Published in final edited form as:

Arch Sex Behav. 2019 January ; 48(1): 159–174. doi:10.1007/s10508-018-1254-z.

Perceived discrimination, coping mechanisms, and effects on health in bisexual and other non-monosexual adults

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Abstract

Bisexual individuals experience unique discrimination related to their sexual orientation, which may increase their risk for adverse health outcomes. The study goal was to investigate how bisexual and other non-monosexual individuals experience discrimination, understand how they perceive discrimination to affect their health, and examine the ways in which they cope with discrimination by analyzing responses to open-ended survey questions. The sample included 442 bisexual and other non-monosexual adults, ages 18–68 years ($M = 28.97$, $SD = 10.30$) who either reported a bisexual identity or reported attractions to more than one gender. Gender identities included women ($n = 347$), men ($n = 42$), and transgender/non-binary individuals ($n = 53$); 29% of participants were currently located outside of the United States. Participants completed an online survey, including three open-ended questions regarding their experiences with discrimination, how discrimination affects their health, and methods used to cope with discrimination. Themes related to perceived discrimination included: double discrimination of bisexuals and other non-monosexual by heterosexuals, lesbian and gay individuals; bisexual invalidation and erasure; and sexual victimization. Themes related to the perceived effects of discrimination on health included: impact on mental health; impact on physical health; and effect of discrimination in healthcare. Themes related to coping with discrimination included: social support; resilience; and identity-specific media consumption. Findings demonstrate that bisexual and other non-monosexual individuals' experiences of discrimination can be additive, based on other marginalized facets of identity, including race/ethnicity, gender, and socioeconomic status. Our findings have implications for advancing bisexual health research from an intersectionality framework.

Keywords

bisexuality; bisexual health; coping mechanisms; discrimination; sexual orientation

INTRODUCTION

Bisexual individuals face significant and unique health disparities in both physical and mental health compared to heterosexual, lesbian, and gay individuals. Compared to heterosexuals, bisexuals have the most adverse physical health outcomes among sexual minority groups (Bostwick, Hughes, & Everett, B. 2015; Case et al., 2004; Cochran & Mays, 2007; Conron et al., 2010). Bisexuals are at greater risk than heterosexuals for depression, obesity, and impairments in functioning due to pain (Bostwick et al., 2015; Case et al., 2004; Cochran & Mays, 2007; Conron et al., 2010). Similarly, compared to heterosexual women, bisexual women are more likely to report back problems, chronic fatigue syndrome, and digestive complaints (Cochran & Mays, 2007). Disparities in health have been explained by increased stress and discrimination that bisexual individuals experience; however, more research is needed to understand how bisexual individuals experience and cope with discrimination and how it affects their health. This study aimed to examine how bisexual individuals experience discrimination, how they perceive discrimination to affect their health, and coping mechanisms utilized when discrimination is experienced.

Definitions of bisexuality have varied greatly in research. While some definitions require self-identification as bisexual in their criteria, bisexuality can also be defined based on other dimensions, including attractions to more than one gender or having sexual partners of more than one sex/gender (Mereish, Katz-Wise, & Woulfe, 2017a). Individuals' stated sexual orientation identities are sometimes different from their attractions and partners (Herbenick et al., 2010b). Bisexual individuals can differ in their own definitions of bisexuality, as well as vary in how they define themselves to others, sometimes using multiple sexual orientation labels (Rust, 2000). A survey of participants at one bisexual conference indicated that over half of attendees identified as both queer and bisexual (Barker, Bowes-Catton, Iantaffi, Cassidy, & Brewer, 2008). The participants in the current study included both self-identified bisexual individuals and other non-monosexual individuals who reported attraction to more than one gender. Participants indicated a range of non-monosexual identities, including pansexual and queer; however, the majority of participants identified as bisexual. Previous research has examined bisexual issues utilizing broader samples that included both bisexuals and non-monosexuals (Flanders et al., 2016). Consistent with prior work (Flanders et al., 2016), we utilize the term bisexual throughout the paper as an umbrella term inclusive of other non-monosexual identities to refer to the entire sample. The findings we report are relevant to both bisexual and other non-monosexual individuals.

Previous research has evidenced that bisexual individuals may be at greater risk for victimization and discrimination experiences. For example, adolescent girls with sex partners of multiple genders were nearly twice as likely to be physically attacked as those with partners of only one gender (Udry & Chantala, 2002). Beyond sexual minority subgroup differences in rates of victimization, evidence suggests that bisexuals experience unique discrimination due to bisexuality that is different from gay/lesbian individuals. Bisexuals experience binegativity, or anti-bisexual prejudice, from both heterosexuals and lesbian and gay individuals, as well as the LGBTQ (lesbian, gay, bisexual, transgender, queer) community more broadly (Bradford, 2004; Brewster & Moradi, 2010; Friedman et

al., 2014; Mohr & Rochlen, 1999). Research on attitudes toward bisexual individuals shows that heterosexual and lesbian and gay individuals hold negative attitudes toward bisexuals (i.e., binegativity; de Bruin & Arndt, 2010; Herek, 2002; Yost & Thomas, 2012).

Binegativity includes the belief that bisexuals are confused about their sexuality or that bisexuality does not actually exist, concern that bisexual individuals are promiscuous, and the belief that bisexual individuals do not make trustworthy partners (Farajajé-Jones, 1995; Ochs 1996; Sumpter, 1991; Yost & Thomas, 2012). For instance, heterosexual, lesbian, and gay individuals are less likely than bisexual individuals to have romantic or sexual relationships with bisexual partners than were bisexual individuals (Feinstein, Dyar, Bhatia, Latack, & Davila, 2014). This body of research indicates strong evidence of stigmatization of bisexuality by monosexuals (individuals who experience attraction to only one gender).

Sexual minorities' increased burden for poor health can often be linked to the stress of experiencing discrimination, otherwise known as sexual minority stress (Hatzenbuehler, 2009; Meyer, 2003). Minority stress theory proposes that oppressed minorities experience prejudice and discrimination related to their stigmatized identity, which in turn negatively affects their health, in part via a psychological stress response pathway (Brooks, 1981; Hatzenbuehler, 2009; Meyer, 2003). Sexual minority stress is associated with physical and mental health problems (Frost, Lehavot, & Meyer, 2015; Mereish & Poteat, 2015; Meyer, 2003).

Among bisexual individuals, experiences of bisexual discrimination, such as physical and sexual victimization related to stigma associated with bisexuality, may cause bisexual-specific minority stress, culminating in adverse health outcomes. Previous research has indicated that greater bisexual-specific minority stress is significantly associated with poorer overall physical health, greater pain, and poorer general health among bisexual adults beyond the effects of sexual minority stress alone (Katz-Wise, Mereish, & Woulfe, 2017), and that bisexual-specific minority stress is associated with more psychological distress and suicidality among bisexuals (Mereish, Katz-Wise, & Woulfe, 2017b). Research also indicates that microaggressions, brief daily verbal, behavioral, or environmental indignities that communicate hostile or derogatory slights toward members of oppressed groups (Sue et al., 2007), may act as a source of discrimination that impacts bisexuals' health (Balsam, Molina, Beadnell, Simoni, & Walters, 2011). However, there is limited research examining the lived experience and impact of discrimination on health for bisexual individuals.

Several studies have examined coping strategies used by members of stigmatized populations in response to discrimination (Major & O'Brien, 2005; Miller & Kaiser, 2001). Some coping mechanisms, like utilization of mental health counseling, may be positive and strengthen individuals' resilience to discrimination (Nadal et al., 2011), whereas other coping mechanisms, such as substance misuse, may be detrimental to health and render individuals more vulnerable to the development of psychiatric disorders or poorer physical health (McLaughlin, Hatzenbuehler, & Keyes, 2010). Although some behavioral coping strategies utilized by sexual minorities to combat discriminatory experiences have been identified; research has not yet examined how bisexual individuals cope with discrimination by analyzing the open-ended responses of bisexual adults.

The Current Study

The aim of the current study was to examine and elucidate discrimination experienced by bisexual individuals, examine how bisexual individuals cope with discrimination, and examine how discrimination affects their health. To address these aims, data were analyzed from open-ended responses on a survey of bisexual cisgender and transgender/non-binary adults.

METHOD

Participants

Participants were 442 bisexual and other non-monosexual adults (347 cisgender women, 42 cisgender men, and 53 transgender/non-binary individuals), age 18 to 68 years ($M = 28.97$; $SD = 10.30$). The sample was primarily White (79.9%) and 66.0% of participants had a college degree or higher; 38% of the sample were students and 57.0% were low income (annual income $\leq \$19,999$). The participants primarily identified as bisexual (77.8%); participants who did not identify as bisexual reported attraction to multiple genders. Other participant demographic information is presented in Table 1.

Researchers

The authors of this study represented a diversity of perspectives related to holding differing social positions and identities; the life experiences stemming from these positions informed this work. The researchers' identities are described to better position themselves in relation to this study. Doan Van is a biracial heterosexual cisgender female graduate student in public health and social and behavioral research science. Mereish is an ethnic minority queer cisgender male assistant professor trained in psychology and LGBTQ health. Woulfe is a White queer cisgender female counseling psychologist with expertise in PTSD, the intersection between interpersonal violence and marginalized identity, and LGBTQ health. Katz-Wise is a White queer bisexual cisgender female assistant professor trained in developmental psychology, gender and women's studies, and social epidemiology, with expertise in LGBTQ health.

Procedure

Participants were recruited online by contacting sexual minority and bisexual-specific online groups and mailing lists. Inclusion criteria were: (1) age 18 years or older and (2) identifying as bisexual or having attractions to more than one gender. All potential participants received a link to the data collection website, where they provided informed consent, completed the online survey, and were given the option to enter into a raffle to win one of five \$25 prizes. Upon completion of the survey, participants were provided with a list of online resources providing sexual minority-specific mental health support and services. The survey hosting platform was Qualtrics. The study was approved by the Boston College institutional review board.

Measures

Among other measures reported elsewhere (Katz-Wise et al., 2017; Mereish et al., 2017a; Mereish et al., 2017b), participants were asked three open-ended questions at the end of the survey: (1) What are your experiences with discrimination? (2) What helps you cope with these experiences with discrimination? (3) How does discrimination/oppression affect your health?

Sociodemographic characteristics.

Multiple dimensions of sexual orientation were assessed, including: sexual orientation identity (“how would you describe your sexual orientation?”) and sexual attractions (“People are different in their sexual attraction to other people. Which best describes your feelings”). Assigned sex at birth was not assessed. Gender identity was assessed with the following response options: Male/Man; Female/Woman; Transgender; and Other. Some participants selected “other” and indicated that they are non-binary (e.g., agender, gender fluid, non-binary). Participants’ age, race/ethnicity, education, employment, annual individual income, and geographical region were also assessed.

Analytic Method

Open-ended responses to survey questions were analyzed by Doan Van and Katz-Wise. Prior to beginning coding procedures, the coders discussed and documented their biases and assumptions. Then, an immersion/crystallization (Borkan, 1999) approach was used to begin the analytic process. This approach involves immersing oneself in the data by reading and re-reading the text while remaining open to new knowledge emerging from the data. Then, a subset of 25 participant responses was randomly selected and an initial codebook was developed by Doan Van using a template organizing style (Crabtree & Miller, 1999) approach. The codebook then underwent a review process with Katz-Wise, in which codes and code definitions were revised and clarified. Following this, the coders separately completed initial coding of the 25 participant responses, then met and came to consensus, during which any discrepancies in the coding were discussed and resolved and the codebook was further revised, as needed. Coding and analysis of all subsequent responses was completed by Doan Van using the mixed-methods program Dedoose for data management, and overseen by Katz-Wise, with weekly meetings to discuss issues that might have arisen during the coding process and further refine the codebook. New codes that emerged throughout the coding process were added to the codebook and applied to previously coded participant responses. Codes were grouped into three main categories, based on the survey questions: (1) perceived discrimination, (2) coping with discrimination, and (3) perceived effects of discrimination on health. Themes were developed within each category and representative quotations were chosen to illustrate each theme. Finally, we examined social identity differences, particularly for multiple marginalized identities, in individuals’ experiences of discrimination, coping, and health outcomes. In order to do this, code occurrence was examined by gender, race/ethnicity, educational attainment, and income. Codes that demonstrated the most salient differences within and between these categories were selected and are presented in Table 3 and in the Differences by Gender, Race/Ethnicity, Educational Attainment, and Income section in the Results.

RESULTS

Analysis of study participants' open-ended responses to the survey questions resulted in 73 total codes and sub-codes, which are listed in Table 2 with the number of times each code was utilized. Although the code counts presented in Table 2 represent the number of participants whose responses were coded using a given code, the findings are not meant to be interpreted as true statistics of bisexuals' experiences with discrimination, coping mechanisms, or health effects. Rather, the code counts indicate which experiences may be more salient in this sample. Frequently expressed codes were grouped together to form themes, which are presented below. Table 3 presents occurrence of selected codes by gender; these, and code occurrence by race/ethnicity and socioeconomic status for selected codes are described in the Differences by Gender, Race/Ethnicity, Educational Attainment, and Income section. Codes were chosen based on which codes demonstrated the most salient differences proportionally between identity groups; therefore, Table 3 does not represent all codes utilized in the study.

Perceived Discrimination

The survey questions did not specify that participants describe discrimination associated specifically with being bisexual; therefore, discrimination described by participants does not exclusively reflect bisexual-specific discrimination, but rather any discrimination experienced among this sample of bisexual adults. Within the perceived discrimination category, codes were further divided into the following sub-categories: (1) source of discrimination, (2) type of discrimination, (3) discrimination of an identity other than bisexual and (4) protective factors from discrimination. The most common codes identified for sources of discrimination were gay and/or lesbian (LG) individuals or communities, heterosexual individuals, and family. The most common codes identified for types of discrimination were identity invalidation, identity invisibility, verbal abuse, and stereotyping. Participants also mentioned experiencing discrimination related to other identity constructs, including gender, race/ethnicity, body type, gender identity, gender expression, and disability. The most frequently mentioned protective factors from discrimination were concealment of bisexual identity; the location within which the participant lived; and the participant's ability to pass as straight. Within the perceived discrimination category, three themes emerged: (1) double discrimination of bisexuals by heterosexuals and LG individuals; (2) bisexual identity invalidation and erasure, and (3) sexual victimization.

Double Discrimination of Bisexuals by Heterosexual and LG Individuals—

Participants in our study reported experiencing discrimination from both heterosexual and LG individuals and communities (i.e., "double discrimination"), and the type of discrimination was often distinct depending on whether the source was heterosexual or LG. Participants reported LG individuals and community as a source of discrimination more often than they reported heterosexuals as a source of discrimination. Participants who described double discrimination expressed the emotional toll of being discriminated against by both groups, and not being accepted or considered to have a valid sexual orientation by either group. The following quote illustrates an experience of double discrimination:

As a bisexual individual, it is difficult to find a community that will accept you. You are viewed as gay by the majority of the heterosexual community, and yet not accepted within much of the gay/lesbian community due to the fact that you aren't 'actuall[y] gay'. People don't view bisexuality as something legitimate and it's a distressing reality to face. (Bisexually-identified Latina woman, age 21 years)

Furthermore, results demonstrated that the discrimination experienced from each group can be distinct. The code for discrimination from LG individuals often co-occurred with the codes for both exclusion and discrimination by a potential romantic or sexual partner. Indeed, a recurring experience described by participants was being excluded from LGBTQ community events, support groups, and spaces because of their bisexual identity. Participants also often described being rejected by gay or lesbian potential romantic partners when their bisexual identity was known, often being told they were "tainted", "likely to cheat in a relationship", or "just experimenting". As one person described:

To LG people, I have always been treated as an 'experimenting' straight person, that bi is not a real identity, just a phase young women go through. I was treated as dirty or tainted by some lesbians for having had sex with men. (Bisexually-identified White woman, age 27 years)

Conversely, the code for discrimination from heterosexual individuals often co-occurred with the code for sexual harassment. Participants expressed being sexually harassed by heterosexual individuals when they disclosed their sexual orientation, including being asked to engage in sexual acts they were not comfortable with and to describe their relationships with same-gender partners for the heterosexual individual's sexual pleasure.

Bisexual Identity Invalidation and Erasure—Many participants mentioned experiencing their sexual orientation as being denied and treated as illegitimate, or ignored and forgotten altogether. Both codes describing discrimination from LG individuals and discrimination from heterosexual individuals often co-occurred with the codes for identity invalidation and identity invisibility. Sometimes for participants, this meant less outright or direct discrimination, and more isolation and lack of acknowledgement from queer communities and society as a whole. One participant wondered, "Maybe the reason I rarely experience discrimination is because people don't realize I exist." (Bisexually-identified White woman, age 28 years)

Participants also described difficulty coming to terms with their own sexuality because they had been told bisexuality was not real, or because it was mentioned so little that they questioned whether bisexuality existed. Many participants also described being treated with hostility or excluded based on their sexual orientation by both heterosexual and LG groups. Participants described being treated this way by LG groups because they were not considered a legitimate part of the same community ("not queer enough") and by heterosexual groups because they were sexually deviant and "faking" being gay. Participants described being told by both heterosexuals and LG individuals that bisexuality was not a true sexual orientation but rather that bisexuals were truly gay but afraid of coming out, or really heterosexual but wanting to experiment:

As a bisexual woman I am discounted as a straight male fantasy instead of a legitimate orientation. The men I have dated have either felt threatened or have thought that my orientation was not serious. The women I have dated feared I would choose to fall into the easy 'straight' path when choosing a long-term life partner. I feel like the straight people I know either think I am an oversexed, greedy, promiscuous person, or that I am faking attraction to women. (Bisexually-identified Black Woman, age not reported)

One participant described how exclusion and invalidation by LGBTQ communities was particularly upsetting:

I've often been alternately ignored, erased, and marginalized as a lesser member of the online LGBT community online [...] This is much more depressing than the too- typical biphobic ideas within the community [...] I'm used to those ideas, but to be discriminated against by what is allegedly my own community is truly painful. (Queer-identified White woman, age 31 years)

Sexual Victimization—Participants reported experiencing sexual victimization, including sexual harassment, sexual violence, and hypersexualization or being stereotyped as hypersexual. Participants described being sexually objectified and stereotyped as being more promiscuous and sexually deviant because of their sexual orientation. Participants also described experiencing sexual harassment and sexual violence including assault and rape and felt the behavior was directed at them because they were bisexual. One participant stated, "I've had straight women sexually harass me because being bisexual, to them, means that I no longer need give consent." (Bisexually-identified Biracial man, age 29 years). The following quote illustrates another example of one participant's experience of sexual victimization:

Straight men would either refuse to date me [...] or would try to take advantage of me sexually or get me to do really 'out there' things sexually because they thought that's what a bi woman deserves [...] People act like just because I'm bi I'll automatically cheat or that I couldn't possibly want a monogamous relationship [...] I truly believe the worst discrimination I have experienced though were some very bad sexual encounters with men that I think only happened because they thought they could get away with it because I'm bi. I think a lot of men treat bi women as less than human. As sex toys to toss around and use however they want. (Bisexually-identified White woman, age 27 years)

Participants recognized an association between the stereotype that bisexual individuals are sexually promiscuous, deviant, and untrustworthy, and the sexual victimization they experienced. This stereotyping not only contributed to rejection by sexual partners, but to targeting and abuse as well. One participant described how hypersexualization of bisexuals contributed to her experience with sexual assault and harassment:

I feel I am targeted for sexual assault and sexually inappropriate behavior because I am openly bisexual/queer: people think I'm slutty or 'up for anything,' including inappropriate and nonconsensual sexual approaches. Others treat me as if I probably hav[e] STDs. (Queer-identified White woman, age 32 years)

Another participant described how stereotypes of sexual promiscuity were related to sexual abuse by her partner, and furthermore described how hypersexualization of bisexuals was even present in healthcare, affecting how her doctor perceived her experiences with rape:

I was raped by a former significant other, who was angry at my imagined cheating with other women. In his own words, he was going to ‘fix me,’ because all I needed was ‘the right man to turn me straight.’ It took me awhile to realize that this was not only rape but rape as a hate crime. I didn’t discover until years later that so-called ‘corrective rape’ was a real thing that happens far too often. There was nobody to tell me. A local doctor ‘helpfully’ informed me that it wasn’t really rape, since I previously consented to sex with the man. He also bluntly stated that ‘as a bisexual, (I have) a high libido,’ and then he implied that it wasn’t rape because I must have enjoyed it. (Queer-identified White woman, age 31 years)

Coping with Discrimination

The coping with discrimination category was not further divided into sub-categories. Three themes emerged from this category: (1) social support, (2) resilience, and (3) identity-specific media consumption. The most common codes utilized for mechanisms of coping with discrimination were those describing social support. Other coping mechanisms commonly expressed by participants included relying on their sense of self and identity-specific media consumption.

Social Support—Social support was often mentioned by participants as a means of coping and often came from friends, family, and partners. Significantly, participants also mentioned the need to find support through other individuals who had similar experiences, such as social support from LGBTQ and bisexual individuals or communities. As one participant explained, “Having people who share and understand my experiences is very important” (Bisexually-identified White man, age 24 years). Participants also expressed that it was important to receive social support from individuals with whom they shared multiple identities, which fostered greater mutual understanding, such as specifically seeking out queer people of color. Social support was helpful to participants in coping with the negative emotional impact of discrimination, as well as in providing them with knowledge regarding discrimination, ways to manage experiences of discrimination, and ways to cope in potentially discriminatory settings. The following participant’s response exemplifies how bisexual adults utilized social support to cope with discrimination:

I have coped really well by getting involved with an active bi community in [city of residence]. The bi community in [city of residence] has peer-facilitated support groups which I attend and it’s really helped with coping in both queer and heterosexual spaces. (Bisexually-identified White non-binary individual, age not reported)

Resilience—Many participants expressed relying on a strong sense of self or high self-esteem to overcome or ignore their experiences with discrimination, indicating resilience in the face of experiences of discrimination. While individuals who indicated a strong sense of self were not immune to experiencing discrimination, many were able to find strength or

pride in the aspect of their identity that was oppressed. Participants also expressed certainty of their self-worth that made it easier to brush off discrimination aimed at them. One participant stated that they were able to cope through “The knowledge that I am worth something and that I am right in knowing my orientation” (Bisexually-identified Biracial woman, age 18 years). The following quote exemplifies sense of self as a coping mechanism:

I love being bisexual and I love the bisexual community. I’m proud to be bi, so when people exclude me because of my sexual orientation it doesn’t particularly bother me. (Bisexually-identified White woman, age 19 years)

Identity-Specific Media Consumption—Participants frequently mentioned coping through utilizing media (including books, television shows, movies, and comic books) that featured bisexual and queer characters, such as reading accounts of the experiences of other individuals that were similar to them. One participant explained how consuming identity-specific media helped her cope with discrimination:

If I’m feeling particularly upset I usually seek out happy media portrayals of bisexual or homosexual people (usually from webcomics) to make myself feel better and remind me that It Gets Better... (Bisexually-identified White woman, age 21 years)

Other participants coped with discrimination by reading and learning about bisexuality, discrimination, and other facets of their identities in academic literature, as expressed by the following quote:

I think studying gender and sexuality scholarship helps me articulate why and how these instances are harmful not just to my own well-being but also, more importantly, within the context of larger social justice issues. Reading makes me feel as if the perpetrators of such ‘discrimination’ I face are misinformed or idiotic to the point of amorality; so that helps. (Pansexual-identified White non-binary individual, age 20 years)

While some participants mentioned seeking out bisexual representation in media specifically as a means to cope, others mentioned queer representation or LGBTQ representation in media more broadly as a source that enabled them to cope with discrimination.

Perceived Effects of Discrimination on Health

Within perceived effects of discrimination on health, codes were further divided into the following sub-categories: (1) perceived negative health effects and (2) barriers to health and healthcare. The most prominent codes in perceived negative health effects were anxiety, emotional distress, and depression. The most common moderating factors were related to experiences with healthcare, including relationships with healthcare providers, healthcare access, and avoiding healthcare. Not all participants attributed a direct causal relationship between experiencing discrimination and adverse health outcomes; rather, perceived adverse health outcomes or effects on their health were described by participants to be either due to experienced discrimination or exacerbated by discrimination. Within the findings on perceived negative health effects, three themes emerged: (1) impact on mental health, (2)

impact on physical health, and (3) effects of discrimination in healthcare. As the first two themes tended to intersect, they are described first separately and then together.

Impact on Mental Health—Mental health of participants was negatively impacted by discrimination in the following ways: exacerbation and triggering of anxiety, including panic attacks and PTSD; emotional distress; depression; and stress. Participants described that their mental health was negatively affected as a direct result of experiencing discrimination, as well as due to anticipating experiencing discrimination. One participant described how anticipating discrimination exacerbated her anxiety:

I struggle with anxiety, and the fact that I know I'm not really a part of the community at large makes that a lot harder. It can be exceptionally difficult to convince yourself that no one is actually judging you while you shop for groceries, when you've had proof that people do think quite awful things about me because of who I am. (Bisexually-identified White non-binary individual, age 23 years)

Participants did not always state that negative mental health outcomes were directly caused by discrimination, but that experiencing discrimination was indirectly related to their mental health. For example, one participant stated that the majority of their mental health struggles were triggered after coming out as queer, rather than related specifically to experiences of discrimination:

I've been diagnosed with a variety of mental illnesses, and some of them may or may not have occurred regardless of me being queer and facing discrimination for it. But I feel that most of them are related in some way to being oppressed. I didn't contemplate suicide until I realized I was queer, I didn't self-harm until I realized I was queer, I didn't misuse drugs or alcohol until I realized I as queer, I didn't feel angry and depressed almost every single day until I realized I was queer. When I hear voices, they often tell me that I am worthless because I am queer and call me homophobic slurs, which is fairly obviously related to my internalized feelings in response to discrimination. (Bisexually-identified White transgender individual, age 18 years)

Impact on Physical Health—Negative impacts on physical health were also mentioned by participants, including chronic pain, exacerbation of chronic disease, nausea, and causation of disability. Some individuals attributed their physical health outcomes directly to the discrimination they experienced. One participant expressed, "In a world without oppression against the groups I belong to (i.e. monosexism, cissexism, heterosexism, racism, misogyny, and ableism) I don't think I'd have been disabled. I became chronically ill as a more or less direct result of these things" (Bisexually-identified Biracial non-binary individual, age 31). Another described how experiencing structural discrimination due to sexual orientation led to adverse health outcomes:

I can't afford decent food or healthcare because no one in my area hires someone suspected to be a 'dyke' or 'fag,' so that tends to put a tremendous strain on my physical health. I can't see a doctor, so I am going without thyroid medication, which affects my entire health, and I'm experiencing permanent nerve damage due

to lack of B-12 injections for my pernicious anemia. (Queer-identified White woman, age 31 years)

The Intersection of Impacts on Mental and Physical Health—Other participants stated that their experiences with discrimination affected their mental health, which then impacted their physical health. One participant described how experiencing discrimination impacted their mental health by increasing stress, which then exacerbated their fibromyalgia:

I have fibromyalgia and bipolar depression, both of which are strongly impacted by stress. I have to modulate my experiences with discrimination or oppression to keep my stress levels as low as possible. On a practical level, this means avoiding news item, Facebook postings, etc. that are upsetting. (Bisexually-identified White woman, age not reported)

Several participants posited a potential pathway, whereby experienced discrimination led to an increase in stress, which led to poorer sleep, which worsened physical health and exacerbated existing physical health problems. The following quote illustrates this pathway:

I believe it primarily affects my mental health, which can in turn affect my physical health (for instance, the more anxious and depressed I am, the less I sleep, the more I experience stomach problems, the more easily I get sick). (Queer-identified Biracial woman, age 29 years)

Effect of Discrimination in Healthcare—Many participants described how experiences with discrimination in healthcare affected their health and acted as a barrier to their ability to be healthy. Discrimination in healthcare impacted access and quality of healthcare, individuals' relationships with their healthcare provider, and their willingness to avoid seeking healthcare. A participant expressed, "Health care workers have been the worst -- I have been stereotyped, judged, given inadequate or inappropriate care, and subjected to invasive and unnecessary sexual health exams" (Bisexually-identified White transgender non-binary individual, age 31 years). Another participant stated that past discrimination had impacted her willingness to seek care: "Often doctors or nurses or therapists treat my sexual orientation in a negative way which makes me reluctant to seek professional help for health issues" (Bisexually-identified White woman, age 19 years).

Participants also described withholding information regarding their sexuality from their healthcare providers in order to avoid discrimination, even if the information seemed relevant to their health or treatment. Participants described how discrimination and implicit bias from healthcare providers negatively affected their health and healthcare. A participant explained how disclosing her sexual orientation negatively impacted her ability to receive the treatment she was seeking:

I have had a straight doctor give me a hard time about my identity when I was in the hospital experiencing severe acute illness (mental). I have had therapists at an LGBT clinic attempt to redirect the focus from the depression I was seeking help for to an imposed narrative where they thought I was there to come out as a lesbian. (Bisexually-identified White woman, age 38 years)

One participant described their fear of discrimination from health care professionals due to their intersecting identities as bisexual and non-binary transgender, and explained how this prevented them from disclosing their identity to their doctor:

Discrimination within the health field is a HUGE issue for my life. I'm so terrified to tell my doctors I am trans [...] because I can't risk my life and basic safety by being refused care [...] I don't have transportation that can take me far enough to see a psychologist who I can get recommendations from others for vouching that they won't treat me like shit because I'm queer and nonbinary trans [...] My life has been endangered before by doctors failing to give me proper treatment, telling them I'm queer and trans has to be at the bottom of my to do list for my own basic safety. (Bisexually-identified Biracial transgender non-binary individual, age 25 years)

Differences by Gender, Race/Ethnicity, Educational Attainment, and Income

When examining the occurrence of discrimination codes by gender group (cisgender women, cisgender men, and transgender/non-binary individuals), discrimination was not uniformly found across gender groups (Table 3). For instance, the microaggression code, which was frequently mentioned by participants in this study, was expressed more often by cisgender women and transgender/non-binary participants than by cisgender men. Some participants described how having several stigmatized identities could amplify or result in more frequently experienced microaggressions. One participant explained how microaggressions experienced at the intersections of their identities negatively impacted their health:

I have bipolar disorder, OCD and PTSD, and oppression related to bisexuality, gender issues, my being intersex, poly, on disability, fat...it's a long list that easily triggers my PTSD and depression and intrusive thoughts. It's very hard to maintain positivity fighting my illnesses while faced with constant microaggressions for multiple identities. (Bisexually-identified White non-binary individual, age not reported)

Cisgender women and transgender/non-binary participants also expressed the following types of discrimination more often than cisgender men: discrimination in healthcare, physical threats, sexual harassment, and sexual violence. However, cisgender men expressed experiencing potential partner rejection and physical assault more often than did other gender groups. Cisgender men were also more likely than other gender groups to report experiencing no discrimination, as well as not experiencing an effect of discrimination on health. In comparison, transgender/non-binary participants expressed experiencing microaggressions, discrimination in healthcare, physical threats, physical assault, sexual harassment, and sexual violence more frequently than any other gender group. When examining race/ethnicity groups in the study, participants of color experienced discrimination in healthcare more frequently than White participants. Of those that mentioned discrimination in health care, 28% were Biracial, 45% were Black, and 16% were Latinx, whereas only 11% were White.

Participants often expressed that they experienced discrimination not only based on their sexuality but also based on other stigmatized aspects of their social identities. The following participants described how their ethnicity, skin tone, gender, and sexual orientation all impacted their experiences with discrimination:

I have had many experiences, equally because of my queer/bisexual identity and my identity as a brown person or Chicano. I have been beat up, called names, and harassed. (Bisexually-identified Latino man, age not reported)

I feel like I've experienced a great amount of discrimination in my life due to the different identities that I hold. I am a brown, biracial, queer female, so I am considered different in many situations. (Queer-identified Biracial woman, age 23 years)

Other participants expressed that privilege held due to race/ethnicity, social class, gender expression, and ability buffered their experiences with discrimination and served as a protective factor from discrimination:

As a white upper middle class able-bodied femme working for an LGBTQ organization, I have a great deal of privilege that insulates me from discrimination... (Bisexually-identified White woman, age 27 years)

Differences in coping mechanisms were also seen across different identity groups. Cisgender men expressed relying on a strong sense of self to cope with discrimination more so than other gender groups. Of those that expressed the sense of self code, 40% were cisgender men, 43% had a graduate degree or higher educational achievement, and 41% earned \$70,000 or more per year.

DISCUSSION

The aim of this research was to examine how bisexual adults experience discrimination, which coping mechanisms bisexual individuals employ to cope with perceived discrimination, and how they perceive discrimination to affect their health. A secondary aim was to assess how discrimination, adverse health effects, and coping might occur at the intersections of different identities. Findings provide an understanding of bisexual individuals' experiences with discrimination in their own voices and lived experiences.

Double Discrimination

Findings from this study strengthen existing literature on anti-bisexual prejudice. Previous literature has documented that bisexuals experience discrimination from both heterosexual and LG individuals, resulting in "double discrimination" (Callis, 2013; Ochs, 1996; Lambe, Cerezo, & O'Shaughnessy, 2017); our study expands upon these findings. Interestingly, LG individuals and community was mentioned as a source of discrimination more often than heterosexual individuals in the current study. It is possible that this difference was found because participants felt it necessary to specify discrimination coming from LG individuals, whereas discrimination from heterosexuals was considered default and thus not worth mentioning. However, the sheer number of responses mentioning both LG and heterosexuals as a source of discrimination demonstrates that bisexuals do in fact experience

discrimination from both groups. Based on the differing co-occurrences of codes with LG and heterosexual groups as sources of discrimination, this finding also lends credence to literature that states that the types of bisexual-specific discrimination can differ based on the source of discrimination (Ochs, 1996).

Bisexual Identity Invalidation and Erasure

Some of the most prominent codes indicating types of discrimination were identity invalidation, invisibility, and exclusion, which are consistent with prior literature on biphobic prejudice (Callis, 2013; Bower, 2002; Brewster & Moradi, 2010; Mohr and Rochlen, 1999). Current study findings show that bisexuality was often not considered a valid sexual orientation by either heterosexuals or LG individuals, and that LG communities often did not consider bisexuality to have a legitimate place in the queer community. Moreover, participants in this study expressed experiencing bisexual invisibility by being assumed to be monosexual or omission of bisexuality in queer communities and discussions surrounding sexual minorities. Exclusion was experienced by bisexuals from both heterosexual and LG individuals. Furthermore, bisexual adults in this study described not feeling able to come out as bisexual because they felt intense pressure to “choose” a sexual orientation that was monosexual, and sometimes did not even know that bisexuality was real. This calls into question in which spaces bisexuals can feel safe and accepted. These findings are consistent with quantitative work showing that experiences of anti-bisexual prejudice and identity concealment are associated with increased loneliness, and in turn poor mental health (Mereish et al., 2017b). Additional research is needed to understand the health impacts of bisexual invalidation and erasure, particularly as they affect mental health.

Sexual Victimization

The emergence of sexual victimization as a theme in the current study is also particularly telling, considering previous research documenting high rates of sexual violence among bisexual individuals. In particular, bisexual women experience significantly higher rates of sexual victimization compared to heterosexual and lesbian women (e.g., 46% of bisexual women reported ever having been raped compared to 17% of heterosexual and 13% of lesbian women; CDC, 2010; Hequembourg et al., 2013; Walters, Chen, & Breiding, 2013). While some studies have found that bisexuals experience greater victimization than lesbians and gay men (Hequembourg, Livingston, & Parks, 2013; Katz-Wise & Hyde, 2012), other studies have found the opposite pattern (Baams, Grossman, & Russell, 2015; Ybarra, Mitchell, Kosciw, & Korchmaros, 2015). A large-scale study examining hate crimes against lesbian, gay, and bisexual adults in Sacramento, California found that bisexual men and women reported experiencing sexual assault based on their sexual orientation at greater rates than gay and lesbian participants (Herek, Gillis, & Cogan, 1999). Participants in the current study described feeling targeted for sexual violence due to their sexual orientation, and some described suffering sexual assault by perpetrators who felt that because they were bisexual they “deserved” violence or their sexual orientation was a deviance that could be “fixed” by acts of sexual violence.

Many participants in the current study described being sexually harassed because they were hypersexualized; perceived as sex objects and stereotyped as highly sexually promiscuous.

Previous qualitative literature has also found that bisexuals report being hypersexualized based on their sexual orientation (Bostwick & Hequembourg, 2014; Callis, 2013). Participant responses indicate a possible pathway between hypersexualization of bisexuals and sexual victimization, whereby hypersexualization of bisexuals promotes sexual harassment and sexual violence against bisexuals, and perhaps justifies the behavior to perpetrators. Furthermore, findings from the current study indicate that hypersexualization of bisexuals may even impact health care professionals' perceptions of bisexuals, affecting the quality of care bisexual adults receive when pursuing medical care after experiencing sexual violence. This indicates the danger of promoting stereotypes regarding bisexual individuals and of sexualizing them, as this may be one of the ways that higher rates of sexual violence among bisexual adults is fostered. The findings also speak to the impact of bias in healthcare regarding bisexuals, and how this may affect bisexuals' ability to receive proper health care and support after experiencing sexual violence.

Microaggressions

The number of participants who mentioned experiences of microaggressions also necessitates discussion. Although microaggressions can be unintentional and not perceived as discriminatory or impactful by perpetrators (Sue et al., 2007), research demonstrates that microaggressions nonetheless can have negative impacts on the target's mental health (Balsam et al., 2011; Bostwick & Hequembourg, 2014; Nadal et al., 2011). It is also meaningful that microaggressions were expressed more often by cisgender women and transgender/non-binary participants than by cisgender men in the current study. Considering that minority stress theory emphasizes the cumulative effects of minority stress (Meyer, 2003), it is likely that individuals experiencing microaggressions due to several oppressed identities (e.g., bisexual and transgender/non-binary) may be experiencing microaggressions at a greater magnitude and this in turn may make them more vulnerable to the negative health impacts of minority stress and discrimination (Balsam et al., 2011).

Coping with Discrimination

Social support was one of the most commonly mentioned coping mechanisms among participants, indicating its importance in bisexual adults' ability to cope with discrimination. Participants' emphasis on social support from the LGBTQ community as well as from the bisexual community specifically, suggests that social support resources geared toward LGBTQ individuals generally may not address the unique social support needs of bisexual adults. Social support services geared specifically toward bisexuals may be a vital resource for bisexuals to cope with discrimination. However, social support services should also account for other aspects of bisexual individuals' identities. Participants who mentioned seeking out social support from others who "understood" them often spoke of this in relation to experiencing not only bisexual discrimination but also discrimination based on race/ethnicity, gender identity, and other social identities. Assuming a one-size-fits-all approach to social support for bisexual individuals may not be effective.

The finding that many individuals utilized a strong sense of self as a coping mechanism suggests resilience in these individuals that allowed them to cope more easily with discrimination. The findings also indicate that fostering higher self-esteem in bisexual

individuals may help them cope with discrimination. Based on the findings regarding identity-specific media consumption, it is possible that these types of media can serve as a resource that encourages higher self-esteem and mitigates feelings of isolation and invisibility. The expressed desire and helpfulness of these identity-specific resources implies the importance of representation of bisexual and queer characters in media and production of bisexual-specific research.

Effects of Discrimination on Health

Findings from the current study show that bisexual adults perceive discrimination to negatively affect their mental and physical health. These results are consistent with prior quantitative research documenting the negative effects of bisexual-specific discrimination on health (Katz-Wise et al., 2017; Mereish et al., 2017b). Not only did some participants in the current study perceive their physical health to be directly impacted by discrimination, they also perceived a connection between mental health and physical health, as supported by prior research (Mereish & Poteat, 2015). Bisexual health disparities may be associated with bisexual discrimination from medical providers and reduced access to bisexual health resources, but most research has examined discrimination and healthcare against LGBTQ individuals more broadly (Ebin, 2012; Quinn et al., 2015). Findings from the current study indicated that participants experienced discrimination in healthcare via diminished access as well as biased and discriminatory treatment from healthcare providers. These accounts, and the fact that some participants even feared experiencing discrimination so much that they actively avoided seeking healthcare, is indicative of how discrimination can directly impact health and drive health disparities among bisexual adults. Findings from the current study indicating that discrimination in healthcare was mentioned most frequently by Black participants and transgender/non-binary participants demonstrates that even within bisexual adults as a group, additional health disparities may exist depending on an individual's other intersecting identities.

Intersectional Implications

The intersections of sexual orientation with race/ethnicity, gender, socioeconomic status, and other facets of identity were apparent throughout this study. Intersectionality theory emphasizes the way multiple social identities intersect in order to construct individuals' experiences, while accounting for systems of oppression and privilege (Crenshaw, 1991; Bowleg, 2012). By extension, an intersectional lens would observe how bisexual individuals' experiences with discrimination are affected and shaped by the intersections of their social identities. While intersectionality theory emphasizes that the interaction of multiple identities is not a simple additive process, previous research has demonstrated how an additive approach to data analysis can be utilized in order to examine sexual minority discrimination intersectionally (Reisen et al., 2013). Our findings demonstrate that bisexual individuals do not experience discrimination isolated purely to their bisexual identities but rather their multiple identities compound the ways in which discrimination impacts their lives.

The amount, severity, type, and source of discrimination varied among participants, largely because bisexual individuals did not experience discrimination based on sexual orientation

alone. As such, their experiences with discrimination differed, and even affected whether they experienced discrimination at all, and whether discrimination affected their health. In the current study, cisgender men made up a large proportion of those who expressed a strong sense of self, reported never experiencing discrimination, and reported that discrimination had no effect on their health. In comparison, transgender/non-binary participants were least likely to express no discrimination and no effect of discrimination their health. Furthermore, a greater proportion of individuals who expressed utilizing a strong sense of self to cope had a higher income and greater educational attainment. Thus, other identity constructs may influence bisexual adults' experiences with discrimination, their ability to cope with them, and the ways in which discrimination impacts their health. This has been observed in previous quantitative research, in which transgender individuals were found to be at greatest risk for experiencing bisexual-specific minority stress and sexual minority stress, compared to cisgender women and men, indicating that bisexual transgender individuals may experience additional prejudice for their gender identity alongside prejudice targeted at their sexual orientation (Katz-Wise et al., 2017).

The current study's findings provide more detail on the lived experiences of bisexual individuals' experiences with discrimination and how their intersecting identities affect their risk of discrimination and minority stress. The findings demonstrate that prejudices like sexism, racism, and transphobia can intersect with anti-bisexual prejudice to make certain individuals more vulnerable to the impacts of discrimination on health, and others more resilient. Further, they demonstrate the possibility of an additive effect of multiple social identities on the experience and effects of discrimination on bisexual individuals. Altogether, the results provide a basis for the importance of future research that utilizes an intersectional framework to understand how discrimination impacts bisexual health (Crenshaw, 1991; Bowleg 2012). More research utilizing an intersectional framework is needed on bisexual health and discrimination that accounts for other facets of identity outside of sexual orientation.

Study Strengths and Limitations

Study strengths should be considered alongside limitations. The sampling strategy utilized reaching out to LGBTQ-specific electronic mailing lists. This strategy may have resulted in more participants in the sample who identified as bisexual than participants who did not identify as such, but still had attractions to more than one gender; however, we did have participants in the current sample who fell into the latter category. The choice to recruit participants online may also have contributed to a less racially and ethnically diverse sample (Scheim, Bauer, & Coleman, 2016), although it may have allowed for a wider geographic reach. Additionally, the sample, although large, was predominantly made up of cisgender women. This limited our ability to meaningfully examine transgender women, transgender men, and non-binary individuals separately in our gender analyses due to their small proportion in the sample. We recognize that the individuals in these groups likely have distinct and unique experiences of bisexual discrimination and encourage future research to disaggregate these groups in their analyses. Future research could oversample cisgender men and transgender/non-binary participants to enable further comparisons across gender groups. We also did not examine whether findings differed between participants who identified as

bisexual vs. participants who used other non-monosexual identities. Another potential limitation of this study is that the survey question assessing experiences with discrimination did not explicitly assess bisexual-specific discrimination or ask for specification as to the perceived motive behind the discrimination experienced. Although the inclusion of discrimination of all kinds allowed us to more comprehensively examine the way discrimination is experienced by bisexual adults, the lack of specificity did not allow us to always be explicit about to which aspect of the individual's identity the discrimination could be attributed.

Conclusions

Many of the findings in the current study align with prior research related to bisexual-specific discrimination and health, as well as add to the extant quantitative research with respect to how discrimination is experienced and embodied among bisexual adults. This includes our findings on double discrimination, bisexual invalidation and erasure, microaggressions, and adverse effects on mental and physical health. Many of our findings were also novel, including sexual victimization as a significant form of bisexual discrimination and bisexual discrimination in healthcare. Our findings on social support and identity-specific media as important coping mechanisms also provide important insight into coping resources for bisexual adults that have been infrequently addressed in previous research. These findings could serve to increase awareness regarding the unique and significant discrimination bisexuals experience, elucidate the health risks facing bisexual individuals that are impacted by discrimination, as well as identify specific areas of intervention that can help bisexuals cope with discrimination and its effects. Finally, our conceptualization of the impact of multiple social identities on how bisexual and other non-monosexual individuals experience discrimination provides evidence to support future research using an intersectional approach to understanding bisexual discrimination.

ACKNOWLEDGEMENTS

Dr. Mereish was supported in part by grants from the National Institutes of Health (K08 AA025011). Dr. Katz-Wise was supported by a grant from the Eunice Kennedy Shriver National Institute of Child Health and Human Development (R00HD082340), and by the Maternal and Child Health Bureau, Health Resources and Services Administration, Leadership Education in Adolescent Health Project (6T71-MC00009). We would like to thank the participants who contributed data to this study.

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Table 1

Sample Demographics for Bisexual Adults

Measure	Bisexual Adults (<i>N</i> = 442)
Age in years, <i>M</i> (<i>SD</i>), range: 18–68 years	28.97 (10.3)
Gender identity, % (<i>n</i>)	
Female/Woman	78.5 (347)
Male/Man	9.5 (42)
Transgender	2.5 (11)
Non-binary	9.3 (41)
Another gender identity	0.2 (1)
Race/ethnicity, % (<i>n</i>)	
Asian	2.5 (11)
Biracial	8.6 (38)
Black	2.7 (12)
Latinx	3.4 (15)
White	79.9 (353)
Another race/ethnicity	2.9 (13)
Education, % (<i>n</i>)	
High school degree, GED, or lower	33.9 (150)
College degree, Associate's degree, or Bachelor's degree	40.2 (178)
Graduate degree or higher Master's or Doctoral degree	25.8 (114)
Individual income, % (<i>n</i>)	
\$9,999 or less	41.4 (183)
\$10,000 to \$19,999	15.6 (69)
\$20,000 to \$29,999	11.5 (51)
\$30,000 to \$49,999	11.5 (51)
\$50,000 to \$69,999	7.7 (34)
\$70,000 or more	10 (44)
Employment, % (<i>n</i>)	
Full-time	33.7 (149)
Part-time	11.8 (52)
Student	37.8 (167)
Unemployed	10.6 (47)
Other	6.1 (27)
Current geographic location, % (<i>n</i>)	
Northeastern U.S.	22.3 (98)
Northwestern U.S.	4.5 (20)
Midwestern U.S.	16.5 (73)
Southern U.S.	9.5 (42)
Southwestern	6.8 (30)
Western U.S.	11.3 (50)
Other U.S. Territory	0.4 (2)

Measure	Bisexual Adults (N = 442)
International, non-U.S. territory	28.7 (127)
Sexual orientation, % (n)	
Bisexual	77.8 (344)
Queer	15.4 (68)
Pansexual	3.2 (14)
Other sexual orientation	3.6 (16)

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Table 2

Total Code Counts

Category	Code	Total Code Count
Perceived Discrimination		
Source of discrimination	Gay/Lesbian	92
	Family	84
	Heterosexuals	56
	Work	33
	School	31
	Religion	31
	Healthcare	23
	Romantic partner	13
	Potential partner	26
Type of discrimination	Media	7
	Identity invalidation	131
	Identity invisibility	54
	Verbal abuse	83
	Stereotype	77
	Hypersexualization	54
	Microaggressions	65
	Exclusion	65
	Sexual victimization	44
	Sexual harassment	28
	Sexual violence	16
	Physical victimization	32
	Threaten physical assault	17
	Physical assault	15
	Bullying	20
	Structural discrimination	18
	Job discrimination	15
	Harassment	10
	Other	58
	Witnessed discrimination	41
	No discrimination	42
Discrimination of other identity	Gender	44
	Transgender identity	12
	Race	32
	Body type	13
	Gender expression	12
	Disability	8
Protective factors from discrimination	Sexual orientation concealment (active)	39
	Location	25

Category	Code	Total Code Count
	Passing as straight (passive)	15
	Privilege	15
Coping with Discrimination		
Methods of coping	Social support –friendship	102
	–unspecified	51
	–LGBT	47
	–bisexual	44
	–partner	31
	–family	29
	Sense of self	46
	Identity-specific media consumption	38
	Sexual orientation concealment	33
	Substance use	28
	Confrontation	29
	Self-expression	28
	Selective social group	28
	Activism	26
	Therapy	20
	Altered eating behavior	20
Discrimination Effect on Health		
Perceived health effects	Anxiety	92
	Emotional distress	88
	Depression	81
	Stress	62
	Physical health issues	54
	Mental health issues	46
	Disturbed sleep	16
	Low self-esteem	13
	PTSD	10
	Suicidality/attempted suicide	10
	Other	24
	No effect on health	57
	Unknown effect on health	19
Barriers to health and healthcare	Interaction with healthcare	34
	Healthcare provider relationship	12
	Healthcare access	10
	Avoiding healthcare	6

Table 3

Occurrence of Discrimination Codes by Gender

Code	Proportion of Code attributed to gender group (%)
Discrimination in healthcare	Trans/non-binary: 72% Cisgender women: 18% Cisgender men: 10%
Microaggressions	Trans/non-binary/other: 50% Cisgender women: 31% Cisgender men: 19%
Physical assault	Trans/non-binary/other: 54% Cisgender women: 16% Cisgender men: 30%
Physical threatening	Trans/non-binary/other: 58% Cisgender women: 26% Cisgender men: 16%
Potential partner rejection	Trans/non-binary/other: 19% Cisgender women: 27% Cisgender men: 54%
Sexual harassment	Trans/non-binary/other: 46% Cisgender women: 41% Cisgender men: 13%
Sexual violence	Trans/non-binary/other: 77% Cisgender women: 23% Cisgender men: 0%
No discrimination	Trans/non-binary/other: 19% Cisgender women: 31% Cisgender men: 50%
Sense of self	Trans/non-binary/other: 35% Cisgender women: 25% Cisgender men: 40%
No effect on health	Trans/non-binary/other: 10% Cisgender women: 34% Cisgender men: 56%

Notes. Occurrence of selected codes by gender are presented. Codes were chosen based on which codes demonstrated the most salient differences proportionally by gender; therefore, not all codes utilized in the study are represented.