the above, belonging to a SM group exposes individuals to discrimination, stigma, and prejudice based on their sexual orientation. Such exposure builds a demanding social environment which promotes mental health problems (Argyriou et al., 2021). SM individuals show higher rates of mental disorders, like depression and anxiety, when compared to the heterosexual individuals (Björkenstam et al., 2017; Cano et al., 2023). Compared to heterosexual adults, for example, SM individuals are 2-5 times more likely to suffer from substance use disorders (McCabe et al., 2009), twice as likely to show mood or anxiety disorders (Hatzenbuehler et al., 2009), and 2.5 times more likely to report lifetime suicide attempts (King et al., 2008). Numerous studies have concluded that minority stressors increase depression levels in SM

individuals (Feinstein et al., 2014; Lewis et al., 2003; Rostosky et al., 2009; Szymanski, 2009; Szymanski & Ikizler, 2013).

The connection concerning minority stress and depression was supported in a longitudinal study of 312 gay men, which determined that SM stress was positively correlated with depressive symptoms (Wight et al., 2015). A meta-analysis of twenty-eight studies regulated that SM individuals have a greater chance for depression and suicidal ideation contrasted to heterosexual persons, due to place-contingent minority stress (Lewis, 2009). The notion of place-contingent minority stress proposes that the convergence of location-explicit factors, including local policies or norms, and appropriate access to health care services, effects mental health outcomes for SM individuals (Lewis, 2009; Willging et al., 2016). Another study about psychosocial stressors among lesbian, gay male, and bisexual youth showed that having a SM identity places adolescents at danger for chronic stress, involving verbal and physical violence from both colleagues and adults, and these stress factors are correlated with depression, substance abuse, and risk of suicide (Savin-Williams, 1994). Studies that observe stressors felt by minority people, revealed prominent levels of fear of rejection, stigmatization, victimization, or humiliation (Safren & Heimberg, 1999).

Other risk factors related to social and familiar environments to develop depression have been identified in the literature, more specifically early life experiences of threat and subordination. In the study of Richter et al. (1995), the results showed that patients who perceive their parents as more rejective, reported lower self-acceptance. Moreover, psychologically warmer mothers are associated with higher self-acceptance in women. Less self-acceptance is related to higher values of parental rejection and with poorer scores regarding parental emotional affection in men and maternal emotional warmth in women. On the other hand, maternal rejection stipulated state depression severity and self-acceptance in man and women individuals, as well as dysfunctional behaviors in men, however maternal emotional affection and parental overprotection were predictive for psychopathological expressions in women only (Richter et al., 1995). Research has consistently shown a relationship between the recall of negative experiences with parents (such as negligence, low emotional affection, and threat/rejection) and depression (Irons et al., 2006). In a study of Castilho et al., (2010), it was clarified the reality of a substantial positive relationship among remembering experiences of threat and subordination in childhood, self-criticism, and depression. Particularly, the study highlights that individuals who recall adopting a submissive self in the family in childhood exhibit higher

levels of self-criticism and depressive symptoms later. According to Gilbert and Irons (2005), an individual's memories of himself in the family as subordinate has a more relevant relation with depression than other types of parenting style memories. More, people who had more primary experiences of submissiveness in the family had a higher prevalence of depressive symptoms (Castilho et al., 2010).

For SM individuals, the most relevant and crucial safety deficit often starts at home, within the family. This population can face hostility, rejection, skepticism, discontentment, or intolerance from parents, alongside with other behaviors that communicate a lack of safety, such as limiting their access to peers, medical care, internet, and others (Puckett et al., 2015). Research indicate that SM individuals suffer extremely higher frequency of adverse childhood experiences (Andersen & Blosnich, 2013). Therefore, increased levels of social support within the family can serve as a protective factor. The safest family environment for SM children is one where parents express genuine warmth and validation, coupled with sincere support and affirmation of their identity (Diamond & Alley, 2022).

Feeling socially safe can be extremely relevant for SM youth, given that their identities are in a developmental phase within a heteronormative world. This is especially significant during a period of growth when their cognitive and emotional abilities are still expanding and adapting. Although many children can live with parental affection and acceptance when they reveal their sexual orientation, many others can experience different things, namely, traumatic hostility and abuse. Some can feel forced to stay “in the closet” and excluded from their family because they fear judgment and rejection. The instant and ongoing responses of parents to their children when they disclose their sexual orientation, shape how families adjust and regroup afterwards. This can encompass supportive and approving reactions from parents, or it may result in divergent parental perspectives and actions - one supportive and the other resistant. Sometimes, as a result of parental rejection, the SM youth need to abandon their family house (Mills-Koonce et al., 2018).

Literature shows variations in childhood maltreatment and abuse based on sexual orientation. A substantial proportion of SM adults report childhood sexual, physical, and emotional mistreatment compared to heterosexual adults. A literature review found that around 22.7% of gay and bisexual men and 34.5% of lesbian and bisexual women showed childhood sexual abuse (Austin et al., 2016). These adverse childhood experiences bring consequences to physical and mental health. Health services that are sensitive to

childhood adversity and the unique circumstances of SM individuals can help prevent revictimization in adult life. Literature indicates that survivors of childhood mistreatment and abuse are at increased risk of experiencing further abuse in adulthood, with some studies indicating a particularly heightened risk among SM individuals (Drabble et al., 2013).

Social safeness is included in the affiliative soothing system, which stimulates and strengthens social connection and affection processes (Gilbert et al., 2008). Social environments characterized by support, approval and compassion can develop positive feelings of safeness and connectedness (Cano et al., 2023). Feeling socially connected and safe is linked to lower levels of psychopathology (Marta-Simões et al., 2017), higher well-being and greater quality of life (Gilbert et al., 2008), including among SM adults (Petrocchi et al., 2020; Manão, 2022). When people feel socially safe, they encounter social kindness, positive change, compassion, tranquility, and support by others, leading to better mental health outcomes (Gilbert et al., 2008). Recent research indicates that feeling socially safe is a fundamental health resource for SM individuals (Cano et al., 2023). However, SM individuals often struggle to experience this sense of safeness in their regular lives, and this is believed to be a central element influencing their mental and physical health discrepancies (Diamond & Alley, 2022).

Assumed the positive influence that a sense of connectedness with other SM individuals have on the quality of life, it is relevant to evaluate the relationship concerning distinct aspects of SM individuals and the extent to which they perceive their overall social environment as safe, warm, and comforting (Petrocchi et al., 2019). These potential relationships are crucial, considering that challenges in experiencing warmth and safety within social interactions have been suggested as a trans-diagnostic vulnerability factor for psychological problems (Petrocchi et al., 2019). Social safeness is an emotional experience integrating feelings of belonging, approval, and warmth from others, thus playing a key role in the well-being of SM individuals. This is because it is positively related to self-esteem and safe connection. Individuals with higher social safeness tend to behave in a more pro-social way and are less susceptible to psychological problems due to their reduced fear of compassion from others, smaller submissive conduct, shame, and emotions of inferiority (Petrocchi et al., 2019).

Against this background, the aim of this study is to understand how different social-related variables influence depressive symptoms in SM individuals. Specifically, how early experiences of subordination and threat, perceived discrimination due to perceived

sexual orientation, and social safeness contributes for depressive symptoms in SM individuals. The hypotheses were that negative parental and peers' interactions contributed positively, and social safeness contributed negatively for depressive symptoms.

Materials and Method

Participants

The total sample of this study was composed of 126 Portuguese SM adults, with ages ranging from 19 to 52 years ($M = 30.00$, $SD = 7.10$). In terms of gender, 61.9% self-identified as men, 34.1% as women, 2.4% as non-binary and 1.6% as other. Most participants (96%) reported being cisgender. Regarding sexual orientation, 54% identified as gay, 25.4% as bisexual, 7.1% as lesbian, 7.2% as pansexual, 0.8% as other, and 5.6% preferred not to disclose. Further details of participants' sociodemographic variables are presented in Table 1.

Procedures

The present study was approved by the Ethics Commission, an integral part of the Development and Investigation Department of Miguel Torga Institute of Higher Education (reference number: CE-P12-23). All procedures consider the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Requests were sent for all the original authors of the measures used in this study and permission was granted. The data were collected online through the Google Forms platform between June 2023 and December 2023 for cross-sectional analysis. Various Portuguese LGBT-related organizations (e.g., ILGA, Casa Qui, rede ex aequo, Opus Diversidades) were contacted to collaborate in this study by disseminating the online inquiry. Additionally, the study was spread through social media (e.g., Facebook, Instagram, LinkedIn) and strategically in online groups.

The online inquiry had information about the study in the first page, explaining the objectives, anonymity, and voluntary participation and providing the e-mail contact of the principal researcher to clarify any question. Inclusion criteria was a) providing informed consent by clicking "Yes," b) identifying as a SM individual, c) age between 18 and 65 years, d) Portuguese nationality and e) complete filling of the assessment instruments. The questionnaires took 15-20 minutes to complete.

Table 1

Frequency (n) and percentage (%) of participant characteristics (N= 126)

		n	%
Gender	Man	78	61.9
	Woman	43	34.1
	Non-binary	3	2.4
	Other	2	1.6
Sexual Orientation	Gay	68	54
	Lesbian	9	7.1
	Bisexual	32	25.4
	Pansexual	9	7.1
	Prefer not to answer	8	6.4
Marital Status	Single	96	76.2
	Married	12	9.5
	Cohabitation	16	12.7
	Divorced	2	1.6
Area of Residence	Centre	54	42.9
	Lisbon Metropolitan Area	49	38.9
	North	13	10.3
	Alentejo	1	0.8
	Aut. Reg. of the Azores	1	0.8
	Aut. Reg. of Madeira	1	0.8
	Prefer not to answer	7	5.6
Education level	Elementary School	2	1.6
	High School	33	26.2
	Bachelor's Degree	53	42.1
	Master's Degree	36	28.6
	PhD	2	1.6
Self-reported socioeconomic status	Very low	2	1.6
	Low	17	13.5
	Medium	99	78.6
	High	8	6.3

Measures

The sociodemographic questionnaire was composed of eight questions to describe the sample (e.g., age, gender, sexual orientation, perceived socioeconomic status, area of residence, education level).

Everyday Discrimination Scale – European Portuguese Adult version for Sexual Minority Individuals (EDS-SM; Seabra et al., 2023). The original version by Williams et al. (1997) measures the occurrence of discrimination events in people's daily lives and EDS-SM is an adapted version to measure the everyday discrimination but only due to sexual orientation. This self-report questionnaire is composed of a general score with eight items (Everyday discrimination) into two factors (Unfair treatment, e.g. I'm treated with less respect than other people due to sexual orientation; and Personal rejection, e.g., People act as if they think you are dishonest due to sexual orientation), which participants rated their answers on a 6-point Likert scale – from *Never* (0) to *Almost every day* (5), with higher mean scores indicating higher perceived discrimination. In this study, only a total score was used, with a Cronbach's alpha of .90 on the original version and .87 in this study.

Social Safeness and Pleasure Scale (original version by Gilbert et al. (2009); Portuguese version by Pinto-Gouveia et al (2008)). This is a 11-item self-response scale, which evaluates the intensity to which people feel accepted, safe, and appreciated for in their social group. Participants are asked to indicate for each item (e.g., "I feel accepted by other people") how frequently they encounter positive feelings of belonging, connection, and acceptance in social interaction, using a five-point scale from *Almost never* (1) to *Almost always* (5). It has good psychometric qualities, the SSPS has good internal consistency, with a Cronbach's alpha of .91, both in the original version (Gilbert et al., 2009) and in the Portuguese version (Pinto Gouveia et al., 2008). In this study, the Cronbach's alpha is .94.

Depression, Anxiety and Stress Scales 21-item version (original version by Lovibond and Lovibond (1995); Portuguese version by Pais-Ribeiro et al. (2004)). This scale has twenty-one items divided into three subscales: Depression (symptoms typically correlated to negative mood, e.g. "I could see nothing in the future to be hopeful about"), Anxiety (physical stimulation symptoms, panic attacks and fear, e.g. "I was aware of the action of my heart in the absence of physical exertion") and Stress (persistent states of excitation and tension, e.g. "I found it difficult to relax"). Participants rated items using a 4-point

Likert scale from *Did not apply to me at all* (0) to *Applied to me very much or most of the time* (3), with higher scores indicating greater negative affect. In this study, only a total score was used, with a Cronbach's alpha between .74 and .85 in the original version, and .96 in this study.

The Early Life Experiences Scale (original version by Gilbert et al., 2003; Portuguese version by Lopes & Pinto-Gouveia (2005)). This scale is composed of three factors: Threat (eight items, e.g., "My parents could hurt me if I did not behave in the way they wanted"), Submissiveness (five items, e.g., "I often felt subordinate in my family") and Unvalued (three items, e.g., "I feel an equal member of my family"). The individuals evaluate the frequency and reliability of the statement in relation to themselves, based on a 5-point Likert scale from *Completely false* (1) to *Very true* (5), referring to the period of their childhood. The original version presented good psychometric qualities: Cronbach's alphas were .92 for the total scale; and .89, .85, and .71 for the Threat, Submissiveness and (Un)valued factors, respectively. In the Portuguese version, Cronbach's alphas were .88 for the total scale; and .89, .80, and .70 for the Threat, Submissiveness and (Un)valued factors, respectively. In this study, we only used the total score with a Cronbach's alphas of .87.

Data analyses

The data collected for this study were analyzed in the IBM Statistical Package for the Social Sciences (SPSS), version 29.

Normality of data was assessed through the Kolmogorov-Smirnov (K-S) test and by examining the skewness and kurtosis values. A non-significant value on the K-S test ($p > .05$), skewness values < 3 , and kurtosis < 10 represent a normal distribution (Kline, 1998). Descriptive statistics (means and standard deviations) and frequencies were determined to characterize the present sample, including categorical and continuous variables.

Group comparisons were analyzed through independent sample *t*-tests and effect sizes were interpreted according to Cohen's *d*. Values of *d* equal to or higher than .80 indicate a large effect size, moderate for values amid .50 and .79 and small between .20 and .49, being suitable to uphold the analysis of *t*-student tests (Cohen, 1988; Pallant, 2020). Pearson's correlation coefficients were applied to determine the relation between variables. The reference of Pestana & Gageiro (2014) was used to interpret the correlation coefficients: values under .20 are very low, between .21 and .39 are low, among .40 and .69 are moderate, between .70 and .89 are high, and above .90 are very high.

A hierarchical linear regression was performed to evaluate the explanatory power of multiple independent variables (early experiences of subordination and threat, discrimination, and social safeness) over a dependent variable (depression symptoms). The independence of the errors was assumed considering Durbin-Watson values (D-W) under two. The multicollinearity and singularity of the variables was examined through Variance Inflation Factors (VIF), being values under ten acceptable (Pestana & Gageiro, 2014).

Results

Preliminary analysis

The K-S normality test was significant for all variables ($p < .001$) except for social safeness ($p = .20$). However, all skewness and kurtosis values were within the acceptable range which led us to assume the normality of data. In the hierarchical linear regression, the DW value was acceptable (2.14) and the VIFs were under the recommended value of 10, showing absence of multicollinearity problems.

Depressive symptoms as a function of sociodemographic variables

Correlations were conducted to examine the association between depressive symptoms and some sociodemographic variables. As presented in Table 2, the correlation between depressive symptoms and education level was very low and negative ($r = -.19$, $p < .01$), as was the correlation between depressive symptoms and perceived socioeconomic status ($r = -.19$, $p < .01$). Additionally, there was a positive correlation between education and perceived socioeconomic status ($r = .22$, $p < .01$).

Table 2

Pearson correlations between depressive symptoms and sociodemographic variables (N=126)

	1.	2.	3.	4.
1. Depressive symptoms (DASS-21)	1	-	-	-
2. Age	-.142	1	-	-
3. Education level	-.191*	.007	1	-
4. Perceived socioeconomic status	-.188*	-.083	.218*	1

Note. * $p < .01$, ** $p < .001$. DASS-21 = Depression, Anxiety and Stress Scales.

To examine differences in depressive symptoms across gender and sexual orientation, independent sample t-tests were conducted. For this analysis, and considering the sample size, the gender variable encompassed men and women, while the sexual orientation variable included monosexual individuals (gay and lesbian) and bi+ individuals (bisexual and pansexual). As presented in Table 3, there were non-significant differences on depressive symptoms for gender ($t_{(119)} = 0.104$, $p = .397$) and sexual orientation ($t_{(119)} = 0.778$, $p = .442$).

Table 3

Differences in depressive symptoms across gender and sexual orientation.

	Gender		<i>t</i>	<i>p</i> -value	Cohens' <i>d</i>
	Woman (<i>n</i> = 43) M (SD)	Man (<i>n</i> = 78) M (SD)			
Depressive symptoms	6.60 (6.21)	6.49 (5.78)	0.104	.397	0.020
	Sexual orientation		<i>t</i>	<i>p</i> -value	Cohens' <i>d</i>
	Monosexual (<i>n</i> = 77) M (SD)	Polysexual (<i>n</i> = 41) M (SD)			
Depressive symptoms	6.56 (5.73)	7.44 (6.09)	0.778	.442	0.15

Note. * $p < .01$, ** $p < .001$. *M* = Mean; *SD* = Standard Deviation. Depressive symptoms were assessed with the Depression, Anxiety and Stress Scales.

Correlations between psychological variables

As presented in Table 4, it was found that the correlation between early experiences of submissiveness and threat and perceived discrimination was moderate and positive ($r = .49, p < .001$), between early experiences of submissiveness and threat and social safeness was low and negative ($r = -.36, p < .001$) and between early experiences of submissiveness and threat and depressive symptoms was low and positive ($r = .35, p < .001$). The correlation between social safeness and depressive symptoms was moderate and negative ($r = -.45, p < .001$) and between perceived discrimination and depressive symptoms was low and positive ($r = .25, p < .01$).

Table 4.

Pearson correlations between psychological variables (N= 126)

	1.	2.	3.	4.
1. Early life experiences of submissiveness and threat (ELES)	1	-	-	-
2. Perceived discrimination (EDS)	.49**	1	-	-
3. Social safeness (SSPS)	-.36**	-.49**	1	-
4. Depressive symptoms (DASS-21)	.35**	.25*	-.45**	1

Note. * $p < .01$, ** $p < .001$. ELES = Early Life Experiences Scale, EDS = Everyday Discrimination Scale, SSPS = Social Safeness and Pleasure Scale, DASS-21 = Depression, Anxiety and Stress Scales.

Hierarchical Regression of Social Experiences as Predictors of Depression Symptoms in SM

To better analyze the influence of each independent variable (perceived socioeconomic status, education level, early life experiences of submissiveness and threat, perceived discrimination, and social safeness) on the dependent variable (depressive symptoms), a hierarchical linear regression with four steps was performed (Table 5). In the first step, perceived socioeconomic status and education level were entered as independent variables. This model was statistically significant, $F_{(2, 123)} = 3.834, p = .024$, and explained 4% of depressive symptoms although none of independent variable was a significant predictor. In the second step, early life experiences of submissiveness and threat was inserted. This model was also significant, $F_{(3, 122)} = 8.406, p < .001$, and presented a significant F change ($p < .001$). In the third step, discrimination was entered, and the model was significant, $F_{(4, 121)} = 6.764, p < .001$ with a non-

significant F change ($p = .195$). In this model, only education level and early life experiences of submissiveness and threat presented a significant predictive effect. Finally, in the last step, social safeness was added to the model with a significant F change ($p < .001$). In this last model, early life experiences of submissiveness and threat, $\beta = .230$, $p = .013$, and social safeness, $\beta = -.350$, $p < .001$, were the only significant predictors, explaining 24% of depressive symptoms.

Table 5

Hierarchical linear regression predicting depressive symptoms (N= 126)

Models	Variables	R2	Adjusted R2	B	Error
Model 1		0.06	0.04		
	Perceived socioeconomic Status			-.153	1.052
	Education level			-.157	0.642
Model 2		0.17	0.15		
	Perceived socioeconomic Status			-.112	0.998
	Education level			-.169*	0.605
	Early experiences of subordination and threat (ELES)			.338**	0.033
Model 3		0.18	0.16		
	Perceived socioeconomic Status			-.096	1.006
	Education level			-.188*	0.613
	Early experiences of subordination and threat (ELES)			.278*	0.038
	Perceived discrimination (EDS)			.126	0.694
Model 4		0.27	0.24		
	Perceived socioeconomic Status			-.076	0.956
	Education level			-.133	0.591
	Early experiences of subordination and threat (ELES)			.230*	0.036
	Perceived discrimination (EDS)			-.025	0.718
	Social safeness (SSPS)			-.350**	0.057

Note. * $p < .01$, ** $p < .001$. ELES = Early Life Experiences Scale, EDS = Everyday Discrimination Scale, SSPS = Social Safeness and Pleasure Scale, DASS-21 = Depression, Anxiety and Stress Scales.

Discussion

The aim of this study was to understand how different social-related factors influence depressive symptoms in SM individuals. Specifically, how early experiences of

subordination and threat, perceived discrimination based on sexual orientation, and social safeness contribute for depressive symptoms in SM individuals. The hypotheses were that negative parental and peers' interactions would be associated to increased depressive symptoms, while social safeness would be associated to lower depressive symptoms.

According to the results of the present study, depressive symptoms in SM were negatively correlated with perceived socioeconomic status and education level. This means that lower perceived socioeconomic status and lower education level are related to higher depressive symptoms. These findings are congruent with previous reports showing that a lack of resources and opportunities can contribute to depressive symptoms (Freeman et al., 2016). Regarding gender (man and women) and sexual orientation (monosexual and bi+), no differences were found for depressive symptoms. Previous studies have come to the same conclusion that depressive symptoms levels are similar across these groups (Lewis et al., 2009; Balsam et al., 2005).

There was a positive and moderate correlation between experiences of threat and subordination in childhood and experiences of discrimination based on sexual orientation. Children's development inside their communities is directly influenced by socialization that begins very early in life. Families transfer their values and principles largely determined by socialization to their offspring (Silva, 2014). There is consistent evidence in literature that SM individuals, when compared to their heterosexual counterparts, experience less support and more tension from their families of origin (Reczek, 2020). Literature shows that SM adolescents are more likely to dispute with their parents, to be less close to them and are more likely to experience all forms of bullying and victimization including sexual assault (Meyer, 2003). SM youth are less likely to report attachment, connection, and assistance; are less likely to reveal personal issues; and are more likely to register conflict with their parents (Feinstein et al., 2018; Montano et al., 2018). For many SM individuals, family does not always represent a place where they can find comfort and assistance in the face of manifestations of insults and discrimination, but a place that reinforces that. In some families, the connections between fathers, mothers and sons are ultimately damaged, ending in cases of expulsion and which absolutely influence the life trajectories of their children (Domingos, 2022). Currently, research shows that some families of SM people exhibit social discrimination and itself becomes a source of discrimination (Gato, 2020). The discrimination faced in the family environment fosters distress through adolescence, which can persist into early adulthood (Freitas et al., 2016; McConnell et al., 2016). Freitas and colleagues (2016) found that

having regular conflicts with parents influenced the negative impact of episodes of discrimination on the mental health of SM adolescents. António and Moleiro (2015) suggested that parental support mediated the impact of homophobic bullying on psychological distress. In sum, negative early experiences with parents seem to contribute to a negative self-view in SM individuals, what might make them more vulnerable to the impact of peer discrimination due to their perceived sexual orientation. Although this discrimination is a distal process – external to individuals – the perception and impact of these events seem to be strong in SM individuals with negative early experiences.

Additionally, our results revealed a positive and low correlation between early experiences of submissiveness and threat and depressive symptoms. Low levels of parental care are connected to several negative health effects for SM individuals (McConnell et al., 2016; Russell & Fish, 2016). Family-of-origin relationships are crucial to the experiences of SM adults (Reczek, 2014). A low level of support from the family is correlated with poorer mental health in this population (Needham & Austin, 2010). According to Gilbert et al. (2003), the anxiety triggered by the perception of restrictive acceptance in childhood makes the individual vulnerable to developing depressive symptoms in adulthood. The adversity lived during childhood has proven to be one of the more relevant risk factors for the development of psychopathology (Castilho et al., 2010). Primary emotional experiences with parents and other significant figures have been considered extremely relevant for the development of the limbic system and in adapting our emotional reaction to fear and negative life events (Depue & Morrone-Strupinsky, 2005; Gilbert, 2010; Schore, 2001). In fact, positive early experiences with affection figures, characterized by acceptance, warmth and safeness have been positively correlated with indicators of well-being and mental health (DeHart et al., 2006; Marta-Simões et al., 2018; Mikulincer & Shaver, 2005). In contrast, early settings described with negative events of danger, neglect, rejection, or disregard seem to work as risk or weakness factors for the later advance of psychopathology (Richter et al., 2009).

There was a positive and low correlation between discrimination and depression. Higher levels of social discrimination are correlated with more psychological distress (Meyer, 2003). SM young individuals deal with an expanded risk of problems concerning mental health and well-being (Rosario & Schrimshaw, 2013). More particularly, discrimination and oppression in schools are linked to greater depression, suicidal ideation, and self-harm behaviors in SM individuals (Kann et al., 2016; United Nations Educational, Scientific, and Cultural Organization - UNESCO, 2012). Although this

correlation was low, it is consistent with a meta-analysis that found a correlation of $-.20$ between perceived discrimination and mental health (Pascoe & Richman, 2009) and with similar associations found among SM individuals (Seabra, 2024).

Social safeness was negative correlated with all the variables previously mentioned, such as perceived discrimination, experiences of submissiveness and threat and depressive symptoms. The construct of social safeness is described as the perception of the social world as safe, peaceful, and reassuring, as well as able to generate feelings of belongingness and a perception of approval by others. Social safeness has been linked to good psychological fit and well-being (Gilbert, 2015). Research suggests that individuals who feel more secure, accepted, and bonded to others tend to exhibit decreased levels of self-criticism and social isolation (Kelly et al., 2012), which is congruent with the conclusion of Petrocchi et al. (2019), who demonstrated that social safeness relates inversely to negative psychological functioning.

To better analyze the individual influence of three different social-related experiences (early experiences of submissiveness and threat, perceived discrimination and social safeness) on SM depressive symptoms, a hierarchical linear regression with four steps was performed. Initially, perceived socioeconomic status and education levels were included as independent variables based on the previous correlation results. However, during the hierarchical regression steps, these two sociodemographic variables lost their significance, suggesting that depressive symptoms may be better explained by the other independent variables in the model. In a second step, and aligned with our hypothesis, early life experiences of subordination and threat contributed significantly to explain depressive symptoms in SM, which is consistent with prior research. The literature shows a relationship between recalling harmful experiences with parents (such as disregard, low emotional affection, and risk/rejection) and depressive symptoms (Irons et al., 2006). According to Castilho et al. (2010), there is a positive relationship between recalling experiences of threat and subordination in childhood, self-criticism, and depressive symptoms. Research proposes that negative family settings are correlated with negative mental health results for SM individuals. This supports the assumption that fostering and protective conditions are linked to higher self-esteem, happiness, and less psychopathology in SM individuals (Greene & Britton, 2015). Having childhood experiences of protection and appreciation can be essential to the process of self-identity and parental bonding (Heatherington & Lavner, 2009). This result proves and increases investigation on the minority stress model by showing that adverse childhood

experiences, particularly those of subordination and threat, also impact on SM's mental health.

On the other hand, discrimination based on perceived sexual orientation fell short in the third step of the hierarchical regression, which was unexpected. Current depressive symptoms were better explained by early negative relationships with significant figures and education level. This might indicate that early experiences play a pivotal role for the development of depression in SM individuals, possibly attenuating the effect of posterior discrimination based on sexual orientation. Additionally, in the fourth step of the hierarchical regression, social safeness was inserted as an independent variable. In this final model, only experiences of subordination and threat and social safeness exhibited a significant effect on depressive symptoms. These data are in line with the most recent models for explaining mental health in SM, e.g. social safety theory (Diamond & Alley, 2022), which state that more than just minority status, it is the feeling of social unsafety that is most responsible for the vulnerability underlying mental health in SM. Recent research postulates that experiencing social safeness is a very important health source. SM often lack this sense of safety in their lives, which is considered a fundamental factor contributing to their mental and physical health disparities (Cano et al., 2023). For this reason, when SM people feel socially safe, they encounter social kindness, positive change, compassion, tranquility, and support by others, conducting to better mental health results (Gilbert et al., 2008). Endorphins and the neurohormone oxytocin play a relevant role in social safeness system. Experiences of comforting, care and nurturance pushes oxytocin and endorphins and exert peaceful feelings of safeness that makes the levels of threat and distress to reduce (Gilbert et al., 2009). Overall, the results from the hierarchical linear regression model illustrate the contributions of early life experiences within the family and social safeness and belongingness to understand SM individuals' depressive symptoms. This emphasizes the critical need for early intervention involving parents and families, as well as the promotion of social safeness and a sense of belongingness in psychological interventions for this population.

The results of the present study should be interpreted considering some methodological limitations. The current study's small sample size lacks balanced representation across gender and sexual orientation categories. A more diverse sample, including a wider range of non-heterosexual orientations, would enhance the representativeness of our findings within this population. Furthermore, the cross-sectional design of this study limits the establishment of causal relationships among variables.

Conducting a longitudinal study would afford us a more comprehensive analysis, allowing for the exploration of significant changes over time. In addition, studying psychopathological symptoms beyond depression could provide a broader understanding of mental health among SM individuals. Rather than solely relying on online questionnaires, employing interviews could offer deeper insights into the lived experiences of this population, thus informing more effective practices. Future studies should consider the broader context around SM individuals, expanding beyond the familial sphere to include educational environments like schools. By emphasizing this aspect, researchers can delve into interventions aimed at fostering positive adjustments within these contexts, thereby promoting more supportive and affirming environments for SM individuals.

Despite the limitations outlined above, the findings of this study offer valuable insights into the importance of nurturing, supportive, validating, and affirmative social relationships for the mental health of SM individuals, spanning from their childhood to their current social interactions. SM individuals who were raised in more affirmative and warmth family environments and with current feeling of social belongingness, may be less likely to develop depressive symptoms, even if they had been victims of discrimination.

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ATTACHMENTS

Anexo 1 – Parecer da Comissão de Ética



Parecer da Comissão de Ética

Parecer: CE-PI2-23

Projeto de Investigação: Experiências adversas na infância e sintomas depressivos em minorias sexuais: Qual o papel da proximidade social e das experiências de discriminação?

Investigadores: Mestrando Afonso Tadeu Bernardo Vaz Ferreira e Orientador Professor Doutor Diogo Carreiras

Data entrada: 13 de abril de 2023

Data de apreciação: 15 de junho de 2023

Fundamentação do parecer

É um estudo com vista à realização de investigação de Mestrado em Psicologia Clínica, na área de Especialização em Terapias Cognitivo-comportamentais.

Os investigadores apresentam uma breve revisão sobre como a investigação tem demonstrado relação entre a recordação de experiências negativas com os/as pais/mães (tais como negligência, baixo afeto emocional e ameaça/rejeição), a depressão (Kim et al., 2022; Tsehay et al., 2020), e a vinculação insegura (Cooke et al., 2019; Spruit et al., 2020).

O estudo em causa pretende analisar: 1. de que forma as minorias sexuais com experiências de ameaça e subordinação na infância e com experiências de discriminação, motivadas pela perceção de orientação sexual não normativa, estão presentes no desenvolvimento de sintomatologia depressiva; 2. como a proximidade e conexão aos outros poderá ser uma variável importante e positiva.

O protocolo é composto pelos seguintes questionários/inventários de auto-resposta:

1. Escala de Discriminação Quotidiana (Seabra et al., 2023);
2. Escala de Proximidade e Ligação aos Outros (Pinto-Gouveia et al., 2008);
3. Escala de Ansiedade, Depressão e Stress (EADS-21) (Pais-Ribeiro et al., 2004);
4. Escala de Experiências Precoces de Vida (Lopes & Pinto-Gouveia, 2005);
5. Questionário sócio-demográfico e de dados complementares

Página 1 de 2



Os critérios de participação estão definidos. Podem participar pessoas cuja orientação sexual não heterossexual, com idade compreendida entre os 18 e os 65 anos, que falem a língua portuguesa e com acesso à internet. São critérios de exclusão a falta de capacidade para compreender a língua portuguesa ou questionários de autorresposta e orientação heterossexual.

O processo de amostragem é não probabilístico, por conveniência e “bola de neve”. A recolha de dados é realizada presencialmente e através de um protocolo em formato *online*, com recurso à aplicação Formulários do *GoogleDocs*. O estudo em causa apresenta um design metodológico transversal e quantitativo.

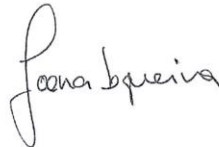
É garantido que os dados serão analisados anónima e coletivamente, usados unicamente para fins desta investigação, serão armazenados com segurança e privacidade e apenas os investigadores terão acesso aos mesmos.

É solicitado consentimento informado aos participantes.

Considera-se que o estudo em causa cumpre os procedimentos éticos requeridos após a solicitação e aprovação dos autores das escalas para a sua aplicação.

Coimbra, 15 de junho de 2023

Pl' A Comissão de Ética



(Joana Sequeira, Ph.D.)

Anexo 2 - Consentimento Informado e informação sobre o estudo

O meu nome é Afonso Ferreira e encontro-me a frequentar o Mestrado em Psicologia Clínica, ramo de especialização em Terapias Cognitivo-Comportamentais, a decorrer no Instituto Superior Miguel Torga.

Tendo em vista a realização da dissertação de mestrado, estou a desenvolver uma investigação relacionada com as relações e interações sociais e os sentimentos depressivos em pessoas pertencentes a minorias sexuais, sob a orientação do Doutor Diogo Carreiras.

Poderá participar neste estudo se se identificar como uma pessoa não heterossexual (por exemplo, lésbica, gay, bissexual, pansexual ou outra), tiver idade compreendida entre os 18 e os 65 anos e for fluente em língua portuguesa.

Se reunir as características anteriores e quiser participar neste estudo, ele tomará cerca de 10/15 minutos do seu tempo.

As suas respostas sinceras são fundamentais para garantir a qualidade deste estudo.

O preenchimento do questionário garante o total anonimato dos/as participantes e confidencialidade dos dados. A sua participação é totalmente voluntária e não envolve qualquer despesa e/ou riscos.

Os resultados deste estudo poderão ser divulgados em conferências, congressos e outros eventos de cariz científico e académico, garantindo sempre a confidencialidade das respostas.

Para qualquer esclarecimento por favor contacte: Afonso Ferreira (afonsotadeu1@gmail.com).

*To be yourself in a world that is constantly trying to make you something else is the
greatest accomplishment.*

Ralph Waldo Emerson