

WHY SHOULD I TELL YOU? DIFFERENCES IN SELF-DISCLOSURE AMONG
SEXUAL MINORITIES ARE ASSOCIATED WITH EXPERIENCES WITH
MINORITY STRESS

by

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To my family and friends

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Jared Edge

ABSTRACT

WHY SHOULD I TELL YOU? DIFFERENCES IN SELF-DISCLOSURE AMONG SEXUAL MINORITIES ARE ASSOCIATED WITH EXPERIENCES WITH MINORITY STRESS

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Minority stress has been identified as a significant contributor to mental/physical health disparities within sexual minority populations. The Minority Stress Model describes different sources of stress, such as distal (e.g., victimization) and proximal stressors (e.g., internalized stigma), alongside ameliorating processes, such as social support, that can influence health outcomes. The stressors that an individual might experience are partially influenced by sexual orientation, with some identities experiencing stressors that are specific to that sexual identity. One avenue through which minority stress might impact health outcomes is through disclosure of a minority identity, an experience that is often associated with positive health outcomes but may invite stigma. Across three sets of analyses, gay/lesbian, bi+, and asexual participants reported experiences with minority stress, past experiences with disclosure, and willingness to disclose their identity as a sexual minority in two hypothetical contexts. The first research question examined differences in coming out milestones, finding that asexual participants reported discovering, identifying with, and disclosing their sexual minority identity at

later ages over shorter intervals than gay/lesbian and bi+ samples. The second research question demonstrated indirect effects of the associations between discrimination events and microaggressions and likelihood to disclose through the proximal stressors expectations of rejection and internalized stigma, although these associations differed by sexual orientation. The third research question demonstrated that community connectedness moderated the association between expectations of rejection and likelihood to disclose orientation, but only for the asexual sample. Across these analyses, different orientations reported consistent differences in the minority stressors that were associated with disclosure, which could help clinicians customize treatments to better address their minority clients' needs.

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LIST OF ABBREVIATIONS

AFAB	Assigned Female at Birth
AMAB	Assigned Male at Birth
ANCOVA	Analysis of Covariance
ANOVA	Analysis of Variance
AUREA	Aromantic-spectrum Union for Recognition, Education, and Advocacy
AVEN	Asexual Visibility and Education Network
HIV	Human Immunodeficiency Virus
LGB	Lesbian, Gay, and Bisexual
LGBT+	Lesbian, Gay, Bisexual, Transgender, and Other Sexual/Gender Minorities
MANCOVA	Multivariate Analysis of Covariance
SAB	Sex Assigned at Birth
SOMS	Sexual Orientation Microaggressions Scale

CHAPTER ONE

INTRODUCTION

As members of a stigmatized minority population, the LGBT+ community experience a variety of distinct stressors (Kuper et al., 2014). These stressors can influence the mental health of minority populations over and above the daily hassles of everyday life that any non-minority individual may experience (Felner et al., 2020). In particular, these distinct stressors may influence an individual's willingness to share information about themselves, such as their status as a member of that minority population. The ability to freely disclose information about oneself to others, without the fear of repercussions, can be very important for an individual's mental health and can assist in the maintenance of personal relationships (Sprecher & Hendrick, 2004; Zhang, 2017). However, disclosure about stigmatizing information such as an individual's status as a sexual minority may come with additional risks, as sharing such knowledge could invite stigma and discrimination from individuals that harbor negative views about that population (Jennings, 2010). Considering this risk, the willingness to share information about a minority identity among members of the LGBT+ community may be influenced by an individual's past experiences with discrimination related to that identity. Minority stressors that are specific to sexual minority populations are especially likely to influence this disclosure, as individuals that have previously experienced prejudicial attitudes and behaviors in response to sharing information about a minority identity may be especially vigilant against further threats (van Dyk et al., 2022). Additionally, the willingness to

disclose sexual orientation may be influenced by experiences that are specific to different groups within the LGBT+ community (Barringer et al., 2017). For asexual and bisexual individuals, there are stressors, such as invalidation of their identity (Feinstein et al., 2019; MacNeela & Murphy, 2015), that may discourage them from disclosing to others that are not likely to be experienced by gay men and lesbian women who have been increasingly accepted within the general social sphere. The current research explored associations between minority stressors and willingness to self-disclose sexual orientation among different sexual minorities.

Minority Stress Model

The Minority Stress Model was proposed by Meyer (2003), whose theory was based on the seminal work of Dr. Virginia Brooks (1981) entitled *Minority Stress and Lesbian Women*, to help explain potential differences in mental health outcomes between minority and majority populations. Meyer (2003) focused specifically on sexual minorities, although this model has been extended to include gender minority individuals (Meyer, 2015). For some minority populations, including the LGBT+ community, rates of negative mental health outcomes, such as depression and suicidal ideation, tend be higher as compared to non-minority populations (i.e., cis-gender, heterosexual individuals; Lock & Steiner, 1999; Marshal et al., 2008; Robinson et al., 2013). However, it is worth noting that the research examining this trend has shown some inconsistencies, such as early findings that sexual minority and non-sexual minority participants reported little to no significant differences in psychiatric symptomatology (Gonsiorek, 1991; Saghir et al., 1970). These inconsistencies reported within past few decades may have

been partially due to the reluctance of researchers to associate non-heterosexuality with negative mental health outcomes following the declassification of homosexuality as a mental disorder (Meyer, 2003). Rather than assuming these higher rates of negative mental health outcomes were due to some inherent aspect of homosexuality, as was debated in the 60s and 70s (Green, 1972; Marmor, 1972), Meyer (1995) argued that the discrimination and prejudice that these individuals experience imposes a significant burden on their everyday lives. These experiences with discrimination and prejudice as a result of their sexual minority status would represent a distinct source of stress for these individuals. For these minority individuals, experiencing a greater frequency of stressful events would then culminate in the higher rates of negative mental health outcomes that have been observed in this population (Dohrenwend, 2000).

The concept of stress has been given a variety of different definitions, with differences being primarily in the specificity of the potential triggers for stress. Fink (2016, p. 4) described a working definition of stress as “a condition in which an individual is aroused and made anxious by an uncontrollable aversive challenge.” Other, more general definitions of stress describe it as “any condition having the potential to arouse adaptive machinery of the individual” (Pearlin, 1999, p. 163). The events that cause stress are typically considered to be negative, frequently resulting in anxiety or fear responses in the individual that experiences those events (Fink, 2016) However, some descriptions of stress do not necessitate that the experience be aversive, and instead describe the experience of stress as a response to a particular demand (Selye, 1936), whether from the environment or from some internal pressure. The events or conditions

that can result in stress are described as stressors. These stressors are generally defined into two broad categories: physical and psychological. Physical stressors trigger changes in the physical condition of the body, such as illness triggering a fever, whereas psychological stressors trigger changes in an individual's anticipated or current state, such as an anticipated event triggering an anxiety response (Dayas et al., 2001). Minority stressors primarily fall within this second category of stressor, and typically manifest as a specific category of psychological stressor: a social stressor (Meyer, 2003).

Social stressors originate from aspects of the social environment rather than just events and conditions that are experienced exclusively by a single individual (Aneshensel, 1992). These stressors, similar to other, more personal stressors, can trigger physical and psychological reactions (Kuruville & Jacob, 2007); however, they are more omnipresent, potentially influencing multiple people over a long period of time. Social conditions such as poor economic developments or social stigmatization towards minority groups can create sources of stress that generally affect an entire population, or that may instead be focused on certain subgroups within the general population. For minority populations, their status as a member of a stigmatized social category (i.e., a minority group) can result in the experience of specific stressors that are experienced by many members of that social group (Meyer, 2003). These types of stressors are what Meyer (2003) has described as sources of minority stress. According to Meyer (2003), the increased rates of poor mental health outcomes that have been reported among sexual minority populations are due, in part, to these extra sources of stress that members of these minorities experience. These stressors, along with the typical sources of stress that

all individuals are likely to experience (i.e., daily hassles and life changes or challenges), result in an, on average, greater burden on the mental and physical health of minority individuals compared to non-minority individuals.

Prejudice is an example of a social stressor that is commonly experienced by minorities that has been examined across different contexts, and with a variety of different minority groups that are defined by factors such as gender, ethnicity, and sexual orientation (Herek, 2000; Myers, 2009; Swim et al., 2001). For these minority groups, the expectation or perception of potential prejudice in an interaction is sufficient to trigger a stress response, such as an increase in cardiovascular activity, even when no actual threat is ever made. These responses indicate that internal factors, independent of any external events may also be perceived as stressful (Sawyer et al., 2012; Thomas et al., 2006). Even among stigmatized, non-minority groups, experiences with prejudice as an additional source of stress have also been explored, such as with individuals that are overweight, who may continue to experience negative mental health outcomes even after attaining a healthy body weight, due to the prejudice that they experienced during their time as a member of the stigmatized group (Brewis, 2014; Levy & Pilver, 2012). For members of the LGBT+ community, the potential for this extra source of stress may encourage behaviors that minimize this risk to their mental health, such as limiting who they disclose their minority identity to when there is a risk of the target of disclosure responding with prejudice.

As part of their Minority Stress Model, Meyer (2003) described how sources of stress can be broadly categorized as being either distal or proximal. Stressful events that

are external, or are produced by the environment, are distal. These are events that would be considered stressful, regardless of any personal characteristics of the individual experiencing them. Based on this description, Meyer (2003) has also described such stressors as “objective” stressors, as they would cause stress regardless of an individual’s personal appraisal of the event in question; the stressful event itself is independent of the individual that is experiencing it. Events such as discrimination or harassment would be perceived as inherently stressful. As an example, a cisgender woman may be subjected to transphobic discrimination or harassment (Ma'ayan, 2003). This particular individual may not identify as the stigmatized identity, but the event would still provoke a stress response. However, for a minority individual, these experiences may result in even greater harm compared to what a non-minority individual may experience, should those prejudicial beliefs about their identity be internalized, resulting in additional stress above and beyond what the non-minority individual would be subject to.

The label of distal stressor can encompass a wide variety of events or conditions in an individual’s environment. In the case of minority stressors, there are several types of stressful events that are recognized as being especially common for minority groups. These events include victimization events, discrimination events, and microaggressions (Douglas & Conlin, 2022). Victimization events are characterized by physical or emotional abuse directed towards an individual, whereas discrimination events are characterized by differential (typically negative) treatment of an individual based on their identity (Busby et al., 2020). Microaggressions are brief, often subtle, moments of bias or discrimination, which may or may not have been perpetrated intentionally (Nair et al.,

2019). Although more subtle than other stressors, microaggressions have been argued to be even more damaging than other, more overt stressors, partially due to the fact that they are less noticeable than acts of victimization/discrimination, which makes deploying effective coping mechanisms more difficult (Sue, 2010). These types of events are not limited to particular settings, with the impact of distal stressors having been recorded in the workplace and when seeking housing, medical care, and mental health care (Ramirez & Galupo, 2019). Experiences with such events are positively associated with rates of depression, suicidal ideation/attempts, and substance abuse (Busby et al., 2020).

The other broad category of stressors includes proximal stressors. Whereas distal stressors refer to external, objective events that occur in an individual's environment, proximal stressors are an individual's internalized response to these events (Meyer, 2015). Such internalized responses can include the thoughts and feelings that are experienced in response to distal stressors and that are then maintained by further experiencing direct or indirect instances of discrimination or prejudice (Lindley & Galupo, 2020). These internal states have been broadly categorized into anticipations of stigma (e.g., expectations of rejection), internalized stigma, and concealment of identity (Meyer, 2003; Testa et al., 2015). Although Meyer (2003) described internalized stigma as internalized homophobia specifically, this term has been expanded to also describe internalized transphobia, or negative attitudes about an individual's transgender status that have been reinforced by their social environment (Bockting, 2015; Hendricks & Testa, 2012). Due to their chronic nature, these internalized states have the potential to impose a greater burden on an individual's mental health compared to actual experienced

events, resulting in a consistent source of stress (Rood et al., 2016; 2017). This chronic anticipation of stigma has been associated with negative mental health outcomes, such as psychological distress and interference with social interactions (Bockting et al., 2013; White Hughto et al., 2015).

This conceptualization of stress in general, and social stress in particular, allows for researchers to examine how actual events can produce stress, while also accounting for internal stress processes, including ones that are produced as a result of external events or that occur outside of that specific context (Douglass & Conlin, 2022). Distal stressors are often characterized as predictors of proximal stressors, with models describing these internalized states as resulting from experiences with external, prejudicial events (Meyer, 2003). In models such as the Psychological Mediation Framework (Hatzenbuehler, 2009), proximal stressors mediate the relationship between distal stressors and psychopathology among sexual minority populations. However, very little research has been performed to explicitly test the directionality of this effect (Douglass & Conlin, 2022). Mediation models examining different hypothesized causal relationships between distal and proximal stressors and mental health outcomes have found significant pathways, including distal-proximal models, proximal-distal models, as well as models in which neither of these stressors precede the other (Denton et al., 2014; Mereish & Poteat, 2015; Swank et al., 2013). However, all of these studies have been cross-sectional, making the determination of directionality difficult. Unfortunately, although there has been longitudinal research examining how these stressors can influence mental health outcomes, these studies have not examined how the different

types of stressors interacted with each other, precluding potential conclusions about directionality (Douglass & Conlin, 2022). Although such models can be useful for describing the relationship between distal and proximal stressors, without well-designed longitudinal studies to draw conclusions from, such models will remain speculative.

The lack of a strong theoretical framework connecting distal and proximal stressors is unfortunate due to the connection between self-disclosure and a particular proximal stressor: concealment of identity. Aspects of identity that can hint at minority status, such as gender or sexual orientation among the LGBT+ population, are often concealed from others for a variety of reasons. However, the concealment of this aspect of their identity has been linked with anxiety and stress as a result of several, consistent experiences, such as having to constantly evaluate who is safe and who may take advantage of any information that is shared, having to avoid the topic of sexual/gender orientation, and having to pretend to be someone that they are not (Chaudoir & Fisher, 2010; Omurov, 2017). This concealment of information about identity has been associated with a variety of poorer mental health outcomes in LGBT+ populations (Chan et al., 2020). Unfortunately, previous research examining the influence of minority stressors on disclosure tends to focus only on particular groups within the LGBT+ community, or treats them as an aggregate group, precluding the ability to generalize or compare groups and potentially masking any significant group differences. Comparatively little work has been done to examine how disclosure of a minority identity might be differentially influenced by minority stress across different orientations, with

research examining less common orientations, such as asexual populations, being especially scarce.

Influence of Minority Stressors

Studies of the Minority Stress Model have examined a variety of different stressors, both distal and proximal, and their association with mental health outcomes among minority populations. This model primarily focuses on how sexual minority populations are affected by the following types of stressors: victimization events, discrimination events, microaggressions, expectations of rejection, concealment of identity, and internalized stigma. Numerous studies have found that LGBT+ individuals are at greater risk of being victimized than their cisgender, heterosexual counterparts (Balsam et al., 2005; Balsam & D'Augelli, 2006; Corliss et al., 2002; Lombardi et al., 2001). This trend has been consistently found across many different age groups and ethnicities, with LGBT+ individuals being at greater risk of violence and harassment than their majority counterparts (D'Augelli & Grossman, 2001; Kosciw et al., 2022; Reuter et al., 2017; Rosales et al., 2023). Many of these findings tend to focus on sexual minority individuals; however, increased rates of victimization have also been found for gender minority individuals, such as transgender individuals (Langenderfer-Magruder et al., 2016; Lombardi et al., 2001; Sherman et al., 2020).

The increased rate of victimization that has been recorded among LGBT+ populations has been associated with a variety of negative mental and physical health outcomes. For example, greater rates of negative physical health outcomes, such as substance abuse, have been recorded among these populations (Marshall et al., 2008;

Russell et al., 2002). Increased rates of substance abuse have been associated with experiences of victimization due to identifying as a minority (Huebner et al., 2015), with some studies suggesting that substance abuse may serve as a form of coping in response to the negative feelings that are experienced as a result of victimization (Mereish et al., 2014). Gender and sexual minorities that report higher rates of victimization also report greater rates of suicidal ideation and attempts (Mereish et al., 2014; Zeluf et al., 2018), greater rates of depression (Hughes et al., 2014), and worsened self-esteem (Taylor et al., 2022; for a review, see Dürrbaum & Sattler, 2019).

When studying victimization, researchers commonly examine childhood victimization, adulthood victimization, or victimization within the last 12 months (reviewed in Hughes et al., 2014). Childhood victimization can include instances of sexual abuse, physical abuse, parental neglect, bullying, or witnessing instances of family violence that occur before the age of 18 (Brendgen & Poulin, 2018; Mitchell et al., 2020). Adulthood victimization shares many of the same types of victimization as in childhood (e.g., physical or sexual abuse); however, there is a greater emphasis on different forms of interpersonal victimization, such as intimate partner violence (Anderson et al., 2017; Halpern et al., 2009). Questions about victimization that occurred within the last 12 months contrast with lifetime victimization surveys, which may ask about the incidence of victimization events that have occurred at any point in the participant's life (Andersen et al., 2014). In the current research, participants were asked about their experiences with victimization events, including if they experienced these events during childhood,

adulthood, or within the last 12 months, to account for the influence of experiences with any such events on the willingness to disclose.

Discrimination is the second type of distal stressor that is described by the minority stress model (Meyer, 2003). This type of stressor typically describes events in which minority individuals are treated differently, typically negatively, due to their identity. Examinations of discrimination can focus on different aspects of a prejudicial event, such as if an event was motivated by disgust for a particular aspect of the individual's identity, such as homophobia or transphobia (Chard et al., 2015; Mizock et al., 2018). Alternatively, research can instead focus on the domain in which the event occurred, such as if an individual was denied services or equal treatment in housing, employment, or health care (Yılmaz & Göçmen, 2016). Similar to victimization, experiences with discrimination among gender and sexual minorities have been associated with negative mental health outcomes, such as suicidal ideation and attempts, as well as higher rates of anxiety and depression (Díaz et al., 2001; Irwin & Austin, 2013; McCann & Brown, 2017).

The last type of distal stressor is microaggressions. Microaggressions are brief, commonplace slights and indignities that are directed towards a specific group (Sue, 2010). These events can manifest as behavioral, verbal, or even environmental influences that serve as an extra source of stress that non-minority individuals do not experience (Sue et al., 2007). Microaggressions are distinct from other forms of distal stressors in that the perpetrator may not be aware that they have committed a prejudicial act (Midgette & Mulvey, 2021), unlike occurrences of victimization and discrimination,

which tend to be more deliberate. However, regardless of the perpetrator's intent, microaggressions communicate a message that is demeaning or stigmatizing towards a minority individual (Platt & Lenzen, 2013). As these events tend to be relatively common (as compared to victimization/discrimination), microaggressions can have a cumulative negative effect on the mental health of minority individuals (Smith et al., 2007). Experiences with microaggressions have been found to be associated with lower self-esteem, greater rates of depression, and higher rates of substance abuse (Blume et al., 2012; Nadal et al., 2014b; 2014c).

Nadal and colleagues (2010) described eight types of microaggressions that are commonly experienced by the LGBT+ population. *Use of heterosexist or transphobic language* describes instances in which language or slurs are used to denigrate minority individuals or to associate an LGBT+ identity with negative connotations (Nadal et al., 2016). *Denial of individual heterosexism or transphobia* describes an instance in which the perpetrator of a microaggression denies that they did or said something that was harmful (Nadal et al., 2016). *Endorsement of heteronormative or gender-conforming culture/behaviors* describes situations in which an LGBT+ individual is expected to hide their identity to conform with majority expectations (Nadal et al., 2016). *Assumption of sexual pathology/abnormality* describes the assumption that members of the LGBT+ community are sexual deviants or engage in unsafe sexual behaviors (Nadal et al., 2016). *Exoticization* describes instances in which LGBT+ individuals are fetishized or dehumanized (Nadal et al., 2016). *Denial of reality of heterosexism/transphobia* describes instances in which an individual claims that discrimination against members of

the LGBT+ community does not exist (Nadal et al., 2016). *Assumption of universal LGBT+ experience* describes behaviors in which the LGBT+ community is assumed to be a homogenous group (Nadal et al., 2016). Finally, *discomfort/disapproval of the LGBT+ experience* describes instances in which the existence of LGBT+ identities is condemned (Nadal et al., 2016).

Within the different types of proximal stressors, expectations of rejection describe the process through which LGBT+ individuals begin to anticipate prejudice from others, which leads to hypervigilance for any instances of rejection as a result of their sexual minority identity (Nadal et al., 2014a). This hypervigilance for prejudice can serve a protective function by helping an individual avoid such events, but this type of constant vigilance has been found to have a detrimental impact on mental health (Kamenov et al., 2016). For members of the LGBT+ community that are especially prone to prejudice events, such as transgender individuals, the need for hypervigilance may be even greater than for other members (Cunningham & Pickett, 2018). This greater need for vigilance may subsequently result in more severe effects on these individuals' mental health. Research examining the impact of expectations of rejection from others have found associations with a variety of negative mental health outcomes, such as suicidal ideation, depression, anxiety, and psychological distress (Bockting et al., 2013; Testa et al., 2015; 2017; Timmins et al., 2017).

In the Minority Stress Model, concealment of identity describes the tendency for sexual minority individuals to hide their sexual orientation from others (Meyer, 2003). This practice of concealing information about one's identity can serve as a way to avoid

stigma by preventing potentially discriminatory individuals from learning stigmatizing information. However, the use of this particular coping strategy can be mentally taxing, as individuals may feel the need to constantly monitor their behavior (Hatzenbuehler et al., 2009; Smart & Wegner, 2000). Examinations of health outcomes among sexual minority individuals have identified associations between concealment and a variety of negative mental health outcomes, such as substance abuse, anxiety (Cohen et al., 2016; Zhou et al., 2019), depression, and general psychological distress (Cortopassi et al., 2017; Leleux-Labarge et al., 2015; for a review, see Pachankis et al., 2020), along with negative physical health outcomes, such as higher rates of cancer and infectious diseases (e.g., bronchitis), as well as HIV symptomatology (Cole et al., 1996; Ullrich et al., 2003). However, the association between concealment of sexual orientation and HIV symptoms was significant at higher levels of social support, but not lower levels (Ullrich et al., 2003). To date, the vast majority of research examining the association between concealment of identity and health outcomes has been focused on sexual minority individuals, specifically gay men, lesbian women, and bisexual individuals (Douglass & Conlin, 2022; Leleux-Labarge et al., 2015). Examinations of concealment of identity among transgender individuals are rare but have found significant correlations with depression and anxiety (Carvalho et al., 2022).

Finally, the Minority Stress Model describes the last proximal stressor, internalized stigma, as both internalized homophobia and internalized transphobia within the LGBT+ community (Meyer, 2003), although internalized transphobia was added later with the expansion of the model to include gender minority individuals (Meyer, 2015).

These terms describe the process by which negative societal attitudes about a particular identity are internalized, or incorporated into an individual's beliefs about their identity, resulting in a poorer view of the self and internal conflicts regarding that identity (Meyer & Dean, 1998). Internalized stigma has been identified as being especially impactful during a period early in the coming out process for minority individuals, before they have fully embraced their minority identity (Morris et al., 2001). The combination of internalizing these negative attitudes early in development, as well as continuous experiences with anti-LGBT+ prejudice, can result in these negative internalized beliefs persisting long past the minority individual has come to accept their minority status (Meyer, 2003). These internalized attitudes then have the potential to be especially impactful on an individual's mental health, as compared to more distal stressors, as their internal nature means that they are likely to generate stress more consistently than external prejudice events, thus requiring more frequent use of stress coping techniques (Meyer, 2003).

Internalized homophobia is the internalization of stigmatization against non-heterosexual identities (Huynh et al., 2020). Examinations of internalized homophobia have found that these internalized states mediate the association between experiences with distal stressors, such as discrimination and negative mental health outcomes (Feinstein et al., 2012; Szymanski & Mikorski, 2016). Experiences with prejudice events among gay men and lesbian women, for example, are associated with negative feelings about their sexual orientation, which then predicted symptoms of depression and anxiety (Feinstein et al., 2012). In fact, many studies that examine the influence of internalized

homophobia on mental health outcomes have focused on depression and anxiety symptoms (for a review, see Newcomb & Mustanski, 2010), although associations with higher rates of substance abuse, suicidal ideation, and lower self-esteem have also been found (Moody et al., 2018; Munn & James, 2022).

Formal measurement of internalized homophobia has undergone a number of changes over the years. Early measurements, such as the Nungesser Homosexuality Attitudes Inventory (Nungesser, 1983), were designed to assess internalized homophobia among gay men or were constructed using the experiences of gay men (Ross & Rosser, 1996). Some of these measures were also used to examine experiences with internalized homophobia among lesbian women, leading to confounds as these measures tended to ask questions that were specific to gay male culture that may not be applicable to lesbian women (Szymanski et al., 2001). This incompatibility led to the development of measures such as the Lesbian Internalized Homophobia Scale (Szymanski & Chung, 2001), which were intended to examine this construct among lesbian women. Since then, measures that examine this construct in gay men (Wight et al., 2015), lesbian women, and bisexual individuals (Paul et al., 2014) have been developed, with measurements such as the Internalized Homophobia Scale (Puckett et al., 2017) showing invariance between male and female samples (Huynh et al., 2020). However, whereas these more recent measurements are more inclusive, they do not capture all of the potential experiences with internalized stigma due to sexual orientation within sexual minority communities. Measures of internalized homophobia tend to be limited to the experiences of certain subsections of sexual minorities (e.g., gay/lesbian, bisexual, or pansexual individuals).

Other sexual minorities, such as asexual individuals also experience internalization of stigmatization (i.e., internalized acephobia; Parmenter et al., 2021) that cannot be captured by these measures. Unfortunately, measurements of other forms of internalized stigma beyond internalized homophobia for sexual minorities have yet to be developed, which would be an undertaking that is beyond the scope of the current dissertation, although their development would be a fruitful avenue for future work.

Stress Ameliorating Processes

Meyer's (2003) Minority Stress Model focused on the influence of minority stressors on the mental health of sexual minority individuals. However, within this model, Meyer (2003) also described the influence of stress-ameliorating processes that can help to reduce the adverse effect of stressors on mental health. Although minority individuals may be at risk of experiencing stressors related to their minority identity, they may also have access to resources and support from communities of individuals that share that identity (Wong et al., 2014). By accessing these community resources and networks, the detrimental effects on mental health that result from stress gained through negative experiences with prejudice events may be reduced (Kamen et al., 2017). This process of reducing the negative effects of stressors has been suggested to be accomplished in two ways: by providing environments in which a minority individual is reliably less likely to experience minority stressors and by directly providing resources to help cope with prejudicial events (Jones et al., 1984). Alternatively, this process may occur through changes in the way that prejudicial events are evaluated when an individual has a strong sense of community cohesiveness (Meyer, 2003). Strong

connections with a community that shares a minority status with an individual may help that individual to think of their experiences as being normal for their identity, reducing the feelings of isolation. This sense of community may allow for individuals to better resist the internalization of negative attitudes about their identity compared to those that do not possess these strong ties to a community (Parmenter & Galliher, 2023).

These ameliorating effects of connections with minority communities have been explored within different populations within the LGBT+ community. Connections with LGBT+ social networks have been found to moderate the effect of minority stressors on mental health outcomes, such as psychological well-being (Wong et al., 2014), substance use (Johns et al., 2013), and depression (Lozano-Verduzco et al., 2023). However, although connections with a supportive community can help to ameliorate the effect of stress, this effect may not be consistent for individuals that are members of multiple stigmatized groups. For example, the positive effects of being a member of the LGBT+ community on stress-related outcomes are stronger for White sexual minority men as compared to sexual minority men of color (McConnell et al., 2018). For minority individuals that place greater importance on their sexual minority identity over their racial minority identity, this difference in the influence of community connectedness may be smaller (Le et al., 2022), indicating that the importance of a particular minority identity to an individual's sense of self may also influence the mitigating effect of community connectedness. Although this effect was described among sexual and racial minority individuals, similar effects may be found among individuals that are sexual and gender minorities (e.g., a bisexual transgender man). These individuals may find some

support from sexual minority communities but may also experience additional stigma from these communities due to their gender orientation (Marine & Nicolazzo, 2014). Rather than community connectedness, gender minority individuals may benefit the most from having supportive family members (Puckett et al., 2019), although research examining community support for transgender individuals is sparse (Breslow et al., 2015).

Social support can be examined in several different domains, such as general minority community support, as well as support from friends and/or family. Examinations of community connectedness, as described in the Minority Stress Model (Meyer, 2003), allow access to a type of support that is specific to a particular minority group, broadly referred to as sexuality-related social support (Doty et al., 2010), as compared to non-sexuality-related social support that is less specialized to help with minority stress. However, there are many different types of communities within the LGBT+ supercommunity that correspond to the different sexual and gender orientations. To address the broad range of communities from which participants may receive support, measures of community connectedness can ask about connections with communities that match the participants' sexual orientation, as opposed to asking about connections with the LGBT+ community as a whole.

Minority Stress Among Different Sexual Minorities

Although minority stress is something that all members of the LGBT+ community are likely to experience to some degree, different groups within these communities will experience different forms and levels of minority stress. These differences in the

types/forms of minority stress that are experienced by different groups may have an impact on an individual's willingness to disclose their sexual orientation. For example, bisexual individuals are at greater risk for victimization than gay and lesbian individuals (Dean et al., 2023). This difference may result in a greater reluctance to share any information that may hint at a bisexual orientation among these individuals, as compared to other sexual minorities. Additionally, experiences with minority stress have likely changed over time, with acceptance of some groups becoming more common over time (Paul, 2017). There may also be cohort differences, with younger generations generally being more tolerant of sexual minority identities than older generations (Keleher & Smith, 2012). By examining how experiences with minority stress may differ among particular orientations, we can better predict how such differences may impact willingness to disclose a sexual minority identity.

Research examining minority stress among different sexual orientations has been primarily focused on the experiences of gay men, lesbian women, and bisexual individuals (Dyar & London, 2018; Seager van Dyk et al., 2023). However, recent work has begun to examine experiences with minority stress among a wider range of sexual orientations, including pansexual (attraction regardless of gender), queer (any attraction besides heterosexual), and asexual individuals (no sexual attraction to anyone; Chan & Leung, 2023; Feinstein et al., 2022; Scroggs et al., 2023). Early studies of the effect of minority stress among sexual minority samples tended to either focus on the experiences of gay men (Kimmel & Mahalik, 2005) or lesbian women (Balsam, 2001) exclusively or combined all sexual minority individuals together into a single sample (Mohr &

Fassinger, 2003; Rostosky et al., 2007), potentially overlooking differences in the experiences of specific groups. More recent research efforts have started to work with orientations that are not as well-known (e.g., asexual), as well as exploring minority stressors that may be specific to a particular orientation (e.g., bisexual-specific stressors; Feinstein et al., 2023b; Katz-Wise et al., 2017).

For gay men and lesbian women, societal approval has changed drastically over the last several decades, with significant increases in social acceptance for these orientations (Kite & Bryant-Lees, 2016). This change in social acceptance has been accompanied by changes in the types and frequency of minority stressors that are experienced by members of these sexual minority subgroups. Rates of distal stressors such as discrimination and victimization due to sexual orientation have decreased over time (Lyons et al., 2015; Reynolds, 2007), as have rates of proximal stressors, such as internalized homophobia (Herrick et al., 2013). However, despite the emphasis on these subgroups within research examining minority stress processes, studies examining processes that are specific to gay men or lesbian women are rare, instead focusing on how factors other than sexual orientation directly relate to differences in experiences with minority stress (Mason & Lewis, 2015; 2016; Peleg & Hartman, 2019; Wen & Zheng, 2020). As the experiences of gay men, and occasionally lesbian women, with minority stress are typically treated as the default, or point of comparison, in research examining sexual minorities (Heiden-Rootes et al., 2021; Lea et al., 2014; Rehman et al., 2021; Seager van Dyk et al., 2023), much of the research examining minority stress processes that are specific to a particular subgroup have focused on other, less common subgroups

(Chang et al., 2022; Katz-Wise et al., 2017). By examining the differences in minority stress experienced by other sexual minorities, researchers have tried to identify social pressures that are specific to these other subgroups.

Bisexual-specific experiences

Although research that focuses on the experiences of bisexual individuals is sparse, studies have examined minority stress processes that may be specific to this subgroup. Bisexual individuals are at risk of experiencing similar homophobic stressors as gay men and lesbian women; however, they are also at risk of experiencing prejudice that is specifically anti-bisexual (Mohr & Rochlen, 1999). Anti-bisexual prejudice has been described as encompassing the beliefs that bisexuality is unstable or is not a legitimate sexual orientation, and that bisexual individuals are sexually irresponsible (Brewster & Moradi, 2010; Mohr & Rochlen, 1999). Prejudice against bisexual individuals is also distinct from homophobic beliefs in that anti-bisexual stigma, unlike anti-gay stigma, has regularly been recorded among lesbian and gay communities (Brewster & Moradi, 2010; Tavarez, 2022). This comparative lack of support from other members of the LGBT+ community has resulted in lower feelings of community connectedness among bisexual individuals, a strong moderator of the effect of minority stress on mental health outcomes (Skakoon-Sparling et al., 2022). For bisexual individuals, perceptions of support from the LGBT+ community may be contingent on the gender of their partner, in particular with respect to anti-bisexual prejudice among bisexual women (Dyar et al., 2014). Dyar and colleagues (2014) found that bisexual women in a same-sex relationship have reported that they experience less rejection from

lesbian and gay communities, but are more frequently assumed to be lesbians than are bisexual women in a heterosexual relationship. These assumptions of a lesbian identity among bisexual women have been associated with greater rates of sexual identity uncertainty (Dyar et al., 2015). In contrast, bisexual individuals that have an opposite-sex partner may have an easier time hiding their sexual orientation, but may subsequently be less likely to receive support from the LGBT+ community.

Anti-bisexual prejudice as an additional source of stress has been proposed to be a contributing factor to a variety of poorer physical and mental health outcomes that have been reported among bisexual samples, with bisexual individuals reporting worse health outcomes than even lesbian and gay samples (Katz-Wise et al., 2017). After controlling for general sexual minority stress, anti-bisexual stigma has been associated with poorer general and physical health and increased rates of substance abuse (Katz-Wise et al., 2017; Watson et al., 2016). Poorer mental health outcomes, such as greater rates of suicidal ideation, anxiety, and depression, have been recorded among bisexual samples when compared to other minority and non-minority samples (Feinstein et al., 2016; Jorm et al., 2002; Koh & Ross, 2006). These poorer mental health outcomes among bisexual individuals are also exacerbated due to having comparatively less social support from family, friends, and the LGBT+ community (Balsam & Mohr, 2007; Jorm et al., 2002). Bisexual individuals are also at risk of internalizing anti-bisexual attitudes, resulting in internalized binegativity (Dyar & London, 2018). This additional source of internalized stigma has been associated with greater rates of anxiety and depression (Dyar et al., 2014; Dyar & London, 2018). For bisexual individuals, the stigma that their sexuality is

unstable or that they need to be either homo- or heterosexual has had a unique impact on their identity, with less certainty in their bisexual orientation compared to gay or lesbian samples (Dyar & London, 2018). With these additional sources of biphobic stress, alongside decreased connections with supportive LGBT+ communities, bisexual individuals may be especially prone to the effects of minority stress. Considering that disclosure of a bisexual orientation may result in a greater risk of experiencing prejudice events (Dyar et al., 2022), bisexual individuals that have previously experienced stigma may subsequently be less willing to disclose any information that hints at their sexual minority status compared to other sexual minority individuals.

Pansexual-Specific Experiences

Two, less well-known sexual minority populations have received greater attention from researchers in the last several years - pansexual and asexual populations. Pansexuality is described as attraction to individuals of all genders, or regardless of gender (Galupo et al., 2017). This sexual orientation is very similar to bisexuality in that it involves attraction to multiple genders, which has led to some researchers combining these orientations together under the label of Bi+ to describe orientations that are attracted to multiple genders (Feinstein et al., 2022, 2023), although these orientations are generally considered to be distinct by both bisexual and pansexual communities. Examinations of minority stress in bisexual and pansexual samples have found associations between risk factors and negative mental health outcomes that were distinct from gay and lesbian samples (Chang et al., 2022; Timmins et al., 2021). Comparisons of bisexual and pansexual women found that pansexual women were more connected with

the LGBT+ community, but were also more aware of sexual minority stigma, with greater awareness predicting worse well-being and greater connections predicting better well-being (Morandini et al., 2022). Across many different sexual minority groups, pansexual individuals have reported higher rates of substance use; however, whether this trend is associated with minority stress has yet to be examined (Scroggs et al., 2023). For pansexual individuals, compared to bisexual individuals, a greater awareness of sexual minority stigma may result in higher rates of proximal stressors, whereas their status as a less well-known sexual orientation may also result in lower rates of distal stressors, although pansexual individuals have reported higher rates of anti-bisexual experiences compared to bisexual individuals (Godfrey et al., 2024). The greater awareness of different sexual minorities may result in pansexual individuals feeling less uncertainty about their orientation compared to bisexual individuals, potentially reducing rates of internalized stigma. This particular effect has yet to be examined by researchers, although this may be due to anti-pansexual attitudes being largely limited to confusion regarding their distinction from bisexuality (Hayfield, 2020). Future research with this population may find differences in minority stress processes compared to other sexual minorities.

Asexual-Specific Experiences

Similar to pansexuality, asexuality is a sexual orientation that has been studied with greater frequency in the last several years. Asexuality is a sexual orientation that is characterized by a lack of sexual attraction to any individual. As a sexual orientation, asexuality is unique in that it represents a lack of attraction, rather than attraction to any particular individual/gender. This difference from mainstream conceptualizations of

attraction as being a normal part of life has led to stigma against asexual individuals being inconsistent, with beliefs about this population characterizing them as simultaneously animalistic and machine-like (MacInnis & Hodson, 2012). Anti-asexual prejudices have been linked to a belief that sexuality is an inevitable part of life, leading to individuals that hold these beliefs believing that asexual individuals are anti-social, immature, or have some form of sexual dysfunction (Bogaert, 2015; Zivony & Reggev, 2023). Although the specific forms of prejudice that asexual individuals experience have received some attention, only one study has explicitly examined the influence of minority stress on mental health outcomes in asexual individuals (Chan & Leung, 2023). Chan and Leung (2023) found that experiences with prejudice events, such as victimization, were positively associated with suicidal ideation and attempts among an asexual sample. Despite this dearth of relevant work, attempts to create a tool to measure experiences with microaggressions directed towards asexual individuals have been made (Ayala, 2020; Foster, 2017). Considering the different forms of prejudice that have been targeted at asexual individuals, future research examining the influence of these beliefs on the mental health outcomes of asexual individuals will help to inform researchers and clinicians on the factors that need to be taken into consideration when working with this population.

Asexual individuals may also have different experiences with specific social relationships (i.e., romantic relationships) that may alter the influence of minority stress on mental health outcomes. For many individuals, a romantic partner may be the person that they trust the most and may feel the freest to disclose sensitive personal information

to. Asexual individuals may be less likely to engage in romantic relationships (Rothblum et al., 2019), although the decision to become romantically involved is also dependent on the individual's romantic orientation (an aspect of attraction that is typically considered only in asexual communities), with aromantic individuals rarely entering romantic relationships (AUREA, 2021). With less emphasis on romantic relationships for social support, asexual individuals may be more reliant on other social relationships, such as friends and family, or may engage more with communities of asexual individuals to help cope with minority stressors. Additionally, for some asexual individuals who are in a romantic relationship, their identity as a sexual minority may have been kept hidden to avoid discord in that relationship. Unlike with other sexual minorities, in which both partners are presumably attracted to each other, an asexual individual may be in a relationship in which their partner's sexual attraction is not reciprocated, potentially bringing up concerns regarding the asexual individual's commitment to the relationship (Clark, 2023). For asexual individuals that are not out to their romantic partner, the willingness to disclose information about their minority identity may be lower, especially if such information may hint at the asexual individual's discomfort with sexual topics. For asexual individuals that have previously been rejected by potential romantic partners because of their sexual orientation, such concerns regarding disclosure may be amplified in ways that are specific to this particular sexual minority subgroup.

Cohort Effects

An additional factor that may influence the association between minority stress and self-disclosure among sexual minority populations is differences between cohorts.

The social landscape surrounding the LGBT+ community has drastically changed over the last 70 years, with social and legal acceptance having steadily increased (Meyer, 2016). Surveys examining homophobic attitudes have found a steady increase in support for gay men and lesbians across the last few decades and legal protections against discrimination of sexual minority individuals have passed in different regions (Glick et al., 2015). Due to these social changes, some researchers have suggested that the intensity and frequency of sexual minority stressors may have changed, with younger generations potentially experiencing greater acceptance and less stigma (Goldbach & Gibbs, 2017; McCormack, 2013). Unfortunately, despite increases in social acceptance, LGBT+ youth continue to experience stigma due to their identity (Russell & Fish, 2019). As acceptance of sexual minorities has increased, so too has their visibility, potentially resulting in more frequent encounters with stigma from individuals that still hold homophobic beliefs. Tradeoffs like these may have resulted in changes over time in the types of minority stressors that sexual minority individuals are regularly subjected to, and potentially differences in the mental health outcomes of minority individuals across different cohorts (Meyer et al., 2021).

Examinations of minority stress processes across different cohorts of sexual minority samples have found a variety of different, somewhat inconsistent, effects. Some studies have found improvements among younger cohorts (e.g., weaker associations between minority stress and health outcomes; Frost et al., 2022), whereas others have found that older cohorts have fared better (Vale & Bisconti, 2021), with still more finding little change between different cohorts (Meyer et al., 2021). These inconsistencies may be

partially explained by an increase in rates of depression and anxiety among sexual minority youth (Rice et al., 2019), although whether these health disparities are the result of differences in experiences with minority stress, rates of disclosure, or increases in societal acceptance has yet to be demonstrated. To date, the number of studies that examine this cohort effect on experiences with minority stress are few and tend to examine a wide range of different constructs and outcomes, so this inconsistency in the results should come as no surprise considering the complexity of this model. However, there have been some consistent findings across studies. Examinations of mental health outcomes have tended to find that younger cohorts report higher scores on measures of psychological distress (Frost et al., 2022; Jackman et al., 2018; Meyer et al., 2021). Additionally, older cohorts generally reported lower rates of internalized homophobia, potentially due to having more time to resolve negative beliefs about their identity (Vale & Bisconti, 2021). These improvements in the mental health outcomes for older LGBT+ individuals have been suggested to be positively associated with increases in support from their community and personal relationships (Frost et al., 2022; Vale & Bisconti, 2021); relationships that older individuals may have had more time to cultivate. Age and inclusion in a particular cohort may influence experiences with minority stress and subsequently the willingness to disclose different types of information.

Self-Disclosure

The construct of self-disclosure broadly refers to when an individual shares information about themselves with another person. This information can include a variety of personal experiences, including information about “personal states, dispositions,

events in the past, and plans for the future” (Derlega & Grzelak, 1979). The act of sharing personal information can be used to help foster social relationships, as the willingness to share such information may indicate feelings of trust towards that individual (Chen & Sharma, 2013). Consequently, the act of sharing personal information with others has been found to be associated with increases in feelings of closeness and improvements in friendship satisfaction (Morry, 2005; Walker & Wright, 1976). If an individual is willing to share potentially sensitive personal information about themselves, this may indicate a greater level of trust, which can help with the development and maintenance of important social relationships (Collins & Miller, 1994). Due to these potentially beneficial effects of self-disclosure in our social lives, acts of self-disclosure have long been recognized as an effective therapeutic technique, both within traditional psychotherapy, and without, in the form of religious confession within some cultures (Corcoran, 2000). Although self-disclosure can have a variety of beneficial effects, there is a chance that the disclosure of sensitive personal information to the wrong person could backfire, leading to negative social outcomes (Cameron et al., 2009; Mennicke et al., 2022). For stigmatized groups such as sexual minorities, the decision to disclose their minority identity may need to be carefully considered to determine if the benefits of disclosure outweigh the potential downsides.

Considering the complexity of disclosure as an experience, a number of different models have been proposed to explain this process and the different factors that can influence disclosure. One model in particular, the Disclosure Process Model (Chaudoir & Fisher, 2010), was proposed to encapsulate the disclosure process for a specific type of

information: a concealable stigmatizing identity, such as sexual orientation. This model describes different components of the disclosure process for this type of personal information, including antecedent goals, the disclosure event itself, potential mediating processes, and a feedback loop that would then continue to affect future disclosure events. Different types of goals can influence the decision to disclose a concealable identity, but these have been broadly categorized into approach vs avoidance goals that can influence the reasoning behind why someone chooses to disclose (Gignac et al., 2021). The disclosure event can also vary, with some instances being a single, brief interaction with the target of disclosure, whereas others may be a more prolonged interaction in which the discloser provides small pieces of information to get a better understanding of how the target is likely to react to the information that is being shared (Limandri, 1989).

Within the Disclosure Process Model, Chaudoir and Fisher (2010) identify three potential mediating effects that can influence how the disclosure of a concealable stigmatizing identity may result in changes in well-being. Specifically, disclosure may result in an alleviation of the internal need to suppress your identity, a change in the available sources of social support, and a change in the social information that others are privy to, which can influence how others interact with the discloser. Lastly, the Disclosure Process Model describes a feedback loop in which the outcome of a single disclosure event, whether positive or negative, may continue to influence future disclosure events, making them more or less likely to occur. For individuals that tend to experience more positive outcomes as a result of the disclosure, they may be more

willing to disclose to others in the future, as compared to someone who tends to experience negative outcomes. For someone who has greater experience with minority stress, especially in regard to attempts to share their own identity, the fear of being rejected by potential targets of disclosure may be greater, resulting in a lower willingness to disclose to others in the future.

Should the selective disclosure of information be positively received, there can be a variety of positive outcomes for those involved. As a form of social maintenance, self-disclosure among friends can help to foster and improve the quality of friendships and is an important component early in social interactions during attempts to foster interpersonal trust (Chen et al., 2023; Liu et al., 2023; Vijayakumar & Pfeifer, 2020). By fostering these social relationships through self-disclosure, individuals can help to improve their perceived social support, which can then lead to a variety of positive social outcomes such as increases in intimacy and trust (Chaudoir & Fisher, 2010; Zhang, 2017). The positive benefits of self-disclosure also extend to mental health outcomes. Similar to how concealment of a stigmatized identity has been associated with negative health outcomes (i.e., greater rates of depression and anxiety; Larson & Chastain, 1990), research has found associations between the self-disclosure of a stigmatized identity and positive health outcomes, such as life satisfaction, positive affect (Beals et al., 2009), self-esteem, lower rates of depression, and greater rates of posttraumatic growth (Dibb, 2018; for a review, see Paxton, 2002). The disclosure of other stigmatized characteristics (e.g., having a mental disorder) has also been found to reduce the harmful effects of stereotypes about those characteristics on an individual's self-image and assist in

fostering social connections (Corrigan et al., 2015; Young et al., 2022). Considering the myriad of potential, positive effects of self-disclosure on individuals' health outcomes and social relationships, examining factors that may influence the willingness to self-disclose stigmatizing information can help to inform clinical approaches when working with these populations.

Although research has found many positive outcomes related to the disclosure of a concealable stigmatizing identity, it is not a unilaterally positive experience. The decision of whether to disclose a stigmatized identity must be weighed against the positive benefits and the potential costs of experiencing stigma and discrimination (i.e., rejection and feelings of shame; Stutterheim et al., 2011b). Regret following the disclosure of a stigmatized identity has been associated with a variety of negative mental health outcomes, including increases in the rates of depression and anxiety (Pachankis et al., 2015), low self-esteem (Stutterheim et al., 2011a), and poorer physical health (Wolitski et al., 2009). These negative health outcomes may be the result of various processes, such as the target reacting negatively, the information may be spread outside of the intended recipients, or the discloser may simply decide that they would rather have kept that information private for any of a number of reasons. If the disclosure of a concealable stigmatizing identity resulted in the individual experiencing an unexpected increase in minority stress, that additional stress may then result in the poorer health outcomes that have been recorded in some samples. Despite these risks, the positive health benefits of disclosure are still worth working towards, especially if any influences

that can improve the likelihood of a positive interaction and outcome become better understood.

Social support, both within and outside the LGBT+ community, has been identified as a factor that influences the coming out process, potentially determining whether the experience is remembered as a positive or negative one (Jordan & Deluty, 1998). The presence of a strong social support network is very important for attenuating the effects of minority stressors and has been associated with an increase in disclosure for sexual minorities (Encina et al., 2023). This positive association between disclosure and social support has been identified in several domains, including disclosure to family and friends and outness in the workplace (Son & Updegraff, 2023). Previous research has demonstrated that this influence is not unidirectional; whereas greater social support may contribute to a greater likelihood of disclosure, with more supportive individuals being available, disclosing a stigmatizing aspect of your identity may also result in an increase in social support due to the increased levels of trust that are expressed and from being able to express this previously hidden aspect of an identity (Bry et al., 2017).

Disentangling the directionality of this association is outside the scope of the current dissertation, but longitudinal research has found that greater emotional and psychological support among gay men predicts lower levels of identity concealment twelve months later (Lyons & Pepping, 2017).

Perceived social support refers to the degree of support that the individual believes that they receive from their friends and family (Libby et al., 2008). This form of social support examines factors such as the likelihood of receiving support from family

and friends in times of hardship and to what degree the individual can approach others to discuss issues. Among individuals with HIV, perceived social support has been found to predict the likelihood of self-disclosure of the individual's status as someone with HIV, a similarly stigmatizing identity (Brown et al., 2019). However, whereas perceived social support represents a more general kind of social support, community connectedness describes sexuality-related social support from a community of other individuals with a similar identity. This can include the LGBT+ community as a whole or may be particular to specific sexual identities, such as the asexual community. Having strong connections with other sexual minority individuals may provide resources that are specific to these communities, including resources that allow them to better cope with minority stress (Meyer, 2003). The likelihood of self-disclosure among sexual minorities has been associated with community connectedness across different relational contexts (Keene et al., 2022). Research examining these two types of social support simultaneously could determine whether these influences attenuate the effect of minority stress on self-disclosure.

Targets of Disclosure

Another factor that is likely to influence disclosure is the amount of information the discloser has about the target of disclosure. With the potential for a variety of positive and negative outcomes, individuals may feel the need to be strategic about the information that they share with others, and especially with individuals that they do not know very well. This process of determining whether to share potentially stigmatizing information is heavily dependent on the target of disclosure; more personal types of

information are more likely to be shared with targets that are better known, such as friends and family members compared to complete strangers or even those who do not share similar beliefs (Son et al., 2023). If an individual's attitudes about a stigmatized group are unknown, then the decision to disclose to that individual will likely be influenced by previous experiences with other, similar cases. For an individual who had previously revealed their minority status to someone who turned out to hold bigoted opinions and then acted on those biases, the willingness to share their minority identity with other individuals whose beliefs are similarly less well-known, may be lower. Individuals that have greater experience with distal stressors, such as microaggressions, may use that prior experience to determine how much information is safe to share with someone whose potential biases are unknown. However, if an individual is believed to hold positive attitudes towards that minority identity, or at the very least, does not hold strongly prejudicial attitudes, then a minority individual may be more willing to share information with that person. Disclosure may be especially likely if the potential target is discovered to share a similar minority status (Rice et al., 2009). As information about potential biases is likely to be gained over time and with consistent contact, trust in that person and the likelihood of disclosure may also increase (Masaviru, 2016).

Coming out process

Within the LGBT+ community, the experience of disclosing your sexual orientation to another person for the first time has been given special meaning as the process of coming out. The first instance of sharing this stigmatizing aspect of an individual's identity can be extremely important in the process of identity formation,

helping to affirm one's own identity by sharing it with others (Chan, 1987). Researchers have long recognized the importance of this process in the lives of sexual minorities, but early models tended to describe this process as a linear experience, with disclosure to others being treated as an end point of development (Carrion & Lock, 1997). More recent work has suggested that the process of coming out never really ends and is instead an ongoing process, as societal norms assume heterosexuality and anything other than being attracted to the opposite-sex is potentially stigmatizing (Guittar & Rayburn, 2016). As long as the potential for experiencing prejudice exists, sexual minorities will likely feel the need to be selective with the people that they disclose their identity to, requiring constant social identity maintenance.

Although the process of coming out to others is likely to be a largely universal experience for sexual minorities, there are some differences between the experiences of different groups. Some research comparing lesbians and gay men has identified differences in the coming out process, including differences in the timing between self-identity and the initiation of same-sex activity (de Monteflores & Schultz, 1978), although potential methodological issues with these early results have been raised (Barber, 2000). Examinations of the timing of disclosure among lesbians and gay men tend to either find no significant difference between these two groups (Grov et al., 2006; Martos et al., 2015), or find contrasting results in which group started to disclose earlier (Calzo et al., 2011; Herek et al., 2010), suggesting that any potential differences are likely small or are being masked by sampling differences. More recent research tends to instead focus on how the experiences of bisexual individuals differ from those of lesbians

or gay men (Balsam & Mohr, 2007; Martos et al., 2015; Pistella et al., 2016). According to prior research, bisexual individuals tend to report higher levels of identity confusion, internalized binegativity, and greater difficulties with disclosing to others, which results in lower rates of disclosure compared to lesbians and gay men (Balsam & Mohr, 2007; Isolani et al., 2024; Pistella et al., 2016). One potential predictor that has commonly been examined when studying the first instance of coming out to someone is age (Martos et al., 2015). However, in a review of the available literature, Hall and colleagues (2021) found that the age at which bisexual individuals first come out to others is not significantly different from that of lesbian/gay individuals. Instead, bisexual individuals were more likely to start to self-identify as bisexual later than their lesbian/gay counterparts, with a shorter interval between identification and disclosure (Bishop et al., 2024). Despite these null results, age may serve as a potential predictor through a cohort effect, with younger cohorts reporting self-identifying and then coming out to others at an earlier age than older cohorts (Grov et al., 2006).

In more recent years, research examining the coming out process among asexual individuals has begun to appear in the literature. However, the current literature has focused on examining asexual individuals' reasons to disclose or not to disclose their sexual orientation, with some asexual participants reporting that coming out was a highly selective, but crucial aspect of their identity development, whereas others report that coming out was not particularly important for them (Mitchell & Hunnicutt, 2019; Robbins et al., 2016; Scott et al., 2016; for a review, see Kelleher et al., 2023). To date, very little quantitative work has been performed examining the coming out process

among asexual individuals. Of the quantitative work that has been conducted, asexual participants report having disclosed their identity to others at lower rates compared to non-asexual (i.e., allosexual), sexual minority participants (Pitcher et al., 2024), although this difference may be limited to specific social relationships (e.g., healthcare providers; Rothblum et al., 2020). Additionally, an examination of coming out milestones among asexual samples found that younger cohorts (ages 18-29 years) tended to reach milestones such as discovery, identification, and disclosure, at younger ages than older cohorts (Kelleher et al., 2024), potentially demonstrating the rapid spread of information about asexuality within the last couple of decades. Considering the unique experiences of asexual individuals, examinations of milestones within the coming out process may yield notable differences compared to the LGB population, such as delayed disclosure to others.

The first instance of disclosure to another is an important component of coming out; however, there are a number of other ways in which there may be differences between the sexual minority subgroups. Self-identification, in which an individual “comes out” to themselves is also important. Self-identification may take longer for some sexual minority subgroups. Differences in the timing of self-identification among bisexual individuals may be partially the result of a common period of exploration, in which these individuals identify as other sexual orientations before identifying with their current orientation (Guittar & Rayburn, 2016). Asexual individuals may experience a similar delay in the timing of self-identification; however, this is further complicated by a lack of readily available information about asexuality compared to the other orientations.

Many asexual individuals have reported a period of feeling like something was wrong that was alleviated by the discovery of asexuality on the internet (Robbins et al., 2016). Unlike other sexual orientations, in which information about same-sex attraction is easily available, asexual individuals are often reliant on specific, knowledgeable sources to even learn about the possibility of their current identity. This aspect, the age at which a sexual orientation is discovered, is also likely to be experienced differently between different sexual minority subgroups, potentially impacting the disclosure process as asexual individuals may be older upon first disclosure, having had to wait longer to discover the orientation that they are subsequently disclosing.

The Current Dissertation

The current research examined the willingness of sexual minority individuals to self-disclose information about their sexual orientation. This willingness to self-disclose personal information has been predicted by minority stress factors related to sexual orientation. The minority stressors examined here include distal stressors (victimization, discrimination, and microaggressions) and proximal stressors (expectations of rejection, concealment of identity, and internalized stigma). Participants were asked about their experiences with victimization events and discrimination events that occurred during childhood, adulthood, and within the last year, and about their experiences with microaggressions in general, as these experiences tend to be less individually memorable. When measuring experiences with proximal stressors, participants responded to items that asked about sexual orientation generally, rather than referring to any specific identity. Participants were also asked about their connectedness with communities that

correspond to their sexual orientation, as well as perceived social support from friends and family, to examine sources of support that may help to ameliorate the effect of different stressors on willingness to self-disclose sexual orientation. This research also explored differences between sexual orientations; specifically comparing gay, lesbian, bi+ (attraction to multiple genders), and asexual individuals (including demisexual individuals) to determine if there are specific influences on willingness to disclose among these populations, such as differential experiences with distal and proximal stressors. By exploring some of these differences and specific influences here, clinicians working with these populations may be better equipped to finetune their treatment plans to match the needs of their sexual minority patients.

Across the many different studies examining self-disclosure, a variety of measures of this construct have been developed to suit the needs of the researcher. Here, three different methods of assessing self-disclosure of sexual orientation were used. The first measure of self-disclosure examined if participants would spontaneously provide information about their sexual orientation when asked to provide a self-introduction. This measure of spontaneous self-disclosure is similar to one that was used by van Dyk and colleagues (2022) as a measure that maximized ecological validity, allowing for a behavioral examination of disclosure. van Dyk and colleagues demonstrated that exposure to minority stress in media resulted in a decrease in spontaneous disclosure of sexual orientation among sexual minorities. The second measure of self-disclosure examined differences in willingness to disclose according to whether the target of disclosure has indicated support for the LGBT+ community through the use of vignettes.

Although self-disclosure of sexual orientation through the use of vignettes has not been previously assessed, vignettes have been used to study self-disclosure in other domains, such as therapy (Somers et al., 2014). The final measure of self-disclosure used here is a measure of concealment of identity as described within the Minority Stress Model (Meyer, 2003), which serves as a self-report measure of the inverse of a participant's general willingness to disclose their sexual orientation. By measuring self-disclosure through these three methods, the current research attempted to determine the robustness of this effect, and to increase ecological validity.

Within this research, three research questions were asked. The first of these research questions examined differences in the coming out process among different sexual minorities, including the age at discovery, identification, and disclosure. The second research question examined if the association between willingness to disclose sexual orientation and experiences with distal stressors was mediated by experiences with proximal stressors. The third research question examined if social support moderated the effect of proximal stressors on participants' willingness to disclose their sexual orientation to a target whose attitudes about the LGBT+ community were known and positive or were unknown.

CHAPTER TWO

METHOD

To avoid potential issues with resampling from a limited population of potential participants, all respondents participated in a single survey that contained all of the measures that were used for all three research questions. This research was reviewed by the Oakland University IRB under #FY2024-339. The approval letter for this research is provided in Appendix A. For the sake of parsimony, the sample and procedures used will be described first before discussing each of the research questions individually.

Participants

A total of 881 community participants completed the consent form, but 407 failed to complete survey items, leaving 474 participants with usable data. Participants were recruited through online advertising to social media sites such as Reddit, Facebook, and Discord, through word of mouth from spaces that are devoted to specific subpopulations within the LGBT+ community, and through posters that were shared with LGBT+ groups at universities within the US ($n = 232$). Online communities such as the Asexual Visibility and Education Network (AVEN) assisted with the recruitment of hard-to-reach subpopulations such as asexual individuals. Of the participants that were recruited from these sources, 8 were removed from analyses for identifying as heterosexual ($n = 2$), failing attention checks ($n = 4$), or for being outliers ($n = 2$). Participants were also recruited from survey sharing websites, such as SurveyCircle and SurveySwap ($n = 18$); however, 5 were removed from analyses for being heterosexual ($n = 3$) or for failing

attention checks ($n = 2$). Participants recruited via these methods were not given any compensation for participating. An additional 224 participants were recruited from a local university's student pool of research participants, in which students could earn research credit for psychology courses. Of the participants that were recruited from this source, 80 were excluded from analyses for identifying as heterosexual ($n = 66$) or for failing attention checks ($n = 14$). After screening, data from 381 sexual minority participants (72 male, 197 female, 105 gender nonconforming, 7 prefer not to say), age 18 years or older ($M = 25.82$, $SD = 0.28$), remained for inclusion in analyses. Within this sample of participants, 101 participants self-identified as homosexual, 163 as bi+ (group that expresses attraction to more than one gender), and 99 as asexual (including demisexuals: $n = 9$). An additional 18 participants did not provide their sexual orientation, preventing their inclusion in group-based comparisons. A breakdown of gender by sexual orientation within this sample is presented in Table 1.

Materials and Procedures

Participants completed an online survey through Qualtrics.com. Participants were asked to provide the following demographic information: age, gender orientation (cisgender male, cisgender female, transgender male, transgender female, nonbinary, or other), sex assigned at birth (male [$n = 95$], female [$n = 269$], intersex [$n = 2$], prefer not to say [$n = 13$]), ethnicity, highest level of school completed, current relationship status, and religious affiliation. Participants were also asked to indicate their sexual orientation (heterosexual, homosexual, bisexual, asexual, or other). Participants that indicated a heterosexual orientation were directed to the end of the survey, without completing the

rest of the measures. Participants that indicated a bisexual orientation were asked to specify whether they experienced a preference for men ($n = 51$), for women ($n = 36$), or did not have a preference ($n = 43$). All participants were also asked about their sexual attraction to men and sexual attraction to women, as measured on a 7-point Likert scale ranging from 0 (Not at all attracted) to 6 (Very attracted). Participants were then asked about their romantic orientation (heteroromantic, homoromantic, biromantic, aromantic, or other), and their romantic attraction to men and to women on a 7-point Likert scale (0: Not at all attracted; 6: Very attracted).

Table 1. Gender and Sex Assigned at Birth by Sexual Orientation of Full Sample

	Gay/Lesbian	Bi+	Asexual	Not Provided	Total
Gender					
Cis Male	20	45	6	1	72
Cis Female	69	77	41	10	197
Trans Male	0	7	6	0	13
Trans Female	2	5	2	0	9
Nonbinary	4	16	23	5	48
Other	5	13	17	0	35
Not Provided	1	0	4	2	7
Total	101	163	99	18	381
Sex Assigned at Birth					
Male	23	56	15	1	95
Female	76	105	75	13	269
Intersex	0	1	1	0	2
Not Provided	2	1	8	4	15
Total	101	163	99	18	381

Participants were also asked to complete the following measures:

Distal Stressors

Participants were instructed to focus on experiences related to their sexual orientation while responding to the minority stress items, rather than any other minority identity that they may possess, such as an ethnic minority identity. Participants were asked to respond to questions about the following distal stressors: victimization events, discrimination events, and microaggressions. The measures that were used are listed under Appendix B and are described below.

Victimization Events

Items about experiences with victimization were taken from the gender-related victimization subscale of the Gender Minority Stress and Resilience Measure (Testa et al., 2015). This subscale is a 6-item measure of victimization among gender minorities. These questions were adjusted for this study by replacing the phrase “gender identity or expression” with “sexual orientation” (e.g., “I have been threatened with physical harm because of my sexual orientation.”). Participants responded to these items with “Never,” “Yes, before age 18,” “Yes, after age 18,” or “Yes, in the past year.” Responses are coded with “Never” as 0, and all other responses as 1, with scores from each item being summed to provide a total victimization score.

Discrimination Events

Items about experiences with discrimination were taken from the gender-related discrimination subscale of the Gender Minority Stress and Resilience Measure (Testa et

al., 2015), with the exception of items that reference experiences that directly relate to the difficulties that transgender individuals experience. To replace these removed items, additional items were taken from the Discrimination Events subscale of the shortened form of the LGBT Minority Stress Measure (Outland, 2016). All items in this discrimination subscale were adjusted to reference experiences in connection with the participant's sexual orientation (e.g., "I have received poor service at a business because of my sexual orientation."). These changes resulted in a 5-item subscale of experiences with discrimination as a result of a sexual minority identity. The scoring of these items was identical to that used in the victimization subscale.

Microaggressions

Items about microaggressions were taken from the Sexual Orientation Microaggressions Scale (SOMS; Nadal, 2019). Specifically, items were taken from the Assumption of Deviance and Heterosexist Language subscales, to reduce the number of total questions used for this variable. These subscales provide a 10-item measure of experiences with microaggressions (e.g., "A friend has stopped talking to me after finding out about my sexuality."). Participants were asked to indicate if they experienced any of the listed microaggressions at least once within the last six months. Items on this subscale were scored on a 5-point Likert scale ranging from "never happens" to "happens all of the time." Scores were then averaged to provide a total score for the microaggressions subscale.

Proximal Stressors

Expectations of Rejection

Participants were asked to respond to questions about the following proximal stressors: expectations of rejection, identity concealment, and internalized stigma. The items that were used are listed under Appendix C and are described below. Items about expectations of rejection were taken from the Negative Expectations for the Future subscale from the Gender Minority Stress and Resilience Measure (Testa et al., 2015). This subscale is a 9-item measure that was adjusted by replacing the phrase “gender IDENTITY/HISTORY” with “sexual orientation” (e.g., “If I express my sexual orientation, others wouldn’t accept me.”). Items on this subscale were scored on a 5-point Likert scale ranging from “strongly disagree” to “strongly agree.” These scores were then averaged to create an expectations of rejection score ($\alpha = .87$).

Concealment of Identity

Items about identity concealment were taken from the Identity Concealment subscale of the LGBT Minority Stress Measure (Outland, 2016). This is a 6-item measure, with each item being scored on 5-point Likert scale, ranging from “Never happens” to “Happens all of the time.” Items on this measure were adjusted to replace the phrase “I am LGBT” with “I am a sexual minority” (e.g., “I avoid telling people about certain things in my life that might imply I am a sexual minority.”) to keep the focus on attempts to conceal a sexual minority identity, rather than including attempts to conceal a

gender minority identity. These scores were then averaged to create an identity concealment score ($\alpha = .83$).

Internalized Stigma

Items about internalized stigma were taken from the Internalized transphobia subscale of the Gender Minority Stress and Resilience Measure (Testa et al., 2015). This is an 8-item measure that is scored on a 5-point Likert scale, ranging from “strongly disagree” to “strongly agree.” Items in this measure were adjusted to replace the phrase “gender identity or expression” with “sexual orientation” (e.g., “My sexual orientation makes me feel like a freak.”). Scores were then averaged to provide an internalized stigma score ($\alpha = .91$).

Social Support

Perceived Social Support

Participants were asked about their social support in two different domains, perceived social support and community connectedness. The items that were used are listed under Appendix D and described below. Items asking about perceived social support were taken from the Perceived Social Support subscale of the Perceived, Instrumental, and Negative Social Support measure (Libby et al., 2008). This is a 6-item measure about how supportive the participant believes their friends and family will be if needed (e.g., “How much do your friends or relatives really care about you”). Responses to these items were scored on a 3-point Likert scale ranging from “Very little” to “A lot.” Scores were then averaged to provide a perceived social support score ($\alpha = .87$).

Community Connectedness

Items about community connectedness were taken from the Community connectedness subscale of the Gender Minority Stress and Resilience Measure (Testa et al., 2015). This is a 5-item measure that is scored on a 5-point Likert scale, ranging from “strongly disagree” to “strongly agree.” Items in this measure were adjusted to replace the phrase “gender identity” with “sexual orientation” (e.g., “I feel connected to other people who share my sexual orientation.”). Items were reverse coded as needed and then averaged to provide a community connectedness score ($\alpha = .80$).

Self-Disclosure

Self-Introduction

Participants were asked to complete several measures of self-disclosure. Participants were asked to provide a 500–1000-character self-introduction as if they were constructing a social media profile that may be viewed by anyone. To minimize any potential priming effects, participants completed this self-introduction measure first, after consenting to participate in the study. These self-introductions were then coded for the presence of information about the participant’s sexual orientation to determine if the participant was willing to spontaneously disclose this information. If information about the participant’s sexual orientation was included in the self-introduction (e.g., sexual orientation was explicitly described), then this item was coded as 1. If no information about the participant’s sexual orientation was included, then this item was coded as 0. Responses for all items were coded by a primary coder, with a secondary coder

independently coding a randomly selected 25% of the responses for comparison (Cohen's $k = .93$). For participants that were coded as providing information about their sexual orientation, responses were also coded to determine the number of words until disclosure, coded as the minimum number of words, starting from the beginning of the self-introduction, that were needed to determine the participant's status as a sexual minority (range: 1-121, Cohen's $k = .84$). This coding scheme is similar to the one used to code spontaneous disclosure of sexual orientation by van Dyke and colleagues (2022). Responses were also coded for whether the respondent provided information about a gender minority identity (e.g., describing themselves as transgender; Cohen's $k = .96$) and for the minimum number of words that were needed to determine this disclosure (range: 3-90, Cohen's $k = .56$).

Target of Known/Unknown Support

After participants provided their self-introduction, they were then asked to indicate their willingness to disclose their orientation to an individual who was described in a series of vignettes. The first vignette described an individual in an everyday situation in which they experienced homophobia (i.e., a coworker making a homophobic joke), but did not display support for or against the LGBT+ community, after which participants indicated their willingness to disclose to this individual on a 6-point Likert scale, ranging from "Very unwilling" to "Very willing." Participants were then presented with a second vignette that continued the scenario described in the first vignette, in which the target of disclosure displayed more explicit support for the LGBT+ community by calling out the

homophobic behavior as inappropriate. Participants were then asked to respond to the same question about willingness to disclose.

A pilot test was conducted in which three potential sets of vignettes were presented to an independent sample of 75 individuals recruited through social media to determine which set of vignettes would be used in the current study. These sets of vignettes varied according to the target of disclosure's method of displaying support for the LGBT+ community, with no explicit support being shown, followed by explicit support being demonstrated through the denouncement of homophobic behavior. Participants were asked to indicate how supportive they believed the target of disclosure was towards the LGBT+ community on a 5-point Likert scale ranging from "Very unsupportive" to "Very supportive." Histograms of responses to these vignettes were then examined to determine which set best demonstrated the target expressing neutral support for the LGBT+ community in the first vignette and expressing some positive support for the LGBT+ community in the second vignette. The set of vignettes that best matched these criteria were then used in the current research (V1: $M = -0.42$, $SD = 1.86$; V2: $M = 0.77$, $SD = 1.80$). The vignettes that were used in the current research are listed under Appendix E.

After participants indicated their willingness to disclose their sexual orientation to the target, they were then asked additional questions about the target of disclosure. In an open-ended question, participants were asked to provide any additional information that they would like to know about the target before they would feel comfortable sharing their sexual orientation. These responses were then coded according to the type of information

that was first requested (e.g., behavior/attitudes outside of the provided context; Cohen's $k = .87$). Participants were also asked to indicate how long they would want to have known the target of disclosure for before they would feel comfortable disclosing to them. These open-ended responses were then coded so that all responses used minimum number of days as a metric (Cohen's $k = .95$). And lastly, participants were asked to indicate what gender they considered the target of disclosure to be to determine if the target was viewed as gender neutral, a factor that could influence participants' willingness to disclose to the target, but that was addressed by using a gender-neutral name and description.

Timing of Coming Out Milestones

Participants also responded to items that assessed the age at which participants experienced specific milestones within the coming out process. Participants were asked to indicate their age in years when they first discovered their current sexual orientation, when they first started to identify as their current sexual orientation, and when they first disclosed their sexual orientation to another person. Participants were also asked to indicate where they first discovered the name of their current sexual orientation and what sexual orientation they had identified as before they identified as their current orientation. For participants that provided a response to the question about age at first disclosure, indicating that they have disclosed to someone, they were then asked to indicate the social relationship they had with the person that they had first disclosed their sexual orientation to. Participants who had previously disclosed their orientation were also asked, in a separate question, to indicate which social relationships that they had

disclosed their sexual orientation to, and to also report the earliest age that they had disclosed to someone from that social category. To examine differences in the timing of these milestones, intervals between the timing of discovery and identification, discovery and disclosure, and identification and disclosure were calculated by subtracting the earlier age from the later age.

CHAPTER THREE

RESEARCH QUESTION 1

The first research question examined whether there were differences in the coming out process among different sexual minorities, including the age at discovery, self-identification, and disclosure. It was predicted that the age at discovery would be later for asexual participants compared to the other groups, as information about asexuality is much less common. Additionally, it was predicted that age at identification and disclosure would be earlier for gay/lesbian participants, as these subgroups within the LGBT+ population are more well-known and more widely accepted compared to bisexual and asexual identities. It was also predicted that the interval between discovery and identification would be shorter for asexual participants, compared to gay/lesbian and bi+ participants, as this population may be more likely to discover asexuality later in life during a period in which they are trying to better understand their own experiences.

Results

Descriptive Results

Means and standard deviations were calculated for the following variables: age upon first discovery of the current sexual orientation ($M = 15.00$, $SD = 6.14$), age upon identification as the current sexual orientation ($M = 18.76$, $SD = 6.62$), age upon first disclosure of the current sexual orientation to another person ($M = 23.06$, $SD = 7.07$), interval between discovery and identification ($M = 3.85$, $SD = 5.50$), interval between discovery and disclosure ($M = 8.29$, $SD = 6.02$), and interval between identification and

disclosure ($M = 4.31$, $SD = 2.71$). Participants indicated that they first learned about their current orientation from the following sources: family member ($n = 38$), in-person friend ($n = 79$), online friend ($n = 14$), in-person stranger ($n = 9$), sex education class ($n = 12$), online forum ($n = 54$), social media ($n = 93$), or other ($n = 67$). Gay/lesbian participants reported that before they identified as the current orientation, they identified as the following orientations: no other orientation ($n = 24$) or homosexual ($n = 2$), heterosexual ($n = 33$), bi+ ($n = 39$), or asexual ($n = 3$). Bi+ participants reported that before they identified as the current orientation, they identified as no other orientation ($n = 17$) or bi+ ($n = 18$), heterosexual ($n = 112$), homosexual ($n = 11$), or asexual ($n = 4$). Asexual participants reported that before they identified as the current orientation, they identified as the following orientations: no other orientation ($n = 20$) or asexual ($n = 3$), heterosexual ($n = 4$), homosexual ($n = 2$), or bi+ ($n = 17$).

Participants that had previously disclosed to another indicated their social relationship to the person that they first disclosed to: parents ($n = 37$), siblings ($n = 24$), extended family ($n = 12$), same sex friend ($n = 152$), opposite sex friend ($n = 39$), romantic partner ($n = 43$), co-worker ($n = 1$), acquaintance ($n = 5$), and health care provider ($n = 6$). A chi-square test of independence examined if the first social relationship that was disclosed to was dependent on sexual orientation. There was no significant pattern of association, $p = .251$. The number of participants that previously disclosed in each type of social relationship and the average age of disclosure within those relationships are reported in Table 2.

Table 2. Number of Participants that have Disclosed Sexual Orientation in Different Social Relationships and Average Age at Time of First Disclosure for Each Social Relationship

Social Relationship	<i>N</i>	Age at time of first disclosure	
		<i>M</i>	<i>SD</i>
Parents	200	18.88	6.32
Siblings	177	19.98	7.98
Extended Family	92	20.95	9.76
Friend – Same Sex	290	19.12	7.13
Friend – Opposite Sex	247	19.94	7.72
Romantic Partner	180	20.62	6.86
Acquaintance	136	21.26	8.17
Coworker	129	23.43	8.16
Health Care Provider	120	23.80	9.55
Other	25	26.52	13.66

A series of chi-square tests of independence were conducted to determine if whether an individual had disclosed in each social relationship was dependent on sexual orientation. A significant relationship between sexual orientation and disclosure was found for each of the following social relationships: parents ($X^2(2) = 8.77, p = .012$), siblings ($X^2(2) = 8.55, p = .014$), extended family ($X^2(2) = 27.71, p < .001$), romantic partner ($X^2(2) = 30.79, p < .001$), acquaintance ($X^2(2) = 28.28, p < .001$), co-worker ($X^2(2) = 19.96, p < .001$), health care provider ($X^2(2) = 22.70, p < .001$), and other (unspecified) relationships ($X^2(2) = 11.16, p = .004$). Post-hoc analyses of these significant tests were conducted using adjusted Pearson residuals with Bonferroni corrections. The results of these chi-square tests of independence and post-hoc analyses,

as well as the observed values are presented in Table 3. Gay/lesbian participants had disclosed to parents, siblings, extended family, acquaintances, co-workers, and health care providers more in comparison to the other orientations. Bi+ participants had disclosed to romantic partners more and to acquaintances and health care providers less in comparison to the other orientations. Asexual participants had disclosed to other social relationships more and to extended family, romantic partners, acquaintances, and co-workers less in comparison to the other orientations.

MANCOVA Analyses

To determine if there are differences in the age of specific milestones within the coming out process for different sexual minorities, a two-way MANCOVA test was conducted. This test used the age at which participants discovered their current orientation, the age at which they began to identify as their current orientation, and the age at which they first disclosed their current orientation to others as the dependent variables. These dependent variables were log-transformed to address concerns with normality that were identified using Shapiro Wilks tests. This test examined if the dependent variables were predicted by sexual orientation (gay/lesbian, bi+, asexual), sex assigned at birth (SAB; male, female), and the interaction between these categorical variables. Sex assigned at birth was used instead of gender due to the large and varied sample of gender nonconforming participants. Additionally, age was used as a covariate, as cohort effects have been identified as being a significant predictor of the timing of coming out milestones within some LGBT+ samples (Kelleher et al., 2024).

Table 3. Chi Square Tests of Independence for Disclosure in Different Social Relationships by Sexual Orientation with Observed Values and Adjusted Pearson Residuals

Social Relationship	X^2	Orientation	Not Disclosed	Disclosed	Residuals
Parents	8.77*	Gay/Lesbian	19	67	2.82*
		Bi+	50	85	-0.93
		Asexual	32	42	-1.89
Siblings	8.55*	Gay/Lesbian	24	61	2.78*
		Bi+	57	74	-0.89
		Asexual	37	37	-1.89
Extended Family	27.71**	Gay/Lesbian	40	44	5.11**
		Bi+	100	33	-2.00
		Asexual	61	12	-3.05*
Friend – Same Sex	1.65	Gay/Lesbian	2	85	1.26
		Bi+	8	126	-0.94
		Asexual	4	73	-0.24
Friend – Opposite Sex	0.66	Gay/Lesbian	14	71	0.61
		Bi+	28	108	-0.79
		Asexual	13	61	0.27
Romantic Partner	30.79**	Gay/Lesbian	28	57	1.54
		Bi+	38	93	3.41*
		Asexual	49	24	-5.52**
Acquaintance	28.28**	Gay/Lesbian	25	59	5.18**
		Bi+	87	44	-4.02**
		Asexual	42	31	-0.81
Coworker	19.96**	Gay/Lesbian	31	53	4.17**
		Bi+	78	53	-1.14
		Asexual	52	21	-3.05*
Health Care Provider	22.70**	Gay/Lesbian	33	51	4.40**
		Bi+	95	37	-4.06**

Table 3 — Continued

Social Relationship	X^2	Orientation	Not Disclosed	Disclosed	Residuals
		Asexual	43	30	0.05
Other	11.16*	Gay/Lesbian	79	5	-0.91
		Bi+	126	6	-2.09
		Asexual	62	13	3.32*
*: $p < .05$; **: $p < .001$					

The two-way MANCOVA test found a statistically significant interaction between sexual orientation and SAB ($F(3, 316) = 5.63, p < .001, \eta^2 = .05$), after controlling for the statistically significant effect of age, $F(3, 316) = 56.76, p < .001, \eta^2 = .35$. To further break down the effect of this interaction, three two-way, univariate ANCOVAs were conducted to determine the effect of age and the interaction between sexual orientation and SAB for each dependent variable. The results of these analyses and the subsequent pairwise comparisons are presented in Table 4.

Discovery ANCOVA

The two-way ANCOVA that examined the effect of age, sexual orientation and SAB on age at time of discovery of the current orientation revealed a significant interaction between sexual orientation and SAB ($F(5, 339) = 18.50, p < .001, \eta^2 = .21$), after controlling for the statistically significant effect of age, $F(1, 339) = 17.80, p < .001, \eta^2 = .05$. A breakdown of this interaction using one-way ANCOVAs that were separated by SAB found that the effect of sexual orientation on age at discovery was significant for participants that were assigned female at birth (AFAB; $F(1, 252) = 16.70, p < .001, \eta^2 =$

.06), but not those that were assigned male at birth (AMAB), $F(1, 88) = 0.08, p = .781, \eta^2 < .01$. A series of pairwise comparisons that were adjusted using Bonferroni corrections conducted using the emmeans package (Lenth, 2024) in R version 4.2.1 (R Core Team, 2022) found that for AFAB participants, gay/lesbian participants ($M = 12.88, SD = 5.50$) reported a significantly earlier age at time of discovery than bi+ ($M = 13.75, SD = 3.58$; $t(251) = 2.56, p = .032, d = .19, 95\%CI [0.46, 3.47]$) and asexual participants ($M = 19.31, SD = 7.86$; $t(251) = -6.97, p < .001, d = .95, 95\%CI [-7.35, -4.11]$). Additionally, bi+ participants reported a significantly earlier age at time of discovery than asexual participants, $t(251) = -4.78, p < .001, d = .91, 95\%CI [-5.32, -2.21]$.

Identification ANCOVA

The two-way ANCOVA that examined the effect of age, sexual orientation and SAB on age at time of identification with the current orientation revealed a significant interaction between sexual orientation and SAB ($F(5, 340) = 6.76, p < .001, \eta^2 = .09$), after controlling for the statistically significant effect of age, $F(1, 340) = 112.00, p < .001, \eta^2 = .25$. A breakdown of this interaction using one-way ANCOVAs that were separated by SAB found that the effect of sexual orientation on age at identification was significant for participants that were AFAB ($F(1, 252) = 6.41, p = .012, \eta^2 = .03$), but not those that were AMAB, $F(1, 89) = 0.88, p = .350, \eta^2 = .01$. A series of pairwise comparisons that were adjusted using Bonferroni corrections found that for AFAB participants, asexual participants ($M = 21.49, SD = 7.97$) reported a significantly later age at time of identification than gay/lesbian ($M = 18.20, SD = 5.21$; $t(251) = -3.33, p = .003, d = .49, 95\%CI [-3.60, -0.93]$) and bi+ participants ($M = 17.08, SD = 3.83$; $t(252) = -2.75, p =$

.019, $d = .71$, 95%CI [-3.07, -0.51]). However, the difference in age at identification for gay/lesbian and bi+ participants was not significant, $p = .453$.

Table 4. Two-way Sexual Orientation by Sex Assigned at Birth MANCOVA Pairwise Comparisons for Age at Different Coming Out Milestones

Dependent Variable	Sex Assigned at Birth	<i>F</i> value of Sexual Orientation	Sexual Orientation	Age	
				<i>M</i>	<i>SD</i>
Age at time of Discovery	Male	0.08	Gay/Lesbian	10.96	4.23
			Bi+	15.81	5.74
			Asexual	18.79	6.30
	Female	16.70*	Gay/Lesbian	12.88	5.50
			Bi+ ¹	13.75	3.58
			Asexual ^{1,2}	19.31	7.86
Age at time of Identification	Male	0.88	Gay/Lesbian	17.65	9.00
			Bi+	20.89	8.47
			Asexual	19.50	5.68
	Female	6.41*	Gay/Lesbian	18.20	5.21
			Bi+	17.08	3.83
			Asexual ^{1,2}	21.49	7.97
Age at time of first Disclosure	Male	2.95	Gay/Lesbian	21.78	8.62
			Bi+	26.30	9.74
			Asexual	23.22	6.12
	Female	13.20*	Gay/Lesbian	21.99	4.91
			Bi+	20.85	4.14
			Asexual ^{1,2}	26.06	8.05

* $p < .05$

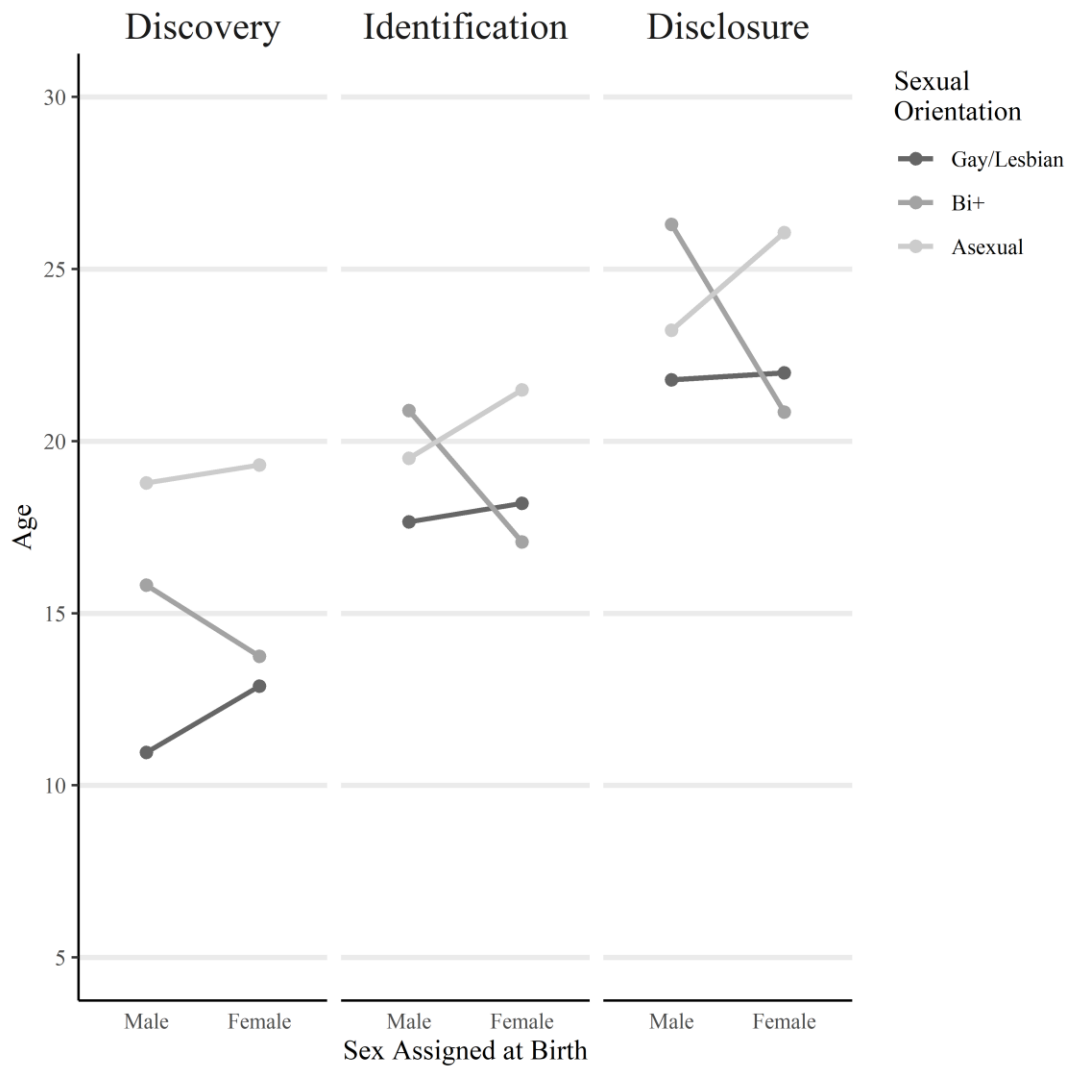
1: Significantly different from gay/lesbian participants

2: Significantly different from bi+ parents

Disclosure ANCOVA

The two-way ANCOVA that examined the effect of age, sexual orientation and SAB on age at time of first disclosure of the current orientation revealed a significant interaction between sexual orientation and SAB ($F(5, 317) = 8.56, p < .001, \eta^2 = .12$), after controlling for the statistically significant effect of age, $F(1, 317) = 155.00, p < .001, \eta^2 = .33$. A breakdown of this interaction using one-way ANCOVAs that were separated by SAB found that the effect of sexual orientation on age at disclosure was significant for participants that were AFAB ($F(1, 239) = 13.20, p < .001, \eta^2 = .05$), but not significant for those that were AMAB, $F(1, 79) = 2.95, p = .090, \eta^2 = .04$. A series of pairwise comparisons that were adjusted using Bonferroni corrections found that for AFAB participants, asexual participants ($M = 26.06, SD = 8.05$) reported a significantly later age at time of disclosure than gay/lesbian ($M = 21.99, SD = 4.91; t(238) = -4.55, p < .001, d = .61, 95\%CI [-4.14, -1.64]$) and bi+ participants ($M = 20.85, SD = 4.14; t(252) = -3.96, p < .001, d = .81, 95\%CI [-3.63, -1.22]$). However, the difference in age at disclosure for gay/lesbian and bi+ participants was not significant, $p = .430$. The sexual orientation by SAB interactions for discovery, identification, and disclosure of the current sexual orientation are depicted in Figure 1.

Figure 1. Age at Discovery, Identification, & Disclosure by Sexual Orientation and Sex Assigned at Birth Interaction



Interval ANCOVAs

Three additional two-way ANCOVAs were conducted to determine if the intervals between the ages at time of discovery, identification, and disclosure were significantly predicted by sexual orientation and SAB, after controlling for age. The two-way ANCOVA that examined the interval between discovery and identification revealed

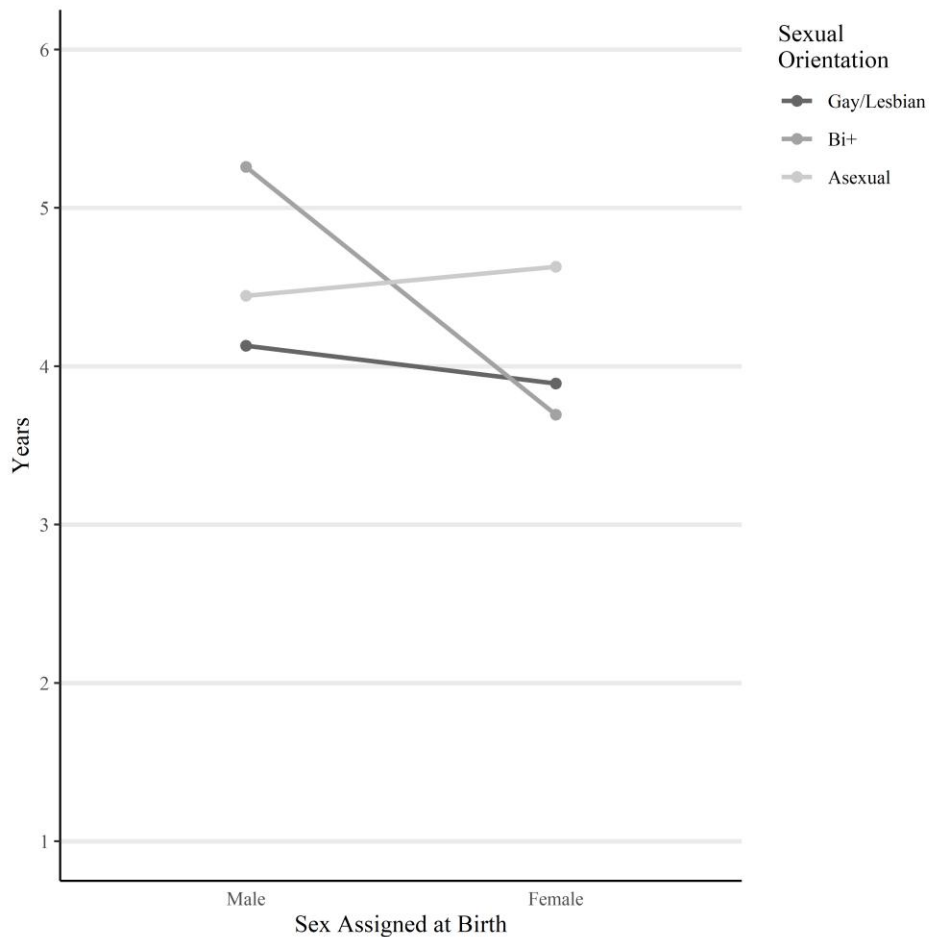
a significant main effect of sexual orientation ($F(1, 342) = 8.82, p = .003, \eta^2 = .03$), but no significant main effect of SAB or interaction (all $ps > .544$), after controlling for the statistically significant effect of age, $F(1, 342) = 50.80, p < .001, \eta^2 = .13$. A series of pairwise comparisons that were adjusted using Bonferroni corrections found that asexual participants reported a significantly shorter interval between discovery and identification ($M = 2.18, SD = 3.91$) compared to gay/lesbian ($M = 5.32, SD = 5.14; t(343) = 4.95, p < .001, d = .71, 95\%CI [2.22, 5.15]$) and bi+ participants ($M = 3.32, SD = 3.33; t(343) = 3.63, p < .001, d = .44, 95\%CI [1.12, 3.79]$), whereas gay/lesbian and bi+ participants reported no significant difference, $p = .179$.

The two-way ANCOVA that examined the interval between discovery and disclosure revealed a significant main effect of sexual orientation ($F(1, 319) = 6.30, p = .013, \eta^2 = .02$), but no significant main effect of SAB or interaction (all $ps > .326$), after controlling for the statistically significant effect of age, $F(1, 319) = 71.62, p < .001, \eta^2 = .18$. A series of pairwise comparisons that were adjusted using Bonferroni corrections found that asexual participants reported a significantly shorter interval between discovery and disclosure ($M = 6.63, SD = 3.99$) compared to gay/lesbian ($M = 9.34, SD = 5.29; t(320) = 3.95, p < .001, d = .61, 95\%CI [1.62, 4.83]$) and bi+ participants ($M = 7.12, SD = 3.77; t(343) = 3.04, p = .008, d = .34, 95\%CI [0.81, 3.77]$), whereas gay/lesbian and bi+ participants reported no significant difference, $p = .184$.

The two-way ANCOVA that examined the interval between identification and disclosure revealed a significant interaction between sexual orientation and SAB ($F(1, 319) = 4.89, p = .028, \eta^2 = .02$), after controlling for the statistically significant effect of

age, $F(1, 319) = 16.66, p < .001, \eta^2 = .05$. This interaction is depicted in Figure 2. A breakdown of this interaction using one-way ANCOVAs that were separated by SAB found that the effect of sexual orientation on the interval between identification and disclosure was significant for participants that were AFAB ($F(1, 239) = 4.05, p = .045, \eta^2 = .02$), but not for those that were AMAB, $F(1, 79) = 1.44, p = .234, \eta^2 = .02$. However, a series of pairwise comparisons did not find any significant differences between gay/lesbian ($M = 3.89, SD = 2.12$), bi+ ($M = 3.69, SD = 2.20$), and asexual participants ($M = 4.63, SD = 2.07$), after Bonferroni corrections, $p > .114$.

Figure 2. Interval Between Identification and Disclosure by Sexual Orientation and Sex Assigned at Birth Interaction



Discussion

The first hypothesis that asexual participants would report discovering their current sexual orientation at a later age compared to other sexual orientations was supported for AFAB participants. Considering the relative lack of information that is readily available about asexuality as a sexual orientation, this finding was expected, although the lack of a significant difference among AMAB participants was unexpected. Information about the existence of same-sex attraction is very common in media, even outside of queer spaces, allowing many people to easily discover orientations that include some element of same-sex attraction (e.g., gay/lesbian, bisexual). This can occur through news stories about gay rights, through entertainment that features queer characters, or even by seeing a same-sex couple in a public space. Depictions of gay characters in media have steadily improved, becoming less stigmatizing, over the past several decades as acceptance has increased (Raley & Lucas, 2006), allowing for many opportunities to learn about non-heterosexual identities through many different avenues. In contrast, information about asexuality is much less prevalent (Colborne, 2018), resulting in individuals discovering asexuality at a later age than other orientations. Information about asexuality is typically relegated to sections of the internet that are either specifically dedicated to asexuality or receive a passing mention in other queer spaces alongside other, less well-known identities. Asexual characters in media are rare and are often portrayed as being abnormal, in part due to a lack of understanding of asexuality within a society that expects sexual attraction to be the norm, regardless of who that attraction is directed towards (Sinwell, 2014). This societal emphasis on sexual and romantic

attraction and the inherent value of romantic relationships is referred to as amatonormativity (Brake, 2012). Scarcity of asexual representation can result in individuals that later identify as asexual having to intentionally seek out information about their experiences or about asexuality, resulting in the discovery of this orientation after a longer period of identity exploration than is typical for other sexual minorities (Mandigo & Kavar, 2022). Considering the relatively smaller sphere of influence and available knowledge, the finding that for some participants, discovery of asexuality occurred at a later age is not surprising.

Differences in the age of discovery by sexual orientation were found to be significant only for AFAB participants; for AMAB participants, the effect of sexual orientation was not significant. However, this finding may have been the result of a low sample size within the AMAB sample, resulting in low power. The pattern of average age at time of discovery was similar for AMAB participants as what was observed in AFAB participants, with gay/lesbian participants reporting the lowest age ($M = 10.96$, $SD = 4.23$), followed by bi+ participants ($M = 15.81$, $SD = 5.74$), and then asexual participants ($M = 18.79$, $SD = 6.30$). Larger male samples across the different sexual orientations would be needed before concluding a lack of differences between sexual orientations for males. For asexual samples, this comparative lack of male participants is not surprising, as asexual samples frequently report similar gender disparities as were observed here (e.g., Rothblum et al., 2020; Yule et al., 2014). However, the low sample size of gay AMAB participants ($n = 23$) was surprising, which further limited the power of any

attempts to find significant sex differences within this group. Further efforts to recruit gay and asexual male participants will be a focus of future research.

The second hypothesis, that gay/lesbian participants would report significantly lower ages for identification and disclosure compared to bi+ and asexual participants was partially supported. Whereas AFAB asexual individuals did report higher average ages for identification and disclosure, there was not a significant difference between gay/lesbian and bi+ participants. For asexual individuals, the finding that age at identification and disclosure is later was expected, considering that age at discovery was also significantly later within this sample. If it takes longer for this group to discover their current identity, then they are likely to also start to identify and subsequently disclose that orientation at a later time. However, an examination of the interval between discovery and identification found that this interval was shorter for asexual individuals, supporting the third hypothesis. This finding suggests that for asexual individuals, the discovery of asexuality may have helped to put a more precise label on feelings that they had already experienced upon discovery, whereas for gay/lesbian and bi+ participants, they may have learned about these orientations earlier in life, before they were certain that they identified with such labels. This would then result in a longer period of exploration, on average, before identifying with their current orientation, compared to asexual individuals who may have been searching for others that share their specific experiences. Within the current sample, the average age at which asexual individuals discovered asexuality (18-19 years), was slightly later than the average age at which gay/lesbian and bi+ individuals were starting to identify with their current orientation (17-18 years). Additionally, the

later age at time of identification may have been specific to AFAB, but not AMAB asexual individuals, as women are often socialized to believe that they should experience relatively little sexual attraction or desire (Garcia, 1982). This may result in asexual AFAB individuals displaying greater differences from other sexual orientations compared to asexual AMAB individuals as women may take longer to recognize that their experiences are different from the norm. Should knowledge of asexuality become more prevalent, lowering the average age of discovery to be more in line with other, more well-known orientations, then it is entirely possible that the observed differences between these orientations in time of discovery and identification and the interval between them would become closer to those observed for other sexual minorities. However, whereas differences in age at identification may be reduced, differences in age at disclosure may continue to be observed if acceptance of asexuality within the general public does not improve.

The finding that age at identification and disclosure was not significantly different for gay/lesbian and bi+ participants may be partially explained by a shift in attitudes about bi+ orientations towards acceptance, at least within the LGBT+ community. Historically, bi+ samples have reported a lack of acceptance from the LGBT+ community, with many reporting that their gay/lesbian counterparts invalidate their identity by claiming that it is not a real identity or is only temporary (Israel & Mohr, 2004). However, more recent research has suggested that acceptance of bisexual identities has greatly increased within the LGBT+ community, approaching “near total acceptance” among some samples (Price et al., 2020), although there is still some

lingering negative stigma about bi+ identities (Arriaga & Parent, 2019). With this general shift in attitudes among a potential source of support, individuals that experience attraction to more than one gender may feel less pressure to avoid identifying and subsequently disclosing a bi+ identity than may have been present among older generations. This similarity in time of identification between gay/lesbian and bi+ individuals is especially noteworthy considering the later time of discovery for bi+ identities, which may result from learning more about the potential for nuance in who someone is attracted to after learning about same-sex attraction as a general concept. For the timing of identification to also be similar, suggests that this period of development (late teens) may be a common point for the adoption of a sexual minority identity, assuming that the individual already knows about that identity.

It is also important to note that this lack of a significant difference in time of identification between gay/lesbian and bi+ identities may have also been influenced by the relatively smaller sample of male bi+ participants that were recruited. Negative beliefs about bisexuality tend to stigmatize this orientation among men, whereas bisexuality among women tends to be more accepted (Yost & Thomas, 2011). This difference may result in the process of identifying as and disclosing a bi+ identity being less stressful and stigmatizing for women compared to men, which may suppress any orientation-based differences within samples that are predominantly female. Within the current sample, bi+ men did report identifying ($M = 20.90$, $SD = 8.47$) and disclosing ($M = 26.30$, $SD = 9.74$) at later ages than bi+ women reported identifying ($M = 17.08$, $SD = 3.84$) and disclosing ($M = 20.85$, $SD = 4.14$). These changes in acceptance of bi+

identities and sex differences in stigma may have resulted in the observed non-significant difference that was found between gay/lesbian and bi+ samples.

Within these analyses, the effect of age was controlled for in recognition of potential cohort differences. Age was significantly positively correlated with each of the examined coming out milestones: discovery ($r = .32, p < .001$), identification ($r = .56, p < .001$), and disclosure ($r = .61, p < .001$). Although a majority of the current sample were young adults, a substantial portion of the current sample were at least 30 years old ($n = 91$), allowing for an examination of potential differences in age. The finding that older adults tended to reach different milestones at later ages was unsurprising as information and acceptance of sexual minorities has increased over time, resulting in younger individuals reaching milestones sooner and at a faster pace (Bishop et al., 2020). Cohort differences have also been found for rates of social anxiety among sexual minorities (Rice et al., 2019), which may have an influence on the timing of disclosure, with those that experience greater anxiety potentially delaying the first instance of disclosure longer than those that experience less anxiety. Social anxiety has been consistently associated with lower rates of disclosure (Cohen et al., 2016; Li & Samp, 2025), but examinations of this influence on the first instance of disclosure are rare. Further research examining the effect of anxiety on disclosure among different age groups would also benefit from examining the content of this fear, as more general forms of anxiety may be less directly associated with disclosure compared to anxiety related specifically to a sexual minority identity.

Based on these findings, there are differences within the coming out process for different groups of sexual minorities and the willingness to disclose a sexual minority identity. In particular, asexual individuals experienced the greatest differences compared to gay/lesbian and bi+ individuals. This difference is likely partially due to the comparative lack of knowledge that is readily available about asexuality, resulting in the average age at which those that identify as asexual reach certain coming out milestones being later than for gay/lesbian and bi+ individuals. However, this lack of knowledge is unlikely to fully explain the observed differences. The status of asexuality as an “invisible” orientation may also influence the timing of disclosure, with asexual participants having disclosed at lower rates to a typical source of disclosure, romantic partners, with information about a minority identity. For gay/lesbian individuals, and sometimes for bi+ individuals, disclosure of a sexual minority identity is a requirement to enter a romantic relationship, whereas asexual individuals are under no such obligation, potentially pushing back the timing of disclosure indefinitely. Other influences, such as stigmatizing experiences and beliefs may also influence the likelihood of disclosure and coming out milestones, which is the focus of Research Question 2.

CHAPTER FOUR

RESEARCH QUESTION 2

The second research question examined if the association between experiences with distal stressors and willingness to disclose sexual orientation was mediated by experiences with proximal stressors. It was predicted that distal stressors would be negatively associated with the willingness to spontaneously disclose sexual orientation and positively associated with concealment of identity. Additionally, it was predicted that the associations between distal stressors and spontaneous disclosure and concealment of identity would be partially mediated by experiences with proximal stressors.

Results

Descriptive Results

The means, standard deviations, and zero-order correlations between the variables used in these analyses are displayed in Table 5. Each of the distal stressors were strongly correlated with the other distal stressors (all r s > .42), whereas each of the proximal stressors were strongly correlated with the other proximal stressors (all r s > .43). Microaggressions were also strongly associated with expectations of rejection, $r = .41$. The outcome variable spontaneous disclosure was significantly positively correlated with victimization events ($r = .19$), discrimination events ($r = .11$), and expectations of rejection ($r = .12$), whereas the outcome variable concealment of identity was significantly positively associated with all other minority stress variables (all r s > .16). Within the self-introduction, 143 participants spontaneously disclosed a sexual minority

identity (gay/lesbian: $n = 52$; bi+: $n = 49$; asexual: $n = 40$), whereas 205 did not (gay/lesbian: $n = 39$; bi+: $n = 105$; asexual: $n = 52$). Additionally, 50 non-cisgender participants disclosed a gender minority identity, whereas 55 did not.

Table 5. Research Question 2 Path Analysis Correlation Matrix with Descriptive Statistics

	1	2	3	4	5	6	7
1. Victimization Events	-						
2. Discrimination Events	0.67**	-					
3. Microaggressions	0.51**	0.42**	-				
4. Expectations of Rejection	0.31*	0.33**	0.41**	-			
5. Internalized Stigma	0.14*	0.16*	0.21**	0.43**	-		
6. Spontaneous Disclosure	0.19**	0.11*	0.05	0.12*	-0.08	-	
7. Concealment of Identity	0.16*	0.22**	0.34**	0.43**	0.48**	-0.07	-
<i>Mean</i>	1.77	0.84	2.28	2.89	2.19	0.34	2.27
<i>Standard Deviation</i>	1.85	1.37	0.71	0.90	1.08	0.47	0.95
*: $p < .05$; **: $p < .001$							

Path Analyses

To test the hypotheses, two path analysis models were examined using the lavaan package in R version 4.2.1 (Rosseel, 2012). These models were just-identified, meaning that the number of estimated parameters exactly matched the number of available data points, which precluded the use of traditional model fit indices. As such, model fit will not be discussed in terms of standard indices. However, the model's theoretical coherence and the significance of individual path coefficients will be discussed. Due to a lack of significant associations with any of the endogenous variables used within these models

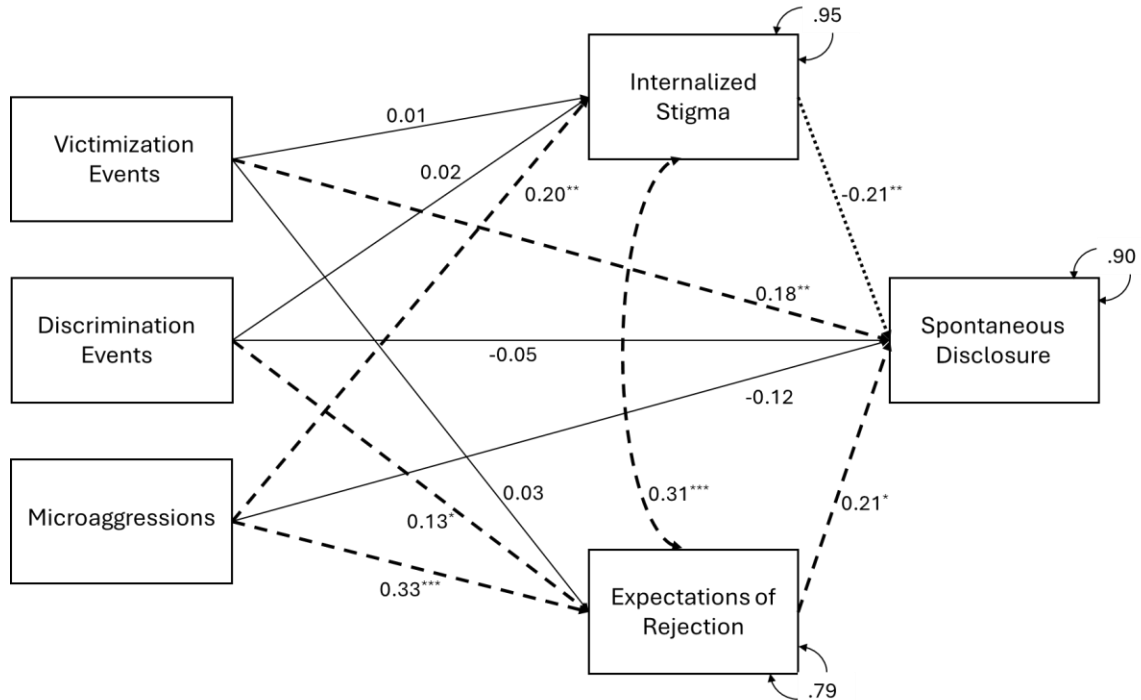
(all $ps > .079$), and to keep the models as simple as possible in recognition of the small sample size, age was not included in these models to retain power. Considering the high correlations between the minority stress variables, multicollinearity was a concern within these analyses. However, an examination of the VIF scores for linear regression models, in which either spontaneous disclosure or concealment of identity were predicted by the minority stress variables, found that all $VIF < 2.14$, indicating at most moderate collinearity, which is unlikely to have a significant negative influence on the results (Shrestha, 2020).

Spontaneous Disclosure

The first path analysis model examined the associations between distal stressors (experiences with victimization events, discrimination events, and microaggressions) and proximal stressors (expectations of rejection and internalized stigma) and whether or not participants spontaneously disclosed their sexual orientation in a self-introduction, as depicted in Figure 3. This model found that frequency of victimization events were significantly positively associated with spontaneous disclosure ($\beta = 0.18, p = .004, 95\%CI [0.06, 0.30]$). Similarly, frequency of discrimination events were significantly positively associated with expectations of rejection ($\beta = 0.13, p = .018, 95\%CI [0.02, 0.24]$). Frequency of microaggressions were significantly positively associated with internalized stigma ($\beta = 0.20, p = .003, 95\%CI [0.07, 0.33]$) and expectations of rejection ($\beta = 0.33, p < .001, 95\%CI [0.21, 0.45]$). Expectations of rejection were significantly positively associated with spontaneous disclosure ($\beta = 0.21, p = .016, 95\%CI [0.04,$

0.37]). Internalized stigma was significantly negatively associated with spontaneous disclosure ($\beta = -0.21$, $p = .005$, 95%CI [-0.36, -0.06]).

Figure 3. Path Analysis Model with Spontaneous Disclosure Outcome



Note. * $p < .05$, ** $p < .01$, *** $p < .001$, -->: sig. positive,>: sig. negative, —>: non-sig.

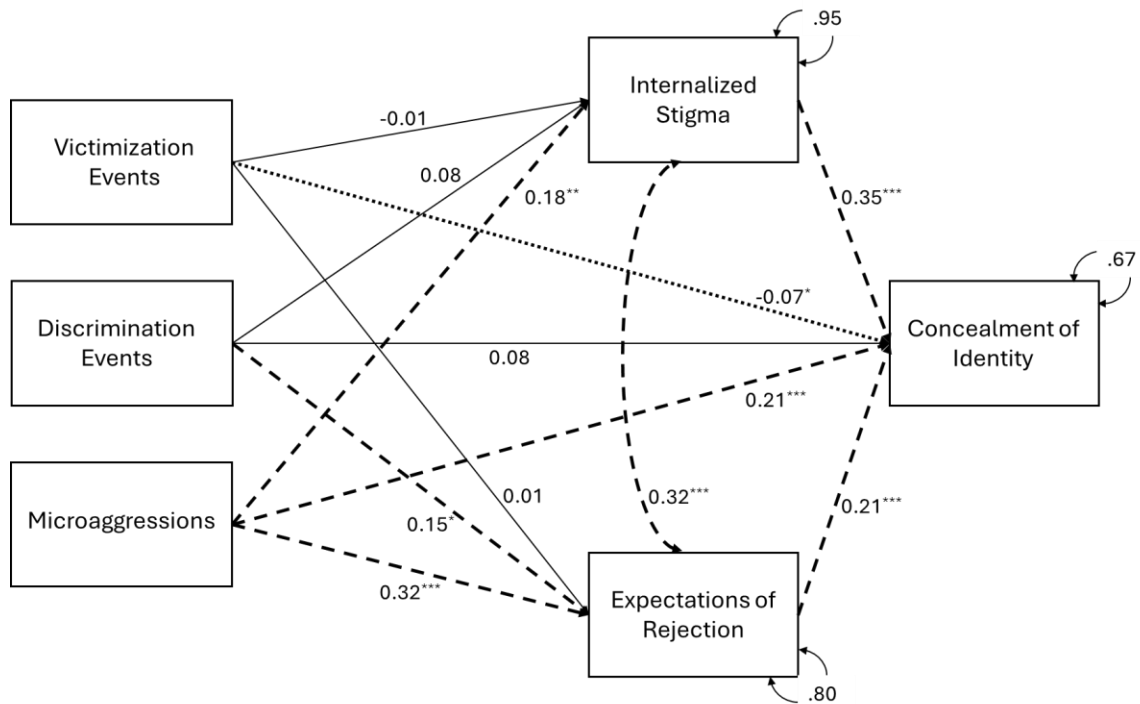
An examination of the indirect and total effects of distal stressors on spontaneous disclosure within this model was conducted to determine the potential for mediation through the proximal stressors. These analyses found that the total effect of victimization events on spontaneous disclosure was significant ($\beta = 0.18$, $p = .004$, 95%CI [0.06, 0.30]); however, neither the total effects of discrimination events nor microaggressions on spontaneous disclosure were significant ($p > .311$). The indirect effects of victimization effects on spontaneous disclosure were not significant ($p > .560$), indicating that the significant direct effect of victimization events on spontaneous disclosure was not

mediated by expectations of rejection or internalized stigma within this model. The indirect effects of microaggressions on spontaneous disclosure through internalized stigma ($\beta = -0.04$, $p = .042$, 95%CI [-0.08, -0.002]) and expectations of rejection ($\beta = 0.07$, $p = .027$, 95%CI [0.01, 0.13]) were significant; however, the total and direct effects of microaggressions were not significant, all $ps > .203$.

Concealment of Identity

The second path analysis model examined the associations between distal stressors (experiences with victimization events, discrimination events, and microaggressions) and proximal stressors (expectations of rejection and internalized stigma) and concealment of identity, as depicted in Figure 4. This model found that victimization events were significantly negatively associated with concealment of identity ($\beta = -0.07$, $p = .044$, 95%CI [-0.14, -0.002]). Discrimination events were significantly positively associated with expectations of rejection ($\beta = 0.15$, $p = .004$, 95%CI [0.05, 0.25]). Microaggressions were significantly positively associated with expectations of rejection ($\beta = 0.32$, $p < .001$, 95%CI [0.21, 0.44]), internalized stigma ($\beta = 0.18$, $p = .004$, 95%CI [0.06, 0.31]), and concealment of identity ($\beta = 0.21$, $p < .001$, 95%CI [0.10, 0.32]). Expectations of rejection were significantly positively associated with concealment of identity ($\beta = 0.21$, $p < .001$, 95%CI [0.10, 0.31]). Internalized stigma was significantly positively associated with concealment of identity ($\beta = 0.35$, $p < .001$, 95%CI [0.25, 0.44]).

Figure 4. Path Analysis Model with Concealment of Identity Outcome



Note. $*p < .05$, $**p < .01$, $***p < .001$, $--\rightarrow$: sig. positive, $\cdots\rightarrow$: sig. negative, $\rightarrow$: non-sig.

An examination of the indirect and total effects of distal stressors on concealment of identity within this model was conducted to determine the potential for mediation through the proximal stressors. These analyses found that the total effect of discrimination events ($\beta = 0.14$, $p = .011$, 95%CI [0.03, 0.24]) and microaggressions on concealment of identity were significant ($\beta = 0.34$, $p < .001$, 95%CI [0.22, 0.46]), whereas the total effect of victimization events was only marginally significant, $p = .073$. The indirect effect of discrimination events through expectations of rejection was significant ($\beta = 0.30$, $p = .022$, 95%CI [0.01, 0.06]), whereas the indirect effect through internalized stigma was not significant, $p = .161$. This indicates that the direct effect of

discrimination events on concealment of identity (which is not significant in this model) was mediated by expectations of rejection, but not by internalized stigma. The indirect effects of microaggressions through internalized stigma ($\beta = 0.06, p = .008, 95\%CI [0.02, 0.11]$) and expectations of rejections ($\beta = 0.07, p = .002, 95\%CI [0.03, 0.11]$) were significant, indicating that the direct effect of microaggressions on concealment of identity (which is still significant in this model) was partially mediated by internalized stigma and expectations of rejection. The indirect effects of victimization events through the proximal stressors were not significant (all $ps > .759$), indicating that the significant direct effect on concealment of identity was not mediated in this model.

Group Comparisons

An additional set of path analysis models were conducted to determine if the previously described models were representative of each of the sexual orientation groups. For each of the previously described models that used spontaneous disclosure or concealment of identity as an outcome, an additional three models were tested for the gay/lesbian, bi+, and asexual samples separately, totaling six additional models.

For the gay/lesbian group, victimization events were significantly positively associated with spontaneous disclosure ($\beta = 0.23, p = .049, 95\%CI [0.01, 0.47]$). Discrimination events were significantly positively associated with concealment of identity ($\beta = 0.17, p = .015, 95\%CI [0.03, 0.31]$). Microaggressions were significantly positively associated with internalized stigma ($\beta = 0.29, p = .008, 95\%CI [0.08, 0.50]$) and expectations of rejection ($\beta = 0.32, p = .008, 95\%CI [0.08, 0.55]$). Internalized stigma was significantly negatively associated with spontaneous disclosure ($\beta = -0.60, p$

= .002, 95%CI [-0.98, -0.22]) and significantly positively associated with concealment of identity ($\beta = 0.27$, $p = .006$, 95%CI [0.08, 0.47]).

For the bi+ group, victimization events were significantly positively associated with spontaneous disclosure ($\beta = 0.22$, $p = .018$, 95%CI [0.04, 0.40]). Microaggressions were significantly positively associated with internalized stigma ($\beta = 0.34$, $p = .001$, 95%CI [0.14, 0.54]), expectations of rejection ($\beta = 0.37$, $p < .001$, 95%CI [0.20, 0.54]), and concealment of identity ($\beta = 0.17$, $p = .047$, 95%CI [0.01, 0.34]). Internalized stigma was significantly positively associated with concealment of identity ($\beta = 0.53$, $p < .001$, 95%CI [0.37, 0.69]).

For the asexual group, microaggressions were significantly positively associated with expectations of rejection ($\beta = 0.39$, $p = .009$, 95%CI [0.10, 0.69]) and concealment of identity ($\beta = 0.29$, $p = .015$, 95%CI [0.06, 0.52]). Expectations of rejection were significantly positively associated with spontaneous disclosure ($\beta = 0.35$, $p = .014$, 95%CI [0.07, 0.62]) and concealment of identity ($\beta = 0.38$, $p < .001$, 95%CI [0.20, 0.57]).

Discussion

The first hypothesis that distal stressors would be negatively associated with willingness to spontaneously disclose sexual orientation and positively associated with concealment of identity was partially supported. Victimization was significantly positively associated, whereas discrimination and microaggressions were non-significantly negatively associated with spontaneous disclosure of sexual orientation. These findings indicate that participants that had experienced more threats of violence as

a result of their sexual orientation were also more likely to spontaneously disclose their minority identity, after controlling for all other variables in the model. This finding is contrary to the hypothesized effect, but may be an indication of a limitation of path analysis in that the direction of causal relationships cannot be identified with this statistical technique. Rather than those that experience more instances of violence being more willing to disclose their sexual orientation, it may be that those that are more willing to disclose their minority identity, or are less capable of hiding their identity, are also more likely to subsequently be victims of violence as a result of that identity. However, despite this greater experience with violence and threats, these participants were still more willing to disclose their identity when prompted to describe themselves. This difference may also be influenced by differences in personality traits, with sexual minorities that report higher levels of Openness and lower levels of Neuroticism also reporting higher rates of disclosure (Von Arx, 2003), which may influence subsequent rates of victimization. For sexual minority individuals that have experienced violence or discrimination as a result of their identity, greater identification with their sexual orientation may help to suppress the negative effects of those experiences (Doyle & Molix, 2014), which may then result in the individual being more likely to share that identity in the future.

For concealment of identity, victimization events continued to depict the opposite association compared to what was predicted, displaying a negative association with concealment; however, experiences with microaggressions were positively associated with concealment of identity. Unlike experiences with violence, experiences with

relatively minor slights against sexual minorities were associated with a greater willingness to conceal a minority identity. Alternatively, this finding may indicate that those that experience greater concealment are also more aware of potential microaggressions when they do occur. For victimization events, experiences with such events are somewhat dependent on the perpetrator of the violence being aware of the victim's orientation, which may have been the result of an already established greater willingness to disclose. However, experiences with microaggressions are not contingent on someone assuming or figuring out that the victim is a sexual minority. Those that are more likely to hide their identity may still experience microaggressions, which may then encourage them to spend even more effort in hiding this aspect of themselves from those that may be bigoted. Individuals that self-report experiencing more microaggressions may also be more aware of potential stigma, in part due to spending more effort to avoid accidentally disclosing their minority identity. Previous researchers have suggested that microaggressions may be especially harmful to minorities' mental health, in part due to the subtler nature of these experiences compared to instances of victimization or discrimination (Smith et al., 2007). Additionally, experiences with victimization tend to be singular events committed by especially bigoted individuals, as compared to microaggressions, which instead indicate general attitudes about a minority, which may be easier to internalize. The influence of microaggressions may be especially prominent for less visible minorities (e.g., asexual individuals) that rarely experience victimization/discrimination. For these individuals, coping mechanisms for minority stress may be less developed, potentially having less experience with clear instances of

bias that can help to inform when such mechanisms should be deployed (Lui & Quezada, 2019). The findings reported here support this interpretation, as previous research has found that greater concealment of sexual orientation is associated with several different mental health issues, such as depression, anxiety and substance abuse (for a review, Pachankis et al., 2020). Greater experiences with microaggressions are associated with a greater tendency to conceal identity, whereas victimization and discrimination events did not display this association, indicating that only experiences with microaggressions directly lowered participants' willingness to disclose their identities, which may have a negative influence on their mental health.

The second hypothesis that the association between distal stressors and willingness to disclose sexual orientation would be partially mediated by experiences with proximal stressors was supported. Although association between victimization events and spontaneous disclosure was not meaningfully mediated by proximal stressors, the association between discrimination events and concealment of identity was fully mediated by expectations of rejection. Additionally, the association between microaggressions and concealment of identity was partially mediated by both internalized stigma and expectations of rejection. The indirect effects of microaggressions on spontaneous disclosure were significant, but as the total and direct effects of microaggressions on spontaneous disclosure were not significant, these indirect effects are likely the result of strong direct effects from internalized stigma and expectations of rejection, rather than being the result of mediation. These findings do lend support to the idea that experiences with distal stressors influence the proximal stressors that an

individual experiences, which can then influence an individual's mental wellbeing, such as through willingness to disclose. Experiences with microaggressions in particular had the greatest and most consistent associations with scores for proximal stressors. However, as the directional effect of distal stressors on proximal stressors has yet to be definitively demonstrated, factors other than experiences with distal stressors that may also influence the proximal stressors that are experienced and their effects on disclosure must be considered. Considering the potential for these other influences, it is likely that at least some of the effect of the proximal stressors on willingness to disclose is independent of the effect of distal stressors.

Additional analyses also tested for any potential differences in the path analysis models between gay/lesbian, bi+, and asexual participants. The primary difference that was found in the path models for these groups was in the proximal stressors that had an influence on the willingness to disclose a minority identity. For the gay/lesbian and bi+ participants, internalized stigma negatively predicted willingness to disclose. In contrast, for the asexual participants, expectations of rejection were predictive of willingness to disclose, although the direction was inconsistent with positive associations with both spontaneous disclosure and concealment of identity. Acceptance of gay/lesbian and bi+ identities has increased over time, especially within the LGBT+ community. However, whereas asexuality has slowly started to gain greater recognition, there are still many, including those within the LGBT+ community that stigmatize asexuality and claim that it should not be included within the LGBT+ label. These feelings of exclusion from the greater community have bred some resentment among some asexual populations

(Worthen & Laljer, 2021). This disconnect from the broader community, in combination with the limited availability of information about asexuality within the general population, may contribute to the observed stronger associations of expectations of rejection within the asexual sample.

An additional factor that may have resulted in expectations of rejection being a more prominent influence on disclosure among asexual participants is the role of romantic partners. Although some research suggests that asexual individuals report being in romantic relationships at similar rates as non-asexual individuals (Rothblum et al., 2020), asexuality is in a unique position compared to some sexual minority identities in that disclosure of non-heterosexual attraction is not necessarily a prerequisite to enter into a relationship. This allows someone who identifies as asexual, especially if they only recently discovered the identity, to hide their lack of sexual attraction for fear that such a revelation would ruin the relationship as a result of a disconnect between their own needs and those of their partners. For many asexual individuals, rather than reveal their lack of attraction and potentially then have to explain asexuality to someone, it is often easier to hide their identity by just saying that they prefer to be single or just do not enjoy sex (Mollet, 2023). This form of identity management in which hiding this aspect of themselves requires relatively little effort, then results in a pattern of behavior that reinforces the intent to hide their sexual orientation. For bi+ individuals, hiding their identity may also potentially be easy, assuming they hide any non-heterosexual attraction. However, within the context of a society in which sexual attraction to someone is assumed to be the norm, expressing attraction to multiple genders may be more accepted

than a lack of attraction. In asexual communities, the concepts of hetero- or amatonormativity are discussed as omnipresent societal forces that are constantly stigmatizing asexual experiences (Vares, 2021). For bisexual individuals, conformity with these specific norms may then result in someone who expresses a bi+ identity being understood much more easily with comparatively little need for an explanation compared to someone who expresses an asexual identity. This combination of a lack of knowledge that would then need to be filled in and the ease with which the identity can be hidden, may have resulted in asexual individuals displaying this stronger connection between expectations of rejection and willingness to disclose.

For the gay/lesbian and bi+ participants, internalized stigma was more strongly associated with willingness to disclose relative to expectations of rejection. Within the general population, negative beliefs about those that experience same-sex attraction are likely much more common compared to negative beliefs about asexuality, merely because of the comparative lack of general knowledge about asexuality. This may result in gay/lesbian and bi+ participants being exposed to stigmatizing events more frequently, easing the process of internalization. To support this interpretation, a significant ANOVA test ($F(1, 333) = 6.53, p = .011, \eta^2 = .02$) confirmed that asexual participants reported significantly lower scores on the measure of microaggressions ($M = 1.99, SD = 0.56$) compared to gay/lesbian ($M = 2.48, SD = 0.74, t(332) = 4.97, p < .001, d = .75, 95\%CI [0.30, 0.68]$) and bi+ participants ($M = 2.29, SD = 0.64, t(332) = 3.33, p = .003, d = .49, 95\%CI [0.12, 0.47]$) and reported a smaller association between experiences with discrimination and victimization and willingness to disclose. Additionally, the association

between discrimination events and concealment of identity was significant only for the gay/lesbian sample, indicating that willingness to disclose was influenced by unequal treatment as a result of sexual orientation, but only for the most visible group of sexual minorities. Correspondingly, gay/lesbian participants reported the highest scores on discrimination events ($M = 1.21$, $SD = 1.51$) compared to bi+ ($M = 0.59$, $SD = 1.14$) and asexual participants ($M = 0.52$, $SD = 0.92$), although these differences were not significant, $p = .718$.

Alternatively, the greater influence of internalized stigma on willingness to disclose among gay/lesbian and bi+ participants may result from expectations of rejection being a weaker influence comparatively within these samples. Acceptance of these identities has increased over time alongside increases in legal protections (Ekstam, 2022), potentially lowering the influence of fears of rejection should their identity be disclosed. Additionally, multiple participants expressed a belief that their sexual orientation could be easily inferred according to their appearance within open-ended responses, which is not uncommon among gay/lesbian individuals that experience some stereotypes about their appearance (Carroll & Gilroy, 2002). The questions that asked about expectations of rejection focused on the potential for negative events as a result of expressing one's identity, which may prompt the members of the gay/lesbian community who believe that their very appearance already gives away their identity to report lower or less consistent scores on this measure, resulting in the lower predictive power observed for this variable in this portion of the sample.

This research found that the influence of distal stressors on willingness to disclose a sexual minority identity was somewhat mediated by experiences with proximal stressors. More specifically, the influence of experiences with discrimination was fully mediated, whereas the influence of experiences with microaggressions was only partially mediated. The influence of experiences with victimization was not meaningfully mediated, but did influence willingness to disclose in the opposite direction of what was predicted. This unexpected finding is likely indicative of the inability of path analysis to demonstrate directionality within the described paths, as those that are already more willing to disclose their identity may have also been more likely to experience victimization. Additionally, victimization events were found to be positively correlated with concealment of identity, but negatively associated within the path analysis model. This inconsistency may have been influenced by the strong correlations with other predictor variables, although an examination of the VIF scores indicates that this was unlikely to have been a significant issue. Determining the direction of causality between experiences with victimization and willingness to disclose sexual orientation will need to be the focus of future longitudinal research.

Lastly, this research demonstrated a slight difference in the strength of associations between the different proximal stressors and willingness to disclose across different sexual minority groups, with gay/lesbian and bi+ participants reporting stronger associations with internalized stigma, as opposed to asexual participants who reported stronger associations with expectations of rejection. However, it is important to note that although the sample size used within these group-based comparisons does meet the

minimum sample size of ten per parameter in the path model that is recommended by some researchers (Kline, 1998), power for these analyses may have nonetheless been too low to find some significant effects. Considering this nuance in the associations between proximal stressors and willingness to disclose, the third research question will focus more on these proximal stressors within the minority stress model.

CHAPTER FIVE

RESEARCH QUESTION 3

The third research question examined if social support moderated the associations between proximal stressors and participants' willingness to disclose their sexual orientation to a target whose attitudes about the LGBT+ community were known or unknown. It was predicted that proximal stressors would be negatively associated with willingness to disclose sexual orientation, but that this association would be stronger when the target's beliefs about the LGBT+ community were unclear, compared to when the target showed clear support, indicating that prior experiences with minority stressors result in less willingness to disclose to a potentially bigoted target. Additionally, it was predicted that social support would moderate these associations, with those that report greater experience with proximal stressors being more willing to disclose to others at higher levels of social support. Individuals that have experienced more stigmatizing experiences may be more willing to share their identity if they have a stronger social support network that can mitigate any potential negative outcomes.

Results

Descriptive Results

The means, standard deviations, and zero-order correlations between the variables used in these analyses are displayed in Table 6. Participants' open-ended responses when asked about the type of information that they would like to know about a described potential target of disclosure included: no further information ($n = 60$), target's identity

(e.g., a member of the LGBT+ community; $n = 86$), target's attitudes about the LGBT+ community (e.g., supportive of sexual minorities; $n = 82$), target's attitudes about topics not directly related to the LGBT+ community (e.g., political affiliation; $n = 19$), behavior within the provided vignette (e.g., reasons for depicted behavior; $n = 13$), behavior outside of the provided vignette (e.g., reaction to other disclosure events; $n = 36$), target's social relationships ($n = 16$), target's relationship with respondent ($n = 15$), motivation for sharing identity ($n = 5$) and no further information would be sufficient to disclose identity ($n = 29$). A chi-square test of independence that examined if the type of information that was requested was dependent on sexual orientation was not significant, $p = .078$.

Table 6. Research Question 3 Path Analysis Correlation Matrix with Descriptive Statistics

	1	2	3	4	5	6
1. Expectations of Rejection	-					
2. Internalized Stigma	0.43**	-				
3. Community Connectedness	-0.17*	-0.34**	-			
4. Perceived Social Support	-0.34**	-0.34**	0.24**	-		
5. Disclosure – Unknown Support	-0.14*	-0.11*	0.12*	0.16*	-	
6. Disclosure – Known Support	-0.09	-0.18**	0.24**	0.15*	0.65**	-
<i>Mean</i>	2.89	2.19	3.42	2.33	0.08	1.11
<i>Standard Deviation</i>	0.90	1.08	0.93	0.51	2.00	1.85
*: $p < .05$; **: $p < .001$						

For the item that asked participants to describe how long they would want to know the described potential target of disclosure, after being coded, descriptive statistics

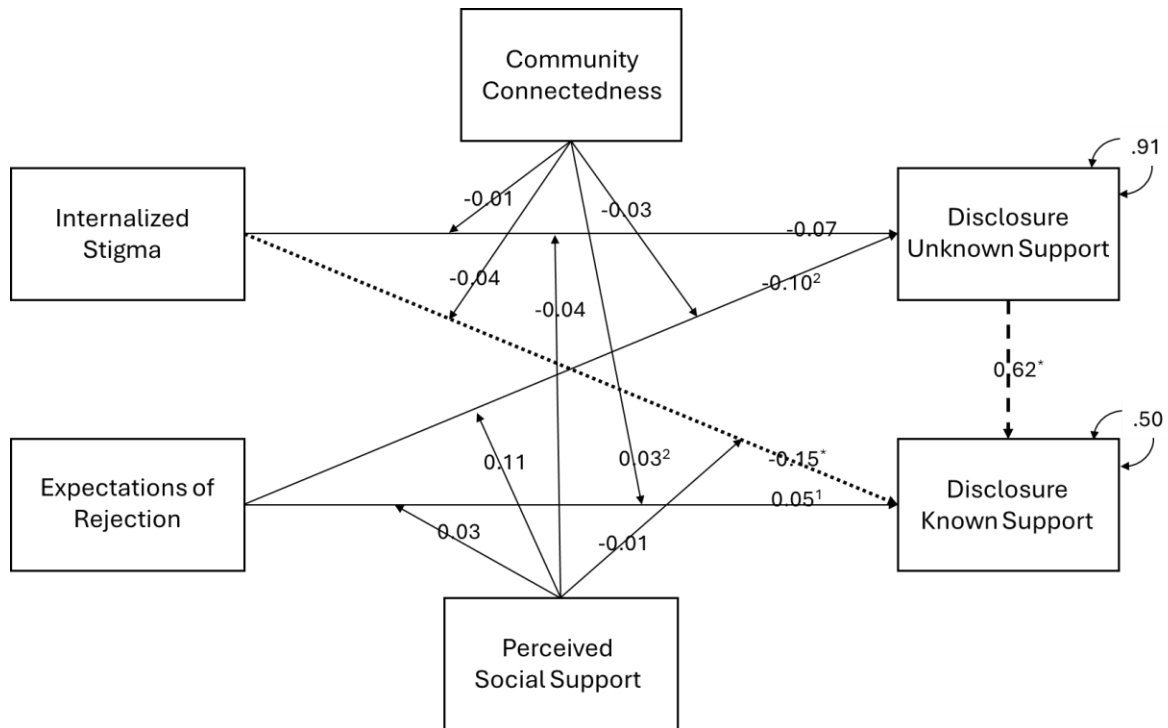
were calculated (range: 0-1800 days, $M = 164.63$, $SD = 374.15$). A one-way ANOVA that tested minimum days till disclosure by sexual orientation was not significant, $p = .804$. When reading the vignettes, participants indicated that they viewed the target of disclosure as being of the following genders: male ($n = 95$), female ($n = 187$), nonbinary ($n = 17$), Other ($n = 12$), or no specific gender ($n = 66$).

Path Analyses

To test the hypotheses, a path analysis model was conducted in which proximal stressors (internalized stigma and expectations of rejection) predicted willingness to disclose when the target's attitude about the LGBT+ community was unclear and then when the target had shown support for the LGBT+ community. To address concerns with autoregression, willingness to disclose when support is unclear predicted willingness to disclose when support is clear. To test for moderation, disclosure was also predicted by two-way interactions between the proximal stressors and two social support variables; connectedness with the LGBT+ community and perceived social support, a more general measure of available social support, as depicted in Figure 5. As these models were just-identified, which precluded the use of traditional model fit indices, model fit will not be discussed in terms of standard indices. However, as with research question 2, the model's theoretical coherence and the significance of individual path coefficients will be discussed. Due to a lack of significant associations with any of the endogenous variables used within this model (all $ps > .120$), and to keep the model as simple as possible in recognition of the small sample size, age was not included in this model to retain power. Considering the high correlations between the minority stress variables, multicollinearity

was a concern within these analyses. However, an examination of the VIF scores for linear regression models, in which each disclosure variable was predicted by its corresponding predictors, found that all $VIF < 1.39$, indicating at most moderate collinearity, which is unlikely to have a significant negative influence on the results (Shrestha, 2020).

Figure 5. Path Analysis Model with Disclosure to Target of Unknown and Known Support as Outcome



Note. $*p < .05$, $-->$: sig. positive, $.....>$: sig. negative, $\longrightarrow$: non-sig, 1: $p < .05$ for bi+ sample, 2: $p < .05$ for asexual sample

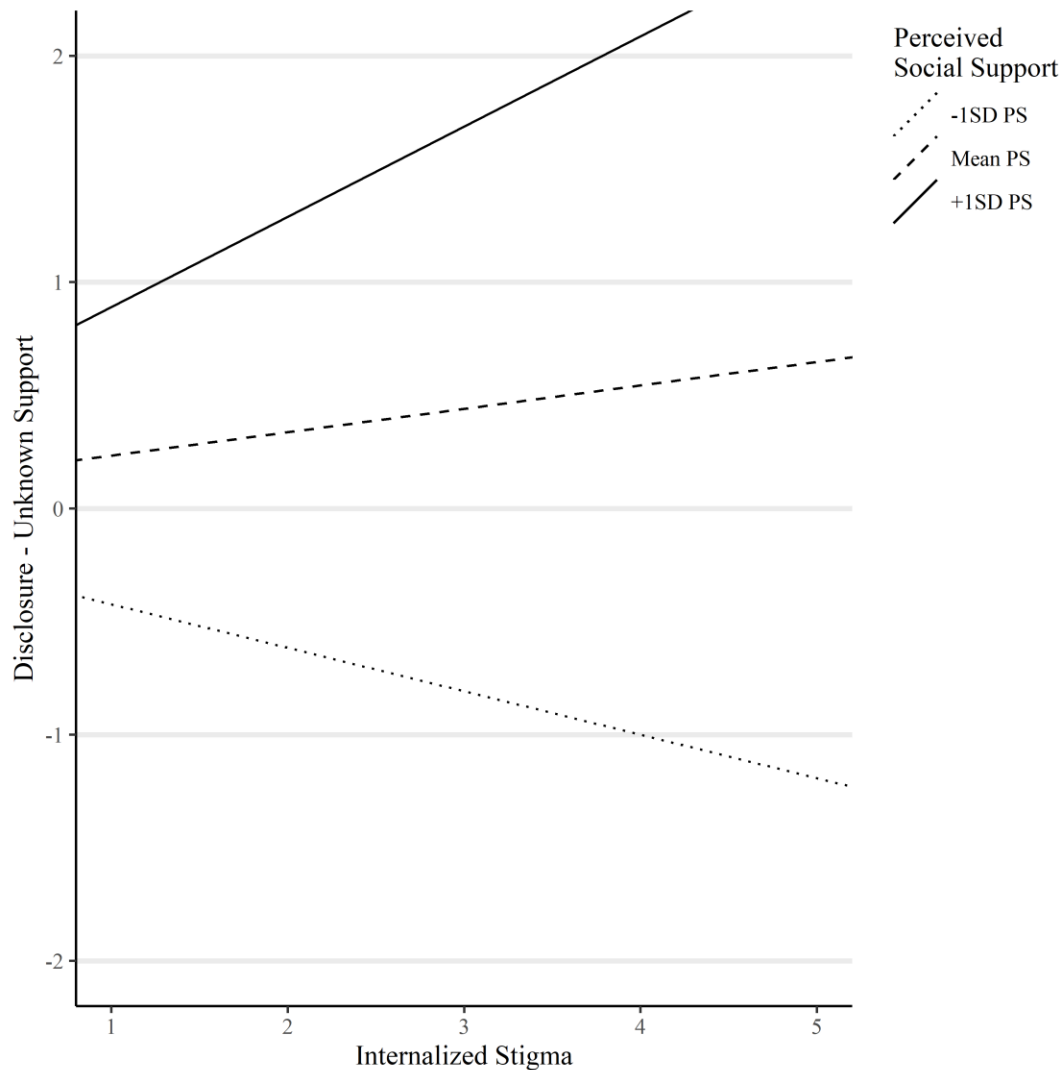
In this path analysis model, internalized stigma was significantly negatively associated with disclosure to someone whose support is known ($\beta = -0.10$, $p = .038$, 95%CI $[-0.19, -0.01]$). Community connectedness was significantly positively associated with disclosure to someone whose support is known ($\beta = 0.13$, $p = .001$, 95%CI $[0.06,$

0.21]). Disclosure to someone whose support is unknown was significantly positively associated with disclosure to someone whose support is known ($\beta = 0.61, p < .001, 95\%CI [0.53, 0.68]$). No other significant associations were found, all $ps > .110$.

Group Comparisons

To determine if there were any noteworthy differences between the sexual orientation groups in the previously described model, an additional set of path analysis models were conducted for gay/lesbian, bi+ and asexual samples. These additional models found that for the gay/lesbian participants, similar to the full sample model, a significant negative association was found between internalized stigma and disclosure to someone whose support is known ($\beta = -0.26, p = .007, 95\%CI [-0.44, -0.07]$) and significant positive associations were found between community connectedness and disclosure when support is known ($\beta = 0.20, p = .022, 95\%CI [0.03, 0.38]$), and between disclosure to someone whose support is unknown and someone whose support is known ($\beta = 0.57, p < .001, 95\%CI [0.44, 0.71]$). Additionally, a significant association was found between perceived social support and disclosure when support is unknown ($\beta = 0.34, p = .005, 95\%CI [0.10, 0.58]$), which was qualified by a significant interaction with internalized stigma ($\beta = 0.28, p = .040, 95\%CI [0.01, 0.54]$). The simple slope of internalized stigma on disclosure to someone whose support is known was not significant at different levels of perceived social support (all $ps > .107$), but the direction of the slope at high levels of perceived social support is positive, whereas at low levels of perceived social support, the slope is negative, as shown in Figure 6.

Figure 6. Simple Slopes of Internalized Stigma Predicting Disclosure to Target of Unknown Support for Different Levels of Perceived Social Support among Gay/Lesbian Participants

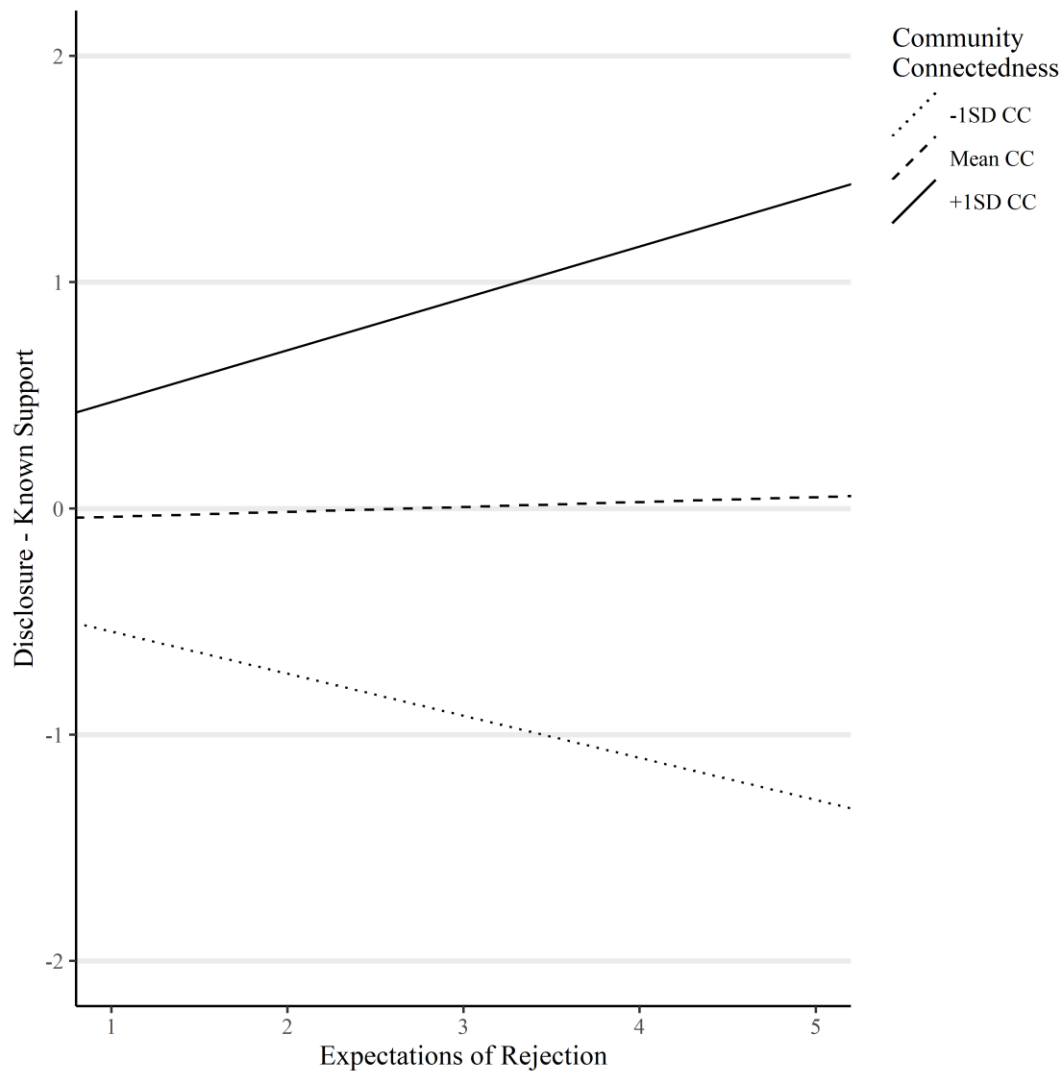


For the bi+ participants, similar to the full sample model, disclosure to someone whose support is unknown was significantly positively associated with disclosure to someone whose support is known ($\beta = 0.60, p < .001, 95\%CI [0.48, 0.71]$). Expectations of rejection were significantly positively associated with disclosure to someone whose support is known ($\beta = 0.16, p = .026, 95\%CI [0.02, 0.30]$). For bi+ participants, the

associations between internalized stigma and community connectedness and disclosure when support is known were no longer significant ($p > .112$).

For the asexual participants, similar to the full sample model, disclosure to someone whose support was unknown was significantly positively associated with disclosure to someone whose support was known ($\beta = 0.62, p < .001, 95\%CI [0.45, 0.78]$). Expectations of rejection were significantly negatively associated with disclosure to someone whose support is unknown ($\beta = -0.30, p = .013, 95\%CI [-0.53, -0.06]$), which was also marginally associated with an interaction between expectations of rejection and perceived social support ($p = .060$). There was also a significant interaction between community connectedness and expectations of rejection that predicted disclosure to someone whose support was known ($\beta = 0.21, p = .017, 95\%CI [0.04, 0.39]$). The simple slope of expectations of rejection on disclosure to someone whose support is known was not significant at different levels of community connectedness (all $ps > .125$), but the direction of the slope at high levels of community connectedness is positive, whereas at low levels of community connectedness, the slope is negative, as shown in Figure 7. Additionally, the association between internalized stigma and disclosure to someone whose support is known was no longer significant for asexual participants, $p = .804$.

Figure 7. Simple Slopes of Expectations of Rejection Predicting Disclosure to Target of Known Support for Different Levels of Community Connectedness among Asexual Participants



Discussion

The first half of the first hypothesis, that proximal stressors would be negatively associated with willingness to disclose sexual orientation, was supported. However, the second half, that this association would be stronger when the target's support for the LGBT+ community was not known, was not supported. Instead, the opposite effect was found for internalized stigma, with a stronger negative association when support was

known compared to when support was unknown. This finding indicates that once an individual's stance on the LGBT+ community became clear, those with more internalized stigma were less likely to be willing to disclose their orientation. However, when a potential target of disclosure's attitudes about the LGBT+ community are unknown, the degree to which an individual had internalized negative beliefs about their identity was not significantly predictive. Within the vignettes that were used, the display of support (denouncement of homophobic behavior) was constructed to be a relatively small, but clear gesture that indicated support, without appearing unrealistic or too enthusiastic. That this goal was achieved is indicated by the fact that willingness to disclose to someone who had shown support ($M = 1.11$, $SD = 1.85$) was significantly greater than when the target's attitudes about the LGBT+ community were unknown ($M = 0.08$, $SD = 2.00$, $t(349) = -12.07$, $p < .001$, $d = 0.65$, 95%CI [-1.22, -0.88]). However, individuals that possessed a greater degree of internalized stigma may have decided that the small gesture was not enough of a commitment to the LGBT+ community to feel safe disclosing their identity compared to the participants that scored lower on internalized stigma.

Alternatively, the situation may have been interpreted as becoming increasingly hostile as the scenario continued, leading to participants with greater internalized stigma being less willing to share their identity overall, regardless of the support that was shown by the target of disclosure. For individuals that harbor negative feelings about their minority identity, a stronger show of support may be necessary to gain their trust, or that support may need to be specific to the individual's identity, rather than showing support

for the LGBT+ community more broadly. Future research using a similar method would benefit from including a control condition in which the second vignette did not change the perceived level of support, as well as further experimental conditions that vary the type of support, such as targeting the support towards specific identities. This may help to experimentally address concerns with differences in initial willingness to disclose influencing willingness to disclose after a manipulation, such as demonstrating support for the LGBT+ community. Within the current research, initial willingness to disclose was controlled for statistically within the path analysis model, rather than experimentally in anticipation of less than ideal sample sizes.

Within the full sample path analysis model, internalized stigma was the sole proximal stressor that significantly predicted any of the disclosure variables; however, when the path models were broken down by sexual orientation, internalized stigma was a significant predictor only for the gay/lesbian sample. For the bi+ and asexual samples, internalized stigma was no longer a significant predictor of disclosure when support was known. Instead, the models focused on the bi+ and asexual samples found that expectations of rejection were a significant predictor of willingness to disclose. Within the bi+ sample, expectations of rejection were positively associated with disclosure to a target who had expressed support for the LGBT+ community, whereas the asexual sample reported a negative association with disclosure when the target's stance on the LGBT+ community was unknown. For bi+ participants, when the target of disclosure's beliefs about the LGBT+ community were known, those that experienced greater expectations of rejection also reported greater willingness to disclose. Once a potential

target of disclosure has expressed support for a minority community, those that expect to be rejected based on that minority identity (i.e., bi+ individuals), may be more willing, or feel safer with sharing that minority identity. In contrast, gay/lesbian individuals, who did not report a significant association between expectations of rejection and disclosure, experience much greater societal acceptance than less common orientations. These individuals may still expect that someone who has displayed bigoted beliefs would reject them based on their identity, but in a situation in which a potential target's beliefs are either unclear or appear to be supportive, then the likelihood of a gay/lesbian individual being rejected may be much lower. For bi+ individuals that hold greater fears of rejection related to their identity, even small gestures of support may be enough to break down some of those fears, increasing the willingness to disclose.

For asexual participants, those with greater expectations of rejection were less likely to be willing to disclose to someone whose stance on the LGBT+ community is not yet known. This finding is not especially surprising, as fears of rejection may be especially influential when you do not know someone very well, but the fact that this association was significant only for the asexual sample is unexpected. As a group that is relatively less well known and understood as compared to other LGBT+ sexual minority groups, fears related to rejection may overall be stronger and have a greater influence on behavior for asexual individuals. Correspondingly, the non-significant influence of internalized stigma among the asexual sample may result from that general lack of knowledge about this population. When information about a minority identity as a whole is not readily available, negative attitudes about that identity would also be less common.

If a person's attitude about the LGBT+ community is unknown, then for an asexual individual, it is likely a safe bet that the individual does not know anything about asexuality. In these instances, factors other than internal negative beliefs about the identity, such as expectations of rejection, may influence the decision to disclose, as the target may be unlikely to share those same beliefs. Further research examining precisely how internalized stigma can influence an individual's willingness to disclose a minority identity may help to clarify this connection.

The second hypothesis that social support would moderate the associations between proximal stressors and willingness to disclose, with those that report greater experience with proximal stressors being more willing to disclose to others at higher levels of social support was supported within a portion of the sample. For the bi+ sample, neither of the measures of social support moderated the associations between proximal stressors and willingness to disclose. However, for the gay/lesbian sample, perceived social support was found to moderate the association between internalized stigma and disclosure when support is unknown, whereas for the asexual sample, community connectedness was found to significantly moderate the association between expectations of rejection and disclosure to a target whose support is known. This finding indicates that for the gay/lesbian sample, those that experienced more support from their friends and family, as internalized stigma increased, willingness to disclose to someone whose attitudes about the LGBT+ community were unknown also tended to increase, whereas the opposite association was found for those that did not believe their family/friends supported them. Similarly, for asexual participants that were more connected with the

asexual community, as expectations of rejection increased, willingness to disclose to someone of known support tended to increase, whereas among those that were less connected to the asexual community, as expectations of rejection increased, willingness to disclose tended to decrease. Although the individual slopes within these effects were not significant, the observed interactions were in the direction that was predicted, with those that experience greater proximal stressors (i.e., expectations of rejection) being more willing to disclose their minority identity when they had a strong support network, but being less willing to disclose when they did not have a strong support network. When someone has a strong support network, rates of disclosure tend to go up (Durso & Meyer, 2012) and the effects of negative experiences related to having a minority identity are mitigated (Graham & Barnow, 2013; Wong et al., 2014). Subsequently, having a strong support network has also been associated with improved mental health outcomes (Snapp et al., 2015) and lower rates of proximal stressors (Skakoon-Sparling et al., 2022). Considering the myriad benefits of having a strong support network among minority individuals, mental health practitioners should emphasize the importance of reaching out to others that patients believe will be supportive, whether that refers to family/friends or to communities that share an identity.

Within the models that were tested, the influence of two different types of social support were examined, perceived social support, which represents a more general form of support (i.e., support from friends and family), and community connectedness, which describes social support that is more directly based on having a community that shares a minority identity. Both forms of support are important to mitigate the effects of stress, but

different types of support may be more effective in mitigating the effects of different forms of stress. Community connectedness represents a form of sexuality-related social support, which may be especially effective in mitigating sexuality-related stress, or minority stress (Doty et al., 2010). For studies that focus on the influence of minority stress, including the research reported here, community connectedness may be more influential for concerns that are related to sexual identity, including disclosure decisions. Within the full sample path analysis model that was run, community connectedness was significantly positively associated with disclosure when support is known, whereas perceived social support was not directly associated with either disclosure variable. For sexual minorities broadly, while support from family/friends is important for mental health reasons (e.g., Shilo & Savaya, 2011), the type of support offered within these social relationships is less likely to influence disclosure outside of those social relationships, including ones that are somewhat ambiguous, such as those that are likely to be used within vignettes.

For sexual minorities that experience a greater degree of societal acceptance (i.e., gay/lesbian individuals), social support that comes from those directly around them may be especially influential on disclosure decisions. In particular, whether or not their friends/family are supportive of sexual minorities may have a strong influence on disclosure decisions for this population. Having a strong social network may allow for gay/lesbian individuals to feel safer when disclosing to others as they will have the space and resources necessary to cope with any stigma that does occur (Fingerhut, 2018). The finding that within this portion of the sample, perceived social support only interacted

with internalized stigma was unsurprising, as this was the only minority stressor that was associated with disclosure. Consistent with previous research (Sommanitico et al., 2020), perceived social support was found to be negatively correlated with internalized stigma, which may indicate that stronger social support has a two-fold influence on internalized stigma, both reducing the amount that is experienced and mitigating the effect of this proximal stressor on other outcomes. In contrast, for gay/lesbian participants, expectations of rejection were not associated with disclosure, and thus no significant interactions with social support were found.

For the asexual portion of the sample, rather than perceived social support, community connectedness was a significant moderator of proximal stress. Asexual individuals may be more reliant on communities of like-minded individuals to mitigate stigmatizing experiences. The lack of attraction that is characteristic of asexuality is markedly different from experiencing attraction to people other than those of the opposite sex. For many asexual individuals, trying to process their feelings and share their experiences with people that do not also share those experiences may be less beneficial, including with family/friends. Having to explain why experiencing a lack of attraction might be distressing, or how these feelings may have negative consequences, to someone that is not already familiar with those feelings may be inherently stressful, reducing any potential positive effects that disclosing that information might have had. This may encourage asexual individuals to limit their disclosure to those that already have some knowledge of asexuality, which, when combined with the relative scarcity of information about asexuality, means that many of these interactions will occur within asexual

communities. Many asexual individuals discover asexuality through the internet (Robbins et al., 2015), which then helps them to more easily connect with other asexual individuals that can answer any questions that they may have or can provide support. This reality finds asexual individuals in a unique position in which the place that they are likely to learn about asexuality is more directly connected to a community of peers, potentially easing the process of forming connections with communities like the Asexual Visibility and Education Network (AVEN).

In contrast, bi+ individuals, the other group that reported a significant association between expectations of rejection and willingness to disclose, are in a more awkward position as they are unlikely to discover bisexuality within the context of a bi+ community, as information about bisexuality is widely available outside of these spaces. This would then result in a greater initial disconnect from those that share similar experiences and requiring more effort to join a like-minded community. This effect is exacerbated by the relative scarcity of communities that are dedicated to bi+ identities, requiring potential members to actively seek them out (Gonzalez et al., 2021). Asexual communities are similarly rare, but are also much more centralized and are likely to be more easily reached upon discovering asexuality, given the importance of the internet in the initial discovery. The lack of a significant interaction between community connectedness and proximal stressors on willingness to disclose in the bi+ sample may be an indication of the relative lack of support among LGBT+ communities that is dedicated to bi+ specific experiences, reducing the mitigating effect that a supportive community may have had. Instead, many bi+ individuals may be more reliant on general LGBT+

communities that tend to be focused on broader inclusivity and support that may subsequently be less effective in alleviating the effects of minority stress on health for more stigmatized identities (e.g., bi-negativity; Lambe et al. 2017). In contrast, LGBT+ communities that can support the needs of gay/lesbian individuals are relatively common, including physical spaces that allow for in-person contact. For gay/lesbian individuals, community support may be easier to access, but these individuals may be less reliant on support from sexual minority communities for coping with minority stress, with support from family/friends being sufficient. Additionally, both support from family/friends and contact with supportive communities have been found to be lower among bisexual samples compared to gay/lesbian samples (Shilo & Savaya, 2012). However, it is important to recognize that the sample sizes for the individual sexual orientation groups may have been too small to provide adequate power to identify other significant associations within these models.

This research found that experiences with proximal stressors were generally associated with a decrease in willingness to disclose a minority identity to someone, both before and after their support for the LGBT+ community was demonstrated. The specific proximal stressors that were especially influential were different, depending on the specific sexual orientation of the sample that was being examined, with gay/lesbian participants' internalized stigma scores being more predictive, whereas the bi+ and asexual participants' expectations of rejection scores were more predictive of willingness to disclose. However, the measures of social support that were used largely did not moderate the associations between proximal stressors and disclosure, with the exception

of perceived social support within the gay/lesbian sample and community connectedness within the asexual sample. This finding may indicate that how supportive a person's social relationships are has relatively little effect on the influence of minority stress on disclosure, outside of very specific circumstances. This opens up the possibility that factors such as social support or community connectedness may have more general effects on the willingness to disclose that are not dependent on the levels of other variables for most sexual minorities. Both perceived social support and community connectedness were significantly correlated with willingness to disclose to someone of unknown and known support within this sample, but only community connectedness was found to have a significant direct effect. Additionally, factors related to the specific target of disclosure presented in the vignettes likely played a role in how participants responded, such as the setting (an office) and social relationship with the target. Further research could focus on how manipulating different facets of the scenario has an impact on the willingness to disclose, including the use of a control condition in which the level of displayed support does not change between the two vignettes. For example, research that examines the impact of displays of support that are specific to a particular sexual orientation may find that more niche sexual orientations, such as asexuality, may display greater willingness to disclose if the target of disclosure specifically defends their identity or expresses a similar minority identity. Further research will also need to recruit more robust male samples to allow for greater power in detecting potential sex-based differences.

CHAPTER SIX

GENERAL DISCUSSION

Experiences with minority stress negatively affect sexual minority individuals in a variety of ways. The negative health outcomes of experiencing minority stress have been well documented (Frost et al., 2015), but there are numerous processes through which these negative outcomes can occur. For example, by restricting the ability to freely express their identity without threat of stigma, sexual minority individuals must be extra vigilant in a way that their majority counterparts are unlikely to experience. Within the current research, the potential for minority stressors to predict how willing an individual is to disclose their sexual minority status to another was examined. Several factors have been identified as potential moderators of the relationship between stressors and health outcomes (Meyer, 2003). In particular, social support as a potential mitigating influence was examined within these analyses. The minority stressors that an individual can experience are partially dependent on that individual's minority identity, with different sexual orientations experiencing stressors that are specific to that orientation (Katz-Wise et al., 2017). These differences in stressors can result in differences in the health disparities that are experienced, thus prompting the examination of potential group-based differences within the current research.

Across three sets of analyses, how these different factors might influence willingness to disclose a minority identity were examined. Primarily, this research examined the influence of variables that are described by the Minority Stress Model:

distal and proximal stressors. Across the different sets of analyses, different types of stressors were found to predict disclosure as measured through spontaneous disclosure and self-rated likelihood of disclosure in response to two hypothetical contexts. Overall, two types of distal stressors, experiences with victimization and microaggressions, were found to directly influence participants' willingness to disclose their sexual orientation to another. The third type of distal stressor described in the Minority Stress Model, experiences with discrimination, were significantly correlated with willingness to disclose, but this association was fully mediated by experiences with proximal stressors. The effect of microaggressions was partially mediated, but maintained a significant direct effect on disclosure, whereas victimization events were not meaningfully mediated. Although a definitive, directional effect of distal stressors influencing proximal stressors, and subsequently different health outcomes has yet to be demonstrated, this type of mediational effect of proximal stressors has been examined and supported within many other studies that have examined the influence of minority stress on mental health outcomes (e.g., Feinstein et al., 2012; Velez & Moradi, 2016), supporting the use of this type of model within the current research.

Proximal Stressors

After controlling for the effect of other stressors, some distal stressors were found to have a unique influence on participants' willingness to disclose, but the indirect effects on willingness to disclose through proximal stressors were of particular interest within these analyses. This is partially due to this type of stressor being temporally closer to the experience of disclosure, as conceived in the mediational models that were tested in the

current research. Both of the proximal stressors that were used within the path analysis models, internalized stigma and expectations of rejection, were found to have a significant, although somewhat inconsistent, association with willingness to disclose. However, this was not true for all disclosure variables, with disclosure to an individual whose attitudes on the LGBT+ community are unknown not being influenced by either proximal stressor for some of the sample. Broadly, the proximal stressor that had the most consistent influence across the different models was internalized stigma, which was negatively associated with spontaneous disclosure and willingness to disclose to someone who has provided evidence that they support the LGBT+ community. Internalized stigma was also positively associated with concealment of identity, the conceptual inverse of willingness to disclose. These findings indicate that internalized negative beliefs about an individual's sexual orientation have a consistently negative influence on the willingness to disclose a sexual minority identity. Similar results have been found in research with non-sexual minority individuals that are HIV positive (Tsai et al., 2013), indicating that this effect is likely present for other potentially stigmatizing identities that can be concealed.

Stigmatized minority identities that are based on easily visible traits, such as ethnicity or some forms of disability, may not experience a similar effect of internalized stigma, if the individual believes that there is no use in trying to hide their minority status. These individuals may still experience internalized stigma, but without the potential of controlling when disclosure occurs, willingness to disclose may not be meaningfully influenced by this type of minority stressor. In open-ended responses when

asked about information that the participants would like to know about a potential target of disclosure, some participants within the current study indicated that they believed that their sexual minority status was visibly apparent based on their appearance. Some sexual minorities, in particular gay men and lesbian women, are subject to stereotypes about appearance, such as clothing or hairstyles, that may influence how easily an outsider can visually identify them as being a sexual minority (Blashill & Powlishta, 2009; Huxley et al., 2014). For some individuals, adopting the appearance of the group that they identify with may be an important step in integrating with that community (Hutson, 2011), but may also open them up to experiencing greater stigma from others. Future research may examine if the degree to which an individual has adopted the stereotypical appearance of their minority group moderates the association between internalized stigma and willingness to disclose. Those that describe themselves as being more visibly identifiable as a sexual minority may display a weaker association between internalized stigma and disclosure, potentially due to believing that they have less control over the timing of disclosure. Additionally, those that believe their minority identity is easily inferred may be less likely to disclose in a measure of spontaneous disclosure, such as the one that was used here, as they may feel that such a declaration is unnecessary. Similarly, identification with a subculture within the LGBT+ community that surround specific aspects of appearance, such as “bears” for gay men or “butch” lesbians, may mediate associations between internalized stigma and disclosure. Alternatively, using how easily identifiable participants believe their own sexual orientation is based on stereotypes about appearance may also shed light on this effect. For sexual minorities that have fewer and

less well-known stereotypes about appearance (e.g., asexuals), allowing for easier concealment, the influence of proximal stressors on disclosure may be stronger compared to those that have relatively well-known stereotypes.

Unlike internalized stigma, in which the associations that were found were largely consistent, the associations that were found for expectations of rejection were inconsistent in their direction. Expectations of rejection were positively associated with both spontaneous disclosure and concealment of identity. When the sample was limited to bi+ participants, expectations of rejection were positively associated with willingness to disclose to an individual that has displayed support for the LGBT+ community. When the sample was limited to asexual participants, expectations of rejection were negatively associated with willingness to disclose to an individual whose attitudes about the LGBT+ community are not yet known. These differences in the direction of some associations suggest that there are likely a number of moderating factors that influence the effect of expectations of rejection on disclosure, one of which, community connectedness among asexual participants, was identified in the current research. Other factors, such as perceptions about societal acceptance of different orientations, as well as perceptions of acceptance within the broader LGBT+ community are also likely to influence the effect of expectations of rejection on disclosure. If an individual believes that people in general are largely accepting of their sexual orientation, then factors other than a belief that they will be rejected for their minority status may influence the decision to share that part of their identity. This difference in perceptions of acceptance may have resulted in the non-significant association between expectations of rejection and willingness to disclose

among the gay/lesbian sample. However, this potential effect would need to be explored further in future research.

Within the current research, one proximal stressor, concealment of identity, was used as an outcome variable, due to its close association with the concept of disclosure. This allowed for a relatively novel approach in the study of proximal stressors by examining how different proximal stressors might influence each other. Studies that include proximal stressors tend to use them as predictors of other outcomes, such as mental or physical health (Croteau & Morrison, 2024), or as individual outcome variables (Lyons & Pepping, 2017). Research that examines how different proximal stressors might influence each other is sparse, requiring greater speculation about potential effects between these variables. Some longitudinal research has found that experiences with proximal stressors tend to result in increases in internalized stigma (for a review, see Nguyen et al., 2024), but tests of the influence of proximal stressors on concealment of identity are much less common. Here, internalized stigma had a consistent negative association with disclosure, including a positive association with disclosure's inverse: concealment of identity. Precisely how internalized beliefs about stigma might influence willingness to disclose a stigmatized identity is unclear. This effect may have come about because an individual believes that the target of disclosure might hold negative attitudes about the identity that are similar to their own, in which case one might see an indirect effect of internalized stigma on disclosure through expectations of rejection. Alternatively, the experience of holding negative beliefs about some aspect of one's identity may result in an unwillingness to share that identity in general, such as a belief

that this part of the self is bad and should therefore be hidden from others. A closer examination of this effect, especially through the use of longitudinal research, may help to clarify the specific connection between these types of proximal stressors that sexual minorities experience and may also provide a chance to explore if this connection is experienced differently among different sexual orientations.

Differences by Sexual Orientation

As sexual minority populations can experience stressors specific to that orientation, differences in the significant associations between minority stress and disclosure were expected. Within the associations between minority stress and willingness to disclose reported here, some consistent differences between different sexual orientations were found. Primarily, the effects of internalized stigma were no longer significant for the asexual sample, whereas the effects of expectations of rejection were no longer significant for the gay/lesbian sample. For the bi+ sample, both internalized stigma and expectations of rejection were significant predictors of willingness to disclose across different measures. However, expectations of rejection within this sample were significantly associated with only willingness to disclose to someone who has displayed support for the LGBT+ community, whereas internalized stigma was consistently associated with concealment of identity. Considering the different experiences that each of these groups have with minority stressors, such a finding is to be expected, but the specific stressors that influenced willingness to disclose in each group reveal important differences in experiences with stigmatization.

Gay/Lesbian Sample

Of the different sexual minority populations, gay/lesbian individuals tend to experience the greatest amount of societal acceptance (Steffens & Wagner, 2004), which has been the result of decades of work advocating for gay rights (Flores et al., 2024). This general trend toward increases in acceptance likely resulted in the general lack of significant associations between expectations of rejection and the different disclosure measures that were used in this research. For gay/lesbian individuals, unless an individual has already expressed some amount of bigotry against sexual minorities, it may be safe to assume that the risk of stigmatization from that individual is relatively low. The lack of a strong effect of expectations of rejection allows for other minority stressors to potentially have a statistically stronger impact on willingness to disclose. Internalized stigma is one that has already been discussed, but for the gay/lesbian sample, some of the distal stressors were also found to have a unique, significant influence.

For the gay/lesbian sample, experiences with victimization events and discrimination events were uniquely associated with spontaneous disclosure and concealment of identity, respectively. Somewhat unexpectedly, victimization was positively associated with spontaneous disclosure, although this may be explained by individuals that are already more open about their experiences being at greater risk of being subjected to victimization. This was an effect that was also observed within the bi+ sample. However, the positive association between discrimination events and concealment of identity was unique to the gay/lesbian sample. Across the different samples, experiences with discrimination were consistently low. Within the current

research, discrimination was examined via unequal treatment within different fields, such as housing or health care. For many individuals with a concealable stigmatizing identity, experiences with discrimination may be contingent upon disclosure of that identity to someone who is in control of those services. For individuals that can easily conceal their stigmatizing identity, unless that information is immediately necessary for someone to know, then it is likely safer and easier to keep that information private, especially if the individual does not expect the interaction to be a continuous one that requires a deeper level of trust. However, for gay/lesbian individuals, their status as a sexual minority may be easier to determine for someone that is in a position to treat them unequally, as compared to someone who is bi+ or asexual. This may occur from observing the individual's appearance, such as through the use of intuition, sometimes referred to as a "gaydar," or may even occur when seeing someone with their same-sex partner (Miller, 2018); situations that bi+ and asexual individuals may have an easier time avoiding. This leaves gay/lesbian individuals more vulnerable to experiencing both victimization and discrimination, compared to the bi+ and asexual samples that were recruited. Within the current sample, gay/lesbian participants did report experiencing discrimination the most frequently, but this difference was not significant, nor were there significant differences in experiences with the other distal stressors between the different sexual orientations within the current sample. For bi+ and asexual individuals that rarely experience discrimination, the non-significant associations between these stressors and disclosure were unsurprising. However, potential floor effects of experiences with discrimination may have limited the significant associations that could have been found.

Bi+ Sample

The bi+ sample displayed significant associations between disclosure, some distal stressors, and both types of proximal stressors. For the bi+ sample, experiences with victimization events and microaggressions were found to have unique associations with disclosure. Unfortunately, the measures that were used in the current research were relatively general to allow for their use with a wide variety of different sexual minority populations. This makes it difficult to determine how much of the stigmatizing experiences that these individuals reported were influenced by the participant's identity as a bi+ orientation, or potentially as a result of spill over from being perceived as a gay/lesbian individual from others that are not aware of the bi+ person's true identity. Bi+ individuals are subjected to minority stressors that are specific to their identity, including binegativity which is accompanied by a host of stereotypes about bi+ individuals, such as that they are indecisive (Dyar & Feinstein, 2018), alongside stressors from being perceived as a gay/lesbian individual. However, without more precise tools to determine the motivation behind stigmatizing experiences, such as victimization events, determining how much of the present results were motivated by bi+ participants' status as a sexual minority compared to their status as a bi+ individual is difficult.

Unlike the gay/lesbian sample, the bi+ sample, alongside the asexual sample, reported a significant association between microaggressions and concealment of identity. For bi+ individuals, the potential for experiencing stigma may come from a variety of additional directions, including from within the LGBT+ community. This may result in minor slights against this identity coming from individuals that may seem to otherwise be

supportive of sexual minorities. For potential targets of disclosure that appear to have generally positive attitudes towards sexual minorities, these minor slights may be more informative about how an individual feels about less accepted identities, including bi+ identities. If a bi+ individual is in a social environment in which they are more frequently subjected to microaggressions, then they are likely to spend more effort to conceal their identity (Beagan et al., 2022). This may be especially true for bi+ individuals that can more easily conceal their sexual orientation, such as those that have an opposite-sex partner compared to those that have a same-sex partner (Sarno et al., 2020).

Alternatively, within LGBT+ spaces, bi+ individuals tend to experience greater acceptance and report greater disclosure if they have a same-sex partner than those with an opposite-sex partner or who are not in a relationship, although rates of sexual identity certainty are also lower due to an increase in the frequency of being presumed as gay/lesbian (Dyar et al., 2014; Feinstein et al., 2023a). Considering the differences in how accepted bi+ individuals are depending on the gender of their romantic partner, similar differences may be found in rates of disclosure. Future research may examine if differences in disclosure between bi+ individuals that have an opposite-sex partner and those with a same-sex partner are motivated by differences in the rates of minority stressors that they experience.

An additional difference between the bi+ and gay/lesbian samples was the influence of expectations of rejection on willingness to disclose after someone revealed their support for the LGBT+ community. Considering that bi+ identities are generally less accepted compared to gay/lesbian identities (Helms & Waters, 2016), the finding that

expectations of rejection were a significant influence for bi+ participants, but not gay/lesbian participants was not surprising. However, the direction of the effect was unexpected. Bi+ participants that reported greater concerns with being rejected based on their identity expressed a greater willingness to disclose to someone who has displayed some support for the LGBT+ community. For bi+ individuals that experience greater concerns about rejection, seeing someone display support may have a stronger effect on their willingness to disclose compared to someone who is less concerned with rejection. Concerns about rejection among bi+ individuals may be more omnidirectional, as rejection may come from sources and communities that are otherwise supportive of sexual minorities, instead of these concerns being targeted only towards those whose general attitudes about sexual minorities are unknown. For these bi+ individuals that are exceptionally concerned with rejection, a show of support such as the one used within the vignettes, in which an individual calls out bigoted behavior, may be especially powerful, marking this potential target as being willing to stand up for them. Alternatively, those that are generally more willing to disclose their minority identity, assuming the target has demonstrated some measure of support, may also expect to be rejected more often due to that greater frequency of disclosure, producing the observed association. Further examination of what elements within similar vignettes have the greatest impact on willingness to disclose may help to clarify why this association was found within the bi+ sample.

Asexual Sample

Compared to the gay/lesbian and bi+ samples, asexual participants reported that experiences with distal stressors and internalized stigma had little influence on willingness to disclose. Instead, willingness to disclose within the asexual sample was largely influenced by expectations of rejection. The only distal stressor that was associated with willingness to disclose for the asexual sample was microaggressions, although this variable was positively associated with only concealment of identity. For asexual individuals, a lack of societal information about this particular identity may result in very few instances of victimization or discrimination due to their identity being especially rare, with estimates of the prevalence of asexuality being around 1% of the general population (Poston & Baumle, 2010). Additionally, of the different sexual orientations, asexuality may be the easiest to conceal, including within social relationships that are typically considered to be the most trustworthy: romantic relationships. This is not to say that asexual individuals are free from experiencing minority stress. Instead, asexual individuals may be subject to a host of stressors that are specific to their own identity, while being less vulnerable to more common sexual minority stressors (for a review, see Xu et al., 2023). Considering the ease with which asexual individuals may conceal their identity, they may instead be subject more to microaggressions, as these stressors are not contingent on the perpetrator knowing or suspecting a sexual minority identity, hence the sole significant influence of microaggressions on disclosure within this sample.

The strong influence of expectations of rejection on willingness to disclose within the asexual sample may also be influenced by the status of asexuality as an “invisible” identity. With asexuality being a relatively unknown orientation among the general population, a common response to someone revealing an asexual identity may be a lack of understanding, or even pathologization, including mistaking this orientation as a medical issue, such as sexual dysfunction or a result of experiencing past trauma (Kelleher & Murphy, 2024). Perceptions of asexuality as being a medical issue were popular less than twenty years ago, with research distinguishing this identity as a distinct orientation having been conducted in just the previous decade (Brotto & Yule, 2017; Hinderliter, 2013). With asexuality representing a lack of attraction rather than attraction to a non-normative target, fears about rejection may be focused on how unusual asexuality is, even compared to other sexual minority identities (Gupta, 2016). Even among the LGBT+ community, asexual individuals may experience rejection, with many encountering the belief that because asexuality represents a lack of attraction or that asexuals are not actually oppressed in any meaningful way, it does not belong under the LGBT+ umbrella (Hansford, 2023). Such feelings of exclusion may be exacerbated by the strong emphasis on the expression of sexuality that is on display at many prominent Pride events. Asexual individuals, especially those that have an opposite-sex partner, are likely subjected to far less legal discrimination, compared to other members of the LGBT+ community that have had to fight for basic rights such as marriage equality. Instead, much of the discrimination that asexual individuals face is social, preventing them from expressing their true selves for fear of being subjected to stigma in a society

that places great importance on sexual attraction (Kelleher & Murphy, 2024). For these individuals, rejection may come from sources that are otherwise supportive of sexual minorities, with potentially the only truly safe spaces being asexual communities.

For many sexual minority individuals, romantic partners frequently represent an important source of support. However, if an individual conceals their sexual orientation from their romantic partner, then this could result in an additional, significant source of stress that is not shared with others that are out to their partner (Schrimshaw et al., 2013). For gay/lesbian individuals, the ability to conceal their orientation from a preferred romantic partner is likely to be low, but this may not be the case for bi+ and asexual individuals. Both bi+ and asexual individuals commonly report the need to hide their identity from a romantic partner (Robbins et al., 2016; Schrimshaw et al., 2018). Depending on their partner's gender, bi+ and asexual individuals could pass as heterosexual, potentially reducing the frequency of some forms of stigma (Sarno et al., 2020), although this effect has yet to be examined within asexual populations. However, asexual individuals experience an additional hurdle when considering disclosure to their romantic partner as admitting a lack of sexual attraction may be misinterpreted as a lack of any form of attraction, driving a rift into the relationship (An & Kim, 2024). Within the current sample, asexual participants reported having disclosed to their romantic partner less frequently than did gay/lesbian and bi+ participants. This lower rate of disclosure among asexual individuals within this particular social relationship may be the result of concerns with any potential fallout from the disclosure event.

Across the different models that were conducted in the current research, expectations of rejection were generally associated with a lower willingness to disclose. However, this was not the case for spontaneous disclosure, in which there was a positive association with expectations of rejection within the asexual sample. This unexpected effect may result from some individuals being inherently more vocal about their asexual identity than others. Correspondingly, these individuals may be more likely to have experienced instances of rejection by virtue of being more open about their identity, leading to them expecting to be rejected in more situations. In comparison, those that are less open about their identity may expect to be rejected less, potentially due to being more careful about who they disclose to. The measure of expectations of rejection that was used was very general, preventing closer examinations of how this rejection might occur. A breakdown of asexual individuals' beliefs about why they might be rejected upon disclosure within future research might help to explain this effect.

Further research comparing disclosure among different sexual minority subgroups would also benefit from examining differences in personality. Previous research has identified personality differences between different sexual orientations, with asexual individuals scoring lower on extraversion and agreeableness, and higher on honesty-humility, compared to lesbian, gay, and bisexual individuals (Greaves et al., 2021). Previous research has established that differences in personality traits such as openness can influence rates of disclosure (Von Arx, 2003), but whether potential differences between sexual orientation subgroups can help to explain differences in rates of disclosure has yet to be examined.

Social Support

One of the factors that can influence the association between minority stressors and willingness to disclose that was examined in the current research was social support. Broadly, social support had very little influence as a moderating variable. The form of social support that did have a significant impact was community connectedness, social support from others that share a minority identity, which had a direct association with disclosure, but moderated the association between expectations of rejection and disclosure to someone who has displayed support for the LGBT+ community, only within the asexual sample. A measure of more general social support, perceived social support, was not directly associated with disclosure, except for the gay/lesbian sample, which also reported a significant interaction with internalized stigma. Unfortunately, this finding that community support was influential among the asexual community may be partially the result of a sampling bias for asexual individuals. Due to the scarcity of asexuality within the general population, researchers that work with asexual individuals are often reliant on online community samples to gather sufficient sample sizes. As asexual individuals are often recruited from asexual communities, these participants are likely to be more connected with their community compared to other sexual minorities that are prevalent enough to be recruited from outside of their specialized communities. This potential difference in recruitment may help to explain the difference in the strength of community connectedness as a moderating variable between these orientations, although the lack of a significant effect within the gay/lesbian and bi+ samples was still unexpected.

For gay/lesbian populations, acceptance of these identities may be generally high enough that having a common community of others that share an identity may not be as important as it once was. Whereas having a supportive community may be generally helpful for coping with the aftereffects of minority stressors, this effect may not extend to the decision to disclose their identity. Having the backing of a supportive community might help in case things go wrong during disclosure, representing a more direct effect of community connectedness, without mitigating the effect of experiences with proximal stressors as was predicted. Instead, perceived social support was found to be predictive of disclosure, indicating a greater reliance on family/friends within this portion of the sample. For bi+ participants, neither form of social support was a strong predictor of willingness to disclose, with no direct or moderating effects in this portion of the sample. This may indicate that these forms of social support do not strongly influence disclosure decisions, or that a mix of different forms of support are relied upon, potentially weakening the associations that are found. Instead, social support, as described in the Minority Stress Model, may moderate health outcomes that are downstream of willingness to disclose (Verrelli et al., 2019), rather than having a strong influence on the effect of stressors on the disclosure event itself.

Coming Out Milestones

In contrast to the other measures of disclosure, the first research question addressed here focused on the participants' past behavior through the timing of first disclosure and how this differed across different sexual orientations. This was a measure that examined how people have actually behaved in the past, as opposed to how they

believe they might act in response to a hypothetical scenario. Additionally, disclosure within a variety of different social relationships was examined, as opposed to the obscure social relationship that was presented within the hypothetical context. By using these retrospective data, some differences in experiences within the coming out process could be identified between gay/lesbian, bi+ and asexual orientations. The most consistent group difference was that asexual participants generally reached the different coming out milestones at a later age than the gay/lesbian and bi+ samples. These included the age at time of discovery of the current sexual orientation, age upon first identifying as the current sexual orientation, and age upon first disclosing their current sexual orientation to another person. This consistent difference within the asexual sample was expected because information about asexuality is relatively scarce compared to information about same-sex attraction, or even attraction to multiple genders. This lack of available information resulted in asexual individuals discovering asexuality at a much later time than the other orientations. However, whereas asexual individuals did discover the asexual label at a later time, they also started to identify and then disclose their orientation at a much faster pace compared to the other orientations. This indicated that for asexual individuals, the period of identity exploration after discovering their current orientation was shorter, potentially because they had already been searching for an identity that matched their experiences. In comparison, gay/lesbian and bi+ individuals discovered their identity at a younger age, potentially before they were sure what labels best fit their experiences and subsequently identified and disclosed earlier.

Asexual participants also differed from gay/lesbian and bi+ samples in the rates of disclosure to some social relationships. In particular, asexual individuals reported having disclosed to a romantic partner and family members at much lower rates compared to the gay/lesbian and bi+ samples. This lack of disclosure within these social relationships may indicate that, for experiences with sexuality-related stigma, the sources of support that are available to help asexual individuals cope are largely limited to asexual communities. If an asexual individual has not disclosed their identity to their family or romantic partner, then issues related to sexuality may be difficult to bring up without the possibility of outing themselves. These limited sources of support from those directly around them may result in more general sources of social support being less available when it comes to matters that are related to sexuality, such as disclosure, compared to the gay/lesbian and bi+ samples, and producing the null effect of perceived social support that was observed in the asexual sample. In comparison, the only source of sexuality-related support that asexual individuals may have access to may be asexual communities, producing the significant effect of community connectedness that was observed in this research.

The timing with which sexual minority individuals reach different coming out milestones is likely to have influenced the different minority stressors that were experienced. For gay/lesbian and bi+ individuals, the average age of identification and disclosure occurred during the late teens and early 20s. This is a period of time in which rates of discrimination and victimization are at a peak for sexual minorities (Rice et al., 2021). In comparison, asexual individuals start to identify as and disclose their identity in the early to late 20s on average. This is a period in which rates of discrimination and

victimization for sexual minorities are on the decline (Rice et al., 2021), which, in combination with asexuality being a less visible identity, may contribute to the comparatively weak effect of these distal stressors on the willingness to disclose an asexual orientation. Additionally, for gay/lesbian individuals who reported the earliest age at time of discovery, the period of time that they may have to internalize negative beliefs about same-sex attraction may be the longest before they start to identify with this orientation. This longer period of internalization may have influenced the strong effect of internalized stigma on willingness to disclose within the gay/lesbian sample. Previous research has also demonstrated a consistent relationship between experiences with victimization and discrimination and later internalized stigma (Nguyen et al., 2024); experiences that were strongly associated with disclosure for the gay/lesbian sample. For the bi+ sample, the age at discovery was later than for the gay/lesbian sample, which, considering the similar age at time identification between these two samples, may have resulted in a shorter period of time for internalization of anti-bisexual attitudes and thus the weaker effect of internalized stigma on willingness to disclose.

Among the asexual sample, which discovered asexuality much later and started to identify much sooner, the amount of time that is available to internalize anti-asexual attitudes would have been relatively short. Simultaneously, with information about asexuality being so scarce, so too are anti-asexual attitudes. This lack of time and opportunity for anti-asexual attitudes to be internalized may explain the lack of a significant association between internalized stigma and willingness to disclose within this portion of the sample. However within the current sample, asexual participants ($M =$

2.58, $SD = 1.07$) reported significantly higher scores on internalized stigma than gay/lesbian ($M = 2.04$, $SD = 0.95$, $t(332) = -3.49$, $p = .002$, $d = -0.53$, 95%CI [-0.84, -0.23]) and bi+ participants ($M = 1.90$, $SD = 1.03$, $t(332) = -4.90$, $p < .001$, $d = -0.65$, 95%CI [-0.95, -0.41]), once again bringing into question the precise mechanism through which internalized stigma can influence willingness to disclose. Previous research has identified internalized binegativity as being a distinct concept from internalized homophobia (Morrison et al., 2019), which opens up the possibility that asexual individuals may experience a form of internalized stigma that is specific to asexuality: internalized acephobia (Parmenter et al., 2021). This type of internalized stigma may have been captured within the generic measures of internalized stigma that were used, which, unlike internalized binegativity (Isolani et al., 2024), may not be strongly associated with willingness to disclose an asexual identity, as was observed in this sample. Examinations of the process of internalization of negative attitudes about asexual identities may reveal interesting differences compared to other identities in timing, frequency, and content. Considering the connection between internalized stigma and health outcomes (O'Donnell & Foran, 2024), examining differences between these experiences may help clinicians to better understand differences in health disparities between asexual individuals and other sexual orientations.

Limitations

Sample Characteristics

The research presented here provides interesting insights into potential differences in the experience of disclosure within different sexual minority populations. However,

there are important limitations that need to be acknowledged. These limitations can broadly be categorized as concerns with the low and unrepresentative sample size or concerns with the particular measures that were used. Men were largely underrepresented within each sexual orientation category, with only bi+ men being numerous enough to potentially examine as a separate group in certain analyses. In comparison, the sample sizes of gay and asexual men were too small to examine within some of the later analyses that required more robust sample sizes. Within the analyses that examined the timing of coming out milestones, only the AFAB sample reported significant differences between the different sexual orientations. The lack of a significant effect within the AMAB portion of this sample was likely affected by the much lower sample size, and thus lower power. Low sample sizes of asexual men were not unexpected, as asexual male-identifying and AMAB participants do tend to represent a smaller proportion of samples in research with asexual populations (Rothblum et al., 2020). In particular, research that recruits primarily through AVEN tend to show a strong bias towards young, White, female samples (Guz et al., 2022). Although the current sample was recruited from a variety of different online asexual communities, including AVEN, this strong female bias was still present in the final sample.

Although a relatively low sample size of asexual men was expected, the similarly low sample size of gay men that were recruited was unexpected. Recruitment efforts targeted a variety of different communities that were dedicated to providing support for the different sexual orientations that were used in this research. This included several sites that were devoted specifically to serving the needs of gay men. From the

participants that were recruited through community samples, only 14 gay men completed enough of the measures to be included in the final analyses, making the sample underpowered to examine sex differences. Historically, women do tend to be more willing to self-disclose to others than men (Dindia & Allen, 1992). Within the context of clinical research, women are more likely to agree to participate in research, with a greater proportion of men citing time constraints as their reason for non-participation (Markanday et al., 2013). The survey used in this study was relatively long, with a typical length of 30-45 minutes for completion. Additionally, compensation for participating in this research was not provided, which likely resulted in even lower interest in participating from populations that are generally not interested in responding to surveys. This issue of low motivation may have been exacerbated by the use of the self-introduction as the first measure, as this was a more cognitively demanding task than selecting an option on a scale. The combination of these factors resulting in a more limited sample was expected, but the significant disparities in recruitment by sex were not. Sexual minority men do tend to experience some types of stigma at greater rates than sexual minority women (Katz-Wise & Hyde, 2012), but whether these experiences would translate to a lack of interest in participating in research is unclear.

As a consequence of the unusually small number of men within the total sample, sex assigned at birth had to be excluded as a variable from the different path analyses that were performed. Were sex assigned at birth to be included within these analyses, separate models by sexual orientation would have been problematic to run as these models would not have met even the lowest suggested sample sizes for such models. As this research

was strongly focused on examining differences between different sexual orientations, sex assigned at birth was excluded as a factor from some analyses. Additionally, to accommodate examining differences in sexual orientation, the path analysis models that were used in this research were broadly split into two different research questions. Research Question 2 examined the mediational effect of proximal stressors, whereas Research Question 3 examined the moderation of social support. Conceptually, it was possible to combine all of the models that were run into a single model. However, with the small sample size of the different sexual orientations, such a complex model with so many different parameters could only have been tested with the full sample, which would have also been underpowered. This would prevent the examination of potential group differences, and thus these analyses were split based on conceptual guidelines.

Another potential issue with the sample was the use of bi+ as an aggregate sample of different sexual orientations that experienced sexual attraction to multiple genders. A majority of the bi+ sample described themselves as bisexual; however, 21 participants reported a pansexual identity using the write-in option. Considering the relatively small sample of pansexual participants, including them under the bi+ umbrella allowed for their data to be included in the analyses, but this inclusion would have masked any potential differences between this population and the rest of the sample. Although combining bisexual and pansexual samples has been accepted practice within research examining these sexual minorities (Davila et al., 2019), some research has found consistent differences between these populations. In particular, differences in the minority stressors that are experienced by bisexual compared to pansexual individuals have been recorded,

with pansexual individuals experiencing a greater frequency of anti-bisexual stressors (Godfrey et al., 2024), while also reporting higher rates of connection with the LGBT+ community (Morandini et al., 2022). These differences with experiences of minority stress processes may result in differences in willingness to disclose a pansexual orientation, but more robust sample sizes of pansexual individuals would be necessary to examine this effect.

Other potential limitations within the current sample included a relative lack of non-White ethnicities and a high proportion of college-educated participants. Most ($n = 281$) participants reported identifying as White, with 21 of those participants indicating that they also identified with at least one other ethnicity. The next most numerous ethnicities within this sample were Black ($n = 44$) and Asian ($n = 29$). Considering this disparity in sample sizes, any potential examinations of intersectionality within the current dataset would be greatly underpowered. This does limit the generalizability of these results to ethnic minority populations. However, as participants in this research were instructed to respond to questions about minority stress while focusing on experiences that were caused by their sexual orientation, a smaller proportion of ethnic minorities may have also mitigated the possibility that experiences with other types of minority stress strongly influenced the observed results.

Alongside disparities in the recruitment of ethnic minorities, the current sample also reported a relatively high proportion of individuals who had received at least some college education ($n = 288$, 76%). Considering a substantial portion of respondents were recruited from a local university, this finding is not especially surprising, but may limit

differences in minority stress that are experienced. Research with sexual minority populations has suggested that minority stress may represent an additional barrier to educational attainment (Goulet & Villatte, 2020), opening up the possibility that those that do not have any college education may be subject to greater minority stress. Correspondingly, disparities in mental health are lower within college-educated sexual minorities (Barnes et al., 2014), although whether this is due to differences in experiences with minority stress has yet to be examined. Areas with a higher rate of college graduates also tend to be more accepting and have a greater frequency of sexual minorities (Budge, 2023), but this change is dependent on the political and religious ideology of the particular college and is also not a guarantee that an individual will not encounter minority stress (Heiden-Rootes et al., 2018). Within the current sample, participants that did not have any college experience actually reported experiencing fewer victimization events ($M = 1.22$, $SD = 1.56$) than those that did have at least some college education ($M = 1.82$, $SD = 1.77$, $t(149) = -2.95$, $p = .004$, $d = -0.36$, 95%CI [-1.00, -0.20]); however there were no significant differences in the other minority stress variables (all $ps > .283$). This indicates that the non-college educated portion of the current sample may be different from the rest of that population in both their experiences with minority stress and their willingness to participate in this form of research. However, considering the only difference in minority stress within the current sample is in the opposite direction of what would be expected according to prior research, it is unlikely that differences in experiences with minority stress between these samples had a significant influence on the

observed results. Future research should investigate the potential mitigating role of a college education on the effects of minority stress.

Measure Characteristics

Beyond potential limitations within the sample, characteristics of the measures that were used may have also limited the results that were found. As the measures that were used needed to be applicable to all of the examined sexual orientations, the minority stress measures that participants were presented with were relatively generic, with limited references to the experiences of any one orientation. Instead, the different measures largely asked about experiences related to sexual orientation as a whole. This generic approach makes it difficult to tap into any experiences that may be exclusive to certain populations. The potential influence of anti-bisexual or anti-asexual experiences are unlikely to have been fully examined, thus potentially limiting the number of group-based differences that could have been found. Examinations of some commonly used measures of minority stress (e.g., Internalized Homophobia Scale) have found them to be poor fits when applied to a variety of different sexual orientations (Sullivan et al., 2023). Although none of the measures that Sullivan and colleagues (2023) examined in their work were used in this research, the possibility that these more generalized measures were poor fits for capturing the different experiences of these minority populations remains.

Potential issues with one of the social support measures were also brought up by participants; specifically, the use of perceived social support as a measure of general social support within this population may have been problematic. The reason for this

issue is that this measure of social support asks about potential support from both friends and family within the same items. For sexual minority individuals, the inclusion of family and friends within the same item may result in confusion as to how they should respond to these items, as the support that they can expect from friends is likely to be much higher than the support that they can expect to receive from their family. Examinations of support from both friends and family have found that these different sources uniquely contribute to mental health outcomes (Sheets & Mohr, 2009). Within the current sample, rates of disclosure to family were dependent on sexual orientation, whereas the rate of disclosure towards friends was not meaningfully different. Future research that examines the influence of non-sexuality-specific forms of support (i.e., perceived social support) among sexual minorities would greatly benefit from examining support from friends and family as two different constructs. Additionally, the items that were used asked about support from friends and family in general, rather than sexuality-related support within these social relationships. The amount of sexuality-related and non-sexuality-related social support that can be expected within these social relationships are likely to be different and have a differential effect on likelihood of disclosure to others, providing a fruitful opportunity for further research.

And lastly, characteristics of the vignettes that were used to assess willingness to disclose to someone before and after they had expressed support for the LGBT+ community may have influenced participants' responses. Within the open-ended responses asking for information that participants would like to know about the target of disclosure before they felt comfortable disclosing to them, a small number of responses

suggested that the participant may have misinterpreted the vignette, with the target of disclosure as being the aggressor within the scenario. For these individuals, their responses to items about willingness to disclose may have been compromised by this misunderstanding, although the occurrence of these responses was not numerous enough to have been likely to influence the results. Within the vignettes that were used, the target of disclosure was the only individual that was named, whereas the aggressor's identity was left unclear as they were not the focus of the prompt. By giving the aggressor a more distinct identity, this issue with misinterpretation of the vignette may have been avoided.

Another aspect of the target of disclosure that may have influenced willingness to disclose was the presumed gender of the target. Within the current sample, approximately half of respondents reported that they perceived the target as being female, but only a quarter perceived the target as male, with the remainder being largely unsure. In choosing a name for the target, the goal was to use a gender neutral name and description so as to avoid the target's gender being a factor that influenced disclosure decisions. As a majority of the current sample identified as female, those that perceived the target as also being female may have been more willing to share their minority identity, compared to those that perceived the target as male, as the target may be perceived as being less threatening. However, no significant interactions between SAB and target's perceived gender were found for willingness to disclose in the vignettes ($ps > .149$). Further research could examine how varying the target's gender influences willingness to disclose.

Additionally, the scenario that was described in the vignettes took place in an office setting. Based on participants' open-ended responses, many assumed that their social relationship with the target of disclosure was a co-worker, which likely influenced their willingness to disclose. Several open-ended responses suggested that the participant was unlikely to ever disclose to a co-worker, indicating that qualities of the vignette, other than the display of support for the LGBT+ community, influenced the results. There is also the possibility that this interpretation of the target as a co-worker may have influenced the group-based differences that were found, as bisexual individuals have reported being less likely to disclose to co-workers compared to gay/lesbian individuals (Arena & Jones, 2017). This pattern of disclosure was also found in the current research, with a much smaller proportion of bi+ and asexual participants having disclosed to co-workers compared to gay/lesbian participants. Future research examining disclosure should examine how manipulating different qualities of the vignettes that are used, such as the display of support that is depicted, the social relationship with the target, or the location in which the scenario takes place, might impact how willing participants are to disclose a sexual minority identity. Such research would also require a control sample in which there is no change in the amount of support that is displayed to better determine the role of the qualities that are being examined. However, it is also important to note that this research would continue to be limited to self-reports of willingness to disclose, rather than being able to examine the act of disclosure behaviorally.

Conclusion

The research described here provided a novel examination of the differential role of minority stressors on the willingness to disclose a sexual minority identity across different sexual orientations. In particular, this approach included a comparison with a relatively understudied classification of sexual orientation: asexuality. By examining these different identities, this research demonstrated consistent differences in the timing at which certain milestones of identity formation are reached, as well as differences in the influence of different minority stressors on disclosure. For gay/lesbian participants, experiences with distal stressors and the proximal stressor internalized stigma had consistently stronger associations with disclosure compared to the other orientations, whereas asexual participants reported stronger associations with expectations of rejection across several different measures of disclosure. Bi+ participants reported experiencing an interesting middle ground between the experiences of the gay/lesbian and asexual samples, with a mix of influences from the different forms of minority stress on willingness to disclose a minority identity. Across three different research questions, asexual participants reported the greatest differences in their experiences of disclosure, compared to the gay/lesbian and bi+ samples. Considering the position of asexuality as a relatively “invisible” minority, this was unsurprising but does emphasize the greater need for research that is dedicated to understanding the lives of asexual individuals and how their unique experiences with sexual attraction have impacted how they interact with others. By demonstrating these significant differences in the experiences of different sexual minorities within the current work, it is this author’s hope that future researchers

will dedicate more effort to trying to understand the lives of these diverse individuals so that we can better address the many health disparities that are caused by minority stress.

APPENDIX A

IRB APPROVAL LETTER



Institutional Review Board

Date: June 3, 2024

Study #: IRB-FY2024-339

Study Title: MS&D2024

Submission Type: Initial

IRB Decision: Exempt

Research Team:

Jared Edge

Jennifer Vonk

Based on applicable federal regulations, the above referenced study has been determined to be Exempt, with the following categories:

Category 2.(i). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects;

Notes for Researcher(s):

This submission includes the following approved documents:

- Recruitment Ads
- Date-Stamped Consent Form – Pilot Study V 6/3/2024
- Date-Stamped Consent Form – Study 1 V 6/3/2024
- Survey Questionnaires

Letter and Consent Document:

This letter along with the IRB approved (date-stamped) consent document can be found in Cayuse in the Submission Details page under **Letters** and **Attachments**, respectively. Please make sure to use the most recent IRB approved version of the consent form in consenting participants.

Permission from Research Site(s):

Please note the following:

- This IRB exemption determination letter means that this research has met one or more of the federal criteria for exemption per 45 CFR 46.104- Exempt Research.
- Before the research is initiated, permission to conduct research at a given site must be obtained from all research locations listed in the IRB submission. You must keep copies of all such permission letters for your files.
- It is the responsibility of each researcher to follow all applicable policies and procedures of any outside institution where the research will be conducted.

Modifications:

Any changes to this exempt project must be reviewed by the IRB prior to initiation by submitting a MODIFICATION request. Do not collect data while the changes are being reviewed. Data collected during this time cannot be used in research.

Record Retention:

Exempt projects will be retained by the IRB office for three years after the last action on the project.

You are approved to start the research. Please retain a copy of this notification for your records.

If you have any questions, please contact the IRB office.

Thank you.

The Oakland University IRB

APPENDIX B

DISTAL STRESSOR SUBSCALES

Victimization Items:

Response options: *Never; Yes, before age 18; Yes, after age 18; Yes, in the past year*

1. I have been verbally harassed or teased because of my sexual orientation.
2. I have been threatened with being outed or blackmailed because of my sexual orientation.
3. I have had my personal property damaged because of my sexual orientation.
4. I have been threatened with physical harm because of my sexual orientation.
5. I have been pushed, shoved, hit, or had something thrown at me because of my sexual orientation.
6. I have had sexual contact with someone against my will because of my sexual orientation.

Discrimination Items:

Response options: *Never; Yes, before age 18; Yes, after age 18; Yes, in the past year*

1. I have had difficulty getting medical or mental health treatment because of my sexual orientation.
2. I have had difficulty finding housing or staying in housing because of my sexual orientation.
3. I have had difficulty finding employment or keeping employment, or have been denied promotion because of my sexual orientation.
4. I have been excluded from an organization (e.g. a religious group, sports team, etc.) because of my sexual orientation.

5. I have received poor service at a business because of my sexual orientation.

Microaggression Items:

Response options: *Never happens, Happens a little bit, Happens sometimes, Happens a lot, Happens all of the time*

1. Someone has tried to keep their children from coming into physical contact with me because of my sexual orientation.
2. Someone has assumed I have HIV or AIDS because of my sexual orientation.
3. Someone assumed that I would be a child molester or sexual predator because of my sexual orientation.
4. Someone has avoided sitting next to me because of my sexuality.
5. A friend has stopped talking to me after finding out about my sexuality.
6. People have made negative comments or jokes about LGBTQ people in my presence without realizing my sexual orientation.
7. I have heard the term “That’s so gay” when someone was talking about something negative.
8. People have used terms like “fag/dyke/queer/homo” in a negative context in front of me.
9. I have heard a person call someone else “gay” because she/he was “weird” or “different.”
10. People have made insensitive gay or lesbian jokes in front of me.

APPENDIX C

PROXIMAL STRESSOR SUBSCALES

Expectations of Rejection Items:

Response options: *strongly disagree, slightly disagree, neither agree nor disagree, slightly agree, strongly agree*

1. If I express my sexual orientation, others wouldn't accept me.
2. If I express my sexual orientation, employers would not hire me.
3. If I express my sexual orientation, people would think I am mentally ill or "crazy."
4. If I express my sexual orientation, people would think I am disgusting or sinful.
5. If I express my sexual orientation, most people would think less of me.
6. If I express my sexual orientation, most people would look down on me.
7. If I express my sexual orientation, I could be a victim of crime or violence.
8. If I express my sexual orientation, I could be arrested or harassed by police.
9. If I express my sexual orientation, I could be denied good medical care.

Identity Concealment Items:

Response options: *never happens, happens a little bit, happens sometimes, happens a lot, happens all of the time*

1. I avoid telling people about certain things in my life that might imply I am a sexual minority.
2. I avoid talking about my romantic life because I do not want others to know I am a sexual minority.
3. I change my mannerisms or speech because I do not want others to think I am a sexual minority.

4. I avoid bringing my preferred partner(s) to social events because I do not want others to know I am a sexual minority.
5. I do not object when I hear anti-LGBT remarks because I do not want others to assume I am a sexual minority.
6. I limit what I share on social media, or who can see it, because I do not want others to know I am a sexual minority.

Internalized Stigma Items:

Response options: *strongly disagree, slightly disagree, neither agree nor disagree, slightly agree, strongly agree*

1. I resent my sexual orientation.
2. My sexual orientation makes me feel like a freak.
3. When I think of my sexual orientation, I feel depressed.
4. When I think about my sexual orientation, I feel unhappy.
5. Because of my sexual orientation, I feel like an outcast.
6. I often ask myself: Why can't my sexual orientation just be normal?
7. I feel that my sexual orientation is embarrassing.
8. I envy people who do not have a sexual orientation like mine.

APPENDIX D

SOCIAL SUPPORT SUBSCALES

Perceived Social Support Items:

Response options: *Very little, Somewhat, A lot*

1. How much do your friends or relatives really care about you?
2. How much do your friends or relatives understand the way you feel about things?
3. How much do your friends or relatives appreciate you?
4. How much can you rely on your friends or relatives for help if you have a serious problem?
5. How much can you talk to your friends or relatives about your worries?
6. How much can you relax and be yourself around your friends or relatives?

Community Connectedness Items:

Response options: *strongly disagree, slightly disagree, neither agree nor disagree, slightly agree, strongly agree*

1. I feel part of a community of people who share my sexual orientation.
2. I feel connected to other people who share my sexual orientation.
3. When interacting with members of the community that shares my sexual orientation, I feel like I belong.
4. I'm not like other people who share my sexual orientation. (R)
5. I feel isolated and separate from other people who share my sexual orientation. (R)

Items marked with (R) are reverse scored.

APPENDIX E

SELF-DISCLOSURE VIGNETTES

Vignette 1:

During a break in the office, Robin was exchanging stories and sharing laughs with a group of co-workers gathered in the break room. As the conversation flowed, one of the male employees made a homophobic remark about a same-sex couple that had moved to their neighborhood and laughed. Noticing the frown that formed on their co-workers' faces after the comment, Robin attempted to change the conversation to a different topic about an upcoming project.

According to the information you have been provided so far, how willing would you be to share your sexual orientation with Robin?

Vignette 2:

Despite the attempt to change the topic, the male employee continued to make homophobic comments about their neighbors. Robin then told the male employee that his jokes were not funny.

According to the information you have been provided so far, how willing would you be to share your sexual orientation with Robin?

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