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The Impact of Parental Reaction to Sexual Orientation on Depressive Symptoms and Sexual Risk Behavior among Hispanic Men who have Sex with Men

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Abstract

Purpose—This study examined the relationship of parent reaction to sexual orientation with depressive symptoms and safer sex among Hispanic adult men who have sex with men (MSM). We also examined men's acculturation to the U.S. (*Americanism*) in relation with these variables.

Method—Cross-sectional data collected from July 2011 to December 2012, from 125 MSM with a mean age of 43.02 years. Instruments included the Perceived Parent Reaction Scale, the Centers for Epidemiological Studies Depression Scale, the Safer Sex Behavior Questionnaire and the Bidimensional Acculturation Scale. Data was analyzed using Hierarchical generalized linear models (GZLM).

Results—Among men whose parents knew of their sexual orientation, rejection of son's sexual orientation from mother ($p=.032$) and from father ($p=.004$) was related to higher number of depressive symptoms. Parent reactions were not directly related to safer sex behaviors. Americanism was associated with lower depressive symptoms ($p=.001$) but was not related to safer sex behaviors.

Conclusions—Current parent attitudes about their sons' sexual orientation had an effect on the sons' emotional wellbeing and acculturation may play a protective role. Mental health and primary care clinicians working with Hispanic MSM should assess for level of family support and provide resources to assist with disclosure and family acceptance of sexual orientation as indicated, particularly among recently immigrated men who may be at higher risk.

Keywords

Depression; Hispanic; MSM; coming out; sexual orientation disclosure; sexual risk

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The risk for HIV infection among men who have sex with men (MSM) is well known and of high public health significance, particularly for ethnic minorities. In 2010, MSM accounted for 56% of people in the United States (U.S.) living with an HIV diagnosis and 63% of newly identified HIV infections, while representing only 2% of the U.S. population (Centers for Disease Control and Prevention [CDC], 2014). Among Hispanics, who in 2010 accounted for 21% of new HIV infections while representing 16% of the U.S. population, 68% of new infections were among MSM.

MSM are also at increased risk for depression, which besides being an important public health issue itself, also increases the likelihood of engaging in behaviors that increase risk for acquiring HIV infection (De Santis, Colin, Provencio Vasquez & McCain, 2008; De Santis, Arcia, Vermeesch & Gattamorta, 2011; Houston, Sandfort, Dolezal & Carballo-Diequez, 2012; Meyer, 2003; Perdue, Hagan, Thiede & Valleroy, 2003). A systematic review and meta-analysis revealed that the risk of depression and anxiety disorders among sexual minority individuals ranged from 1.54 to 2.58 higher than for heterosexual individuals, and lifetime prevalence of suicide attempts was 2.47 higher, with the highest risk among MSM (King, Semlyen, Tai, Killaspy, Osborn, Popelyuk & Nazareth, 2008).

Risk of HIV and Depression among Hispanic MSM

Ethnic minority MSM have unique life experiences and experiences of stigma and exclusion due to multiple social identities that elicit discriminatory reactions from within the general community, their racial/ethnic community and the mainstream gay community, which engender depressive mood (Balsam, Molina, Beadnell, Simoni and Walters, 2011; Choi, Paul, Ayala, Boylan, & Gregorich, 2013). A three-city study with a probability sample of 912 Hispanic MSM men revealed that 80% reported depressed mood and 17% reported suicidal ideation in the past 6 months, and that experiences of racial and sexual orientation discrimination predicted psychological symptoms and suicidal ideation (Diaz, Ayala, Bein, Henne, & Martin, 2001). Importance of Sexual Orientation Disclosure

Disclosure of one's sexual orientation to parents is a significant milestone in the coming out process of sexual minority individuals (Floyd & Bakeman, 2006). Parents often react negatively to their child's coming out (D'Augelli, Grossman, & Starks, 2008) including reactions of shock, rejection and grief that has been described as mirroring the process of bereavement following a death in the family (LaSala, 2000; Willoughby, Doty & Malik, 2008). In a study of the lived experiences of gay men in coming out to their parents, Machado (2015) describes the strain in parent-child relationships following disclosure.

Parental reaction to disclosure of sexual orientation impacts psychological health and engagement in risky sexual behaviors among sexual minority youth (Bouris et al., 2010). In a predominantly White non-Hispanic national sample of sexual minority youth ages 12–17, males who disclosed their sexual orientation and were not supported by parents reported significantly higher levels of suicidal ideation and substance abuse (Padilla, Crisp, & Rew, 2010). While negative reactions are likely to lead to adverse effects, a close relationship with parents following disclosure may help to buffer the effects of social discrimination (Beatty, 1999; Padilla et al., 2010).

There have been relatively few studies examining the impact of parental reaction among sexual minority adults, and these studies have been predominantly with young adults. A study by Ryan, Huebner, Diaz, & Sanchez (2009) of 224 sexual minority young adults ages 21–25, half of whom were Hispanic, found that those who reported family rejection in adolescence were 8.4 times more likely to report a suicide attempt, 5.9 times to report depression, and 3.4 times to report drug use and unprotected sex. In that same sample, Hispanic MSM reported the highest levels of parental rejection, depression, suicidal behavior and HIV risk behavior of any ethnic and gender group. We located one study examining these factors with a middle-age adult sample (mean age = 38.41) of sexual minority individuals, who were predominantly White non-Hispanic. In that study, MSM who had not come out to parents, or whose parents were not supportive of their sexual orientation, had higher levels of depression and binge drinking (Rothman, Sullivan, Keyes, & Boehmer, 2012). One qualitative study with Hispanic MSM explored family support, sexual orientation disclosure and alcohol use (del Pino, Moore, McCuller, Zaldivar & Moore, 2014). No studies were located that examined the relationship between parent reactions and mental health or sexual risk behavior outcomes among Hispanic MSM beyond their 20 s.

Hispanic Cultural Norms

Homophobia and stigmatization of non-gender conforming individuals is prevalent among Hispanics. Derogatory words commonly used to denigrate MSM marginalize and stigmatize Hispanic MSM (Guernero, 2007). The culture-related rejection of Homosexuality may lead Hispanic MSM to conceal and/or deny their true sexual identity (Diaz, 1998) or delay disclosure compared to white non-Hispanics (Garofalo, Deleon, Osmer, Doll, & Harper, 2006; Grov, Bimbi, Nanín, & Parsons, 2006; Padilla et al., 2010). For Hispanic MSM that do disclose, they are likely to experience the highest number of negative family reactions compared to sexual minority Hispanic females, and sexual minority Whites regardless of gender (Ryan, Huebner, & Diaz, 2009).

Gender roles and norms held by many Hispanics result in a rigid categorization of masculinity whereby the man is seen as the provider, being in charge, and in control (Alvarez, 1997). In a mixed ethnicity sample of sexual minority youth and parents, Richter (2015) found that Hispanic parents held more traditional gender role beliefs than White non-Hispanic parents, and that traditional gender role beliefs were associated with higher levels of rejection of their child s sexual orientation. Furthermore, many Hispanics ascribe to Christian religious values, which have historically condemned homosexuality as unnatural, and are incompatible with non-heterosexual orientations and lifestyles (Rodriguez, 2009). A study with a mixed-ethnicity sample of 225 sexual minority young adults found that low family acceptance was associated with being Hispanic and an immigrant, family religiosity and parental low occupational status (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010).

Acculturation may provide some relief from the aforementioned processes. While numerous studies have documented an association between acculturation and high risk sexual behavior and poor mental health outcomes among Hispanics (e.g., Alegría et al., 2008; Beadnell et al., 2003; de Figueiredo, 2014; Raffaelli, Zamboanga & Carlo, 2004), there is some evidence

that the effects of acculturation on health behaviors and mental health may play out differently among MSM. One study exploring the experiences of Hispanic MSM found that recently migrated men engaged in high-risk sexual behavior due to poverty and feelings of isolation and loneliness. Men reported that not being fluent in English, fear of homophobic attacks, and perceiving that multiple sexual partners is normative gay behavior in the U.S. influenced their engagement in high risk sexual behavior such as anonymous sex in public venues (Bianchi et al., 2007).

Theoretical Framework

Vulnerable populations have an increased risk of disease, or susceptibility to adverse health outcomes related to social/economic status, stigma, marginalization, or disenfranchisement (Flaskerud & Winslow, 1998). The Vulnerable Populations Conceptual Model (VPCM) was applied to this study to describe the relationship between resource availability, relative risk, and health status of the sample of Hispanic MSM. includes the components of resource availability, relative risk, and health status. Resource availability is access to socioeconomic (such as income) and environmental resources (such as social connectedness). This model has been used with previous research with Hispanics (De Santis, Vasquez, Weidel, Watson & Sanchez, 2009; Gonzalez-Guarda, Peragallo, Vasquez, Urrutia & Mitrani, 2009).

The Current Study

The aim of this study is to examine the association between parental reaction to sexual orientation and depressive symptoms and safer sex behaviors among adult Hispanic MSM. We hypothesize that negative parental reaction will be related to depressive symptoms and lower levels of safe sex behaviors, a relationship that has not been empirically tested in previously reported research with adult Hispanic MSM. In addition, we explore the relationship of acculturation with coming out to parents, the outcomes of depressive symptoms and safer sex, and whether acculturation interacts with parental reaction on depressive symptoms or safer sex. A final aim is to describe sexual orientation disclosure to parents among a community sample of Hispanic adult MSM.

Methods

Design

This is an ancillary study to a larger mixed methods study that assessed cultural influences on risk behaviors such as mental health, substance abuse, and violence among Hispanic MSM. Data was collected from July 2011 to December 2012. The segment of the study in this report used a quantitative cross-sectional design and reports unpublished data. Apriori sample size calculation using an alpha of 0.05, a medium effect size ($f^2 = .15$), five predictor variables, and a desired statistical power of 0.8 resulted in a sample size of 100 participants. To compensate for potential missing data, an additional 25% participants were recruited, resulting in a final sample of 125 men (Sorper, 2016).

Sample, Setting and Recruitment

The sample consisted of 125 community-dwelling Hispanic MSM. Established criteria for enrollment included: 1) self-identification as Hispanic or Latino and ability to speak either Spanish or English; 2) self-identification as gay or bisexual; 3) residence in Miami-Dade County, Florida; and 4) 18 to 65 years of age. Participants who met screening criteria were enrolled in the study and completed the measures.

The second author recruited participants from a community based organization (CBO) in South Miami Beach, Florida that provided HIV counseling and testing to minority MSM. This CBO was chosen because of its physical location in an area where a large number of Hispanic MSM reside, and because it is one of the only agencies in this area that provides services specifically for Hispanic MSM. After completing the study, each participant was provided with five business cards that described the study with a contact telephone and were encouraged to give these business cards to members of their social network who might be interested in enrolling in the study. Eighty-seven participants (69.6% of the sample) were recruited via snowball recruitment; the remaining participants were self-referred from flyers posted at the CBO. Study personnel did not share information to participants about others who enrolled in the study, including anyone referred through snowball recruitment.

Procedures

The study was approved by the university's Social and Behavioral Sciences Institutional Review Board and permission was granted by the CBO. All study procedures were conducted, by the second and fourth authors, in the participant's preferred language, either English or Spanish. Procedures were conducted at the participant's home ($n = 85$; 68.0%), the CBO ($n = 38$; 30.4%), or a private research office ($n = 2$; 1.6%). Confidentiality was maintained at all times by ensuring that a private, uninterrupted space was used.

Instruments

All measures used in this study were available for participants to complete in their preferred language (English or Spanish). Two measures, the Bidimensional Acculturation Scale (Marin & Gambin, 1996) and the Centers for Epidemiological Studies Depression Scale (Radloff, 1977) were available in the public domain in both English and Spanish. The remaining measures were professionally translated into Spanish, using a translation/backtranslation process, by American Translation Association (ATA) translators with certification in English and Spanish translations.

Parental reaction to their son's sexual orientation was assessed using the Perceived Parent Reaction Scale (Willoughby, Malik, & Lindahl, 2006). This measure includes 32 items that assess an individual's perception of their parent's level of general homophobia, shock, denial, anger, bargaining, depression, and acceptance of their child's sexual orientation. Scores range from 32 to 160 and higher scores indicate more rejection (i.e., lower acceptance). The study asked participants to report separately on their mother (or mother-figure) and father's (or father-figure's) current attitudes. Cronbach's alpha in a previous study with young adult MSM, in which the measures were administered in English only, was .97 for both mother and father responses (Willoughby, Malik, & Lindahl, 2006).

Cronbach's alpha for this sample were .96 for mother, and .96 for father. Reactions were standardized when testing interactions. The authors added four questions related to the disclosure context including age at disclosure to parents, whether they were living with the parent at the time of disclosure and whether they stopped living with the parent after disclosure, as well as the age when they first introduced a male partner to their parents. Cronbach's alpha was not calculated for these additional items as they were not intended to measure a unified construct. Only those men with at least one parent who knew about their sexual orientation contributed data for analyses involving parental reaction, and mother and father reactions were analyzed separately.

Depressive symptoms were assessed using the Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977). The CES-D includes 20 items that measure the frequency of depressive symptoms. Scores higher or equal to 16 indicate greater risk for depression. Radloff (1977) reported Cronbach's alpha coefficients ranging from .85 to .90. Cronbach's alpha for this sample was .90.

Safer sex behavior was assessed using the Safer Sex Behavior Questionnaire (DiIorio, Parsons, Lehr, Adame, & Carlone, 1993). The measure includes 27-items addressing condom usage, high risk sexual behaviors, and sexual communication and negotiation. Higher scores indicate lower sexual risk, i.e. safer sex behaviors. DiIorio and colleagues (1993) reported a content validity index of 98%, construct validity using correlation analysis with measures of assertiveness and risk-taking, and Cronbach's alpha coefficient of .82 in a predominantly male, mixed race sample of single, sexually active college freshmen. Cronbach's alpha for this sample was .82.

Acculturation was assessed using the Bidimensional Acculturation Scale (Marin & Gamba, 1996). This measure includes 24 items regarding the respondent's English and Spanish language behaviors in the domains of language use, language proficiency, and language use in media. Two subscales of 12 items each assess Hispanicism and Americanism. Marin and Gamba (1996) reported validity of the measure using correlation analysis with various scales of acculturation used in previous research and with criteria such as number of years in the U.S. and ethnic self-identification. A study with a sample of Hispanic men that included both heterosexuals and MSM reported Cronbach's alphas of .96 for the Americanism scale and .86 for the Hispanicism scale (Gonzalez-Guarda, DeSantis & Vasquez, 2013). Cronbach's alpha for this sample were .94 for Americanism and .83 for Hispanicism. Only acculturation to the U.S., i.e., Americanism, was used in this study because most men scored high on the Hispanicism subscale.

Data Analysis

Hierarchical GZLM in SPSS 19 was used for this set of analyses. This analysis was chosen because GZLM is an extension of ANOVA and regression models that allows the use of post-hoc testing (as in ANOVA) for multilevel independent variables with a hierarchical blocked structure to investigate interactions (as in regression). Standardized variables were used for these analyses to facilitate comparisons and to center variables for moderator analyses. For this set of analyses, we combined all mothers, and all fathers, whether the participant disclosed to one or both parents. That is, all men who disclosed to their mother

were included in analyses about their mother's reaction, and all men who disclosed to their father were included in analyses about their father's reaction. Parental reaction was entered in the first block, and then Americanism and a parental reaction x Americanism interaction term in the second block.

Results

Sample Characteristics

Characteristics of the full sample are in Table 1. The mean age of the participants was 43.02 years ($SD = 10.34$). Most (53%) of the men were born in Cuba. Mean number of years in the U.S. among foreign or Puerto Rican born participants was 18.92 ($SD = 12.29$). Participants had a mean of 14.26 ($SD = 3.20$) years of education. Fifty-eight percent of participants were currently employed. Most men identified themselves as homosexual (97%).

Disclosure of Sexual Orientation

Of the 125 men, 51 (41%) reported that both of their parents knew of his sexual orientation, 43 (34%) reported that neither parent knew, 27 (22%) reported that only their mother knew, and 4 (3%) reported that only the father knew. In total, 78 (62%) of mothers knew the son's sexual orientation, and 55 (44%) of fathers knew the son's sexual orientation. On average, men disclosed to their mothers at age 20.75 ($SD = 6.89$) years, and to their fathers at 21.75 ($SD = 6.40$) years.

Table 2 presents participant characteristics by disclosure status. Men who had not disclosed to either parent were older than men who had disclosed to both parents. There were no differences between disclosure groups in depressive symptoms, $p = .452$, or safer sex behaviors, $p = .713$. Americanism was related to who the son disclosed to, $F(3, 118) = 2.81$, $p = .043$. Post-hoc tests using Tukey's HSD showed that participants who disclosed to their mother were more Americanized ($M = 3.27$, $SD = 0.60$) than those who had disclosed to neither parent ($M = 2.78$, $SD = 0.75$), $p = .047$.

Parental Reaction Main Effects

Mothers non-acceptance, $B = 2.62$, $SE = 1.22$, $p = .032$, and fathers non-acceptance, $B = 3.96$, $SE = 1.39$, $p = .004$, were positively related to depressive symptoms. Mothers and fathers reaction were not directly related to safer sex behaviors. Results of HGZLM analyses are shown in Table 3 (depressive symptoms) and Table 4 (safer sex behaviors).

Acculturation Main Effects

Americanism was inversely related to depression in the full sample (i.e., including those who had not disclosed to either parent), $B = -4.26$, $SE = 1.22$, $p = .001$. For men who had disclosed to at least one parent, Americanism was inversely related to depressive symptoms, $B = -4.19$, $SE = 1.22$, $p = .001$, but there was no significant interaction between mother or father reaction and Americanism with respect to depression. Americanism was not significantly related to safer sex behaviors in the full sample (i.e., including those who had not disclosed to either parent), $B = 2.72$, $SE = 1.02$, $p = .480$. Among men who had

disclosed to their mothers, there was a trend for Americanism to be positively related to safer sex behavior, $B = 2.67$, $SE = 1.42$, $p = .059$.

Acculturation x Parental Reaction Interaction

There was a significant interaction between mother's reaction and Americanism, $B = -2.90$, $SE = 1.43$, $p = .043$. Lower acceptance from the mother tempered the protective trend of Americanism on safer sex behaviors. There was no significant father reaction x acculturation interaction with safer sex behaviors.

Discussion

This study demonstrates the impact of parental acceptance on the emotional wellbeing of Hispanic MSM and as hypothesized, parental acceptance was associated with lower depression scores. The study asked participants to report on their parent's current attitudes and shows that negative reactions about the son's sexual orientation persist even decades after disclosure, in contrast to scholarship in this area suggesting that most parents eventually accept their child's gay identity (Machado, 2015). Further, parental reactions, even many years after disclosure in this sample of mostly men, whose mean age was in their 40s, demonstrates that family acceptance is important for mental health into middle adulthood.

The importance of family is a central cultural norm among Hispanics and maintaining harmonious family relationships is a strongly held value (Marin & Marin, 1991; Vega, 1995). The findings in this study regarding parental reaction and depressive symptoms suggest the need for family-based interventions to improve relationships among Hispanic MSM and their parents and to facilitate the coming out process in such a way as to preserve or repair parent-child relationships (LaSala, 2000). Family-based interventions could mean addressing family issues even if the parents are not present. This is important because many of the parents of participants in this study are from a generation and from a culture where seeking mental health services is stigmatized and also because family separations due to migration may make it impossible to work with men and their parents even while the relationships remain influential despite geographic distance. It is also possible to achieve loving and supportive relationships between MSM and their families without disclosure of sexual orientation (del Pino, Moore, McCuller, Zaldivar & Moore, 2014).

The experience of Hispanic MSM must be considered within the context of cultural beliefs regarding masculinity, religion and family. Within this traditional cultural context, Hispanic MSM are perceived as failing to attain manhood and, therefore, lack a male identity, which engenders internal shame and denial (Diaz, 1998; Guarnero, 2007; Guarnero & Flaskerud, 2008). Because homosexuality is not culturally accepted, Hispanic MSM may be seen as unfaithful to their culture, religion and family (Alvarez, 1997). In their study with Hispanic MSM, Diaz et al. (2001) found that 70% of the men felt that their homosexuality hurt and embarrassed their families. Although not directly tested in this study, it is possible that internalized stigma and loss of family support play a role in the relationship between parental rejection and depression. Future research clarifying these mechanisms of action could inform interventions. There is also a need for research on the success stories of

traditional Hispanic parents and adult children where parents have accepted their son's sexual orientation despite conservative values or who have reconciled strained relationships.

Unlike the preponderance of evidence linking acculturation to negative outcomes such as depression and high risk sexual behaviors in Hispanics (Alegría et al., 2008; Beadnell et al., 2003; de Figueiredo, 2014; Le & Kato, 2004; Raffaelli, Zamboanga, & Carlo, 2005; Lee & Hahm, 2010) as well as in some studies with Hispanic MSM (DeSantis, Gonzalez-Guarda, Provencio-Vasquez and DeLeon, 2014; De Santis, Vasquez, Weidel, Watson, & Sanchez, 2009) we found that Americanism was related to lower levels of depressive symptoms. The processes of acculturative risk may play out differently for Hispanic MSM than for other Hispanics, who as suggested by findings from qualitative research (Bianchi et al., 2007), may experience greater self-acceptance and alleviation of isolation and other stressors in the process of acculturation, lowering their risk for depressive symptoms. Nonetheless, as documented by Carillo and Fontdevila (2014), the cultural adaptation of Hispanic MSM regarding sexual and relational practices follows a variety of pathways and merits research that considers the heterogeneity of attitudes and experiences both before and after migration.

The rates of disclosure to parents in this sample of Hispanic MSM is consistent with findings from a nationally representative sample of sexual minority adults (LaSala, 2000; Pew Research Center, 2013). We did find that acculturation was related to disclosure, suggesting that becoming more Americanized may influence the men's sense of freedom to disclose. The rejection of homosexuality in traditional Hispanic culture coupled with the emphasis on family harmony and conformity may contribute to the reluctance of less acculturated MSM to disclose their sexual orientation to their families (Heatherington & Lavner, 2008; Newman & Muzzonigro, 1993; Padilla et al., 2010).

Limitations

The findings in this study should be interpreted in the context of several limitations. First, this is an ancillary study that added a measure of parental reaction to a study that was more generally about mental health and risk behaviors among adult Hispanic MSM. Therefore, indicators that would have provided more nuanced information about the relationships studied were not available. Second, due to the cross-sectional design of the study we cannot know the sequence of events and it is possible that depressive symptoms colored the men's perception regarding their parent's reaction, rather than parent's reaction leading to the depressive symptoms. A related limitation is that the study asked men to report on their own perceptions of their parents' reactions and we do not have corroborating reports from the parents themselves, thus we cannot know that our findings truly reflect family functioning. Further, testing interaction effects in a sample of this size may be low-powered, so the lack of significant effects should be interpreted in this light. Finally, the convenience sample of men and the bicultural nature of their adaptation, whereby even when adopting an American way of life most of the men retained Hispanic customs, a situation which is common in regions with dense Hispanic populations, limits generalizability and interpretation of acculturation findings.

Conclusions

This study reports findings on disclosure of sexual orientation to parents and the relationship of parental reaction to sexual orientation, depressive symptoms, and safer sex behaviors among an adult sample of Hispanic MSM. This study is unique in that this is the only study that has examined these relationships among adult, rather than adolescent or young adult, Hispanic men. The study finding that parental acceptance was associated with lower depression scores adds to the research evidence regarding the importance of parental acceptance as a protection against depression among sexual minority youth (Bouris et al., 2010; Padilla et al., 2010), young adults (Ryan, Huebner, Diaz, & Sanchez, 2009), and White non-Hispanic adults (Rothman, Sullivan, Keyes, & Boehmer, 2012). Our hypothesis that parental acceptance would be associated with safer sexual behavior was not supported in this study. Acculturation, specifically Americanism, appears to have been protective against depressive symptoms.

Clinical Implications

This study's findings provide some important implications for clinicians providing care to Hispanic MSM. Clinicians need awareness and appreciation of the relationship of parental reaction in terms of acceptance or rejection of a child's sexual orientation, and the impact that this acceptance or rejection may have on depressive symptoms. The parental relationship is a source of support even into adulthood, and when this support is not available, mental health issues may result. Clinicians need to explore the parent-child relationship, as well as other sources of social support available to Hispanic MSM. If support is not available from the family of origin, some men may receive support from a partner, which has been shown to reduce HIV risk (Beougher, Gómez & Hoff, 2011).

Although this study did not find a direct relationship between parental reaction and safer sex behavior, previous research has documented that Hispanic MSM with higher levels of depressive symptoms and lower self-esteem engage in more high risk behaviors (De Santis, Colin, Vasquez & McCain, 2008; De Santis, Arcia, Vermeesch & Gattamorta, 2011). Hispanic MSM with any mental health condition should receive a sexual health screening to identify risk for HIV infection.

Lastly, clinicians need to focus on assessment of mental health among Hispanic MSM who have recently immigrated to the U.S. Previous research has noted that immigrant MSM may be at risk for HIV infection upon arrival to the U.S. because of cultural differences, difficulty in negotiating safer sex with partner, and a lack of social support (Bianchi et al., 2007). The results of this study suggest that recent immigrant may be at greater risk for depression as well.

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Highlights

- Men who have sex with men (MSM) are at an increased risk for HIV infection and major depressive disorder.
- Ethnic minority MSM, such as Hispanic MSM, have unique life experiences of stigma and exclusion related to sexual minority status.
- Hispanic MSM may have difficulty disclosing sexual orientation to the family of origin.
- Parental reaction to disclosure of sexual orientation may impact depressive symptoms.
- Mental health nurses working with Hispanic MSM need awareness of the impact of parental reaction to disclosure of sexual orientation on mental health of Hispanic MSM.

Table 1

Characteristics of Full Sample.

Characteristic	M	SD
Age, years	43.02	10.34
Education, years	14.26	3.2
Time in U.S., years	18.92	12.29
	<i>N</i>	%
Employed	73	58
Birthplace		
Cuba	66	53
U.S., not Puerto Rico	18	14
Puerto Rico	12	10
Nicaragua	7	6
Honduras	5	4
Venezuela	5	4
Colombia	4	3
Argentina	2	2
El Salvador	1	1
Chile	1	1
Unknown/Not reported	4	3

Table 2

Characteristic	Both Parents (<i>n</i> = 51)		Mothers only (<i>n</i> = 27)		Fathers only (<i>n</i> = 4)		Neither parent (<i>n</i> = 43)		<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Current Age, years ^a	40.10	9.42	42.70	11.79	39.75	4.99	46.88*	9.94	3.69 .014
Education, years	14.61	2.86	14.85	3.26	14.00	6.32	13.81	3.25	0.73 .536
Age of Disclosure									
Mother, years	21.61	6.01	19.15	8.18	--	--	--	--	2.29 .134
Father, years	21.76	6.16	--	--	21.50	10.15	--	--	0.01 .937
Americanism	3.05	0.76	3.27 ^b	0.60	2.61	1.16	2.78	0.75 ^b	2.81 .043
Mother Reaction	2.09	0.79	2.08	0.61	--	--	--	--	0.01 .990
Father Reaction	2.13	0.78	--	--	2.68	0.77	--	--	0.55 .647
Depression	15.73	11.83	14.95	11.07	21.50	10.02	14.95	11.07	0.86 .465
Safer Sex Behaviors	70.53	10.22	71.71	12.74	72.60	14.61	73.22	10.88	0.44 .723

Note.

^a Age: Disclosed to Neither parent was significantly different from Out to Both Parents.

^b Significant differences using Tukey's HSD post-hoc test.

Table 3

Predictors of Depressive Symptoms.

Predictors	Mother (<i>n</i> = 78)						Father (<i>n</i> = 55)					
	Block 1			Block 2			Block 1			Block 2		
	<i>B</i>	<i>SE</i>	<i>p</i>	<i>B</i>	<i>SE</i>	<i>p</i>	<i>B</i>	<i>SE</i>	<i>p</i>	<i>B</i>	<i>SE</i>	<i>p</i>
Parental Reaction	2.62	1.22	.032	2.20	1.10	.046	3.96	1.39	.004	3.12	1.28	.015
Americanism	--	--	--	-4.19	1.22	.001	--	--	--	-4.10	1.31	.002
Reaction x Americanism	--	--	--	-1.61	1.09	.142	--	--	--	-0.63	1.26	.617

Table 4

Predictors of Safer Sex Behavior.

Predictors	Mother (<i>n</i> = 78)						Father (<i>n</i> = 55)					
	Block 1			Block 2			Block 1			Block 2		
	<i>B</i>	<i>SE</i>	<i>p</i>	<i>B</i>	<i>SE</i>	<i>p</i>	<i>B</i>	<i>SE</i>	<i>p</i>	<i>B</i>	<i>SE</i>	<i>p</i>
Parental Reaction	−0.98	1.30	.452	−0.83	1.28	.515	−1.62	1.29	.004	−1.11	1.28	.385
Americanism	--	--	--	2.67	1.42	.059	--	--	--	1.97	1.29	.129
Reaction x Americanism	--	--	--	−2.64	1.27	.037	--	--	--	1.06	1.24	.395