



## Original article

### Family rejection of sexual orientation as a cause of psychic suffering

#### *Rejeição familiar à orientação sexual como causa de sofrimento psíquico*

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## Abstract

**Objective:** to discuss the psychological distress caused by family rejection following the disclosure of a non-heteronormative sexual orientation among lesbian, gay, and bisexual people. **Materials and Methods:** this was a qualitative, exploratory, cross-sectional study conducted through semi-structured interviews with lesbian, gay, and bisexual participants recruited using the snowball sampling method, with data collection continuing until saturation was reached. The data were interpreted using Pêcheux's Discourse Analysis. The study was approved by the Research Ethics Committee of Centro Universitário Funorte. **Results:** the process of discovering and accepting oneself as lesbian, gay, or bisexual is challenging, particularly when one's sexual orientation differs from traditional expectations or norms and is rejected or disapproved of by the family. Disclosure to the family was a priority for lesbian, gay, and bisexual participants. Although such disclosure could alter patterns of family interaction, it was also experienced as a relief because participants no longer had to perform an identity that did not represent them. **Final Considerations:** there is a need to expand research focusing on homophobia within the family context, given its short- and long-term psychosocial consequences.

**Keywords:** Sexual behavior. Stress, Psychological. Social status. Family.

## Resumo

**Objetivo:** discutir acerca do sofrimento psíquico causado pela rejeição familiar a partir da revelação sexual não heteronormativa de pessoas lésbicas, gays e bissexuais. **Materiais e Métodos:** pesquisa qualitativa de cunho exploratório e de corte transversal, feita por meio de entrevistas semiestruturadas com pessoas de orientação lésbica, gay ou bissexual, recrutadas a partir do método bola de neve, respeitando-se o critério de saturação. Os dados foram interpretados à luz da análise do discurso - AD de Pêcheux. O presente estudo foi aprovado pelo Comitê de Ética em Pesquisa do Centro Universitário Funorte. **Resultados:** o acontecimento de se descobrir e de se aceitar homoafetivo é desafiador para o indivíduo, uma vez que a própria orientação sexual difere das expectativas ou normas tradicionais e é, em geral, rejeitada ou desaprovada por suas famílias. Revelar-se à família sempre foi prioridade para as pessoas lésbicas, gays e bissexuais; ainda que se produza mudança nos padrões de interação familiar, é um alívio quando se faz a revelação por não ter que representar uma identidade que não as caracterizava. **Considerações Finais:** verifica-se a necessidade da ampliação de estudos que voltem sua atenção à homofobia relacionada ao contexto familiar, em decorrência dos prejuízos psicossociais, no curto e longo prazos.

**Palavras-chave:** Orientação sexual. Estresse psicológico. Aceitação social. Família.

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**Received:** 12|22|2023. **Accepted:** 07|30|2026.

**Peer-reviewed using a double-blind review process.**

**How to cite this article:** Marques MG, Alkmim RMF, Brito WF. Rejeição familiar à orientação sexual como causa de sofrimento psíquico. Humanidades (Montes Claros). 2026;15:e957. <https://doi.org/10.53303/hmc.v15i1.957>





## Introduction

From a historical perspective, homosexuality has been defined as emotional, physical, and sexual attraction to people of the same sex. It involves not only sexual orientation but is also largely constructed from biological sex, characterized as male and female, sexual identity, referring to what has conventionally been termed masculine and feminine, and several other psychological aspects<sup>1</sup>. Sexual orientation does not refer solely to sexual attraction, but also to the affective and/or emotional attraction experienced by the individual. If a person's attraction is toward people of a different sex, they may be heterosexual; if they are attracted to people of the same sex, they may be homosexual; bisexual people are attracted to both sexes<sup>2</sup>, which differs from gender identity<sup>a</sup>, a topic that is not the focus of this study.

To appropriately name such a diverse population and account for changes that have occurred over time, the acronym GLS, which for many years was commonly used to refer to gays, lesbians, and supporters, was replaced by LGBT<sup>3</sup>. On June 8, 2008, during the First National GLBT Conference, promoted by the Brazilian Federal Government in Brasília, the use of the acronym LGBT was adopted in Brazil to recognize lesbians, gays, bisexuals, transvestites, and transgender people<sup>3</sup>. As the present study focuses specifically on lesbian, gay, and bisexual people, they will hereafter be referred to as LGB when mentioned specifically.

Among LGBT people, the sexual and gender-related conditions described above contribute to establishing a social identity that influences ways of being, seeing oneself, thinking, and presenting oneself to society. This is because sexuality involves, among other aspects, the integration of biological, psychological, and social dimensions, which are manifested in identities, roles, and desires, as well as in attitudes, values, behaviors, and relationships<sup>4</sup>. These individuals are considered members of minority groups within a society that regards heterosexuality as the norm<sup>5</sup>. They experience various forms of loss due to the stigma attributed to their association with nonprivileged groups<sup>5</sup>. Consequently, these individuals may experience a range of social disadvantages, such as discrimination and exclusion, and may be adversely affected in different areas of life because of their minority status, including professional, family, social, and health-related domains<sup>5</sup>.

Regarding mental health, members of this community may be exposed to high levels of rejection<sup>5</sup>. Furthermore, young people in this group report high rates of problems at school and within the family, including bullying and family rejection related to their sexual orientation<sup>5</sup>. Historically, homosexuality was even classified as a disease under the term *homosexuality*<sup>6</sup>. Social acceptance of homosexual and bisexual people remains limited, and unilateral opinions and negative attitudes

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<sup>a</sup> Gender identity refers to a person's perception of themselves as male, female, or some combination thereof, regardless of biological sex.



toward the issue persist. As a result, LGB people may experience additional stressors in their daily lives, including prejudice, internalized homophobia, and expectations of rejection, which pose risks to health<sup>7</sup>.

Publicly acknowledging one's sexuality when it differs from the norm, regardless of the circumstances, is neither easy nor pleasant. It represents an achievement and requires considerable courage to face the turmoil that may accompany it<sup>8</sup>. For young people, coming out as homosexual can be particularly difficult; the first concern that often arises is the family's reaction, followed by concerns about how to deal with society<sup>6</sup>. Families are not always prepared to learn that a daughter or son is homosexual or bisexual, which may trigger a family crisis: more than 50% of young people receive negative responses from their families when they disclose their homosexuality<sup>9</sup>.

In this context, although the family can constitute an important network of social support and protection, it may also become a setting in which homophobic violence is produced and maintained, with family prejudice even being used as a mechanism to legitimize violence against LGB youth<sup>10</sup>. In the name of "love and protection," homophobic narratives promoted by society have long operated within households, giving rise to family homophobia<sup>11</sup>, which frequently leads to ruptures or estrangement from family relationships, including young people's departure or expulsion from the family home<sup>10</sup>.

Such violence, however, is not restricted to its most explicit forms. Everyday situations may involve the invisibilization of homoerotic experiences within the family environment through humiliation, discrimination, silence, and erasure. These experiences may produce psychosocial effects such as sadness, discouragement, anguish, and guilt arising from sexuality-related discrimination. Moreover, concealing the desires and affective-sexual practices of LGB youth may deprive them of important family support and protection networks. Nevertheless, many individuals do not immediately recognize experiences occurring at home as manifestations of homophobia, nor do they perceive their effects on their own health, which contributes to minimizing recognition of the harmful consequences of such violence in their lives<sup>10</sup>.

One of the central issues is that an individual's first contact with the world occurs within the family. Given the relevance of this context to the individual's psychological life, the family group may become particularly vulnerable when one of its members discloses that they are not heterosexual. Family life establishes ethical and moral standards and is expected to provide feelings of support and emotional protection<sup>12</sup>. Children who do not feel accepted by their family of origin may seek ways to escape suffering and violence, and some are able to leave home without major difficulties. However, others do not have this privilege and may see the streets as the quickest means of escaping family violence, sometimes placing themselves in an even more violent environment<sup>11</sup>.



The impact of homophobia within the family must therefore be discussed, reinforcing the family's role in providing acceptance and promoting the well-being of its members rather than contributing to illness and painful relationships. Family rejection creates a hostile environment that seeks to force children into heteronormative standards at any cost, including through violent mechanisms<sup>13</sup>. These issues constitute an important gap in the scientific literature, which has prompted growing interest not only in family responses at the time of a child's disclosure of sexual orientation, but also in how this process is negotiated over time by different family members<sup>14</sup>. Accordingly, measures are needed to increase understanding of the importance of the family's role and support during disclosure of a child's non-cis-heteronormative sexual orientation, broaden people's understanding and perceptions of the issue, and highlight the role of support networks in this context<sup>14</sup>.

Therefore, to analyze the complexity of human nature, paradigms alone are insufficient. It is necessary to give visibility to minority agendas and to recognize that human beings are inherently plural and that conservative conceptions of human identity do not correspond to the richness of who people are, because diversity encompasses plurality and non-homogeneity<sup>15</sup>. This raises the question of how individuals suffer when rejected by their families after disclosing a lesbian, gay, or bisexual orientation.

## Materials e Methods

This was a qualitative, exploratory, cross-sectional study. Data collection took place in August and September 2023 in the city of Montes Claros, Minas Gerais, Brazil. Men and women who self-identified as bisexual, gay, or lesbian were interviewed. Data were collected using a brief sociodemographic questionnaire to characterize the participants and a semi-structured interview guide developed by the researchers based on the objectives of the study. The guide contained 12 questions addressing experiences commonly encountered during the process of disclosing one's sexual orientation, according to the literature.

Participants were recruited using the *snowball* sampling technique. Initially, the researchers contacted potential participants via WhatsApp, explaining the topic and objectives of the study. After they agreed to participate, an in-person interview was scheduled. Interviews were conducted in a private room at a higher education institution. Following the first interview, the participant referred to other potential participants, who subsequently referred to others, resulting in a total of 18 interviews lasting between 20 and 30 minutes each. Recruitment continued until data saturation<sup>16</sup> was reached, characterized by the absence of new elements with relevant characteristics in the material collected.



The interviews were audio-recorded with participants' consent. After receiving the necessary explanations and agreeing to participate, all participants signed an informed consent form. The interviews were transcribed verbatim for subsequent interpretation according to the principles of Pêcheux's Discourse Analysis (DA). Participants' identities were protected by fictitious names when presenting excerpts from their accounts. The participants were cisgender women and men aged between 22 and 32 years who self-identified as lesbian, gay, or bisexual. The most reported religious affiliations were Catholicism, Evangelical Christianity, Umbanda, and no religion. Educational levels included incomplete and completed higher education, completed secondary education, and technical education. Most participants were single or married, and none had children. All participants lived in Montes Claros, Minas Gerais, Brazil.

The study was approved by the Research Ethics Committee of Centro Universitário Funorte under Opinion No. 6,214,946 and complied with all ethical requirements established by Resolutions No. 466/2012 and No. 510/2016 of the Brazilian National Health Council.

## Results

In this section, the findings produced through the discourse analysis process are discussed. The analysis resulted in three main categories: (a) Family rejection after disclosure of a non-cis-heteronormative sexuality; (b) Acceptance; and (c) Psychological distress.

### Family rejection after disclosure of a non-cis-heteronormative sexuality

When discussing their feelings prior to coming out, participants highlighted difficult and negative emotions such as hurt, fear, guilt, depression, uncertainty, and fear that those closest to them would distance themselves if they learned about their sexual orientation. The fear and insecurity experienced by participants before disclosing their sexual orientation to their families were profound and complex. These emotions are often fueled by a range of social and psychological factors. Fear of rejection by loved ones is a central concern because the family is viewed as the most important support structure in a young person's life, and the possibility of being excluded or disapproved of by family members can be devastating.

As reported by the participants, fear of family rejection prevented them from disclosing their sexual orientation. Maria, for example, reported that her mother did not accept her orientation. Despite everything she experienced, however, she did not blame her mother for this behavior:

*“My mother doesn't accept it, but I don't blame my mother for not accepting it; I blame society, and the way she was raised was very restrictive. When she talks about sexual orientation, she never talks about hers, about her*



*love. [...] It already happened, when she found out, she would take my things and throw them into the living room: 'You're leaving, I never want to see you again...'*” (Maria).

José's parents reacted differently: his mother welcomed him, whereas his father initially rejected him and stopped speaking to him. José experienced considerable difficulty coping with this conflict:

*“At first it was very difficult, you know? First of all, accepting myself was already a difficult process; if accepting myself was difficult for me, imagine what it was like for them, right? [...] He stopped speaking to me for a while, stopped talking to me, and he actually told me that he wouldn't introduce me to his friends, that he wouldn't go out with me... So he was very, as the saying goes, blunt about it...”* (José).

Unlike José, Benício experienced a lack of dialogue with his mother, who rejected him after his disclosure because she believed that his behavior would lead nowhere and that he was “lost,” a phrase that remained deeply engraved in his life story:

*“...One of the phrases that is still very deeply engraved in me today, although I have forgiven it, was when she used to say: 'You're lost in life!' So that was very traumatic. We went at least two months without speaking to each other...”* (Benício).

Joana's case reveals a particularly specific situation with her mother, who began engaging in negotiations with her: if the young woman did not change her behavior, she would have to move in with her father:

*“So, at the time, my mother... kind of made me explain myself to her, otherwise she was going to send me to live with my father, who at the time lived in another town, a small town. So she thought that, to try to get me out of this, I would have to leave...”* (Joana).

## Acceptance

The importance of family acceptance and support for lesbian, gay, and bisexual people during the coming-out process cannot be underestimated. This is a crucial stage in a person's life, when they decide to share their sexual identity with loved ones, and it is filled with emotions and challenges. The family's reaction plays a fundamental role in these individuals' well-being and self-acceptance.



When family members respond with understanding and support, they help reduce the stress and anxiety that many participants experience before “coming out of the closet”. This directly affects young people's mental health and emotional well-being, promoting a more positive self-image. Accepting and supporting an LGB family member also strengthens family bonds. It demonstrates that love and support are not conditional on sexual orientation and reinforces the importance of family ties and the creation of an environment of trust.

Many LGB young people experience feelings of isolation and loneliness before coming out. Family support helps counter these negative emotions, allowing them to feel more connected and accepted. In some cases, however, participants reported negative emotions associated with disclosure. Benício reported having experienced “some very negative surprises” and said that he had to learn how to cope both at home and in his workplace:

*“I think that's why it took me so long to make the decision to tell my mother, because she was always my first love. She was my first reference point. And what I always heard was: ‘Families were destroyed because someone came out’ [...] ‘...I'm not a teacher because I like being a teacher; I'm a teacher because I like teaching. I was in a meeting where a mother said: “I don't want my son to catch it, to become contaminated,” because I was homosexual...” (Benício).*

For Joana, the process was initially confusing because she did not understand what she was feeling and struggled with accepting her sexual orientation, as well as with feelings of guilt related to her family and religion:

*“It was very complicated and confusing. Because, ever since I was young, I had always been with boys. I had those little teenage romances and everything. But I had never felt in love with anyone [...] So it was then that I started liking someone and I said to myself: ‘I'm really starting to like someone, and that's not right,’ and then I felt guilty because of my family and religion...” (Joana).*

For Antônio, understanding and accepting his sexual orientation was a difficult process, particularly when it came to asserting himself in relation to others. This occurred when a coworker told him that being gay was a choice rather than an orientation:

*“...What motivated me to speak was precisely the motivation to be.”  
 “...Hold on there, my dear, it's not a choice. I won't accept you calling it a choice. No, it's an orientation, because a choice would mean that I chose to be gay. I don't choose to be attacked, I don't choose to hurt, I don't choose to suffer, hurt, cry. If it were a choice, I would choose to be straight and live*



*life without going through any of this. Gay people don't get that. Every day there's suffering, being attacked, always suffering. No, no. That's not really how it happens..." (Antônio).*

### Psychological distresse

The psychological distress experienced by participants within the family context was complex and often painful. When an individual's sexual orientation differs from traditional expectations or norms, they may face significant emotional and psychological challenges. Many participants experienced fear of being judged, rejected, or disapproved of by their families, leading them into a cycle of secrecy and deception that generated constant anxiety and stress.

Feelings of isolation and loneliness were common among participants living in unwelcoming family environments. They reported feeling alone, without emotional support, and without anyone with whom they could share their real identity. As a result, stigma and lack of acceptance undermined their self-esteem and self-image. This contributed to mental health problems such as depression, anxiety, and thoughts of suicide.

Reports of family rejection of sexual orientation caused numerous conflicts within families, generating suffering both for LGB individuals and their relatives. These conflicts resulted in family ruptures, deterioration of relationships, and further reinforcement of heteronormative conformity. Pressure from family members to seek help left many participants confused, afraid, and in denial about their identity.

Despite these challenges, family support played an important role in reducing psychological distress. Families that offered love, acceptance, and understanding created an environment in which LGB people felt safe and authentic. This contrasts with the psychological suffering reported by Maria, who described how silencing herself became so distressing that it caused severe anguish:

*"I had depression. Very severe depression. For months and months, I would barely get out of bed to do anything. I wasn't hungry, I wasn't thirsty, I didn't feel like going to the bathroom, I didn't shower [...] And I remember that when I was having an extremely severe anxiety attack, I said, 'I can't take this anymore.' I would get on my motorcycle, and I wanted to fall off it..." (Maria).*

José described this anguish as a pain that permeated his life and explained that psychological support helped him understand his pain and reframe the rejection he experienced from his father:

*"...It's a process that still affects my life today, right? Even today I'm still in psychological treatment..." [...] "And after that psychological shock, when*



*you try to recover, there are consequences that may even be irreversible, right... [...] So, at the time, it was very difficult...*” (José).

Antônio could no longer tolerate the suffocation of having to hide himself and conceal everything he felt and wanted:

*“It’s as if I were constantly living with the oppressor inside me while being oppressed all the time. [...] After I finally managed to say everything I wanted to say, to feel everything I wanted to feel, it was an enormous relief. It was liberating...”* (Antônio).

Carlos was already exhausted from hiding and presenting himself in the way his family expected. The self that could not be seen or experienced generated the tension of not being who he truly was:

*“I felt like I wasn’t being honest. I felt like I had to put on an act: does everyone know? And that exhausted me so much emotionally and physically, and I was constantly tense that something was going to happen. I felt exhausted...”* (Carlos).

The pain reported by the participants also continued throughout Benício’s life and was being addressed in the psychotherapy he attended, where he sought to work through his mother’s lack of acceptance of his sexual orientation. Benício even came to believe that the way to resolve this situation would be through “disposal” (*sic*), even death, because he believed that throwing himself away might be the ideal solution to the conflict he was experiencing. Even the physical beating inflicted by his mother was understood by him as normal:

*“I have a pain that will stay with me for the rest of my life. But today I can deal with it; I went to therapy. Because she placed something in her life that was, ‘No, I don’t accept you!’ [...] I remember that when I was twenty, that was the first time I thought about the idea of disposal...”*  
*“...I was beaten with a broom handle and slapped twice across the face, and I woke up in the middle of the night with her hitting me with a towel [...]. So I think it was good for her because that was how she let it out. I never, never judged her for it.”* (Benício).

Some people told Benício that this constituted violence, but he understood it as his mother’s way of expressing her frustration because her son did not conform to her heteronormative expectations. She also did not understand that he had reached a level of maturity at which no form of violence would make him give up who he was.



## Discussion

Based on the empirical material produced in this study, disclosing one's sexual orientation to one's parents was found to constitute an important part of the identification process in the development of LGB people. For these individuals to be recognized and become visible, they must disclose this information, unlike heterosexual people, whose identities and romantic experiences are assumed to fall within heteronormativity<sup>10</sup>.

Considering close interpersonal relationships, the family environment would presumably be the most appropriate setting in which children could disclose their sexuality, both to themselves and to society. However, many of the LGB participants who decided to disclose their sexual orientation to their parents experienced frustration, discrimination, rejection, and various forms of psychological distress, because many families are not prepared to deal with expressions of sexuality among their members<sup>12</sup>.

Families' pursuit of actions and interventions aimed at changing the sexual orientation of LGB people may involve psychological, medical, and religious treatments. All such interventions share the objective of erasing LGB identities while reinforcing cisgender identity and heterosexuality as the only valid ways of experiencing sexuality and gender. These harmful practices include social isolation, rupture of emotional bonds, imposition of moral values, stigmatization, ridicule, and judgment, all of which violate the rights of LGB people<sup>12</sup>.

However, as can be seen in the participants' accounts, the family often fails to operate as a source of protection and a provider of health and dignity. On the contrary, it may function as a mechanism that reiterates heteronormativity. Consequently, the home becomes a place of contradiction, despite the expectation that it should provide support and refuge from discrimination experienced in society<sup>17</sup>.

Family rejection was identified as particularly significant because it causes greater suffering and more serious adverse consequences, which may include suicidal ideation<sup>11</sup>. Even when homophobic violence within the family does not result in expulsion or departure from the parental home, it may continue through the everyday relationships of children who remain within a heteronormative household.

The process of self-recognition and self-acceptance constitutes a stressful experience for LGB people and represents an important stage in their development. It encompasses both positive and negative factors that affect mental health. Most participants reported that when they could no longer continue hiding, and were no longer emotionally willing or able to conceal essential parts of themselves, the process of coming out was difficult but also liberating. It therefore constituted an act of courage, authenticity, and openness, representing an important psychological decision<sup>18</sup>.



The study revealed that young people's experiences of discovery and self-acceptance are permeated by numerous conflicts, because sexual orientation is embedded within relationships shaped by beliefs, taboos, and social constructions. Some participants reported that socially standardized gender stereotypes regarding women and men conflicted with their own behavioral patterns, resulting in internal conflicts<sup>12</sup>.

The suffering arising from these experiences includes exposure to discourses condemning sexual orientation, loss of family and social ties, suicide attempts, mental health problems, lack of trust in others, feelings of inadequacy, fear, anger, and other consequences. The narratives of LGB people who underwent these experiences highlight how severely their mental health and family and social relationships were affected, resulting in lasting emotional scars<sup>19</sup>.

Family had always been a priority for the participants, and for many of them disclosure to the family produced changes in patterns of interaction among family members. Secrets within the family had created tension in relationships and constrained spontaneity. Following disclosure, participants experienced feelings of relief and freedom because they no longer needed to conceal their sexual orientation or assume an identity that did not represent them<sup>17</sup>.

Fragments of the life stories of lesbian, gay, and bisexual people highlight acts of resistance against the exclusion and social vulnerability they face. These practices constitute survival strategies in a context that often attempts to deny the humanity and importance of their lives. Such actions include expressions of pride and self-affirmation, as well as the exercise of self-determination regarding sexual orientation. In addition, these individuals seek access to and continued participation in family and institutional environments that allow them to build affectionate relationships and friendships, among other initiatives<sup>17</sup>.

## Closing remarks

Based on the cases discussed in this study, some LGB participants experienced difficulties in dealing with their own sexual orientation and with the coming-out process, considering socially established models of sexuality expression. The narratives gathered here suggest that fear of exposure may be grounded in the possible consequences of disclosure to the family, including disruption of expectations regarding children's expression of sexuality, potential withdrawal of psychological, financial, and/or institutional support, and the possibility of being stigmatized by society, among other consequences.

Regarding support networks for LGB people, including family and friends, participants reported an overall improvement in their lives when they experienced acceptance within their family network. They also became less fearful because they were able to experience everyday life with less



guilt and anguish, in a more integrated and health-promoting manner. These findings reinforce the importance of providing a support network to individuals throughout the disclosure process. Although the family cannot always be regarded as an inherently protective unit, its capacity to provide support becomes particularly important in situations involving a high emotional burden, such as sharing deeply personal experiences within the family.

A significant limitation of this study was the difficulty in scheduling interviews because of participants' time constraints, which resulted in fewer participants than initially planned. This limitation may have affected the representativeness of the data collected, restricting the breadth of perspectives explored. It may also have influenced the depth of the analysis and the ability to identify additional nuances in participants' experiences.

Further studies are therefore recommended to expand participants' accounts of how they experience the disclosure process and to investigate the support networks surrounding these individuals to better understand the environments in which they live. Through further research, new perspectives may be discussed, thereby clarifying issues related to homosexuality and bisexuality and helping to dismantle at least some of the taboos that continue to exist. Such efforts may contribute to promoting greater acceptance, attention, and awareness regarding these young people, with the aim of further protecting them from opposition to this important process of identification.

## Author Contributions

**The authors' contributions are structured according to the CRediT taxonomy described below:**

**Conceptualization and research design:** Mariane Guedes Marques, Reginéia Maria Fonseca Alkmim, and Worney Ferreira de Brito. **Data analysis, interpretation, and manuscript preparation:** Mariane Guedes Marques, Reginéia Maria Fonseca Alkmim, and Worney Ferreira de Brito. **Resource administration:** Mariane Guedes Marques, Reginéia Maria Fonseca Alkmim, and Worney Ferreira de Brito. **Critical review of the manuscript for intellectual content and final presentation:** Mariane Guedes Marques, Reginéia Maria Fonseca Alkmim, and Worney Ferreira de Brito. All authors approved the final version of the manuscript and declared themselves responsible for all aspects of the work, including ensuring its accuracy and integrity.

## Conflict of interests

The authors declared no conflicts of interest.

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