

ABSTRACT

BISEXUAL WOMEN'S EXPERIENCES OF STIGMA AND VERBAL SEXUAL COERCION: THE ROLE OF INTERNALIZED HETEROSEXISM AND OUTNESS

by Selime Rafet Salim

Bisexual women are at an elevated risk to experience sexual victimization compared to heterosexual and lesbian women. However, there is a dearth of research that examines bisexual women's experiences specifically in order to identify factors that contribute to this increased risk. The current study examined how bisexual women's unique experiences of sexual identity stigma might elevate their risk for verbal sexual coercion. Online survey data were collected from 350 self-identified bisexual women. The PROCESS macro was used to test moderation-mediation and mediation analyses. Results suggest that anti-bisexual experiences (coming from both heterosexual and lesbian/gay individuals) are associated with greater internalized heterosexism (internalizing of societal negative attitudes and stereotypes about one's sexual orientation identity), which in turn is associated with greater verbal sexual coercion severity. We did not find moderating effects of outness (the degree to which bisexual women disclose their sexual orientation identity), such that internalized heterosexism mediated the relation between anti-bisexual experiences and verbal sexual coercion regardless of bisexual women's levels of outness. Findings suggest that both enacted and internalized anti-bisexual stigma are associated with bisexual women's elevated risk for experiencing verbal sexual coercion. Implications for future sexual violence prevention efforts, clinical intervention, and future research will be discussed.

BISEXUAL WOMEN'S EXPERIENCES OF STIGMA AND VERBAL SEXUAL
COERCION: THE ROLE OF INTERNALIZED HETEROSEXISM AND OUTNESS

Thesis Report

Submitted to the

Faculty of Miami University

in partial fulfillment of

the requirements for the degree of

Master of the Arts

by

Selime Rafet Salim

Miami University

Oxford, Ohio

2019

Advisor: Terri L. Messman-Moore, Ph.D.

Reader: Elise M. Clerkin, Ph. D.

Reader: Elizabeth J. Kiel, Ph. D.

©2019 Selime Rafet Salim

This thesis report titled

BISEXUAL WOMEN'S EXPERIENCES OF STIGMA AND VERBAL SEXUAL
COERCION: THE ROLE OF INTERNALIZED HETEROSEXISM AND OUTNESS

by

Selime Rafet Salim

has been approved for publication by

The College of Arts and Sciences

and

Department of Psychology

Terri L. Messman-Moore, Ph.D

Elise M. Clerkin, Ph.D

Elizabeth J. Kiel, Ph.D

Table of Contents

List of Tables.....	v
List of Figures.....	vi
Introduction.....	1
Minority Stress Framework.....	1
Anti-Bisexual Stigma.....	1
Anti-Bisexual Stigma and Sexual Coercion.....	2
Internalized Heterosexism and Sexual Coercion.....	3
Outness and Anti-Bisexual Stigma.....	3
Purpose of Current Study.....	4
Statistical Analysis.....	5
Method.....	5
Participants.....	5
Procedures.....	5
Measures.....	6
Anti-Bisexual Experience.....	6
Internalized Heterosexism.....	6
Outness.....	6
Verbal Sexual Coercion.....	7
Results.....	7
Skewness, Kurtosis, and Missing Data.....	7
Descriptive Statistics and Bivariate Associations.....	7
Moderated-Mediation Analyses.....	8
Discussion.....	9
Strengths, Limitations, and Future Directions.....	12
Implications.....	13
References.....	15
Table 1.....	19
Table 2.....	20
Figure 1.....	21
Figure 2.....	22

Figure 3.....	23
---------------	----

List of Tables

Table 1.....	19
Table 2.....	20

List of Figures

Figure 1.....	21
Figure 2.....	22
Figure 3.....	23

Bisexual Women's Experiences of Stigma and Verbal Sexual Coercion: The Role of Internalized Heterosexism and Outness

Sexual minority women are at greater risk for experiencing sexual victimization compared to heterosexual women (Hughes, McCabe, Wilsnack, West, & Boyd, 2010; Roberts, Austin, Corliss, Vandermorris, & Koenen, 2010). In a large, nationally representative sample of U.S. adults, Roberts and colleagues (2010) documented higher rates of lifetime unwanted sex among lesbian (44.0%) and bisexual women (47.3%) compared to heterosexual women (13.4%). In a systematic review of the literature on prevalence rates of sexual assault among lesbian, gay, and bisexual (LGB) identified individuals in the United States, Rothman, Exner, and Baughman (2011) found that reported rates of lifetime sexual assault and childhood sexual assault among lesbian and bisexual women were as high as 85.0% and 76.0% respectively.

A growing body of evidence suggests that bisexual women in particular are at an increased risk for sexual violence compared to both lesbian and heterosexual women (Hughes, Szalacha et al., 2010; Walters, Chen, & Breiding, 2013). Findings from the 2010 National Intimate Partner and Sexual Violence Survey (Walters et al., 2013) indicate that bisexual women experience significantly higher rates of lifetime rape and other experiences of sexual violence besides rape (46.1% and 74.9% respectively) compared to both lesbian (13.1% and 46.4% respectively) and heterosexual women (17.4% and 43.3% respectively). Bisexual women also reported higher lifetime prevalence of rape, physical violence and/or stalking by an intimate partner (61.1%) compared to lesbian (43.8%) and heterosexual (35.0%) women. Further, bisexual women experience greater adult sexual victimization severity (Hequembourg, Livingston, & Parks, 2013) and are at an increased risk of sexual revictimization (Hughes, Szalacha et al., 2010). These rates of sexual victimization among bisexual women are alarmingly high and it is imperative that research identifies specific risk factors that make bisexual women particularly vulnerable to experience sexual violence. The minority stress framework may help explain the disparities in sexual victimization that bisexual women face.

Minority Stress Framework

Health disparities experienced by sexual minority individuals can be understood through the minority stress framework, which was developed to address the elevated rates of mental health problems among sexual minorities (Meyer, 2003). This framework posits that sexual minority individuals experience added, chronic stressors due to the stigmatization of their identity that lead to negative health outcomes. Two types of minority stressors are identified: distal stressors, or ones that are external to the individual (such as discrimination and hate crime victimization), and proximal stressors, or ones that are internal to the individual (such as internalized heterosexism, expectations of rejection, identity concealment). Bisexual individuals' experience of minority stress specifically differs from that of lesbian or gay individuals in ways that are important to examine.

Anti-bisexual stigma. Bisexual individuals, like lesbian and gay individuals, experience hostility and negative attitudes towards them due to their minority sexual identity (Brewster & Moradi, 2010; Mohr & Rochlen, 1999). However, their experience of minority stress is unique from that of lesbian or gay individuals in multiple ways. Anti-bisexual stigma is dual-sourced — bisexual individuals experience stigma coming from heterosexual as well as lesbian and gay individuals (Bostwick & Hequembourg, 2014; Brewster & Moradi, 2010; Roberts, Horne, & Hoyt, 2015). Thus, bisexual individuals' experience of minority stress may be more severe, leading to even worse health outcomes than those of lesbian and gay individuals. Another unique aspect of anti-bisexual stigma are the negative stereotypes that are specifically applied to

bisexual individuals. Bisexuality can be seen as an illegitimate and unstable sexual orientation identity and bisexual individuals are perceived as either confused about their sexual orientation, transitioning to a lesbian or gay identity, or trying to benefit from heterosexual privilege (Mohr & Rochlen, 1999; Ochs, 1996; Rust, 1993; Yost & Thomas, 2012). Further, bisexual individuals are stereotyped as sexually irresponsible (Balsam & Mohr, 2007; Hequembourg & Brallier, 2009) and are viewed as promiscuous, hypersexual, attention-seeking, and prone to infidelity (Brewster & Moradi, 2010; Flanders, Robinson, Legge, & Tarasoff, 2016).

Anti-bisexual stigma and sexual coercion. Some of these negative stereotypes about bisexuality may help explain why bisexual women experience elevated rates of sexual violence relative to other women. For example, someone endorsing the stereotype that bisexual women are promiscuous and always wanting to have sex might be more likely to perpetrate sexual violence against a bisexual woman. Indeed, in a recent qualitative examination of bisexual women's sexual health (Flanders, Ross, Dobinson, & Logie, 2017), sexual violence emerged as a prominent theme for participants who perceived their experiences of violence to be the result of anti-bisexual stigma. Participants considered the stereotype of bisexual individuals as hypersexual to be particularly damaging and perceived it as a risk factor for sexual victimization. Further, they detailed how navigating the consent process in sexual encounters was made particularly challenging by the negative stereotypes of bisexuality and discussed how bisexuality as a sexual orientation was often linked with perceived automatic consent due to the stereotype that bisexuals are always willing and/or wanting to have sex. Participants also shared experiences of being coerced into unwanted sexual acts because they would no longer be perceived as bisexual (but as truly lesbian or heterosexual) if they did not engage in sex. These findings suggest that bisexual women may be particularly vulnerable to experience verbal sexual coercion, which is defined as engaging in unwanted sexual behaviors after being pressured in a nonphysical way, including "being worn down by someone who repeatedly asked for sex or showed they were unhappy; feeling pressured by being lied to, being told promises that were untrue, having someone threaten to end a relationship or spread rumors; and sexual pressure due to someone using their influence or authority" (p. 9, Walters et al., 2013). Potential sexual partners who have negative attitudes towards bisexual women or who endorse the stereotypes about bisexual women's hypersexuality may be likely to verbally pressure a bisexual woman into engaging in unwanted sexual acts. People who endorse beliefs that bisexuality is an illegitimate, transitory sexual identity might insist that their partner engage in sexual acts in order to prove their affection and/or loyalty to that partner. Additionally, internalizing anti-bisexual stigma may leave bisexual women ill-equipped to respond in assertive ways to verbal pressure from potential sexual partners. As suggested by Flanders and colleagues (2017), bisexual women may feel they need to engage in sexual acts to prove their sexual orientation identity due to stereotypes about bisexuals' hypersexuality. Whereas bisexual women with internalized hostility and/or negative stereotypes about the illegitimacy of bisexuality may be easily pressured to engage in sex in order to show themselves or their partners that they are *actually* heterosexual or lesbian and *not* bisexual. Thus, both external, enacted and internalized anti-bisexual stigma likely leave bisexual women more vulnerable to experience verbal sexual coercion compared to heterosexual and lesbian women. Indeed, bisexual women have been found to report experiences of sexual coercion at rates double to those reported by heterosexual and lesbian women (Walters et al., 2013). It is important to examine how bisexual women's experience of minority stress may impact their risk for verbal sexual coercion.

Internalized heterosexism and sexual coercion. Emerging evidence suggests that greater internalized heterosexism among sexual minorities may increase risk for experiencing sexual (or intimate partner) violence in these populations (Balsam & Szymanski, 2005). Internalized heterosexism (identified as a proximal minority stressor within the minority stress framework) refers to sexual minority individuals' internalizing of negative societal attitudes and beliefs about their sexual orientation identity. Bisexual individuals report more negative feelings and attitudes toward their sexual orientation identity compared to lesbian and gay individuals (Cox, vanden Berghe, Dewaele, & Vincke, 2010). An extension of minority stress theory (Hetzenbuehler, 2009) posits that distal minority stressors, such as experiences of enacted stigma (referred to as "anti-bisexual experiences" throughout the rest of the document) against sexual minority individuals, can lead to increases in proximal stressors, such as internalized heterosexism. Indeed, there is evidence suggesting that anti-bisexual experiences, such as being excluded from social networks due to bisexual sexual orientation or being pressured to identify as either lesbian/gay or heterosexual, are associated with greater internalized heterosexism among bisexual women (Dyar, Feinstein, et al., 2017; Dyar & London, 2018).

Two studies that included bisexual individuals in their sample examined whether sexual minority stressors influence the risk for sexual coercion. Kuyper and Vanwesenbeeck (2011) found that among a sample of bisexual and lesbian women, experiencing more negative social reactions regarding their sexual orientation (which can be conceptualized as a distal minority stressor), was associated with an increased risk for sexual coercion. Higher levels of internalized heterosexism were associated with greater sexual dysfunction and less sexual satisfaction, but not with sexual coercion. However, the question the authors used to assess 'sexual coercion' in this study actually asked participants broadly if they had any experiences of sexual violence (regardless of the perpetrator tactic used). The second study examined the relation between minority stress and unwanted sexual experiences among lesbian, gay, bisexual, and queer (LGBQ) college students (Murchinson, Boyd, & Pachankis, 2017). Results indicated that internalized heterosexism predicted verbal sexual coercion, but not sexual assault (defined as unwanted sex acts due to incapacitation, the perpetrator's use of physical threats or use of force). This suggests that higher internalized heterosexism might present a vulnerability to experience unwanted sex by the perpetrator's use of verbal tactics (i.e., verbal sexual coercion), as opposed to physical or substance-related tactics. Further, greater alcohol use — a well-documented risk factor for sexual victimization (Gidycz et al., 2007; Mohler-Kuo et al., 2004; Messman-Moore, Ward, & Brown, 2009) — did not mediate the association between internalized heterosexism and unwanted sexual experiences, suggesting that internalized heterosexism contributes uniquely to risk for unwanted sexual experiences via verbal coercion.

An important limitation of the aforementioned studies is that analyses were conducted on a mixed sample of lesbian and bisexual women and a mixed sample of LGBQ students; therefore, no specific effects for bisexual women were reported. However, bisexual women deserve focused attention in research on sexual victimization given that: 1) they have an elevated risk for experiencing sexual coercion, 2) their experience of minority stress is unique, and 3) they face stigma from both heterosexual and lesbian/gay individuals. Consequently, there is a need to examine how bisexual women's unique experiences of stigma may contribute to their increased risk for sexual victimization.

Outness and anti-bisexual stigma. When examining experiences of anti-bisexual stigma, an important contextual factor to consider is the degree to which one discloses their sexual orientation identity to others (i.e., outness), as outness may impact sexual minority

individuals' experience of discrimination and prejudice (Barker et al., 2014; McCabe, Bostwick, Hughes, West, & Boyd, 2010). Thus, the degree to which bisexual women disclose their sexual orientation identity may modify their experience of minority stress. One study examining bisexual men and women's experiences of monosexism (i.e., the belief that sexual attractions occur only between people with the same or different gender identity, thus denying the legitimacy of attractions to multiple genders), found that being out to any friends and being out to family were both associated with more anti-bisexual experiences reported by participants (Roberts, Hoyte, & Horne, 2015). Therefore, greater degree of outness seems to be associated with experiencing more anti-bisexual stigma.

Some researchers have also started looking at the moderating role of outness in bisexual and other nonmonosexual individuals' experiences of minority stressors and health outcomes. One study examined the impact of stigma experiences on internalized identity illegitimacy and identity uncertainty at different levels of outness among nonmonosexual people (Dyar, Feinstein, Schick, & Davila, 2017). Dyar and colleagues (2017) found that experiences of stigma were associated with internalized identity illegitimacy and with identity uncertainty only at low levels of outness, suggesting that greater identity disclosure has a protective function against the negative impact of stigma. However, other emerging evidence suggests that among emerging lesbian/gay and bisexual adults, greater outness is associated with negative outcomes for bisexual individuals but not for their lesbian/gay counterparts (Feinstein et al., 2018). Further, among sexual minority women, greater outness appears to be associated with negative health outcomes specifically for bisexual women (Feinstein, Dyar, & London, 2017). This may be due to the fact that bisexual individuals face discrimination from both heterosexual and lesbian/gay individuals (Brewster & Moradi, 2010), which makes it difficult for bisexual women to access a supportive and accepting community and resources to cope with stressors (Balsam & Mohr, 2007; Hequembourg & Brallier, 2009). Therefore, being out may actually not serve the same protective function for bisexual women that it does for lesbian women. It is likely that bisexual women's experiences of stigma and associated negative outcomes vary according to their level of outness and it is possible for the relationship between anti-bisexual experiences and their negative impact to be different across varying degrees of outness, as other research has suggested (Dyar et al., 2017). Therefore, the current study will take outness into account when examining the relation between bisexual women's experience of minority stress and verbal sexual coercion.

Purpose of Current Study

The purpose of the present study is to investigate the relation between bisexual-specific stigma and verbal sexual coercion among bisexual women in an effort to identify specific risk factors that increase bisexual women's risk for verbal sexual coercion. Utilizing the minority stress framework, the study focuses specifically on anti-bisexual experiences (a distal minority stressor) and internalized heterosexism (a proximal minority stressor) based on evidence that anti-bisexual experiences are associated with higher internalized heterosexism (Dyar, Feinstein, et al., 2017; Dyar & London, 2018) and that internalized heterosexism may be particularly relevant for sexual coercion risk (Murchinson et al., 2017). Therefore, the current study tested whether greater experiences of anti-bisexual stigma from heterosexual and from lesbian/gay individuals predict greater verbal sexual coercion severity through the mediating role of internalized heterosexism among a sample of bisexual women. Some evidence suggests that bisexual individuals perceive more anti-bisexual experiences from heterosexuals as opposed to lesbian/gay individuals (Brewster & Moradi, 2010; Roberts et al., 2015). Therefore, two separate models were tested for the independent variables anti-bisexual experiences from heterosexuals

(Model 1) and anti-bisexual experiences from lesbian/gay people (Model 2). Given that outness can impact one's experience of stigma (Roberts et al., 2015), the current study also examined outness as a moderator in the relationship between anti-bisexual experiences and internalized heterosexism (see Figures 1 and 2 for a depiction of the final models).

Two moderated-mediation models tested whether internalized heterosexism mediates the association between anti-bisexual experiences (from heterosexual individuals in model 1 and from lesbian/gay individuals in model 2) and verbal sexual coercion severity among a sample of bisexual women and whether outness moderates the relation between anti-bisexual experiences and internalized heterosexism. It was hypothesized that more anti-bisexual experiences from both heterosexual and lesbian/gay individuals would be associated with greater verbal sexual coercion severity. Outness was expected to moderate the relation between anti-bisexual experiences and internalized heterosexism, as it has moderated the experience of minority stress and health outcomes in previous research (Dyar et al., 2017; Feinstein et al., 2018). However, since the existing literature is limited to a small number of studies and contradictory findings have been reported, no specific hypotheses were made for the moderating effects of the levels of outness.

Statistical Analysis

First, the data were examined for outliers and impossible values on the variables of interest. Next, the skewness and kurtosis of the data was examined to determine whether assumptions about the normality of the data were met. A missing value analysis was conducted to examine for missingness of data on the variables of interest. The PROCESS macro in SPSS Version 23 was used to conduct the moderated-mediation analyses to determine the conditional indirect effects of anti-bisexual experiences from heterosexual (Model 1) and lesbian/gay individuals (Model 2) on verbal sexual coercion severity through internalized heterosexism at different levels of outness (Hayes, 2013, Model 7). The PROCESS macro was used to determine both direct and indirect effects and to obtain estimates of the bias-corrected bootstrapped confidence intervals (CIs) around the indirect effects with 10,000 bootstrapped samples. In this approach, there is support for statistical mediation if zero is not contained in the bootstrapped CIs for the indirect effects (Hayes, 2013). Similarly, there is support for moderated-mediation if the CIs for the index of moderated-mediation does not contain zero (Hayes, 2015), which would indicate that the conditional indirect effects vary significantly across different levels of outness.

Method

Participants

Participants were selected from a larger sample of sexual minority women from a parent study examining trauma and minority stress. Amazon's Mechanical Turk (MTurk) — an online data-collection website on which individuals can become workers and complete online surveys for monetary compensation — was used for recruitment. Eligibility criteria for the parent study included identifying as a woman and either lesbian or bisexual, being 18 years or older, and living in the United States. Participants who self-identified as bisexual were included in the analyses for the purposes of the current study. This yielded a final sample of 350 self-identified bisexual women. Participants were between the ages of 18 and 62, with an average age of 29.5 (SD = 8.2). The majority of participants identified as European American (80.3%), 8.9% identified as Hispanic/Latina, 8.3% as African-American, 4.6% as Native-American, and 4.6% as Asian/Asian American. Most participants had some college education (39.7%) or had graduated from college (37.1%), and reported an annual income of \$49,000 or less (58.3%).

Procedures

All study procedures were approved by the Committee on the Use of Human Subjects in Research at Miami University. A brief screening questionnaire was used to identify MTurk workers who met eligibility criteria (i.e. who identified as a woman, either lesbian or bisexual, and who lived in the U.S.). Upon receiving informed consent, eligible participants completed the survey measures. At the end, participants were debriefed and received \$3.00 as compensation for their time if they completed the questionnaires.

Measures

Anti-Bisexual Experiences. The Anti-Bisexual Experiences Scale (ABES; Brewster & Moradi, 2010) was used to measure anti-bisexual experiences. Participants completed the scale twice — once referring to anti-bisexual experiences perpetrated by heterosexual individuals and once referring to anti-bisexual experiences perpetrated by lesbian/gay individuals. The ABES has three subscales that capture the unique aspects of bisexual stigma (i.e., sexual orientation instability, sexual irresponsibility, and hostility) and a total mean score reflecting a composite score of anti-bisexual experiences (obtained by averaging responses across all ABES items). The 8-item Sexual Orientation Instability subscale consists of experiences that reflect the assumption that bisexuality is not a stable sexual identity, such as “People have acted as if my bisexuality is only a sexual curiosity, not a stable sexual orientation.” The 4-item Sexual Irresponsibility subscale includes experiences that reflect the assumption that bisexual individuals are sexually irresponsible, such as “People have treated me as if I am obsessed with sex because I am bisexual.” The 5-item Hostility subscale includes items that refer to experiences of hostility towards bisexual individuals such as “Others have acted uncomfortable around me because of my bisexuality.” Items are rated on a 6-point Likert scale where 1 indicates “Never” and 6 indicates “Almost all of the time.” The mean score for the total ABES scale perpetrated by heterosexual individuals was used as a composite score of anti-bisexual experiences from heterosexuals. Similar scoring procedures were used to calculate anti-bisexual experiences perpetrated by lesbian and gay individuals. Previous research has used the average score across all scale items for heterosexual and lesbian/gay individuals as a composite measure of anti-bisexual experiences (e.g., Feinstein et al., 2017). In the current sample, the ABES had high reliability for experiences from heterosexuals (Cronbach’s $\alpha = .96$) and from lesbian/gay individuals (Cronbach’s $\alpha = .96$).

Internalized Heterosexism. The Internalized Homophobia Scale-Revised (IHP-R; Herek, Gillis, & Cogan, 2009) was used as a measure of internalized heterosexism. This is a five-item measure that assesses participants’ negative attitudes towards their sexual orientation identity and the degree to which they wish to conform to heterosexual norms. Some items include: “I wish I weren’t lesbian/bisexual” and “If someone offered me the chance to be completely heterosexual, I would accept the chance.” They are rated on a 5-point Likert scale where 1 indicates “disagree strongly” and 5 indicates “agree strongly.” The IHP-R has been used as a measure of internalized heterosexism in previous research that included bisexual women in their samples (e.g., Mason, Lewis, Winstead, & Derlega, 2015; Straub, McConnell, & Messman-Moore, 2018). The mean score for the participant responses to the five items is calculated, where higher scores indicate greater levels of internalized heterosexism. In the current sample, the IHP-R had high reliability with a Cronbach’s α of .89.

Outness. The Outness Inventory (OI; Mohr & Fassinger, 2000) was used to assess participants’ level of outness. The OI assesses the degree to which individuals who identify as lesbian/gay/bisexual have disclosed their sexual orientation identity to others. The inventory consists of 11 items (each item represents a person in the respondent’s life, e.g., parents, siblings,

work peers, friends) and factor analyses of the OI point to three different domains: being out to one's family, out to the world, and out to one's religion. Items are rated on a 7-point Likert scale with 1 indicating "person definitely does NOT know about your sexual orientation status" and 7 indicating "person definitely knows about your sexual orientation status and it is OPENLY talked about." Participants also have the option to select "Not applicable" if there is no such person or group of people in their lives, and those items were not included in the calculations of their outness scores. This is consistent with how the OI has been scored in previous research (e.g., Dyar et al., 2017). The mean score for all of the items endorsed by participants was used as a measure of total outness with higher scores indicating greater levels of outness. In the current study, the OI had high reliability (Cronbach's $\alpha = .86$).

Verbal Sexual Coercion. The Modified Sexual Experiences Survey (MSES; Koss & Gidycz, 1985; Messman-Moore, et al., 2010) was used to assess verbal sexual coercion. This measure asks behaviorally specific questions about sexual victimization experiences after the age of 18 in four domains: sexual contact (kissing or fondling, but no penetration), oral sex, vaginal or anal penetration, and penetration by objects. Participants are asked to rate "Yes" or "No" to 9 items that assess unwanted sexual experiences via the use of verbal tactics and pressure on the part of the perpetrator, such as "Have you ever had sex (i.e., oral, vaginal, or anal sex) with someone when you didn't really want to because they threatened to end the relationship?" and "Have you given into oral sex (giving a blow job, or going down, but not intercourse) when you didn't want to because you were overwhelmed by someone's continual arguments and pressure?" Consistent with earlier research on sexual victimization (e.g., Testa, Hoffman, & Livingston, 2010), the sum of all "Yes" items was used as a continuous measure of extent of verbal sexual coercion, as experiences may have occurred during the same event or across different events and do not represent a true count of coercion experiences. The reliability of the sexual coercion items in the current sample was good (Kudor-Richardson $\alpha = .82$).

Results

Skewness, Kurtosis, and Missing Data

The skewness and kurtosis of all variables of interest were examined. All variables appeared normally distributed and had an absolute skewness and absolute kurtosis values of less than 2. Further, the distributions of residuals were also examined via normal probability plots. Examination of these plots indicated that there was some deviation from the expected residual regression line. However, because there are no established recommendations for using a specific method for moderated-mediation analyses and because in moderate to large samples ordinary least squares (OLS) regression is robust to violations of normality (Darlington & Hayes, 2017), we proceeded with the original analytic plan and conducted the analyses with the PROCESS macro. Missing Value Analysis (MVA) in SPSS revealed that across the study variables, three variables (i.e., verbal sexual coercion, anti-bisexual experiences from heterosexuals and from lesbian/gay individuals) had .3% of missing values and one variable (outness) had .6% missing values. Further, Little's MCAR test (Little, 1998) indicated that data were not significantly different than the missing at random pattern, $\chi^2(7) = 7.588, p = .370$. According to current guidelines on handling less than 2% missing data (Widaman, 2006, p.61), single imputation was used to compute missing data.

Descriptive Statistics and Bivariate Associations

Frequency analyses of the dependent variable verbal sexual coercion revealed that 47% ($n = 164$) of bisexual women in our sample had experienced verbal sexual coercion. Of those reporting any experiences of sexual coercion, 53.7% ($n = 89$) had a score of or higher than 3

indicating that they had experienced three or more different types of verbal sexual coercion. Frequency information about the types of verbal coercion experiences reported by participants can be found in Table 1. The most frequently reported coercion experiences in our sample occurred after participants were overwhelmed by the perpetrator's continual arguments and pressure across various sexual activities.

Descriptive statistics of study variables and bivariate correlation between them can be found in Table 2. We examined whether the following demographic variables were correlated with the variables of interest: age, racial identity (European American vs. minority racial identity), and annual income. No significant correlations were found with the demographic variables and, therefore, they were not included in the table or as covariates in the statistical models. The significant bivariate correlations between the primary variables of interest were in the expected directions — anti-bisexual experiences (from both heterosexual and lesbian/gay people) were positively correlated with verbal sexual coercion and internalized heterosexism. Interestingly, although we may expect people who are more out to be exposed to more stigma, outness was not correlated with anti-bisexual experiences from either group. Outness was negatively correlated with internalized heterosexism, and this is not surprising considering that individuals who have greater internalized stigma likely do not readily disclose their sexual orientation identity to others. At the bivariate level, there was also a significant negative correlation of small magnitude between outness and verbal sexual coercion.

Participants reported experiences of anti-bisexual stigma perpetrated by both heterosexual and lesbian/gay individuals. However, the mean score for anti-bisexual experiences from lesbian/gay people ($M = 2.25$, $SD = 1.14$) was lower than the average for heterosexuals ($M = 2.71$, $SD = 1.14$). A paired samples t-test indicated that this difference in anti-bisexual experiences from the two groups was statistically significant, $t(349) = 9.65$, $p < .001$, indicating that bisexual women experience greater anti-bisexual stigma from heterosexual people.

Moderated-Mediation Analyses

Two moderated-mediation analyses were conducted with the PROCESS macro in SPSS Version 23 (Model 7; Hayes, 2013). The first model tested the independent variable anti-bisexual experiences from heterosexuals. First, we examined the index of moderated-mediation (Hayes, 2015) to see whether the conditional indirect effects of anti-bisexual experiences on verbal sexual coercion through the mediator internalized heterosexism were significantly different across the levels the moderator (i.e., different levels of outness). Bootstrapping techniques were used to create a bias-corrected confidence interval around this parameter. The index of moderated-mediation in this model was not significant (index = .009, 95% CI = -.0073 to .0318), as the confidence interval contained zero, indicating that the indirect relation between anti-bisexual experiences (from heterosexuals) on verbal sexual coercion through internalized heterosexism did not differ across levels of outness. Next, we tested the second model for the independent variable anti-bisexual experiences from lesbian/gay people. The index of moderated-mediation for this model was also nonsignificant (index = .01, 95% CI = -.0066 to .0327), indicating that the indirect relation between anti-bisexual experiences (from lesbian/gay people) and verbal sexual coercion through internalized heterosexism did not vary significantly across different levels of outness. Further, outness did not moderate the links between anti-bisexual experiences (from heterosexual and from lesbian/gay people) and internalized heterosexism ($b = .027$, $p = 0.75$ and $b = .026$, $p = .078$ respectively for the two interaction effects). Therefore, outness did not act as a moderator in either of the two models and was dropped from further analyses.

Next, we conducted two mediation analyses with the PROCESS macro (Model 4; Hayes, 2013) to test whether internalized heterosexism mediated the associations between anti-bisexual experiences and verbal sexual coercion with bootstrapped bias-corrected confidence intervals around the indirect effects. Results for the mediation models can be found in Figure 2. The first model examined whether internalized heterosexism mediated the link between anti-bisexual experiences from heterosexuals and verbal sexual coercion. Results suggest that anti-bisexual experiences from heterosexuals were significantly associated with internalized heterosexism (a path; $b = .18, p < .001, R^2 = .053$) and internalized heterosexism was associated with verbal sexual coercion (b path; $b = .34, p < .001, R^2 = .084$) over and above anti-bisexual experiences. The direct effect of anti-bisexual experiences on verbal sexual coercion was significant (c' path; $b = .37, p < .001$). Further, the indirect effect of anti-bisexual experiences on verbal sexual coercion through internalized heterosexism was also significant ($ab = .06, 95\% \text{ CI} = .016 \text{ to } .124$). There was support for statistical mediation as the bootstrapped confidence interval around the indirect effect did not contain zero. Considering the strong positive correlation between anti-bisexual experiences from heterosexuals and from lesbian/gay individuals, we tested the mediation model by including anti-bisexual experiences from lesbian/gay individuals as a covariate. The effects of anti-bisexual experiences from heterosexuals (a path, $b = .15, p < .05$; c path, $b = .28, p < .05$) and the indirect effects through internalized heterosexism ($ab = .05, 95\% \text{ CI} = .003 \text{ to } .12$) remained significant after the covariate was entered into the model (with paths to internalized heterosexism and verbal sexual coercion), suggesting that anti-bisexual experiences from heterosexuals account for unique variance in verbal sexual coercion.

Similar results were found for the second mediation model tested with the independent variable anti-bisexual experiences from lesbian/gay individuals. Anti-bisexual experiences were significantly associated with internalized heterosexism (a path; $b = .15, p < .001, R^2 = .037$) and internalized heterosexism was associated with verbal sexual coercion (b path; $b = .37, p < .001, R^2 = .075$) over and above anti-bisexual experiences from lesbian/gay people. The direct effect of anti-bisexual experiences on verbal sexual coercion was significant (c' path; $b = .33, p < .001$). Further, the indirect effect of anti-bisexual experiences on verbal sexual coercion through internalized heterosexism was also significant ($ab = .06, 95\% \text{ CI} = .015 \text{ to } .11$), providing support for statistical mediation, as the bootstrapped confidence interval did not contain zero. Next, we tested the mediation model by including anti-bisexual experiences from heterosexuals as a covariate. The effects of anti-bisexual experiences from lesbian/gay individuals (a path, $b = .05, p = .4$; c path, $b = .14, p = .27$) and the indirect effects through internalized heterosexism ($ab = .02, 95\% \text{ CI} = -.028 \text{ to } .063$) were no longer significant after the covariate was entered into the model (with paths to internalized heterosexism and verbal sexual coercion), suggesting that anti-bisexual experiences from lesbian/gay individuals did not account for unique variance in verbal sexual coercion. Results for this model can be found in Figure 3.

Discussion

Almost half of the women in our sample (47%) had a history of at least one verbal sexual coercion experience and half of the women with such histories had actually experienced three or more different types of verbal sexual coercion. Women most frequently reported experiences of unwanted sex play, oral sex, vaginal intercourse, and sex acts (such as penetration by fingers or objects, anal sex) after being pressured via continual arguments and requests for such behaviors. This is in line with emerging evidence that bisexual women are a highly victimized population (Walters et al., 2013) and highlights the need for research to identify factors that contribute to risk for sexual victimization in this population.

The current study examined bisexual women's experiences of anti-bisexual stigma from heterosexual and lesbian/gay groups and their relation to verbal sexual coercion through the mediating role of internalized heterosexism. Similar to what other researchers have found (Roberts et al., 2015; Salim, Robinson, & Flanders, 2018), the women in our sample experienced more anti-bisexual stigma perpetrated by heterosexuals as opposed to lesbian/gay individuals. Regardless, anti-bisexual experiences from both groups were associated with greater internalized heterosexism and greater verbal sexual coercion severity. However, once the effects of anti-bisexual experiences from heterosexuals were accounted for, stigma experiences from lesbian/gay individuals no longer predicted internalized heterosexism and verbal sexual coercion. This suggests that anti-bisexual experiences from within lesbian/gay communities may compound (and potentially exacerbate) bisexual women's general experiences of stigma but they do not uniquely contribute to negative outcomes. It is also possible that bisexual women, despite the experiences of stigma received from lesbian/gay individuals, also receive more support and understanding from within these communities, which may attenuate the negative impact of stigma experiences. Further, as LGBT communities are in general more supportive of sexual minorities than heterosexual communities, bisexual women's greater reports of anti-bisexual experiences perpetrated by lesbian/gay people may be an indication that those women are also more involved with LGBT communities, thus having more access to resources and social support. Whereas bisexual women who reported less stigma experiences from lesbian/gay individuals may truly have supportive allies within the LGBT community that do not perpetrate anti-bisexual stigma or, alternatively, may be less connected to these communities in the first place, limiting their exposure to stigma but also limiting their access to the support and resources afforded by strong LGBT community connections. Therefore, other confounding factors not assessed in the current study could explain why anti-bisexual experiences from lesbian/gay individuals did not in and of themselves predict greater internalized heterosexism and verbal sexual coercion.

As indicated by mediation analyses, internalized heterosexism explained part of the relationship between anti-bisexual experiences and verbal sexual coercion, such that experiences of anti-bisexual stigma (e.g., being treated negatively or being alienated due to bisexual orientation, having people assume you are really heterosexual or lesbian/gay even after coming out as bisexual, or being stereotyped as having many sexual partners) were associated with greater internalized heterosexism, which in turn predicted greater verbal sexual coercion severity. This finding is in line with emerging evidence that among sexual minority groups, internalized heterosexism may create vulnerability to experience sexual violence (Balsam & Szymanski, 2005), and particularly, to experience sexual coercion (Murchinson et al., 2017).

Our results are consistent with the qualitative reports of bisexual women in Flanders and colleagues' study (2017) — namely, that the negative stereotypes of bisexuality appear to be driving participants' experiences of sexual violence. Our findings also corroborate participants' reports of the constant pressures they experience from partners to engage in unwanted sexual behaviors and the difficulties they experienced in navigating sexual consent. Further, the mediating role of internalized heterosexism found in the current study is also in line with participants' reports of engaging in unwanted sexual behaviors due to internalizing negative stereotypes about bisexuality (e.g., fears related to no longer being perceived as bisexual if they refused to engage in sex, the stereotype that bisexual women always are willing/wanting to have sex). Results from the current study demonstrate how enacted anti-bisexual stigma may make bisexual women more vulnerable to experience verbal pressures to engage in unwanted sexual

behaviors, and how internalized stigma leaves them ill-equipped to respond to these pressures in assertive ways.

Similar to the previous discussion, after stigma experiences perpetrated by heterosexuals was taken into account, the relation between anti-bisexual experiences from lesbian/gay people and verbal sexual coercion through internalized heterosexism was no longer significant. This suggests that anti-bisexual stigma from heterosexuals specifically increases bisexual women's vulnerability for sexual coercion, in part through greater internalization of this stigma. Considering that sexual violence is most frequently perpetrated by men (Black et al., 2011), it is possible that anti-bisexual stigma received from heterosexual males is more strongly predictive of sexual coercion as heterosexual males who endorse the negative stereotypes of bisexuality may be more likely to pressure bisexual women into unwanted sexual acts compared to lesbian/gay individuals. Therefore, it is possible for the relation between anti-bisexual experiences and verbal sexual coercion to be moderated by the gender of the potential sexual partner or perpetrator. The current study did not assess the gender of the partner responsible for the sexual coercion experiences in our sample, thus we are not able to determine how perpetrator gender impacts the pattern found here.

We also examined whether the relations among anti-bisexual stigma, internalized heterosexism, and verbal sexual coercion would differ for women who had disclosed their bisexual identity to a lesser or greater extent. Contrary to our hypotheses and to findings from other research (Dyar et al., 2017; Feinstein et al., 2017), we did not find that participants' degree of outness changed how experiences of anti-bisexual stigma impact internalized heterosexism, nor did it change the role that internalized heterosexism played in the relation between anti-bisexual experiences and verbal sexual coercion. In other words, outness does not appear to function as a risk or as a protective factor in bisexual women's experiences of stigma and verbal sexual coercion. Women at low, mid, and high levels of outness to others in their lives internalize negative heterosexist views after experiencing anti-bisexual stigma from heterosexual, as well as lesbian and gay individuals, which in turn leaves them more vulnerable to experience verbal sexual coercion. This may be due to the fact that anti-bisexual stigma is still prevalent in our society, both in heterosexual as well as in lesbian/gay communities (Dodge et al., 2016), and bisexual women, regardless of their levels of outness, may not be able to escape these negative anti-bisexual attitudes and internalize them to some extent. It is also possible that the different aspects of anti-bisexual stigma and the internalization of them impact risk for sexual victimization differently across contexts. For example, bisexual women who are less open about their sexual orientation might be more vulnerable to engage in unwanted sexual behaviors after being pressured in order to show their loyalty to their current partner or to disprove (to their partner or to themselves) that they are really bisexual. Whereas, bisexual women who are out to more people may be vulnerable to experience verbal sexual coercion as a way to affirm their bisexual identity due to the negative stereotypes that exist about bisexual women's hypersexuality. However, because we did not separate out and test the effects of the different aspects of anti-bisexual stigma (i.e., illegitimacy/instability of bisexuality, sexual irresponsibility/promiscuity, and interpersonal hostility towards bisexual women), we are not able to determine which facets of anti-bisexual stigma are relevant, and whether outness would be a significant moderator in each case. Alternatively, although outness has been found to moderate bisexual individuals' experience of minority stress and health outcomes (Dyar et al., 2017; Feinstein et al., 2018), the sexual identity disclosure process is actually more complex and may not be fully captured by the widely used 'outness' variable. For example, Jackson and Mohr

(2016) identify three distinct processes related to disclosure and concealment — concealment motivation (i.e., “a global preference for privacy regarding one’s sexual minority status,” p. 82), concealment behavior (i.e., behaviors that require efforts to enact in order to conceal one’s sexual orientation identity, such as lying about one’s identity or changing one’s mannerisms), and identity disclosure (i.e., outness as it has been used in the current study). Their findings in a sample of LGB university students suggest that concealment motivation and behavior are more strongly predictive of health outcomes and self-stigma than disclosure. Other research conducted with bisexual men suggests that concealment motivation (as opposed to disclosure) is uniquely associated with psychological outcomes (Schrimshaw, Siegel, Downing, & Parsons, 2013). Therefore, it will be important to assess how different disclosure and concealment processes impact the relation between enacted and internalized anti-bisexual stigma and sexual victimization among bisexual women.

Strengths, Limitations, and Future Directions

The current study examined bisexual women’s unique experiences of anti-bisexual stigma perpetrated by heterosexual and lesbian/gay people, as well as internalized stigma, and their relation to verbal sexual coercion within the minority stress framework. It is becoming evident that rates of sexual violence and sexual coercion among bisexual women specifically are elevated (Hughes, Szalacha et al., 2010; Walters et al., 2013). Research has also documented the unique experiences of stigma and minority stress that bisexual individuals face (Brewster & Moradi, 2010; Flanders et al., 2016). However, despite these health disparities and unique risk factors, the majority of earlier research has grouped bisexual individuals with lesbian/gay populations or excluded bisexuals altogether (Kaestle & Ivory, 2012). The current study adds to the literature in important ways by examining how the unique experiences of bisexual women may contribute to their increased risk to experience sexual victimization and identifying specific intervention targets. To our knowledge, this is the first study to examine how anti-bisexual experiences from heterosexual and lesbian/gay individuals is related to verbal sexual coercion through the internalization of such anti-bisexual stigma (i.e., internalized heterosexism).

Although the current study examined risk factors for verbal sexual coercion experiences among bisexual women, the cross-sectional and retrospective nature of the study does not allow us to make claims about causality or to establish the temporal sequences among the variables of interest. Therefore, there is a need for future longitudinal studies to establish the temporal sequence among variables in order to increase our confidence that enacted and internalized anti-bisexual stigma precede and predict verbal sexual coercion experiences. Another limitation of the current study is that our sample of bisexual women lacked diversity in terms of race and ethnicity. However, individuals with multiple minority identities may have different experiences of minority stress and the relations found in the current study among anti-bisexual experiences, internalized heterosexism, and verbal sexual coercion may not hold true for them. For example, research has indicated that racial minorities face racism and discrimination within LGBT communities, on the one hand, and heterosexism within their racial/ethnic communities, on the other (Balsam, Molina, Beadnell, Simoni, & Walters, 2011). Therefore, future research should attempt to recruit samples of racially and ethnically diverse bisexual women to explore their experiences of holding multiple marginalized identities. Finally, there are some assessment drawbacks that merit attention. When exploring the experiences of bisexual individuals, it is important to use measures developed to reflect the experiences of bisexuals. The Outness Inventory and the Internalized Homophobia Scale-Revised used in the current study, although validated in previous research with bisexual individuals, were not specifically developed for

bisexual individuals or with representative bisexual populations. Therefore, it is possible that our assessment of outness and internalized heterosexism may not have fully captured the experience of the bisexual women in the current study. Furthermore, internalized heterosexism itself may not be the best way to measure internalized stigma for bisexual women specifically, as monosexism (i.e., the belief that either exclusive heterosexuality and/or homosexuality is superior to/more legitimate than a bisexual/non-monosexual identity) may better describe the stigma experiences of bisexuals. Therefore future research should examine how internalized monosexism or specifically internalized binegativity plays into the relation between anti-bisexual stigma and sexual victimization.

The current study focused specifically on how anti-bisexual experiences and internalized heterosexism impact bisexual women's risk for sexual coercion after the perpetrator's use of verbal tactics based on the qualitative findings of Flanders and colleagues (2017). However, it is possible that anti-bisexual stigma (both enacted and internalized) also increase the risk for bisexual women to experience sexual victimization via other perpetrator tactics. For example, endorsing the negative stereotypes about bisexual women's hypersexuality or about bisexuality's illegitimacy may make the use of force more acceptable to potential sexual partners, thus increasing bisexual women's risk to experience forcible sexual assaults. Further, greater internalized anti-bisexual stigma may lead bisexual women to use alcohol or other substances in order to cope with their distress, which may also leave them more vulnerable to experience alcohol or substance-facilitated sexual assaults. Therefore, it is important for future research to establish how bisexual women's unique experiences of stigma and minority stress impact their risk for different experiences of sexual violence, as bisexual women appear to be the most vulnerable group of women to experience victimization (Walters et al., 2013).

Implications

Disparities in sexual violence risk have been documented for bisexual women, yet there is a dearth of research that examines bisexual women's unique experiences. The current study examined the role of minority stress in sexual victimization risk and identified anti-bisexual experiences (distal stressor) and internalized heterosexism (proximal stressor) as specific risk factors for bisexual women to experience verbal sexual coercion. Our findings suggest that there is a need for more targeted sexual violence prevention and risk reduction efforts that take into account the unique experiences and vulnerabilities of different groups of women in order to increase the effectiveness of these programs. Further, our findings highlight the need for more system-level interventions that raise awareness of anti-bisexual prejudice and its negative outcomes for bisexual individuals, as well as interventions that are aimed at reducing anti-bisexual stigma at the population level. Anti-bisexual stigma carried out by heterosexual individuals appears to be particularly damaging in increasing bisexual women's vulnerability to experience sexual victimization. Therefore, it is especially important to address anti-bisexual prejudice among heterosexual communities and to try to eliminate the negative attitudes about bisexuality held by heterosexuals.

Our findings also have implications for clinical practice. It is important for clinicians to be aware of the unique stigma that bisexual people face. Some evidence indicates that bisexual individuals experience anti-bisexual stigma from mental health professionals (Eady, Dobinson, & Ross, 2011). Therefore, clinicians should be informed about the stigma experiences of bisexual individuals and should make deliberate efforts to provide bisexual-affirmative care (Feinstein, Dyar, & Pachankis, 2017). Further, reducing internalized heterosexism in treatment

may help reduce the negative impact that anti-bisexual experiences have on health outcomes, including on sexual victimization.

References

- Balsam, K. F., & Mohr, J. J. (2007). Adaptation to sexual orientation stigma: A comparison of bisexual and lesbian/gay adults. *Journal of Counseling Psychology, 54*, 306–319.
- Balsam, K. F., Molina, Y., Beadnell, B., Simoni, J., & Walters, K. (2011). Measuring multiple minority stress: The LGBT People of Color Microaggressions Scale. *Cultural Diversity and Ethnic Minority Psychology, 17*, 163–174.
- Balsam, K. F., & Szymanski, D. M. (2005). Relationship quality and domestic violence in women's same-sex-relationships: The role of minority stress. *Psychology of Women Quarterly, 29*, 258–269.
- Barker, M., Richards, C., Jones, R., Bowes-Catton, H., Plowman, T., Yockney, J. & Morgan, M. (2012). *The bisexuality report: Bisexual inclusion in LGBT equality and diversity*. Milton Keynes: The Open University Centre for Citizenship, Identities and Governance. ISBN: 978-1-78007-414-6.
- Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., ...Stevens, M. R. (2011). *The national intimate partner and sexual violence survey: 2010 summary report*. The Centers of Disease Control and Prevention, National Center for Injury Prevention and Control.
- Bostwick, W., & Hequembourg, A. (2014). 'Just a little hint': Bisexual-specific microaggressions and their connection to epistemic injustices. *Culture, Health & Sexuality, 16*(5), 488-503.
- Brewster, M. E., & Moradi, B. (2010). Perceived experiences of anti-bisexual prejudice: Instrument development and evaluation. *Journal of Counseling Psychology, 57*, 451-468.
- Cox, N., Berghe, W. V., Dewaele, A., & Vincke, J. (2010). Acculturation strategies and mental health in gay, lesbian, and bisexual youth. *Journal of Youth and Adolescence, 39*, 1199–1210.
- Darlington, R. B., & Hayes, A. F. (2017). *Regression analysis and linear models: Concepts, application, and implementation*. New York: The Guilford Press.
- Dodge, B., Herbenick, D., Friedman, M. R., Schick, V., Fu, T. C., Bostwick, W., et al. (2016). Attitudes toward bisexual men and women among a nationally representative probability sample of adults in the United States. *PLoS ONE, 11*, e0164430.
- Dyar, C., Feinstein, B. A., Schick, V., & Davila, J. (2017). Minority stress, sexual identity uncertainty, and partner gender decision making among non-monosexual individuals. *Psychology of Sexual Orientation and Gender Diversity, 4*, 87–104.
- Dyar, C., & London, B. (2018). Longitudinal examination of a bisexual-specific minority stress process among bisexual cisgender women. *Psychology of Women Quarterly, 1*-19.
- Eady, A., Dobinson, C., & Ross, L. E. (2011). Bisexual people's experiences with mental health services: A qualitative investigation. *Community Mental Health Journal, 47*, 378–389.
- Feinstein, B. A., Dyar, C., Li, D. H., Whitton, S. W., Newcomb, M. E., & Mustanski, B. (2018). The longitudinal associations between outness and health outcomes among gay/lesbian versus bisexual emerging adults. *Archives of Sexual Behavior*. Advance online publication.
- Feinstein, B. A., Dyar, C., & London, B. (2017). Are outness and community involvement risk or protective factors for alcohol and drug abuse among sexual minority women? *Archives of Sexual Behavior, 46*, 1411-1423.

- Feinstein, B. A., Dyar, C., & Pachankis, J. (2017). A multilevel approach for reducing mental health and substance use disparities affecting bisexual individuals. *Cognitive Behavioral Practice*. Advanced online publication.
- Flanders, C. E., Robinson, M., Legge, M. M., & Tarasoff, L. A. (2016). Negative identity experiences of bisexual and other non-monosexual people: A qualitative report. *Journal of Gay & Lesbian Mental Health*, 20(2), 152-172.
- Flanders, C. E., Ross, L. E., Dobinson, C., & Logie, C. H. (2017). Sexual health among young bisexual women: A qualitative, community-based study. *Psychology & Sexuality*, 8(1-2), 104-117.
- Gidycz, C. A., Loh, C., Lobo, T., Rich, C., Lynn, S. J., & Pashdag, J. (2007). Reciprocal relationships among alcohol use, risk perception and sexual victimization: A prospective analysis. *Journal of American College Health*, 56, 5-14.
- Hatzenbuehler, M. L., Nolen-Hoeksema, S., & Dovidio, J. (2009). How does stigma “get under the skin”? The mediating role of emotion regulation. *Psychological Science*, 20, 1282-1289.
- Hayes, A. F. (2013). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. New York: Guilford Press.
- Hayes, A. F. (2015). An index and test of linear moderated mediation. *Multivariate Behavioral Research*, 50, 1–22.
- Hequembourg, A. L., & Brallier, S. A. (2009). An exploration of sexual minority stress across the lines of gender and sexual identity. *Journal of Homosexuality*, 56, 273–298.
- Hequembourg, A. L., Livingston, J. A., & Parks, K. A. (2013). Sexual victimization and associated risks among lesbian and bisexual women. *Violence Against Women*, 19, 634-657.
- Herek, G. M., Gillis, J. R., & Cogan, J. C. (2009). Internalized stigma among sexual minority adults: Insights from a social psychological perspective. *Journal of Counseling Psychology*, 56(1), 32–43.
- Hughes, T., McCabe, S. E., Wilsnack, S. C., West, B. T., & Boyd, C. J. (2010). Victimization and substance use disorders in a national sample of heterosexual and sexual minority women and men. *Addiction*, 105, 2130-2140.
- Hughes, T. L., Szalacha, L. A., Johnson, T. P., Kinnison, K. E., Wilsnack, S. C., & Cho, Y. (2010). Sexual victimization and hazardous drinking among heterosexual and sexual minority women. *Addictive Behaviors*, 35, 1152-1156.
- Jackson, S. D., & Mohr, J. J. (2016). Conceptualizing the closet: Differentiating stigma concealment and nondisclosure processes. *Psychology of Sexual Orientation and Gender Diversity*, 3(1), 80-92.
- Kaestle, C. E., & Ivory, A. H. (2012). A forgotten sexuality: Content analysis of bisexuality in the medical literature over two decades. *Journal of Bisexuality*, 12, 35-48.
- Koss, M. P., & Gidycz, C. A. (1985). Sexual experiences survey: Reliability and validity. *Journal of Consulting and Clinical Psychology*, 53, 422–423.
- Kuyper, L., & Vanwesenbeeck, I. (2011). Examining sexual health differences between lesbian, gay, bisexual, and heterosexual adults: The role of sociodemographics, sexual behavior characteristics, and minority stress. *Journal of Sex Research*, 48, 263-274.
- McCabe, S. E., Bostwick, W. B., Hughes, T. L., West, B. T., & Boyd, C. J. (2010). The relationship between discrimination and substance use disorders among lesbian, gay,

- and bisexual adults in the United States. *American Journal of Public Health*, 100, 1946–1952.
- Messman-Moore, T. L., Walsh, K. L., & DiLillo, D. (2010). Emotion dysregulation and risky sexual behavior in revictimization. *Child Abuse & Neglect*, 34, 967-976.
- Messman-Moore, T. L., Ward, R. M., & Brown, A. L. (2009). Substance use and PTSD symptoms impact the likelihood of rape and revictimization in college women. *Journal of Interpersonal Violence*, 24, 499-521.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129, 674-697.
- Mohler-Kuo, M., Dowdall, G. W., Koss, M. P., & Wechsler, H. (2004). Correlates of rape while intoxicated in a national sample of college women. *Journal of Studies on Alcoholism*, 65, 37-53.
- Mohr, J. J., & Fassinger, R. (2000). Measuring dimensions of lesbian and gay male experience. *Measurement and Evaluation in Counseling and Development*, 33, 66–90.
- Mohr, J. J., & Rochlen, A. B. (1999). Measuring attitudes regarding bisexuality in lesbian, gay male, and heterosexual populations. *Journal of Counseling Psychology*, 46, 353–369.
- Murchison, G. R., Boyd, M. A., Pachankis, J. E. (2017). Minority stress and the risk of unwanted sexual experiences in LGBTQ undergraduates. *Sex Roles*, 77, 221-238.
- Ochs, R. (1996). Biphobia: It goes more than two ways. In B. Firestein (Ed.), *Bisexuality: The psychology and politics of an invisible minority* (pp. 217–239). Thousand Oaks, CA: Sage.
- Roberts, A. L., Austin, B., Corliss, H. L., Vandermorris, A. K., & Koenen, K. C. (2010). Pervasive trauma exposure among US sexual orientation minority adults and risk of posttraumatic stress disorder. *American Journal of Public Health*, 100(12), 2433-2441.
- Roberts, T. S., Horne, S. G., & Hoyt, W. T. (2015). Between a gay and a straight place: Bisexual individuals' experiences with monosexism. *Journal of Bisexuality*, 15, 554-569.
- Rothman, E. F., Exner, D., & Baughman, A. L. (2011). The prevalence of sexual assault against people who identify as gay, lesbian, or bisexual in the United States: A systematic review. *Trauma, Violence, & Abuse*, 12(2), 55-66.
- Rust, P. C. (1993). Neutralizing the political threat of the marginal woman: Lesbians' beliefs about bisexual women. *Journal of Sex Research*, 30(3), 214–228.
- Salim, S., Robinson, M., & Flanders, C. E. (in press). Bisexual women's experiences of microaggressions and microaffirmations and their relation to mental health. *Psychology of Sexual Orientation and Gender Diversity*.
- Schrimshaw, E. W., Siegel, K., Downing, M. J., & Parsons, J. T. (2013). Disclosure and concealment of sexual orientation and the mental health of non-gay-identified, behaviorally bisexual men. *Journal of Consulting and Clinical Psychology*, 81, 141–153.
- Testa, M., Hoffman, J. H., & Livingston, J. A. (2010). Alcohol and sexual risk behaviors as mediators of the sexual victimization-revictimization relationship. *Journal of Consulting and Clinical Psychology*, 78(2), 249-259.
- Walters, M. L., Chen J., & Breiding, M. J. (2013). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on victimization by sexual orientation. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

- Widaman, K. F. (2006). Missing data: What to do with or without them. *Monographs of the Society for Research in Child Development*, 71(3), 42-64.
- Yost, M. R., & Thomas, G. D. (2012). Gender and binegativity: Men's and women's attitudes toward male and female bisexuals. *Archives of Sexual Behavior*, 41(3), 691-702.

Table 1

Frequency of Types of Verbal Sexual Coercion

Unwanted sex play (e.g., fondling, kissing) due to continual arguments and pressure	N = 120	34.3%
Unwanted oral sex due to continual arguments and pressure	N = 104	29.7%
Unwanted sexual (vaginal) intercourse due to continual arguments and pressure	N = 96	27.4%
Unwanted sex acts (anal intercourse, penetration by objects) due to continual arguments and pressure	N = 72	20.6%
Unwanted sex (oral, vaginal, or anal sex) due to threats to end the relationship	N = 52	14.9%
Unwanted sex play (e.g., fondling, kissing) due to someone's use of their authority	N = 22	6.3%
Unwanted sex acts (anal intercourse, penetration by objects) due to someone's use of their authority	N = 14	4%
Unwanted oral sex due to someone's use of their authority	N = 14	4%
Unwanted sexual (vaginal) intercourse due to someone's use of their authority	N = 12	3.4%

Table 2
Bivariate Correlations and Descriptive Statistics

Variable	2	3	4	5	Mean (SD)	Range
1. Anti-Bisexual Experiences from Heterosexuals	.69**	.23**	.25**	.05	2.71 (1.14)	1-5.82
2. Anti-Bisexual Experiences from Lesbian/Gay	-	.19**	.22**	.06	2.25 (1.14)	1-6
3. Internalized Heterosexism		-	.20**	-.14**	1.78 (0.88)	1-5
4. Verbal Sexual Coercion			-	-.13*	1.45 (1.98)	0-9
5. Outness				-	3.37 (1.58)	1-7

Note: * $p < .05$; ** $p < .01$

Figure 1
Statistical Models

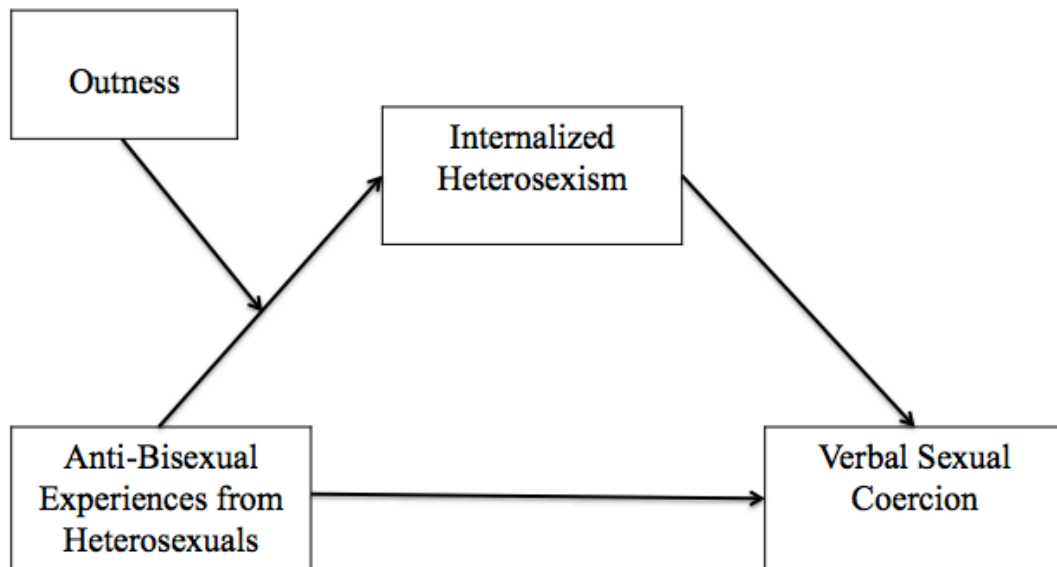


Figure 1. Moderated-Mediation Model 1

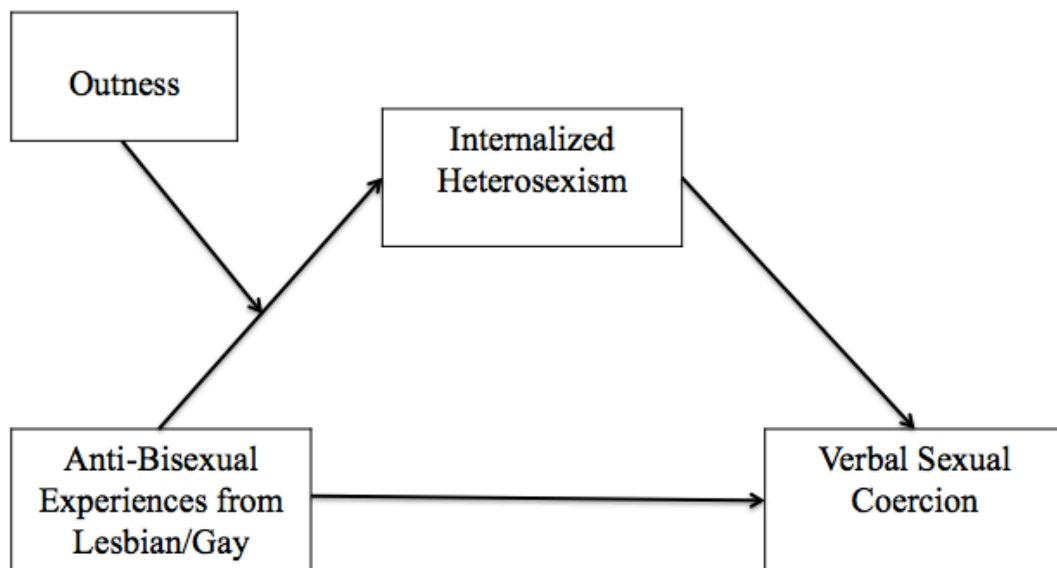


Figure 1. Moderated-Mediation Model 2

Figure 2
Results from Mediation Analyses

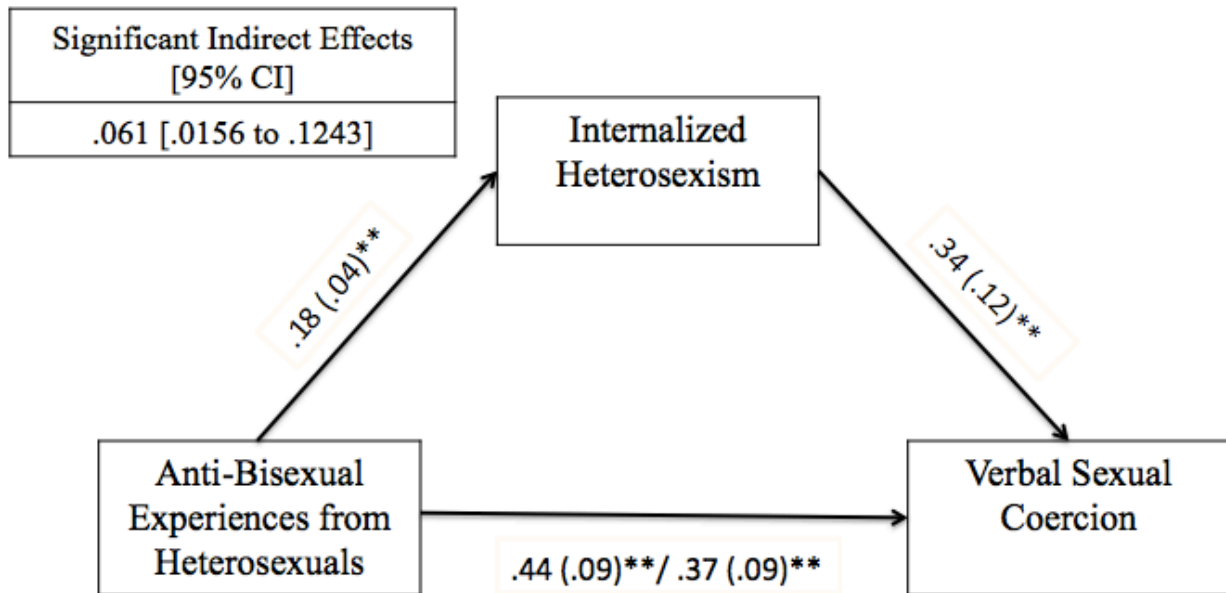


Figure 2a. Mediation Analysis Model 1

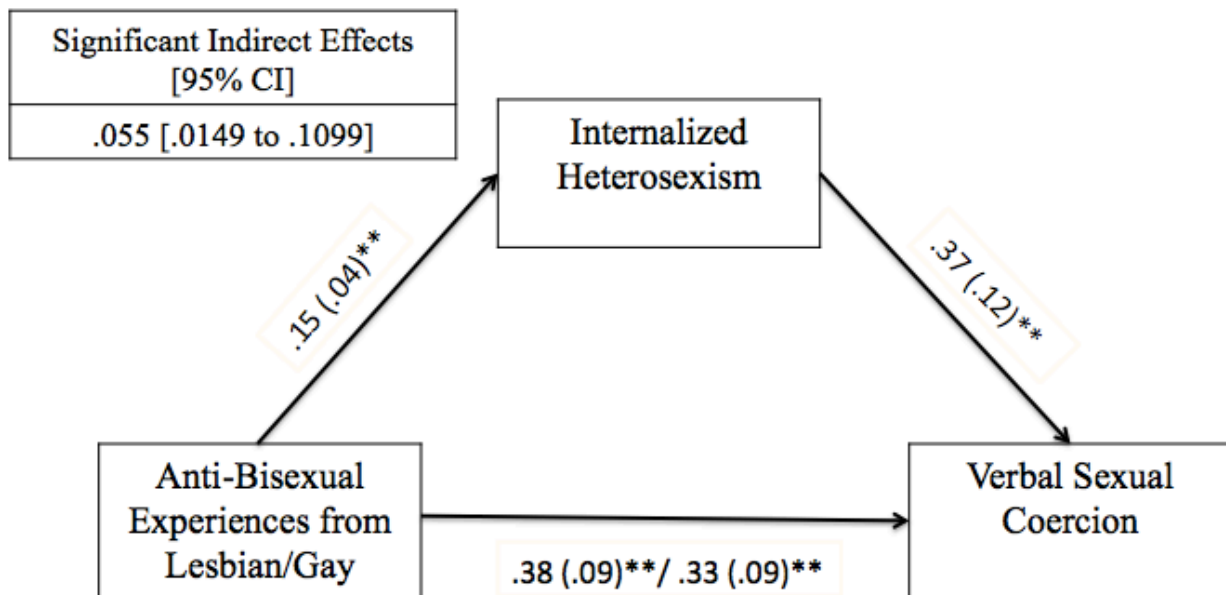


Figure 2b. Mediation Analysis Model 2

Note: $**p < .001$. Indirect effects represent unstandardized regression coefficients.

Figure 3
Results from Mediation Analysis with Covariate

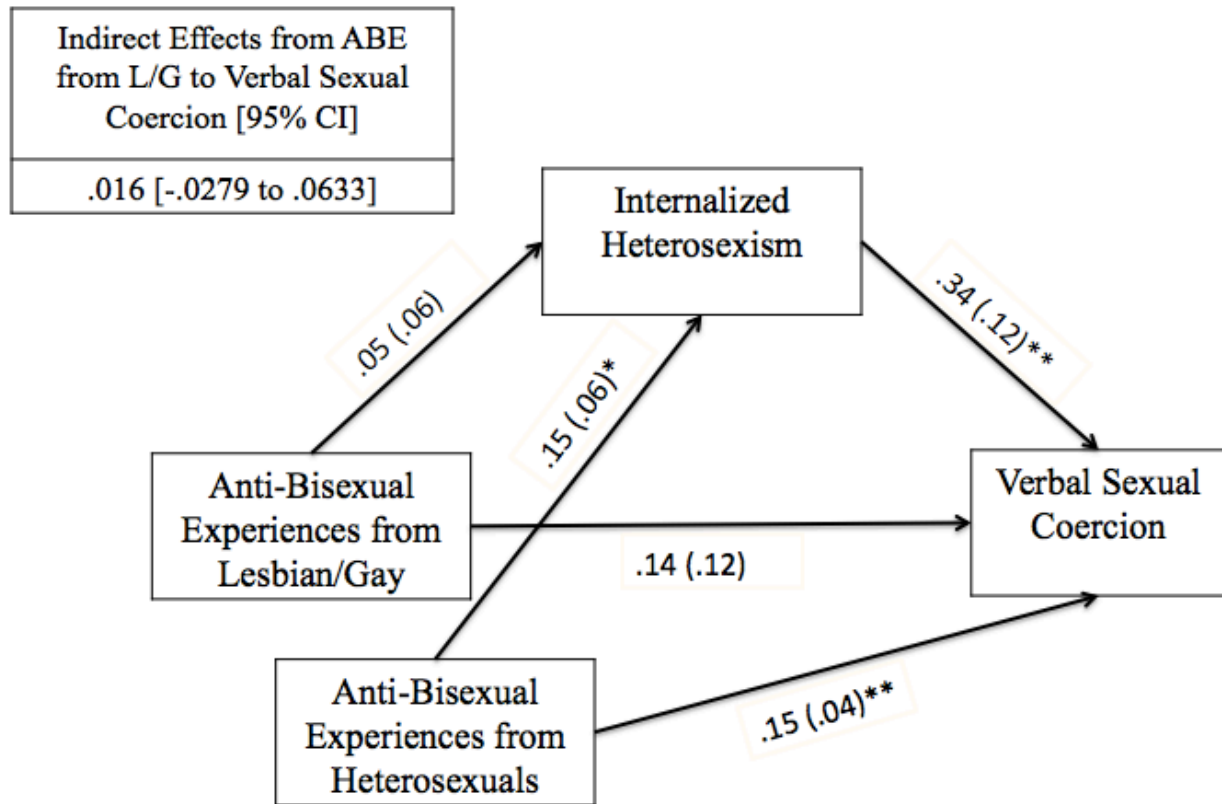


Figure 3. Mediation Analysis with Covariate