

Demographic and Social Factors Impacting Coming Out as a Sexual Minority Among Generation-Z Teenage Boys

David A. Moskowitz^{1, 2}, H. Jonathon Rendina³, Andrés Alvarado Avila¹, and Brian Mustanski^{1, 2}

¹ Institute for Sexual and Gender Minority Health and Wellbeing, Northwestern University

² Department of Medical Social Sciences, Feinberg School of Medicine, Northwestern University

³ Department of Psychology, Hunter College of the City University of New York (CUNY)

Teenagers have shown a 60% increase in identifying as gay, bisexual, queer/questioning, and pansexual (GBQP) since 2005. Although studies in the early 2000s have measured the prevalence of GBQP identities across adult populations and over time, the correlates of “coming out” as GBQP are less understood among Generation-Z teenagers (i.e., those born after 1997). We sampled 1,194 GBQP male (assigned-at-birth) teenagers aged 13–18 as part of an online HIV prevention study. Demographic (e.g., age, race/ethnicity, location, sexual identity) and social factors (e.g., school-based HIV education; religiousness; internalized stigma; lesbian, gay, bisexual, transgender victimization) were surveyed and entered into logistic regression models predicting outness to a female and/or male parental figure, as well as general others. Nearly two thirds were out to a female parental figure; nearly half were out to a male parental figure. We created three multivariable models predicting outness to general others, outness to a female parental figure, and outness to a male parental figure. Statistically significant correlates consistent across the models predicted greater outness for GBQP White teenagers relative to Black and Asian teenagers, gay-identified teenagers relative to bisexual and questioning/unsure teenagers, and GBQP teenagers reporting more experiences of victimization relative to less. Correlates that predicted reduced outness include identifying as religious, attending religious services, and reporting higher internalized sexual minority stigma. We concluded that outness among Generation-Z teenagers varied by sociocultural factors, prompting some teens to move across coming-out milestones more quickly. Most important for mental health, the findings substantiate that victimization toward out-teenagers has not relented and remains an area of concern.

Public Significance Statement

This study identified rates of outness to parental caregivers and to others among a large group of Generation-Z teenagers, ages 13–18. The findings highlight the need for greater attention for teens having difficulty reconciling their sexual identities and who may be being victimized by peers. They also show both the positive and negative impact of spirituality and religiosity on the coming-out process.


Keywords: coming out, teenagers, men who have sex with men, demographic differences

Openly identifying as a sexual minority has become more prevalent now than in years past (Phillips et al., 2019). This may be

attributable, in part, to increased political and societal acceptance of individuals identifying as gay, bisexual, queer/questioning, or

David A. Moskowitz  <https://orcid.org/0000-0002-3509-0865>

H. Jonathon Rendina  <https://orcid.org/0000-0002-0148-2852>

Brian Mustanski  <https://orcid.org/0000-0001-9222-5116>

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Correspondence concerning this article should be addressed to David A. Moskowitz, Institute for Sexual and Gender Minority Health and Wellbeing, Northwestern University, 625 North Michigan Avenue, Suite 1400, Chicago, IL 60611, United States. Email: david.moskowitz@northwestern.edu

pansexual (GBQP; Charlesworth & Banaji, 2019; Lewis & Gossett, 2008; Reynolds, 2013). Today, GBQP individuals more readily appear in popular culture and social media, sports, politics, and business marketing (Kian, 2019; Lovelock, 2019; Michelson, 2019; Morales & White, 2019; Nölke, 2018). Although this increase in openness about identifying as GBQP is most conspicuous in adults, growing twofold from 2.7% in 2008 to 5.4% in 2016 (Gates, 2017), male teenagers have also increased (1.6-fold) in their identifying as nonheterosexual, from 4.75% in 2005 to 7.65% in 2015 (Phillips et al., 2019). Studying rates of sexual identity disclosure is important given that outness has been associated with positive and negative health outcomes across genders (Feinstein, Dyar, et al., 2019; Pachankis et al., 2015). However, negative outcomes may be more pronounced for men, particularly among men who are just coming out. Previous research found depression to be associated with sexual minority men who were out but not for sexual minority women who were also out (Pachankis et al., 2015). In addition to depression, Pachankis et al. (2015) also found higher odds of generalized anxiety disorder for men who were recently out compared to men who were in the closet. Such findings warrant the need for further investigation on rates of coming out in men as they might inform future interventions that aim at reducing health disparities found in sexual minority men. While many studies have measured the prevalence of GBQP identities across populations and over time (Cahill & Makadon, 2014; Gates, 2011; 2017; Lunn et al., 2017), there is a dearth of literature studying the correlates of “coming out” as GBQP among Generation-Z, teenage males (13–18 years old). This current study aims to bridge that gap in literature and provide insight into the demographic and sociocultural factors that make such teens more likely to reach the coming-out milestone.

“Coming out,” or disclosing one’s sexuality to others (e.g., peers, friends, coworkers, and family), is not a single process that occurs at a fixed point in time (Grov et al., 2006, 2018; Mosher, 2001; Rendina et al., 2019). Rather, it is a collection of dialogues that occur across the life span with every new person met (Orne, 2011). This process begins during adolescence for many, initiating with conversations to close, trusted friends (Riley, 2010). Over time, it can expand to include family members. Many different coming-out strategies exist (e.g., mediated, sexual, educational, coaxed; Manning, 2015), but all culminate in the disclosure event followed by some response (Savin-Williams, 2001). Factors such as homophobia, internalized sexual stigma, religiousness, political ideologies, and racial/ethnic culture all influence whether this response will be positive or negative to the disclosure (Baiocco et al., 2015, 2016; Cassar & Grima Sultana, 2018; D’amico & Julien, 2012; D’amico et al., 2015; Gattamorta & Quidley-Rodriguez, 2018; Potoczniak et al., 2009). It is primarily GBQP teenagers’ negative perceptions of this reaction (i.e., their parents’ response) that tend to keep them in the closet (Perrin-Wallqvist & Lindblom, 2015).

Research has suggested a theoretical framework to explain coming out by using a sequence of milestones met (Calzo et al., 2011; Floyd & Bakeman, 2006; Rosario et al., 2011). Disclosure of sexual identity can only occur after an individual has initially recognized same-sex attraction and accepted it. Following these milestones, self-identification as a sexual minority may occur, culminating with disclosure of this identification to a few, many, or all individuals (Floyd & Stein, 2002). The movement between

milestones does not happen at a fixed pace and can vary by individual, social, and demographic differences between sexual minority individuals (Rendina et al., 2019) and dependent on the generation from which they come (Grov et al., 2018). Early research has shown that while men reach initial milestones more quickly (e.g., self-recognition of same-sex attraction), they disclose their sexual minority status later than other genders (Savin-Williams & Diamond, 2000). Exploring this gap between recognition and disclosure becomes important for GBQP teenagers, particularly for this current generation. New research with adults has suggested Generation-Z members systematically meet milestones earlier than previous generations, on average coming out to friends and family between ages 15.9 and 17, respectively (Bishop et al., 2020); however, a within-analysis of this cohort that explores teens in the midst of these milestones has not been conducted.

Previous research into prior generations (e.g., Millennials) suggests milestone movement may be impacted by social and demographic factors. For example, perceived social support by friends, family (Doty et al., 2010; Savin-Williams, 2009; Ueno, 2005; Williams et al., 2005), and institutional/structural support from schools (i.e., teachers, counselors, gay/straight alliances; DePaul et al., 2009; Espelage et al., 2008; Rutter et al., 2008; Walls et al., 2010) appear influential across studies investigating teenage sexuality disclosures. Rosario et al. (2004) found that Millennial Black and Latinx teenagers and young adults reportedly disclosed their sexual orientation to fewer people than White teenagers and young adults. Yet whether these factors continue to impact movements toward disclosure is unknown for Generation-Z teenagers.

Gender identity may also play a role over the coming-out milestone for teenagers. Disclosure of sexual orientation for gender-nonconforming, transgender, and other individuals who do not identify as male has been inconsistently measured (Maragh-Bass et al., 2017). Such individuals have not always been accounted for in previous studies because their gender identity may not have been selectable, forcing them either into a male or female category (Vincent, 2018). Germane to this study, their sexual orientation disclosures may vary from cisgender males in frequency (Kuper et al., 2012; White et al., 2018). Those assigned male at birth and who identify as transgender, nonbinary, or genderqueer may show more complexity when explaining their sexual orientation and may not easily fit into a categorical approach (Galupo et al., 2014, 2016). Additionally, coming out as a gender different from that assigned at birth and as a sexual minority takes time, psychological processing, and experience, all of which may take more time to developmentally unfold. Their social experiences (e.g., being gender nonconforming) may be different from those of male-identified GBQP teenagers, which impact disclosures of sexual orientation to parents, friends, schoolmates, and teachers. In response, assessing such coming-out rates of nonmale-identified teenagers is important.

Better understanding how current teens vary in the disclosure milestone and growing the research into transgender and other nonmale-identifying GBQP teens aside, identifying the current demographic and social factors (e.g., stigma, victimization, education curriculum, living in high/low lesbian, gay, bisexual, and transgender [LGBTQ] equality locations) that contribute to coming out is important for adolescent health. First, coming out during the teenage years has been related to significant physical (e.g., suicide/self-harm, drug use, sexually transmitted infection [STI] infection, homelessness) and mental health (e.g., bullying,

academic failure, low familial social support) outcomes and behaviors (Birkett et al., 2014; Cox et al., 2011; Newcomb et al., 2018; Rosario et al., 2006; Russell et al., 2014). While some of these outcomes (e.g., lack of family or other social support) have lessened in severity since those original demographic and social factors were identified in the early 2000s (Alonzo & Buttitta, 2019), they are still relevant for many teenagers (especially males). Thus, identifying who is more likely to come out could be valuable in identifying riskier subpopulations for mental health interventions surrounding, for example, bullying.

Second, coming out itself has increased in diversity in the past 10 years (Phillips et al., 2019). Teenagers are coming out as queer, pansexual, questioning, and even as “mostly heterosexual” for their sexual orientation (Meyer & Wood, 2013; Ott et al., 2011; Owens, 2018). It may be that more individuals identify with terms like queer or pansexual because they capture attractions that extend beyond the binary notions of sex and gender (Morandini et al., 2017). However, there are gender differences in who measures as queer or pansexual, with only 4.4% of men identifying as such, compared to 18.1% of women (Morandini et al., 2017). Identifying who adopts these labels is important because a study using a national sample of LGBTQ students found that those with sexual orientations other than gay or lesbian reported lower levels of outness to both peers and school staff (Kosciw et al., 2018).

Third, coming out as GBQP during teenage years has been shown to be associated with negative social outcomes (e.g., bullying, victimization) and may substantially impact physical and psychological safety (Kosciw et al., 2015, 2018; Russell et al., 2014). Kosciw et al. (2018) found that 70% of pansexual students experienced anti-LGBTQ discrimination in their schools compared to 57.1% for gay and lesbian students and 52.8% for bisexual students. Such instances of discrimination have been associated with drinking and drug use. Feinstein, Turner, et al. (2019) found that bisexual high school students who were more open about their sexual orientation reported higher levels of marijuana use, illicit drug use, and depression. Another study of teenagers found outness and bullying to produce increased binge drinking (Fish et al., 2019). Given adolescence and the high school years are so formative, identifying those who come out, or who are out already, may be advantageous for social marketing campaigns and other forms of health promotion.

Finally, the impact of external geosocial influences on teenage coming out, such as HIV education in one's school or living in a more LGBTQ-accepting geographic location, is not as well understood vis-à-vis factors such as religious upbringing (Baiocco et al., 2016; Winder, 2015) or cultural affinity (Gattamorta & Quidley-Rodriguez, 2018; Potoczniak et al. 2009). Exploring these under-researched, potential influencers of reaching sexuality disclosure as a milestone could provide support for including more sex positive, inclusive, and specific sexual education for the betterment of closeted GBQP teenagers.

Method

Data for this article were collected from January 2018 through January 2020 within the baseline survey for SMART, an ongoing pragmatic trial of a suite of HIV prevention interventions for adolescent gay, bisexual, and other men who have sex with men. SMART uses a sequential multiple-assignment randomized trial

design (Murphy, 2005) to assess the effects of a package of increasingly intensive HIV prevention programs on sexual risk behaviors among racially diverse GBQP teenagers across the United States and three territories (Puerto Rico, Guam, and American Samoa; Mustanski et al., 2020). Due to HIV risk being significantly higher in teenagers assigned male at birth who have sex with men (Centers for Disease Control and Prevention, 2018), individuals assigned female at birth were not recruited for the study.

Eligibility criteria for SMART include (a) being 13–18 years old; (b) being assigned male at birth; (c) identifying as gay, bisexual, queer, pansexual, or attracted to men; (d) reporting some sexual experience (i.e., prior contact with another individual's genitals); (e) being able to speak and read English or Spanish; (f) having consistent Internet access; and (g) reporting an HIV-negative or HIV-unknown serostatus. Data were collected using a computer-assisted self-interview, and participants were paid \$25 for their time. All procedures were approved by the institutional review board with waivers of parental permission (Mustanski, 2011). Data for this study were taken from the baseline assessment of SMART (Mustanski et al., 2020) and collected prior to any intervention participation. At the time of analyses, 1,194 participants had completed the baseline measures.

Measures

The baseline survey took approximately 30 minutes to complete, and all measures for the present analyses were collected within this one survey.

Sociodemographic Characteristics

Participants reported birth date, from which age was calculated, and ZIP code, which we recoded into geographic region and state of residence. Participants also self-reported their racial/ethnic identity, gender identity, sexual identity, living situation, and educational attainment.

HIV-Related Education in School

Based on questions used within the Youth Risk Behavior Surveillance Survey (Centers for Disease Control and Prevention, 2016), participants were asked, “Have you ever been taught about AIDS or HIV infection in school?” and responded with options of “yes,” “no,” and “not sure.” For the purposes of these analyses, we recoded the variable as an indicator of exposure to any HIV education in schools (i.e., yes vs. no/not sure).

Religiosity and Frequency of Religious Services

Based on questions used within the National Longitudinal Study of Adolescent Health (Harris et al., 2009), participants were asked to indicate whether they considered themselves “religious,” “spiritual,” “religious and spiritual,” or “neither religious nor spiritual.” Following this, participants were asked, “In the past 3 months, how often did you attend religious services?” with response options ranging from one (*never*) to five (*once a week or more*).

Socioeconomic Stressors

Participants completed the Responses to Stress Questionnaire (Connor-Smith et al., 2000; Wadsworth & Compas, 2002), which

instructs people the following: "We'd like you to tell us how often you've experienced the following in your life," and it includes eight items (e.g., "we didn't have enough money for new clothes," "we cannot afford a nice place to live"). Response options ranged from zero (*not at all*) to three (*almost every day*) and were averaged to form a score, with higher values indicating greater experience of socioeconomic stress (Cronbach's $\alpha = .92$).

Internalized Sexual Minority Stigma

Participants completed a scale assessing desires to be heterosexual, an indicator of internalized sexual minority stigma (Kuhns et al., 2008; Ramirez-Valles et al., 2010). The participants were instructed, "We are interested in how you feel about the following statements. For each statement, please indicate how much you agree or disagree." The scale contains eight items (e.g., "Sometimes I think that if I were straight, I would probably be happier," "If there were a pill to make me straight, I would take it") with responses ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). Responses were averaged to form an overall score, with higher values indicating greater levels of internalized sexual minority stigma (Cronbach's $\alpha = .89$).

Sexual Minority Victimization

We used a scale from prior research (D'Augelli, 1992) to assess recent experiences of victimization related to participants' sexual minority identities. Participants first read the following introduction: "The following questions are about events that may have happened to you in the past 3 months. Please indicate how often each of the following occurred because you are, or were thought to be gay, bisexual, or transgender. Please answer each question as honestly as you can." Following this, participants responded to a series of six items (e.g., "How many times have you been threatened with physical violence because you are, or were thought to be gay, bisexual, or transgender?" "How many times has someone chased or followed you because you are, or were thought to be gay, bisexual, or transgender?") with response options ranging from 0 (*never*) to 3 (*three times or more*). Following prior studies (Mustanski et al., 2016; Swann et al., 2019), responses were recoded and given a 1 to indicate whether participants reported any experience of each (i.e., any response greater than "never"), which were subsequently averaged to form an overall index of the degree of recent victimization. Scores closer to 0 represent fewer instances of victimization; those closer to 1 represent more instances of victimization.

Ethnic Group Affiliation

We used the Multigroup Ethnic Identity Measure (Phinney, 1992), which captures degree of affiliation with one's ethnic group. Participants are first asked to self-report what they consider to be their ethnic group and are then asked to respond to a series of 12 statements (e.g., "I am active in organizations or social groups that include mostly members of my own ethnic group," "I am happy that I am a member of the group I belong to") with response options ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). Responses were averaged to form an overall score, with higher values indicating greater degrees of affiliation with one's ethnic group (Cronbach's $\alpha = .89$).

Outness

To assess overall degree of sexual identity disclosure, participants were asked, "How out are you to people around you?" with responses ranging from 0 (*not out to anyone*) to 3 (*out to everyone*). Following this, participants were asked to indicate, separately, whether a female and male caregiver are aware of their sexual identity using the question, "Have you told your mother, or the woman who raised you, [father, or the man who raised you] of your sexual orientation" with responses of "Yes," "No," and "I do not have such a person in my life."

Statistical Analyses

We began by using descriptive statistics to characterize the sample. Next, we ran a series of regressions to examine factors associated with each of the three outness outcomes: (a) general outness, (b) outness to a mother figure, and (c) outness to a father figure. Because of the ordinal nature of the general outness item, we conducted a logistic regression with a cumulative logit link function (also called proportional odds model or ordinal logistic regression). For each of the dichotomous outness items regarding parents, we conducted a binary logistic regression. Participants reporting not having a mother and/or father parental figure were excluded from the analyses. Across models, we were interested in a range of factors that might be associated with outness—age, race/ethnicity, sexual identity, gender identity, living situation, whether they were still in high school, region of residence, experience with HIV education in school, religiosity and spirituality, frequency of attending religious services, socioeconomic stress, internalized sexual minority stigma, sexual minority victimization, and ethnic affiliation. For all three outcomes, we ran a series of models with each of these factors in isolation to estimate bivariate associations (i.e., unadjusted odds ratios), followed by a model for each outcome with all factors entered simultaneously to calculate the adjusted associations. Across models, we relied on profile likelihood-based statistics and confidence intervals with robust estimation. Missing data were not a problem; however, in the few instances where participants did not report values, it is noted.

Results

Characteristics of the sample are presented in Table 1. The sample was well distributed across age groups, racial/ethnic identities, regions of the country, and religiosity and spirituality. The majority were gay-identified, were still in high school, were living with their parents/family, and had received at least some HIV education in school. Approximately 5% ($n = 59$) identified as a gender other than male: female ($n = 7$), transgender ($n = 3$), gender nonconforming ($n = 14$), genderqueer ($n = 10$), nonbinary ($n = 21$), or not listed ($n = 4$). In terms of overall outness, very few participants ($n = 27$, 2.3%) reported being out to no one, with 27.6% ($n = 329$) being out to "a select few people," 43.6% ($n = 520$) out to most people, and 26.6% ($n = 318$) out to everyone. In terms of being out to their mother figure, 66.3% ($n = 774$) reported that they were, 32.2% ($n = 376$) reported they were not, and 17 reported they did not have such a person in their lives. Outness to a father figure was lower, with 49.0% ($n = 572$) reporting they were out,

Table 1*Characteristics of the Sample (N = 1,194)*

Characteristic	<i>n</i>	%
Age		
13–14	103	8.6
15–16	467	39.1
17–18	624	52.3
Race/ethnicity		
Asian	77	6.4
Black	187	15.7
Latino	376	31.5
White	468	39.2
Other	86	7.2
Sexual identity ^a		
Gay	804	67.4
Bisexual	288	24.1
Questioning/unsure	32	2.7
Pansexual, queer, demisexual, or other identity	69	5.8
Lives with parents or family		
Yes	1,056	88.4
No	138	11.6
Still in high school?		
Yes	311	26.0
No	883	74.0
Region of residence ^b		
Northeast	181	15.6
Midwest	226	19.4
South	468	40.2
West	283	24.3
Gender identity		
Male	1,135	95.1
An identity other than male	59	4.9
Any HIV education in school		
Yes	805	67.4
No	389	32.6
Religiosity/spirituality		
Religious	178	14.9
Spiritual	318	26.6
Religious and spiritual	150	12.6
Neither	547	45.8
	<i>M</i>	<i>SD</i>
Frequency of religious service attendance ^c	2.30	1.50
Socioeconomic stressors ^d	0.81	0.66
Internalized sexual minority stigma ^e	2.05	0.74
Sexual minority victimization ^f	0.17	0.26
Ethnic affiliation ^e	2.73	0.60

^a*n* = 1,193. ^b*n* = 1,158. Ranges for the continuous variables. ^c 1–5.
^d 0–3. ^e 1–4. ^f 0–1.

42.1% (*n* = 491) reporting they were not, and 8.9% (*n* = 104) reporting they had no such person in their lives.

The results of the regression models are presented in Table 2, and several of the factors were consistently associated with each outcome across models. Compared to those who identified as White, participants who identified as Black had lower odds of being out to each parent. Similarly, those identifying as Asian or from other racial/ethnic groups had substantially lower odds of being out to each parent, with Asian participants also being generally less out overall. Compared to gay-identified participants, those who identified as bisexual or who were unsure of their sexual identity had significantly lower levels of outness overall and substantially lower odds of being out to each parent. Those who self-identified as queer, pansexual, or another sexual identity (e.g., demisexual) were less likely to be out to those around them.

Gender identity was not associated with being out across any category at the bivariable or multivariable levels.

In terms of geographic influences, compared to those from the South, participants from the Northeast and West reported significantly fewer levels of overall outness to a female parent/caregiver. This result did not continue for either the general outness variable or the outness to a male parent/caregiver.

We moved from demographic influencers to variables that might be impactful at a sociobehavioral or sociocultural level. Compared to those who identified as religious, those who identified as both religious and spiritual or as only spiritual had significantly higher levels of outness in general and higher odds of being out to each parent. Findings for those who identified as neither religious nor spiritual had significantly higher levels of outness across all categories at the bivariable level, but after adjusting for the other variables, only outness to a male parent/caregiver remained significant. Those who attended religious services more frequently had significantly lower levels of outness overall; they also had lower odds of being out to each parent at the bivariate level but not within the fully adjusted models. Finally, individuals with higher levels of internalized sexual minority stigma and fewer experiences of victimization had lower levels of overall outness and lesser odds of being out to each parent.

Discussion

In this article, we conducted a set of analyses among a diverse nationwide sample of GBQP, Generation-Z teenagers to understand sociodemographic, geographic, and individual factors associated with outness construed both broadly and with parents. Our goal was also to suggest the key factors that might help or hinder movement from milestones like self-realization of sexual identity to disclosure. Overall, many in the sample were out to most or all people in their lives, with nearly two thirds being out to a female parental figure and nearly half being out to a male parental figure. When examining these three outness variables, several consistent factors emerged as associated with being out. In terms of sociodemographic factors, Black and Asian GBQP teenagers and those of other non-Latino race were less likely to be out than White teens to parents, upholding those previous studies from the 2000s (Grov et al., 2006; Rosario et al., 2004). Gay-identified teenagers were more likely to be out than those who identified as bisexual or were unsure of their identities; to our surprise, no differences by age group were identified. We found that religiosity remains an important factor associated with outness—those who identified as religious had two to three times the odds of not being out compared to those of any other religious or spiritual identity, although some of these findings diminished or lacked significance within multivariable analyses. Independent of this effect, people who attended religious services more frequently had significantly lower levels of outness, broadly construed, but did not differ in terms of outness to either parent in multivariable analyses. Finally, we found that lower levels of internalized sexual minority stigma and more experiences of sexual minority victimization were associated with greater outness across the three indicators.

The levels of outness in this sample were higher relative to some nationwide research with adults (Pew, 2013). For example, Pew data from 2013 among 1,197 sexual minority adults showed 56% were out to a female parent figure and 39% were out to a

Table 2
Multivariable Regressions Predicting Outness

Variable	Model 1: Outness to people around you			Model 2 ^a : Out to female parent/caregiver			Model 3 ^b : Out to male parent/caregiver		
	OR	AOR	AOR 95% CI	OR	AOR	AOR 95% CI	OR	AOR	AOR 95% CI
Age (reference = 13–14)									
15–16	1.00	1.27	[0.81, 1.98]	1.21	1.44	[0.86, 2.38]	1.25	1.43	[0.787, 2.37]
17–18	1.11	1.15	[0.75, 1.77]	1.27	1.50	[0.88, 2.55]	1.35	1.36	[0.81, 2.31]
Race/ethnicity (reference = White)									
Black	0.85	0.72	[0.51, 1.03]	0.60**	0.51*	[0.33, 0.78]	0.50***	0.43***	[0.28, 0.66]
Latino	1.06	0.96	[0.72, 1.30]	0.83	0.73	[0.51, 1.05]	0.89	0.79	[0.56, 1.12]
Asian	0.62**	.56*	[0.34, 0.91]	0.25***	0.25***	[0.14, 0.43]	0.30***	0.26***	[0.14, 0.47]
Other	0.89	0.76	[0.48, 1.22]	0.61*	0.52**	[0.30, 0.89]	0.52**	0.43**	[0.25, 0.74]
Sexual identity (reference = gay)									
Bisexual	0.40***	0.34***	[0.25, 0.45]	0.32***	0.36***	[0.26, 0.49]	.35***	0.38***	[0.28, 0.53]
Questioning/unsure	0.24***	0.20**	[0.08, 0.50]	0.20***	0.24**	[0.08, 0.64]	.24**	0.36*	[0.12, 0.96]
Queer/pansexual/other	0.67*	0.51**	[0.31, 0.83]	0.96	1.02	[0.55, 1.97]	.92	0.80	[0.46, 1.43]
Lives with parents or family (reference = no)									
Yes	0.84	0.78	[0.51, 1.18]	1.05	0.97	[0.58, 1.61]	0.88	0.83	[0.50, 1.38]
Out of high school (reference = no)									
Yes	0.94	0.95	[0.68, 1.34]	1.01	1.06	[0.70, 1.60]	1.25	1.30	[0.87, 1.95]
Region of residence (reference = South) ^c									
Midwest	1.05	0.97	[0.71, 1.32]	1.03	0.85	[0.57, 1.26]	1.14	0.98	[0.68, 1.42]
Northeast	0.90	0.79	[0.56, 1.11]	0.58**	0.52**	[0.34, 0.78]	0.82	0.74	[0.49, 1.10]
West	0.98	0.89	[0.66, 1.20]	0.72*	0.65*	[0.45, 0.94]	0.96	0.92	[0.65, 1.31]
Gender (reference = Male)									
Does not identify as male	1.28	1.32	[0.79, 2.23]	1.47	1.43	[0.73, 2.97]	1.32	1.40	[0.75, 2.66]
Any HIV education in school (reference = no)									
Yes	0.92	1.24	[0.98, 1.758]	0.80	0.97	[0.71, 1.30]	0.92	1.08	[0.81, 1.443]
Religiosity/spirituality (reference = religious)									
Spiritual	2.09***	1.92**	[1.29, 2.85]	2.06***	1.61*	[1.02, 2.57]	2.06***	1.67*	[1.05, 2.64]
Religious and spiritual	1.78***	1.97**	[1.26, 3.08]	1.94**	1.82*	[1.08, 3.089]	2.42***	2.36**	[1.41, 4.00]
Neither	1.69***	1.28	[0.88, 1.88]	1.81**	1.31	[0.85, 2.03]	2.06***	1.59*	[1.03, 2.48]
Frequency of religious service attendance	0.74***	0.88**	[0.81, 0.96]	0.91*	0.96	[0.87, 1.06]	0.92*	0.99	[0.90, 1.10]
Socioeconomic stressors	0.88	0.92	[0.78, 1.12]	0.97	0.96	[0.77, 1.19]	1.05	0.97	[0.79, 1.20]
Internalized sexual minority stigma	0.31***	0.49***	[0.41, 0.58]	0.49***	0.54***	[0.44, 0.65]	0.57***	0.62***	[0.51, 0.74]
Sexual minority victimization	1.88*	1.70*	[1.07, 2.71]	1.67*	1.70	[0.97, 3.03]	1.74*	1.96**	[1.14, 3.39]
Ethnic affiliation	1.02	1.12	[0.91, 1.39]	0.92	1.16	[0.90, 1.48]	0.92	1.12	[0.87, 1.44]

Note. AOR = adjusted odds ratio.

^a $n = 1,115$ (excluding 17 who reported no female parent/caregiver and those with missing data noted in Table 1). ^b $n = 1,029$ (excluding 104 who reported no male parent/caregiver and those with missing data noted in Table 1).

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

male parent figure, which are lower than the 66% and 49%, respectively, within the present sample. This is not surprising, as parents' attitudes toward having a sexual minority child are continuously improving. As of 2015, 57% of parents reported they would not be upset, relative to 36% in 2004, and 23% in 2000 (Gao, 2015). This trend has likely also contributed to generational cohorts of teens coming out at earlier ages (Dunlap, 2016). Surprisingly, this was not a finding we could replicate with our sample, as 13- to 14-year-olds were just as likely to be out as 17- to 18-year-olds. The lack of findings could be attributable to social acceptability reaching high enough peaks that age of coming out has essentially decreased to around the onset of puberty. Alternatively, the null age findings could be an artifact of the sample being recruited for a larger-scale online HIV prevention study. According to the milestones framework, acknowledgment of same-sex attraction and self-realization of a sexual minority identity precede coming out; enactment of same-sex behavior usually predates coming out too (Floyd & Stein, 2002). This study required participants to report some degree of sexual behavioral enactment to be eligible and thus were more likely to be further along on the milestones continuum. It is for this reason that future studies should continually measure outness by age to see if a floor effect has occurred or if the current timeline documented most recently by Bishop et al. (2020) is not generalizable to those under 18.

Our findings regarding religiousness showed some similarities with previous research (Baiocco et al., 2016; Hoffarth & Bogaert, 2017; Winder, 2015) but also described a more complex relationship than that previously understood regarding spirituality. Granted, teenagers identifying as religious were less likely to report outness. They were also less likely to be generally out to people if they reported greater frequency in religious attendance. However, teens who reported being religious in tandem with being spiritual were more likely to come out, even within the adjusted models. In fact, such teens showed similar rates of outness to teens who reported being neither religious nor spiritual. It was previously assumed that religiousness was an indivisible individual difference that kept LGBTQ adolescents/GBQP teens from reaching higher disclosure milestones. Our findings suggest that pockets of religious teenagers may be accessing their spirituality to find strength to come out. Alternatively, teenagers who report being only religious may be referencing their family's religiousness, which may be why they are less likely to be out. Regardless, our findings regarding religiousness suggest future study into spirituality specifically, as almost 39% of our sample endorsed being spiritual.

Additional findings from our study reinforce the impact of internalized sexual minority stigma and experiences of sexual minority victimization on outness. While internalized stigma tended to keep the teenage participants in the closet, victimization was associated with their coming out. The precise directionality of these findings remains unclear though, especially regarding victimization. For example, it is unknown whether teens who are victimized tend to come out more as a resiliency strategy or as a resistance approach to stigma (Asakura & Craig, 2014) or whether those who come out then become targets of victimization. It is also unknown whether gender (a)typicality plays a moderating effect over these constructs. Gender atypicality is associated with victimization among those in adolescence and early adulthood (Toomey et al.,

2012, 2014). While our data showed no differences between identifying as male versus an alternative identity (e.g., nonbinary, transgender) regarding reaching the coming-out milestone, we did not delve into the social role of gender expression, which might better elucidate the relationship. Coming out may be less a choice for teens who self-define along the gender continuum (Russell et al., 2014); alternatively, sexual orientation disclosure may be too difficult for teens who are stereotypically and heteronormatively masculine acting. Regardless, enduring external factors like victimization and developing internal attitudes like internalized stigma are psychologically deleterious (Greene et al., 2014). Finding ways for those with internalized stigma to reconcile their cognitive dissonance may improve rates of teenage sexual orientation disclosure. Most important, linking those being victimized—especially those just coming out of the closet—with helpful allies may improve the coming-out experience and reduce physical or psychological distress (Ybarra et al., 2014).

Our findings were some of the first to incorporate outness data on gender identities other than “male” (for individuals assigned male at birth), as well as sexual orientations other than lesbian, gay, or bisexual (i.e., pansexual, queer). As mentioned, we found no significant differences between teenagers identifying as transgender, nonbinary, gender nonconforming, and those identifying as male, and this finding should be taken with qualification. We had a relatively small sample of such teenagers, and findings must be replicated with a larger sample. For in reviewing the odds ratios and their confidence intervals, it is likely that with more data, non-male identified teens would reach statistical significance and trend toward reporting higher rates of coming out relative to male-identified teenagers. We found significant differences between all three categories of sexual identities (i.e., bisexual, pansexual/queer, and questioning/unsure) relative to those self-identifying as gay regarding general outness. These findings suggest teens may feel uncomfortable or uncertain about discussing their sexuality because their sexual identity may be unknown by older generations. Among their own peers, they may not disclose their identity because it might be misunderstood or they might feel stigmatized or be victimized (Kosciw et al., 2015) if they came out. These reasons have certainly been found for reductions in bi outness for other samples (Israel, 2018; Schrimshaw et al., 2018). Yet, while there may be overlap in our general outness findings, it may not be appropriate to talk about nonmonosexual identities as combinable.

Bisexuals often are grouped demographically with pansexual, queer, and “other” identities (e.g., demisexual) in research, but our findings show no differences between outness to parents for pansexual and queer teenagers when compared with gay teenagers, but bisexual teens reported significantly reduced outness to parents relative to their gay counterparts. Such findings would suggest that pansexual- and queer-identifying teenagers, if anything, could be grouped with gay-identified teenagers regarding reaching disclosure milestones (when such groupings are required). While it may be convenient to group pansexual, queer, and bisexual individuals into a group for research purposes (commonly known as a “bi+” group; Davila et al., 2019; Rahman et al., 2019), our study suggests that to be a mistake, given they report rates of disclosures closer to gay individuals. Nonmonosexual identities other than bisexual are being readily adopted by teenagers. Our own sample showed about 8% self-identifying outside of gay or bisexual. Considering research is literally just starting to count and account for

these identities, treatment of such individuals as being distinct from traditional sexual orientations should become increasingly standard.

Strengths and Limitations

This was a sample recruited online and thus is limited in several ways, including a reliance on self-reported data. Given that participants had to have previous sexual interaction to be eligible, as well as be willing to join a study focused on LGBTQ sexual health, it is likely that there is an overrepresentation of youth who are more likely to be out. This may impact the generalizability of our findings, as the participants have already surpassed some of the key predisclosure sexual identity milestones discussed within the milestones framework. At the same time, this study overcame several limitations usually present in online research, including a rigorous ID verification process to ensure age and focused recruitment of GBQP teenagers in rural areas. Such teens are often unable to access sexual health services and participate in research. Some of our measures of religiousness and spirituality were underdeveloped and may not have captured additional, influential constructs (e.g., religious embeddedness in their community, religiousness among friends and family). Finally, while our study has teenagers who span the continuum of sexual orientations, pansexual and queer identities were underrepresented; gender identities outside of “male” were also underrepresented. Future studies should purposively sample for these additional sexual and gender identities, which are becoming prevalently adopted by teenagers (Watson et al., 2020).

Conclusions

Our study provides an update regarding the correlates of sexual orientation disclosure among modern sexual minority teenagers. It also provides additional evidence for the pacing of reaching sexual identity disclosure, as described by the milestones framework. There are several directions that researchers should investigate given our results. First, understanding the contributing factors that reduce the likelihood of teenagers of color from coming out is paramount. Coming out is positively related to many health outcomes and is a key psychological milestone. Establishing the moments that might increase sexual orientation disclosures among such teens might equally improve some of the sexual health disparities teens of colors report (e.g., HIV/STI infections, access to care). Second, developing a better understanding of pansexual, queer, and demisexual identities is crucial to identify the unique needs of these identities. Researching how teens understand their sequence of identity milestones is in its infancy; one’s self-recognition of an identity outside of the traditional, gay, bisexual, lesbian, and straight paradigm (and then self-identifying as such) is only beginning to be recognized. Disclosure events with parents and friends about such identities are unknown, and while outside the scope of this current study, the larger sexual and nonsexual health concerns of these groups remain undefined. Yet the more researchers acknowledge these identities and sample for them, the more likely they will be perceived as mainstream. Such research could actually make it easier for teens to disclose their pansexual, queer, or demisexual identities as a function of scientific publicity. Finally, our findings reinforce the need for better interventions for

teenagers who may feel internalized stigma or may be bullied or victimized because of their identities. There is a push to provide teenagers with comprehensive sexual education that is specifically LGBTQ focused (Ventuneac et al., 2020). Part of these programs should address internalized stigma and victimization because these are problems teens are trying to overcome. If teenagers of all sexual orientations can reduce internal and external conflicts, then increased self-acceptance, disclosure, and social support will likely ensue.

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