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Does Outness Function the Same for All Sexual Minority Youth? Testing Its Associations With Different Aspects of Well-Being in a Sample of Youth With Diverse Sexual Identities

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While research generally supports that greater outness about one's sexual identity is associated with improved well-being, emerging evidence suggests that outness may have negative consequences for bisexual individuals. Yet few studies have examined sexual identity as a moderator of the associations between outness and well-being, especially among youth. As such, the role of outness in the mental health of diverse sexual minority youth (including pansexual, queer, questioning, and asexual youth) remains unclear. Thus, we examined how the associations between outness and well-being differed as a function of sexual identity in a sample of sexual minority youth. Using data from the LGBTQ National Teen Study ($N = 11,225$), we tested sexual identity as a moderator of the associations between outness and well-being (depression and self-esteem). In the full sample, greater outness was significantly associated with lower depression and higher self-esteem. However, these associations were significantly different for gay/lesbian versus questioning youth. Greater outness was associated with lower depression and higher self-esteem for gay/lesbian youth yet was associated with higher depression and was not associated with self-esteem for questioning youth. The association between outness and self-esteem was also significantly different for gay/lesbian versus bisexual youth. Greater outness was associated with higher self-esteem for both groups, but the association was stronger for gay/lesbian youth. These findings suggest that outness may have benefits for gay/lesbian and bisexual youth, yet it may have negative consequences for questioning youth. These findings can inform efforts to promote positive sexual identity development and well-being of sexual minority youth.


Public Significance Statement


Outness was associated with lower depression for gay/lesbian youth as well as higher self-esteem for gay/lesbian and bisexual youth, but it was associated with higher depression for questioning youth. Providers, educators, and others involved in caring for youth need to recognize that being open about one's sexual identity can have benefits for some youth but negative consequences for others.

Keywords: sexual identity, outness, youth, depression, self-esteem

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Research has documented mental health disparities among sexual minority youth, including greater depression and lower self-esteem compared to heterosexual youth (Lucassen et al., 2017; Marshal et al., 2011; Russell & Fish, 2016). Emerging research indicates that openness about one's sexual identity, or outness, can provide unique benefits (e.g., it can increase social support and community connectedness) that correlate with improved well-being (Beals et al., 2009; Michaels et al., 2016; Plöderl et al., 2014). However, the benefits of being out may not be similar across all sexual minority groups. Accumulating evidence suggests that outness may be associated with negative health outcomes (i.e., higher depression and substance use) among bisexual individuals (Feinstein et al., 2017, 2019). Yet little research has examined how this association may differ among sexually diverse youth. Among younger generations, sexual identities beyond lesbian, gay, and bisexual have emerged such as pansexual, queer, and asexual (The Trevor Project, 2019). Additionally, a portion of youth describe themselves as "questioning" or "not sure" of their sexual identity (Russell et al., 2009), yet little research has examined the experiences of youth in this group. Given that sexual minority youth continue to experience unique risks related to coming out (e.g., parental rejection, homelessness, bullying; Bregman et al., 2013; Hall, 2018; Kosciw et al., 2015; Russell & Fish, 2016), research needs to examine how outness differentially predicts well-being across diverse sexual identities. Thus, the current study tested sexual identity as a moderator of the associations between outness and well-being in a large sample of sexual minority youth.

As noted, previous research has generally found that greater outness is associated with better well-being among sexual minority adults (Beals et al., 2009; Michaels et al., 2016; Morris et al., 2001; Plöderl et al., 2014). These findings have been generally corroborated among sexual minority youth samples where greater outness has been associated with higher self-esteem and lower depression among sexual minority youth (Kosciw et al., 2015; Legate et al., 2012; Russell et al., 2014). However, disclosure of one's sexual identity may also be associated with worse mental health outcomes as it may increase risk of victimization and/or rejection (Baiocco et al., 2016; Rosario et al., 2009). In particular, the subjective experiences of disclosure may vary across different sexual identity groups. For example, in a longitudinal study of lesbian, gay, and bisexual (LGB) young adults, greater outness was associated with increases in depression, marijuana use, and illicit drug use for bisexual individuals but not for gay/lesbian individuals (Feinstein et al., 2019). Similarly, in a sample of sexual minority adult women ($n = 288$), greater outness was associated with greater alcohol and drug abuse for bisexual women but not for lesbian or queer women (Feinstein et al., 2017).

These findings underscore the complex relationship between outness and well-being, consistent with theoretical frameworks that propose that concealing and disclosing stigmatized identities can have both positive and negative consequences (Chaudoir & Fisher, 2010; Quinn & Chaudoir, 2009). Differences in benefits may also be due to recent changes in attitudes toward subgroups of lesbian, gay, bisexual, transgender, queer/questioning, and other (LGBTQ+) people, where attitudes toward gay and lesbian individuals have become increasingly positive (Pew Research Center, 2016), but attitudes toward bisexual individuals remain neutral at best and often negative (Dodge et al., 2016). Bisexual individuals face unique stressors that gay/lesbian individuals do not face, such

as unique stereotypes about bisexuality (e.g., that it is not a valid sexual identity) and discrimination from both heterosexual and gay/lesbian individuals (for a review, see Feinstein & Dyar, 2017).

Although little is known about attitudes toward individuals with emerging sexual identities (e.g., pansexual, queer, asexual), available evidence indicates that they also contend with unique stereotypes about their sexual identities. For example, pansexuality is often conflated with polygamy, perceived as a period of sexual confusion, or even correlated with promiscuity (Gonel, 2013), while asexuality is often viewed as a pathology of sexual desire (Chasin, 2015). The word "queer" as an identity has also elicited confusion and even pushback from the LGBTQ+ community given its historical use as a slur (Panfil, 2020). Even less is known about people who are questioning their sexual identity, but prior research has found that they are more likely to experience homophobic teasing and victimization than gay/lesbian, bisexual, and heterosexual youth (Birkett et al., 2009; Espelage et al., 2008). In sum, emerging evidence suggests that outness may be associated with mental health in different ways for members of different sexual identity groups, but this has only been examined in samples of sexual minority adults (including young adults, but not youth), and previous studies have been limited to gay/lesbian and bisexual individuals (and queer women in one study). As such, it is unknown if outness is associated with mental health in different ways for youth who identify with emerging sexual identities (e.g., pansexual, queer, asexual) or those who are questioning their sexual identity.

Examining the role of outness in the mental health of sexual minority youth is particularly important given that youth are increasingly adopting diverse sexual minority identities (Watson et al., 2020). Younger generations are more likely than older generations to identify with emerging sexual identities, such as pansexual, queer, and asexual (Vaccaro, 2009; White et al., 2018). As previously mentioned, multiple LGBTQ+ youth national data sets also show that a portion of participants endorse "questioning" when asked about their sexual identity (Russell et al., 2009; The Trevor Project, 2019; Watson et al., 2020). While the emergence of these newer sexual identities may be related to increased societal acceptance of sexual minority people in general, very little is known about the health disparities affecting these specific groups. That said, there is evidence that bisexual, pansexual, queer, and mostly gay/lesbian college students are more likely to endorse suicide risk factors compared to mostly heterosexual, gay/lesbian, asexual, and other sexual minority college students and that pansexual college students are more likely to endorse suicide risk factors compared to bisexual students (Horwitz et al., 2020). Previous research has also found that asexual individuals report more experiences of stigma and discrimination (Rothblum et al., 2020) and higher prevalence of depression and anxiety (Yule et al., 2013) relative to nonasexual individuals. As previously mentioned, youth who identify as "questioning" are more likely to report high levels of bullying, homophobic victimization, drug use, depression, and suicidality compared to heterosexual, lesbian, gay, and bisexual youth (Birkett et al., 2009). Given these health disparities across sexual identities including those who are questioning their sexual identity, the role of outness in the mental health of sexual minority youth may also differ across subgroups. A more nuanced understanding of the role of outness in sexual minority youth's well-being has the potential to

inform policy, schools, and clinicians in helping to address such health disparities.

The current study sought to examine the associations between outness and well-being (i.e., depression and self-esteem) among sexual minority youth and whether these associations were moderated by one's specific sexual identity. Of particular interest was examining these associations among youth who identified with emerging sexual identities such as bisexual, pansexual, queer, asexual, and those who were questioning their sexual identity. To do so, we analyzed data from a national sample of sexual minority youth ($N = 11,225$). Consistent with previous research (Kosciw et al., 2015; Russell et al., 2014), we hypothesized that outness would generally be associated with better mental health (lower depression and higher self-esteem) in the full sample. However, in light of recent findings (Feinstein et al., 2017, 2019), we hypothesized that sexual identity would moderate these associations and that outness would actually be associated with worse mental health for bisexual youth. Given the dearth in research, we did not make specific predictions about other sexual identity groups. However, based on the limited available evidence, outness may also be associated with worse mental health for youth who endorse other emerging sexual identities (i.e., pansexual, queer, and asexual) or those who are questioning their sexual identity.

Method

Procedures

This study was carried out using data from the LGBTQ National Teen Survey, an initiative partnered with the Human Rights Campaign (HRC) to increase scientific contributions on sexual and gender minority youth health (Watson et al., 2020). This initiative sought to explore nuanced differences in victimization, health, school and family life, and well-being among LGBTQ+ youth in the United States (for further details, see Watson et al., 2020). Recruitment occurred from April to December 2017, targeting English-speaking youth ages 13–17 who identified as LGBTQ+ and were living in the United States. Recruitment strategies included social media advertisements (i.e., Twitter, Facebook, Instagram, Reddit, and Snapchat) and dissemination of survey materials via email or direct communication with HRC-partnered organizations (i.e., Youth Link, The Trevor Project, Advocates for Youth, Planned Parenthood, and Big Brother/Big Sister). For example, HRC posted the survey link on their social media platforms (i.e., Twitter and Facebook) with short messages (e.g., “Help HRC and UConn researchers speak out for the next generation of LGBTQ+ teens”). Social media influencers (e.g., Jazz Jennings, Tyler Oakley) also assisted in the recruitment process by sharing the survey on their social media profiles. Some social media advertisements included photos of diverse young teens. Participants were invited to complete a web-based survey upon following a link. They were offered the opportunity to enter a drawing for one of 100 Amazon gift cards valued at \$50 and a six-pack of HRC wristbands. All participants were English speaking, identified as LGBTQ+, were 13–17 years of age, and lived in the United States.

Sample

The overall cross-sectional data set included 17,112 LGBTQ+ youth. Youth who identified as “straight” ($n = 279$) or “other” ($n = 358$) were excluded from the current analyses given the focus on specific sexual identity subgroups. Furthermore, an additional 5,250 youth were also excluded from the current analyses because they only completed the demographic questions on the survey. Compared to participants who only completed the demographics section and then discontinued the survey ($n = 5,250$), the final analytic sample ($n = 11,225$) had a lower proportion of cisgender boys (22.5% vs. 26.4%, $p < .05$) and higher proportions of gay/lesbian (38.2% vs. 35.9%, $p < .05$), bisexual (35.4% vs. 33.9%, $p < .05$), queer (4.5% vs. 3.3%, $p < .05$), pansexual (14.5% vs. 10.8%, $p < .05$), and asexual (5.1% vs. 2.7%, $p < .05$) youth. There was no significant difference in mean age between the final analytic sample and participants who only completed the demographics section.

The final analytic sample included 11,225 sexual minority youth. The mean age of participants in the analytical sample was 15.58 years ($SD = 1.27$ years). The analytic sample included cisgender girls (44.3%), cisgender boys (22.5%), transgender boys (7.7%), transgender girls (9%), and nonbinary youth (24.6%). The youth identified as gay/lesbian (38.2%), bisexual (35.4%), pansexual (14.5%), asexual (5.1%), queer (4.5%), and questioning (2.4%). In regard to race/ethnicity, the sample included youth who identified as White (64.9%), biracial/multiracial (13.7%), Hispanic/Latinx (10.4%), Black (4.8%), Asian American (4.0%), and Native American/other (2.2%).

Measures

Sociodemographic Covariates

Participants were asked about their age (“What year/month were you born in?”) and race/ethnicity (“How would you describe yourself?”). Participants were able to select multiple options for race/ethnicity, and those who selected multiple options were categorized as “biracial/multiracial.” Participants were also asked about the past-year victimization frequency (“Have ever been teased/bullied because of your actual or perceived LGBTQ identities at school? If so, how often in the past year?”), where they responded using a 5-point Likert scale ranging from *never* to *very often*.

Gender Identity

Participants were asked the question “What is your current gender identity?” with a list of seven options where they could select all that applied (“male,” “female,” “trans male/trans boy,” “trans female/trans girl,” “nonbinary,” “genderqueer/gender nonconforming,” and “different identity”). When a participant chose “different identity,” they were prompted to write in their gender identity. The write-in responses were then used to back code participants when appropriate. Participants were also asked “What sex were you assigned at birth?” with the response options “male” and “female.” Responses to these questions were used to create a gender identity variable where participants who reported a gender identity that was the same as their sex assigned were coded as cisgender boys or cisgender girls (e.g., were coded as “cisgender girl” if they

selected “female” and “female assigned at birth” in the prior questions). Participants who selected a transgender identity (e.g., “trans male/trans boy” or “trans female/trans girl”) or selected a gender identity different from their sex assigned at birth (e.g., selected “male” and assigned “female” at birth) were coded as trans boys and trans girls, respectively (GenIUSS Group, 2014; Tate et al., 2013). Finally, participants who selected “nonbinary,” even if they also selected other identities, were coded nonbinary.

Sexual Identity

Participants were asked “How do you describe your sexual identity?” Participants could choose one of the following options: “gay or lesbian,” “bisexual,” “straight, that is not gay,” and “something else.” If they selected “something else,” participations were then provided the options “queer,” “pansexual,” “asexual,” “questioning,” and “other.” Participants who selected “other” were prompted to write in their sexual identity. Where possible, these responses were then used to recode participants into previously presented sexual identity options (e.g., write in responses such as “pan” or “ace” were coded as “pansexual” and “asexual,” respectively). Participants were excluded from the analytic sample if they wrote in multiple identities (e.g., “queer panromantic asexual”), wrote in an identity for which there were too few participants to consider them a separate group (e.g., “heteroflexible,” “fluid”), or did not report an identity.

Outness

Openness about one’s sexual identity was measured using 12 items adapted from the Outness Inventory (Mohr & Fassinger, 2000). Participants were asked to indicate how many people within various groups currently know about their sexual identity, responding using a 5-point scale ranging from 0 (*none*) to 4 (*all*). Groups included family/parents, siblings, grandparents/extended family, LGBTQ friends, non-LGBTQ friends, classmates, co-workers, teachers and adults at school, athletic coaches, religious community, strangers and new acquaintances, and doctors/health care providers. Participants were asked to select “not applicable” if they did not have anyone in a specific group in their life. These responses were coded as missing. The overall mean was used as the measure of outness where higher scores indicated greater outness. The measure demonstrated good internal consistency in this sample (Cronbach’s alpha = .89).

Depression

The Kutcher Adolescent Depression Scale (Brooks et al., 2003) is an 11-item scale that measures symptoms of depression. Participants were asked to consider how they have been “on average” over the past week and to respond to items such as “low mood, sadness, feeling blah or down, depressed, just cannot be bothered” and “feelings of worthlessness, hopelessness, letting people down, not being a good person.” Participants responded using a 4-point scale ranging from 0 (*hardly ever*) to 4 (*all the time*). The suicide/self-harm question was excluded from the survey given researchers obtained a parental waiver of consent to conduct the study anonymously. The remaining 10 items were utilized to construct a mean score where a higher score indicates more depressive symptoms. The measure demonstrated good internal consistency in this sample (Cronbach’s alpha = .90).

Self-Esteem

The Rosenberg Self-Esteem Scale (Rosenberg, 1979) is a 10-item scale that measures self-esteem. Items include “I take a positive attitude toward myself” and “I feel that I am a person of worth, at least on an equal plane with others,” where participants responded using a 4-point scale ranging from 0 (*strongly disagree*) to 4 (*strongly agree*). Specific items were reversed coded as indicated by the initial validation instructions, and an overall mean was constructed where higher scores indicated higher reports of self-esteem. The measure demonstrated good internal consistency in this sample (Cronbach’s alpha = .90).

Analytic Plan

First, descriptive analyses were conducted using SPSS to examine differences in demographics (age, gender identity, race/ethnicity, and past-year frequency of victimization experiences), outness, and mental health (depression and self-esteem) across sexual identity groups. One-way analysis of variance and post hoc comparison tests were carried out for continuous variables, and chi-squared tests were carried out for categorical variables. Next, multiple regression analyses were carried out using Mplus 8 (Muthén & Muthén, 2012) to test sexual identity and outness as predictors of depression and self-esteem. All participants had data for outness, but 5.5% of participants were missing data for self-esteem and 12.5% of participants were missing data for depression. Among all the observations in the analytic sample ($N = 11,225$), only 2.6% of observations were missing. Full-information maximum likelihood was utilized to address missingness (Enders, 2010). Sexual identity groups were dummy coded with gay/lesbian as the reference group. In Model 1, outness and sexual identity were tested as predictors of depression and self-esteem, adjusting for age, gender identity, race/ethnicity, and past-year frequency of victimization experiences. Gender identity and race/ethnicity were dummy coded with cisgender boys and White youth as the reference groups, respectively. Interaction terms were constructed in Mplus using mean-centered outness and included in Model 2. These analyses were also run separately for each gender identity group where permitted by sample cell sizes to assess patterns across gender identity groups (see online supplemental materials). Specifically, we were able to run separate analyses for cisgender girls, transgender boys, and nonbinary youth, but we were unable to do so for cisgender boys and transgender girls because there were too few participants in specific sexual identity groups (e.g., only 3–6 transgender girls and 12–21 cisgender boys identified as queer, asexual, or questioning).

Results

Descriptive Results

Means, standard deviations, and percentages of all variables are shown in Table 1. There were significant differences in age, gender, frequency of victimization, and race/ethnicity across sexual identity groups (see Table 1). Gay/lesbian, bisexual, queer, and asexual youth were significantly older than pansexual and questioning youth; pansexual youth were also significantly older than questioning youth. In regard to outness, nearly all sexual identities

Table 1
Sociodemographic Variables, Outness, Self-Esteem, and Depression Across Sexual Identity Groups

Variables	Total	Gay/Lesbian	Bisexual	Queer	Pansexual	Asexual	Questioning	<i>F</i> , χ^2
<i>n</i>	11,225	4,287	3,977	504	1,623	567	267	
Outness, <i>M</i> (<i>SD</i>)	1.49 (.95)	1.76 (.99) ^a	1.23 (.85) ^d	1.66 (.91) ^b	1.54 (.89) ^c	1.14 (.78) ^c	1.01 (.92) ^c	177.32***
Depression, <i>M</i> (<i>SD</i>)	1.33 (.76)	1.20 (.76) ^d	1.34 (.74) ^c	1.40 (.70) ^{b,c}	1.57 (.75) ^a	1.48 (.74) ^b	1.45 (.77) ^b	57.64***
Self-esteem, <i>M</i> (<i>SD</i>)	1.46 (.65)	1.60 (.68) ^a	1.46 (.63) ^b	1.36 (.56) ^c	1.24 (.59) ^d	1.28 (.63) ^{c,d}	1.28 (.60) ^{c,d}	89.44***
Age, <i>M</i> (<i>SD</i>)	15.58 (1.27)	15.70 (1.21) ^a	15.56 (1.27) ^b	15.73 (1.27) ^a	15.33 (1.33) ^c	15.61 (1.25) ^{a,b}	15.16 (1.36) ^d	224.84***
Victimization, <i>M</i> (<i>SD</i>)	1.24 (1.27)	1.32 (1.28) ^b	1.08 (1.22) ^c	1.36 (1.31) ^{a,b}	1.42 (1.32) ^a	1.08 (1.25) ^c	1.07 (1.30) ^c	20.28***
Gender (%)								2,703.38***
Cisgender boys	22.5	41.9	15.6	2.4	3.8	3.7	5.6	
Cisgender girls	44.3	36.7	59.9	29.4	32.9	37.9	46.1	
Transgender boys	7.7	4.1	6.9	12.5	15.3	10.4	15.0	
Transgender girls	0.9	0.6	1.1	1.0	1.6	1.1	1.1	
Nonbinary	24.6	16.8	16.5	54.8	46.4	46.9	32.2	
Race/ethnicity (%)								108.40***
White	64.9	66.2	62.4	74.0	61.9	72.4	66.0	
Black	4.8	4.3	5.8	2.6	5.3	2.1	4.5	
Native American/other	2.2	2.1	2.1	1.8	2.5	2.1	3.4	
Asian	4.0	3.9	4.7	2.8	3.0	3.7	3.8	
Hispanic/Latinx	10.4	11.1	11.3	6.9	9.9	5.7	7.2	
Biracial or multiracial	13.7	12.3	13.7	11.9	17.4	14.0	15.1	

Note. Minor discrepancies in frequency totals are due to rounding error.

a, b, c, d Means with different superscripts indicate significant ($p < .05$) differences between sexual identity groups using least significant difference post hoc tests.

*** $p < .001$.

groups significantly differed from one another, with the highest outness reported by gay/lesbian youth, followed by queer youth, pansexual youth, and bisexual youth, and asexual and questioning youth reporting the lowest outness. Gay/lesbian youth and queer youth had the greatest mean difference (Cohen’s $d = .78$), while bisexual and asexual youth had the smallest significant mean difference (Cohen’s $d = .11$). Asexual and questioning youth did not significantly differ in outness from one another.

There were also significant differences in self-esteem and depression across sexual identity groups. Gay/lesbian youth reported significantly higher self-esteem than all other groups, followed by bisexual youth who reported significantly higher self-esteem than all of the other groups except for gay/lesbian youth. Queer youth also reported significantly higher self-esteem than pansexual youth. The greatest mean difference in self-esteem was between gay/lesbian and pansexual youth (Cohen’s $d = .55$), while the smallest significant mean difference was between bisexual and queer youth (Cohen’s $d = .17$). There were no other significant sexual identity group differences in self-esteem. Finally, pansexual youth reported significantly higher depression than all other groups, whereas gay/lesbian youth reported significantly lower depression than all other groups. Asexual and questioning youth also reported significantly higher depression than bisexual youth. Gay/lesbian and pansexual youth had the largest mean difference (Cohen’s $d = .49$), while asexual and pansexual youth had the smallest significant mean difference (Cohen’s $d = .12$). There were no other significant sexual identity group differences in depression.

Predictors of Depression and Self-Esteem

As seen in Table 2, main effect results showed that greater outness was significantly associated with lower depression ($b = -.04$, $SE = .01$, $p < .001$) and higher self-esteem ($b = .07$, $SE = .01$, $p < .001$). In Model 2, interactions terms were added into the

regression analyses. There were significant interactions between outness and a questioning identity predicting both self-esteem ($b = -.11$, $SE = .04$, $p = .005$) and depression ($b = .17$, $SE = .05$, $p = .001$). There was also a significant interaction between outness and a bisexual identity predicting self-esteem ($b = -.03$, $SE = .02$, $p = .04$). Simple slopes were estimated to assess the significance and direction of these interaction effects. Simple slope analyses revealed that greater outness was significantly associated with lower depression for gay/lesbian youth ($b = -.04$, $SE = .01$, $p = .001$), yet greater outness was significantly associated with higher depression for questioning youth ($b = .14$, $SE = .05$, $p = .008$). Greater outness was significantly associated with higher self-esteem for both gay/lesbian ($b = .09$, $SE = .01$, $p < .001$) and bisexual youth ($b = .06$, $SE = .01$, $p < .001$), but the association was stronger for gay/lesbian youth. However, outness was not significantly associated with self-esteem for questioning youth ($b = -.02$, $SE = .04$, $p = .64$).

Supplemental Analyses

As noted, we reran our primary analyses stratified by gender. We were only able to do this for cisgender girls, transgender boys, and nonbinary youth because there were too few cisgender boys and transgender girls in specific sexual identity groups to examine sexual identity as a moderator. Results of the stratified analyses (see Supplemental Tables S1–S3) were somewhat consistent with the primary results. Greater outness was significantly associated with lower depression for cisgender girls ($b = -.03$, $SE = .01$, $p = .01$) and nonbinary youth ($b = -.07$, $SE = .02$, $p < .001$) but not for transgender boys ($b = -.01$, $SE = .03$, $p = .86$). In addition, greater outness was significantly associated with higher self-esteem for all three groups (cisgender girls: $b = .06$, $SE = .01$, $p < .001$; transgender boys: $b = .05$, $SE = .02$, $p = .03$; nonbinary youth: $b = .08$, $SE = .01$, $p < .001$). In the subsample of cisgender

Table 2*Regression Analyses for Sexual Identity and Outness Predicting Depression and Self-Esteem*

Variables	Depression				Self-esteem			
	Model 1		Model 2		Model 1		Model 2	
	<i>b</i>	<i>SE</i>	<i>b</i>	<i>SE</i>	<i>b</i>	<i>SE</i>	<i>b</i>	<i>SE</i>
Outness	-0.04	0.01***	-0.04	0.01**	0.07	0.01***	0.09	0.01***
Bisexual	0.07	0.02***	0.08	0.03*	-0.05	0.02***	-0.01	0.03
Queer	-0.02	0.03	0.09	0.07	-0.03	0.03	0.02	0.06
Pansexual	0.14	0.02***	0.14	0.05**	-0.14	0.02***	-0.12	0.04**
Asexual	0.11	0.03**	0.14	0.06*	-0.11	0.03***	-0.09	0.05
Questioning	0.07	0.05	-0.09	0.07	-0.11	0.04**	0.00	0.06
Bisexual × Outness			-0.01	0.02			-0.03	0.02*
Queer × Outness			-0.06	0.04			-0.03	0.03
Pansexual × Outness			0.00	0.03			-0.01	0.02
Asexual × Outness			-0.02	0.04			-0.02	0.04
Questioning × Outness			0.17	0.05**			-0.11	0.04**

Note. All analyses adjusted for age, gender identity, past-year victimization, and race/ethnicity. Sexual identity groups were dummy coded with gay/lesbian as the reference group. Outness was mean centered for interaction terms. *SE* = standard error.

* $p < .05$. ** $p < .01$. *** $p < .001$.

girls, the interaction between outness and a questioning identity was a significant predictor of depression ($b = .20$, $SE = .10$, $p = .045$). Among gay/lesbian cisgender girls, greater outness was significantly associated with lower depression ($b = -.04$, $SE = .02$, $p = .04$). Although the simple slope was not significant for questioning cisgender girls ($b = .16$, $SE = .10$, $p = .11$), the positive association was consistent with the results from the primary analysis. None of the other interactions were significant in the stratified analyses. This may have been due to smaller cell sizes for the sexual identity groups in the stratified analyses, especially given the number of predictors included in each model (six main effects, five interactions, seven covariates).

Discussion

The goal of the current study was to examine whether the associations between outness and well-being (depression and self-esteem) differed as a function of sexual identity in a sample of sexual minority youth. By using data from a large and diverse sample of sexual minority youth, we were able to examine these associations across a wide range of sexual identities, including those that have received limited attention in previous research on sexual minority youth (e.g., pansexual, queer, asexual, and those questioning their sexuality). Another strength of this article includes examining the associations between outness and well-being outcomes after adjusting for sociodemographic variables (i.e., age, gender, race/ethnicity) as well as past-year victimization experiences. This research has the potential to inform school, community, and clinical interventions that seek to promote healthy sexual minority youth development by identifying both the risks and benefits of “coming out” among specific sexual identity groups.

Consistent with previous research (Kosciw et al., 2015; Russell et al., 2014), greater outness was significantly associated with lower depression in the full sample. Of note, we measured outness to a range of different people and groups, while these previous studies only measured outness to peers, teachers, and staff at school. Our results may indicate that outness across multiple groups of people beyond school (e.g., family, friends, coworkers) may also promote overall well-being. That said, moderation

analyses revealed that the association between outness and depression was different for gay/lesbian versus questioning youth. Specifically, greater outness was associated with lower depression for gay/lesbian youth, but it was associated with higher depression for questioning youth. This interaction effect should be interpreted with caution given that it was only significant for cisgender girls in the analyses stratified by gender (although this may have been due to smaller cell sizes for the sexual identity groups in the stratified analyses).

Nonetheless, our primary findings for questioning youth are consistent with current evidence that questioning youth are more likely to experience homophobic teasing, victimization, and emotional difficulties (e.g., depression, suicidal feelings) than gay/lesbian, bisexual, and heterosexual youth (Birkett et al., 2009; Espelage et al., 2008). Furthermore, disparities for questioning youth were present even after adjusting for age, gender, race/ethnicity, and victimization experiences. Based on our findings, outness may help to explain why youth questioning their sexuality tend to have worse mental health than other sexual minority youth. For example, Birkett and colleagues (2009) suggested that questioning youth may not receive the same amount of social support as LGB youth because questioning youth cannot fully identify with either LGB or heterosexual youth. They also suggested that questioning youth may come from less supportive environments than LGB youth, and as a result, questioning youth may not have sufficient opportunities to safely explore their identity. Of note, there is a need for additional research to understand what it means to be “out” for questioning youth. Questioning youth who are out may disclose that they are uncertain of their sexual identity, or they may be more specific and disclose that they might be gay/lesbian/bisexual/etc. Importantly, the way in which a person discloses that they are questioning their sexual identity may have implications for their well-being.

Also consistent with previous research (Kosciw et al., 2015; Russell et al., 2014), we found that higher outness was associated with higher self-esteem in the full sample. However, the association between outness and self-esteem was significantly different between gay/lesbian, bisexual, and questioning youth. Higher

outness was significantly associated with higher self-esteem for gay/lesbian and bisexual youth, but outness was not significantly associated with self-esteem for questioning youth. As such, in addition to outness being a risk factor for depression for questioning youth, it does not appear to enhance self-esteem for them as it does for gay/lesbian and bisexual youth. In addition, while the association between outness and self-esteem was positive for both gay/lesbian and bisexual youth, it was stronger for gay/lesbian youth than it was for bisexual youth. Again, these moderation findings should be interpreted with caution given that the interaction effects were not significant in the analyses stratified by gender.

To our knowledge, only one previous study has examined sexual identity as a moderator of the association between outness and depression, and they did so in a sample of LGB emerging adults (Feinstein et al., 2019). In contrast to our findings, they found that greater outness was associated with increases in depression for bisexual individuals, and they suggested that this may be due to unique stressors that bisexual individuals experience (for example, unique stereotypes about bisexuality, discrimination from both heterosexual and gay/lesbian individuals; Feinstein et al., 2017). While early studies documented extremely negative attitudes toward bisexual individuals (Herek, 2002), recent studies have documented more neutral attitudes toward them (Dodge et al., 2016). A shift in attitudes toward bisexual individuals may help to explain why outness was not significantly associated with higher depression and instead predicted higher self-esteem for the bisexual youth in our sample. That said, it is also possible that being more open about one's bisexuality is associated with higher depression for bisexual adults but not for bisexual youth because of an accumulation of experiences of discrimination over time. It will be important for future research to test these hypotheses in a sample that includes different age cohorts of bisexual individuals.

These findings should be considered in light of several limitations. First, given that the data were cross-sectional, we cannot draw causal conclusions from our results. Second, while the size of our sample was considerable ($N = 11,225$), we were unable to examine whether sexual identity and other demographic characteristics (e.g., gender) simultaneously moderated the associations between outness and mental health because some of the cell sizes would have been too small. That said, we controlled for other demographic characteristics in our analyses, and we also reran the analyses stratified by gender where permitted by cell sizes. Third, the data were from a nonprobability sample of sexual minority youth, and all participants were required to have access to the internet. As such, our findings may not be generalizable to all sexual minority youth in the United States. Fourth, participants were initially presented with four response options for sexual identity ("gay or lesbian," "bisexual," "straight," and "other"), and they were only presented with additional options if they selected "other" (in which case they were presented with "queer," "pansexual," "asexual," "questioning," and "something else"). Participants were also required to select a single response option. Therefore, although our sample was diverse with respect to the sexual identities that were represented, it is possible that our assessment of sexual identity may have limited endorsement of some identities. Finally, we did not measure how long youth had been out, which may affect the association between outness and well-being.

Despite limitations, these findings help to advance our understanding of the role of outness in sexual minority youth's mental

health. Our findings suggest that the extent to which outness is a risk versus a protective factor varies for different groups of sexual minority youth. Furthermore, all analyses were adjusted for past-year LGBTQ-specific victimization experiences, suggesting that the influence of outness on well-being is not solely due to greater vulnerability to bullying. Health care providers, educators, and other people involved in supporting and caring for youth may benefit in recognizing that being open about one's sexual identity can have negative consequences for youth questioning their sexuality. Furthermore, our findings suggest that questioning youth may benefit from additional affirmation focused on their sexual identity process. This may also include engaging questioning youth in identifying the costs and benefits of disclosing their sexual identity to others. In sum, as we continue to develop a deeper understanding of how outness influences mental health among subgroups of sexual minority youth, we will be able to develop more effective interventions to facilitate disclosure decisions and improve the mental health of all sexual minority youth.

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