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### Comparing Experiences of Sexual Prejudice and Its Effects Among Plurisexual Adults by Sexual Identity Label and Gender

Simon Drea Everest

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**Comparing Experiences of Sexual Prejudice and Its Effects Among  
Plurisexual Adults by Sexual Identity Label and Gender**

by

Simon Drea Everest

A Thesis

Submitted to the Graduate Faculty of

St. Cloud State University

in Partial Fulfillment of the Requirements

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in Marriage and Family Therapy

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## Abstract

Plurisexual individuals are at an increased risk of poor mental health, due in part to experiences of prejudice. The term “bisexual” has made it difficult for researchers to classify individuals who are attracted to more than one gender or, identify as a plurisexual. Using a cross-sectional design, a sample of 427 adults, participants were coded as plurisexual based on their label identification, sexual attraction, and sexual behavior to explore gender and sexual identity label differences in experienced binegativity, internalized binegativity, and depression among cisgender and transgender plurisexual adults. A series of factorial analyses of variance were used to identify gender and sexual identity group differences regarding binegativity and depression. A series of linear regressions to explore the associations between gender, sexual identity label and binegativity and depression. Results indicated that the transgender, cisgender male and non-bi+-identifying groups experienced greater amount of binegativity and than their cisgender and bi+ counterparts. Linear regressions revealed that binegativity predicted internalized binegativity and depression for all groups. These findings emphasize the importance of separating transgender and non-bi+-identifying individuals in research on plurisexuality and provide guidance for couple and family therapists working with plurisexual people.

Key words: plurisexuality; binegativity; mental health outcomes

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## Chapter 1: Introduction and Review of Literature

Approximately 5.6% of Americans identify as lesbian, gay, bisexual, transgender, queer, questioning (LGBTQ+); this is an increase from just 3.5% in 2012 (Gallup, 2021). Of those who identify as LGBTQ+, over half identify as bisexual (3.1% of the general population). When looking only at Generation Z (i.e., those born from 1997-2002), the prevalence of identifying as LGBTQ+ increases to 15.9% with 11.9% of Gen Z adults identify as bisexual, queer, or another plurisexual identity (Gallup, 2021). Researchers have found that LGBTQ+ populations have significantly poorer mental and physical health outcomes than cisgender, heterosexual populations (Bostwick et al., 2010; Frost et al., 2015; Meyer, 2003).

Researchers have also found that individuals often report sexual attraction to multiple genders (e.g., cisgender men 5.8%, cisgender women 14.2%), though a slightly smaller group reports having had sexual experience with both genders (cisgender men 5.6%, cisgender women 13.2%) (Richters et al., 2014), and according to the most recent estimates, a much smaller group self-identifies as bi+ (i.e., any sexual identity label that denotes attracted to more than one gender such as bisexual, pansexual, queer, etc.) (cisgender women 4.3%, cisgender men 1.8%) (Gallup, 2021).

Researchers investigating plurisexual individual (i.e., those attracted to more than one gender) have found that these individuals tend to have similar or even higher rates of anxiety, depression, suicidality, etc., than gay and lesbian monosexual individuals (i.e., those who are attracted to only one gender) (Bostwick et al., 2010; Chan et al., 2020; Meyer et al., 2008; Ross et al., 2018). However, plurisexual people, have often been aggregated with gay and lesbian individuals in previous studies,

obscuring differences in mental health outcomes between gay/lesbian and plurisexual individuals (Gauvin & Pukall, 2018; Ross et al., 2018). The research on why plurisexual individuals might have worse mental health outcomes is relatively recent and is still developing (Li et al, 2013; Vencill, 2018). Most samples in plurisexual research have centered on cisgender women (Arriaga & Parent, 2019; Bostwick et al., 2010; Dobinson et al., 2005; Taylor, 2018). This may be due to the fact that cisgender women are more likely to identify as bisexual (4.3%) than cisgender men (1.8%), and that there are significantly fewer genderqueer and transgender individuals compared to cisgender individuals (Gallup, 2021). Extant research suggests that there may be significant differences in the way that people of different genders experience being plurisexual (Dyar et al., 2019; Katz-Wise et al., 2017), thus, researching plurisexual individuals of different genders is crucial to our understanding of plurisexuality.

Researchers in the U.S. have found that rates of mental health diagnoses and psychological distress vary according to attraction and behavior in addition to self-identification, such that those who have had sexual behavior with multiple genders or are attracted to multiple genders were at a greater risk for mental health problems, even if they do not self-identify as bi+ (Bostwick et al., 2010; Cochran & Mays, 2007).

### **Plurisexuality**

Sexual orientation, specifically, plurisexuality, can be operationalized in a variety of ways. A meta-analysis of 52 studies published between 1995 and 2016 found that when measuring plurisexuality, the majority (78.8%) of researchers used participant self-report whereas some used only sexual attraction (13.5%) or sexual behavior (7.7%) (Ross et al., 2018). Yoshino (2000) conceptualizes sexual orientation through three



axes: sexual attraction, sexual behavior, and self-identification. Taken together, these three constructs comprise an individual's sexual orientation. As illustrated in Figure 1 (Wilson & Shalley, 2018), using all three dimensions is advantageous to describe individuals for whom the dimensions do not overlap perfectly (e.g., a woman may experience a small amount of attraction toward women, may have had sex with a woman one time, but is mostly interested in dating and having sex with men, and therefore identifies as straight). Others have used all three axes in conjunction with one another in order to construct a more complete view of sexual orientation (Bostwick et al., 2010; Katz-Wise et al., 2017; Richters et al., 2014; Taylor, 2018). One study categorized participants according to identity label, attraction, and behavior separately and compared mental illness prevalence rates, finding that individuals who reported any type of plurisexuality may be at a greater risk of mental illness, even if their reporting is not consistent across all three dimensions of plurisexuality (Bostwick et al., 2010). A second study, using a sample of Australians, examined how these three dimensions may align or not align in a national sample (Richters et al., 2014). Another study conducted a meta-analysis using an inclusive definition of plurisexuality, including studies who used any of the three dimensions as their definition of plurisexual; they noted that it may be problematic to aggregate studies on plurisexuality who use different dimensions as their definition though, due to evidence that mental health may vary differently depending on which dimensions an individual reports plurisexuality (Ross et al., 2018). A fourth study reported data on all three dimensions for their participants, but did not use participant differences in the dimensions for their analyses (Katz-Wise et al., 2017). Researchers must choose the axis or combination of axes by which to define

plurisexuality, and there is no clear consensus on which combination of attraction, behavior, or identity label is best (Ross et al., 2018). Thus, it is critical to measure plurisexuality according to sexual attraction and sexual experience as well as self-identification in order to better examine possible determinants of decreased mental health for plurisexual individuals.

### **Binegativity**

Sexual prejudice refers to negative attitudes that are based on sexual orientation. When directed toward plurisexual individuals, this is termed *binegativity*<sup>1</sup> (also called *biphobia*) (Brewster & Moradi, 2010). Binegativity is commonly experienced by plurisexual individuals and may have a negative impact on mental health (Arriaga & Parent, 2019; Bostwick et al., 2014; Brewster & Moradi, 2010; Dodge et al., 2016; Dyar & London, 2018; McCabe et al., 2010; Mitchell et al., 2015; Roberts et al., 2015; Yost & Thomas, 2011). Binegativity often consists of specific negative beliefs about plurisexual individuals (Brewster & Moradi, 2010; Dyar & Feinstein, 2018). One of these beliefs is that plurisexual people are actually either gay or straight but are confused or “in a phase” (i.e., sexual orientation instability). An example of this might be asking a pansexual man, “Are you sure you’re not gay? A lot of men take a while to come out of the closet,” or saying to a bisexual woman, “You’re just bi-curious; you’ve never even dated women.” Another form of binegativity is believing that plurisexual people frequently have casual sexual partners, are more likely to cheat, or are more likely to

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<sup>1</sup>The term binegativity refers to these prejudicial beliefs even if they are directed toward a plurisexual individual who does not identify as bisexual and may identify as queer, pansexual, straight, etc. (Dyar et al., 2019). It has not been well-established whether these plurisexual individuals experience binegativity in the same way as bisexual-identified individuals.

have a sexually transmitted disease (i.e., sexual irresponsibility) (Brewster & Moradi, 2010). For example, many monosexual people report being unwilling to date a bisexual person, because they are afraid that they will cheat on them (Armstrong & Reissing, 2014). Another form of binegativity is interpersonal hostility; this type of binegativity typically comes from individuals who believe that being plurisexual is immoral (Brewster & Moradi, 2010). For example, a bisexual man may be alienated by his coworkers because they are uncomfortable about his sexual orientation, or a pansexual teenager may be told by their family that they will go to hell if they have sex with other girls.

Binegativity can come from both heterosexual as well as lesbian and gay individuals (Brewster & Moradi, 2010; Dodge et al., 2016; Mitchell et al., 2015; Roberts et al., 2015). Herek (2002), asked participants to rate a variety of people groups (e.g., White people, Black people, Jewish people, Haitian people, people with AIDS, etc.) on a scale of how warmly or favorably they viewed that group (100 being completely favorable and 0 being completely unfavorable). Bisexual women were rated at an average of 45.8, and bisexual men were rated at 43.4, while the only group rated lower than bisexual men were people who inject illegal drugs.

Several researchers have found that plurisexual individuals report experiencing higher levels of binegativity from heterosexuals than lesbian/gay (LG) individuals (Brewster & Moradi, 2010; Roberts et al., 2015), and that heterosexual individuals self-reported stronger binegative attitudes than LG individuals (Dodge et al., 2016). Additionally, there is evidence that plurisexual individuals may be more severely impacted by binegativity from LG individuals compared to heterosexuals when they are in a same-gender relationship (Arriaga & Parent, 2019).

### ***Binegativity and Gender***

Experiences of binegativity may vary according to gender (Bostwick et al., 2010), though findings have been mixed. One study found that cisgender men ( $m = 2.54$ ) reported experiencing greater binegativity than cisgender women ( $m = 2.21$ ), and that experiencing *binegativity* was only associated with greater internalized binegativity for cisgender men (Arriaga & Parent, 2019). Bostwick and colleagues (2010) also found that gay and bisexual men had a greater difference in mental health disorders (e.g., depression, anxiety, panic disorder) when compared to heterosexual men than did lesbian and bisexual women when compared to heterosexual women. Bostwick and colleagues hypothesized that this gender difference was likely due to the increased stigma associated with male homosexuality and bisexuality compared to female homosexuality and bisexuality. Additionally, Herek and colleagues (2002) found that individuals report greater prejudice against bisexual men than bisexual women. However, other researchers have found that cisgender plurisexual women report experiencing greater binegativity ( $m = 2.61 - 2.65$ ) than cisgender plurisexual men ( $m = 2.14 - 2.18$ ) (Dyar et al., 2019; Katz-Wise et al., 2017). More research is needed on possible gender differences in experiences of binegativity.

Research on plurisexuality and transgender/non-binary (TNB) individuals is limited. However, Meier and colleagues (2013) found that transgender men who were attracted to both feminine and masculine individuals were more likely to experience symptoms of anxiety than transgender men who were attracted only to feminine or masculine individuals, although these differences were small. Additionally, Dyar and colleagues (2019) found that gender minorities (i.e., TNB) experienced more severe

binegativity ( $m = 2.95$ ) than their cisgender counterparts ( $m = 2.14 - 2.61$ ). Katz-Wise and colleagues (2017) also found that transgender (i.e., TNB) bisexual participants were at a greater risk of experiencing binegativity than cisgender bisexual men and women, as well as that the impact of experiencing binegativity on one's physical health was more significant for transgender participants as compared to cisgender women participants.

### ***Binegativity and Sexual Identity Labels***

Researchers have found that as a population, plurisexual individuals may use a variety of sexual identity labels (i.e., a word that a person applies to themselves to signify their sexual orientation) (Schick et al., 2012). Some may use bisexual, queer, pansexual, omnisexual, or sexually-fluid to refer to being sexually attracted to more than one gender. Other plurisexual individuals may use the terms, gay, lesbian, or straight, because their attraction to multiple genders is not significant to them, because they do not plan on acting on those attractions, or because they fear losing certain privileges if they change their sexual identity label (Schick et al., 2012), such as being able to avoid harassment and stigmatization. Often an individual may use a combination of these labels depending on the specific circumstance (Galupo et al., 2017).

Ross and colleagues (2018) conducted a meta-analysis of 52 quantitative studies on plurisexuality and mental health published between 1995 and 2016, and found that 78.8% of them only included bisexual-identified individuals. However, previous research suggests that experiences of discrimination and mental health may vary according to the specific identify label that a plurisexual individual uses (Dyar & London, 2018; Mitchell et al., 2015).

Mitchell and colleagues (2015) found that plurisexual adults who used “bisexual” as their primary sexual identity label reported more frequent sexual prejudice (e.g., acting as though their sexual orientation is unstable or that they are sexually irresponsible) from lesbians and gay men than plurisexual adults who used pansexual, queer, or fluid. Feinstein and colleagues (2017) also found that bisexual-identified cisgender women likely experienced more substance abuse, theorized to be a result of greater discrimination, as compared to queer-identified cisgender women. However, Dyar and colleagues (2019) did not find a significant difference in experiences of binegativity between bisexual-identified and other-bi+-identified individuals. A longitudinal study by Dyar and London (2018) suggests that an association exists between experiencing binegativity and not identifying as bi+ for plurisexual individuals. They found that experiencing more binegativity led to increased internalized binegativity, which in turn led to increased identity uncertainty and a greater likelihood of participants ceasing identifying as bi+, suggesting that experiencing binegativity may indirectly cause a change in one’s identity label. This research may explain why some plurisexual individuals choose not to identify as bi+, despite self-reporting attraction and sexual behavior with more than one gender. It has not been well-researched how the diversity in identity labels among plurisexual individuals may impact their experience of sexual prejudice or mental health outcomes as more research is needed in this area.

### ***Internalized Binegativity***

Internalized binegativity, also called internalized biphobia, refers to binegative attitudes that are directed at oneself (Paul et al., 2014). Internalized binegativity has been studied as a determinant in plurisexual individuals’ mental health as well as a

mediating factor between experiences of binegativity and mental health outcomes, and as a potential target area for intervention (Lambe et al., 2017; Polihronakis et al., 2021). Researchers have found in several studies that experiences of binegativity are associated with increased internalized binegativity, which in turn, is associated with increased mental health problems such as depression, low self-esteem, and anxiety (Arriaga & Parent, 2019; Dyar & London, 2018; Lambe et al., 2017). Plurisexual participants have also reported higher levels of self-stigma than LG participants, suggesting that internalized binegativity may be more prevalent in plurisexual populations than internalized homophobia is in lesbian/gay populations (Herek et al., 2009). This may be one factor impacting the higher rates of mental health issues in plurisexual individuals as compared with LG individuals. Lambe et al. (2017) found that internalized binegativity was associated with low self-esteem and increased depressive symptoms. Additionally, Polihronakis and colleagues (2021) found that internalized binegativity was one significant mediator between experiences of binegativity and risky sexual behaviors. Thus, internalized binegativity is an important construct to study in examining the link between binegativity and mental health distress.

### **The Present Study**

The terms, non-monosexual and bisexual have been most commonly used in extant research in place of plurisexual. However, because bisexual is also used as a sexual identity label, it is ambiguous whether researchers are discussing all people who experience sexual attraction and/or behavior with multiple genders, or just individuals who choose to use bisexual as their identity label (Bostwick et al., 2010). Additionally,

non-monosexual has been criticized as being otherizing of plurisexuality while placing monosexuality as the normative state (Galupo et al., 2015).

Given the variety of labels researchers have used when researching sexual identity labels and the potential problems that this may cause, in this study, the term “plurisexual” refers to individuals who report being sexually attracted to more than one gender, having had sexual behavior with more than one gender, or using a sexual identity label that reflects being attracted to more than one gender (e.g., bisexual, pansexual, fluid) whereas the term “bi+” refers only to those individuals who use a sexual identity label denoting attraction to more than one gender (e.g., bisexual, pansexual, queer). This study will define plurisexuality based on sexual/romantic attraction, behavior, and self-identification.

This study will extend previous literature by including non-bi+-identified plurisexual individuals and transgender/non-binary individuals in analyses regarding anti-bisexual experiences, internalized binegativity, and depression. To our knowledge, only Dyar and London (2018) have examined differences in anti-bisexual experiences, internalized binegativity, or depression between non-bi+-identified individuals and bisexual- or other-bi+-identified individuals. However, they only looked at non-bi+-identified individuals who changed their sexual identity label over the course of their study, which may be a different population than those who never identified as bi+, or those who have not identified as bi+ for a longer period of time. Additionally, research on plurisexuality that has included transgender/non-binary (TNB) individuals in comparisons has been scarce, and we hope to add to and extend the literature that has



found that TNB plurisexual individuals tend to experience greater binegativity than their cisgender counterparts (Dyar et al., 2019; Katz-Wise et al., 2017).

### ***Hypotheses***

Using a survey research design, the following hypotheses were tested:

H1: All groups will report greater binegativity from heterosexual individuals than from gay/lesbian individuals.

H2: Transgender non-binary participants will report more binegativity from heterosexual and gay/lesbian individuals, internalized binegativity, and depression than cisgender men. Cisgender men will report more binegativity from heterosexual and gay/lesbian individuals, internalized binegativity, and depression than cisgender women.

H3: Non-bi+-identified participants will report more binegativity from heterosexual and gay/lesbian individuals, internalized binegativity, and depression than bisexual-identified participants, and bisexual-identified participants will report more binegativity from heterosexual and gay/lesbian individuals, internalized binegativity, and depression than other-bi+-identified participants.

H4: The strength of associations between binegativity from heterosexual and gay/lesbian individuals depression and internalized binegativity will be stronger for trans/non-binary individuals than for cisgender men, and stronger for cisgender men than for cisgender women. Furthermore, binegativity from both heterosexual and gay/lesbian individuals will explain a greater proportion of both internalized binegativity and depression for transgender non-binary individuals than for cisgender men, and more for cisgender men than for cisgender women.

H5: The strength of association between binegativity from heterosexual and gay/lesbian individuals depression and internalized binegativity will be stronger for non-bi+-identified participants than for bisexual-identified participants, and stronger for bisexual-identified participants than for other-bi+-identified participants. Furthermore, binegativity from heterosexual and gay/lesbian individuals will explain a greater proportion of both internalized binegativity and depression for non-bi+-identified participants than for bisexual-identified participants, and more for bisexual-identified participants, than for other-bi+-identified participants.

## Chapter 2: Methods

### Participants

This study was approved by the researchers' institutional review board (IRB). Participants were recruited online via Facebook, including LGBTQ+-specific and bi+-specific Facebook groups and pages, and via Amazon Mechanical Turk (MTurk) between December 5<sup>th</sup>, 2021 and December 21<sup>st</sup>, 2021 to complete an online Qualtrics survey. Eligible participants must have reported either plurisexual attractions, behavior, or identity to be included in the study; if they only indicated a monosexual sexual orientation, they were not included in the analysis. Participants recruited via MTurk were reimbursed \$5.00 US for participating; participants recruited from Facebook were not offered compensation. A total of 710 individuals started the survey (418 recruited from Facebook and 292 from MTurk), but 215 did not complete the survey. An additional 64 participants were not eligible for the study due to not reporting a plurisexual sexual orientation. Five validation questions were included throughout the survey which asked participants to choose a particular answer in a multiple-choice question (e.g., It's important that you read the questions carefully. Please choose the word "carefully" below). The survey was formatted such that participants could not move on to the next page if they failed a validation check. An additional four participants were excluded from the present analysis due to identifying as asexual, thus, these individuals did not classify as bi+ or non-bi+, leaving a final sample of 431 plurisexual adults. The demographics of the sample are described on Table 1. Overall, 25.8% ( $n = 112$ ) of the sample were cisgender men, 51.3% ( $n = 221$ ) were cisgender women, 4.4% ( $n = 19$ ) were binary transgender individuals (transgender men and transgender women), and

18.3 ( $n = 79$ ) were non-binary transgender individuals. Due to low numbers of participants, binary and non-binary transgender individuals were grouped together. One hundred percent of the sample reported currently being in a romantic relationship, as this was one of the original requirements for participating in the study. Participants were provided with LGBTQ+-specific and general mental health resources at the beginning and end of the survey.

### **Measures**

In addition to a brief demographics survey and questions related to sexual orientation, participants completed the following questionnaires: Patient Health Questionnaire 9-item version (PHQ-9) (Kroenke et al., 2001), Bisexual Identity Inventory (BII) (Paul et al., 2014), and the Brief Anti-Bisexual Experiences Scale (Brief ABES) (Dyar et al., 2019). Sample demographics are presented in Table 1.

### **Demographics**

Researchers asked the participants about their age, income, education level, race/ethnicity, and country of residence. Age was presented as age-ranges (e.g., 18-24 years old) in a multiple-choice question, as was income (\$10,000-\$24,999). Highest level of education completed and race/ethnicity were presented as options in a multiple-choice question as well (e.g., some college) (e.g., Black/African American). Racial/ethnic categories were made to be as inclusive as possible while still presenting a discrete number of categories that could potentially be compared in analysis. The sample in the current study was mostly White (85.2%), young (68.7% under age 34), and well-educated (71.9% four-year degree or higher), thus, we should be cautious in generalizing the results of this study.

### ***Sexual Orientation***

Sexual orientation was measured in three ways: sexual identity label, sexual attraction, and sexual behavior. Participants were first asked to choose from an extensive list of sexual identity labels according to which label they use most frequently (e.g., lesbian, gay, bisexual, queer, straight, pansexual, sexually fluid, questioning, asexual, demi-sexual, and omnisexual). Attraction was measured with two separate questions asking who they are sexually attracted to, then who they are romantically attracted to (e.g., “only attracted to masculine-presenting people (such as men)”, “mostly attracted to masculine-presenting people”, “equally attracted to masculine-presenting people and feminine-presenting people”, “mostly attracted to feminine-presenting people”, “only attracted to feminine-presenting people (such as women)”, “only attracted to androgynous-presenting people”, and “not sexually attracted to anybody”). In an effort to be inclusive of transgender and non-binary participants, we diverted from the typical method of measuring sexual attraction (i.e., options ranging from “only opposite sex” to “only same sex”). TNB individuals may be uncomfortable or confused if the options for sexual attraction refer to their own “sex”, so options in this study only described the type of person they are attracted to (e.g., masculine-presenting people). In order to measure sexual behavior, participants were asked the types of people they have ever had sex with (e.g., “Only masculine-presenting people (such as men)”, “Only feminine-presenting people (such as women)”, “Only androgynous-presenting people”, “More than one type of person”, “I have not had sex”).

Participants were then coded as plurisexual or non-plurisexual according to how they reported their attractions, sexual identity label, and behavior. If they did not indicate

a plurisexual sexual orientation in any of the questions related to attractions, sexual identity label, and sexual behavior, they were not included in analysis. Participants were first coded as plurisexual if they reported sexual attraction to “mostly masculine-presenting people”, “equally masculine- and feminine- presenting people”, or “mostly feminine-presenting people”. Only 52 participants did not report plurisexual sexual attraction. There were 42 participants who did not report plurisexual sexual attraction but who self-identified as bi+; these participants were coded as plurisexual. Of the remaining participants who did not report plurisexual sexual attraction and who self-identified as straight, lesbian, or gay, five reported being romantically attracted to more than one gender. Five participants reported having had sexual experiences with more than one gender and were coded as plurisexual. Descriptions of the sample based on sexual orientation dimensions are reported in Table 2.

### ***Gender***

Gender was measured by first asking, “What was your sex assigned at birth?” (male, female, or intersex), and secondly asking, “How do you currently identify your gender? (female/woman/girl, male/man/boy, genderqueer/non-binary, or other). These two questions were then compared in order to classify participants as either cisgender women, cisgender men, or transgender/non-binary. If sex assigned at birth and current gender identity matched (e.g., male and male/man/boy, or female and female/woman/girl), they would be coded as a cisgender man or cisgender women; if sex assigned at birth and current gender identity did not match, they would be coded as TNB (e.g., male and female/woman/girl, or female and genderqueer/non-binary). There

was one intersex participant; they identified as genderqueer/non-binary, and were subsequently included in the TNB group.

### ***Depression***

Depressive symptoms were measured using the Patient Health Questionnaire 9-item version (PHQ-9) (Kroenke et al., 2001). The PHQ-9 is commonly used to screen for major depressive disorder. The scale asks participants to how often they have been bothered by nine depressive symptoms in the past 2 weeks from 0 (Not at all) to 3 (Nearly every day) (e.g., “Little interest or pleasure in doing things”; “Feeling down, depressed, or hopeless”). Cronbach’s alpha in the present study was .91. The PHQ-9 scores can range from 0-27, with higher scores on the PHQ-9 indicate greater levels of depressive symptoms. Scores are categorized as none/minimal depression (0-4), mild depression (5-9), moderate depression (10-14), moderately severe depression (15-19), and severe depression (20-27). Means can be found in Table 2; each gender and sexual identity label group had a PHQ-9 mean bordering severe depression (ranging from 19.10–21.94).

### ***Internalized Binegativity***

Internalized binegativity was measured using a 5-question subscale from the 24-item Bisexual Identity Inventory (BII) (Paul et al., 2014). Participants are asked to respond to each statement on a Likert-type scale ranging from 1 (strongly disagree) to 7 (strongly agree); sample items include, “My life would be better if I were not bisexual” (Paul et al., 2014). In this study, the language of the BII has been altered to be inclusive of all plurisexual sexual identity labels, such that the word bisexual has been replaced by “bi+/attracted to more than one gender,” and grammar has been changed

accordingly (e.g., “It is unfair that I am bi+/attracted to more than one gender”). Additionally, we have used the gender-inclusive wording suggested by Paul and colleagues (2014) instead of using “men” and “women” for the applicable questions (e.g., “I wish I could control my sexual and romantic feelings by directing them at a single gender”). Cronbach’s alpha for the present study was .94. Higher scores on the internalized binegativity scale indicate a higher amount of internalized binegativity. Scores can range from 1-7, and means can be found in Table 2.

### ***Binegativity from Heterosexuals and from Lesbians/gay Men***

Binegative experiences with heterosexuals and lesbians/gay men was measured using the Brief Anti-Bisexual Experiences Scale (Brief ABES) (Dyar et al., 2019). The Brief ABES consists of eight items taken from the full 17-item Anti-Bisexual Experiences Scale developed by Brewster and Moradi (2010). Participants are presented with eight statements describing various types of bisexual-specific prejudicial experiences (e.g., “People have not taken my sexual orientation seriously, because I am bisexual”, “People have acted as if my bisexuality is only a sexual curiosity, not a stable sexual orientation”) and are asked to rate each statement from 1 (Never), to 6 (Almost all the time). The scale was administered twice; once to ask about experiences with heterosexuals and once to ask about experiences with lesbians and gay men. Instructions for the first administration asked participants to rate how often they have had the experiences with heterosexuals in their life, and the instructions in the second administration asked them to rate how often they have had the experiences with lesbians and gay men in their life. Instructions explained that the term bisexual in this scale refers to all people who experience attraction to more than one gender, regardless



of sexual identity label. Cronbach's alpha in the present study was .91 when asking about heterosexuals (ABES-H) and .94 when asking about lesbians/gay men (ABES-LG). Scores can range from 1-7, and means can be found in Table 2.

### **Data Analysis**

SPSS Version 25 was used in all data analysis. Listwise deletion was used to address missing data. Normality of the data were checked and all scales were found to be normally distributed. Cronbach's alpha was calculated for each scale in order to ensure internal consistency.

### Chapter 3: Results

A paired-samples *t*-test was conducted in order to compare the overall level of anti-bisexual experiences perpetrated by heterosexuals (ABES-H) with anti-bisexual experiences perpetrated by lesbians/gay men (ABES-LG) (H1). The analysis revealed that, consistent with earlier studies, adult plurisexual participants reported greater ABES-H ( $m = 3.62$ ) compared to ABES-LG ( $m = 3.37$ );  $t(426) = 6.59, p < .001$ . The effect size for this comparison was small;  $d = .32$ . This procedure was repeated for each gender and sexual identity label group; results are reported in Table 3. Results of this analysis are consistent with hypothesis 1: participants would report more binegativity from heterosexual individuals than from lesbian/gay individuals. However, there was no significant difference between level of ABES-H and ABES-LG for non-bi+-identified participants. Overall, means of ABES-H and ABES-LG found in this study are somewhat higher than those found in previous studies.

#### Group Differences

A series of 3 x 3 analyses of variance (ANOVA) were conducted, with Bonferroni corrections, to test the influence of gender (e.g., cisgender men, cisgender women, transgender/non-binary (TNB)) and sexual identity label (e.g., bisexual, other bi+, non-bi+), and the interaction between gender and sexual identity label on the levels of ABES-H, ABES-LG, internalized binegativity, and depression (Table 4) (H2 and H3). Significant main effects were found for all gender and sexual identity label groups. No significant interaction effects were found for any variables. Effect sizes for gender and sexual identity label differences ranged from small to medium ( $\eta p^2 = .013 - .075$ ).

Consistent with hypothesis 2, cisgender women reported fewer anti-bisexual experiences perpetrated by heterosexuals ( $m = 3.40$ ), fewer anti-bisexual experiences perpetrated by lesbians/gay men ( $m = 3.07$ ), and less internalized binegativity ( $m = 2.68$ ) than cisgender men (3.80, 3.67, 3.77, respectively) and transgender/non-binary participants (3.84, 3.58, 3.48, respectively). Though a main effect of gender was found for levels of depression, post hoc analysis did not show differences between gender groups. Contrary to H2, there was no significant difference between cisgender men and TNB participants on any measure.

The main effect of gender was significant for internalized binegativity when researchers initially conducted a one-way ANOVA ( $F(2, 417) = 15.49, p < .001, \eta^2 = .069$ ). However, when a two-way ANOVA was run for internalized binegativity, with gender and sexual identity label as independent variables, the main effect of gender became non-significant ( $p = .066$ ). Tukey HSD test showed that cisgender women ( $m = 2.68$ ) reported significantly less internalized binegativity than cisgender men ( $m = 3.77, p < .001$ ) and TNB individuals ( $m = 3.48, p = .001$ ).

Significant main effects were also found for sexual identity label for all variables. Consistent with hypothesis 3, non-bi+-identified participants reported more anti-bisexual experiences perpetrated by heterosexuals ( $m = 3.97$ ), more anti-bisexual experiences perpetrated by lesbians/gay men ( $m = 4.04$ ), and more internalized binegativity ( $m = 4.47$ ) than bisexual-identified (3.58, 3.25, 2.98, respectively) and other-bi+-identified individuals (3.40, 3.13, 2.68). Also consistent with H3, bisexual-identified participants reported higher levels of internalized binegativity ( $m = 2.98$ ) than other-bi+-identified participants ( $m = 2.68$ ). Contrary to H3, however, no significant differences were found

in ABES-H or ABES-LG between bisexual-identified and other-bi+-identified individuals. A main effect of sexual identity label was found for levels of depression, though post hoc analysis did not show significant group differences for any sexual identity label groups.

### **Associations between Anti-bisexual Experiences, Internalized Binegativity, and Depression**

Significant correlations were found between anti-bisexual experiences perpetrated by heterosexuals, anti-bisexual experiences perpetrated by lesbians/gay men, internalized binegativity, and depression for every gender and sexual identity label group (Table 5). A series of multiple linear regressions were also used to test if ABES-H and ABES-LG predicted internalized binegativity and depression for cisgender women, cisgender men, and trans/non-binary participants (Table 6). This analysis was then repeated separating participants by sexual identity label including bisexual, other bi+, and non-bi+ (Table 7).

Consistent with hypothesis 4, regression analyses for transgender/non-binary participants indicated that ABES-H/ABES-LG were predictive of internalized binegativity ( $F(2, 89) = 31.43, p < .001$ ) and depression ( $F(2, 92) = 23.28, p < .001$ ). The model was a better fit for TNB participants than for cisgender men in predicting internalized binegativity ( $F(2, 107) = 32.39, p < .001$ ) and depression ( $F(2, 108) = 17.10, p < .001$ ). The models were a better fit for cisgender men than for cisgender women in predicting internalized binegativity ( $F(2, 215) = 45.76, p < .001$ ) and depression ( $F(2, 217) = 27.42, p < .001$ ). Pearson correlations were also marginally stronger for TNB participants than cisgender men, and stronger for cisgender men than cisgender women.

Consistent with hypothesis 5, regression analyses for non-bi+-identified participants indicated that ABES-H/ABES-LG were predictive of internalized binegativity ( $F(2, 56) = 20.56, p < .001$ ) and depression ( $F(2, 58) = 15.48, p < .001$ ). The model was a better fit for non-bi+-identified participants than for bisexual-identified participants in predicting internalized binegativity ( $F(2, 298) = 86.30, p < .001$ ) and depression ( $F(2, 302) = 43.82, p < .001$ ). The models were a better fit for bisexual-identified participants than for other-bi+-identified participants in predicting internalized binegativity ( $F(2, 58) = 6.20, p = .004$ ) and depression ( $F(2, 58) = 5.06, p = .009$ ). Pearson correlations were also marginally stronger for non-bi+-identified participants than bisexual-identified participants, and stronger for bisexual-identified participants than other-bi+-identified participants.

## Chapter 4: Discussion

The focus of this study was to test for gender and sexual identity label differences in binegativity, internalized binegativity, and depression, and to examine the association between anti-bisexual experiences and depression/internalized binegativity. In the current study, participants, across all gender and sexual identity groups, reported more anti-bisexual experiences from heterosexuals than anti-bisexual experiences from lesbians/gay men, except non-bi+-identified individuals. This finding should be interpreted with caution as the mean differences between ABES-H and ABES-LG and effect sizes were small. This is consistent with previous literature, which has found that plurisexual individuals may consistently report experiencing binegativity slightly more often from heterosexuals than lesbians/gay men (Brewster & Moradi, 2010; Roberts et al., 2015).

In the current study, anti-bisexual experiences perpetrated by heterosexuals and anti-bisexual experiences perpetrated by lesbians/gay men together were predictive of internalized binegativity and depression for the overall sample, confirming previous literature (Arriaga & Parent, 2019; Brewster & Moradi, 2010; Lambe et al., 2017). For the overall sample, ABES perpetrated by heterosexuals predicted somewhat more of the variance in internalized binegativity and depression compared to ABES perpetrated by lesbians/gay men, with ABES-LG alone not significantly predicting depression at all. This suggests that binegativity from both heterosexual and lesbian/gay individuals may have a negative impact on internalized binegativity and depressive symptoms for plurisexual individuals, and that binegativity from heterosexuals may be somewhat more impactful on internalized binegativity and depression than binegativity from lesbians/gay

men. This is also supported by previous literature which has found marginally stronger correlations between binegativity perpetrated by heterosexuals and poorer mental health outcomes than between binegativity perpetrated by lesbians/gay men and poorer mental health outcomes (Arnett et al., 2019; Brewster & Moradi, 2010; Dyar et al., 2019).

### **Gender Differences**

Gender differences were found for amount of reported anti-bisexual experiences, with cisgender men (ABES-H  $m = 3.80$ , ABES-LG  $m = 3.67$ ) and transgender/non-binary participants (ABES-H  $m = 3.84$ , ABES-LG  $m = 3.58$ ) reporting more anti-bisexual experiences than cisgender women (ABES-H  $m = 3.40$ , ABES-LG  $m = 3.07$ ). Previous literature indicates that gender diverse plurisexual individuals may consistently report experiencing more binegativity than cisgender individuals (Dyar et al., 2019; Katz-Wise et al., 2017). This may be due to the compounding effect of having more than one marginalized identity (Dyar et al., 2019), or due to transgender/non-binary individuals being more open about their sexual orientation, thus making them more likely to experience binegativity (Davila et al., 2019). The fact that cisgender men reported more ABES than cisgender women in this study is consistent with H2 and confirms previous literature measuring individuals' self-reports of prejudicial attitudes toward plurisexual men and women (Herek et al., 2002). However, other studies have found that cisgender women report greater ABES than cisgender men (Dyar et al., 2019; Katz-Wise et al., 2017); it is possible that the difference in findings is due to a difference in the definition for plurisexuality and inclusion criteria in the studies. The current study uses an inclusive definition of plurisexual, and therefore may have captured a slightly different

population than previous studies which have included participants only if they identified as bi+ (Dyar et al., 2019), or who had a lower number of non-bi+-identified participants (Katz-Wise et al., 2017). H2 was not supported in part, because I did not find a significant difference in the amount of ABES between TNB individuals and cisgender men, which is not consistent with previous research findings that TNB participants report more ABES than cisgender men (Dyar et al., 2019; Katz-Wise et al., 2017). Variations in the definition of plurisexuality and inclusion criteria of participants as well as limited sample sizes make it difficult to draw conclusions on gender differences in plurisexual individuals' experiences of binegativity, and thus, more research is needed.

In exploring gender differences in the predictive value of ABES on internalized binegativity and depression, I found that that ABES predicts more of the variance in both internalized binegativity and depression for TNB individuals than cisgender men, and more for cisgender men than for cisgender women, which is consistent with H4. This finding suggests that transgender/non-binary individuals may be more susceptible to negative mental health effects from binegativity than cisgender individuals; this is consistent with Katz-Wise and colleagues' (2017) findings that the negative effects of binegativity (e.g., physical health) were stronger for transgender/non-binary individuals than for cisgender women in their sample. My findings also suggest that cisgender men are more susceptible to negative impacts of ABES than cisgender women, which is consistent with past research that has hypothesized that gay and bisexual cisgender men may report worse mental health outcomes than lesbian and bisexual cisgender women due to increased stigma (Bostwick et al., 2010). However, in Katz-Wise and



colleagues' (2017) study, being cisgender male did not make a significant difference in the effect of binegativity.

In exploring gender differences regarding the impact of ABES perpetrated by heterosexuals compared to ABES perpetrated by lesbians/gay men, I found that ABES from heterosexuals significantly predicted both internalized binegativity and depression for each gender group, while ABES from lesbians/gay men was only significantly predictive of internalized binegativity and depression for cisgender women. This finding partially confirms a previous finding by Arriaga and Parent (2019) that binegativity from heterosexuals but not lesbians/gay men is associated with internalized binegativity for cisgender men whereas for cisgender women, the opposite of this relationship was true, suggesting that cisgender women may be more impacted by ABES from lesbians/gay men. My results confirm this finding in that ABES from lesbians/gay men was predictive of internalized binegativity only for cisgender women. In my sample, however, ABES from heterosexuals also predicted internalized binegativity for cisgender women, suggesting that cisgender women may be susceptible to binegativity regardless of the source. However, while cisgender women may be impacted by ABES perpetrated by both heterosexuals and lesbians/gay men, ABES overall was less predictive of internalized binegativity and depression for cisgender women than for cisgender men or TNB individuals, suggesting that cisgender men and TNB individuals may be more impacted by binegativity overall than cisgender women. Another possibility that may explain the fact that cisgender plurisexual women report less ABES than other gender groups is that cisgender plurisexual women—specifically those who have male partners—seem to be more accepted in society than cisgender plurisexual males with

male partners (Yost & Thomas, 2011). My findings also extend Arriaga and Parent's (2019) via the inclusion of a transgender/non-binary gender group, for which ABES from heterosexuals but not from lesbians/gay men predicted internalized binegativity and depression.

### **Sexual Identity Label Differences**

Group differences were found for sexual identity label in reported amount of anti-bisexual experiences, such that non-bi+-identified plurisexual adults reported higher anti-bisexual experiences from both heterosexuals ( $m = 3.97$ ) and lesbians/gay men ( $m = 4.04$ ) compared to bisexual-identified (ABES-H = 3.58, ABES-LG = 3.25) and other-bi+-identified adults (ABES-H  $m = 3.40$ , ABES-LG  $m = 3.13$ ). In the current sample, there was no significant difference in levels of reported binegativity perpetrated by lesbians/gay men between bisexual-identified participants and other-bi+-identified participants. Previous literature has mixed results on this sexual identity difference, as Mitchell and colleagues (2015) found that bisexual-identified individuals reported more ABES-LG than other-bi+-identified individuals whereas Dyar and colleagues (2019) did not find this difference. Consistent with previous literature, I did not find a significant difference in amount of ABES perpetrated by heterosexuals between bisexual- and other-bi+-identified participants (Dyar et al., 2019; Mitchell et al., 2015). My finding that non-bi+-identified individuals reported the most binegativity (ABES-H = 3.97, ABES-LG = 4.04) is new but is not surprising due to previous research which suggests that an association exists between experiencing binegativity and not identifying as bi+ for plurisexual individuals (Dyar & London, 2018). The causal direction of this association has not been well established, although in research regarding sexual identity label

differences in ABES, it is hypothesized that the individual's sexual identity label impacts the amount of binegativity the individual experiences (Feinstein et al., 2017; Mitchell et al., 2015). However, researchers have found in one longitudinal study of cisgender, bisexual-identified women that experiencing greater amounts of binegativity led to increased internalized binegativity, which in turn led to increased identity uncertainty, and a greater likelihood of ceasing identifying as bi+ (Dyar & London, 2018). This may be the case for non-bi+-identified individuals in this study as these individuals may have previously identified as bi+, but due to experiencing high levels of binegativity and subsequently high levels of internalized binegativity, altered their identity labels to gay, straight, or lesbian, in order to protect themselves against internalized self-stigma. This possibility should be considered with caution as first, it is unclear whether the non-bi+-identified individuals in the current sample have "de-identified" as bi+, or have always identified as straight, gay, or lesbian and Dyar and London's study only sampled cisgender, bisexual women, thus, this finding may not extend to the additional gender groups in the present study.

The present study also found significant sexual identity label differences in internalized binegativity with a medium effect size, such that non-bi+-identified individuals reported the greatest internalized binegativity ( $m = 4.47$ ), followed by bisexual-identified individuals ( $m = 2.98$ ), and other-bi+-identified individuals ( $m = 2.68$ ), who reported the least internalized binegativity, supporting H3. Given that non-bi+-identified participants reported the greatest binegativity, it is not surprising that this group also reports the greatest internalized binegativity, confirming previous literature that have found this association (Polihronakis et al., 2021).

In comparing sexual identity label groups regarding the impact of ABES on internalized binegativity and depression, ABES perpetrated by heterosexuals and ABES perpetrated by lesbians/gay men were positively associated with internalized binegativity and depression for all sexual identity label groups. Other-bi+-identified individuals seem to be somewhat less impacted in internalized binegativity and depression (15% and 12% of variance explained, respectively) by ABES compared to bisexual-identified individuals (36% and 22%) and non-bi+-identified individuals (40% and 33%). This may suggest that bisexual-identified and non-bi+-identified individuals are somewhat more susceptible to the impacts of binegativity compared to other-bi+-identified individuals. While one previous study found that bisexual-identified individuals reported greater ABES perpetrated by lesbians/gay men than other-bi+-identified individuals (Mitchell et al., 2015), this study extends previous literature by demonstrating that ABES predicts more variance in internalized binegativity and depression for bisexual-identified individuals than for other-bi+-identified individuals, and that ABES predicts slightly more variance for non-bi+-identified individuals than for bisexual-identified individuals. This is also supported by our finding that bisexual-identified individuals reported significantly higher levels of internalized binegativity compared to other-bi+-identified individual, despite reporting approximately the same level of ABES. This could be due to a difference in resilience factors that may serve to mitigate the effects of binegative experiences. For example, Mitchell and colleagues (2015) found that bisexual-identified individuals report less connection to the LGBTQ+ community than other-bi+-identified individuals; this connection may serve to provide a sense of wellbeing and counteract the potential negative effects of binegative experiences for

other-bi+-identified individuals. While, to my knowledge, no other study has had the opportunity to measure the predictive value of ABES on mental health for non-bi+-identified plurisexual individuals, I may hypothesize that non-bi+-identified individuals have even fewer resilience factors to protect them against the effects of ABES, such as connection to the LGBTQ+ community or supportive relationships with other LGBTQ+ individuals. More research is needed to explore resilience factors that may mitigate effects of binegativity on plurisexual individuals of various identity labels.

### **Limitations and Future Research**

Though this study has several limitations that should be discussed. One limitation is that data is limited by self-report. Some participants may have misreported their sexual identity label, attraction etc. for a variety of reasons (e.g., not understanding the questions; not wanting to identify as a certain label). Second, due to using a cross-sectional design, causality cannot be assumed, and the direction of relationships is not definite. The data indicate an association between experiencing anti-bisexual experiences and reporting greater internalized binegativity and depression, but it is possible that those with greater internalized binegativity and depression are more likely to report anti-bisexual experiences due to having higher rejection sensitivity, as hypothesized by Feinstein (2020). Third, this study is also limited by the racial, geographical, educational, and age-related diversity represented in the sample. The sample was disproportionately White, U.S.-based, well-educated, and young. We must take caution in applying the findings to more diverse populations. There were also unequal gender and sexual identity label groups represented in the sample; the relatively small number of transgender/non-binary participants, other-bi+, and non-bi+

participants may have obscured significant differences and limited the statistical power of the analysis. Fourth, due to having a small number of binary transgender participants (19), this group was combined with non-binary participants, possibly obscuring important group differences; thus, mean differences between gender groups should be interpreted with caution. Fifth, a limitation of this study is that we administered the Anti-Bisexual Experiences Scale to individuals who do not identify as bi+, despite reporting plurisexual attractions and/or behavior. To our knowledge, this scale has not been used with this population previously, and its applicability to this population has not been well established.

### **Future Research**

Another limitation is that, due to the need to limit the complexity of the analysis, all three dimensions of sexual orientation (i.e., attraction, behavior, and identity) could not be adequately included in analysis, despite having collected information on all dimensions in our survey. It is unclear how the three dimensions may interact within an individual and how each person's unique combination of dimension may impact their experience of binegativity.

Future research could also include gender-related aspects of minority stress for cisgender women and transgender/non-binary individuals. The present study did not include any variables related to gender-specific minority stress, but cisgender women and TNB individuals' experiences of binegativity may be impacted by their simultaneous experiences of gender-related prejudice. More specific research on why non-bi+-identified individuals don't identify as bi+ and why they may be more susceptible to

binegativity is also needed. Exploring gender roles as possible protective factors may inform our understanding of plurisexuality as well.

### **Clinical Implications**

Couple and family therapists (CFT) should be intentional when treating families which include a plurisexual family member. As McGeorge and colleagues (2018) have noted, the field of Couple and Family Therapy has been slow to become inclusive and competent in treating LGBTQ+ clients. However, CFT's can still be intentional in the way in which they conceptualize and treat plurisexual clients and their families. Given the findings of the current study, CFT's should make a concerted effort to identify and address intersecting marginalized identities in their clients, such as being transgender as well as plurisexual. Research suggests that individuals with intersecting marginalized identities are at an increased risk of experiencing sexual prejudice, and of being negatively impacted by the sexual prejudice that they experience (Katz-Wise et al., 2017). CFT's may acknowledge marginalized identities and guide their clients in accessing resilience factors to help ameliorate the effects of prejudice, such as greater connection with the LGBTQ+ community (Mitchell et al., 2015). Additionally, CFT's should also take care not to become a source of binegativity to their clients by examining their own implicit biases, avoiding microaggressions, and negative assumptions, and avoiding perpetuating binegative stereotypes, such as that plurisexual orientations are not stable (Dyar & Feinstein, 2018; Flanders et al., 2019; McGeorge et al., 2015).

Plurisexual individuals are more likely to be partnered with a gay, lesbian, or straight person rather than another plurisexual person, and, thus, are often involved in

mixed-orientation relationships (i.e., relationships in which the partners do not have the same sexual orientation) (Pew Research Center, 2015; Vencill & Wiljamaa, 2016). Mixed-orientation relationships in which one partner is plurisexual and the other is not are often mutually satisfying, unproblematic, and likely to be beneficial to the partners' wellbeing (Bradford, 2012; Davids & Lundquist, 2018; Feinstein et al., 2016), but may have unique challenges such as coming out during the course of the relationship (Buxton, 2004, 2006), biersure (i.e., feeling like one's plurisexual orientation is "erased" due to others assuming one is lesbian/gay or straight according to the gender of one's partner) (Dyar et al., 2014; Feinstein et al., 2016; Hartman-Linck, 2014; Vencill & Wiljamaa, 2016), binegativity from the monosexual partner (DeCapua, 2017; Flanders et al., 2015), and sexual prejudice from lesbians and gay men regarding the relationship (Arriaga & Parent, 2019; Dyar et al., 2014; Morandini et al., 2018). These factors also appear to vary differently according to the gender and sexual orientation of the monosexual partner, but these findings have been mixed (Armstrong & Reissing, 2014; Arriaga & Parent, 2019; Vencill et al., 2018). Given the rising proportion of plurisexual individuals in society, couple therapists are likely to experience therapy with mixed-orientation relationships, and should keep in mind the unique strengths and challenges of these couples. Seeking additional, specialized training in cultural competency for working the LGBTQ+ clients is recommended in order to extend knowledge regarding how to best serve this population.



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## Appendix A: Consent Form

This form was given to all participants before the online survey. They were not able to participate in the survey unless they first indicated their consent. Information about who to contact with questions or complaints as well as suicide prevention and LGBT-specific helpline information was provided in the consent form as well as at the completion of the survey.

You are invited to participate in a research study about discrimination that bi+ people (i.e. those attracted to more than one gender) experience.

If you agree to be part of the research study, you will be asked to answer questions about discrimination that you may have experienced, as well as questions about your mental health.

The main benefit of this research is learning more about how discrimination is experienced by bi+ people as well as how it impacts them. This information may later be used to develop intervention strategies to decrease discrimination and help mitigate its effects on bi+ individuals.

Risks and discomforts involved in participating in this study include being reminded of past discrimination experiences, traumas, and mental health issues; this can be distressing for participants. If at any point you feel you are in crisis, please contact the National Suicide Prevention Lifeline at 1-800-273-8255 or go to the nearest emergency room. For LGBTQ+ support, contact The Trevor Project at 1-866-488-7386.

Data collected in this study will remain confidential. Data will be reported and presented in aggregate (group) form or with no more than two descriptors presented together.

Participating in this study is completely voluntary. Your decision whether or not to participate will not affect your current or future relations with St. Cloud State University, or the researcher. If you decide to participate, you are free to withdraw at any time without penalty.

If you have questions about this research study, you may contact Drea Everest, [ajenyart@go.stcloudstate.edu](mailto:ajenyart@go.stcloudstate.edu), or Dr. Nick Newstrom, [nnewstrom@stcloudstate.edu](mailto:nnewstrom@stcloudstate.edu). Results of the study can be requested from the researcher.

If you choose to participate, you will be entered into a drawing for one of two \$300 cash prizes. These drawings will take place at the end of the study, will include participants who choose to provide an email address, and will not include participants who do not complete the entire survey.

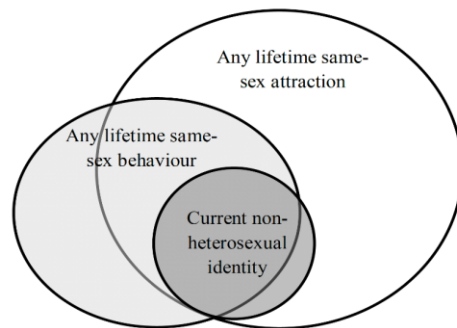
Your completion of the survey indicates that you are at least 18 years of age and that you consent to participate in the study.

Figure A1. Consent form.

## Appendix B: Tables and Figures

**Figure 1**

*Relationship between attraction, behavior, and sexual*



*Note.* From Wilson & Shalley (2018).

**Table 1***Sample Demographics*

	<i>n</i>	%
Total Participants	427	100
Age		
18-24	76	17.6
25-34	218	51.1
35-44	89	20.8
45-54	26	6.1
55-64	13	3.0
65 +	5	1.2
Gender		
Cisgender Male	111	26.0
Cisgender Female	220	51.5
Transgender/Non-binary	95	22.2
Sex assigned at birth		
Male	152	35.6
Female	273	63.9
Intersex	1	0.2
Race/Ethnicity		
Caucasian/White	364	85.2
African American/Black	15	3.5
Latinx	18	4.2
Asian/Pacific Islander	14	3.3
Multiracial	11	2.6
Prefer not to answer	5	1.1
Country of Residence		
United States	321	75.2
United Kingdom	34	8.0
Canada	16	3.7
Other	56	13.1
Highest Level of Education Completed		
Less than High School	2	0.5
High School	23	5.2
Some college	59	13.8
Two-year degree	34	8.0
Four-year degree	195	45.7
Professional degree	91	21.3
Doctoral degree	21	4.9
Household's annual income		

<\$10,000	28	6.6
\$10,000-\$24,999	47	11.0
\$25,000-\$49,999	105	24.6
\$50,000-\$74,999	110	25.8
\$75,000-\$99,999	72	16.9
>\$100,000	56	13.1

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**Table 2***Sexual Orientation Dimensions and Descriptions*

	N	%	ABES- H	ABES- LG	Internaliz ed binegativi ty	Depressi on
Whole Sample	431	100	3.61 (1.16)	3.35 (1.37)	3.14 (1.88)	20.45 (6.79)
Sexual Identity Label						
Bisexual	305	70.7	3.58 (1.15)	3.25 (1.38)	2.98 (1.84)	20.43 (6.77)
Queer	22	5.1	3.52 (1.01)	3.46 (1.27)	2.19 (1.35)	19.59 (6.85)
Pansexual	17	3.9	3.14 (0.83)	2.79 (1.26)	2.01 (1.48)	20.29 (5.74)
Sexually Fluid	10	2.3	3.95 (1.27)	3.44 (1.43)	4.57 (2.29)	19.30 (8.06)
Other bi+	12	2.8	3.06 (1.14)	2.78 (1.09)	2.93 (1.80)	16.33 (5.12)
Lesbian	5	1.2	4.83 (0.63)	4.73 (0.60)	5.84 (0.52)	27.80 (2.68)
Gay	13	3.0	4.10 (1.00)	4.27 (1.13)	4.17 (1.13)	23.31 (4.55)
Straight	43	10.0	3.83 (1.31)	3.89 (1.31)	4.40 (1.66)	20.65 (7.50)
Type of sexual identity label						
Bisexual	305	70.7	3.58 (1.15)	3.25 (1.38)	2.98 (1.84)	20.43 (6.77)
Other bi+ label <sub>a</sub>	61	14.2	3.40 (1.06)	3.13 (1.27)	2.68 (1.85)	19.10 (6.47)
Non-bi+ label	61	14.2	3.97 (1.23)	4.04 (1.25)	4.47 (1.54)	21.80 (6.96)
Sexual attraction						
Only masculine-presenting people (such as men)	34	7.9	4.37 (1.03)	4.35 (1.16)	5.00 (1.48)	24.12 (7.02)
Mostly masculine-presenting people	78	18.1	3.47 (1.23)	3.37 (1.34)	3.50 (1.82)	20.49 (6.47)
Equally attracted to masculine- presenting people and feminine- presenting people (	205	47.6	3.47 (1.09)	3.15 (1.32)	2.53 (1.70)	20.05 (6.68)
Mostly feminine-presenting people (such as women)	86	20.0	3.67 (1.16)	3.27 (1.44)	3.26 (1.85)	19.38 (7.11)

Only feminine-presenting people (such as women)	18	4.2	4.02 (1.34)	3.87 (1.41)	4.83 (1.25)	23.11 (5.06)
Not sexually attracted to anyone	6	1.4	3.58 (0.71)	3.44 (1.11)	2.93 (1.27)	19.16 (5.98)
Lifetime sexual behavior						
Only masculine-presenting people (such as men)	123	28.5	3.31 (1.29)	2.98 (1.47)	3.09 (1.96)	20.87 (6.58)
Only feminine-presenting people (such as women)	67	15.5	3.87 (1.05)	3.62 (1.24)	4.23 (1.50)	21.15 (5.77)
Only androgynous-presenting people	4	.9	3.38 (0.82)	3.28 (1.58)	3.20 (2.00)	16.33 (11.02)
More than one type of person	231	53.6	3.66 (1.09)	3.42 (1.31)	2.80 (1.78)	19.90 (7.06)
Genital preference in partners						
I prefer people with a penis	53	12.3	4.38 (1.05)	4.33 (1.15)	4.77 (1.65)	23.83 (6.81)
I somewhat prefer people with a penis	120	27.8	3.61 (1.13)	3.41 (1.29)	3.45 (1.71)	21.23 (5.81)
I do not have a preference	165	38.3	3.34 (1.10)	2.97 (1.33)	2.22 (1.61)	19.57 (6.57)
I somewhat prefer people with a vulva	59	13.7	3.49 (1.11)	3.25 (1.35)	3.04 (1.73)	18.67 (8.11)
I prefer people with a vulva	31	7.2	3.87 (1.26)	3.50 (1.47)	4.29 (1.70)	19.20 (6.47)

*Note.* <sup>a</sup> This variable collapses the following categories: Queer, Pansexual, Sexually fluid, Other bi+



**Table 3***Result of t- tests Measuring Difference between ABES-H and ABES-LG by Group*

	ABES-H	ABES-LG	t value	p value	d
Overall Sample	3.62 (1.15)	3.37 (1.36)	6.59	< .001	.20
Gender					
Cisgender Women	3.40 (1.11)	3.07 (1.35)	5.75	< .001	.27
Cisgender Men	3.80 (1.19)	3.67 (1.23)	2.00	.048	.11
TNB	3.84 (1.17)	3.58 (1.45)	2.81	.006	.20
Sexual Identity Label					
Bisexual	3.58 (1.15)	3.25 (1.38)	6.93	< .001	.26
Other bi+	3.40 (1.06)	3.13 (1.27)	2.18	.033	.23
Non-bi+	3.97 (1.23)	4.04 (1.25)	-.99	.324	.06

*Note.*2-tailed tests**Table 4***Gender and Sexual Identity Label Main Effect Results of Factorial ANOVA*

Gender Differences	Ciswome n n= 220	Cismen n= 111	TNB n= 95	Gender Differences p Value	Effect size ηp2	Multiple Comparisons
ABES-H	3.40 (1.11)	3.80 (1.19)	3.84 (1.17)	.048	.014	CW < CM, TNB
ABES-LG	3.07 (1.35)	3.67 (1.23)	3.58 (1.45)	.028	.017	CW < CM, TNB
Internalized Binegativity	2.68 (1.80)	3.77 (1.74)	3.48 (1.94)	.066	.013	CW < CM, TNB
Depression	20.10 (6.52)	19.76 (6.76)	21.94 (7.22)	.018	.019	none
Sexual Identity Differences	Bisexual n= 305	Other bi+ n= 61	Non-bi+ n= 61	Sexual ID Differences p Value		
ABES-H	3.58 (1.15)	3.40 (1.06)	3.97 (1.23)	.031	.016	NB > B, OB

ABES-LG	3.25 (1.38)	3.13 (1.27)	4.04 (1.25)	< .001	.038	NB > B, OB
Internalized Binegativity	2.98 (1.84)	2.68 (1.85)	4.47 (1.54)	< .001	.075	NB > OB > OB
Depression	20.43 (6.77)	19.10 (6.47)	21.80 (6.96)	.041	.015	none

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*Note.* Range for ABES scales is 1-7; range for Internalized Binegativity scale is 1-7, range for PHQ-9 (depression) scale is 9-36. CW=cisgender women, CM=cisgender men, TNB=transgender/non-binary. B=bisexual, OB=other bi+, NB=non-bi+.

**Table 5***Bi-variate Correlations between Measures by Group*

	ABES-H	ABES-LG	Int. Bineg.	Depression
Overall Sample				
ABES-H	--			
ABES-LG	.80***	--		
Internalized Binegativity	.58***	.57***	--	
Depression	.48***	.44***	.49***	--
Cisgender Women				
ABES-H	--			
ABES-LG	.77***	--		
Internalized Binegativity	.51***	.52***	--	
Depression	.43***	.42***	.48***	--
Cisgender Men				
ABES-H	--			
ABES-LG	.84***	--		
Internalized Binegativity	.60***	.57***	--	
Depression	.49***	.41***	.60***	--
TNB				
ABES-H	--			
ABES-LG	.80***	--		
Internalized Binegativity	.63***	.57***	--	
Depression	.58***	.53***	.44***	--
Bisexual				
ABES-H	--			
ABES-LG	.80***	--		
Internalized Binegativity	.58***	.57***	--	
Depression	.47***	.43***	.49***	--
Other bi+				
ABES-H	--			
ABES-LG	.69***	--		
Internalized Binegativity	.41***	.35**	--	
Depression	.38***	.32**	.24*	--
Non-bi+				
ABES-H	--			
ABES-LG	.88***	--		

Internalized Binegativity Depression	.64***	.62***	--	
	.54***	.53***	.68***	--

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*Note.* \*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$  (1-tailed)

**Table 6**

*Regression Results Testing Association Between ABES-H/ABES-LG and Internalized Binegativity/Depression for Plurisexual Adults According to Gender*

Predictor variable	B	SEB	$\beta$	Total R <sup>2</sup>	Adjusted R <sup>2</sup>	p value
Internalized Binegativity						
Overall Sample						
ABES-H	.56	.11	.34			< .001
ABES-LG	.41	.09	.30			< .001
				.37	.37	< .001
Ciswomen						
ABES-H	.41	.14	.26			.005
ABES-LG	.43	.12	.33			<.001
				.30	.29	<.001
Cismen						
ABES-H	.64	.21	.43			.003
ABES-LG	.30	.20	.21			.141
				.38	.37	<.001
TNB						
ABES-H	.82	.23	.48			.001
ABES-LG	.26	.18	.19			.148
				.41	.40	<.001
Depression						
Overall Sample						
ABES-H	2.14	.42	.37			< .001
ABES-LG	.71	.35	.14			.046
				.24	.23	< .001
Ciswomen						
ABES-H	1.59	.56	.27			.005
ABES-LG	.99	.46	.21			.032
				.20	.19	<.001
Cismen						
ABES-H	2.81	.90	.49			.002
ABES-LG	-.01	.87	-.00			.990
				.24	.23	< .001
TNB						
ABES-H	2.75	.89	.44			.003
ABES-LG	.79	.71	.16			.270
				.34	.32	<.001

**Table 7**

*Regression Results Testing Associations Between ABES-H/ABES-LG and Internalized Binegativity/Depression for Plurisexual Adults According Sexual Identity Label*

Predictor variable	B	SEB	$\beta$	Total R <sup>2</sup>	Adjusted R <sup>2</sup>	p value
Internalized Binegativity						
Bisexual-identified						
ABES-H	.57	.12	.36			< .001
ABES-LG	.37	.10	.28			< .001
				.37	.36	< .001
Other-bi+-identified						
ABES-H	.57	.29	.33			.051
ABES-LG	.18	.24	.12			.457
				.18	.15	.004
Non-bi+-identified						
ABES-H	.56	.29	.41			.060
ABES-LG	.35	.29	.26			.229
				.42	.40	< .001
Depression						
Bisexual-identified						
ABES-H	2.09	.50	.36			< .001
ABES-LG	.69	.42	.14			.102
				.23	.22	< .001
Other-bi+-identified						
ABES-H	1.85	1.12	.30			.074
ABES-LG	.55	.85	.11			.520
				.15	.12	.009
Non-bi+-identified						
ABES-H	2.10	1.41	.37			.141
ABES-LG	1.31	1.38	.23			.349
				.35	.33	< .001

## Appendix C: HRB Approval



## Institutional Review Board (IRB)

720 4th Avenue South AS 210, St. Cloud, MN 56301-4498

**Name:** Andrea Everest  
**Email:** ajenyart@go.stcloudstate.edu

### IRB PROTOCOL DETERMINATION: Expedited Review-1

**Project Title** Plurisexual Prejudice Study  
**Advisor** Nicholas Newstrom

The Institutional Review Board has reviewed your protocol to conduct research involving human subjects. Your project has been: **APPROVED**

Please note the following important information concerning IRB projects:

- The principal investigator assumes the responsibilities for the protection of participants in this project. Any adverse events must be reported to the IRB as soon as possible (ex. research related injuries, harmful outcomes, significant withdrawal of subject population, etc.).

- For expedited or full board review, the principal investigator must submit a Continuing Review/Final Report form in advance of the expiration date indicated on this letter to report conclusion of the research or request an extension.

- Exempt review only requires the submission of a Continuing Review/Final Report form in advance of the expiration date indicated in this letter if an extension of time is needed.

- Approved consent forms display the official IRB stamp which documents approval and expiration dates. If a renewal is requested and approved, new consent forms will be officially stamped and reflect the new approval and expiration dates.

- The principal investigator must seek approval for any changes to the study (ex. research design, consent process, survey/interview instruments, funding source, etc.). The IRB reserves the right to review the research at any time.

If we can be of further assistance, feel free to contact the IRB at 320-308-4932 or email [ResearchNow@stcloudstate.edu](mailto:ResearchNow@stcloudstate.edu) and please reference the SCSU IRB number when corresponding.

**IRB Chair:**

Dr. Mili Mathew  
 Chair and Graduate Director  
 Assistant Professor  
 Communication Sciences and Disorders

**IRB Institutional Official:**

Dr. Claudia Tomany  
 Associate Provost for Research  
 Dean of Graduate Studies

#### OFFICE USE ONLY

<b>SCSU IRB#:</b> 2054 - 2678	<b>Type:</b> Expedited Review-1	<b>Today's Date:</b> 12/3/2021
<b>1st Year Approval Date:</b> 12/3/2021	<b>2nd Year Approval Date:</b>	<b>3rd Year Approval Date:</b>
<b>1st Year Expiration Date:</b> 12/2/2022	<b>2nd Year Expiration Date:</b>	<b>3rd Year Expiration Date:</b>