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Outness and Discrimination as Predictors of Psychological Distress Among Sexual Minority

Cisgender Women

by

Madison Higbee

Under the Direction of Eric Wright, PhD

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Arts

in the College of Arts and Sciences

Georgia State University

2021

ABSTRACT

This thesis is a quantitative analysis of the relationships between demographics, outness, discrimination experiences, and mental health among cisgender sexual minority women. It utilizes data from the LGBTQ Institute Southern Survey, which documents the experiences of LGBTQ adults in the Southern United States. Greater outness correlates with more discrimination, and both outness and discrimination are associated with psychological distress (greater outness correlates to less psychological distress and greater discrimination correlates to more psychological distress); older respondents tend to be more out, experience more discrimination, and have less psychological distress; bisexual respondents and respondents of some other sexual orientation tend to be less out, experience more discrimination, and have more psychological distress; additionally, Black/African American respondents tend to experience less discrimination, and more educated respondents tend to have less psychological distress.

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1 INTRODUCTION

Coming out signifies a quintessential experience of sexual identity development, a narrative that has dominated much of mainstream discourse and representation of the LGBTQ+ community. Studies rooted in theoretical foundations such as identity development and minority stress models have attempted to make the coming out narrative legible on a larger scale; however, coming out experiences tend to vary considerably around other factors such as gender, race, and specific sexual identity (Floyd & Stein 2002; Meyer 2003; Troiden 1988). Indeed, sexual minority women as a group tend to experience coming out to themselves and others in fundamentally different ways from sexual minority men, in part due to disparate socialization and treatment based on gender (Lewis et al. 2012; Savin-Williams & Diamond 2000). In this thesis, I seek to understand the unique experiences and obstacles that sexual minority cisgender women encounter when coming out and enduring discrimination in the Southern United States, as well as how various demographic factors influence these experiences.

My research questions are:

(1) What demographic factors correlate with a higher level of sexual orientation outness in cisgender women?

(2) What demographic factors correlate with more sexual orientation discrimination experiences in cisgender women?

(3) What is the relationship between outness and experiences of discrimination in cisgender women? And does this vary across sociodemographic groups?

(4) How are outness and discrimination experiences associated with cisgender women's mental health, and does this vary across sociodemographic groups?

In this thesis, I utilize quantitative data from the 2017 LGBTQ Institute Southern Survey, a cross-sectional online study of 6,502 LGBTQ adults across fourteen states in the Southern United States. The Southern Survey set out to remedy a gap in the available literature regarding large-scale, quantitative studies of LGBTQ adults targeting the South. The Southern Survey is organized around: 1) Education and Employment, 2) Public Health and Wellness, and 3) Criminal Justice and Safety, and includes subsections dedicated to demographic information (including age, gender identity, sexual orientation, and educational attainment), identity development (including outness), discrimination experiences, and mental health (Wright et al. 2018).

2   LITERATURE REVIEW

2.1   Theoretical Foundations

2.1.1   Identity Development

Richard Troiden (1988) originally theorized sexual identity development as occurring in four stages: "sensitization," "identity confusion," "identity assumption," and "commitment." He cautioned readers that this model should not be viewed as linear and that individuals can "vary somewhat in the order in which they encounter homosexual events," especially if they have little to no access to knowledge about homosexuality (Troiden 1988:42). In the first stage, sensitization, sexual identity is irrelevant; rather, children feel different from their same-gender peers and engage in what American society considers gender-nonconforming behaviors (Troiden 1988). The second stage, identity confusion, consists of adolescents learning about, questioning, and struggling to accept the sociocultural implications of their homosexuality; and reactions can range from outright denial to attempting to "eradicate homosexual feelings and behaviors" to various forms of avoidance (attempting to pass as heterosexual, escapism through substance abuse, etc.) (Troiden 1988:47). However, many move on to the third stage, identity assumption, in which individuals begin to apply a homosexual identity to themselves and may also start coming out, first to other homosexual peers, and possibly to their wider social circles. The fourth and final stage is commitment, "a feeling of obligation to follow a particular course of action. In the homosexual context, it involves adopting homosexuality as a way of life" (Troiden 1988:53).

While sexual identity development models such as Troiden's served as the basis for much of sexual identity research, newer studies have built on and complicated these models, specifically around issues such as gender and age cohorts. Younger age cohorts and sexual minority women tend to report "identity-centered" development more often than "sex-centered"

development (Bishop et al. 2020; Calzo et al. 2011; Savin-Williams & Diamond 2000). "Identity-centered" development has additionally been referred to as the "label-first trajectory," while "sex-centered" development has been referred to as the "sex-first trajectory" (Savin-Williams & Diamond 2000). Members of more recent sexual minority cohorts are more likely to solidify their sexual identity without needing to engage in sexual activity, while earlier cohorts more commonly utilized same-sex sexual encounters as a confirmation of their identity (Bishop et al. 2020; Floyd & Bakeman 2006). Floyd and Stein (2002:170) argue that to avoid generalizing the diversity of coming out experiences and the variation in what ages individuals reach developmental milestones, Troiden's four-stage model can "be replaced with the notion of developmental trajectories, which explicitly acknowledge individual differences." Although the cross-sectional nature of the current study does not allow for longitudinal explorations of identity development, analyses of which social groups individuals are more out to, as well as the relationship between age and outness, provide key findings for the role of identity development in the current sample.

Savin-Williams and Diamond (2000) found women significantly more likely than men to adopt a nonheterosexual label before becoming sexually active. Therefore, the authors assert that women experience sexual identity development in a more emotional, relational, and romantic context. Conversely, they argue that men experience sexual identity development as more explicitly sexual and claim that models constructed for and focused on men will probably exaggerate the significance of sexual desire and activity in identity development. However, the writers also warn that no model will capture every possible variation of sexual identity development, exemplified by how "female youths in the sex-first trajectory look like male youths with regard to timing and spacing between their sexual identity milestones, and male youths in

the label-first trajectory look remarkably like female youths" (Savin-Williams & Diamond 2000:624). Indeed, most coming out models tend to ignore cross-cultural or non-Western experiences, or even attempt to assimilate them into homogenized Western ideas of gender and sexuality "in a manner that recapitulates the power structures of colonialism" (Leung 2009:67), and thus do not universally apply to all sexual minority people (Wong 2007). These limitations demonstrate the need for less "one-size-fits-all" and more localized identity development models to parse out the diversity and complexity of experiences among the LGBTQ+ community, including cisgender sexual minority women. Additionally, experiences of discrimination and minority stress can also play a role in individual identity development.

2.1.2 Minority Stress

Meyer's (2003) minority stress model was designed to explain disproportionate rates of mental health issues among sexual minority people as a symptom of the stress that arises from living with a stigmatized identity. The model operates on a continuum of "distal" (or external) to "proximal" (or internal) minority stressors. Distal stressors consist of objective experiences (such as actual events of discrimination or violence), while proximal stressors are more subjective, based on an individual's own perceptions (such as internalized homophobia) and expectations of rejection or prejudice (Meyer 2003). Each minority stressor proposed by Meyer is associated with negative mental health outcomes (Camp et al. 2020; Feinstein 2020; Lewis et al. 2012). The current study focuses on distal stressors as a variety of external discrimination experiences.

Hatzenbuehler (2009) built on minority stress theory, and in particular distal stressors, by creating the psychological mediation framework. This framework, well-supported by research, postulates that the relationship between minority stressors and mental health is mediated through both general and group-specific psychological processes, ranging from Meyer's distal and

proximal stressors to cognitive, emotional, and social processes such as low self-acceptance, avoidance, isolation, and maladaptive coping (Bergfeld & Chiu 2017; Camp et al. 2020; Feinstein 2020). Feinstein (2019) has additionally proposed the Rejection Sensitivity (RS) model as a tool that highlights the roles of proximal stressors and emotional processes in sexual minority stress. This model demonstrates how past experiences of rejection (as well as prejudice, discrimination, etc.) due to one's sexual identity can generate the expectation that said rejection will occur in the future, which can lead to hypervigilance and "negative mental health outcomes including depression, social anxiety, generalized anxiety, and posttraumatic stress" (Feinstein 2020:2250).

With regard to gender, sexual minority women experience minority stress simultaneously through sexism and heterosexism, both of which independently correlate with poor mental health (Lewis et al. 2012). For instance, Lewis et al. (2012) found that sexual minority women reported sexually intimidating behavior from heterosexual men, while sexual minority men reported threats of violence from heterosexual men. Additionally, the authors theorized that "gender role socialization may be related to minority stress…[W]omen tend to come out later and do so in the context of a relationship and women tend to value emotional expression and sexually exclusive relationships more than men" (Lewis et al. 2012:39). These findings highlight how the lived experiences of cisgender sexual minority women can differ substantially from those of cisgender sexual minority men and warrant further study.

2.2   Previous Findings on Demographic Impacts

As the theoretical foundations above suggest, outness and experiences of discrimination can significantly impact the everyday life of sexual minority women, and demographic characteristics can play substantial roles in these relationships as well. Younger age cohorts tend

to come out, sexually debut, and reach other sexual identity development milestones significantly earlier than older cohorts (Bishop et al. 2020; Grov et al. 2006). In one study:

> lesbians in the inclusion [or youngest] cohort came out 5 years earlier on average (about 15 years old) than lesbians in the visibility [or middle] cohort (about 20 years old), who themselves disclosed their identity 5 years before lesbians in the pride [or oldest] cohort (about 25 years old) (Bishop et al. 2020:14).

Additionally, in line with more recent findings around sexual identity development, another study found those who self-identified as LGB in adolescence (as opposed to those who self-identified in adulthood) more likely to reach coming out milestones at younger ages, solidify a sexual identity before engaging in sexual activity, and avoid heterosexual encounters. (Floyd & Bakeman 2006).

Lesbians and women who utilize newer identity labels such as pansexual or queer tend to come out to others at about the same rate, while bisexual people tend to disclose their sexual identity at an older age (Bishop et al. 2020). Lesbians and queer women also tend to report more experiences with heterosexism and greater levels of depression, while bisexual women additionally report experiences with biphobia from both heterosexual and lesbian communities (Lewis et al. 2012).

Bisexual people also tend to be less out than gay and lesbian people, and those who are more out report more discrimination from both heterosexual and gay/lesbian individuals (Feinstein et al. 2019; Feinstein et al. 2020). Among bisexual respondents in one study, "direct communication was uniquely associated with more discrimination from gay/lesbian individuals, while indirect communication, gender-based visual displays, and public behavioral displays were uniquely associated with more discrimination from heterosexual individuals" (Feinstein et al. 2020:1). Greater levels of outness among bisexual women are positively associated with mental health, but "perceptions of antibisexual prejudice, expectations of stigma, and internalized

biphobia" as a result of being more out are related to negative mental health outcomes (Brewster et al. 2013:548).

A substantial need exists for more research on outness among nonwhite sexual minority people across racial/ethnic groups (Garvey et al. 2019; Roberts & Christens 2020). According to Bowleg et al. (2008:154), across racial/ethnic groups:

> scholars have echoed the theme that ethnic minorities' development of LGB identities and the extent to which they disclose these identities to others, are influenced by a variety of factors such as racism (within mainstream society, as well as LGB communities); heterosexism within minority communities; specific cultural beliefs about homosexuality, sexuality, and gender; and the prominence of the family and community of origin as points of reference.

Sexual minority people of color tend to experience same-sex attraction and (in the case of Black LGB people) sexually debut at an earlier age than white LGB people (Bishop et al. 2020). However, people of color are also significantly less likely than white people to disclose their sexual identity, particularly to their parents, and Black LGB people are the least likely to be out (Grov et al. 2006; Moradi et al. 2010).

Few studies in the literature appeared to treat educational attainment as an independent variable as well as a demographic characteristic; however, the most common finding among those that did is that sexual minority individuals with higher educational attainment tend to experience less psychological distress, while individuals with lower educational attainment tend to experience more psychological distress (Barnes et al. 2014; Riggle et al. 2017; Tabaac et al. 2015). Additionally, Pachankis et al. (2015:895) found that women with lower educational attainment more likely to have recently come out, while women with higher educational attainment were more likely to be "distantly out." The above findings around each of these demographic variables demonstrate the necessity of their inclusion in the current study, as this

thesis has the potential to expand upon the relationships between these variables and outness, discrimination, and psychological distress.

2.3   Previous Findings on Outness, Discrimination, and Mental Health

Much of the literature reflects that greater levels of outness or disclosure of sexual orientation correlate to lower depression and anxiety symptoms, greater wellness behavior and social support, higher self-esteem, and greater mental health, whereas concealment of sexual orientation correlates to greater symptoms of depression, anxiety, substance use, and higher stress levels (Brennan et al. 2020; Cochran et al. 2003; Jordan and Deluty 1998; Kosciw et al. 2015; Pachankis et al. 2015; Riggle et al. 2017; Rothman et al. 2012; Tabaac et al. 2015). Jordan and Deluty (1998) found that wider disclosure of sexual orientation among sexual minority women to family, gay and lesbian friends, straight friends, and coworkers correlated to greater social support, lower anxiety, and greater self-esteem. Parental support can factor significantly in the relationship between disclosure of sexual orientation and mental health effects: in Rothman et al.'s (2012:187) sample, about two thirds of respondents felt sufficiently supported by a parent after coming out, while lesbian and bisexual women who did not disclose to a parent or had unsupportive parents reported "over 15 days of depression in the past month."

Past studies have also found significant differences in the relationship between disclosure and mental health regarding bisexual people. Unlike gays and lesbians, bisexuals must endure biphobia "from both heterosexual and sexual minority communities" (Bishop et al. 2020:12), and as such bisexual people who disclose their sexual identity report greater discrimination from both communities (Feinstein et al. 2020). Bisexuals with greater levels of outness also report higher anxiety and depression compared to gays and lesbians whose outness has no association with depression (Feinstein et al. 2019).

Several studies indicate a mediating effect of discrimination on the relationship between outness and mental health. When outness is associated with greater social support from family and friends, it tends to lead to better mental health (Kosciw et al. 2015; Tabaac et al. 2015). However, outness is also related to increased risk of discrimination experiences and, consequently, poor mental health (Bry et al. 2017; Kosciw et al. 2015; Riggle et al. 2017).

These findings on the relationships between outness, discrimination, and mental health tend apply to the overall LGBTQ community and indicate a need for more research on these relationships among sexual minority cisgender women, particularly in the Southern United States. Additionally, few studies focus on how demographics factor into the relationships between these variables, such as how age relates to discrimination and psychological distress and how individuals with sexual orientations other than gay/lesbian or bisexual experience outness, discrimination, and psychological distress.

3   METHODS

3.1   Data Collection

A "community-based participatory research model" was employed, in which over 150 people took part in survey design meetings over the course of 2016 (Wright et al. 2018:3). After receiving Georgia State University IRB approval the survey "was designed to rely on passive, snowball recruitment over an approximate seven (7) month field period via a URL that was distributed between June 19, 2017 to January 13, 2018…using Qualtrics" (Wright et al. 2018:3). The survey was distributed as an anonymous, voluntary online survey across the fourteen Southern states[1] in partnership with 146 community-based organizations, ranging from nonprofit and activist groups to businesses to places of worship. The beginning of the survey instrument included informed consent and screening questions asking participants about their age (whether they were over 18), sexual orientation, gender identity, and the state identifier and ZIP code of where they resided to determine eligibility (Wright et al. 2018). The survey took around 30 minutes to complete, and questions were modeled after the *General Social Survey*, the U.S. Census Bureau's *American Community Survey*, and a Pew Research Center national survey of LGBT Americans (National Opinion Research Center n.d.; Pew Research Center 2013; US Census Bureau n.d.).

The survey website (southernsurvey17.org) was utilized as a promotional platform for partners and respondents alike to spread the study through email and social media tools (Wright et al. 2018). Partnered organizations were additionally encouraged to distribute the study to their own local communities through social media, print media, and websites (Wright et al. 2018).

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[1] Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

Outreach to potential partners continued throughout data collection, and two Facebook ads

running on July 14-17 and September 24-29 managed to reach "24,692 people resulting in 4,490

impressions[2] and 382 survey link clicks" (Wright et al. 2018:5). By October it became clear that

"participation rates by communities of color was [*sic*] less than expected, given their presence in

the population" and subsequent ads focused solely on communities of color; these ads "reached

100,051 people and resulted in 129,883 impressions and 3,113 survey link clicks" (Wright et al.

2018:5).

From the 11,644 people who clicked on the survey website, the study's final sample size

of eligible respondents included 6,502 people (Wright et al. 2018). I used a listwise deletion filter

to remove missing data from all variables and place the sample size at 3,826 respondents, and a

split file command in SPSS ensured that I would only conduct analyses on cisgender sexual

minority women and exclude any respondents who do not meet these criteria, which placed the

final sample size at 1,683 respondents.

3.2   Variables

All variables in this thesis are in raw units. The study includes nine questions related to

outness: "How many people in each group below know you are _____" with the response

categories for each social group listed in Table 3 in the results section. I recoded the outness

variables to include all responses under "I have no people like this in my life" as excluded from

the total sample size to demonstrate discrepancies across social groups, leading to a different N

for outness in each social group. Therefore, in each individual outness variable, when all

responses for "I have no people like this in my life" are added back in, the sample size returns to

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[2] A Facebook impression is counted as the number of times a Facebook ad shows up on a screen for the first time.

1,683 respondents. I recoded the nine questions into a scale variable with values ranging from 1 to 36 (in which higher scores correlate to greater outness) by adding the variables together to sum outness across social groups.

I created a scale variable counting the number of network domains, or social groups that respondents report having in their lives, with values ranging from 2 to 9 (in which higher scores correlate to belonging to more network domains or social groups). The number of network domains demonstrates that many respondents belonged to some social groups and not others but still remained in the total sample size of 1,683 respondents for analyses. The mean number of network domains is 8.0, the median is 8.0, the mode is 9.0, the standard deviation is 1.1, and the range is 7.0.

I created another variable averaging the sum of outness across all domains by dividing my scale variable by the number of network domains; scores for this variable range from 1 to 4, in which higher scores correlate to greater outness. Across all network domains, the average mean of outness is 2.9, its average median is 3.0, its average mode is 4.0, its average standard deviation is .9, and its average range is 3.0. For the descriptive purposes of this thesis, I ran a frequency distribution of each individual outness variable, quintiles of the outness sum scale variable I created, and a frequency distribution of the number of network domains. For my OLS regression analyses, I included a constructed variable based on the average outness across the number of network domains in which the respondents indicated they had social contacts.

There are nine questions related to discrimination experiences, asking "for each of the following, please indicate whether or not it has happened to you because you are, or were perceived to be, _____" with each type of discrimination experience listed in Table 4 in the results section. The original response categories were "yes, happened in the past 12 months";

"yes, happened, but not in past 12 months"; and "never happened." For the descriptive purposes

of this thesis, I collapsed response categories for discrimination into "never happened" and

"happened" and ran a frequency distribution of each individual discrimination experience

variable (see Table 2 in results). Across all scale items, the mean number of discrimination

experiences is 3.0, the median is 3.0, the mode is 3.0, the standard deviation is 2.1, and the range

is 9.0. For my OLS regression analyses, I recoded the nine questions into a scale variable by

adding the variables together to sum all discrimination experiences, and the sum of the scale's

items includes values ranging from 0 to 9 in which higher scores correlate to more discrimination

experiences.

I utilized the Kessler six-item psychological distress scale (K6) as a measure of mental

health, asking "During the past 30 days, about how often did you feel…" with items and their

response categories listed in Table 5 in the results section. The sum of the scale's items includes

values ranging from 0 to 24, with 13 often used as a cutoff point where any respondent with a

sum K6 value of less than 13 has a significantly lower probability of experiencing a serious

mental illness and any respondent with a sum K6 value of 13 through 24 has a significantly

higher probability of experiencing a serious mental illness. However, my regression analyses in

this thesis focus on a scale of general psychological distress rather than serious mental illness, in

which higher scores correlate to greater psychological distress. Across all scale items, the mean

of psychological distress is 8.3, the median is 8.0, the mode is 4.0, the standard deviation is 5.6,

and the range is 24.0.

Demographic variables include age, sexual orientation, race/ethnicity, educational

attainment, and state of residence (the last of which was not included in OLS regressions due to

small Ns). I ran a frequency distribution of these variables for my descriptive statistics tables and

coded age as an ordinal variable in approximate 10-year categories. For the analyses in my OLS

regressions, I coded age as a scale variable and I recoded sexual orientation, race/ethnicity, and

educational attainment as dichotomous/dummy variables.

3.3   Analysis

I created frequency distribution tables to display descriptive statistics for information

related to demographics, outness, discrimination experiences, and mental health of respondents. I

used the variables as coded in the multivariate models. OLS regression analyses include: a two-

model regression with demographics and average outness as independent variables and

discrimination as the dependent variable; and a four-model regression with demographics,

discrimination, average outness, and an interaction term combining discrimination with average

outness as independent variables and psychological distress as the dependent variable.

A correlation matrix of outness, discrimination, and psychological distress found

significant moderate correlations between outness and discrimination (.372, p<.01) and outness

and psychological distress (-.345, p<.01), but no significant correlation between discrimination

and psychological distress. Following James A. Davis's (1985) logic of causal order, to maintain

an ordered system between my variables, I opted to designate outness as more stable than

discrimination and psychological distress. For instance, individuals who are already out to

everyone in a particular social group cannot come out to anyone else, however they can still

experience an additional act of discrimination or a new symptom of psychological distress. Thus,

I chose to include discrimination and psychological distress as the dependent variables in my

first and second regressions, respectively, because some of the findings discussed in my

literature review tend to posit outness as usually occurring before and subsequently influencing

the risk of discrimination experiences and psychological distress (Bry et al. 2017; Kosciw et al.

2015; Riggle et al. 2017).

4   RESULTS

Table 1. Demographics of Cisgender Sexual Minority Women (N=1,683).

	n	%
Age		
18 to 29	601	35.7
30 to 39	440	26.1
40 to 49	290	17.2
50 to 59	219	13.0
60 to 69	110	6.5
70 or over	23	1.4
Sexual Orientation		
Lesbian/Gay	896	53.2
Bisexual	530	31.5
Other Sexual Orientation	257	15.3
Race/Ethnicity		
Non-Hispanic White	1406	83.5
Black/African American	97	5.8
Hispanic	86	5.1
Other Race/Ethnicity	94	5.6
Educational Attainment		
High school, GED, or less	83	4.9
Some college or 2-year degree	413	24.5
4-year degree	501	29.8
Graduate/Professional/Doctoral degree	686	40.8
Total	1683	100.0

Table 2. Prevalence of Cisgender Sexual Minority Women by State (N=1,683).

	n	%
Alabama	260	15.4
Arkansas	44	2.6
Florida	138	8.2
Georgia	445	26.4
Kentucky	28	1.7
Louisiana	65	3.9
Mississippi	46	2.7
North Carolina	158	9.4
Oklahoma	29	1.7
South Carolina	81	4.8
Tennessee	177	10.5
Texas	132	7.8
Virginia and D.C.	64	3.8
West Virginia	16	1.0
Total	1683	100.0

The majority of respondents are in the 18 to 29 age range (35.7%); and the number of respondents in each subsequent age range gradually decreases, from 26.1% at ages 30 to 39 to 1.4% at ages 70 and over. Over half of respondents identify as lesbians or gay (53.2%); nearly a third identify as bisexual (31.5%); and 15.3% identify as some other sexual orientation besides gay/lesbian or bisexual[3]. Most respondents are Non-Hispanic White (83.5%); followed by Black/African American respondents (5.8%); respondents identifying as some other race besides White, Black/African American, or Hispanic[4] (5.6%); then Hispanic respondents (5.1%). Many cisgender sexual minority women have received a graduate, professional, or doctoral degree (40.8%); 29.8% have received a 4-year degree; 24.5% have received some college or a 2-year degree; and 4.9% have completed high school, a GED, or less. Most respondents resided in Georgia at the time of taking the survey (26.4%), followed by Alabama (15.4%) and Tennessee (10.5%). The rest of the states included fewer than 10% of respondents, and Kentucky, Oklahoma, and West Virginia included less than thirty cases of respondents.

Table 3. Outness of Cisgender Sexual Minority Women by Social Group (N=1,683).[5]

	n	%
Immediate Family Members		
I have no one like this in my life	45	
None know that I am	180	11.0
Some know that I am	246	15.0
Most know that I am	201	12.3
All know that I am	1011	61.7
Total excluding "I have no one like this in my life"	1638	100.0
Extended Family Members		
I have no one like this in my life	54	

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[3] Hereafter referred to as "other SO."

[4] Hereafter referred to as "other R/E."

[5] Table 6 includes frequency distributions of each individual outness variable, quintiles of a scale summing all outness variables (range 1 to 36), a frequency distribution of the number of network domains (social groups) respondents report having in their lives, and descriptive statistics for the average sum of outness across domains (range 1 to 4), the final analysis variable utilized in OLS regressions. The response category "I have no one like this in my life" is excluded from the total N of each individual outness variable to demonstrate how many cases are in each domain or social group. This response category is excluded from the average sum of outness across domains variable, and subsequently excluded from the OLS regression analyses.

None know that I am	405	24.9
Some know that I am	395	24.2
Most know that I am	318	19.5
All know that I am	511	31.4
Total excluding "I have no one like this in my life"	1629	100.0

LGBT Friends

I have no one like this in my life	25	
None know that I am	22	1.3
Some know that I am	125	7.5
Most know that I am	168	10.1
All know that I am	1343	81.0
Total excluding "I have no one like this in my life"	1658	100.0

Straight Friends

I have no one like this in my life	6	
None know that I am	46	2.7
Some know that I am	381	22.7
Most know that I am	499	29.8
All know that I am	751	44.8
Total excluding "I have no one like this in my life"	1677	100.0

Current Boss/Manager/Supervisor

I have no one like this in my life	240	
None know that I am	496	34.4
Some know that I am	174	12.1
Most know that I am	122	8.5
All know that I am	651	45.1
Total excluding "I have no one like this in my life"	1443	100.0

Current Coworkers

I have no one like this in my life	228	
None know that I am	263	18.1
Some know that I am	418	28.7
Most know that I am	265	18.2
All know that I am	509	35.0
Total excluding "I have no one like this in my life"	1455	100.0

Current Classmates

I have no one like this in my life	857	
None know that I am	178	21.5
Some know that I am	257	31.1
Most know that I am	158	19.1
All know that I am	233	28.2
Total excluding "I have no one like this in my life"	826	100.0

Current Health Care Providers

I have no one like this in my life	103	
None know that I am	437	27.7
Some know that I am	309	19.6
Most know that I am	214	13.5

All know that I am	620	39.2
Total excluding "I have no one like this in my life"	1580	100.0
Current Neighbors		
I have no one like this in my life	117	
None know that I am	675	43.1
Some know that I am	345	22.0
Most know that I am	186	11.9
All know that I am	360	23.0
Total excluding "I have no one like this in my life"	1566	100.0
Outness Sum in Quintiles (range 1 to 36)		
Outness 0 to 15 or Very Little	335	19.9
Outness 16 to 20 or Some	353	21.0
Outness 21 to 25 or Many	338	20.1
Outness 26 to 30 or Most	351	20.9
Outness 31 and up or All	306	18.2
Total	1683	100.0
Number of Network Domains (range 2 to 9)		
2.0	2	.1
3.0	3	.2
4.0	9	.5
5.0	35	2.1
6.0	139	8.3
7.0	207	12.3
8.0	627	37.3
9.0	661	39.3
Total	1683	100.0

The majority of cisgender sexual minority women report being out to everyone within most social groups; thus, these groups skew toward greater outness. However, regarding classmates and neighbors, more respondents report being out to only some of their classmates (31.1%) and none of their neighbors (43.1%). Additionally, classmates comprised the only group where up to half of respondents reported "I have no one like this in my life." Level of outness measured in quintiles is more evenly distributed across social groups, with "Some know that I am" as the largest quintile (21.0%) and "All know that I am" as the smallest quintile (18.2%). 97.2% of respondents report belonging to 6 or more network domains or social groups out of the 9 listed, and 76.6% of respondents report belonging to 8 or more network domains.

Table 4. Occurrence of Discrimination Experiences of Cisgender Sexual Minority Women (N=1,683).

	Happened	
	N	%
Threatened or physically attacked	464	27.6
Subject to slurs or jokes	1213	72.1
Received poor service in restaurants, hotels, or other places of business	665	39.5
Been made to feel unwelcome at a place of worship or religious organization	948	56.3
Been treated unfairly by an employer in hiring, pay, or promotion	382	22.7
Been rejected by a friend or family member	1078	64.1
Been unfairly stopped, searched, questioned, physically threatened or abused by the police	84	5.0
Been prevented from moving into a neighborhood because LL/R refused to sell or rent you a house or apartment	73	4.3
Been denied care or treated unfairly by a healthcare provider	203	12.1
Total	1683	100.0

With regard to experiences of discrimination, the majority of cisgender sexual minority women have been subjected to slurs or jokes (72.1%); been rejected by a friend or family member (64.1%); and been made to feel unwelcome at a place of worship or religious organization (56.3%). Fewer than half of respondents reported that the following experiences of discrimination happened to them: receiving poor service in restaurants, hotels, or other places of business (39.5%); being threatened or physically attacked (27.6%); being treated unfairly by an employer in hiring, pay, or promotion (22.7%); being denied care or treated unfairly by a healthcare provider (12.1%); being unfairly stopped, searched, questioned, physically threatened or abused by the police (5.0%); or being prevented from moving into a neighborhood because the landlord or realtor refused to sell or rent them a house or apartment (4.3%).

Table 5. Mental Health of Cisgender Sexual Minority Women (N=1,683).

Nervous		
None of the time	192	11.4
A little of the time	377	22.4
Some of the time	659	39.2
Most of the time	357	21.2
All of the time	98	5.8
Hopeless		

None of the time	600	35.7
A little of the time	426	25.3
Some of the time	459	27.3
Most of the time	145	8.6
All of the time	53	3.1
Restless or Fidgety		
None of the time	257	15.3
A little of the time	432	25.7
Some of the time	592	35.2
Most of the time	299	17.8
All of the time	103	6.1
Depressed		
None of the time	779	46.3
A little of the time	409	24.3
Some of the time	335	19.9
Most of the time	119	7.1
All of the time	41	2.4
Everything is an effort		
None of the time	398	23.6
A little of the time	444	26.4
Some of the time	409	24.3
Most of the time	299	17.8
All of the time	133	7.9
Worthless		
None of the time	849	50.4
A little of the time	343	20.4
Some of the time	288	17.1
Most of the time	130	7.7
All of the time	73	4.3
Total		100.0

Experiences of mental health are distributed unevenly across the individual items of the

Kessler 6. More respondents report that they feel hopeless (35.7%), depressed (46.3%), and

worthless (50.4%) "none of the time"; that they feel nervous (39.2%), restless or fidgety (35.2%)

"some of the time"; and that they feel like everything is an effort "a little of the time" (26.4%).

Table 6. Regression Results: Predictors of Discrimination (N=1,683).

Independent Variable	Model 1			Model 2		
	B	S.E.	t	B	S.E.	t
Age	.011**	.004	2.638	.001	.004	.252
Bisexual	-1.085***	.115	-9.394	-.361**	.128	-2.821
Other SO	-.837***	.149	-5.632	-.322*	.150	-2.145
Black/A.A.	-.454*	.209	-2.175	-.429*	.201	-2.133
Hispanic	-.094	.221	-.424	-.138	.213	-.646
Other R/E	.115	.212	.541	.230	.204	1.124
Educational Attainment	-.019	.109	-.174	-.042	.105	-.397
Average Outness				.779***	.068	11.405

| R Square | .080*** | .146*** |

*p <.05, **p <.01, ***p <.001

Table 6 demonstrates several significant relationships between demographic variables and the average sum of outness across all group domains as predictors of discrimination experiences. The first model focuses only on the relationships between demographics and discrimination, while the second model adds in outness, and the R square in model 2 yields a higher score (.146, p<.001), indicating a better fit. In model 1, older respondents tend to have more discrimination experiences (.011, p<.01) while bisexual respondents (-1.085, p<.001), respondents with some other SO (-.837, p<.001), and Black/African American respondents (-.454, p<.05) tend to have fewer discrimination experiences. In model 2, the relationship between age and discrimination loses significance and greater levels of outness across all group domains is positively associated with more discrimination experiences (.779, p<.001).

Table 7. Regression Results: Predictors of Psychological Distress (N=1,683).

Independent Variable	Model 1			Model 2			Model 3			Model 4		
	B	S.E.	t	B	S.E.	t	B	S.E.	t	B	S.E.	t
Age	-.132***	.010	-13.099	-.135***	.010	-13.499	-.117***	.010	-11.704	-.117***	.010	-11.652
Bisexual	1.614***	.290	5.569	1.951***	.295	6.613	.617*	.324	1.903	.625*	.325	1.922
Other SO	2.025***	.373	5.435	2.286***	.373	6.122	1.346***	.379	3.549	1.352***	.380	3.559
Black/A.A.	-.693	.524	-1.323	-.552	.521	-1.060	-.536	.509	-1.053	-.525	.510	-1.031
Hispanic	-.283	.555	-.510	-.254	.551	-.461	-.149	.539	-.277	-.140	.539	-.260
Other R/E	.702	.532	1.321	.667	.528	1.263	.411	.516	.797	.412	.517	.798
Educational Attainment	-1.395***	.274	-5.089	-1.389***	.272	-5.105	-1.339***	.266	-5.036	-1.338***	.266	-5.031
Discrimination				.311***	.061	5.115	.460***	.062	7.459	.536*	.218	2.455
Average outness							-1.610***	.179	-8.997	-1.543***	.260	-5.933
Discrimination and outness interaction term										-.025	.070	-.360
R Square	.203***			.215***			.251***			.251		

*p <.05, **p <.01, ***p <.001

Table 7 demonstrates several significant relationships between demographic variables, discrimination, outness, and the interaction between discrimination and outness as predictors of psychological distress. The first model focuses only on the relationship between demographics in psychological distress; the second model adds in discrimination experiences; the third model adds in average outness across group domains; and the fourth model adds an interaction term of discrimination and outness. The r squares demonstrate that model 3 is the best fit (.251, p<.001), and the fourth model's r square loses significance.

Across all four models, older (-.117 – -.135, p<.001) and more educated respondents (-1.338 – -1.395, p<.001) tend to experience less psychological distress, while bisexual respondents (.617 – 1.951, p<.001 – .05) and respondents with some other SO (1.346 – 2.286, p<.001) tend to experience more psychological distress compared to cisgender women who identify as lesbian/gay. In models 2-4, discrimination is positively associated with psychological distress (.311 – .536, p<.001 – .05) and in models 3 and 4, outness is negatively associated with psychological distress; in other words, the more out a respondent is on average across all social groups, the less likely they are to experience psychological distress (-1.543 – -1.610, p<.001). In model 4, the relationship between outness and discrimination interaction term and psychological distress is not significant.

When a fifth model removes discrimination and the interaction term, the model's r square gains significance, but the relationship between bisexual respondents and psychological distress loses significance. Overall, the interaction term is not significant, and the regression's main effects do not change when it is added in. Therefore, the relationship between psychological distress and discrimination does not vary by average level of outness across domains.

5   DISCUSSION

5.1   Introduction

These results both support previous literature on the relationships between demographics, outness, discrimination, and mental health, and offer fresh conclusions that might warrant a need for further study. This thesis includes three main takeaways: 1) The findings that greater outness correlates with more discrimination and less psychological distress, while greater discrimination correlates with more psychological distress, are consistent with previous literature and demonstrate the need for additional measures such as social support. 2) The findings that bisexuality and other SO correlate with less outness, more discrimination, and more psychological distress; and higher educational attainment correlates with less psychological distress are consistent with previous literature. 3) The findings that age correlates with greater outness is inconsistent with previous literature; the findings that age correlates with greater discrimination and less psychological distress and Black/African American correlates with less discrimination have not appeared in previous literature and warrant further research. These findings focus on a sample of cisgender sexual minority women residing in the Southern United States, and thus amplify the stories of individuals who are often overlooked.

5.2   Evaluation

The findings that higher levels of outness correlate to greater discrimination experiences and less psychological distress, while greater discrimination experiences are simultaneously associated with more psychological distress, support previous literature on the relationship (Brennan et al. 2020; Bry et al. 2017; Jordan and Deluty 1998; Kosciw et al. 2015; Pachankis et al. 2015; Riggle et al. 2017; Rothman et al. 2012; Tabaac et al. 2015). These results appear logically sound, as coming out can allow individuals to publicly express themselves more

authentically, thus positively impacting self-esteem and well-being; yet outness also exposes people to a greater risk of discrimination, which can in turn negatively impact mental health (Bry et al. 2017; Kosciw et al. 2015; Riggle et al. 2017).

Multiple studies have found that social support can mediate the relationship between outness and depression, particularly in the context of family (Rothman et al. 2012; Tabaac et al. 2015), as well as the relationship between minority stress (of which discrimination comprises one aspect) and mental health (Bergfeld and Chiu 2017; Hatzenbuehler 2009). The Southern Survey contains no comparable measure of social support; therefore, this thesis cannot parse out its direct or indirect effects on outness, discrimination, and psychological distress among cisgender sexual minority women in the South. Jordan and Deluty's (1998) finding that social reactions to disclosure of sexual identity can mediate the relationship between outness and social support further situates the need to continue these analyses in a longitudinal context.

Demographic findings around bisexuality, other SO, band educational attainment in this thesis remain consistent with previous literature. The lower probability of outness among respondents who are bisexual or some other SO illuminate how different-sex attraction may delay sexual minority identity formation and the prevalence of biphobia among both heterosexual and gay/lesbian communities could similarly discourage acceptance of bisexuality as an identity (Bishop et al. 2020; Feinstein et al. 2019; Feinstein et al. 2020). Greater discrimination experiences among respondents who are bisexual or some other SO highlight biphobia's pervasiveness and can substantially mediate the relationship between outness and mental health among these individuals (Bishop et al. 2020; Brewster et al. 2013; Feinstein et al. 2019; Lewis et al. 2012). As such, the higher levels of psychological distress experienced by respondents who are bisexual or some other SO are also bolstered by the literature (Brewster et

al. 2013; Feinstein et al. 2019). Additionally, the finding that more educated respondents tend to experience less psychological distress is empirically supported by other studies (Barnes et al. 2014; Riggle et al. 2017; Tabaac et al. 2015).

The demographic results around age and Black/African American respondents in this thesis introduce new potential relationships not measured or found in previous literature. The finding that older respondents are more likely to be out is inconsistent with previous findings that younger age cohorts tend to come out earlier (Bishop et al. 2020; Grov et al. 2006). The findings that older respondents tend to experience more discrimination yet report less psychological distress than younger respondents demonstrate a significant need for additional research. The finding that Black/African American respondents tend to experience less discrimination may reflect the limitation that the current study's questions about discrimination solely focused on discrimination based on sexual orientation, not race/ethnicity. African American respondents may experience considerably higher amounts of discrimination in the latter category and their racial/ethnic identity may be inextricable from their sexual identity. Additionally, the Southern Survey dataset is limited to the demographic and geographical contexts of cisgender sexual minority women in the Southern United States and may not reflect experiences of the larger LGBTQ population. Therefore, further study is required to determine the scope of these potential explanations and limitations around the findings for age and Black/African American respondents.

5.3   Limitations

Strengths of the Southern Survey include its emphasis on sizeable and regular community feedback, a large sample size, data collection with the assistance of 146 partner LGBTQ community organizations across 14 states, inclusion of a myriad of questions on various topics

(from discrimination experiences to political views), and status as one of very few representative

surveys of LGBTQ people and the only known study that targets the LGBTQ community in the

Southern United States. However, both the larger LGBTQ Institute Southern Survey and my

thesis contain substantial methodological limitations. According to the study's "LGBTQ Institute

Southern Survey: Design and Methodological Overview," the study is:

> a convenience sample and may not be representative of all LGBTQ people or all of the
> intersectional experiences in the South…The participation rates by people of color are
> underrepresented in the sample, given their rates in the population…The data do not
> provide for a full, robust insight/in-depth analysis of the intersectionality present with
> respondents, as many issues that intersect due to multiple identities participants embody
> (Wright et al. 2018:6).

Therefore, I cannot generalize the experiences of survey respondents to the larger population of

LGBTQ adults living in the 14 Southern states studied. Additionally, the Southern Survey's

quantitative design does not allow for the in-depth data collection offered by qualitative studies

like interviews, observation, or ethnography (Wright et al., 2018).

The cross-sectional quantitative design of the study does not allow for causal interpretations

of associations between variables and impedes longitudinal analyses of outness and

discrimination and the unique and complex experiences of these two measures. For instance,

because the questions about discrimination utilized for this thesis focus only on sexual identity

discrimination, nonwhite respondents with more intersectional lived experiences cannot indicate

whether the discrimination they endured resulted from their race/ethnicity as well as their sexual

orientation. Analyses of discrimination also extend only to indicators of distal minority stress and

exclude proximal minority stress; consequently, measures such as Feinstein's Rejection

Sensitivity model are inapplicable to the current study. Finally, by focusing only on cisgender

sexual minority women, this thesis excludes women who were not assigned female at birth and

gender minority lesbians and therefore fails to encompass the full range of sexual minority

women's experiences.

6   CONCLUSION

This thesis explores and substantiates previously studied relationships between demographics, outness, discrimination, and mental health among a sample of Southern cisgender sexual minority women. The multitude of significant associations between these variables support previous literature, such as the findings that greater outness correlates to more discrimination and less psychological distress, while discrimination correlates to more psychological distress. Some results also suggest a need for further study, particularly around the demographic findings that older respondents tend to be more out, experience more discrimination, and have less psychological distress and Black/African American respondents tend to experience less sexual orientation discrimination. Perhaps other variables, such as LGBTQ community involvement and social support, can be introduced and explored as potential protective factors against discrimination and psychological distress. Indeed, although this cross-sectional study yields similar results to other literature on the complex and varying relationships between outness, discrimination, and mental health, such relationships also warrant further research in the context of longitudinal studies.

REFERENCES

Barnes, D. M., M. L. Hatzenbuehler, A. D. Hamilton, and K. M. Keyes. 2014. "Sexual
orientation disparities in mental health: The moderating role of educational attainment.
Social Psychiatry and Psychiatric Epidemiology 49:1447-1454.

Bergfeld, Jeannette R. and Eddie Y. Chiu. 2017. "Mediators in the Relationship Between
Minority Stress and Depression Among Young Same-Sex Attracted Women."
Professional Psychology: Research and Practice 48(5)294-300.

Bishop, Meg D., Jessica N. Fish, Phillip L. Hammack, and Stephen T. Russell. 2020. "Sexual
Identity Development Milestones in Three Generations of Sexual Minority People: A
National Probability Sample. *Developmental Psychology*. Advance online publication.

Bowleg, Lisa, Gary Burkholder, Michelle Teti, and Melynda L. Craig. 2008. "The Complexities
of Outness: Psychosocial Predictors of Coming Out to Others Among Black Lesbian and
Bisexual Women." *Journal of LGBT Health Research* 4(4):153-166.

Brennan, James M., Kinsie J. Dunham, Morgan Bowlen, Kelly Davis, Gabriella Ji, and Bryan N.
Cochran. 2020. "Inconcealable: A Cognitive-Behavioral Model of Concealment of
Gender and Sexual Identity and Associations With Physical and Mental Health."
Psychology of Sexual Orientation and Gender Diversity. Advance online publication.

Brewster, Melanie E., Cirleen DeBlaere, Bonnie Moradi, and Brandon L. Velez. 2013.
"Navigating the Borderlands: The Roles of Minority Stressors, Bicultural Self-Efficacy,
and Cognitive Flexibility in the Mental Health of Bisexual Individuals." *Journal of
Counseling Psychology* 60(4):543-556.

Bry, Laura J., Brian Mustanski, Robert Garofalo, and Michelle N. Burns. 2017. "Management of
a Concealable Stigmatized Identity: A Qualitative Study of Concealment, Disclosure, and

Role Flexing Among Young, Resilient Sexual and Gender Minority Individuals." *Journal of Homosexuality* 64(6):745-769.

Calzo, Jerel P., Toni C. Antonucci, Vickie M. Mays, and Susan D. Cochran. 2011. "Retrospective Recall of Sexual Orientation Identity Development Among Gay, Lesbian, and Bisexual Adults." *Developmental Psychology* 47(6):1658-1673.

Camp, Jake, Silia Vitoratou, and Katharine A. Rimes. 2020. "LGBQ+ Self-Acceptance and Its Relationship with Minority Stressors and Mental Health: A Systematic Literature Review." *Archives of Sexual Behavior* 49:2353-2373.

Cochran, Susan D. and J. Greer Sullivan. 2003. "Prevalence of Mental Disorders, Psychological Distress, and Mental Health Services Use Among Lesbian, Gay, and Bisexual Adults in the United States." *Journal of Consulting and Clinical Psychology* 71(1):53-61.

Feinstein, Brian A. 2020. "The Rejection Sensitivity Model as a Framework for Understanding Sexual Minority Mental Health." *Archives of Sexual Behavior* 49:2247-2258.

Feinstein, Brian A., Christina Dyar, Dennis H. Li, Sarah W. Whitton, Michael E. Newcomb, and Brian Mustanski. 2019. "The Longitudinal Associations Between Outness and Health Outcomes Among Gay/Lesbian Versus Bisexual Emerging Adults." *Archives of Sexual Behavior* 48:1111-1126.

Feinstein, Brian A., Christina Dyar, J. Samuel Milstone, Jeremy Jabbour, and Joanne Davila. 2020. "Use of Different Strategies to Make One's Bisexual+ Identity Visible: Associations With Dimensions of Identity, Minority Stress, and Health." *Stigma and Health*. Advance online publication.

Floyd, Frank J. and Roger Bakeman. 2006. "Coming-Out Across the Life Course: Implications of Age and Historical Context." *Archives of Sexual Behavior* 35(3):287-296.

Floyd, Frank J. and Terry S. Stein. 2002. "Sexual Orientation Identity Formation among Gay, Lesbian, and Bisexual Youths: Multiple Patterns of Milestone Experiences." *Journal of Research on Adolescence* 12(2)167-191.

Garvey, Jason C., Steve D. Mobley, Jr., Kiara S. Summerville, and Gretchen T. Moore. 2019. "Queer and Trans* Students of Color: Navigating Identity Disclosure and College Contexts." *The Journal of Higher Education* 90(1):150-178.

Grov, Christian, David S. Bimbi, Jose E. Nanin, and Jeffrey T. Parsons. 2006. "Race, Ethnicity, Gender, and Generational Factors Associated With the Coming-Out Process Among Gay, Lesbian, and Bisexual Individuals." *The Journal of Sex Research* 43(2):115-121.

Hatzenbuehler, Mark L. 2009. "How Does Sexual Minority Stigma "Get Under the Skin"? A Psychological Mediation Framework." *Psychological Bulletin* 135(5):707-730.

Jordan, Karen M. and Robert H. Deluty. 1998. "Coming Out for Lesbian Women." *Journal of Homosexuality* 35(2):41-63.

Kosciw, Joseph G., Neal A. Palmer, and Ryan M. Kull. 2015. "Reflecting Resiliency: Openness About Sexual Orientation and/or Gender Identity and Its Relationship to Well-Being and Educational Outcomes for LGBT Students." *American Journal of Community Psychology* 55:167-178.

Leung, Helen Hok-Sze. 2009. *Undercurrents: Queer Culture and Postcolonial Hong Kong*. Vancouver: UBC Press.

Lewis, Robin J. Tatyana Kholodkov, and Valerian J. Derlega. 2012. "Still Stressful After All These Years: A Review of Lesbians' and Bisexual Women's Minority Stress." *Journal of Lesbian Studies* 16:30-44.

Meidlinger, Peter C. and Debra A. Hope. 2014. "Differentiating Disclosure and Concealment in

    Measurement of Outness for Sexual Minorities: The Nebraska Outness Scale." *Faculty*

    Publications, Department of Psychology. 874.

    https://digitalcommons.unl.edu/psychfacpub/874

Meyer, Ilan H. 2003. "Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual

    Populations: Conceptual Issues and Research Evidence." *Psychological Bulletin*

    129(5):674-697.

Moradi, Bonnie, Marcie C. Wiseman, Cirleen DeBlaere, Melinda B. Goodman, Anthony

    Sarkees, Melanie E. Brewster, and Yu-Ping Huang. 2010. "LGB of Color and White

    Individuals' Perceptions of Heterosexist Stigma, Internalized Homophobia, and Outness:

    Comparisons of Levels and Links." *The Counseling Psychologist* 38(3):397-424.

National Opinion Research Center. n.d. "GSS General Social Survey." Retrieved December 18,

    2020 (http://gss.norc.org/).

Pachankis, John E., Susan D. Cochran, and Vickie M. Mays. 2015. "The Mental Health of

    Sexual Minority Adults In and Out of the Closet: A Population-Based Study." *Journal of*

    Consulting and Clinical Psychology 83(5):890-901.

Pachankis, John E., Skyler D. Jackson, Benjamin K. Fetzner, Conor P. Mahon, and Richard

    Branstrom. 2020. "Sexual Orientation Concealment and Mental Health: A Conceptual

    Meta-Analytic Review." *Psychological Bulletin* 146(10):831-871.

Pew Research Center. 2013. *A Survey of LGBT Americans*. Retrieved December 18, 2020

    (http://www.pewsocialtrends.org/2013/06/13/a-survey-of-lgbt-americans/).

Riggle, Ellen D. B., Sharon S. Rostosky, Whitney W. Black, and Danielle E. Rosenkrantz. 2017.

    "Outness, Concealment, and Authenticity: Associations With LGB Individuals'

Psychological Distress and Well-Being." *Psychology of Sexual Orientation and Gender Diversity* 4(1):54-62.

Roberts, Leah Marion and Brian D. Christens. 2020. "Pathways to Well-being among LGBT adults: Sociopolitical Involvement, Family Support, Outness, and Community Connectedness with Race/Ethnicity as a Moderator." *American Journal of Community Psychology* 0:1-14.

Rothman, Emily F., Mairead Sullivan, Susan Keyes, and Ulrike Boehmer. 2012. "Parents' Supportive Reactions to Sexual Orientation Disclosure Associated With Better Health: Results From a Population-Based Survey of LGB Adults in Massachusetts." *Journal of Homosexuality* 59:186-200.

Savin-Williams, Ritch C. and Lisa M. Diamond. 2000. "Sexual Identity Trajectories Among Sexual-Minority Youths: Gender Comparisons." *Archives of Sexual Behavior* 29(6):607-627.

Tabaac, Ariella R., Paul B. Perrin, and Michael A. Trujillo. 2015. "Multiple Mediational Model of Outness, Social Support, Mental Health, and Wellness Behavior in Ethnically Diverse Lesbian, Bisexual, and Queer Women." *LGBT Health* 2(3):243-249.

Troiden, Richard R. 1988. *Gay and Lesbian Identity: A Sociological Analysis*. New York: General Hall, Inc.

US Census Bureau. n.d. "American Community Survey (ACS)." Retrieved December 18, 2020 (https://www.census.gov/programs-surveys/acs).

Wong, Day. 2007. "Rethinking the coming home alternative: hybridization and coming out politics in Hong Kong's anti-homophobia parades." *Inter-Asia Cultural Studies* 8(4):600-616.

Wright, Eric R., Ryan M. Roemerman and Madison Higbee. 2018. "LGBTQ Institute Southern

    Survey: Design and Methodological Overview." *Atlanta, GA: The LGBTQ Institute at the*

    National Center for Civil and Human Rights. Retrieved December 18, 2020

    (https://www.lgbtqsouthernsurvey.org/survey-design-and-methodological-overview).