

Psychology of Sexual Orientation and Gender Diversity

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Online First Publication, February 15, 2024. <https://dx.doi.org/10.1037/sgd0000713>

CITATION

Hanna-Walker, V., Caba, A. E., Simon, K. A., Renley, B. M., Lefkowitz, E. S., & Watson, R. J. (2024, February 15). Identity Outness to Family Among Gender Diverse Sexual Minority Youth: A Latent Profile Analysis. *Psychology of Sexual Orientation and Gender Diversity*. Advance online publication. <https://dx.doi.org/10.1037/sgd0000713>

Identity Outness to Family Among Gender Diverse Sexual Minority Youth: A Latent Profile Analysis

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Gender diverse sexual minority youth (SMY) must manage disclosure decisions and the related implications of disclosure for two minoritized identities. However, little is known about the patterns of outness for gender diverse SMY or how these patterns are associated with their well-being. Using a sample of 4,200 gender diverse SMY ages 13–17 years old ($M_{\text{age}} = 15.43$), this article used latent profile analysis to examine diverse patterns of outness to family (e.g., parents, siblings, and extended family) among gender diverse SMY and how various social positions (e.g., sexual and gender identity, race/ethnicity, geographic region, and age) are associated with profile membership. We also examined how gender diverse SMY's well-being (e.g., depressive symptoms and feelings of stress) differ by outness profiles. We found five profiles: limited outness to all family ($n = 1,791$), only sexual identity out to all family ($n = 781$), sexual/gender identities (SGI) out to all family ($n = 705$), SGI out to parents/siblings ($n = 699$), and only gender identity out to all family ($n = 224$). We found significant differences in profile membership based on sexual and gender identity, race/ethnicity, geographic region, and age. Our results indicate that youth who were out about only one identity experienced more depressive symptoms and/or feelings of stress than youth who were out about both identities. We describe implications for identity-specific interventions and programs that help youth in disclosing to their family.

Public Significance Statement

We found gender diverse sexual minority youth (SMY) who were out to their family about only one of their identities reported disproportionately negative health outcomes compared to gender diverse SMY who are out about their sexual and gender identities. These results suggest that interventions that help youth navigate disclosure decisions to family should consider how having both a minoritized sexual and gender identity can influence this process.

Keywords: gender diverse sexual minority youth, sexual and gender identity outness, latent profile analysis

Gender diverse sexual minority youth (SMY; e.g., a nonbinary pansexual young person) must manage the disclosure, or coming out, of two marginalized identities. However, little is known about patterns of outness for gender diverse SMY or how well-being differs by these

patterns. The available literature on gender diverse SMY indicates that gender diverse SMY experience more depressive symptoms (Eisenberg et al., 2019) and feelings of stress (Krueger et al., 2018) than their heterosexual and/or cisgender peers, or their counterparts who identify as cisgender SMY or heterosexual gender minority youth (GMY). The pressures (e.g., anticipating rejection from family; Mallory et al., 2021) and potential harms of disclosure (e.g., discrimination; Ryan et al., 2010) could be exacerbated for gender diverse SMY who must navigate disclosure decisions about two minoritized identities to their family. Furthermore, what identities and to whom gender diverse SMY disclose may be influenced by the intersection of multiple social positions, such as sexual (Keene et al., 2022) and gender identity (Bockting et al., 2009), race/ethnicity (Keene et al., 2022), geographic region (Moskowitz et al., 2022), and age (Caba et al., 2022).

To better understand the nuances of health across a group of sexual and gender diverse youth, it is important to better understand whether gender diverse SMY are out about one, both, or neither of their identities to their family and what social positions predict these patterns of outness. Additionally, if different patterns of outness exist, whether well-being (i.e., depressive symptoms and feelings of stress) differs by these patterns.

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This work was also supported through funding by the National Institutes of Drug Abuse (Grant K01DA047918). The authors acknowledge the important contributions of Ellen Kahn, Gabe Murchison, and Liam Miranda in their support, conceptualization, and management related to the lesbian, gay, transgender, and queer (LGBTQ) National Teen Study. The authors have no conflicts of interest to declare. This research uses data from the LGBTQ National Teen Study, designed by Ryan J. Watson and Rebecca M. Puhl in collaboration with the Human Rights Campaign, and supported by the Office for Vice President of Research at the University of Connecticut. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

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Disclosure of Sexual and Gender Minority (SGM) Identities

Disclosure has implications for SGM individuals' well-being. For instance, lesbian and gay young adults who report more concealment on a single day also experience more depressive symptoms and less life satisfaction and self-esteem compared to days when they report more identity disclosure (Beals et al., 2009). However, the disclosure process and the subsequent implications for well-being are unique for SMY and GMY, and possibly even more so for gender diverse SMY.

First, SMY and GMY outness varies by audience of disclosure. For example, SMY and GMY typically disclose their sexual or gender identities to siblings before parents (Bishop et al., 2020) and sexual minority individuals' grandparents are less likely to know about their sexual identities than parents and siblings (see Scherrer, 2010 for a review). The context-dependent nature of disclosure may be especially salient for gender diverse SMY as they make decisions about disclosure for both their sexual and gender identities to various family members. However, to date no literature has examined gender diverse SMY's patterns of outness for their sexual and gender identities.

Second, sexual and gender identity disclosure in adolescence results in a "developmental collision" (Russell & Fish, 2019, p. 5). In other words, SMY and GMY experience the stressors of normative adolescent development (e.g., elevated self-consciousness and insecurity; Meschke et al., 2012) and SGM identity development (e.g., managing the disclosure of their sexual or gender identities; Russell & Fish, 2019) at the same time. Scholars posit that these compounding stressors contribute to the disparities in well-being between heterosexual and cisgender youth compared to SMY and GMY (Russell & Fish, 2019). However, the implications of disclosure may be especially prevalent for gender diverse SMY's well-being because they are managing the disclosure of two minoritized identities.

In this article, we consider gender diverse SMYs' disclosure to parents, siblings, and extended family (e.g., grandparents) separately because research has found that disclosure to parents, siblings, and extended family (Bregman et al., 2013; Even-Zohar, 2023; Fahs, 2021; Grafsky et al., 2018) differentially impact SMY's and GMY's well-being. For instance, in qualitative work, scholars have observed that identity disclosure does not necessarily alter the child-grandparent relationship (Even-Zohar, 2023). As such, it is imperative to examine gender diverse SMY's varying patterns of sexual and gender identity outness to different family members as these patterns could have important, but to date unexamined, implications for gender diverse SMY's well-being.

The Complexity of Sexual and Gender Identity Disclosure

Minority stress theory suggests that SMY's and GMY's compromised well-being is in part driven by increased stressors based on their stigmatized identities, such as concealing their sexual or gender identity (Hendricks & Testa, 2012; Meyer & Frost, 2013). The decision to disclose or conceal a stigmatized identity is complex. The Disclosure Process Model (DPM; Chaudoir & Fisher, 2010) describes how different factors such as approach goals (e.g., the desire to strengthen a relationship) and avoidance goals (e.g., the desire to lessen stress) may influence the decision to disclose. According to the DPM, each

disclosure event, and the outcomes of each event (e.g., support or rejection), influence subsequent motivations to disclose or conceal one's identity (Chaudoir & Fisher, 2010). Concealment may be associated with poorer mental health due to the psychological stress generated by hiding one's identity and a potential lack of social support from SGM communities (Pachankis & Jackson, 2023; Pachankis et al., 2020). Additional research demonstrates that concealment motivation, concealment behavior, and identity nondisclosure are distinct psychological and behavioral processes that uniquely predict mental health and identity-relevant outcomes (Jackson & Mohr, 2016; Quinn et al., 2017).

Previous research on the association between SMY's and GMY's outness and well-being has been mixed, with being out associated with both better (e.g., fewer depressive symptoms; Rentería et al., 2023) and worse (e.g., more depressive symptoms and disclosure-related stress; Feinstein & Dyar, 2017; Pollitt et al., 2017) well-being. The association between both sexual and gender identity outness to family and well-being may be even more complex for gender diverse SMY as they experience double jeopardy (i.e., when individuals experience discrimination due to their multiple minoritized identities; Hancock & Daigle, 2021). Indeed, gender diverse SMY may experience the potentially stressful process of disclosure for both of their minoritized sexual and gender identities (Mallory et al., 2021; Pariseau et al., 2019). For instance, one qualitative study found that gay and bisexual transgender men had concerns about their family's ability to understand both their sexual and gender identities (Bocking et al., 2009).

Prior work suggesting associations of outness with SMY's and GMY's social positions and well-being has been variable-centered (e.g., Feinstein & Dyar, 2017; Pollitt et al., 2017; Rentería et al., 2023). Variable-centered approaches examine one-by-one associations between variables of interest (Howard & Hoffman, 2018). Even multivariate analyses like multiple regressions ultimately simultaneously examine associations of each specific predictor with an outcome. However, person-centered approaches categorize individuals into distinct patterns, or profiles, based on primary variables of interest (Collins & Lanza, 2009). Using person-centered analyses, such as latent profile analysis (LPA), will not only allow us to observe different patterns of outness to family members for gender diverse SMY, but also examine if certain patterns put these youth at an increased risk for worse well-being than youth with other patterns of outness to family. For instance, prior work suggests that outness to different family members has differential impacts on SMY's and GMY's well-being (Even-Zohar, 2023; Fahs, 2021; Grafsky et al., 2018). Yet, to our knowledge, research has not considered whether certain patterns of outness to different family members, about sexual and/or gender identities, put gender diverse SMY at greater risk of adverse well-being. Thus, further work is needed to examine potential patterns of outness for gender diverse SMY and how gender diverse SMY's depressive symptoms and feelings of stress differ by these patterns.

When examining how well-being differs by patterns of outness for gender diverse SMY, it is important to consider family rejection as evidence suggests that whether families reject SMY and GMY is important to their well-being (McConnell et al., 2016). SMY and GMY who feel their families are more accepting or less rejecting of their sexual and gender identities experience fewer depressive symptoms and less stress than SMY and GMY who feel their families are less accepting (Pariseau et al., 2019; Ryan et al., 2010). Therefore, when examining how gender diverse SMY's well-being

differs by their patterns of sexual and gender identity outness, it is important to take family rejection into account. As such, we consider how gender diverse SMY's well-being differs by patterns of outness to various family members while controlling for family rejection.

Social Positions and Disclosure

When examining different patterns of disclosure, it is also important to consider the intersection of social positions (Orne, 2011), as prior research suggests disclosure differs based on SMY's and GMY's sexual and gender identities (Bockting et al., 2009), race/ethnicity (Keene et al., 2022), geographic region in the United States (Moskowitz et al., 2022), and age (Caba et al., 2022). For example, gay transgender and binary transgender individuals are more likely to disclose their sexual and gender identities across multiple contexts (e.g., family, friends, and work) than bisexual transgender, nonbinary transgender, and gender-nonconforming individuals (Bower-Brown et al., 2023; Keene et al., 2022). White SGM individuals are also out to more family members than their African American, Latinx, and Asian American peers (Balsam et al., 2015; Garvey et al., 2019). Older SMY are more likely to be out to their siblings about their sexual identities compared to younger SMY (Caba et al., 2022).

One possible explanation for these differences in outness by social position is potential differences in feelings of safety. For example, bisexual (Feinstein & Dyar, 2017) and nonbinary (James et al., 2016) individuals experience unique stressors compared to their lesbian and gay or transgender peers. Sexual minority people of color report fearing heterosexism within their racial/ethnic communities (Balsam et al., 2015). Youth living in the South or Midwest may be more cautious about disclosing their sexual and gender identities than youth living in other U.S. regions due to persistent negative attitudes toward SGM individuals (Paceley et al., 2021). In addition, youth may fear losing their family as a source of social support when contemplating whether to disclose (Williams et al., 2005). Therefore, older youth may feel more comfortable and safer disclosing their identities to their family because they have more resources (e.g., support from their friends; Sheets & Mohr, 2009) compared to younger youth.

The Current Article

Little is known about gender diverse SMY's patterns of outness or how their well-being differs by these patterns. Given that sexual and gender identity disclosure is an ongoing, context-dependent process, gender diverse SMY may be out about one, both, or neither of their sexual and gender identities to their parents, siblings, and extended family. Gender diverse SMY's depressive symptoms and feelings of stress may differ by distinct patterns of outness, even after controlling for family rejection. Thus, the purpose of this article was to examine different patterns of outness to family for gender diverse SMY, whether these patterns differ by youth's social positions, and whether well-being differs by these patterns. Our research questions (RQs) were:

- RQ1: What different patterns of outness to family exist for gender diverse SMY?
- RQ2: Are youth's multiple social positions (e.g., sexual and gender identities, race/ethnicity, geographic region, and age) associated with different patterns of outness?

RQ3: Do youth's depressive symptoms and feelings of stress differ by their patterns of outness, after controlling for family rejection?

Method

Procedure and Participants

Our data were from the lesbian, gay, transgender, and queer (LGBTQ) National Teen Survey, collected between April and December 2017 in conjunction with the human rights campaign (HRC). HRC recruited youth online through their social media platform and we used numerous social media accounts (e.g., Twitter, Facebook, Instagram, Reddit, and Snapchat) and some social media influencers' accounts for recruitment. The survey included questions about demographics, sexual and gender identity outness within numerous contexts (e.g., family members, friends, teachers, religious leaders, etc.), and mental health (e.g., depression). The Institutional Review Board at the University of Connecticut approved all study procedures, including a parental waiver of consent. There were 29,291 youth who viewed the survey consent page. To be included in the final sample, youth had to be between the ages of 13–17 years old, identify as a sexual and/or gender minority, live in the United States at the time they took the survey, and be English-speaking. We removed respondents who did not meet these criteria or who completed less than 10% of the survey from the sample. For the current article, we further restricted the analytic sample to include youth who identified as a gender diverse SMY, answered questions about their sexual and gender identity outness to their family, and reported having at least one family member ($N = 4,200$). Youth were between 13 and 17 years old ($M_{\text{age}} = 15.43$, $SD = 1.31$). See Table 1 for additional demographic information.

Measures

Sexual Identity

Youth answered one question about their sexual identities, "How do you describe your sexual identity?" and could only select one option from the following: "gay or lesbian," "bisexual," "straight, that is, not gay," or "something else." We removed all straight youth from the analytic sample. Participants who selected "something else" received the question, "By something else, do you mean that..." with the response options: "queer," "pansexual," "asexual," "questioning," and "other"; "other" included a write-in option. Using both variables, we created six dichotomous variables: *bisexual*, *pansexual*, *asexual*, *queer*, *questioning*, and *other* ($= 1$) with *lesbian/gay* ($= 0$) as the reference group.

Gender Identity

To measure gender identity, we asked youth "What is your current gender identity?" with the following response options: "male," "female," "transmale/trans boy," "transfemale/trans girl," "nonbinary," and "different identity (please state)." Youth could check multiple response options. We also asked, "What sex were you assigned at birth?" with "male" and "female" as response options. We removed all cisgender youth from the analytic sample (e.g., identified as male and reported male as their sex assigned at birth). We created a dichotomous variable (*nonbinary* = 1) with *transgender* ($= 0$) as the

Table 1
Sample Demographics

Demographic variables	%
Sexual orientation	
Pansexual	26.4
Bisexual	25.8
Lesbian/gay	23.7
Queer	8.6
Asexual	7.8
Questioning	3.6
Other	4.1
Gender identity	
AMAB nonbinary	65.3
Transgender boy	23.3
AFAB nonbinary	8.5
Transgender girl	2.9
Race/ethnicity	
White	65.4
Biracial/multiracial	17.2
Hispanic/Latinx	9.0
Black	3.7
Asian	3.2
Native American	0.7
Middle Eastern	0.2
Other	0.6
Geographic region	
South	36.1
Midwest	23.7
West	21.8
Northeast	18.4
First parent's/primary caregiver's education	
High school degree/general education development or less	24.3
Vocational/technical school training	3.9
Some college	17.1
Bachelor's degree	33.7
Postgraduate degree or higher	21.0

Note. AMAB = assigned male at birth; AFAB = assigned female at birth.

reference group. We combined youth who reported identifying as transmale/trans boy and transfemale/trans girl into one category and assigned-female-at-birth and assigned-male-at-birth nonbinary youth into one category because we did not have enough participants for separate analyses.

Race/Ethnicity, Geographic Region, and Age

We created four dichotomous race/ethnicity variables (Black, Hispanic/Latinx, Biracial/Multiracial, and Asian American/Indigenous/Another race/ethnicity, 0 = *no*, 1 = *yes for all*) where the reference group was *White* (= 0). We combined youth who identified as Asian American, Indigenous, and another race/ethnicity (e.g., Middle Eastern) because we did not have enough participants for separate analyses. We also recoded the fifty U.S. states into four dichotomous variables (*Midwest*, *Northeast*, and *West* = 1) where *South* (= 0) was the reference category. We measured age in years.

Sexual and Gender Identity Outness

Youth answered three questions about how many people in their family knew of their sexual identities, and three about their gender identities (e.g., "For each of the following groups, how many people currently do you think know of your sexual orientation?"). The three

questions addressed three groups of family members: parents, siblings, extended family. Response options ranged from 1 (*none*) to 5 (*all*). When youth did not have parents, siblings, and/or extended family, they had the option to choose "Does not apply to me," which was set as missing in the analysis. Higher values indicate being out to more family members. The items measuring sexual and gender identity outness have strong face validity (Johnson, 2013).

Depressive Symptoms

We measured depressive symptoms using a modified version of the 11-item Kutcher Adolescent Depression Scale (Brooks et al., 2003). We removed one item (i.e., suicidality) from the original 11-item scale to facilitate the receipt of a waiver of parental consent. The scale asked about a range of depressive symptoms (e.g., low mood and depressed) in the past week with response options ranging from 0 (*hardly ever*) to 3 (*all the time*). We calculated a mean score for all youth, with good reliability ($\alpha = .89$). Higher values indicate more depressive symptoms. Prior research has found that this measure has both concurrent and discriminant validity (Lowe et al., 2018).

Feelings of Stress

We measured feelings of stress using a single item "Please mark the appropriate number corresponding with your average levels of stress" with response options ranging from 1 (*not stressed at all*) to 10 (*very stressed*). Higher values indicate more average feelings of stress. This measure has strong face validity (Johnson, 2013).

LGBTQ-Specific Family Rejection

We asked youth four items to measure LGBTQ-specific family rejection, "How much do you feel that your family..." followed by four statements (e.g., "Taunt or mock you because you are an LGBTQ person?," "Say negative comments about you being an LGBTQ person?," "Say bad things about LGBTQ people in general?," and "Make you feel like you are bad because you are an LGBTQ person?"; Gamarel et al., 2020) answered on a 4-point scale from 1 (*never*) to 4 (*often*). The scale had good reliability ($\alpha = .82$). The four items were averaged; higher values indicate more LGBTQ-specific family rejection. This measure demonstrates concurrent validity in that it relates to negative health outcomes (Ryan et al., 2009).

Data Analysis Plan

We managed data in Stata (StataCorp Version, 16, 2019) and analyzed in *Mplus* 8 (Muthén & Muthén, 2017). To examine gender diverse SMY's different patterns of outness to family (RQ1), if youth's multiple social positions are associated with different patterns of outness (RQ2), and if depressive symptoms and feelings of stress differ based on patterns of outness after controlling for family rejection (RQ3), we used LPA. Because 4.4% youth did not have parents, 13.3% did not have siblings, and 6.5% did not have extended family, we ran models using full-information maximum likelihood. We evaluated model fit using the Bayesian information criteria (BIC; Schwarz, 1978), sample size adjusted BIC (SABIC; Sclove, 1987), and Akaike's information criteria (AIC; Akaike, 1998), with values closer to zero indicating better model fit (Masyn, 2013). We also used the adjusted Lo-Mendell-Rubin likelihood ratio test (LMR) and bootstrapped likelihood ratio test

(BLRT) to compare the k-profile model to the k-1 profile model; if the adjusted LMR or BLRT were significant, the k-1 profile model had significantly worse fit than the k-profile model (Spurk et al., 2020). We also examined model entropy, a measure of profile separation where values closer to one indicate better profile separation (Celeux & Soromenho, 1996). Although entropy is not a model fit statistic and should not be relied upon to determine the final profile solution, it is common practice to report model entropy as an indicator of how accurately the model defines profiles (Weller et al., 2020). In other words, entropy evaluates how accurately individuals have been assigned profile membership (Spurk et al., 2020). After choosing the best-fitting model, we examined how covariates were associated with the odds of profile membership in Mplus using multinomial regression (Ferguson et al., 2020). We then examined the association between our profiles and our distal outcomes in Mplus using the manual three-step Vogel's approximation method (VAM) approach (McLarnon & O'Neill, 2018). *p* values greater than .01 were not considered significant due to the large sample size.

Results

Identifying the Best-Fitting Model

We examined models containing two to nine profiles; we stopped computing models at the nine-profile solution because the adjusted LMR test suggested the nine-profile solution did not fit better than the eight-profile solution. We chose the five-profile solution as the best-fitting model because of low AIC, BIC, and SABIC values compared to the four-profile solution; the adjusted LMR and BLRT also indicated that the five-profile solution fit better than the four-profile solution. Additionally, the five-profile solution had good classification quality (entropy = 0.90). Although the AIC, BIC, and SABIC values for the six- to nine-profile solutions continued to decrease, the adjusted LMR and BLRT were significant, and had high entropy, the additional profiles in the six- to nine-profile solutions were not meaningfully different from the profiles in the five-profile solution. Model fit statistics for the two- to nine-profile solutions can be found in Table 2.

Descriptions of Each Profile

The first profile (limited outness to all family) was the largest profile with 1,791 youth (42.6% of the overall sample); these youth were

out to very few family members about their sexual or gender identities. The second profile, only sexual identity out to all family included 781 youth (18.6%). Youth in this profile were out to many family members about their sexual identity but out to very few family members about their gender identity. The third profile, Sexual/gender identities (SGI) out to all family, contained 705 youth (16.8%) who were out to many family members for both their sexual and gender identities. The fourth profile, SGI out to parents/siblings, included 699 youth (16.6%). These youth were out to many parents/siblings about their sexual and gender identities but out to very few extended family members. Finally, the fifth profile, Only gender identity out to family contained 224 youth (5.3%) who were out to few family members about their sexual identities but out to many family members about their gender identities. See Figure 1 for profile and sample grand means.

Predictors of Profile Membership

We chose SGI out to all family as our reference profile for all analyses as prior research suggests SMY and GMY who are out about their identities can have worse well-being than SMY and GMY who are not out about their identities (Feinstein & Dyar, 2017; Pollitt et al., 2017). Thus, gender diverse SMY in the SGI out to all family profile may have worse well-being than youth in other profiles. See Table 3 for complete results on all demographics predictors.

Sexual Identity

Bisexual and asexual youth had higher odds of being in the limited outness to all family profile than in the SGI out to all family profile. In addition, questioning youth had lower odds of being in the only sexual identity out to all family profile compared to the SGI out to all family profile. We found no differences in profile membership for pansexual, queer, and youth who identified their sexual identity as other.

Gender Identity

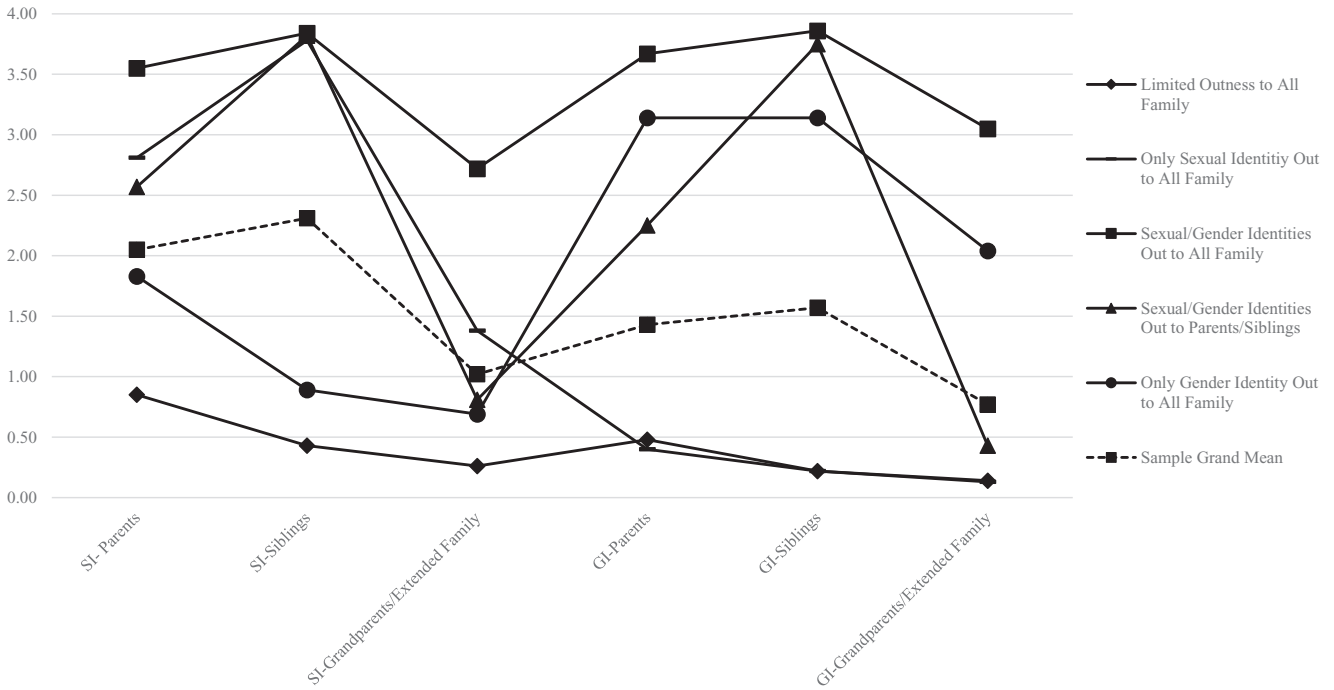
Nonbinary youth had higher odds of membership in the limited outness to all family, Only sexual identity out to all family, and SGI out to parents/siblings profiles than in the SGI Out to all family profile.

Table 2
Model Fit and Profile Separation Statistics for One to Nine Profile Solutions

Profiles	Log likelihood	AIC	BIC	SABIC	LMR	BLRT	Entropy
1	-39,895.26	79,814.53	79,890.64	79,852.51	—	—	
2	-34,376.41	68,790.81	68,911.33	68,850.95	<i>p</i> < .001	<i>p</i> < .001	0.93
3	-32,640.54	65,333.07	65,497.99	65,415.37	<i>p</i> < .001	<i>p</i> < .001	0.92
4	-31,044.91	62,155.82	62,365.14	62,260.28	<i>p</i> < .001	<i>p</i> < .001	0.89
5	-29,929.52	59,939.04	60,192.75	60,065.65	<i>p</i> < .001	<i>p</i> < .001	0.90
6	-29,364.82	58,823.64	59,121.76	58,972.41	<i>p</i> < .05	<i>p</i> < .001	0.90
7	-28,729.02	57,566.04	57,908.55	57,736.96	<i>p</i> < .001	<i>p</i> < .001	0.90
8	-28,351.60	56,825.21	57,212.12	57,018.29	<i>p</i> < .05	<i>p</i> < .001	0.90
9	-27,897.22	55,930.43	56,361.74	56,145.67	<i>p</i> = .28	<i>p</i> < .001	0.90

Note. Bolded values indicate the chosen number of profiles. Entropy is a measure of profile separation. AIC = Akaike's information criteria; BIC = Bayesian information criteria; SABIC = sample size adjusted BIC; LMR = Lo-Mendell-Rubin likelihood ratio test; BLRT = bootstrapped likelihood ratio test.

Figure 1
Item Response Mean Plot of Five-Profile Solution and the Sample's Grand Mean



Note. SI = sexual identity; GI = gender identity.

Race/Ethnicity

Black and Asian American/Indigenous/another race/ethnicity (AIA) youth had higher odds of being in the limited outness to all family profile than in the SGI out to all family profile. We found no significant difference in profile membership for multiracial and Latinx youth.

Geographic Region

Youth living in the Northeast, Midwest, and West had lower odds of membership in the limited outness to all family profile and the SGI out to parents/siblings than in the SGI out to all family profile. Similarly, youth living in the Northeast and West had lower odds of membership

Table 3
Demographic Predictors of Profile Membership

Demographic variables	Reference group—SGI out to all family											
	Limited outness to all family			Only SI out to all family			SGI out to parents/siblings			Only GI out to all family		
	OR	SE	p	OR	SE	p	OR	SE	p	OR	SE	p
Bisexual	1.77	0.26	<.001	1.04	0.17	.80	1.54	0.27	.01	1.24	0.31	.40
Pansexual	1.43	0.20	.01	0.82	0.13	.20	1.51	0.25	.01	0.88	0.24	.64
Asexual	2.14	0.43	<.001	0.63	0.16	.06	1.32	0.33	.26	2.12	0.65	.01
Queer	1.04	0.20	.85	0.66	0.14	.05	1.08	0.24	.75	0.90	0.30	.75
Questioning	1.52	0.40	.11	0.27	0.12	<.01	1.08	0.36	.82	1.26	0.54	.61
Other	0.92	0.23	.74	0.75	0.22	.33	1.20	0.36	.56	1.01	0.44	.98
Nonbinary	3.02	0.32	<.001	5.11	0.70	<.001	2.07	0.26	<.001	0.95	0.18	.80
Black	3.33	1.18	<.01	1.08	0.49	.87	1.80	0.75	.16	1.83	1.05	.30
Latinx	1.59	0.32	.02	1.34	0.30	.20	1.38	0.32	.16	1.52	0.48	.19
Multiracial	0.99	0.13	.94	0.73	0.11	.05	0.90	0.14	.51	0.97	0.22	.90
AIO	2.24	0.58	<.01	1.17	0.36	.64	1.76	0.54	.07	1.00	0.51	.99
Northeast	0.43	0.06	<.001	0.62	0.10	<.01	0.46	0.08	<.001	1.06	0.26	.83
Midwest	0.60	0.08	<.001	0.77	0.12	.09	0.56	0.09	<.001	1.15	0.27	.58
West	0.43	0.06	<.001	0.57	0.09	<.001	0.44	0.07	<.001	0.73	0.19	.23
Age	0.76	0.03	<.001	0.83	0.04	<.001	0.84	0.04	<.001	0.96	0.07	.53

Note. SGI = sexual/gender identities; SI = sexual identity; GI = gender identity; AIO = Asian/Indigenous/other. Results were significant at $p < .01$ and $p < .001$.

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in the only sexual identity out to all family than in the SGI out to all family profile.

Age

Older youth had lower odds of membership in the limited outness to all family, only sexual identity out to all family, and SGI out to parents/siblings profiles than in the SGI out to all family profile.

Differences in Profiles by Well-Being

See Table 4 for complete results. Gender diverse SMY in the only gender identity out to all family had significantly more depressive symptoms than youth in the SGI out to all family profile while controlling for family rejection, sexual and gender identities, race/ethnicity, geographic region, and age. Gender diverse SMY in the only GI out to all family and only sexual identity out to all family reported significantly more stress than youth in the SGI out to family profile while controlling for family rejection, sexual and gender identities, race/ethnicity, geographic region, and age.

Discussion

Gender diverse SMY hold two stigmatized identities that involve disclosure, possibly putting them at greater risk of discrimination and adverse health outcomes (Hancock & Daigle, 2021). However, little is known about the patterns of outness for gender diverse SMY's sexual and gender identities and how well-being differs by these patterns. As such, the goal of this article was to better understand gender diverse SMY's patterns of outness, whether these patterns differ by youth's social positions, and if gender diverse SMY's well-being differed by these patterns after controlling for family rejection. In the current article, five distinct profiles characterized gender diverse SMY's patterns of outness to their parents, siblings, and extended family: limited outness to all family, only sexual identity out to all family, SGI out to all family, SGI out to parents/siblings, and only gender identity out to all family. Broadly, we found that profiles differed based on youth's social positions, and that youth in profiles characterized by being out to family about only one identity had more depressive symptoms and/or feelings of stress compared to youth who were out about both identities.

Our profiles suggest that gender diverse SMY's outness differs based on disclosure audience and type of identity. Previous research found that SMY disclose their sexual identities to their siblings before their parents (Bishop et al., 2020), suggesting we might find a pattern of outness to siblings but not parents, but we did not find a profile with this defining feature. Our results support prior research that SMY and GMY youth are not typically out to extended

family (e.g., Scherrer, 2010); more than half of gender diverse SMY in our sample were in a profile characterized by being out to few extended family members. In addition, it was more common for gender diverse SMY to be in a profile characterized by being out to many family members about their sexual identities than a profile characterized by being out to many family members about their gender identities. Our profiles, when compared to the sample's grand mean for each profile indicator, suggest there is utility in using person-centered analyses when examining gender diverse SMY's outness. This comparison indicates that, overall, gender diverse SMY are more out about their sexual identities than their gender identities. As we believe this article is the first to examine gender diverse SMY's sexual and gender identity outness profiles in tandem, future work is needed to understand why gender diverse SMY are more likely to be out about their sexual identities rather than their gender identities and what factors explain disclosure about one identity over another.

Almost half of gender diverse SMY were in the limited outness to all family profile characterized by being out to very few family members about either of their identities. As prior research has found that supportive parent-child relationships are imperative to SMY's and GMY's well-being (e.g., Mills-Koonce et al., 2018), and that disclosure decisions can be extremely stressful (Mallory et al., 2021), it is important to understand the sources of support for gender diverse SMY during this period of development. SMY typically disclose their identity to friends or siblings rather than their parents (Bishop et al., 2020), and transgender youth express their gender identity in certain places and not others to feel safe regarding their outness and presentation (Bry et al., 2017). As such, although these youth had low levels of outness about their identities to their family, it is possible they were out to their friends. Further research is needed to examine who gender diverse SMY are out to when they are not out to their family to examine the sources of support these youth have.

Youth in Profiles of Lower Outness Tended to Have More Vulnerable Social Positions

We found that gender diverse SMY who held social positions associated with unique stressors in prior research (e.g., bisexual youth experience more discrimination than lesbian/gay youth; Feinstein & Dyar, 2017) had higher odds of being in profiles characterized by being out to very few family members. For example, youth in the limited outness to all family profile had higher odds of identifying as bisexual, asexual, or nonbinary, were younger, living in the South, or were Black or AIA when compared to profiles where youth were out about both their sexual and gender identities. In addition, youth who identified as nonbinary, lived in the South,

Table 4

Significant Differences Between Profile-Specific Means for Depressive Symptoms and Feelings of Stress

Outcome variables	Ref—SGI out to all family	Limited outness to all family			Only SI out to all family			SGI out to parents/siblings			Only GI out to all family		
	<i>M</i>	<i>M</i>	<i>M</i> diff	<i>p</i>	<i>M</i>	<i>M</i> diff	<i>p</i>	<i>M</i>	<i>M</i> diff	<i>p</i>	<i>M</i>	<i>M</i> diff	<i>p</i>
Depressive Sym	2.14	2.08	-0.62	.14	2.26	0.12	.01	2.07	-0.03	.57	2.76	-0.61	<.001
Feelings of stress	1.70	1.80	0.10	.36	3.06	1.36	<.001	1.73	0.07	.13	6.39	-4.69	<.001

Note. Controls included family rejection, sexual identity, gender identity, race/ethnicity, geographic region, and age. Sym = symptoms; Ref = reference group; SGI = sexual/gender identities; SI = sexual identity; GI = gender identity.

and were younger had higher odds of being in the only sexual identity out to all family profile than in the SGI out to all family profile. Prior evidence suggests that bisexual, nonbinary, and younger individuals are at a higher risk of discrimination than their lesbian/gay (Feinstein & Dyar, 2017), transgender (James et al., 2016), and older peers (Hidalgo et al., 2019; Rice et al., 2021). In addition, asexual individuals experience unique biases and prejudices other sexual minority groups do not (e.g., MacInnis & Hodson, 2012). Therefore, gender diverse SMY in these more vulnerable social positions may have higher odds of being in profiles defined by being out to fewer family members because they feel less safe disclosing their sexual and gender identities.

Another explanation for our findings may be that some identities may not necessitate sexual and gender identity disclosure because the actions of youth with these identities may be consistent with hetero- or cisnormative assumptions. For example, lesbian and gay youth who introduce a partner to their family are essentially disclosing their sexual identity, whereas for bisexual youth, having a different-gender partner would not require disclosure of their sexual identity in order to introduce their family to this partner (Xavier Hall et al., 2021). Among transgender youth, binary transgender youth may have more reasons to disclose their identities; for instance, they may be more likely to seek gender-affirming medical intervention than their nonbinary peers, resulting in family disclosure.

Black and AIA gender diverse SMY had higher odds of being in the limited outness to all family profile. Our findings do not fully support prior research on racially/ethnically diverse SMY (e.g., Balsam et al., 2015) as the odds of profile membership did not differ for Latinx youth in our sample with our stringent p value cutoff. Prior evidence suggests that SMY and GMY of color experience unique disclosure stressors due to the intersection of their sexual or gender and racial/ethnic identities (e.g., Fahs, 2021; Keene et al., 2022). As examining patterns of outness for gender diverse SMY is a relatively new area of research, further work is needed to examine the complexities of outness for youth who belong to a racial/ethnic minority group, including how their sexual, gender, and racial/ethnic identities develop together.

Being Out to Family Members About Only One Identity Is a Risk Factor for Depressive Symptoms and Feelings of Stress

Gender diverse SMY in the only gender identity out to all family members profile had more depressive symptoms and feelings of stress than youth in the SGI out to all family profile even after controlling for family rejection. Additionally, gender diverse SMY in the only sexual identity out to all family profile had more feelings of stress than youth in the SGI out to all family profile even after controlling for family rejection. Our results provide mixed support for prior research (McConnell et al., 2016; Ryan et al., 2010) and minority stress (Meyer & Frost, 2013) and gender minority stress theory (Hendricks & Testa, 2012). Additionally, our results contradict the concept of double jeopardy (Hancock & Daigle, 2021) as youth who were out about both identities to many family members experienced less, rather than more depressive symptoms and/or feelings of stress than youth who were out about only one identity. It is possible that having two minoritized identities, but concealing only one, can create a combination of minority stressors that are particularly harmful to gender diverse SMY's well-being. SMY and GMY report that

more concealment (Brennan et al., 2021; Pachankis et al., 2020) and less family support have negative consequences for their well-being (Kieckens & Mereish, 2022). Thus, gender diverse SMY who both have disclosed one identity, but continue to conceal another, may experience both the continued stress of concealment, while also experiencing reduced family support as a result of their disclosure. In contrast, gender diverse SMY in the limited outness to all family profiles may not differ from youth in the SGI out to all family because the former group may experience concealment, whereas the latter may experience some reduced support.

Both variable-centered and person-centered analyses have advantages and disadvantages, and had we used a variable-centered approach, we may have had a more parsimonious model. However, our results related to both social positions and distal outcomes suggest there is utility in using person-centered analyses. For instance, we observed that based on certain social positions, gender diverse SMY had either higher or lower odds of being in profiles with nuanced patterns of outness, such as the only sexual identity out to all family and SGI out to parents/siblings profiles compared to the SGI out to all family profile. In addition, we found that youth in profiles with distinct patterns of outness tended to have more depressive symptoms and feelings of stress than youth who were out to most or out to few of their family members. We would not have been able to observe or examine differences between nuanced patterns of outness based on social positions or distal outcomes if we had used variable-centered analyses.

Implications

Our results have implications for interventions that help youth to disclose to their family (Grafsky & Gary, 2018). Such interventions should consider whether gender diverse SMY are out about their sexual identities, gender identities, or both, and to which family members they are out to in order to help them navigate disclosure decisions. Indeed, interventions addressing gender diverse SMY's well-being could promote better health outcomes by considering the impact of gender diverse SMY's SGI disclosure on the entire family system. In addition, our results suggest the need for interventions that address youth's numerous combinations of identities. Although identity-specific interventions that address unique minority stressors are needed (e.g., interventions that aim to reduce transnegativity; Israel et al., 2021), gender diverse SMY who have more than one underrepresented identity (e.g., a nonbinary bisexual youth) may need to dismantle internalized messages about both of their identities and may require different coping strategies for their various identities.

Limitations and Future Directions

Despite the strengths of examining a large sample of gender diverse SMY, our article is not without limitations. First, due to sample size, we could not distinguish outness profile membership between transgender girls versus boys and assigned-female-at-birth versus assigned-male-at-birth nonbinary individuals. Moreover, we had to combine youth who were Asian American, Indigenous, or another race/ethnicity into one category. In collapsing these categories, our analyses may obfuscate differences in profile membership. Additionally, although our measurement of sexual and gender identities was comprehensive, for some GMY, sexual identity labels provided in research studies may not reflect participants' lived experience of their sexual identities (Galupo et al., 2016). Therefore, future research should

prioritize the collection of large sample sizes and include comprehensive identity measures to capture the lived experiences of gender diverse SMY of all identities.

Second, our outness measures did not permit us to examine whether youth were purposefully concealing their identities or engaging in non-disclosure, which are often conflated. Whereas concealment is marked by the active process of hiding one's identity from others, nondisclosure may be more passive (Kieken & Mereish, 2022). Given that identity concealment is associated with poorer mental health among SGM individuals (Brennan et al., 2021; Pachankis et al., 2020), future research should include measures that capture the complexities of both disclosure and concealment processes. Relatedly, although our measure of outness and our item of average feelings of stress have strong face validity, no prior research has examined construct validity in these measures. Future work should consider the construct validity of these measures.

Third, prior work posits that family rejection is a key mediating mechanism between identity outness and mental health (Feinstein, 2020), but in the current article the association persisted after we accounted for family rejection. Future work should consider other factors that may account for the associations between identity outness and mental health, such as peer support (Parra et al., 2018). Relatedly, our measure of family rejection, although LGBTQ+-specific, did not allow participants to specify whether they perceived rejection based on their sexual or gender identity. Therefore, it is difficult to parse whether participants interpreted the scale as broad rejection of their sexual and gender identities or rejection specific to one of their minoritized identities.

Fourth, as our sample was not representative of the United States, the types of profiles and the number of gender diverse SMY within these profiles may differ from potential profiles when using a probability sample of gender diverse SMY. For instance, youth from the South were overrepresented in our sample. Due to persistent negative attitudes toward SGM individuals in the Southern United States (Paceley et al., 2021), our sample may overrepresent profiles with limited outness. In addition, although we could identify region of the country, we could not identify urbanicity or other city-level characteristics, and within a region, one might expect differences in experiences of outness based on such characteristics.

Finally, we did not identify youth's outness to their primary caregiver in particular. Some youth may have a sibling or extended family member as their primary caregiver. Being out to one's primary caregiver may be more important to gender diverse SMY's well-being than being out to noncaregiving parents, and thus future research should examine patterns of outness to youth's primary caregivers.

Conclusions

Distinct patterns of outness may exist for gender diverse SMY, and gender diverse SMY's well-being may differ by these patterns. Youth in profiles characterized by being out about only one identity to family members had more depressive symptoms and/or feelings of stress compared to youth in profiles characterized by being out about both identities to family members. Our results also suggest that youth in vulnerable social positions (e.g., identified as bisexual, asexual, non-binary, were Black or AIA, lived in the South, and were younger) had higher odds of being in profiles defined by lower levels of outness to family. This article demonstrates unique protective and risk factors

based on gender diverse SMY's patterns of outness to their family that further highlight the stressors these youth experience.

References

- Akaike, H. (1998). Information theory and an extension of the maximum likelihood principle. In E. Parzen, K. Tanabe, & G. Kitagawa (Eds.), *Selected papers of Hirotugu Akaike* (pp. 199–213). Springer.
- Balsam, K. F., Molina, Y., Blayney, J. A., Dillworth, T., Zimmerman, L., & Kaysen, D. (2015). Racial/ethnic differences in identity and mental health outcomes among young sexual minority women. *Cultural Diversity and Ethnic Minority Psychology, 21*(3), 380–390. <https://doi.org/10.1037/a0038680>
- Beals, K. P., Peplau, L. A., & Gable, S. L. (2009). Stigma management and well-being: The role of perceived social support, emotional processing, and suppression. *Personality and Social Psychology Bulletin, 35*(7), 867–879. <https://doi.org/10.1177/0146167209334783>
- Bishop, M. D., Fish, J. N., Hammack, P. L., & Russell, S. T. (2020). Sexual identity development milestones in three generations of sexual minority people: A national probability sample. *Developmental Psychology, 56*(11), 2177–2193. <https://doi.org/10.1037/dev0001105>
- Bockting, W., Benner, A., & Coleman, E. (2009). Gay and bisexual identity development among female-to-male transsexuals in North America: Emergence of a transgender sexuality. *Archives of Sexual Behavior, 38*(5), 688–701. <https://doi.org/10.1007/s10508-009-9489-3>
- Bower-Brown, S., Zadeh, S., & Jadva, V. (2023). Binary-trans, non-binary and gender-questioning adolescents' experiences in UK schools. *Journal of LGBT Youth, 20*(1), 74–92. <https://doi.org/10.1080/19361653.2021.1873215>
- Bregman, H. R., Malik, N. M., Page, M. J., Makynen, E., & Lindahl, K. M. (2013). Identity profiles in lesbian, gay, and bisexual youth: The role of family influences. *Journal of Youth and Adolescence, 42*(3), 417–430. <https://doi.org/10.1007/s10964-012-9798-z>
- Brennan, J. M., Dunham, K. J., Bowlen, M., Davis, K., Ji, G., & Cochran, B. N. (2021). Inconcealable: A cognitive-behavioral model of concealment of gender and sexual identity and associations with physical and mental health. *Psychology of Sexual Orientation and Gender Diversity, 8*(1), 80–93. <https://doi.org/10.1037/sgd0000424>
- Brooks, S. J., Krulwicz, S. P., & Kutcher, S. (2003). The Kutcher Adolescent Depression Scale: Assessment of its evaluative properties over the course of an 8-week pediatric pharmacotherapy trial. *Journal of Child and Adolescent Psychopharmacology, 13*(3), 337–349. <https://doi.org/10.1089/104454603322572679>
- Bry, L. J., Mustanski, B., Garofalo, R., & Burns, M. N. (2017). Management of a concealable stigmatized identity: A qualitative study of concealment, disclosure, and role flexing among young, resilient sexual and gender minority individuals. *Journal of Homosexuality, 64*(6), 745–769. <https://doi.org/10.1080/00918369.2016.1236574>
- Caba, A., Mallory, A. B., Rathus, T., Simon, K. A., & Watson, R. J. (2022). Complex outness patterns among sexual minority youth: A latent class analysis. *Journal of Youth and Adolescence, 51*(4), 746–765. <https://doi.org/10.1007/s10964-022-01580-x>
- Celeux, G., & Soromenho, G. (1996). An entropy criterion for assessing the number of clusters in a mixture model. *Journal of Classification, 13*(2), 195–212. <https://doi.org/10.1007/BF01246098>
- Chaudoir, S. R., & Fisher, J. D. (2010). The disclosure processes model: Understanding disclosure decision making and postdisclosure outcomes among people living with a concealable stigmatized identity. *Psychological Bulletin, 136*(2), 236–256. <https://doi.org/10.1037/a0018193>
- Collins, L. M., & Lanza, S. T. (2009). *Latent class and latent transition analysis: With applications in the social, behavioral, and health sciences*. John Wiley.
- Eisenberg, M. E., Gower, A. L., Rider, G. N., McMorris, B. J., & Coleman, E. (2019). At the intersection of sexual orientation and gender identity:

- Variations in emotional distress and bullying experience in a large population-based sample of US adolescents. *Journal of LGBT Youth*, 16(3), 235–254. <https://doi.org/10.1080/19361653.2019.1567435>
- Even-Zohar, A. (2023). The relationship between LGB (lesbian, gay, bisexual) grandchildren and their grandparents. *Journal of Intergenerational Relationships*, 21(2), 176–193. <https://doi.org/10.1080/15350770.2021.1989103>
- Fahs, B. (2021). The coming out process for assigned-female-at-birth transgender and non-binary teenagers: Negotiating multiple identities, parental responses, and early transitions in three case studies. *Journal of LGBTQ Issues in Counseling*, 15(2), 146–167. <https://doi.org/10.1080/15538605.2021.1914273>
- Feinstein, B. A. (2020). The rejection sensitivity model as a framework for understanding sexual minority mental health. *Archives of Sexual Behavior*, 49(7), 2247–2258. <https://doi.org/10.1007/s10508-019-1428-3>
- Feinstein, B. A., & Dyar, C. (2017). Bisexuality, minority stress, and health. *Current Sexual Health Reports*, 9(1), 42–49. <https://doi.org/10.1007/s11930-017-0096-3>
- Ferguson, S. L., Moore, G., & Hull, E. W., & M, D. (2020). Finding latent groups in observed data: A primer on latent profile analysis in Mplus for applied researchers. *International Journal of Behavioral Development*, 44(5), 458–468. <https://doi.org/10.1177/0165025419881721>
- Galupo, M. P., Henise, S. B., & Mercer, N. L. (2016). “The labels don’t work very well”: Transgender individuals’ conceptualizations of sexual orientation and sexual identity. *International Journal of Transgenderism*, 17(2), 93–104. <https://doi.org/10.1080/15532739.2016.1189373>
- Gamarel, K. E., Watson, R. J., Mouzoon, R., Wheldon, C. W., Fish, J. N., & Fleischer, N. L. (2020). Family rejection and cigarette smoking among sexual and gender minority adolescents in the USA. *International Journal of Behavioral Medicine*, 27(2), 179–187. <https://doi.org/10.1007/s12529-019-09846-8>
- Garvey, J. C., Mobley Jr, S. D., Summerville, K. S., & Moore, G. T. (2019). Queer and trans* students of color: Navigating identity disclosure and college contexts. *The Journal of Higher Education*, 90(1), 150–178. <https://doi.org/10.1080/00221546.2018.1449081>
- Grafsky, E. L., & Gary, E. A. (2018). What sexual minority youths want in a program to assist with disclosure to their family. *Journal of Gay & Lesbian Social Services*, 30(2), 172–191. <https://doi.org/10.1080/10538720.2018.1444526>
- Grafsky, E. L., Hickey, K., Nguyen, H. N., & Wall, J. D. (2018). Youth disclosure of sexual orientation to siblings and extended family. *Family Relations*, 67(1), 147–160. <https://doi.org/10.1111/fare.12299>
- Hancock, K. P., & Daigle, L. E. (2021). Double jeopardy?: Exploring the intersectionality of sexual/gender group membership, racial/ethnic group membership, and victimization risk. *Journal of Ethnicity in Criminal Justice*, 19(2), 140–162. <https://doi.org/10.1080/15377938.2021.1942373>
- Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the Minority Stress Model. *Professional Psychology: Research and Practice*, 43(5), 460–467. <https://doi.org/10.1037/a0029597>
- Hidalgo, M. A., Petras, H., Chen, D., & Chodzen, G. (2019). The Gender Minority Stress and Resilience Measure: Psychometric validity of an adolescent extension. *Clinical Practice in Pediatric Psychology*, 7(3), 278–290. <https://doi.org/10.1037/cpp0000297>
- Howard, M. C., & Hoffman, M. E. (2018). Variable-centered, person-centered, and person-specific approaches: Where theory meets the method. *Organizational Research Methods*, 21(4), 846–876. <https://doi.org/10.1177/1094428117744021>
- Israel, T., Matsuno, E., Choi, A. Y., Goodman, J. A., Lin, Y. J., Kary, K. G., & Merrill, C. R. (2021). Inconcealable: A cognitive-behavioral model of concealment of gender and sexual identity and associations with physical and mental health. *Psychology of Sexual Orientation and Gender Diversity*, 8(4), 429–439. <https://doi.org/10.1037/sgd0000447>
- Jackson, S. D., & Mohr, J. J. (2016). Conceptualizing the closet: Differentiating stigma concealment and nondisclosure processes. *Psychology of Sexual Orientation and Gender Diversity*, 3(1), 80–92. <https://doi.org/10.1037/sgd0000147>
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The report of the 2015 U.S. Transgender Survey*. National Center for Transgender Equality. <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>
- Johnson, E. (2013). Face validity. In F. R. Volkmar (Ed.), *Encyclopedia of autism spectrum disorders* (p. 1957). Springer International Publishing. https://doi.org/10.1007/978-1-4419-1698-3_308
- Keene, L. C., Heath, R. D., & Bouris, A. (2022). Disclosure of sexual identities across social-relational contexts: Findings from a national sample of black sexual minority men. *Journal of Racial and Ethnic Health Disparities*, 9(1), 201–214. <https://doi.org/10.1007/s40615-020-00944-y>
- Kiekens, W. J., & Mereish, E. H. (2022). The association between daily concealment and affect among sexual and gender minority adolescents: The moderating role of family and peer support. *Journal of Adolescent Health*, 70(4), 650–657. <https://doi.org/10.1016/j.jadohealth.2021.11.019>
- Krueger, E. A., Meyer, I. H., & Upchurch, D. M. (2018). Sexual orientation group differences in perceived stress and depressive symptoms among young adults in the United States. *LGBT Health*, 5(4), 242–249. <https://doi.org/10.1089/lgbt.2017.0228>
- Lowe, G. A., Lipps, G. E., Gibson, R. C., Jules, M. A., & Kutcher, S. (2018). Validation of the Kutcher Adolescent Depression Scale in a Caribbean student sample. *Canadian Medical Association Open Access Journal*, 6(3), E248–E253. <https://doi.org/10.9778/cmajo.20170035>
- MacInnis, C. C., & Hodson, G. (2012). Intergroup bias toward “Group X”: Evidence of prejudice, dehumanization, avoidance, and discrimination against asexuals. *Group Processes & Intergroup Relations*, 15(6), 725–743. <https://doi.org/10.1177/1368430212442419>
- Mallory, A. B., Pollitt, A. M., Bishop, M. D., & Russell, S. T. (2021). Changes in disclosure stress and depression symptoms in a sample of lesbian, gay, and bisexual youth. *Developmental Psychology*, 57(4), 570–583. <https://doi.org/10.1037/dev0001168>
- Masyn, K. E. (2013). Latent class analysis and finite mixture modeling. In T. Little (Ed.), *The Oxford handbook of quantitative methods* (pp. 551–611). Oxford University Press.
- McConnell, E. A., Birkett, M., & Mustanski, B. (2016). Families matter: Social support and mental health trajectories among lesbian, gay, bisexual, and transgender youth. *Journal of Adolescent Health*, 59(6), 674–680. <https://doi.org/10.1016/j.jadohealth.2016.07.026>
- McLarnon, M. J., & O’Neill, T. A. (2018). Extensions of auxiliary variable approaches for the investigation of mediation, moderation, and conditional effects in mixture models. *Organizational Research Methods*, 21(4), 955–982. <https://doi.org/10.1177/1094428118770731>
- Meschke, L. L., Peter, C. R., & Bartholomae, S. (2012). Developmentally appropriate practice to promote healthy adolescent development: Integrating research and practice. *Child & Youth Care Forum*, 41(1), 89–108. <https://doi.org/10.1007/s10566-011-9153-7>
- Meyer, I. H., & Frost, D. M. (2013). Minority stress and the health of sexual minorities. In C. J. Patterson & A. R. D’Augelli (Eds.), *Handbook of psychology and sexual orientation* (pp. 252–266). Oxford University Press.
- Mills-Koonce, W. R., Rehder, P. D., & McCurdy, A. L. (2018). The significance of parenting and parent-child relationships for sexual and gender minority adolescents. *Journal of Research on Adolescence*, 28(3), 637–649. <https://doi.org/10.1111/jora.12404>
- Moskowitz, D. A., Rendina, H. J., Alvarado Avila, A., & Mustanski, B. (2022). Demographic and social factors impacting coming out as a sexual minority among Generation-Z teenage boys. *Psychology of Sexual Orientation and Gender Diversity*, 9(2), 179–189. <https://doi.org/10.1037/sgd0000484>
- Muthén, L. K., & Muthén, B. O. (2017). *Mplus: Statistical analysis with latent variables: User’s Guide (Version 8)*.

- Orne, J. (2011). 'You will always have to "out" yourself': Reconsidering coming out through strategic outness. *Sexualities*, 14(6), 681–703. <https://doi.org/10.1177/1363460711420462>
- Paceley, M. S., Goffnett, J., Diaz, A. L., Kattari, S. K., Navarro, J., & Greenwood, E. (2021). "I didn't come here to make trouble": Resistance strategies utilized by transgender and gender diverse youth in the Midwestern US. *Youth*, 1(1), 29–46. <https://doi.org/10.3390/youth1010005>
- Pachankis, J. E., & Jackson, S. D. (2023). A developmental model of the sexual minority closet: Structural sensitization, psychological adaptations, and post-closet growth. *Archives of Sexual Behavior*, 52(5), 1869–1895. <https://doi.org/10.1007/s10508-022-02381-w>
- Pachankis, J. E., Mahon, C. P., Jackson, S. D., Fetzner, B. K., & Bränström, R. (2020). Sexual orientation concealment and mental health: A conceptual and meta-analytic review. *Psychological Bulletin*, 146(10), 831–871. <https://doi.org/10.1037/bul0000271>
- Pariseau, E. M., Chevalier, L., Long, K. A., Clapham, R., Edwards-Leeper, L., & Tishelman, A. C. (2019). The relationship between family acceptance-rejection and transgender youth psychosocial functioning. *Clinical Practice in Pediatric Psychology*, 7(3), 267–277. <https://doi.org/10.1037/cpp0000291>
- Parra, L. A., Bell, T. S., Benibgui, M., Helm, J. L., & Hastings, P. D. (2018). The buffering effect of peer support on the links between family rejection and psychosocial adjustment in LGB emerging adults. *Journal of Social and Personal Relationships*, 35(6), 854–871. <https://doi.org/10.1177/0265407517699713>
- Pollitt, A. M., Muraco, J. A., Grossman, A. H., & Russell, S. T. (2017). Disclosure stress, social support, and depressive symptoms among cisgender bisexual youth. *Journal of Marriage and Family*, 79(5), 1278–1294. <https://doi.org/10.1111/jomf.12418>
- Quinn, D. M., Weisz, B. M., & Lawner, E. K. (2017). Impact of active concealment of stigmatized identities on physical and psychological quality of life. *Social Science & Medicine*, 192, 14–17. <https://doi.org/10.1016/j.socscimed.2017.09.024>
- Rentería, R., Feinstein, B. A., Dyar, C., & Watson, R. J. (2023). Does outness function the same for all sexual minority youth? Testing its associations with different aspects of well-being in a sample of youth with diverse sexual identities. *Psychology of Sexual Orientation and Gender Diversity*, 10(3), 490–497. <https://doi.org/10.1037/sgd0000547>
- Rice, C. E., Fish, J. N., Russell, S. T., & Lanza, S. T. (2021). Sexual minority-related discrimination across the life course: Findings from a national sample of adults in the United States. *Journal of Homosexuality*, 68(2), 252–268. <https://doi.org/10.1080/00918369.2019.1648083>
- Russell, S. T., & Fish, J. N. (2019). Sexual minority youth, social change, and health: A developmental collision. *Research in Human Development*, 16(1), 5–20. <https://doi.org/10.1080/15427609.2018.1537772>
- Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, 123(1), 346–352. <https://doi.org/10.1542/peds.2007-3524>
- Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4), 205–213. <https://doi.org/10.1111/j.1744-6171.2010.00246.x>
- Scherrer, K. S. (2010). The intergenerational family relationships of grandparents and GLBQ grandchildren. *Journal of GLBT Family Studies*, 6(3), 229–264. <https://doi.org/10.1080/1550428X.2010.490898>
- Schwarz, G. (1978). Estimating the dimension of a model. *The Annals of Statistics*, 6(2), 461–464. <https://www.jstor.org/stable/2958889>
- Sclove, S. L. (1987). Application of model-selection criteria to some problems in multivariate analysis. *Psychometrika*, 52(3), 333–343. <https://doi.org/10.1007/BF02294360>
- Sheets, R. L., & Mohr, J. J. (2009). Perceived social support from friends and family and psychosocial functioning in bisexual young adult college students. *Journal of Counseling Psychology*, 56(1), 152–163. <https://doi.org/10.1037/0022-0167.56.1.152>
- Spurk, D., Hirschi, A., Wang, M., Valero, D., & Kauffeld, S. (2020). Latent profile analysis: A review and "how to" guide of its application within vocational behavior research. *Journal of Vocational Behavior*, 120, Article 103445. <https://doi.org/10.1016/j.jvb.2020.103445>
- StataCorp. (2019). *Stata statistical software: Release 16*.
- Weller, B. E., Bowen, N. K., & Faubert, S. J. (2020). Latent class analysis: A guide to best practice. *Journal of Black Psychology*, 46(4), 287–311. <https://doi.org/10.1177/0095798420930932>
- Williams, T., Connolly, J., Pepler, D., & Craig, W. (2005). Peer victimization, social support, and psychosocial adjustment of sexual minority adolescents. *Journal of Youth and Adolescence*, 34(5), 471–482. <https://doi.org/10.1007/s10964-005-7264-x>
- Xavier Hall, C. D., Feinstein, B. A., Sales, J. M., Girod, C., & Yount, K. M. (2021). Outness, discrimination, and depressive symptoms among bi+ women: The roles of partner gender and sexual identity. *Journal of Bisexuality*, 21(1), 24–41. <https://doi.org/10.1080/15299716.2021.1886219>

Received August 8, 2022

Revision received December 12, 2023

Accepted December 14, 2023 ■