The Timing and Correlates of Sexual Identity and Sexual Behavior Disclosure (Abstract)

William E. Rosales and Gary Gates

University of California – Los Angeles

Introduction

The disclosure of sexual identity and or same-sex sexual behavior, also known as "coming out," as a social process is an important area sociological research because, in part, it reflects the level and existence of heterosexist norms and homophobia in society. Whether sexual minorities¹ choose to come out might depend on the salience of homophobia. Various studies have documented the negative consequences of homophobia on sexual minorities. Qualitative evidence suggests that sexual minorities sometimes internalize homophobia, leading to self-hate and shame (Zea et al., 2003). The study of coming out is also important because it affects the health and well-being for sexual minorities. Specifically, evidence suggests that disclosure by sexual minorities is associated with beneficial physical and mental health (John and Deluty 1998; Legate et al. 2011)² and can improve romantic relationships (Burger 1990). At the aggregate level, disclosure by sexual minorities can also help to reduce prejudicial attitudes among heterosexuals (Herek and Capitiano 1996; Corrigan and Matthews 2003). At the same time, however, "coming out" to oneself and to others is risky and involves a multi-faceted and thoughtful decision-making process (Decena 2008; Legate et al. 2011). This study will use data from the 2008 General Social Survey to examine the timing and correlates of "coming out" of the closet for sexual minorities, giving us a better understanding of when and who comes out. We use a discrete-time hazard model with time-invariant covariates to examine the timing of identity and behavior disclosure. Findings in this study enhance our understanding of who comes out and when, ultimately helping us to better understand health and social lesbian, gay, and bisexual communities.

Background

The study of coming out is important for understanding the physical and mental well-being of sexual minorities, family formation among sexual minorities, and societal attitudes toward sexual minorities. Evidence suggests that there are beneficial psychological, mental health and relationship consequences of coming out of the closet (Jordan and Deluty 1998;

¹ . Sexual minorities are defined as individuals who have either identify as gay, lesbian, and bisexual and or have experience same-sex sex in their lifetime.

² Though Legate et al. (2011) find that within certain contexts, coming out does not lead to increased health benefits. Legate et al.'s findings are suggestive at best since the study relies on a convenience sample not easily generalizable to an aggregate level.

Burger 1990). Importantly, understanding the timing and types of sexual minorities who come out of the closet might help to understand the formation of families among gay and lesbian communities. Some qualitative studies find that when individuals come out of the closet, they lose or give up the idea of having children (i.e., a consequence of coming out) (Igartua 2009). On the other hand, becoming a parent at early life stages might inhibit gay men and lesbians to come out of the closet (Voeller and Walters 1978). This is because parents must be and are cognizant of their children's social systems, such as children's school officials and administrators and friends.

At the aggregate level, coming out on the part of sexual minorities might also diminish prejudicial attitudes and norms toward sexual minorities (Corrigan and Matthews 2003; Herek and Capitiano 1996; Herek 1997). If sexual minorities come out, evidence suggests that members of the general public will decrease their prejudicial attitudes if they know someone who happens to be a sexual minority (Harek 1997). Herek and Capitiano found that having contact with homosexuals reduced heterosexuals' prejudicial attitudes—as measured by positive versus negative feelings—toward lesbians and gay men (Herek and Capitiano 1996). These findings generally applied across demographic groups, with the exception of a weaker effect among African Americans (Herek and Capitiano 1996).

In light of the above discussion, the study of disclosure by sexual minorities allows us to understand a host of health and social issues particularly relevant for the social lesbian, gay, and bisexual communities. In this study, we address the following questions: 1) What is the average age of coming out of the closet? 2) When are individuals more likely to come of the closet and is this different by type of disclosure (identity versus behavior)?; 3) Who is more likely to come out the closet? Does coming out of the closet differ by gender (male versus female), race (white versus non-white) and by cohort?

Methods

Data: To investigate the research questions above, we used data from the Sexual Orientation Module of the 2008 General Social Survey (GSS). The 2008 General Social Survey asked, for the first time, questions about sexual orientation and several questions relating to coming out of the closet. The data provide direct measures of both timing of coming out, though samples are relatively small compared to other population-level surveys.

Operationalizing Coming Out: Theoretically, it has been advanced that coming out involves a two step process: a) identity confusion and comparison; and b) identity acceptance. During the first stage, individuals come to realize their sexual proclivities and begin to struggle with their own sexualities (Corrigan and Matthews 2003). During the second stage, individuals start to tolerate and or even accept that they are a sexual minority and start reaching out to disclose this fact (Corrigan and Matthews 2003). In light of this theoretical framework, this study focuses on the second stage and examines time to coming out.

This study also examines the coming out process by analyzing two distinct disclosure events: a) *behavioral coming out* which captures the disclosure of same-sex behaviors to others; and b) *identity coming out* which captures disclosure of sexual orientation as gay, lesbian or bisexual to others. For both measures, respondents were asked to select the age category that

corresponded to their answer.³ The respondents also were given a choice to indicate that they have never disclosed. The analytical distinction is necessary because evidence from the HIV and psychological literature suggests that disclosure of "coming out" of behavior (e.g., telling someone I had sex with someone of the same sex) might involve completely different processes than disclosure of self-identification (e.g., telling someone I am gay, lesbian or bisexual).

The literature, in summary, suggests that behavior and identity disclosure are different because: (1) they are not perfectly correlated, and (2) a different process of disclosure may occur. For example, some scholars argue that the cultural understanding of masculinity and sexual practices impact whether some men identify as gay. Qualitative evidence involving in-depth interviews with 21 HIV positive gay men found indications that there is a blending of categories of gender, gender role and sexual orientation (Zea et al., 2003). The existing literature also suggests that discrepancies between identity and behavior might be larger for some groups compared to others (Decena 2008; Zea et al., 2003; Diaz 1998; Marin et al., 1997; Morales, 1990).

In light of the existing literature, we operationalize the two events as follows:

- Event 1 Behavior Coming Out is a dummy variable where "1" equals if the respondent tells someone that they had sex with someone of the same-sex and "0" means that the respondent is censored or never came out.
- Event 2 Identity Coming Out is a dummy variable where "1" equals if the respondent tells someone that are gay, lesbian or bisexual and "0" means that the respondent is censored or never came out.

Analytic Approach: The analysis focuses on the timing of disclosure of sexual identity and same-sex behavior. We use a discrete-time hazard model with time-invariant covariates to examine the timing of identity and behavior disclosure (Allison 1995; Box-Steffensmeier and Jones 2004). In effect, we will model the discrete-time hazard, expressing the risk of coming out in terms of the main effect of race, gender, and cohort. For both events—behavior coming out and identity coming out—we will estimate a cloglog model with only duration of time as the baseline model. We will then estimate a set of models that includes sex, race and cohort as covariates to answer descriptively who is more likely to come out. Our final set of models will include all the stated variables plus interaction terms.

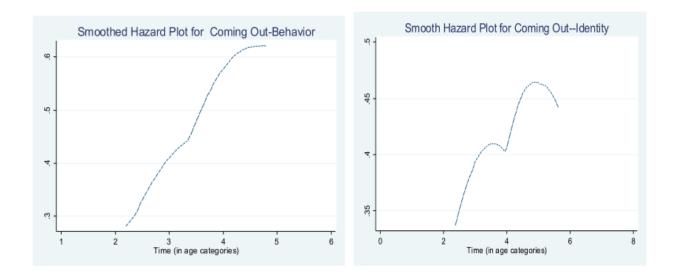
Preliminary Results

Figure 1 provides descriptive results based on non-parametric techniques. Specifically, Figure 1 provides the smoothed hazard plots for behavior and identity coming out events. These smoothed hazards are non-parametric estimates of survival probabilities of coming out of the closet at each time interval. What these smooth hazards suggest is that the process of coming out is distinct for behavior versus identity. The smooth hazard estimates reveal the periods of greatest intensity of being at risk for behavior coming out is between the third and fourth time intervals. In comparison, the smooth hazard for identity coming out reveals that there seems to be two distinct period of intensity. Because the data files are already constructed, we expect to

³ The GSS asked respondents at what age they told something that they were gay, lesbian, or bisexual. Additionally, the GSS also asked respondents to indicate at what age they told someone that they had sex with someone of the same sex. The age categories were as follows: under age 14, 14-17 years old, 18-25 years old, 26-35 years old, 36-45 years old, 46-55 years old, 56-65 years old and age 66 and older.

have a full paper ready in time for the PAA discussant deadline for the 2012 meetings this spring.

Figure 1: Survival Estimates for the Onset of Coming Out: Behavior and Identity



^{*}Age Categories: 1=Less than 14; 2=14-17 years old; 3=18-25 years old; 4=26-35 years old; 5=36-45 years old; 6=46-55 years old; 7=56-65 years old; 8=66 plus

REFERENCES

Allison, Paul D. 1995. Survival Analysis Using the SAS System: A Practical Guide. Cary, NC: SAS Institute.

Berger, R. M. 1992. "Passing and social support among gay men." *Journal of Homosexuality* 23(3): 85-89.

Black, D. Gates, G, Sanders, S., & Taylor, L. 2000. "Demographics of the gay and lesbian population in the United States: Evidence from available systematic data sources." *Demography* 37: 139-154.

Box-Steffensmeier, Janet M. and Bradford S. Jones. 2004. Event History Modeling: A Guide for Social Scientists. Cambridge, MA: Cambridge University.

Corrigan, Patrick and Alicia K. Matthews 2003. "Stigma and disclosure: Implications for coming of the closet." *Journal of Mental Health* 12(3): 235-248.

Decena, Carlos U. 2008. "Tacit Subjects." GLQ: A Journal of Lesbian and Gay Studies 14 (2-3) 339-359.

Diaz, Rafael. 1998. Latino Gay Men & HIV: Culture, Sexuality and Risk Behavior. Routledge: NY, NY.

Gates, G.J. 2011. "How Many People are Lesbian, Gary, Bisexual and Transgender?" Report. The Williams Institute, UCLA School of Law.

Herek, Gregory M. 1997. "Heterosexuals' Attitudes Toward Lesbians and Gay men: Does Coming Out Make a Difference?" In M. Duberman (Ed.), *A Queer World: The Center for Lesbian and Gay Studies Reader*. New York: New York University Press: 331-344.

Herek, GregoryM., and Capitanio J. 1996. "Some of my best friends": Intergroup contact, concealable stigma, and heterosexuals' attitudes toward gay men and lesbians." *Personality and Social Psychology Bulletin*, 22, 412–424.

Igartua, Karine J. 2009. "Journey to Parenthood." *Journal of Gay & Lesbian Mental Health*, 13: 253-264.

Jordan, K.M., & Deluty, R.H. 1998. "Coming out for lesbian women: Its relation to anxiety, positive affectivity, self-esteem and social support." *Journal of Homosexuality*. 35: 1–63.

Johnson, C.C. and A.C Johnson. 2000. "High-risk behavior among gay adolescents: Implications for treatment and support." *Adolescence* 35: 619-637.

Marín BV, Gómez CA, Tschann JM, Gregorich SE. 1997. "Condom use in unmarried Latino men: a test of cultural constructs." *Health Psychol*. 16(5):458-67.

Morales, Edward S. 1990. "HIV Infection and Hispanic Gay and Bisexual Men." *Hispanic Journal of Behavioral Sciences*, Vol. 12, No. 3, 212-222.

Smith, T.W. 1998. "American sexual behavior: Trends, socio-demographic differences, and risk behavior." GSS Topical Report. Chicago: National Opinion Research Council.

Voeller, Bruce and James Walters. 1978. "Gay Fathers." *The Family Coordinator*, Vol 27(2): 149-157.

Zea, Maria Cecilia, Reisen, Carol A., Diaz, Rafael M. 2003. "Methodological Issues in Research on Sexual Behavior with Latino Gay and Bisexual Men." American Journal of Community Psychology, Vol. 31, NO. 3/4.