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## Parental sexuality disclosure, discrimination, and depression among Black sexual minority men and Black transgender women

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### Abstract

**Background:** Racial and sexuality-based discrimination can induce depressive symptoms among Black sexual minority men and transgender women (BSMM/BTW). BSMM and BTW who disclose their sexuality to parents may be better prepared to cope with discrimination.

**Aims:** We explored the relationship between discrimination and depression among BSMM and BTW, and if parental disclosure modified this relationship.

**Methods:** Secondary analysis of the MARI Study was used to test the relationship between discrimination and depression modified by level of disclosure of sexuality to parents among 580 BSMM and BTW in Jackson, MS, and Atlanta, GA.. Bivariate tests and linear regression models were stratified by sexuality disclosure to parents.

**Results:** Discrimination was associated with greater depression with significant dose-response modification across levels of disclosure. After adjustment, maximum discrimination scores were associated with depression scores 10.7 units higher among participants with very open disclosure (95% CI=10.4, 11.8), 15.3 units higher among participants with somewhat open disclosure (95% CI=3.7, 26.9), and 19.5 units higher among participants with no disclosure (95% CI=10.2, 26.8).

**Conclusions:** Disclosure of sexuality to supportive parents can substantially benefit the mental health of BSMM and BTW. Future studies should explore intervention approaches to providing social support for BSMM and BTW in unsupportive families.

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Declaration of Interest

None of the named authors have any actual or potential conflicts of interest, financial or otherwise. No competing financial interests exist.

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## Keywords

Mental health; racism; homophobia; LGBT; Intersectionality; Coming out

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## Introduction

Black gay, bisexual, and other sexual minority men (BSMM) and Black transgender women (BTW) are a high-priority population for U.S. public health efforts. BSMM and BTW experience a disproportionately higher burden of depression, internalized homonegativity, suicidality, and HIV than Black heterosexual men and Black cisgender women respectively<sup>1-5</sup>. BSMM and BTW also have greater substance use and suicidality than heterosexuals<sup>4,6-10</sup>. The mental health of BSMM/BTW has implications for other adverse health outcomes, including substance use behaviors, suicidality, and HIV/STI risk<sup>1-5,11</sup>. BSMM/BTW experience multiple forms of stigma from society and family that impact their mental well-being<sup>12,13</sup>. Parents particularly have stigmatizing beliefs regarding sexual and gender minorities that impact behavioral health outcomes for SMM children (REFS). Therefore, BSMM and BTW do not disclose their sexual/gender identity to their parents. This may be particularly true for BSMM/BTW in the Deep South, where stigmatizing beliefs regarding sexual and gender minorities are especially prevalent.

Disclosing sexuality to parents improves identity affirmation and depressive symptoms and lowers substance use and suicidality in sexual minority populations.<sup>14-16</sup> For BSMM/BTW, openness with parents regarding sexuality may promote many of the aforementioned mental health benefits, as well as allow for more effective coping with discriminatory racial experiences.<sup>17</sup> For parents who have an open dialogue with their Black sexual minority children, this may also extend to homophobic discrimination as well. Based on this, BSMM/BTW who are more open with their parents regarding their sexuality may be better prepared to cope with experiences of racial and homophobic discrimination. While there is literature demonstrating the relationship between discrimination and depression among racial and sexual minorities<sup>11,18,19</sup> few studies explore the extent to which openness with parents relates to this relationship.<sup>17,20</sup>

Minority Stress Theory posits that adverse health outcomes of racism and homophobia, including depression, suicidality, substance use, and sexual risk behaviors, produce a cumulative stress burden among minority populations.<sup>8,9,11,18,19,21-23</sup> This theory has been used to study several outcomes among LGBTQ+ populations and other minority groups, including Black LGBTQ+ populations.<sup>5,7,24-27</sup> For BSMM/BTW populations, extant literature illustrates that both homophobia and racism are associated with adverse health outcomes in this population, including substance use and sexual risk behaviors.<sup>9,21,23</sup> Given the breadth of potential adverse health outcomes, racial and homophobic discrimination is an important health risk factor among BSMM and BTW, especially in the Deep South. Parental sexuality disclosure could attenuate the relationship between discrimination and depression for BSMM and BTW. Depression among BSMM/BTW has substantial relevance to several health disparities facing this population compared to their heterosexual and cisgender peers; thus factors associated with depression are of great importance in this

population.<sup>5,18</sup> We focus on both BSMM and BTW in this context for two major reasons. First, both populations are intersections of racial/ethnic and sexual/gender minority status, so they are affected by all of the key stressors under study. This includes both a lack of family acceptance resulting in challenges disclosing sexual/gender identity and disparities in depression and related outcomes compared to their cisgender/heterosexual peers. Second, many people who initially identify as BSMM may later identify as BTW, so there is both overlap and shared community between these two populations.

The purpose of this study is twofold: First, we tested if experienced discrimination was associated with depression among BSMM/BTW. Second, we tested if this association was modified by disclosure of one's sexuality to parents. We hypothesized that greater discrimination would be associated with greater depression. We also expected that this association would be attenuated by greater disclosure of one's sexuality to parents, i.e., a weaker relationship between discrimination and depression among participants with greater disclosure of sexuality to parents. Studying parental disclosure and discrimination is important because of implications not only for mental wellness among BSMM and BTW, but also for adverse outcomes of depression, including substance use and suicidality. Findings from this study can better inform strategies for mental and sexual health promotion and intervention among BSMM and BTW.

## Materials and Methods

This study used data from the Ecological Study of Sexual Behaviors and HIV/STI among Black/African American Men who have Sex with Men in the Southeastern U.S.: The MARI Study.<sup>28</sup> This population-based study was designed to identify factors associated with sexual risk behaviors and HIV/STIs among Black SMM in Jackson, MS and Atlanta, GA. Recruitment procedures have been previously described in detail.<sup>28</sup> Briefly, participants were recruited from a combination of active and passive recruitment strategies in Jackson, MS and Atlanta, GA. Eligibility criteria included self-reporting being African American or Black, assigned male at birth, being 18 years or older, residence in the Jackson, MS, or Atlanta, GA, metropolitan statistical areas, and having had oral or anal sex with another man in the previous six months. The original parent study received approval from the Sterling Institutional Review Board according to federal regulations for research with human subjects, and all participants provided signed informed consent. As secondary data analysis, the present study was considered exempt from institutional review.

## Measures

**Parental Sexuality Disclosure.**—Parental sexuality disclosure was measured with the question, How open are you with your parents about your sexual orientation. Response options were scaled from Very open, somewhat open, not open

**Discrimination.**—The Everyday Discrimination Scale consisting of 8 items reflecting the frequency of experienced discrimination, was used.<sup>29</sup> Items included statements such as “People act as if they think you are not smart” and “You are threatened or harassed.” Response options included “Never, less than once a year, a few times a year, a few times a month, at least once a week, almost every day.” Responses to each item were coded in

integer form (from 0 to 5) and summed to create an index (ranging from 0 to 40), which we scaled in percentage for interpretability (0% to 100%). This scale demonstrated excellent internal consistency (Cronbach's alpha = 0.91) and has been used in previous research on discrimination.<sup>30</sup>

**Depression.**—Depression was measured using the CES-D 20, a 20-item scale reflecting multiple dimensions of depression. Items included statements such as “I was bothered by things that usually don't bother me” (Rarely or none of the time, some or a little of the time, occasionally or a moderate amount of the time, most or all of the time).<sup>31</sup> Responses to each item were coded in integer form (from 0 to 3) and summed to create an index (ranging from 0 to 60); these were not scaled in percentage, as there is a well-established cutoff for depressive symptomatology using this scale (values of 16 or greater). This scale demonstrated excellent internal consistency (Cronbach's alpha = 0.93) and has also been used in other studies of depression.<sup>27,32</sup>

**Covariates.**—Demographic characteristics, including age, relationship status, education, and annual household income were used as covariates.

### Statistical Analysis

In the original full sample of 585 participants, leverages and ‘Cook's distances were both used to assess outliers. Only 5 observations demonstrated unusually high ‘Cook's distances and leverages; these were excluded from all analyses. Our final analytic sample consisted of 580 participants. Missingness across all variables was relatively low (no more than 9% for any variable). All missingness was within either depression scale items, discrimination scale items, or socioeconomic status measures (employment status, education level, annual household income). Intrascale stochastic imputation was used to impute missing values within each of these groups of variables.<sup>33</sup> Each of these groups of variables demonstrated good internal consistency (Cronbach's alpha >0.80), supporting the validity of this means of imputation. To ensure the validity of our linear regression models, we examined collinearity, homoscedasticity of residual variance, and normality of residuals. Collinearity was tested by measuring the variance inflation factor (VIF) in each model. There was no evidence of collinearity in any of the models (All VIF<5), and we did not find any notable departures from variance homoscedasticity or residual normality. We conducted all analyses in SAS 9.4.<sup>34</sup>

For bivariate analyses, we used dichotomized forms of our discrimination and depression measure. Our discrimination measure was split at the median (low, high) and our CES-D 20 measure was split at the pre-validated cutoff for identification of depression (15 or lower, 16 or more). Within each category of parental disclosure, we tested for associations between discrimination and depression using a Fisher Exact test. We also tested associations between discrimination and all covariates using Chi-Square tests (for binary and multicategorical covariates) and Cochran-Armitage tests of trend (for ordinal covariates).

Linear regression was used to test for associations between discrimination percentage scores and CES-D 20 scores. We generated three sets of unadjusted models and models adjusted for age group, relationship status, education level, employment status, and annual household

income, with CES-D 20 scores as our outcome. Each set of models was generated within the three strata of parental sexuality disclosure (very open, somewhat open, and not open). Difference estimates and their 95% confidence intervals were generated. For discrimination terms, the estimate is continuous, but reflects the difference between the maximum (100%) and minimum (0%) values of the scale, as the measure is scaled in percentage. Adjusted regression estimates were also used to generate a figure of estimated CES-D 20 scores across both experienced discrimination and level of parental sexuality disclosure.

## Results

Nearly half of the sample was 18 to 25 years of age, and just over half was unemployed. Only one-tenth of the sample had an annual household income of \$30,000 or greater. Approximately a quarter of the sample was in a partnered relationship (i.e. dating, a long-term relationship, or married). CES-D 20 scores of 16 or greater, the indication of depressive symptomatology, were observed in 79.9% of the sample. CES-D 20 scores were also approximately normally distributed. Just over half of the sample (58%) had very open parental disclosure of sexuality, while 19.3% had no disclosure (Table 1). Higher discrimination scores were associated with CESD-20 scores greater than 16 across all disclosure groups. The smallest differences were observed among those with very open parental disclosure (14.2% higher) and those with somewhat open disclosure (13.1% higher), and the largest difference was among those with no parental disclosure (21.3% higher). Younger age was also associated with high discrimination among those with very open or somewhat open parental disclosure. Neither socioeconomic measures nor relationship status were associated with discrimination. About 94% of the sample identified as cisgender men.. and because of the small number of transgender women in the sample (6%), we could not include this as a covariate in our regression modeling. However, our findings indicate that BTW were more likely to experience high levels of discrimination (above the median) compared to cisgender BSMM.

Table 2 shows linear regression estimates stratified by level of parental disclosure. Discrimination was associated with higher CESD-20 scores across all parental disclosure groups, with a dose-response pattern observed across levels of disclosure (Table 2). After adjusting for covariates, among participants with very open parental disclosure, maximum discrimination scores were associated with CESD-20 scores 10.7 units higher (95% CI 10.4, 11.8). Among participants with somewhat open parental disclosure, maximum discrimination scores were associated with CESD-20 scores 15.3 units higher (95% CI 3.7, 26.9), and among participants with no parental disclosure, maximum discrimination scores were associated with CESD-20 scores 19.5 units higher (95% CI 10.2, 26.8). Across all groups, there was not a notable difference in discrimination score estimates (<10% change) after adjusting for covariates. Other factors associated with CESD-20 scores included age, education level, relationship status, and employment status. Notably, having a partner was associated with slightly lower CESD-20 scores among those with very open parental disclosure but associated with slightly higher CESD-20 scores among those with no parental disclosure. The differences in associations between discrimination and depression scores are evident visually as well (Figure 1); despite all groups having roughly similar

depression scores when discrimination is absent, this noticeably diverges in the presence of discrimination.

## Discussion

In the present study, greater experiences of discrimination were associated with higher depression, consistent with our first hypothesis. Findings are consistent with previous literature showing that experiences of discrimination have adverse effects on mental health in several populations.<sup>11,18,19,21</sup> Most of the sample had a CESD-20 score indicative of depressive symptomatology. BSMM/BTW, particularly BSMM/BTW in the Deep South, should be a priority population for mental health promotion. Given the observed associations between discrimination and depression, this has several implications for outcomes such as alcohol abuse, other substance use, and suicidality. Since BSMM/BTW bear a disproportionately high burden of these adverse health outcomes compared to their heterosexual peers, parental support may have a crucial role in reducing these disparities.

The relationship between discrimination and depression among BSMM/BTW was significantly attenuated by greater disclosure of their sexuality to parents, consistent with our second hypotheses. To our knowledge, this is the first study demonstrating that the association between experienced discrimination and depression is modified by parental disclosure of sexuality. Our findings underscore the role that parents have in combating adverse mental health disparities facing BSMM/BTW compared to their heterosexual and cisgender peers. Previous studies have documented the associations between family support and several positive health outcomes among LGBT youth.<sup>14–16</sup> BSMM/BTW who have parental support for their sexual identity are not only able to be more honest and open with their parents regarding experiences of discrimination but may also strengthen resilience to discrimination. While racial and homophobic discrimination are both ever-present in society and difficult to effectively prevent, parents can be an important buffer against the deleterious effects of these discriminatory experiences. Family-based intervention approaches, including parent-based interventions, can be useful for the promotion of resilience among BSMM/BTW.

Furthermore, we found that parental disclosure was associated with a less adverse relationship between discrimination and sexuality. However, disclosure may not be inherently protective in all contexts. Notably, much of the protective nature of disclosure may be contingent on having supportive parents; sexual and gender minorities coming out to unsupportive parents may face hostility, rejection, or violence. Additionally, the timing of disclosure across the life course is relevant; individuals coming out as teenagers may face significantly more risk than those coming out while they are independent adults. Parental support and timing of disclosure are recommended areas for future study of the relationships between disclosure, discrimination, and depression.

This study is not without key limitations. Given the focus on BSMM/BTW in the Deep South, our results are not generalizable to other BSMM/BTW populations in different geographical locations or SMM/TW of other racial groups. We used a single-item measure of parental disclosure of ‘one’s sexuality; this may indirectly partially capture several

different factors, including parental support and acceptance, which should be considered in the interpretation of our results. While the Everyday Discrimination Scale is both well-validated and commonly utilized, it does not identify forms of discrimination unique to intersections of race and sexual/gender identity. However, this does fit in an intersectional framework when utilized among intersectional populations, as it can often capture the elevated stressors experienced by intersectional minority groups, even if it does not parse them from other forms of discrimination. Thus, it still identifies many of the discriminatory experiences of an intersectional minority population, consistent with an intersectional framework. Finally, this was a cross-sectional secondary data analysis, so we were unable to assess temporality. However, this research has notable strengths. First, our study fills an important gap in the literature on how discrimination, depression, and parental disclosure interact among BSMM/BTW in the Deep South. We utilized well-validated, multi-item measures of depression and discrimination, capturing several dimensions of each factor across the range of items. Finally, our study demonstrated dose-response effect modification, demonstrating an ordered increase in the strength of association between discrimination and depression with lower levels of parental disclosure.

## Conclusion

In summary, greater experiences of discrimination were associated with greater depression among BSMM/BTW; this relationship was significantly attenuated among participants with greater disclosure of their sexuality to parents. Despite limitations, the factors of interest, particularly discrimination, are of heightened importance to BSMM/BTW populations, given the intersectional experiences of racial and homophobic discrimination. In the context of larger efforts to reduce adverse mental health outcomes among BSMM/BTW, parental support is a critically important and potentially intervenable factor. Future research should explore possible mechanisms of the observed interactions between parental disclosure, discrimination, and depression among BSMM/BTW. Additional study into the association between parental support and various outcomes of depression among BSMM/BTW, including substance use and suicidality, is also recommended. Similarly, research exploring when BSMM/BTW disclose sexuality to parents, and the depth of information disclosed, is recommended. Also, future research should explore the experiences of BSMM and BTW in unsupportive families and intervention approaches to promoting mental health and providing social support for these individuals. Given the constant burden of intersectional discrimination among BSMM/BTW, the importance of parental support to their mental wellness cannot be overemphasized.

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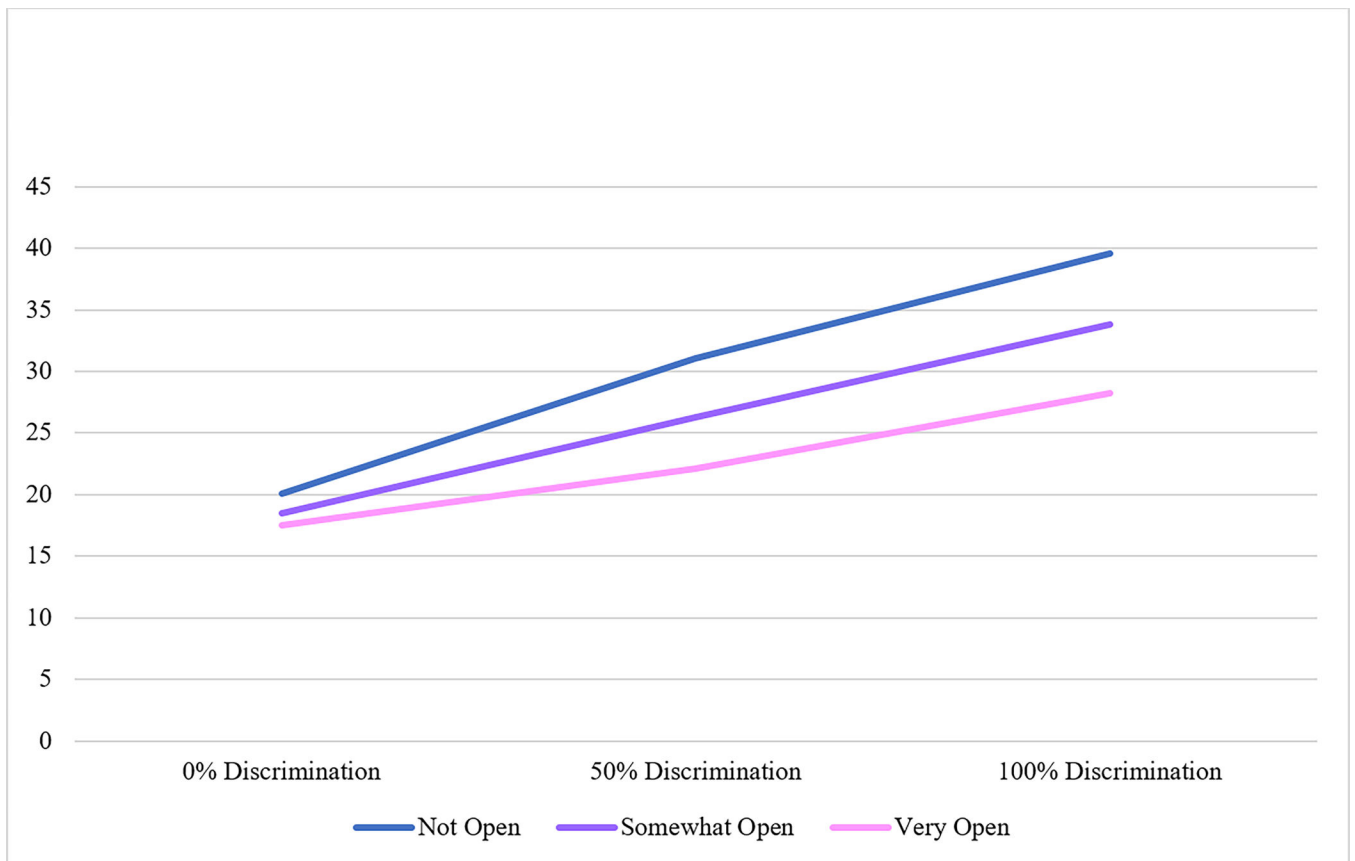
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Significant ( $p < .05$ ) interaction between discrimination and parental sexuality disclosure.

\*Mean estimates adjusted for age group, relationship status, education level, employment status, and annual household income.

**Figure 1.**

Adjusted\* Mean CESD-20 scores discrimination Scores and Parental Sexuality Disclosure among Black Sexual Minority Men ( $n=580$ ).

**Table 1.**

Proportions (%) of participants within each category of parental sexuality disclosure and experienced discrimination across depression and sociodemographic factors (n=580).

Parental Disclosure	Very Open (n=339, 58.4%)		Somewhat Open (n=129, 22.2%)		Not Open (n=112, 19.3%)		Total Sample
	Low	High	Low	High	Low	High	
<b>Discrimination Scores<sup>1</sup></b>							
<b>Depression Score<sup>2,3</sup></b>							
15 or less	<b>28.2</b>	<b>14.0</b>	<b>20.6</b>	<b>7.5</b>	<b>30.2</b>	<b>8.9</b>	20.1
16 or greater	<b>71.8</b>	<b>86.0</b>	<b>79.4</b>	<b>92.5</b>	<b>69.8</b>	<b>91.1</b>	79.9
<b>Gender<sup>3</sup></b>							
Cisgender Male	<b>94.1</b>	<b>85.4</b>	96.8	95.5	98.2	98.1	93.1
Transgender Female	<b>5.9</b>	<b>14.6</b>	3.2	4.5	1.8	1.9	6.9
<b>Age Group<sup>4</sup></b>							
18 to 25	<b>46.5</b>	<b>50.3</b>	<b>50.8</b>	<b>57.6</b>	45.5	42.1	48.8
26 to 35	<b>20.6</b>	<b>27.2</b>	<b>19.1</b>	<b>24.2</b>	25.5	21.1	23.3
36 to 45	<b>16.5</b>	<b>13.0</b>	<b>15.9</b>	<b>10.6</b>	9.1	19.3	14.3
46 and older	<b>16.5</b>	<b>9.5</b>	<b>14.3</b>	<b>7.6</b>	20.0	17.5	13.6
<b>Education Level<sup>4</sup></b>							
Less than high school	5.9	10.1	4.8	9.1	7.3	5.3	32.9
High school	31.2	33.7	33.3	36.4	27.3	36.8	39.1
Some college	44.7	34.9	46.0	33.3	36.4	36.8	20.5
College or more	18.2	21.3	15.9	21.2	29.1	21.1	7.4
<b>Employment<sup>4</sup></b>							
Unemployed, not looking for work	14.1	10.7	15.9	10.6	14.6	5.3	12.1
Unemployed, looking for work	34.1	48.5	38.1	34.9	34.6	47.4	40.2
Part-time	21.8	18.9	17.5	34.9	23.6	21.1	22.1
Full time	30.0	21.9	28.6	19.7	27.3	26.3	25.7
<b>Annual Household Income<sup>4</sup></b>							
Less than \$5000	31.8	47.9	30.2	45.5	40.0	40.4	39.5
\$5000 to \$19,999	41.2	28.4	38.1	25.8	29.1	22.8	32.4
\$20,000 to \$29,999	19.4	14.8	17.5	21.2	18.2	19.3	17.9
\$30,000 or more	7.7	8.9	14.3	7.6	12.7	17.5	10.2
<b>Relationship Status<sup>5</sup></b>							
Partnered	22.4	26.0	20.6	18.2	25.5	22.8	23.1
Single	77.7	74.0	79.4	81.8	74.6	77.2	76.9

Tested association between factors and discrimination within each parental disclosure category. p<.05 bolded.

<sup>1</sup>Low discrimination scores are less than or equal to the total median (5). High scores are above the median.

<sup>2</sup>Depression score cutoff of 16 or greater are previously validated cutoffs for depressive symptomatology.

<sup>3</sup>Tested using Fisher Exact test.

<sup>4</sup>Tested using Cochran-Armitage trend test.

<sup>5</sup>Tested using Chi-Square test.

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**Table 2.**

Linear regression estimates and 95% confidence intervals for association between each factor and depression outcomes (n=580)

Parental Disclosure	Very Open (n=339)		Somewhat Open (n=129)		Not Open (n=112)	
	Unadjusted	Adjusted*	Unadjusted	Adjusted*	Unadjusted	Adjusted*
<b>Discrimination Score %</b>	<b>11.1 (10.4, 11.8)</b>	<b>10.7 (10.1, 11.3)</b>	<b>14.0 (0.2, 27.8)</b>	<b>15.3 (3.7, 26.9)</b>	<b>19.1 (15.0, 23.1)</b>	<b>19.5 (10.2, 26.8)</b>
<b>Age Group</b>						
18 to 25		Reference		Reference		Reference
26 to 35		-7.6 (-12.9, -2.3)		-5.5 (-8.8, -2.2)		3.2 (-1.1, 7.5)
36 to 45		-10.4 (-11.6, -9.2)		-12.8 (-23.2, -2.3)		-7.9 (-20.0, 4.3)
46 and older		-12.9 (-14.2, -11.7)		-20.5 (-21.3, -19.8)		-8.4 (-9.5, -7.3)
<b>Relationship Status</b>						
Single		Reference		Reference		Reference
Partnered		-2.0 (-3.6, -0.4)		1.8 (-2.6, 6.3)		<b>1.5 (0.8, 2.2)</b>
<b>Education Level</b>						
Less than high school		Reference		Reference		Reference
High school		0.3 (-3.8, 4.4)		<b>5.5 (5.3, 5.8)</b>		-6.3 (-17.7, 5.1)
Some college		<b>3.4 (3.2, 3.6)</b>		<b>6.2 (3.9, 8.6)</b>		-6.4 (-17.0, 4.2)
College or more		0.0 (-6.8, 6.7)		<b>6.4 (4.3, 8.4)</b>		-4.0 (-12.2, 4.2)
<b>Employment</b>						
Unemployed, not looking for work		Reference		Reference		Reference
Unemployed, looking for work		-4.6 (-5.5, -3.7)		-1.5 (-7.7, 4.7)		1.5 (-0.9, 3.8)
Part-time		-5.5 (-6.3, -4.7)		-3.5 (-10.7, 3.8)		2.2 (-1.4, 5.8)
Full time		-1.9 (-4.5, 0.6)		0.0 (-1.4, 1.3)		-6.1 (-12.4, 0.3)
<b>Annual Household Income</b>						
Less than \$5000		Reference		Reference		Reference
\$5000 to \$19,999		1.5 (-3.4, 6.4)		0.2 (-1.8, 2.2)		-3.4 (-4.0, -2.8)
\$20,000 to \$29,999		2.5 (-1.7, 6.8)		4.1 (-1.2, 9.5)		-4.6 (-7.3, -1.9)
\$30,000 or more		-0.3 (-1.8, 1.3)		-0.5 (-12.4, 11.3)		<b>-4.3 (-5.9, -2.8)</b>

Associations with p<.05 bolded.

\* Models adjusted for age group, relationship status, education level, employment status, and annual household income.