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Sexual self-disclosure, internalized homophobia and depression symptoms among sexual minority women in Vietnam

Tran Thi Minh Duc, Ha Kieu Oanh, Bui Thi Hong Thai and Nguyen Thi Anh Thu

Abstract

This study used an online survey of a sample of sexual minority Vietnamese women ($N = 302$, Mean = 21.23) who self-identified as lesbian (48.7%), bisexual (42.2%), and other (8.9%). The purpose of the study was to examine the relationship among self-disclosure, internalized homophobia, and symptoms of depression. This topic has never before been studied in Vietnam. Structural equation modeling indicates that a higher level of self-disclosure with friends and coworkers leads to less self-stigmatization and less sexual prejudice. In addition, sexual minority women's self-disclosure affects all three aspects of depression (negative affect, positive affect, and interpersonal relationships).

Keywords

depression symptoms, internalized homophobia, self-disclosure, sexual minority, Vietnamese women

Introduction

Sexual minority means the diversity of expression, emotional and sexual attraction that is different from traditional norms (American Psychological Association, 1998; 2012; Rodrigues et al., 2017). Sexual minority women groups include lesbian, bisexual women, and other non-heterosexual women.

In recent years, *lesbian, gay, bisexual, and transgender's* (LGBT) mental health has been of much interest to researchers. However, most studies focus on this issue in the LGBT community in general (Carter et al., 2014; Cohen et al., 2016; Mereish and Paul Poteat, 2015) or on gay and bisexual men (Bruce et al., 2015; Lewis et al., 2003; Puckett et al., 2017). Some studies found that sexual minority lesbian, bisexual or sexual minority women also experienced the same mental disorders that sexual minority men often encounter (Luk et al., 2018; Williamson, 2000). The level of their depressive symptoms was higher than that of the general population, which may be an important risk factor leading to suicide (Rubino et al., 2018). In particular, the mental health of these women has been considered in association with the coming out process, the acceptance by family and society as a whole (Legate et al., 2012; Purvis, 2017; Van Dam, 2014).

Sexual self-disclosure is a natural need, but sexual minority women encounter many barriers in disclosing to other in Vietnam. To date, we have found only one publication which explored this issue among Vietnamese women who love women. That study indicated that wishing to live true to one's sexual identity and being aware that it is impossible to conceal one's sexuality are two main reasons motivating them to disclose their real sexual orientation or gender identity (Nguyen et al., 2010: 24, 25). Concealment or nondisclosure made some individuals feel uneasy (Nguyen et al., 2010), which could lead to some mental disorders such as sexual self-stigmatization (Knous, 2006; Wandrey et al., 2015), depression or anxiety (Pachankis et al., 2015; Van Dam, 2014).

Self-disclosure

According to Hunter (2007), self-disclosure is an integral part of coming out process in adolescents. The self-disclosure process is closely associated with the level of intimacy

VNU University of Social Sciences and Humanities, Vietnam National University, Hanoi, Vietnam

Corresponding author:
Tran Thi Minh Duc, Faculty of Psychology, VNU University of Social Sciences and Humanities, Vietnam National University, 336 Nguyen Trai, Thanh Xuan, Hanoi, 100000, Vietnam.
Email: ttmduc@gmail.com

in a interpersonal relationship, from knowing about a person to revealing his/her closer information (Herek, 1996). Coming out only indicates the process of internal identity development, while self-disclosure involves expressing a person's identity to others (Hunter, 2007). It should be noted that viewing whether self-disclosure is a process or a consequence relies on the objectives of each study. In this study, self-disclosure is viewed as a consequence of the coming out process to families and others.

Internalized homophobia and self-disclosure

Structurally speaking, not only are internalized homophobia experiences related to negative attitudes toward an individual's sexual orientation, but they also include negative attitudes toward homosexuality, discomfort about others' sexual disclosure and homosexual behaviors, and lack of connection to other LGBT individuals. Internalized negative attitudes lead to an individual's internal conflict and generate the attitude of not accepting oneself (Meyer and Dean, 1998). This definition coincides with the conceptualization of sexual prejudice (Herek et al., 2009) and self-stigma (Feinstein et al., 2012). Self-stigmatization exists when LGB individuals incorporate negative social attitudes about one's sexual orientation into their self-awareness (Feinstein et al., 2012). Sexual prejudice refers to the negative attitudes of society toward an individual because of their sexual orientation (Herek et al., 2009).

Knous (2006) and Wandrey et al. (2015) researched among lesbian and bisexual women, and their results indicated that both of these groups show symptoms of homophobia. Especially, Knous (2006) who emphasized that each person who is in the process of identifying sexual orientation must build capacity to cope with social stigma against one's sexual identity.

Over the past 10 years, research on sexual minority men and women has examined the association between sexual self-disclosure and internalized homophobia. Kashubeck-West et al. (2008) found that higher level of internalized homophobia leads to less gender identity development, and more difficulties in various aspects of the coming out process. Moreover, encountering difficulties in the coming out process has a connection with a higher score of internalized homophobia (Cox et al., 2011). Xu et al. (2017) investigated 435 gay/bisexual men in China and also found a significant negative correlation between internalized homophobia and self-disclosure to others and to own parents.

Considering the relationship between sexual self-disclosure and homophobia, Szymanski and Sung (2013) found that among 143 Asian American LGB people, those who complied with Asian cultural values more, had a higher level of internalized homophobia, which leads to less willingness to disclose sexual orientation. From the perspective of religious belief, Wilkerson et al. (2012) illustrated that the sexual coming out of Christian men who have homosexual orientations correlates inversely with their internalized homophobia. Therefore, the association between self-disclosure and internalized homophobia was affected by cultural values and religious beliefs.

This study considers such relationship among sexual minority women in the context of a serious gap in literature on the topic in Vietnam.

Self-disclosure and depression symptoms

The previous research about the association between mental health and sexual disclosure revealed different or conflicted answers to the question: How does disclosure relate to the mental health of sexual minority individuals? (Pachankis et al., 2015: 891).

On the one hand, research indicated that sexual self-disclosure affected the decrease in psychological issues. Pachankis et al. (2015) and Van Dam (2014) found that women who revealed their sexual orientation experienced lower depression symptoms than those who concealed it. Those who disclosed more sexual orientation self-reported that they had fewer depression symptoms (Legate et al., 2012). The research that Durso and Meyer (2013) carried out among 396 LGB from 18 to 59 years old in 1 year also found that good mental health diminished among people who had not disclosed their sexuality with healthcare providers.

On the other hand, Purvis (2017) showed that disclosure had no significant stabilizing effect on depression scores. However, disclosure indirectly impacted the change of depression symptoms through different mediators (sexual disclosure had a positive effect on general emotional support and support from family and had negatively effect on internalized homophobia. Also, those factors had significant effects on depression (Schrimshaw et al., 2013; Tabaac et al., 2015).

In general, research about self-disclosure tends to concentrate on the LGBTQIA sample, so evaluating the association between self-disclosure and depression in SMW is still vague (Pachankis et al., 2015: 891). Therefore, it is vital to focus on SMW, especially in the context that we have not found any publication on the relationship between depression and self-disclosure in Vietnam.

Therefore, the purpose of this study is to determine the actual extent of sexual preference disclosure among sexual minority Vietnamese women, and whether there is a direct relationship between self-disclosure with internalized homophobia, and depression symptoms.

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Methods

Study design

This is a cross-sectional study, convenient sampling study with samples of people who self-reported as minority sexual women currently were living/studying within the territory of Vietnam.

Study participants

There were 302 self-identified sexual minority women in the Vietnamese sampling, including 48.7% lesbian, 42.2 bisexual women, and 8.9% others (including 22 pansexuals, 2 queers,[1] and 3 asexuals). The age of the participants ranged from 13 to 50 years old (Mean = 21.23) and students accounted for the most (63.4%). Almost 2/3 of the study participants lived in Ho Chi Minh City (46.9%) and Hanoi (26.4%). The remaining ones are distributed in other areas across the country, for example, Lang Son, Thai Nguyen, Bac Ninh, Thanh Hoa, Can Tho, Ba Ria, and Vung Tau.

Sample size and sampling

The participants were able to use the Internet, read and understand Vietnamese and accessed the survey link.

Study variables

Independent variables: Sexual orientation (self-identity, sexual behaviors, and sexual attraction), age, and self-disclosure.

Dependent variables: Internalized Homophobia and Depression Symptoms.

Study tools

Sexual orientation. To explore sexual orientation, Meyer et al. (2002) measured 3 dimensions: (1) self-identity, (2) sexual behaviors, and (3) sexual attraction. Based on their view, the study used three corresponding questions.

1. Are you self-identified as lesbian, bisexual women, pansexual women, or others?
2. Are your partners over the last year only men, only women, both men and women, or did you have no partner?
3. Are you sexually attracted to only men, only women, both men and women, or others?

The replies gathered from these three questions allowed us to better understand the participants' sexual orientation through different aspects rather than just a self-reported sexual orientation.

Self-disclosure. Self-disclosure indicates the level of sexual disclosure of a person to others with consideration of potential consequences (Szymanski and Sung, 2013; Van Dam, 2014). There were many scales to assess the level of sexual self-disclosure such as Outness Inventory (Mohr and Fassinger, 2000), the Outness scale from the National Lesbian Health Care Survey (Morris et al., 2001), Self-Concealment Scale (Schrimshaw et al., 2013) and so on.

For this study, we assessed the extent to which self-disclosure of minority sexual orientation among Vietnamese participants with Aranda et al.'s (2015) assessment. The scale includes two subscales: (1) self-disclosure with family members (mother, father, and siblings) and (2) self-disclosure with non-family members (heterosexual acquaintances/friends, LGBT acquaintances/friends, classmates or coworkers, and healthcare providers). The self-disclosure scale of Aranda et al. (2015) including six items rated on a 10-point scale with an interval consistency reliability of $\alpha = 0.83$. In this study, sexual self-disclosure was assessed on a scale of 1 to 4 points, namely 1 - none of them, 2 - a few, 3 - mostly, and 4 points - all of them with $\alpha = 0.81$.

Internalized homophobia. Internalized homophobia (IH) implies the internalization of negative attitudes held by the general public or individuals toward their sexual orientation (Meyer, 1995; Meyer and Dean, 1998). To measure Internalized Homophobia (IH), the study used The Internalized Homophobia Scale of Nguyen et al. (2016) for minority sexual women in Vietnam. The scale was adapted for the sample including 1187 lesbians, 641 bisexuals, and 353 people being unsure of their sexual identity. This scale measures three dimensions, two dimensions measure self-stigmatization, including (1) homosexuality is not normal, (2) self-reproach and wishing heterosexuality, and the third dimension is sexual prejudice. In the study by Nguyen et al. (2016), Cronbach Alpha reliability in three subscales is 0.80–0.88. In this study, the Internalized Homophobia scale has Cronbach's Alpha = 0.90, with 4 levels ranging from 1 (strongly disagree) to 4 (strongly agree).

Depression symptoms. Depression is a common psychiatric disorder with an estimated prevalence of 10% in the general population. In clinical settings, the figure may reach 20% (Schmidt and Tolentino, 2018: 2). We found that only a small number of studies used the Beck Depression Inventory (BDI) scale on minority sexual orientation women (Williams et al., 2005). Meanwhile, various studies applied The Center for Epidemiological Studies Depression Scale (CES-D) (Frost and Meyer, 2009; Lewis et al., 2003; Piggott, 2004; Rubino et al., 2018; Van Dam, 2014).

The Center for Epidemiological Studies Depression Scale (CES-D), a self-reporting scale, was first published by Radloff (1977). It was used for the general population, which was different from previous scales implemented to diagnose in clinical settings and/or assess the severity of depression through treatment (Radloff, 1977). The CES-D scale consists of 20 items with depressive symptoms encountered over a week before the survey, such as "I felt sad," "I felt hopeful about the future," and "I felt fearful". The participants rated on a 4-point scale with 1 - less than a day, 2 - from 1 to 2 days, 3 - from 3 to 4 days, and 4 - from 5 to 7 days. After reversing some items (6, 8, 12, 16), all items were given a score of 20 to 80 points. Higher scores would indicate more symptoms of depression (Frost and Meyer, 2009; Piggott, 2004).

In Vietnam, the CES-D Scale has been adapted to 299 adolescents (Nguyen et al., 2007) with Cronbach's Alpha = 0.87. The scale has been used on many different subjects such as students (Trần, 2016), pregnant and postpartum women (Hinh et al., 2018). To date, no research, however, used the scale on minority sexual Vietnamese women. In this study, the reliability of the scale is 0.91.

Data collection

To reach the participants across Vietnam, the study chose measures of data collection via an online survey. It is the best option in the context of Vietnam where there still exists a lot of prejudice and discrimination toward homosexual and transgender people (Phạm and Đồng, 2015); the LGBT community (Luong The Huy & Pham Quynh Phuong, 2015). Moreover, the majority of studies related to the LGBT mental health among other countries prioritized this investigating method (Durso and Meyer, 2013; Dyar et al., 2018; Feinstein et al., 2012; Lozano-Verduzco et al., 2017).

The online survey was advertised through several websites and Facebook. At the time of research, in Vietnam, two popular websites that were often used by minority sexual women were http://vietles.tk/ and https://henho2.com/. The survey was launched on March 20, 2019, when the researcher team sent 50 messages on the vietles.tk, but only collected one response after 24 hours. In the next 2 days, we sent 100 messages on the henho2.com and received 18 responses. Therefore, the research team decided to focus on distributing surveys only on henho2.com and expanding the promotion to the social network Facebook, which is a highly popular site for young Vietnamese people.

The research team has applied several ways to access the participants through Facebook: (1) Post a status to call for participation on the researchers' Facebook timeline; (2) Send messages to the five most popular communication pages about the LGBT community in Vietnam at that time. The study received the approval of the manager of the "NYNA - Nữ yêu nữ Association" (Women love women), who agreed to post the post to recruit participants (the page had 10,889 likes and each post received an average of 200–250 likes and comments).

In the first 4 days, the research team obtained 37 reliable answers, after eliminating 10 invalid ones. Observation of the pilot survey showed that the questionnaire met the criteria for reliability. In total, on April 5, 2019, the team had collected 279 valid responses. With the expectation of collecting about 300 replies to our questionnaires. On May 22, 2019, the research team sent out 180 separate messages and obtained 23 more valid responses. The research team closed the online survey form with 302 valid answers.

Data quality assurance

To ensure the quality of the questionnaire, the study filtered the data during the collection process by removing responses that did not meet the requirements (people who live outside of Vietnam, those who are gay men or did not complete all questions). In the end, 15 invalid responses were removed.

Data management and statistical methods

The collected data was only accessed by the research team. The research team will ensure that the quality of data is maintained throughout the research period. All arising issues will be addressed as soon as possible and followed until resolved.

The study uses descriptive statistics (mean, standard deviation, percentage, cross-tabulations) to describe self-disclosure, internalized homophobia, and depression symptoms. Inferential statistics were conducted and ANOVA analysis shows the value differences among dependent variables. Structural equation modeling (SEM) was applied to consider the effect of independent variables (self-disclosure) on dependent variables (internalized homophobia, depression symptoms).

To operate SEM, the results of confirmatory factor analysis (CFA) must meet the following requirements: λ (Factor loading) > 0.5, CR (Composite Reliability) > 0.7, AVE (Average Variance Extracted) > 0.5 and the square root of AVE is greater than the correlations between the two factors (Hair et al., 2014). CFA analysis showed that some items and factors were removed because they did not meet the required indicators: (1) on the Depression scale, the "somatic and retarded" was removed (CR = 0.68 and AVE = 0.26); (2) On the Self-disclosure scale, "self-disclosure to nonfamily" was rejected ($\lambda = 4.45$).

Thus, the scales/subscales on CFA are eligible to analyze SEM are as followed (see Table 1).

$1 < \chi^2/df < 3$, AGFI > 0.85 (Hair et al., 2014); GFI, CFI > 0.9 (Chin and Todd, 1995), RMSEA, RMR < 0.08 (Taylor et al., 1993) were considered to indicate an adequate fit of the SEM (see Table 2).

Ethical considerations

During the study, ethics was considered in such aspects as voluntary consent and the researchers' commitment to guaranteeing the confidentiality and anonymity of participants in the study. We also expressed our respect toward the rights and dignity of the study participants through our use of language.

Results

The status of sexual orientation, self-disclosure, internalized homophobia, and depression symptoms

Sexual orientation. Among the 302 participants, 48.7% self-identified as lesbian, 42.2% as bisexual women, and 8.9% as "other". Only 48.7% had female partners, and 16.9% reported that their partners were both male and female in

Table 1. Results of some indices for CFA.

Factor	CR	AVE	Correlation between the factors						SD1	SD2
			IH1.1	IH1.2	IH2.3	D1	D2	D4		
IH1.1	0.84	0.56	1							
IH1.2	0.83	0.54	0.91***	1						
IH2.3	0.77	0.54	0.86***	0.65***	1					
D1	0.86	0.51	0.18**	0.15*	0.07	1				
D2	0.82	0.53	0.19**	0.27***	0.11	0.75***	1			
D4	0.81	0.68	0.20**	0.15*	0.04	0.64***	0.53***	1		
SD1	0.85	0.73	−0.19**	−0.22**	−0.12	−0.18**	−0.21**	−0.17	1	
SD2	0.84	0.64	−0.45***	−0.48***	−0.29***	−0.23**	−0.32**	−0.21**	0.50***	1

IH1.1: homosexuality is not normal; IH1.2: self-approach and wishing heterosexuality; IH2.3: sexual prejudice; D1: depressed affect; D2: positive affect; D4: interpersonal; SD1: self-disclosure to family; SD2: self-disclosure to nonfamily.
*$p < .05$, **$p < .01$, ***$p < .001$.

Table 2. Fit indices for model.

Model	Fit indices								
	χ^2	df	χ^2/df	GFI	AGFI	TLI	CFI	RMSEA	RMR
	457.022	324	1.411	0.905	0.881	0.961	0.967	0.037	0.041

χ^2: chi-square; df: degrees of freedom; χ^2/df: ¼ ratio of v2 to df; GFI: goodness of fit index; AGFI: adjusted goodness of fit; CFI: comparative fit index; TLI: Tucker-Lewis index; RMR: root mean square residual; RMSEA: root mean square error of approximation with 90% confidence intervals.

the past year. Regarding sexual attraction, 54.6% reported to be sexually attracted only to women, 40.5% reported sexual attraction to both men and women, and 2.3% reported sexual attraction only to men.

The cross-tabulations analysis indicated a relationship between the three dimensions of sexual orientation:

1. For lesbians, 72.8% reported having sex with only women, 23.8% had no partners in the past year; the remainder had sexual behaviors with both male and female (2.7%) and sexual behaviors with only men (0.7%). Regarding sexual attraction, 87.8% reported sexual attraction only to women and 11.6% reported both male and female.
2. For bisexual women, sexual behavior with only female accounted for 28.9%, and that behavior with both males and females made up 30.5%. Meanwhile, 71.1% of bisexual subjects have a sexual attraction to both sexes.
3. In the other group, some who consider themselves to be lesbians or queer also consider themselves to be sexually attracted to both males and females (51.9% of 27 participants belong to other sexual orientations; see Table 3).

Self-disclosure

Among the three groups of minority sexual women who were able to reveal their sexuality, the results showed that disclosures to friends who belong to the LGBT community reached the highest level (M = 2.89, SD = 1.10), followed by disclosure to heterosexual friends (M = 2.45, SD = 0. 97). Finally, sexual disclosure to parents is the least common (M = 1.33, SD = 0.75), specifically, 21.5% of participants said that they disclosed their sexuality preference to their parents.

ANOVA analysis indicated the level of sexual disclosure varied among different self-identified minority women groups ($p < .001$, F = 8.82). Lesbian women had a higher level of sexual disclosure than bisexual women ($p < .001$, Mean Difference = 1.73, SE = .42). At different ages, there is also a difference in the level of sexual self-disclosure ($p = .04$, F = 3.305), in particular, the number of those over the age of 25 who reveal their sexuality is higher than those 19–25 years old ($p = .01$, Mean Difference = 1.44, SE = .56).

Internalized homophobia

Among the three aspects of internalized homophobia, the number of people who self-reported that their sexuality was abnormal made up the highest proportion (22.6%). Only about 6–7% of the participants said that their sexual orientation was unusual, unhealthy and self-reproachful. In addition, some of the participants reported (strongly) agreeing with the prejudice of society such as "Homosexuality is not normal" (2.6%), "Homosexuality is unnatural" (8.3%), or "Homosexuality is morally wrong" (1.5%). Those who experienced a sexual relationship with both males and females reached the highest level of internalized homophobia (M = 17.12, SD = 5.91).

Table 3. Sexual orientation: sexual identity, sexual behaviors and sexual attraction.

Total		Sexual identity		
		Lesbian	Bisexual women	Others
		147 (48.7%)	128 (42.4%)	27 (8.9%)
Sexual behaviors	Only male	0.7	7.8	29.6
	Only female	72.8	28.9	11.1
	Both male and female	2.7	30.5	29.6
	No partners	23.8	32.8	29.6
Pearson Chi-square (χ^2)		0.000 (102.906)		
Sexual attraction	Only male	0.0	3.1	11.1
	Only female	87.8	25.0	14.8
	Both male and female	11.6	71.1	51.9
	Others	0.7	0.8	22.2
Pearson Chi-square (χ^2)		0.000 (174.567)		

In terms of specific aspects, the results revealed a difference in self-stigmatization ($F = 3.509$, $p = .016$) but no differences in sex prejudice ($F = 1.182$, $p = .317$).

Depression symptoms

Descriptive statistical results showed that 10–15% of the participants reported that they had experienced depressive symptoms almost daily for the past week (5–7 days). Most notably, 28.8% of the women who were the sexual minority felt lonely for 5–7 days, and 19% had hardly ever felt happy in the past week.

ANOVA analysis found that the negative effects of depression decreased across ages ($F = 9.02$, $p < .001$), or in other words, younger people have more negative symptoms than older people, specifically, under 19 years old ($M = 15.88$, $SD = 5.82$), from 19 to 25 years old ($M = 14.15$, $SD = 5.35$), and over 25 years old ($M = 11.9$, $SD = 4.55$).

The effect of sexual self-disclosure on internalized homophobia and depression symptoms

Sexual self-disclosure to nonfamily had a direct relationship with their internalized homophobia. Precisely, the results showed that the level of sexual self-disclosure to nonfamily positively affected "Not normal" ($\beta = -0.51$, $p < .001$) and "Self-approach and wishing heterosexuality" ($\beta = -0.53$, $p < .001$). In other words, the participants believed that the more they reveal their sexual orientation to outsiders, the less they will self-stigmatized. The study results also showed that the self-disclosure of sexual preference has a positive influence on their own sexual prejudice ($\beta = -0.32$, $p < .001$).

Examining the relationship between self-disclosure and internalized homophobia in the SEM, the level of self-disclosure was predicted at 26.6% of the change in self-approach and desiring heterosexuality. Sexual self-disclosure also predicts a change in the way they view their sexuality negatively when they think they were abnormal (22.7%). Meanwhile, the level of sexual self-disclosure among sexual minority Vietnamese women only predicted 9.2% of the change in sexual prejudice, including the perception that homosexuality is not normal, against nature, and even morally wrong.

Regarding the relationship between sexual self-disclosure and depressive symptoms, the results indicated that self-disclosure affected all three factors of depression symptoms, including negative affect ($\beta = -0.21$, $p = .01$), positive affect ($\beta = -0.29$, $p < .001$) and interpersonal ($\beta = -0.22$, $p = .01$).

The SEM model found that self-disclosure could predict 11% of the frequency variation of positive feelings in sexual minority women, 7.4% of the change of negative feelings, and 4.5% of negative thoughts about how other people feel about them. Meanwhile, the current study's results showed no relationship between self-disclosure to family and internalized homophobia (including IH1.1, IH1.2, IH 2.3) and depression symptoms (see Figure 1).

Discussion

One significant strength of this study is that, compared to previous studies that investigated the LGBT community, we focus on understanding the issues directly impacted sexual minority Vietnamese women, which makes their problem issues clearer and more specific.

To the best of our knowledge, this is the first study about sexual self-disclosure and mental health factors (internalized homophobia and depression) on sexual minority women in Vietnam. As regard to previous related literature, worldwide studies have focused on analyzing this relationship among sexual minority men (Bruce et al., 2015), (Bruce et al., 2015), (Bruce et al., 2015; Lewis et al., 2003; Puckett et al., 2017). In Vietnam, the studies on LGBT communities mainly focus

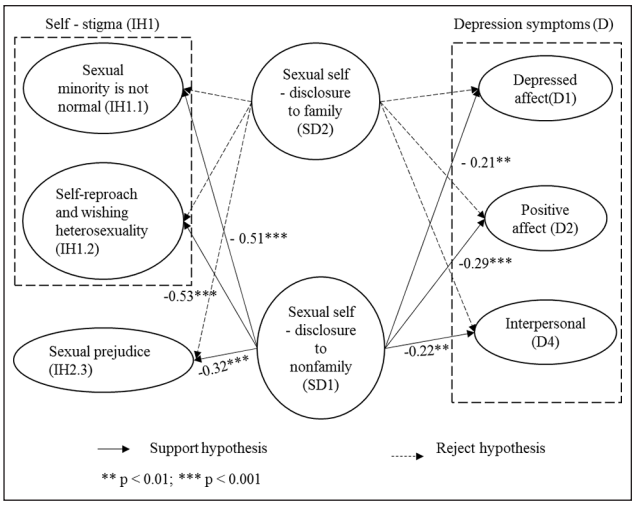

Figure 1. A structural model explaining the relationship between self-disclosure, internalized homophobia and depression symptoms.

on understanding prejudice, discrimination, and the coming out process (Luong The Huy and Pham Quynh Phuong, 2015; USAID & UNDP, 2018), as well as self-esteem and internalized homophobia (Nguyen and Angelique, 2017).

This study adds to evidence of the effect of sexual self-disclosure to other people (friends, classmates, coworkers) on internalized homophobia. Sexual minority Vietnamese women who had a higher level of self-disclosure are less likely to self-stigmatize, which could reduce their self-reproach and wishing to be heterosexual. Likewise, self-disclosure tends to reduce sexual prejudice from their friends. Conversely, Luong The Huy and Pham Quynh Phuong (2015: 14) indicated that LGBT people who have not come out to anyone that they are LGBT, often experienced less social discrimination. However, this does not mean that they could completely avoid it. Therefore, the question for future research may be whether LGBT people, as well as sexual minority Vietnamese women who reveal their sexual orientation, will experience less self-stigmatization and negative feelings about themselves, or encounter more prejudice and discrimination from the community?

The findings also confirm the association between sexual self-disclosure and internalized homophobia among sexual minorities as previously discovered by Schrimshaw et al. (2013) and Xu et al. (2017). This study also clarifies the specific impacts of sexual self-disclosure on various aspects of one's internalized homophobia in sexual minority Vietnamese women. Specifically, self-disclosure could predict a much more visible change in self-stigma, especially individuals' desire to escape their minority sexuality status and sexual prejudice.

Explaining this negative relationship between self-disclosure and self-stigma, Cox et al. (2011) considered the coming out process as a stressful experience, and sexual minority people would explore their positive aspects during this challenging period. Related to the formation of internalized homophobia, like heterosexuals, homosexuals grew up in a culture supporting homosexual prejudice. Therefore, at the age of adolescence, if they realize their homosexuality, they will begin to question their absent heterosexuality and label "homosexuality" as an "available" prejudiced attitude. According to Gonsiorek (1988) and Meyer (1995), negative emotions can be incorporated in the image of the ego, which leads to different levels of internalized homophobia. Likewise, self-disclosure to others exposes their feelings and viewpoints on their sexuality. Cox et al. (2011) also proposed to consider individual development factors (cognitive development, religious development and social development) as a mediator in the relationship between sexual self-disclosure and internalized homophobia.

All factors were analyzed through SEM, which clearly showed the correlation between sexual self-disclosure to nonfamily and depression symptoms. Self-disclosure influenced all three aspects of depression (negative, positive, and interpersonal). Specifically, self-disclosure had higher predictive ability of participants to express positive feelings than negative feelings and negative thoughts about the feelings of others toward them. Furthermore, Henry (2013) stated that there is not much reason to disclose one's sexuality, but disclosure offers significant benefits in eliminating the stress of concealment and then improving mental health in general. Therefore, sexual disclosure is likely to reduce depressive symptoms of sexual minority Vietnamese women.

The results indicated that there was no connection between self-disclosure to family members and internalized homophobia and depression symptoms (see Figure 1). This is different from previous research, which showed that nondisclosure to family members made them feel uncomfortable and significantly affects relationships with the family, especially parents (Nguyen et al., 2010). This suggests that further studies should concentrate on the impact of family members on the mental health of sexual minority Vietnamese women.

Results from SEM model demonstrated that self-disclosure to others can decrease internalized homophobia and depression symptoms among sexual minority women. The results from the research proposed that psychotherapists or psychological counselors should encourage sexual minority women to disclose their sexual orientation to non-family people in the support process, which coulde contribute to reducing their self-stigma, sexual prejudice, and depression symptoms. Evidence of this study can also provide useful knowledge to further build and develop mental health programs for sexual minority women in Vietnam. In particular, awareness-raising activities on sexual diversity and psychological trauma that may be joined or observed by sexual minority Vietnamese women, as well as their families and communities, can reduce prejudice and discrimination toward them.

Conclusion

In brief, the study clarified the differences in the level of sexual self-disclosure across age groups. When sexual minority Vietnamese women disclose their sexual preference, they tend to reveal more to outsiders than to family members. Most notably, despite the association between self-disclosure, internalized homophobia and depressive symptoms, only self-disclosure to outsiders appears to reduce internalized homophobia and depression symptoms.

Limitation

The findings of the current study should be considered within certain limits. Firstly, this is a self-reported study, so it is difficult to avoid the bias of the participants related to emotions and methods of interpretation. Like any cross-sectional study, causal conclusions cannot be drawn from the correlation data, although the presentation of the data in SEM suggests causality.

Secondly, some items or factors are excluded because they were not qualified for the SEM model, which may also result in underestimating the relationship between the structures evaluated in this research. Future studies should work to develop and validate measures, combined with the addition of related structures that have been previously validated to address this limitation.

Thirdly, some studies confirmed the association between self-disclosure and internalized homophobia, and the others indicated the association between self-disclosure and depression symptoms. We, however, did not find any research on the relationship among the three variables. Therefore, the goal of the article is to find out the relationship among three variables. We applied CFA (Confirmed factor analysis) on all subscales from three separate scales to select SEM variables without doing EFA (Explore factor analysis).

Finally, convenient sampling limits making generalization for the general population; for example, almost all participants are young and stay mainly in two large cities where there is easier access to the Internet.

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ORCID iDs

Tran Thi Minh Duc https://orcid.org/0000-0003-3744-6981

Bui Thi Hong Thai https://orcid.org/0000-0003-2163-7572

Note

1. An identity usually used for anyone outside of the heterosexual norm, this term is still vague in literature

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