Minority stress and mental health of homosexual and bisexual men and women: A review of research on the minority stress model from a Croatian perspective

Željka Kamenov[1], Aleksandra Huić, Margareta Jelić
Department of Psychology, Faculty of Humanities and Social Sciences, University of Zagreb

Abstract

According to numerous research studies, homo- and bisexual persons are twice as likely to develop mental health problems during their lifetime than heterosexual persons. The main goal of this review paper is to show how this higher incidence of poor mental health and well-being can be explained by the minority stress model. According to this model, sexual minorities are facing everyday challenges such as stigma, prejudice, and discrimination, which create a stressful environment for them. The paper explains the minority stress model proposed by Meyer and reviews current empirical findings supporting the model and its assumptions. Since social context is an integral part of this model, we review existing research that has examined parts of the minority stress model in Croatia, and look at the model from the perspective of contemporary Croatian society. Current research shows that different parts of the model are validated in the Croatian context. LGB persons who have experienced victimization and discrimination have poorer mental health. Concealing one's sexual identity does seem to lead to fewer opportunities for victimization and discrimination, but it is also associated with low self-esteem and quality of life. On the other hand, being open about one's sexual orientation is associated with greater well-being. Being involved and active in the LGB community seems to be the path leading to better visibility and acceptance of LGB's in the Croatian society. Finally, this paper contributes to the enrichment of minority stress findings by including research on bisexual persons that points to the existence of extra added stress due to double discrimination of bisexual persons by both heterosexual and homosexual persons.

Keywords: minority stress, mental health, homosexual persons, bisexual persons

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1   Corresponding author: Željka Kamenov, Department of Psychology, Faculty of Humanities and Social Sciences University of Zagreb, e-mail: zkamenov@ffzg.hr

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INTRODUCTION

Minority group members are facing unique challenges in adapting to the society they live in. Individuals that represent a minority group in a society, be it due to their socioeconomic status, religious orientation, ethnicity, or sexual orientation, face prejudice and discrimination by the majority population on a daily basis, and are often the victims of physical, psychological, or economic violence. Given the additional problems of adaptation that they face, it may be assumed that homosexual and bisexual persons, when compared to heterosexuals, would be dealing with poorer mental health, less life satisfaction, and a lower level of subjective well-being.

There are numerous studies that confirm this assumption. Meyer (2003) notes the results of a meta-analysis showing that members of sexual minority groups are two and a half times more likely to develop a psychological disorder during their lifetime than heterosexual persons are. Furthermore, this meta-analysis also adds that, at any given moment, the number of homosexual and bisexual persons suffering from a psychological disorder is twice as high as the number of heterosexual persons suffering from psychological disorders. Persons of a homosexual or bisexual orientation are also under greater risk of committing suicide than heterosexuals are (see Haas et al., 2010, for review). In Hatzenbuehler's (2009) research review homosexual and bisexual persons have greater prevalence of internalized disorders, such as depression and anxiety, as well as that of externalized disorders, such as psychoactive substance abuse (tobacco, marijuana, cocaine, heroin, and alcohol), when compared to heterosexuals. These differences appear as early as adolescence and remain stable through adulthood. Homosexual and bisexual individuals also show relatively high rates of high-risk sexual behaviors (Grov et al., 2013). Research has also shown that homosexuals, and bisexuals even more so, display lower levels of self-esteem than heterosexuals (Wilson, Zeng and Blackburn, 2011). Additionally, it appears that bisexual men and women have a lower sense of efficacy and of mastering their life aims (Carballeira Abella et al., 2014).

Even as sexual minorities are experiencing poorer mental health and a lower quality of life than heterosexuals are, this should by no means lead one to conclude homosexuality and bisexuality are a psychological disorder. The explanation of the greater prevalence of psychological

disorders and lower sense of well-being should be sought in the stigma, prejudice, and discrimination which create a stressful environment that the LGB persons live in. In order to clarify this position, some of the researchers introduced the term minority stress to the literature (see Meyer, 2003).

The aim of this paper is to review the ways in which the concept of minority stress (Meyer, 2003, 2007) can be used to explain the incidence of poorer mental health and a lesser sense of well-being among members of minority sexual orientation groups. We provide detailed definitions and review the various parts of the minority stress model, along with reviewing the empirical findings concerning the role of minority stress in the processes related to the LGB persons' mental health. However, most of these empirical findings are based on data collected outside Croatia. Since the social context is a vital part of this model, we find it necessary to test some of its components in the Croatian context as well, which is why we are placing more attention in this review paper on the contributions from Croatia, and we assess the model from a Croatian perspective. Finally, even though they are included in definitions of persons of a minority sexual orientation, bisexual men and women have rarely been the topic of research. The final contribution of this paper is thus to include the findings of research that focused on bisexual persons, all with the aim of enriching our knowledge of the concept of minority stress.

THE CONCEPT OF MINORITY STRESS

Generally, stress can be described as a state of disrupted psycho-physical balance that the individual is experiencing because of physical, psychological, or social threat to themselves or a loved one (Havelka, 1998). Stress appears when a person perceives that the demands of the environment are excessive and finds that she is unable to successfully meet them. Pearlin (1982) noted a couple of decades ago that the conditions in the social environment, and not just major or minor life events, can be a source of stress, which is a case of the so-called *social stress*. Those individuals that are part of a minority group in a society are particularly exposed to the negative impact of social stress, as they are encountering prejudice and discrimination by the majority on

a daily basis. Given that the societal majority is of heterosexual orientation, the LGB persons see a *sexual stigma* attached to them (Herek, 2004). This stigma refers to an inferior status, negative evaluation, and social helplessness of all those who do not act in accordance with the heterosexual social norms. The LGB persons are aware of their minority status and the fact that the way they act is not in line with the norms of the heterosexual majority, which adds to the pressure they are under.

Minority stress is defined as a chronic level of stress caused by prejudice, discrimination, lack of social support, and other factors that the members of stigmatized minority groups are experiencing (Meyer, 2003). This is a type of stress that is related to a socially ascribed inferior status, and barring from access to the legitimate social and economic opportunities that stem from being part of a particular social category. The already mentioned position of the social minorities leads to an increased number of stressful events (e.g. harassment, discrimination, violence), which further lead to a reduction in self-esteem, a growing sense of insecurity, and physiological and psychological experience of stress. Major and O'Brien (2005) conducted an overview of research into the processes by which discrimination, expectation of rejection, and automatic activation of stereotypes both directly and indirectly affect the welfare of stigmatized individuals. The negative effects of the stigmatizing stressor have been confirmed in the cases of stigma based on race, ethnicity, religion, suffering from AIDS and other chronic illness, and even obesity.

While developing the concept of minority stress, the researchers agreed that it is (1) universal, meaning that it is additive to the general stressors that all people are exposed to, thus requiring greater adaptation and control by the stigmatized person in comparison to that required by similar individuals who are not stigmatized; (2) chronic, as it is related to relatively stable social and cultural structures; (3) socially grounded, as it stems from social processes, institutions, and structures that go beyond the individual level, which is characterized by general stressors, or biological, genetic, or other non-sociological characteristics of a person or a group (Meyer, 2007). Apart from someone's minority status signifying a greater level of stress, it is also the case that sexual minorities simultaneously have fewer resources to deal with this stress (Meyer, Schwartz and Frost, 2008). In order to try to explain the way in which minority stress leads to poorer mental health outcomes, Meyer (2003) proposed a model of minority stress.

MINORITY STRESS MODEL FOR LGB PERSONS

Image 1 contains the depiction of Meyer's minority stress model (Meyer, 2003, 2007). The model is based on two assumptions: (1) the stress is social, i.e., there are objective external stressful events and conditions (both chronic and acute), which appear as a consequence of society's heterosexism and which create a hostile social environment for LGBs; (2) the existence of these conditions leads to poorer mental health outcomes. The model is an attempt to clarify the processes through which this social stress brings about poorer mental health.
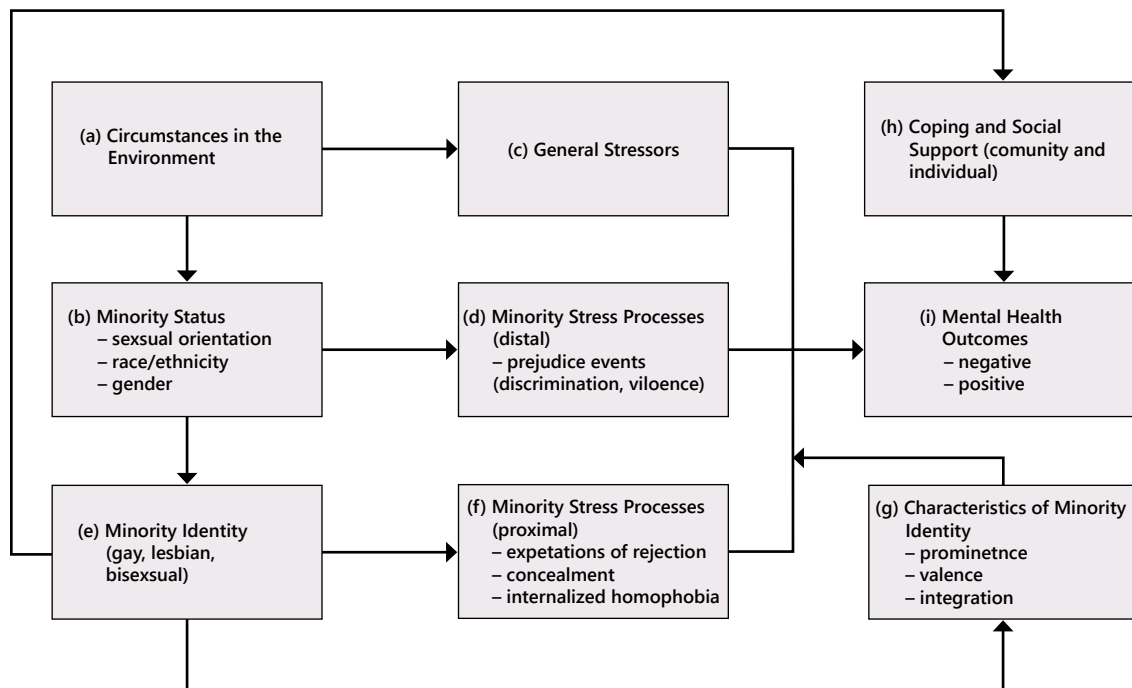
Image 1: Minority stress model for LGB persons (Meyer, 2003, 35)

The circumstances in the environment (box a)) refers to the social context that the persons in *minority status* (box b)), i.e. lesbians, gays, and bisexuals, live and develop in. Heterosexuality as the social norm, existing legislation, and the legally (non)guaranteed rights of sexual minorities, as well

as the attitudes of experts that come into contact with LGB persons, and the attitudes of religious organizations, are all creating this social context that the LGB persons are encountering on a daily basis. This context affects the LGB persons' positive and negative *mental health* outocmes (box i)) by means of *distal and proximal minority stress processes* (boxes d) and f)), while one should not disregard the impact of general stressors (box c)), that all members of society are exposed to. *The characteristics of minority identity* box g) and the *individual and community ways of coping, as well as social support* (box h)) represent the mediators in the relationship between distal and proximal stressors and one's mental health. According to the model, *minority identity* (box e) serves multiple purposes. It determines whether the persons living in a particular social context would be exposed to the distal and proximal stressors, it determines the individual and community resources of dealing with these stressors, and by means of its own characteristics, it also mediates the impact of these stressors on an individual's mental health.

The distal and proximal sources of minority stress make up the most important segments of this model. *The distal stressors* are defined as objective stressors that are brought on from the outside and do not depend on the individual's subjective assessment. These are objective events, such as *the experience of discrimination, victimization, and violence* that the LGB persons suffer. It should be noted here that, even though both homosexual and bisexual persons experience discrimination by the heterosexual majority, bisexuals are also exposed to discrimination on the part of the homosexual populace, so we talk about their situation as that of "double discrimination". *The proximal stressors* tend to be more subjective in nature and are to a greater extent related to the identity of LGB persons themselves. These are internal processes that appear under the influence of the individual's cognitive, emotional, and social experiences. Some of the proximatl stressors relevant for the LGB individuals include the following: (1) *the expectation of rejection by other people* which is related to constant caution and active focus on the signs of prejudice and the potential for violence in their environment; (2) *the concealment of their own identity* out of fear of social consequences; and (3) *internalized homonegativity* which is manifested in the adoption of negative attitudes and prejudice towards homosexuality and bisexuality that exist in a society by the very members of these sexual minorities. Internalized homonegativity may be particularly dangerous. Even in the situations when the environment is not producing concrete social pressure, or there is no experience of violence and discrimination, or when an individual is successful in concealing her sexual orientation, an LGB person may cause harm to herself by directing the negative social

values onto herself, thus engaging in the process of self-stigmatizing. Both the distal and proximal stressors may be acute and chronic sources of stress for LGB persons.

The processes of coping with stress, such as social support and social identity, are often theorized as buffers which intervene between the stigma-related stressors and their negative health effects. The importance of individual (personal coping strategies) and community (social support, involvement with the LGB community) means of coping with stress is marked in this model. The community level is important, as it provides a context in which LGBs are not facing stigma and are surrounded by people who like them. Additionally, other LGB persons may be a source of emotional and instrumental support, and can use their own experiences to ease one's process of dealing with minority stress. A group is simultaneously the basis for the evaluation of one's own experiences. Individuals with a strong sense of belonging to an LGB community are more likely to compare themselves to other LGB individuals rather than the members of the heterosexual social majority. Namely, even though the comparison with the majority population may lead an LGB person to find she is much worse off than heterosexuals, a comparison with other LGB persons may bring about a conclusion that their quality of life is not significantly different from that experienced by others.

The characteristics of the minority identity play a great role in the processes related to minority stress. The model assumes that the impact of proximal and distal stressors on one's mental health would also depend on how important, or central, one finds her minority identity as an aspect of the self. If one finds her LGB identity important, it means that it is taking a prominent place in her identity, and this prominence directly affects her perception and behavior, and thus shapes her judgment in social situations. The level of satisfaction with one's identity, unlike the internalized homonegativity as its direct opposite, is seen as another potential factor of protection from the stigma-related stressors and their effect on the LGB person's mental health. The group power can act in a way that provides its members with the potential for raising themselves above the members of other groups, leading to a sense of superior identity, which can be a significant resource and can play a great role in the LGB persons' mental health, but can also bring about the focus on differences, deprecation, demeaning of others and can act to intensify the violence towards LGB persons.

In the paragraphs above, we have reviewed the key elements of the model and have provided brief explanations of these elements, as operationalized by the model's author. However, as he himself notes, this description does not exhaust all possible distal and proximal stressors that could be affecting LGB persons' mental health. For example, just as concealing one's identity is an important factor in the model, it is also logical to assume the degree to which one is open about sexual identity in their nearer and farther environment would also be relevant. Besides, the paths that the author notes are merely general hypotheses, depicted in their core relationships for the purpose of clarity and parsimony, while the reality of these relationships is likely bidirectional and far more complex.

THE EMPIRICAL TESTS OF THE LGB MINORITY STRESS MODEL

The core tenets of the model and some of its parts have thus far seen many instances of confirmation in empirical work. However, it should be pointed out that the minority stress model is too complex to be tested in its entirety, leading most researchers to the strategy of testing the model's specific segments. This review includes those instances of research that directly test the Meyer model, as well as those that were conducted independently of it, but have findings that are relevant for testing the model.

The existing data suggest that, compared to heterosexuals, LGB persons are more often targets of violence and discrimination, due to their minority status (Meyer, 2007; Saewyc, 2011), which confirms the claim that minority status leads to greater exposure to **distal stressors**. The findings of relevant research show that, when compared to heterosexuals, the LGB individuals report more psychological and physical violence committed by parents or guardians during childhood, more childhood sexual abuse, more psychological and physical violence committed by partners during adulthood, and more experiences of sexual abuse in adulthood (Balsam, Rothblum and Beauchaine, 2005; D'Augelli, Hershberger and Pilkington, 1998; Kuhar and Švab, 2008).

The research conducted in various countries consistently show that the LGB population is experiencing high levels of victimization. One of the first research projects focusing on the victimization of LGB youths was conducted in Great Britain (Trenchard and Warren, 1984, in D'Augelli, Pilkington and Hershberger, 2002). Of the 416 students who took part in the survey, 39% reported suffering some type of victimization, 21% reported that they had been verbally abused, 13% were teased, 12% were physically assaulted, 7% reported being rejected by their peers, and the same proportion said that they had been pressured into changing their behavior. Similar was found in the research study on victimization of the LGB youths in the US. Herek, Gillis and Coogan (1999) conducted a survey of 1170 lesbian women and 1089 gay men from Sacramento, finding that 19% of the former and 28% of the latter had at some point during their adulthood been victimized because of their sexual orientation. Among gay men, 13% had suffered physical assault, 12% were victims of property-related crime, and 4% had been raped. Hate crimes against lesbians were less prevalent, but nevertheless worryingly common: 3% of them had been raped, 7% physically assaulted, and 9% had suffered property-related crime. Lesbians are more likely than gay men to suffer victimization on their private property or the workplace, in both cases committed by someone they know. Gay men had more often been the victims of strangers and were victimized by more people at once, in a public place.

The research into the daily lives of young gays and lesbians in Slovenia (Kuhar and Švab, 2008) has shown that 53% of the respondents reported at some point experiencing violence because of their sexual orientation, with 23% listing their colleagues in school as perpetrators. Their research has found significant differences based on gender and age: young homosexual men were more often the targets of violence in schools, while high school students experienced more homophobic violence than university students had. Violence in school often involved peer pressure, where the term "fag" ("peder") was used to stigmatize and exclude any individual that was not following the existing norms relating to sex and gender. Even though most of the violence had been committed by peers in school, young LGB persons also reported on the verbal homophobic violence committed by their professors. With regard to the type of violence, results show that most of the reported homophobic violence had been verbal (91%), followed by physical (24%), and sexual violence (6%), with lesbian women experiencing more verbal, and gay men more physical violence. Most of the homophobic violence towards gays and lesbians was committed in public, and the perpetrators were persons unknown to the victims (61%).

The findings of research comparing the experiences of homosexual and bisexual persons are not consistent. Balsam, Beadnell and Molina (2013) found no significant differences in the levels of experienced violence and discrimination between those two groups. However, research based on a sample of British adults has shown that bisexual persons experience a greater degree of victimization, particularly within the household, and primarily related to sexual assaults (Mahoney, Davies and Scurlock-Evans, 2014). Taking all of this into account, it appears that the research on the extent of experienced violence should not take into account just the sexual orientation of the respondents, but also their age and gender, as men and women are exposed to different types of violence, while some forms of it are more likely to be experienced by youths, and others by older persons, regardless of their sexual orientation.

In their meta-analysis, Pascoe and Smart Richman (2009) conclude that there is a lowering of both physical and mental health levels after an experience of violence and discrimination, thus intensifying the stress response, and lowering the likelihood of engaging in healthy habits, while increasing the likelihood of engaging in unhealthy behaviors. The consequence of this process is deteriorating mental health, and particularly a greater incidence of symptoms of anxiety and depression, increased consummation of alcohol and drugs, and a proneness to self-harm and suicide (Hatzenbuehler, 2009; Meyer, 2003). Research by Vergara, Marin and Martxueta (2007) also shows that the frequency of abuse during childhood and adolescence has had an effect on mental health in adulthood, particularly so in the case of levels of depression and anxiety. These findings were confirmed in the study by Balsam et al. (2010), who have found that childhood abuse is related to the following mental health problems: post-traumatic stress disorder, anxiety disorder, depression, and increased stress. Based on Mays and Cochrane's (2001) research, conducted on a probabilistic representative sample, it has been confirmed that the source of worse mental health outcomes for the LGB population could be found in the greater extent of discrimination towards this group. Homosexual and bisexual persons encounter discrimination more often, and nearly half of them attribute this experience to their sexual orientation. It has also been shown that the perceived discrimination correlates negatively with the quality of life, but positively with the indicators of existing psychological disorders. Higher levels of victimization are also correlated with multiple suicide attempts and more suicidal thoughts (Mustanski and Liu, 2013). All of this has also been confirmed in longitudinal research (Burton et al., 2013). Additionally, using an American national-level sample, Bostwick et al. (2014) have found that the different forms of discrimination and

various types of violence connect with mental health outcomes in various ways, with sexual abuse being the type that plays the most prominent role in these processes.

Apart from the direct experience of discrimination and violence, the perceived stigma leads LGB persons to experience alienation, lack of integration with the community, and problems in self-acceptance (Frable, Wortman, and Joseph, 1997). The LGB persons clearly perceive and expect that they would be discriminated against, and it is this perception and expectation that, as **proximal stressors**, correlate with worse mental health outcomes. One meta-analysis has shown that it is not just the case that the perception of discrimination negatively correlates with mental health, but that it also correlates with a greater likelihood of engaging in risk behavior and more pronounced unhealthy habits (Pascoe and Smart Richman, 2009). The meta-analysis of the connection between the internalized homonegativity and poorer mental health has also confirmed the tenets of the model, particularly in the cases of depressive and anxious symptomatology (Newcomb and Mustanski, 2010). The longitudinal research project that has followed the extent of suicidal tendencies among the LGB persons has shown that the factors that predict them most successfully include low level of social support on the part of the family, and the experience of victimization (Mustanski and Liu, 2013). Additionally, being rejected by family and discriminated against, as well as experiencing other potentially high-risk factors related to the status of a sexual minority, can lead to an increase in drug abuse, running away from home during adolescence, and similar behaviors, all of which are correlated with a further risk of victimization (in Balsam et al., 2005). Velez, Moradi, and Brewster (2013) tested the hypotheses stemming from the minority stress model applied to the workplace, and found that the higher levels of stress and lower job satisfaction were related to the experience of workplace discrimination, expectation that one would be stigmatized by colleagues, and internalized homonegativity.

The findings of research testing the role of concealment or revealing of one's LGB identity are less clear in their conclusions. It appears that concealing LGB identity can have both positive and negative effects on the LGB persons' mental health (Cox et al., 2011). On the one hand, by hiding her sexual orientation, a person avoids the possibility of becoming a victim of discrimination or violence, and achieves a greater level of acceptance in her environment. On the other hand, however, hiding one's sexual orientation requires a constant effort directed at suppressing and

hiding her true identity. The cost of concealing the stigma of a sexual minority is also visible in the cognitive burden that includes a constant preoccupation with hiding (Smart and Wegner, 2000). The persons in this position must constantly control their behavior and appearance (the way they dress, talk, walk, etc.) in a range of different situations. This type of activity leads to a narrowing of one's social circle, the range of interests one partakes in, and finally, it leads to an increased belief that one is different and inferior. Additionally, other people may consider them as lying or manipulative persons because of a history of concealing their sexual orientation. Further, in the LGBT community, hiding one's own sexual identity is considered immature, politically irresponsible, and an act of silence that is indicative of the feeling of shame and self-contempt (Adams, 2010). The individuals who hide their sexual orientation are thus missing an opportunity to identify and affiliate with other homosexual and bisexual persons, thus also missing out on the positive effects this affiliation can have for their self-respect. The suppression also has a harmful effect on mental health, and it inhibits the workings of the immune system, while an open expression of emotion and important aspects of the self, admitting to one's sexual orientation included, is positively correlated with physical and mental health. An example of this relationship can be found in the research by Cole et al. (1996), who have shown that the HIV infection develops far faster among those gay men that have been hiding their sexual orientation. Concealing one's sexual orientation also positively correlates with less satisfaction in a partnership, lesser extent of promotion at work, and negative attitudes towards work (Griffith and Hebl, 2002). Velez et al. (2013) have found that the greater extent of concealment of one's sexual orientation and avoidance of situations in which one is expected to talk about their private life is related to greater stress in work and lower levels of job satisfaction. At universities, those students who had not admitted to their orientation have been found to feel more isolated from their peers and their instructors (Newman, Bogo, and Daley, 2008).

Unfortunately, these results do not mean that the ***openness with regard to sexual orientation*** is bound to be correlated with positive mental health outcomes. Studies have shown that there is a correlation between the negative first experiences of coming out and the difficulties in adjustment, as well as less involvement in a supportive minority community, and a negative attitude concerning one's own sexual orientation in adulthood (Ford, 2003). The negative reactions to coming out sometimes include physical abuse, social avoidance, disapproval, stereotyping, and discrimination in many aspects of life, which is also why so many persons choose not to come out (Corrigan and Matthews, 2003). However, the positive responses to coming out are correlated

with a whole range of positive outcomes for the LGB person. Generally speaking, coming out is correlated with greater self-respect and greater life satisfaction (Halpin and Allen, 2004). It increases social support and is thus correlated with lower levels of anxiety and fewer symptoms of depression (Lehavot and Simoni, 2011). A study of everyday experiences that used journal writing as a method has found that the lesbians and gays reported more positive moods, more self-respect, and greater life satisfaction on the days when they revealed their sexual orientation to someone, when compared to days when they had to hide it (Beals, Peplau, and Gable, 2009). Research has also shown that the acceptance of lesbians, gays, and bisexuals who had come out to their families has been correlated with greater levels of self-respect, more social support, and better general health, as well as a lesser rate of depression, less substance abuse, fewer suicidal thoughts and suicide attempts than there had been in the cases of staying in the closet (Legate, Ryan, and Weinstein 2012; Ryan et al., 2010).

Research has consistently shown that higher levels of **social support** positively correlate with better mental health of LGBs (e.g., see Detrie and Lease, 2007; Sheets Jr. and Mohr, 2009), and this is particularly the case when the social support is directed precisely at the sexual orientation (Doty et al., 2010). A greater social support network is related to lesser stress concerning the individual's sexual orientation (Wright and Perry, 2006). Social support also positively correlates with self-respect and psychosocial adjustment, and with life satisfaction (Beals et al., 2009; Keleher, Wei, and Liao, 2010), while it negatively correlates with loneliness, depression, and externalized disorders in the gay and lesbian respondents (Lehavot and Simoni, 2011). In the research focusing on bisexuals, the perceived social support has also been found to positively correlate with greater life satisfaction and less depression (Sheets Jr. and Mohr, 2009). Social isolation and lower levels of social support, on the other hand, lead to a more marked depressive symptomatology and higher level of perceived stress, which has also been confirmed in longitudinal research of LGB persons (Hatzenbuehler, Nolen-Hoeksema, and Dovidio, 2009). The mediating role of the social support, as suggested in the model, has also been confirmed. For instance, Balsam and Mohr (2007) have not found a significant correlation between one's openness regarding one's own sexuality and the psychological welfare of the LGB persons. However, in the same study, the extent of being out of the closet has been positively connected to the level of social support that the LGB persons receive, which is correlated with greater psychological gains.

The findings concerning the **_involvement in the LGB community_** and its relevance for the mental health of homosexual and bisexual persons are not as unequivocal as they are in the case of social support. Some of the research has shown that greater levels of involvement in the community correlate with better subjective wellbeing of the LGB persons (Detrie and Lease, 2007), while some research has not found a correlation between the two (Balsam and Mohr, 2007). Even though we have learned more about the involvement of the bisexual and homosexual persons in the LGB community over the past several decades, this topic still holds many unknowns. It seems that this strategy is more efficient for gays and lesbians than for bisexual, due to the phenomenon of "double discrimination". The research thus far indicates that, in comparison with gays and lesbians, bisexuals feel far less connected with the LGB community (Balsam and Mohr, 2007). Brewster (2008) notes that the bisexual women in the LGB community find that the fight for the rights of bisexuals has been sidelined. The same author further lists various instances of research that points to the existence of rejection of the bisexuals by the LG community, with the view of bisexuality as an unstable and illegitimate sexual orientation. Various instances of empirical research have shown that bisexuals have more mental health problems, and a lower level of psychological wellbeing than the members of the homosexual minority do (Frost and Meyer, 2012), while Kretzner et al. (2009) have shown that one of the key predictors of disrupted psychological wellbeing can be found precisely in the lack of connection to the community. For all these reasons, one must ask whether the LGB community actually exists in practice, since the homosexuals and bisexuals that comprise it do not have equality within it.

An interesting longitudinal research project conducted in the state of Colorado as anti-gay legislation was being introduced there has pointed out the importance of the inclusion in the community and the **_various aspects of minority identity_** (Russell and Richards, 2003). By using both qualitative and quantitative methods, these researchers have found that there are particular aspects of group identity that are being listed as factors that make it easier for persons to deal with a stressful environment, while some other of its aspects were characterized as factors contributing to stress, or supportive of stress. The former group of resilience factors includes the creation of the LGB movement, as seen in increased activism of the LGB community members, public appearances, increase in consciousness of the effects of homophobia, and alliances and solidarity with some other social groups, and solidarity in the LGB group, manifested by exchange of contacts, experiences, and support. On the other hand, facing the homonegativity, the superiority of identity

that is expressed in hostility and enmity towards opposing groups, but also towards homosexuals in general, as well as the divisions within the LGB community, internalized homonegativity and sense of shame of one's identity, have all been identified as factors that make it difficult to function during stressful times. Fingerhut, Peplau, and Gable (2010) confirm the protective role of relevance, i.e. centrality of the LGB identity for the mental health of the LGB persons.

In studies so far, the various characteristics of identity have mainly been studied as variables that are mediating the relationship between the distal and proximal stressors, and mental health outcomes (as can be seen in Image 1). Furthermore, their independent predictive contribution to the mental health indicators has been studied as well (Fingerhut, Peplau, and Gable, 2010), as has their predictive ability with regard to the community level ways of coping with stress, with dependent variables such as, for example, social support (Balsam and Mohr, 2007). However, this is the segment of the minority stress model that has seen the least empirical testing, which is hardly surprising given that the issues of minority stress and mental health have primarily been discussed by the health care and clinical psychologists, and there are far fewer empirical contributions by the social psychologists who are focusing on the issues of social identity.

THE LGB MINORITY STRESS MODEL FROM THE CROATIAN PERSPECTIVE

The previous sections have analyzed and reviewed the individual segments of the minority stress model, along with the current findings concerning their role in the processes related to minority stress and mental health of the LGB persons. However, these findings are based on data from across the globe. Given that the social context is a vital part of the model, it is necessary to test its constituent parts in the Croatian context as well. The remainder of this paper thus considers the model of minority stress from the perspective of Croatian society and provides an overview of the Croatian research of the model's parts, all with the aim of testing whether the hypotheses of the minority stress model are confirmed in the Croatian context as well.

The social context

It can certainly be said that the formal legal norms in contemporary Croatian society recognize and accept the LGB persons as full citizens and allow them to enjoy most of the rights as the country's heterosexual citizens (the notable exception being the right to adopt children, which is still not recognized). The enactment of anti-discrimination legislation, particularly the Civil Partnership Act, was an exceptionally important step, as it finally created a legal framework that the state institutions must follow. However, the existence of legislation represents one level, while the implementation is what truly matters for improving the everyday lives of the LGB persons. For example, there is no set practice for registering the motivation behind assaults and discrimination, making it difficult to keep track of the number of adequately addressed reports of violence against the LGB persons, and similar is true of other state institutions (e.g. people losing jobs because of their sexual orientation, being refused services and medical assistance, and similar). These realities indeed point to a social context in which the Croatian LGB persons live that is still relatively negative and non-accepting, which is further confirmed in the general population's attitudes towards gays and lesbians.

As far as the attitudes of the Croatian public go, there has been a long tradition of researching the attitudes towards lesbians and gays and the determinants of these attitudes, while comparatively less attention has been given to the prejudice against bisexual persons. Štulhofer and Rimac (2009) calculated the average scores on the survey items concerning the support for homosexual behavior and social distance, and found that the European countries with the most negative attitudes towards homosexuality are Romania, Lithuania, Ukraine, Belarus, Russia, Poland, Croatia, and Bulgaria, while the most tolerant are the Netherlands, Denmark, Sweden, and Iceland. These data refer to 1999 and 2000, and are relatively old, but they have been confirmed by data from the later international studies, such as the European Values Survey, the European Social Study, the International Social Survey Programme of 2008, which find that Croatia is one of the most homophobic countries in Europe (Jugović and Ančić, 2013; Takacs and Szalma, 2013). The Croatian study of student attitudes across different groups of study programs, and four Croatian universities, also points to a stability of the attitudes, as the students' attitudes had not changed

in the 2005 to 2013 period, and have remained only mildly positive even after this nearly 10-year period (Mušica et al., 2013; Parmać, 2005).

In the past several years, primarily encouraged by the various social actions that have opened up the space of public debate about the status of sexual minorities in Croatian society, have there been more instances of psychological and sociological studies looking into the attitudes of the Croatian public towards homosexuals. These studies have used different scales and questionnaires, rather than the global assessments of support for homosexuality, and have demonstrated that the attitudes towards gays and lesbians primarily vary between moderately negative to moderately positive (Huić, Jelić and Kamenov, forthcoming; Mušica et al., 2013; Tomić and Ćepulić, 2013), and the same is true when it comes to specific attitudes towards the rights of gays and lesbians (Huić, Jugović and Kamenov, 2015; Palašek, Bagić and Ćepić, 2002). The results are similar even when the modern prejudice are examined, as attitudes that are less susceptible to socially desirable answers are included in these studies. These include items that do not include openly negative attitudes, but ask about issues such as homosexuals demanding too much from society (e.g., the right to marry), asking whether their status in society is adequate and whether it warrants the provision of more rights than they currently have, items that state that there is no discrimination of LGB persons, that they themselves are to blame because they overly point out their sexual preferences, which prevents their assimilation into society (Huić, Jugović and Kamenov, 2015).

The research into the determinants of attitudes and behaviors towards gays and lesbians has shown that there are great differences among citizens at the individual level. Both the Croatian and the international studies consistently find that the negative attitudes are more commonly held by men (particularly toward gay men), the less educated, older persons, those who consider religion to be an important factor in their lives, politically conservative persons, those who have less contact with gays and lesbians, those who hold more traditional attitudes about men and women and more pronounced sexist attitudes, those with more authoritarian leanings, and those who believe that one's sexual orientation is a matter of choice and something that is mutable (Černeli et al., 2013; Huić, Jugović and Kamenov, 2015; Jelić, Huić and Kamenov, 2014; Tomić and Ćepulić, 2013)..

A research project by Queer Zagreb, focusing on the perception of homosexuality among Croatian teenagers (Hodžić and Bijelić, 2012), conducted in 9 high schools in Zagreb, with 322 respondents from among the students, and 117 from among the teaching staff, found that the teachers, and particularly women among them, are more tolerant towards the LGBT community and its demands than the students are. Among the students, more tolerance was shown by the young women, those that do not practice religion, grammar school students (as opposed to high schools specializing in vocational training), those who are more familiar with the LGBT terminology, and those who know a person who is LGBT. Slightly more than two thirds of the students (68%) think that the members of sexual or gender minorities should be treated like any other person, while 53% think that they should have the same rights as everybody else. Homosexuals as friends are acceptable to 55% of high school students, while about half of that number find that this is not something they agree with. Young men were found to be more informed about the LGBT related terminology, but the young women in the sample were prepared for more social proximity with homosexual persons than men were. Slightly more than a half (52%) of students think that it is acceptable for a homosexual person to work with children. Their professors (77% of whom are women) were, on the other hand, much more tolerant than the students. Homosexuals could be considered as friends by 76.5% of the professors, 70% stated that they do not feel uncomfortable in the company of homosexuals, and more than four fifths find that they should not be prevented from working with children. As many as 95% of them think that the members of sexual minorities ought to be treated like everyone else, and 64% think that they should have the same rights as heterosexuals.

The foreign research into the attitudes towards bisexuals has shown that there is a similar, or even higher level of negativity towards them, in comparison with the attitudes towards lesbians and gays (e.g. Herek, 2002; Mohr and Rochlen, 1999). One can often encounter the attitude that there is no such thing as bisexuality, and that bisexuals are considered heterosexuals who are experimenting, or homosexuals who have not yet admitted their "true" orientation to themselves (Rodríguez Rust, 2002). Bisexual men and women are exposed to double discrimination, i.e. prejudice and unequal treatment by both the heterosexuals and the homosexuals, which makes them particularly vulnerable to the effects of minority stress (Mulick and Wright Jr., 2002). Bubalo (2014) tested the attitudes towards bisexual men and women on a sample of gays and lesbians in Croatia. Her findings show that the homosexuals only have a mildly positive attitude towards bisexual men

and women, with both lesbians and gays considering bisexuality as a relatively stable orientation, but are somewhat less prepared to tolerate it. Lesbians and gays have to an extent been found to have concerns about the dedication of the bisexual persons to their community and their politics. Additionally, lesbians and gays were less willing to be in a relationship with a bisexual person than they were willing to be friends or colleagues with them. Gay men were generally less willing to be in any type of social relationship with a bisexual person. These findings show that Croatia, just like many other countries, provides a social context in which bisexual persons are less accepted by the gays and lesbians, who make up the majority within the LGB community, which conforms with the findings that point to a poorer involvement of the bisexual persons in the LGB community.

The experience of discrimination and violence

According to the data from the EU's Fundamental Rights Agency (FRA, 2013), 60% of LGB persons in Croatia had in the prior year felt discriminated against or stigmatized because of their sexual orientation. Even though there are many LGB NGOs, and even as there is a relatively developed LGB movement, their members are still a minority group that holds an inferior status in society, and that is not in possession of much power. There is still a significant proportion of the Croatian public that is willing to discriminate against others based on their sexual orientation, which was very much visible during the public debate around the referendum on the constitutional definition of marriage, which was held in December 2013. Based on all of this, it is to be expected that the LGB persons would continue to be exposed to situations of violence and discrimination, i.e., they will continue to be at risk of minority stress.

Research consistently shows that the LGB population is experiencing high levels of victimization, and similar is found in Croatia (Pikić and Jugović, 2006). One in two LGB persons in Croatia has suffered violence because of her sexual orientation in the four years prior. In the 2002-5 period, nearly 40% of respondents had experienced insults or foul language, 28% experienced unwanted sexual advances, and 20% reported threats of physical violence. The most common forms of discrimination or human rights violation on the basis of sexual orientation or gender expression have

been verbal (provocation, using offensive nicknames), ignoring, intentional exclusion, and threats of physical violence. Among the respondents, 14% had experienced physical violence. Young LGB persons had seen more of sexual and economic violence than the older ones, while lesbians had experienced more of unwanted sexual propositioning. The violence against LGB persons is most often committed by persons who are unknown to them, and tends to be committed in public. Only in the case of economic violence are the perpetrators the members of one's close family who have power over the LGB person's material wellbeing. These findings suggest that there is a significant number of LGB persons who cannot feel safe in public nor in their homes (Pikić and Jugović, 2006).

Not even the most recent study (Bosnić, Žegura and Jelić, 2013) allows us to talk about a reduction in violence against LGB persons, since as many as 74% of the respondents had experienced some form of violence because of their sexual orientation, sex/gender identity, or gender expression. In 2013, the Zagreb Pride association had conducted a survey of 690 LGBTIQ persons from the area of Zagreb, Rijeka, Split, Osijek, Istria, and the rest of Croatia, along with a small segment who had recently emigrated (Milković, 2013). Violence on the basis of sexual orientation, sexual/gender identity and/or gender expression had been experienced by 68% of the respondents in the 2006-13 period. Various forms of psychological violence were experienced by 60% of respondents, instances of sexual violence were experienced by 38%, and some form of physical violence by 17%. Discrimination was reported by 29% of the respondents, and most commonly in the sphere of obtaining service in restaurants and similar establishments. The areas that followed were schools and universities, and then work environments or job search. It is exceptionally worrying to find a trend of increased perceptions of violence against the members of sexual minorities in Croatia. These results are ascribed to their increasingly greater visibility and willingness to be open about their situation and to admit to having been a victim of these crimes.

The above mentioned survey of high school students in Zagreb (Hodžić and Bijelić, 2012) has also tested for the incidence of violence against homosexuals. Verbal violence towards someone based on their alleged homosexuality was admitted to by 26% of high school students. The alleged homosexuality was also the basis for the physical attacks that were admitted to by 6% of the respondents. Even more, 20% of them were passive observers of physical violence, while 15% provided help to the victim of violence provoked by alleged homosexuality.

The work by Pikić and Jugović (2006) has shown that the majority of gay men and lesbian women who had experienced violence did not report the said violence to the police. Those who did report violence to the police have had relatively positive experiences with police officers, describing them as neutral in 40% of the cases, and supportive in 60% of cases. It thus appears that the fear of police officials is based on expectations rather than on real experiences. Nevertheless, the fear of reporting homophobic violence is a sign of insufficient effort on the part of the police force to ensure a professional and effective, and not homophobic, procedure. The respondents who did not report homophobic violence are most often convinced that there is no point in reporting, and that there is nothing to be gained by reporting violence. There appears to be some sort of rationalization of homophobic violence happening among the victims. More than 36% of the respondents are convinced that the homophobic discrimination or violence they had suffered was not "big enough" to be reported to the police. This way, the LGB persons act to minimize the relevance of homophobic violence.

Numerous instances of international research have shown that both direct and indirect discrimination, homophobic violence, and heteronormativity negatively affect psychological well-being and quality of life of the LGB individuals. Similar was found in the Croatian project by Pikić and Jugović (2006). Those who had suffered attacks and limits on their freedom due to their sexual orientation were also those more often suffering from anxiety, depression, and lower self-esteem, when compared to those who did not suffer violence, or had only suffered verbal violence. These problems lead LGB persons to seek the assistance of mental health specialists more often, primarily psychologists (Bosnić, Žegura and Jelić, 2013). Given the worrying impact of discrimination and violence on the mental health of LGB persons, it is vital that additional research on the topic be conducted in Croatia, as this is a poorly researched topic in the national context. The results should then be the basis for implementing further actions aimed at improving the psychological welfare and the quality of life of the LGB persons, i.e., they should be used to reduce those factors that negatively affect the mental health of the LGB persons.

Proximal stressors: expectation of rejection, internalized homonegativity, and concealing one's sexual identity

The perception of discrimination and the poor social position of the LGB individuals, and the ***expectation of rejection and discrimination*** are all factors the minority stress model expects to lead to poorer mental health, which has been confirmed in international research. Besides, the expectations of discrimination and rejection also have indirect effects on one's mental health. Generally, a chronic expectation of discrimination and rejection is correlated with more caution in social situations (Major and O'Brien, 2005), and this constant caution is one of the forms of negative rumination that is also correlated with higher levels of depression and anxiety (Hatzenbuehler, 2009). The expectation of discrimination and rejection can also lead to a feeling of hopelessness and helplessness, and negative schema about oneself, and to lower self-esteem, all of which are risk factors for the development of depressive symptomatology (Hatzenbuehler, 2009).

A small number of qualitative projects on these topics, focusing on homosexuals and bisexuals, has been conducted in Croatia. The findings by Lukanec (2014) show that young male homosexuals perceive discrimination as a lack of acceptance of diversity and the superiority of the heterosexual majority, and see direct discrimination in segregation, incitement to discrimination and harassment, witnessing it in the educational system, the family sphere, the social sphere, hiring, media space, and in society in general. This expectation of rejection simultaneously has a favorable impact on self-representation and social activism among the young gays, but it also has an unfavorable effect on the sense of safety among some of them. Similar was found in the research conducted by Kožljan (2014), where 11 respondents of both sexes were interviewed; some were homosexual, and some bisexual; some were LGB activists, others were not. The research aim was to explore the feelings, opinions, and behaviors of the LGB persons in the wake of the referendum on the constitutional definition of marriage. The findings indicate that there have been some changes in the respondents' opinions: their thoughts were directed at leaving Croatia, and they were thinking about the issues of political activity, secularization, and human rights. Negative emotions appeared as a consequence of the referendum, and while their intensity waned over time, the sense of lacking safety was prominent among the respondents. Contrary to the expectations, the

respondents did not see a change in the sense of isolation. The results do suggest, though, that the respondents did in fact experience minority stress, as some reactions to the above stressor can indeed be interpreted as indicators of poorer mental health: increased stress, concerns about the future, pronounced sense of lacking safety, feeling of helplessness, and sensing an external locus of control.

Many researchers ascribe the incidence oz problems in physical and mental health of the LGB members to the adoption of discriminative norms that are incongruous with one's own identity, i.e., to ***internalized homonegativity*** (Newcomb and Mustanski, 2010, 2011). Individuals begin to act in an exceptionally homonegative manner, which solves a cognitive dissonance on the one hand, but does not prevent the appearance of various psychological and physiological problems on the other hand. The internalization of homonegativity is seen as the source of increased risk of depressive and anxious symptoms, increased risk of drug abuse, and an increased risk of suicide and self-harm (for reviews, see Meyer, 2007; Szymanski, Kashubeck-West, and Meyer, 2008; Williamson, 2000). Internalized homonegativity is also related to the issue of quality of sexual relations. A research project conducted in the Netherlands has shown that the internalization of homonegativity increases the risk of sexual dysfunction by a factor of 1.85, but a project looking into the same issue in Croatia has not found a correlation between internalized homonegativity and sexual dysfunction (Ivanković, Šević and Štulhofer, 2015). Unfortunately, the consequences of internalized homonegativity have not been sufficiently researched in Croatia, even though the research conducted as part of the Psychology Summer School in 2014, which saw as respondents the 411 homosexual and bisexual men and women in the 15-53 age range, found a higher level of internalized homonegativity among the bisexuals, while in the homosexual group more internalized homonegativity was found among the gay men than among lesbians. It has been shown that the internalized homonegativity is a predictor of lower life satisfaction and poorer mental health among gays, but not among lesbians. Taking into account the above findings by Ivanković, Šević and Štulhofer (2015), the above mentioned study also confirmed of the expected correlation between internalized homonegativity and high-risk sexual behavior. Future research ought to be further focused on testing the negative correlation between the existence of internalized homonegativity and self-esteem, which is predicted by the model and confirmed in international research, but not in the Croatian instances.

Even though **concealing** one's identity is used as a strategy for avoiding stigma and experiences marked by rejection, humiliation, and violence on the part of the family, friends, and strangers (Adams, 2010), its consequences can be different and are often negative. Hiding an important aspect of the self, or an act of violent separation of the important aspects of the self can be very painful. Constant hiding creates difficulties in properly perceiving oneself and recognizing one's own strengths. The research focusing on the LGBT persons in Croatia has shown that many in the LGBT community hide their sexual orientation. The research by the Lesbian Organization Rijeka "LORI" (2007) showed that 62% of LGBT young adults agreed with the statement "I feel that I am forced to live in a way that requires me to hide my identity." The research focusing on LGBT persons and their families found that around 50% of LGBT young adults state that their parents do not know about their sexual orientation, with mostly fathers rather than mothers being those that they hide their orientation from (Božić and Almesberger, 2007). The reasons for hiding their sexual orientation from the parents are different. Primarily the reason is fear of a negative reaction, and about a half of the respondents were financially dependent on their parents, and wanted to wait until they move away to tell them. Additionally, about a half of the respondents said that they do not feel ready to come out, and that they do not have enough of self-confidence to come out to their parents. A smaller portion of the respondents even reported being ashamed and stated that they do not feel good being an LGBT person (Božić and Almesberger, 2007). Specific data on concealing sexual orientation in the educational institutions and in the workplace in Croatia are not available, but it is to be expected that the proportion of those who are hiding it would be even greater than it is in the context of the family. This is supported by the finding that nearly 60% of LGBT persons stated that they do not think it is important that they reveal their sexual orientation in their workplace, school, or university (LORI, 2007). Another survey of young adult LGB persons in Croatia has shown that around 20% of LGBT persons try to act and look the way the society expects their sex to, they do not speak of their attitudes about homosexuality or bisexuality in the company of others, and present a distorted image of their love life (e.g., they ask friends to act as their heterosexual partners), all with the aim of avoiding discomfort, discrimination, and/or violence based on their sexual orientation. As many as a third of the respondents stated that they often or always keep their sexual orientation to themselves, and about a half said that they avoid talking about their love life or sex life (Jugović, Pikić and Bokan, 2006). These results are a cause for concern, given that those who participated in these surveys are at least partially revealing their

sexual orientation to their environment, i.e. those who are completely hiding their sexual orientation would probably not be taking part in the survey at all.

A particularly important issue related to concealing one's sexual orientation is the issue of the LGB parents and children. Qualitative research about parenting in the LGB population in Croatia (Maričić et al., 2016) has shown that revealing one's sexual orientation to one's own children is a demanding process, and one that the parents do not take lightly. Further, nearly all of the respondents stated that they were hiding their sexual orientation from their children, at least for some period of time. The main reasons for this were as follows: insecurity about the way of starting and guiding this conversation, a feeling that the child was not ready, fear of rejection, a need to protect their children by hiding their sexual orientation out of fear of the environment's (friends, school, etc.) reaction. Most of the children and youths are not out as children of LGB parents in their wider environment, and have mostly not experienced violence or discrimination because of their parents' sexual orientation. The children and youths who are out with regard to their parents' sexual orientation predominantly have not suffered negative experiences, and they try to stand up to, educate, or distance themselves when in interaction with those who have a negative opinion about their parents' sexual orientation.

Unfortunately, the ways in which proximal stressors affect the mental health of the LGB persons have been neglected in Croatian research. Even though the social situation and attitudes of the general public, along with the data on violence and discrimination suffered, all suggest that there is a presence of proximal stressors in the Croatian sexual minority population, the relationship these phenomena have with the mental health of LGB persons remains an area that has yet to be researched. Huić, Jelić and Kamenov (accepted conference paper)[2] have made a step forward in the study of this area by confirming the existence of a direct effect of concealing one's minority sexual orientation on poorer mental health and less life satisfaction among the LGB persons. They have also found an indirect effect of concealment on those same outcomes by means of the mechanism of social support. On the other hand, the perception of an unfavorable position in society has not had a direct effect on poorer mental health, but it did lead to a greater extent of concealment of one's sexual orientation. All of these results were confirmed for gays, lesbians, and bisexuals.

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2   Paper accepted for the 37th STAR conference – Stress and Anxiety in a Changing Society; Zagreb, July 2016 (Huić, A., Jelić, M., Kamenov, Ž.: To conceal or not to conceal one's sexual orientation? – LGB's minority stress in Croatia).

Coping with minority stress

Apart from the described distal and proximal stressors, the ways of coping with stress are an important part of the LGB persons' minority stress model, based on the work of Compas et al. (2001, in Meyer, 2007). Social support, the positive aspects of social identity and inclusion in the minority community are the processes that act to mitigate the minority stress and allow for greater psychological benefits that LGB persons can accrue.

The Croatian research testing the responses to the LGB persons' coming out by their families, friends, and others, provide us with some of the data concerning the importance of social support. In the study by Božić and Almesberger (2007), on a sample of 236 persons, most of the respondents (four fifths) think that it is important that their families know of their sexual orientation, or their gender/sex identity. Just over a half of the respondents had come out to their parents, with more confiding in their mothers (52%) than their fathers (40%). The parents' first reaction to their children's coming out was negative in a third of the cases, and only about a fifth of the respondents experienced positive reactions. However, in most cases, and in spite of the initial negative reactions, the LGBT persons' relationships with their family members did not suffer long-term deterioration. An additional analysis of the LGBT persons' emotional reactions to the thought of coming out has shown that lesbian women experience more emotions of satisfaction, safety, and self-confidence to a greater extent than gay men do.

The findings of the qualitative work by Radaković (2014), who studied the situation of 16 gay men, make it apparent that the members of the homosexual community taking part in the research have a very good sense of what discrimination is, but also a good idea of the ways to combat it at both the individual and societal levels. As they noted themselves, the act of coming out was a key moment in achieving their emotional and mental maturity. A sense of inner safety and self-confidence is nearly proportional to the degree of being out, leading one to state that those who are in that regard more fully realized are also those who see their future as independent of their physical location (small or large town, Croatia or abroad). Most of the respondents found that the key to improving the state of affairs for the LGB persons lies in their own hands, and less

in the hands of society. They think that an increase in visibility is the greatest step in the process of changing society's awareness, and this can be only achieved if the individuals decide to come out in greater numbers. The respondents noted that, if they do not fight for their rights, nobody else is going to do it for them, which is in correspondence with some of them being engaged in civic activism in the LGB community.

Inclusion in the minority community and activism are some of the ways in which the LGB persons can deal with and confront the existing attitudes, prejudice, and discrimination, and act to mollify the negative effects of minority stress. The research by Vrbat (2015) showed that the bisexual persons achieve lower scores on the measures of involvement in the community and activism than homosexuals do. The same research project has also tried to determine the role of the different aspects of identity in explaining these differing levels of involvement with the minority community. It found that the homosexual persons expressed more centrality, superiority, and satisfaction with their sexual identity than bisexuals did, while the latter tended to express more uncertainty around their identity, and more of internalized homonegativity. Some gender differences were found as well, as gay men reported more concealment of identity, more internalized homonegativity, and a more difficult process of understanding their identity. In line with the expectations, it was shown that it is the concealment of identity that best predicts the level of involvement in the minority community and activism across all groups.

Taking all of this into account, one is left to wonder what role a minority LGB identity, along with connectedness with the LGB community and social support have in the stressful times when the group is under threat, as is the case when legislation curtailing the rights of sexual minorities is being considered. Are the group resources for confronting challenges, such as identity, connection with the community, and social support more of a factor of vulnerability or a factor of resilience? Based on the findings by Kožljan (2014), the behavior of all the participants has become more proactive after Croatia's referendum on the constitutional definition of marriage, regardless of whether they were initially in the activist or non-activist group. After that time, they were reported as engaging in influencing the decisions that concern them, and encouraging conversations about these topics with other people.

CONCLUSION

When considering the contemporary Croatian society, we may conclude that the situation is formally favorable for the LGB persons. In terms of legislation, they are equal to the heterosexual majority in all regards, except for the possibility of adoption. Catholicism as the dominant religious affiliation in Croatia is formally advocating tolerance of LGB persons and is not formally condemning them. Health workers and experts in the area of mental health talk about homosexuality as a normal variation of the sexual orientation. The attitude of the public toward LGB persons is not extremely negative. However, once we depart this formal level and start discussing everyday experiences and public discourse, we see that the situation is far from being this positive. The legal framework is not being fully implemented in practice, the Church is continuing to condemn and disallow the sexual relations of the LGB persons, and the LGB persons do not have enough trust to be able to seek assistance from the professionals, and are continuing to suffer violence and discrimination based on their sexual orientation (Bosnić, Žegura and Jelić, 2013; Jugović and Ančić, 2013; Milković, 2013).

Even though there has been very little research in Croatia that would be testing the hypotheses of the minority stress model among the LGB persons, the existing findings do confirm that Meyer's model applies in Croatia as well. Based on the existing findings, we may say that the LGB persons that have experienced violence and discrimination do also suffer from poorer mental health, and that the concealment of a minority sexual identity lower the potential for discrimination and victimization, but it also lowers one's self-esteem and perceived quality of life, with all of the latter being correlated with a higher degree of openness. Further, the results indicate that being involved in the minority community and activism is a route to increased visibility and acceptance of the LGB persons in Croatian society. However, there are still many questions that Croatian researchers should provide answers to.

Let us conclude this paper with a consideration of the role of experts who can use their practical, and not just scholarly work, to contribute to a reduction in the LGB persons' minority stress. Not a single one of the currently valid classifications of illnesses (DSM-V or the International

classification of diseases ICD-10) lists homosexuality or bisexuality as an illness, as these are considered regular variants in human sexuality. Nowadays, if an expert for mental health sees a person over her sexual orientation, she engages in the so-called affirmative therapy. In other words, the expert assists the LGB person by making it easier for her to accept herself and her sexual orientation, and by strengthening her for dealing with the minority stress that the LGB persons are experiencing.

It is extremely important for the experts in ancillary professions, not just those in mental health, but also for physicians and other health workers, police officers, and professors and teachers, to be familiarized with the contemporary attitudes of the experts, and to be impartial in their work, so that they may offer adequate help and support to the LGB persons that come to them for help. A refusal to provide a service because of someone's sexual orientation is an instance of direct discrimination, as are the "milder" reactions of disinterestedness and taking no notice of the person requesting a service. These negative reactions may bring about a secondary victimization and the same consequences as directly suffered violence and discrimination (Berrill and Herek, 1990). It is precisely the fear of these types of responses that stops LGB individuals from approaching the health care and police workers for assistances when they suffer violence and discrimination because of their sexual orientation (Pikić and Jugović, 2006), which goes to show that the LGB persons in Croatia do not trust the experts, with the exception of psychologists (Bosnić, Žegura and Jelić, 2013). Education and familiarization of the experts and students in the ancillary professions with the risks and challenges that the homosexual and bisexual persons are forced to deal with on a daily basis would help them achieve an emphatic understanding and would assist them in acting towards a reduction of the minority stress among LGB persons.

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