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## We're Here and We're Queer: Sexual Orientation and Sexual Fluidity Differences Between Bisexual and Queer Women

**Ethan H. Mereish, Ph.D.,**

Center for Alcohol and Addiction Studies, Department of Behavioral and Social Sciences, Brown University, Providence, RI

**Sabra L. Katz-Wise, Ph.D.,** and

Division of Adolescent/Young Adult Medicine, Boston Children's Hospital and Department of Pediatrics, Harvard Medical School, Boston, MA

**Julie Woulfe, Ph.D.**

Department of Counseling, Developmental, and Educational Psychology, Boston College, Boston, MA

### Abstract

Theorists and researchers have noted an overlap between bisexually-identified and queer-identified individuals. Whereas early definitions of bisexuality may have been predominantly binary (i.e., attracted to women and men), in recent years there has been a move toward a more “queer” understanding of bisexuality (e.g., attraction to more than one gender beyond female and male). The purpose of this study was to examine similarities and differences between bisexually-identified and queer-identified adult women, ages 18–66 years, on sociodemographic characteristic, two dimensions of sexual orientation (sexual behaviors and attractions), fluidity in attractions and sexual orientation identity, and identity centrality and affirmation in an online sample ( $N = 489$ ), which was mostly from the United States (73.5%). Our results indicated that bisexual and queer women were similar in terms of sociodemographic characteristics, with the exception of education; queer women were more educated than bisexual women. Queer women were also more likely than bisexual women to report variability in their sexual behaviors and attractions and more fluidity in their sexual orientation identity. Additionally, queer women reported higher levels of identity centrality and affirmation than bisexual women. Considerations for sexual minority women's health research are discussed.

### Keywords

bisexual; queer; women; sexual behavior; sexual attraction; identity fluidity; identity centrality; identity affirmation

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Greater attention to bisexual women's experiences is warranted, given their elevated health risks and the large focus on lesbian women as compared to bisexual women in the literature

(Barker et al., 2012). The emerging body of literature on bisexual women suggests that they experience distinct forms of oppression (Brewster & Moradi, 2010; Dyar, Feinstein, & London, 2014; Eliason, 1997; Israel & Mohr, 2004; Mohr & Rochlen, 1999) and fare worse than lesbian women on several physical and mental health metrics including cardiovascular disease risk (Conron, Mimiaga, & Landers, 2010; Dilley, Simmons, Boysun, Pizacani, & Stark, 2010), anxiety (Jorm, Korten, Rodgers, Jacomb, & Christensen, 2002; Kerr, Santurri, & Peters, 2013), depression (Jorm et al., 2002; Kerr et al., 2013; Pyra et al., 2014), suicidality (Conron et al., 2010; Pompili et al., 2014), and violence and victimization (Breiding, Chen, & Black, 2010). These disparities highlight the need for more investigation into the unique experiences of bisexual women.

Bisexuality varies greatly in how it is defined and measured. Some definitions include some degree of same-sex attraction, same-sex feelings, or sexual behavior over the course of the lifetime, whereas other definitions propose that bisexuality refers only to individuals who self-identify as bisexual (Meyer & Wilson, 2009). Similarly, bisexual individuals may differ in their own definitions of and meanings associated with bisexuality (Rust, 2000, 2002). Identifying as bisexual may have different political and social meanings for bisexual individuals, including an engagement with gender politics, increasing bisexual visibility within a context of biphobia and invisibility, and connection with other bisexual individuals or communities (Rust, 2000). Bisexual individuals may also use more than one sexual orientation identity label (Rust, 2000). In particular, many individuals also identify with a “queer” identity label. One survey of participants at a bisexual conference indicated that 54% of the attendees identified as both queer and bisexual (Barker, Bowes-Catton, Iantaffi, Cassidy, & Brewer, 2008).

“Queer,” a term used in the beginning of the 20<sup>th</sup> century to mean “odd” or “strange,” was originally applied derogatively to homosexuality and sexual minority individuals (Barker, Richards, & Bowes-Catton, 2009). In recent years, the use of “queer” as an identity label has been reclaimed by sexual and gender minority communities (Drechsler, 2003). For example, queer theory within an academic context emerged as the critical analysis of fixed binary categories of identity—gender and sexuality specifically, and notions of the self more broadly. Further, given that queer theory challenges fixed notions of identity, queer has also become an umbrella term for sexual and gender minority communities (Barker et al., 2009; Drechsler, 2003).

Theorists and researchers alike have noted an overlap between queer-identified and bisexually-identified individuals. Whereas early definitions of bisexuality may have been predominantly binary (i.e., attracted to women and men), in recent years there has been a move toward a more “queer” understanding of bisexuality (e.g., attraction to more than one gender beyond female and male; Barker et al., 2009; Drechsler, 2003). In addition, many bisexual women have adopted a queer identity label (Barker et al., 2008). This raises important questions for researchers. For example, do bisexually-identified and queer-identified women share similar sociodemographic features? Differences may exist in sociodemographic characteristics such as education, as many individuals may learn about the term “queer” in college courses. What are the distinctions between bisexual and queer women in their patterns of sexual behaviors, attractions, and identity? It is possible that

queer-identified women are more likely than bisexually-identified women to have attractions toward individuals who are transgender (identifying with a different gender from one's sex assigned at birth), since queer identity more easily encompasses attraction to more than two genders. Are there differences between bisexual and queer women in how they understand their sexual orientation identity? Specifically, do bisexual and queer women differ in the degree to which their sexual orientation identity is central to their overall identity (i.e., identity centrality)? Similarly, how similar or different are the two groups in the degree to which they positively consider and affirm their sexual orientation identities (i.e., identity affirmation)? The use of queer identity may be a form of resistance in response to more conventional sexual orientation identity labels, perhaps making it more central to overall identity than bisexual identity. Alternately, bisexual identity is often stigmatized or erased. Those who choose to embrace the bisexual label may also be acting in resistance to this stigma, making bisexual identity more central and visible. Further research could offer insight into these dimensions for each respective identity.

Given the lack of attention to the distinctions between bisexual and queer women in research, the purpose of this study was to provide an initial investigation of these questions by analyzing the similarities and differences between a sample of bisexually-identified and queer-identified adult women on sociodemographic characteristics, two dimensions of sexual orientation (sexual behaviors and attractions), sexual fluidity in attractions and sexual orientation identity, and sexual orientation identity centrality and affirmation. Examining similarities and differences between bisexual and queer women may help shed knowledge on what is "under the bisexual umbrella".

## Method

### Participants

Participants were 489 adult women, ages 18 to 66 years ( $M = 28.42$ ,  $SD = 9.66$ ), from a larger sample of bisexual adults. Participants whose data were included in the current analysis identified their gender as female/woman and their sexual orientation as bisexual (82.4%) or queer (17.6%). Participants who identified their gender as male/man or as transgender were excluded from this analysis, because they did not select the female/woman response option. Participants who identified as lesbian ( $n = 7$ ), gay ( $n = 2$ ), heterosexual ( $n = 5$ ), don't know ( $n = 6$ ), unsure/questioning ( $n = 15$ ), or other ( $n = 40$ ) were also excluded because there were too few participants to conduct comparisons among these groups. Overall, the sample of participants was primarily White (81.6%). The participants varied greatly in terms of education, income, employment, geographic location, and relationship status. See Table 1 for sociodemographic information for bisexual and queer women.

### Procedures

An online sample of bisexual women was recruited as part of a larger survey on bisexuality and health. Participants were recruited using a web-based sampling procedure by contacting bisexual-specific online groups and listservs. Internet recruitment of participants has been identified as a successful and common method to obtain broader and more representative samples (Kraut et al., 2004) and to reach sexual minority populations that have been

previously overlooked (Meyer & Wilson, 2009). Inclusion criteria were being 18 years of age or older and identifying as bisexual and/or having attractions to more than one gender. All potential participants received a link to the data collection website, on which they provided informed consent, completed an online survey, and had the option of being entered into a raffle for monetary incentives for their participation. At the end of the survey, participants were presented with a list of online resources providing LGBTQ (lesbian, gay, bisexual, transgender, queer)-specific mental health support and services. The study was approved by the researchers' Institutional Review Board. The data were cleaned and screened for missingness. Of the participants in this study, some had missing data on the item level; however, no item had more than 0.4% item-level missingness, with the exception of the fluidity in attraction and identity questions, which had missingness of 14.8% and 15.8%, respectively. Participants with missing data for those two questions were excluded only for analyses specific to these two variables.

## Measures

### Sociodemographic information

Participants completed a basic demographic questionnaire in which they provided information on their age, gender, racial/ethnic background, sexual orientation, highest level of completed education, current employment status, gross annual income, current geographic location, current relationship status, and HIV status. Participants were permitted to select only one response option for each sociodemographic measure, including gender and sexual orientation label measures. The specific categories for each variable are presented in Table 1.

### Dimensions of sexual orientation

Participants completed measures assessing behavioral and attraction dimensions of their sexual orientation, as described below.

**Sexual behaviors**—Participants were asked with whom they had sex during the past year and over their lifetime with the following two questions created for this study: “During the past year, with whom have you had sex?” and “With whom have you had sex in your lifetime?” Response options were: men only; women only; transgender and/or genderqueer individuals only; men and women only; men, women, transgender, and/or genderqueer individuals; and did not have sex during the past year/did not have sex in lifetime.

**Sexual attraction**—Participants described to whom they were attracted, using an item adapted from the National Survey of Family Growth (National Survey of Family Growth, 2002): “People are different in their sexual attraction to other people. Which best describes your feelings? Are you:” and were provided with the following response options: only attracted to men or transmen; mostly attracted to men or transmen; equally attracted to men/transmen and women/transwomen; mostly attracted to women or transwomen; only attracted to women or transwomen; not sure; and other.

## Sexual fluidity

Participants completed measures assessing sexual fluidity in attractions and identity, as described below.

**Fluidity in attractions**—We used the Sexual Fluidity Scale (Katz-Wise, 2014) to assess lifetime fluidity in participants' attractions. Participants were asked "Have you ever experienced a change in attractions to others? (For example, feeling only attracted to women, then feeling attracted to both women and men)" and, if they answered *yes* to this item, they were asked: "Have you experienced more than one change in attractions?" Response options were *Yes* or *No*.

**Fluidity in sexual orientation identity**—In addition to assessing fluidity in attractions, we also assessed fluidity in sexual orientation identity using the Sexual Fluidity Scale (Katz-Wise, 2014). Participants were asked: "Have you ever experienced a change in your sexual identity (the labels you use to describe your sexual orientation)?" and, if they answered *yes* to this item, they were asked: "Have you experienced more than one change in your sexual identity?" Response options were *Yes* or *No*.

## Sexual orientation identity

Participants completed measures assessing two additional aspects of their identity, as described below.

**Identity centrality**—We used the 5-item Identity Centrality subscale of the Lesbian, Gay, and Bisexual Identity Scale (LGBIS; Mohr & Kendra, 2011) to assess participants' view of their sexual orientation identity as central to their overall identity. Sample items are "My sexual orientation is a central part of my identity" and "Being an LGB [lesbian, gay, bisexual] person is a very important aspect of my life." Item response options are on a 6-point rating scale from 1 (*disagree strongly*) to 6 (*agree strongly*). For this study, the Cronbach alpha reliability was 0.84.

**Identity affirmation**—We used the 3-item Identity Affirmation subscale of the LGBIS (Mohr & Kendra, 2011) to assess participants' affirmation of their sexual orientation identity. The three items are: "I am glad to be an LGB person"; "I'm proud to be part of the LGB community"; and "I am proud to be LGB." Item response options are on a 6-point rating scale from 1 (*disagree strongly*) to 6 (*agree strongly*). For this study, the Cronbach alpha reliability was 0.89.

## Results

We conducted a 2-group (bisexual vs. queer) ANOVA to test for group differences in age and bivariate analyses to test for group differences in other sociodemographic characteristics. Results from the bivariate analyses indicated that queer women reported a significantly higher education level than bisexual women (Table 1). There were no other significant sociodemographic differences.

We conducted bivariate analyses to test for group differences between bisexual and queer women in behavioral and attraction dimensions of sexual orientation, and in fluidity of attractions and sexual orientation identity. We used chi-square tests followed by z-tests for variables that included more than four cells (i.e., sexual behaviors and sexual attractions). As reported in Table 2, there were significant differences in sexual behaviors and attractions, and fluidity of sexual orientation identity; there were no significant differences in fluidity of attractions. In terms of the sexual behavior dimension of sexual orientation, queer women were more likely than bisexual women to have had sex with men, women, and transgender and/or genderqueer individuals in the past year and over their lifetime. Bisexual women were more likely than queer women to report no sexual partners in the past year and over their lifetime and were more likely to have sex with men and women only in their lifetime. Queer women were also more likely than bisexual women to have had sex with transgender and/or genderqueer individuals only in the past year and lifetime; however, these are not robust findings given the small cell sizes for these comparisons.

In terms of the sexual attraction dimension of sexual orientation, bisexual women were more likely than queer women to report equal attraction to men/transmen and women/transwomen, whereas queer women were more likely than bisexual women to report attraction to one gender more than the other as well as attraction to “other”. Finally, in terms of sexual fluidity, queer women were significantly more likely than bisexual women to report having ever experienced a change in sexual orientation identity and to report experiencing more than one change. No significant differences were found in fluidity of attractions.

We conducted 2-group (bisexual vs. queer) ANCOVAs to test for group differences between bisexual and queer women in identity centrality and affirmation, while controlling for education. There were significant differences for both aspects of identity (Table 2). While accounting for education, queer women reported higher levels of identity centrality and identity affirmation than bisexual women; these effects were in the moderate range (Cohen’s  $d = .50$  for centrality and  $d = 0.38$  for affirmation).

## Discussion

The aim of this study was to describe similarities and differences in sexual orientation dimensions, sexual fluidity, and identity centrality and affirmation between bisexually-identified and queer-identified adult women in a sample of individuals who either identified as bisexual or had attractions to more than one gender. The two groups were remarkably similar in terms of sociodemographic characteristics, with the exception of education; queer women reported a higher level of education than bisexual women. This may be a reflection of the origins of “queer” as an identity label emerging out of academic writing. Those with greater education may have more exposure to the theoretical underpinnings of the term “queer” (e.g., in college or university courses), and in turn may be more likely to adopt this as an identity.

In contrast to sociodemographic characteristics, other findings related to sexual orientation and sexual fluidity revealed numerous significant differences between queer and bisexual

women. Queer women were more likely to have had sex with transgender and/or genderqueer individuals, whereas bisexual women were more likely to report no sexual partners. Greater likelihood of transgender and/or genderqueer sex partners among queer-identified women may be related to conventional definitions of bisexuality that reflect a binary understanding of gender that may not include transgender individuals (Barker et al., 2008; Drechsler, 2003). Queer identification is common among gender minority (i.e., transgender and gender nonconforming) individuals (Katz-Wise, Reisner, Hughto, & Keo-Meier, 2016; Kuper, Nussbaum, & Mustanski, 2011; Meier, Pardo, Labuski, & Babcock, 2013), in part because of the complexity of describing sexual orientation in this population. Similarly, women with transgender and/or genderqueer sexual partners may feel that the queer label best describes their experiences (Joslin-Roher & Wheeler, 2009).

Significant differences between queer and bisexual women were also found for sexual attraction. Bisexual women were more likely to report equal attraction to men/transmen and women/transwomen, whereas queer women were more likely to report being mostly attracted to one gender or “other” genders. Queer women who experience more attraction to one gender may feel that their experiences are not captured within conventional definitions of bisexuality as reflecting equal attraction to women and men. Although researchers have begun to explore the multiple ways in which the queer label is used, particularly within bisexual communities (Barker et al., 2009), more research is needed to better understand why individuals choose to label their sexual orientation as queer and what this label means to them.

Interestingly, no significant difference was found between queer and bisexual women regarding sexual fluidity in attractions. Previous research has indicated that women who report sexual fluidity in attractions are more likely to identify with identities that reflect attraction toward more than one gender, such as bisexual or queer (Katz-Wise, 2014), in part because the label of queer may allow for greater sexual fluidity (Barker et al., 2009). However, queer women were significantly more likely than bisexual women to report having ever experienced a change in sexual orientation identity and to report experiencing more than one change. This may be related to developmental timing of exposure to the term “queer”. For instance, a woman may identify as bisexual in high school and then identify as queer in college after learning about this identity. This may also occur in relation to a partner’s gender transition (i.e., social and/or medical steps taken to align a transgender person’s body with their gender identity), which in turn may lead to changes in an individual’s orientation label (Joslin-Roher & Wheeler, 2009).

Differences between queer and bisexual women were also found in measures of identity centrality and affirmation, with queer women reporting higher levels of both aspects of identity. Identity centrality represents the importance of a person’s identity to their overall identity, whereas identity affirmation represents positive thoughts and feelings linked to a person’s LGB identity (Mohr & Kendra, 2011). This finding suggests that identifying as queer may be a more positive experience than identifying as bisexual, in terms of women’s sense of self. Previous research has found LGB identity affirmation to be negatively associated with depression and sadness, and positively associated with satisfaction with life and self-esteem (Mohr & Kendra, 2011). These associations may also be true for queer-



identified women, although to our knowledge, this has not yet been studied. Having high levels of identity centrality and affirmation may also be protective for queer women by giving them greater access to community support and resources than bisexual women. Moreover, differences in identity centrality and affirmation may be related to experiences of biphobia. Identifying as queer is related to variability in sexual attractions, including either exclusive same-sex attractions or attractions to more than one gender, thus, queer-identified women may experience less biphobia than bisexual-identified women. Thus, increased experiences of biphobia among bisexual-identified women may be related to lower identity centrality and affirmation compared to queer-identified women. Future research is needed to better understand these relationships.

A number of limitations should be mentioned. Use of an online sampling design may have excluded sections of the population who have less access to computers (e.g., individuals of low socioeconomic status) or are less likely to use the internet (e.g., older adults). In addition, the primarily White race/ethnicity of the sample limits generalizability to other race/ethnicities. Future research could use targeted sampling to obtain a more diverse sample in terms of both socioeconomic status and race/ethnicity. Moreover, almost half of the sample identified as being a student. However, the mean age of our sample was higher than traditionally-aged college students; thus, our sample captured diverse developmental periods beyond the traditional college years. There were also limitations in our gender and sexual identity label response options, and our sexual behavior response options. With regard to gender, participants who identified their gender as male/man or as transgender were excluded from this analysis, because they did not identify as a female/woman. Given that we did not assess sex assigned at birth, it is unclear whether our sample is solely comprised of cisgender women or whether it also included transgender women. It is important to note that transgender people and other gender minorities may identify as queer or bisexual; thus, future research is needed to better understand their experiences. Our sexual orientation identity measure was similarly limited, because we did not provide participants the option to choose more than one identity label (e.g., identifying as both bisexual and queer). There may be overlap between the experiences of these groups that is not captured by examining them as dichotomous. Our study is also limited because we did not assess other sexual orientation labels in the bisexuality spectrum, such as sexually fluid and pansexual. Our options for the gender of one's sexual partners in the past year also did not allow participants to select multiple options. Future research would benefit from offering participants broader response options to better capture their behaviors and self-identification.

Findings from the current study have numerous implications for research on bisexual and queer women's health. We found that queer women were more likely than bisexual women to report having sexual partners who are transgender and/or genderqueer. This may indicate that cisgender (i.e., identifying with the gender that aligns with one's sex assigned at birth) queer women are more likely than cisgender bisexual women to be exposed to secondary gender minority stress based on their status as partners of transgender individuals. Experiencing this type of stress could negatively impact their health. Previous research has also found a link between sexual fluidity of sexual orientation identity and negative health behaviors and outcomes, including substance use (Ott et al., 2013), obesity (Katz-Wise et al., 2014), and depression (Everett, 2015). Greater fluidity of sexual orientation identity among



queer compared to bisexual women may put queer women at greater risk for negative health outcomes. However, the majority of studies of bisexuality and health have not included queer as a response option for sexual orientation identity questions, which have not allowed researchers to examine links between sexual fluidity and health among bisexual versus queer women.

Previous research has also suggested that the more central a person's LGB identity is to their overall identity, the more they may be affected by minority stress (Meyer, 2003). The finding that queer women have greater identity centrality than bisexual women may translate into more negative health effects of minority stress on queer women compared to bisexual women. However, little research has examined health among queer-identified women. Bisexual women have worse health outcomes than heterosexual and other sexual minority women and men (Balsam, Beauchaine, Mickey, & Rothblum, 2005; Bauer, Flanders, MacLeod, & Ross, 2016; Case et al., 2004; Conron et al., 2010; Dodge, Sandfort, & Firestein, 2007; Lehavot, 2012), especially those who self-identify with the bisexual label only as compared to the combination of bisexual and other sexual minority labels (Bauer et al., 2016); thus, more research is needed to understand these health disparities among both bisexually-identified and queer-identified women.

We offer a number of recommendations based on findings from the current study. First, research on bisexuality should utilize sampling and recruitment strategies that are inclusive of all individuals who fall within the bisexual spectrum—including those who identify as queer. Specifically, studies should recruit participants based on both bisexual identity and attraction to and/or sexual behavior with more than one gender, as in Ebin's (2012) definition of bisexual health. Second, measures assessing sexual orientation identity should include queer as a response option. Third, queer-identified individuals should be analyzed separately from bisexually-identified individuals whenever possible. This could yield important information regarding differences in identity and health between queer and heterosexual individuals and between queer individuals and other sexual minorities.

In conclusion, although queer and bisexual women in the current study demonstrated similarities on most sociodemographic characteristics, they demonstrated differences in a number of aspects of sexual orientation dimensions, sexual fluidity, and identity centrality and affirmation, suggesting that queer women are a unique subgroup of women within the spectrum of bisexuality with variability in their sexual behaviors and attractions and fluidity in their sexual orientation identity. Rather than considering queer and bisexual identities as equivalent or entirely independent, future research on identity and health of bisexual women must consider these as related but distinct identities, and examine them independently to better understand their unique health risks and outcomes. Considering queer-identified women's experiences is an important step toward shedding light on the diversity of experiences among all sexual minority women.

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**Table 1**

Sample Demographics (N = 489)

	Sexual Orientation		Test Statistic
	Bisexual <i>n</i> = 403	Queer <i>n</i> = 86	
Age	<i>M</i> ( <i>SD</i> ) 28.36 (10.00)	<i>M</i> ( <i>SD</i> ) 28.30 (8.15)	<i>F</i> ( <i>df</i> ) F (1,444) = .002
	% ( <i>n</i> )	% ( <i>n</i> )	$\chi^2$ ( <i>df</i> )
Race/Ethnicity			$\chi^2$ (7) = 5.48
Asian/Pacific Islander	1.5 (6)	2.3 (2)	<i>p</i> = .73
Black or African American	2.5 (10)	2.3 (2)	
Hispanic/Latina/o	5.5 (22)	2.3 (2)	
White (non-Hispanic)	81.3 (327)	82.6 (71)	
Biracial or Multi-racial	7.5 (30)	7.0 (6)	
Other	1.7 (7)	3.5 (3)	
Education			$\chi^2$ (2) = 7.65
High school degree/GED or less	37.5 (151)	26.7 (23)	<i>p</i> = .02
College degree	36.2 (146)	32.6 (28)	
Graduate degree	26.3 (106)	40.7 (35)	
Employment			$\chi^2$ (4) = 7.96
Full-time	34.7 (140)	32.6 (28)	<i>p</i> = .09
Part-time	9.9 (40)	14.0 (12)	
Student	39.2 (158)	47.7 (41)	
Unemployed	10.2 (41)	4.7 (4)	
Other	6.0 (24)	1.2 (1)	
Individual Income			$\chi^2$ (5) = 1.41
\$9,999	42.9 (169)	38.4 (33)	<i>p</i> = .92
\$10,000 to \$19,999	14.2 (56)	14.0 (12)	
\$20,000 to \$29,999	13.7 (54)	15.1 (13)	
\$30,000 to \$49,999	12.9 (51)	14.0 (12)	
\$50,000 to \$69,999	8.9 (35)	8.1 (7)	
\$70,000	7.4 (29)	10.5 (9)	
Geographical Region			$\chi^2$ (7) = 10.27
Northeastern U.S.	19.7 (79)	32.6 (28)	<i>p</i> = .17
Midwestern U.S.	15.5 (62)	18.6 (16)	
Northwestern U.S.	4.7 (19)	5.8 (5)	
Southern U.S.	12.5 (50)	7.0 (6)	
Southwestern U.S.	7.0 (28)	5.8 (5)	
Western U.S.	13.0 (52)	8.1 (7)	
Other U.S. Territory	0.2 (1)	0.0 (0)	
International/non-U.S. Territory	27.4 (110)	22.1 (19)	

	Sexual Orientation		Test Statistic
	Bisexual <i>n</i> = 403	Queer <i>n</i> = 86	
Age	<i>M</i> ( <i>SD</i> ) 28.36 (10.00)	<i>M</i> ( <i>SD</i> ) 28.30 (8.15)	<b>F (1,444) = .002</b>
Relationship Status	% ( <i>n</i> )	% ( <i>n</i> )	$\chi^2$ (df)
Single	39.2 (158)	30.2 (26)	$\chi^2$ (4) = 6.16 <i>p</i> = .19
Dating	10.9 (44)	11.6 (10)	
Partnered/committed relationship	30.5 (123)	41.9 (36)	
Married	18.4 (74)	14.0 (12)	
Separated/divorced	1.0 (4)	2.3 (2)	

*Note.* Participants who racially identified as “Other” provided responses such as Native American, Middle Eastern, Armenian, or Jewish. Participants who identified as “Other” for employment provided responses such as “stay-at-home parent,” “homemaker,” and “disabled.”

**Table 2**

**Descriptive Statistics for Sexual Orientation Dimensions (N = 489)**

	Sexual Orientation		Test Statistic
	Bisexual N = 403	Queer N = 86	
<b>Sexual Behavior Dimension</b>	% (n)	% (n)	$\chi^2$ (df)
Past year sex partners			$\chi^2$ (5) = 56.58, $p < .000$
Men only	35.7 (144)	26.7 (23)	
Women only	8.4 (34)	11.6 (10)	
Transgender and/or genderqueer individuals only	0.5 (2)	10.5 (9)	B < Q
Men and women only	19.6 (79)	16.3 (14)	
Men, women, transgender, and/or genderqueer	4.5 (18)	17.4 (15)	B < Q
Did not have sex during the past year	31.3 (126)	17.4 (15)	Q < B
<b>Lifetime sex partners</b>			$\chi^2$ (6) = 41.38, $p < .000$
Men only	13.4 (54)	7.0 (6)	
Women only	3.0 (12)	3.5 (3)	
Transgender and/or genderqueer individuals only	0.0 (0)	2.3 (3)	B < Q
Men and women only	48.4 (195)	34.9 (30)	Q < B
Men, women, transgender, and/or genderqueer	17.4 (70)	43.0 (37)	B < Q
Did not have sex in lifetime	17.6 (71)	8.1 (7)	Q < B
<b>Sexual Attraction Dimension</b>			$\chi^2$ (5) = 25.16, $p < .000$
Attraction			
Only attracted to men or transmen	0.2 (1)	0.0 (0)	
Mostly attracted to men or transmen	15.1 (61)	23.3 (20)	
Equally attracted to men/transmen and women/transwomen	55.1 (222)	32.6 (28)	Q < B
Mostly attracted to women or transwomen	16.6 (67)	26.7 (23)	B < Q
Only attracted to women or transwomen	0.0 (0)	0.0 (0)	
Not sure	6.2 (25)	1.2 (1)	
Other	6.7 (27)	16.3 (14)	B < Q
<b>Sexual Fluidity in Attractions</b>			



		Sexual Orientation		Test Statistic
		Bisexual N = 403	Queer N = 86	
		% (n)	% (n)	$\chi^2$ (df)
Ever experienced a change in attraction to others				
Yes		59.8 (222)	70.4 (57)	$\chi^2 (1) = 2.51$
No		40.2 (149)	29.6 (24)	
Ever experienced more than one change in attractions				
Yes		62.4 (138)	73.7 (42)	$\chi^2 (1) = 2.51$
No		37.6 (83)	26.3 (15)	
Sexual Fluidity in Sexual Orientation Identity				
Ever experienced a change in sexual identity				
Yes		67.0 (248)	90.0 (72)	$\chi^2 (1) = 16.90, p < .000$
No		33.0 (122)	10.0 (8)	
Ever experienced more than one change in sexual identity				
Yes		39.5 (94)	64.8 (46)	$\chi^2 (1) = 14.12, p < .000$
No		60.5 (144)	35.2 (25)	
		M (SD)	M (SD)	F (df)
Identity Centrality		4.23 (0.98)	4.88 (0.89)	F (1, 357) = 24.45, $p < .000, d = .50$
Identity Affirmation		4.78 (1.0)	5.25 (0.75)	F (1, 375) = 12.55, $p < .000, d = .38$

Note. Participants who selected "Other" for the attraction category reported several responses, including: "it varies over time," "attracted to all genders," and "depends on person. B = bisexual; Q = queer."