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Variation in Sexual Identification Among Behaviorally Bisexual Women in the Midwestern United States: Challenging the Established Methods for Collecting Data on Sexual Identity and Orientation

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Abstract Collecting information on sexual identity is critical to ensuring the visibility of minority populations who face stigmatization and discrimination related to sexual identities. However, it is challenging to capture the nuances of sexual identity with traditional survey research methods. Using a mixed-methods approach, we gathered data on the sexual identities of 80 behaviorally bisexual women in the Midwestern United States through an online survey. When provided different types of measures (e.g., open ended and fixed response) and different contexts in which to identify (e.g., private and public), participants varied in how they reported their sexual identities. Qualitative analysis of participant narratives around identity change finds partitioning and ranking of attraction is a key component in understanding behaviorally bisexual women's identities. We further identify a division regarding the desired outcomes of identity development processes. Given the multiple ways in which participants identified depending upon the type of measure and the context specified, and the variation in identification over time, results support reconsidering the capability of typical measures and methods used in survey research to capture sexual identity information. Additionally, findings highlight the utility of including multiple, context-specific measures of sexual identities in future research.

Keywords Sexual identity · Bisexual women · Bisexuality · Identities · Women who have sex with women · Sexual orientation

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Introduction

Sexual identity refers to an individual identity developed within specific social contexts that commonly describes to whom one is sexually attracted, while simultaneously defining one's relationships to individuals, groups, and social and political institutions (Rust, 1993). Sexual identity and sexual behavior, both constructs within the larger concept of sexual orientation, are related but not redundant concepts (Chandra, Copen, & Mosher, 2011; Herbenick et al., 2010; Schick, Rosenberger, Herbenick, & Reece, 2012b). Population-based studies consistently find that sexual behaviors do not always align with how a person identifies their sexual orientation, with one such study finding that while 13 % of women reported same-sex sexual behaviors, 93.6 % of women identified as heterosexual or straight (Chandra et al., 2013). If the relationship between sexual behavior and sexual identity functioned prescriptively, given the rate of same-sex sexual behavior, we would expect much higher percentages of women with diverse sexual identities (e.g., lesbian, bisexual). That identity and behavior do not necessarily function as adequate proxies for each other, and that neither can be used to assume an overall sexual orientation, has been known by sex researchers for decades (for review, see Reinisch, Sanders, & Ziemba-Davis, 1988).

Since these two constructs are not perfectly correlated, it has become common among sexuality researchers from a variety of

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fields to distinguish their sample using either identity- or behavior-based categories. Though such behavior-based group names (i.e., men who have sex with men "MSM," or women who have sex with women, "WSW") assume, rather than indicate, specific behaviors, their use has the benefit of highlighting that it is not sexual identity or group membership (i.e., gay men, heterosexual women) that is associated with STI/HIV transmission. However, the naming system typically used fails to adequately capture the behavioral patterns of those who have partners of more than one gender/sex,[1] often subsuming women who have sex with both women and men under the acronym "WSW" or "WSM" (women who have sex with men) depending on the focus of the study (Cast, 2003; Ridolfo, Miller, & Maitland, 2012; Sandfort & Dodge, 2008; Young & Meyer, 2005). Further, it has been argued that utilizing behavioral categories such as MSM and WSW undermines the importance of identity communities in the lives and experiences of sexual minority individuals (Young & Meyer, 2005).

Behavior-based categories are sometimes used synonymously with identity-based categories, adding to the confusion between the two. Classifications such as "lesbian" and "bisexual" are sometimes used interchangeably with WSW and WSWM and, as a result, researchers extrapolate conclusions drawn from studies focused on identity to populations based on behavior and vice versa (Bauer & Jairam, 2008). The conflation of identity and behavior-based groups occurs despite extant research finding significant between-group differences in identity (e.g., lesbian, bisexual, heterosexual) within behavior-based groups (e.g., WSW, WSWM). Previous studies on the health of sexual minority women (SMW) (i.e., women who are not exclusively heterosexual or homosexual in their behaviors or identities) have found that depending on the variables of interest and the ways in which sexual orientation is constructed—including various temporal parameters—different significant health issues emerge. For example, Bauer and Jairam (2008) found that while WSW were significantly more likely than WSM to smoke daily, lesbian-identified and heterosexual women did not differ on daily smoking, and both were significantly less likely to smoke than bisexual women. Findings such as these highlight the importance of collecting information on, and differentiating between, identity- and behavior-based categories so that researchers can avoid having to use one measure as a proxy for the other (Bauer & Jairam, 2008; Everett, 2013; Lindley, Walsemann, & Carter, 2013; Pathela et al., 2006).

The categories or definitions of sexual identity common in health research, but found elsewhere as well (e.g., heterosexual/homosexual/bisexual, WSW/MSM) use a reference point: gender/sex of partner; epidemiologic risk; behaviors (regardless of attraction or desire), yet these references points are unstable and unverifiable. This research is informed by the understanding that collecting information on sexual identity is critical to ensuring the visibility of minority populations on their own terms. Further, we cannot assume homogeneity of identity, or experiences related to identity, among sexual minority individuals grouped together by their behavior (Institute of Medicine, 2011; Young & Meyer, 2005).

Sexual Orientation and Identity Measures

Even in early empirical studies relevant to sexual orientation, Kinsey and colleagues (Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953) recognized that sexual behavior and identity were not categorical variables that allowed for an individual to be categorized as "heterosexual," "homosexual," or even "bisexual," and as such, they developed a conceptual continuum with which to capture description of this variation. However, particularly in survey research, it is challenging to capture the nuances of sexual identity with traditional methods such as using fixed, closed-ended response items with large samples of participants or even using a Kinsey-type scale. For example, a single-item measure will likely neglect contextual and temporal differences in how people identify, as many sexual minority individuals have fluid trajectories or identify strategically given the situation and context (Baldwin et al., 2014; Diamond, 2006, 2008; Ziemba-Davis, Sanders, & Reinisch, 1996).

Including measures of both public and private identity has the potential to show contextual differences in identification. However, the use of these, or similar measures of identity disclosure, may be premised upon the person/self distinction in which the self is an "individual's private experience of herself or himself and the person is what appears publicly" (Jenkins, 2014, p. 50). This distinction assumes a fixed, interior truth of self (the private identity), and that a person with different public and private identities is concealing the private identity. Further, within this framework any 'identity work' (Snow & Anderson, 1987) that may take place is the work involved in making the private identity public. There is an alternative approach: conceiving of both public identity and private identity as enacted (Goffman, 1959). The use of multiple, context-specific measures can capture how our identities—public, private and beyond—are built through everyday interactions with individuals and institutions, and depending upon the situation, may be "done" differently (Brekhus, 2003; West & Zimmerman, 1987).

An additional challenge to capturing information on sexual orientation and identity through survey methods is that fixed-response items often mandate that participants can only identify their sexuality in ways prescribed by the researcher. Individuals who do not identify with common identity labels, or who use multiple identity labels, may be misclassified by response options summarized as "other." Often these participants are left out of

[1] As operationalized by van Anders (2015), "gender/sex" is an "umbrella term for both gender (socialization) and sex (biology, evolution) and reflects social locations or identities where gender and sex cannot be easily or at all disentangled" (p. 1181).

analyses altogether (Bauer & Jairam, 2008; Savin-Williams & Ream, 2007). Thus, assessing sexual identity through traditional survey methods may limit our very understanding of the reality of sexual identity and the relationships between identity and other variables such as sexual repertoire, mental and physical health outcomes, stigma, risk, and potential support systems.

Research on women's sexuality in particular has established that attraction, behavior, and identity often change over time, leading researchers to characterize women's sexuality as fluid (Diamond, 2009). According to Rust (1992), in her exploration of sexual identity among samples of women who identify as lesbian or bisexual, while some proportion may be *behaviorally* bisexual, difference in their sexual identification "does not lie as much in personal experience as it does in the conceptual frameworks by which experience is interpreted" (p. 381). The differences in conceptual frameworks among SMW that influence identification as lesbian rather than bisexual, for example, are mirrored in the different conceptual frameworks employed by those who research sexual identity and orientation, and even by those who simply utilize measures of sexual orientation and identity in their research.

Study Purpose

Most studies of sexual minority populations use one item to measure the construct of sexual orientation or identity, which then becomes a predictor variable in the attempt to measure a relationship between identity or orientation and any number of dependent variables (e.g., obesity, alcohol/tobacco use, health-care utilization, mental health, quality of life). The purpose of the present study is to highlight the instability of using only one measure to make accurate statements about sexual minority individuals. To do so, we explore the sexual identities reported by a sample of cisgender (assigned female sex at birth and identify as a woman) women who are "behaviorally bisexual" (i.e., women who have had sex with both men and women), paying attention to how they identify in different contexts, in response to different types of measures, and how their identities may have changed over time. We utilize a sample of behaviorally bisexual women given the diversity and variation likely present in terms of attraction (Diamond, 2000), identity histories (Rust, 1993), and sexual repertoires (Schick, Herbenick, Rosenberger, & Reece, 2012b).

Through quantitative analyses, we demonstrate the variation present in how participants identify when given an open-ended item versus two fixed, context-specific items. We incorporate qualitative analyses of identity trajectories given that the temporal parameters used to specify orientation vary from study to study. Analysis of qualitative items allowed us to capture not only why participants identify with specific labels, but also how participants' identities have changed over time. Further, mixed-methods analyses allow us to highlight differences in the kind and quality of data captured through different measures. We hope that such an approach (1) can provide detailed information on the role of sexual identity in the lives of women who are neither exclusively heterosexual nor homosexual in sexual partnering, and (2) will better inform future research seeking to measure and understand the relationship between sexual identity and behavior, as well as myriad factors related to or structured by sexual identity.

Method

Participants

Data presented in this article were collected as part of a larger study, the Women in Indiana: Sexual Health and Experiences Study (WISHES), a longitudinal and multi-method project. These data come from the first phase of the study, an online baseline survey, and were collected in summer and fall of 2012. This survey used a cross-sectional research design and took approximately 20–25 min for participants to complete. The Institutional Review Board of Indiana University approved the study protocol.

A total of 80 women completed the baseline survey. Participants ranged in age from 18 to 51 years (mean = 27.7, SD = 7.96). Similar to the population of the catchment area of the study, most participants included in the sample were White (85.0 %, $n = 68$) and had some college (i.e., an associate's degree, or higher) (88.7 %, $n = 71$). The largest proportion of participants (32.5 %, $n = 26$) indicated they were not currently in a monogamous relationship, but were dating or sexually involved with at least one person (see Table 1).

Procedure

Individuals were recruited through a variety of methods including posts on several different websites and LISTSERVs, paper-based flyers distributed in lesbian, gay, bisexual and transgender (LGBT)-specific and non LGBT-specific locations, and through participant referral. Eligibility for this study required that participants were cisgender women who had genital contact with at least one cisgender man and at least one cisgender woman in the past 12 months.

Additionally, participants needed to be at least 18 years of age, have an active e-mail address, live within driving distance to one of two data collection locations in Indiana, and be comfortable disclosing and discussing sexual information in the context of a research study. All consenting participants meeting eligibility criteria were included in phase one of the study. Participants received a 50.00 USD gift card following completion of the study.

Measures

The baseline survey included demographic and background questions (e.g., race, education, household income, relationship

Table 1 Participants demographics

Characteristics	%	N
Age (in years)		
18–24	51.3	(41)
25–29	23.8	(19)
30–39	13.8	(11)
40–49	10	(8)
50+	1.3	(1)
Race/ethnicity		
White	85.0	(68)
Black	11.3	(9)
Asian	2.5	(2)
Multiracial	1.3	(1)
Education		
High school or GED	11.3	(9)
Some college or Associates	52.5	(42)
Bachelor's	27.5	(22)
Graduate (Master's or Doctoral)	8.8	(7)
Relationship status		
In a relationship for over 1 year	10.1	(8)
In a relationship for under 1 year	16.5	(13)
Dating one person	13.9	(11)
Dating more than one person	32.9	(26)
Not sexually active	8.9	(7)
Other	17.7	(14)

status) as well as items related to participants' sexual lives and sexual health (e.g., sexual behavior, use of sexual safety methods, sexual identity). Participants' sexual identities were assessed via multiple open- and closed-ended questions, and these items are the variables of interest in the present study.

First, participants were asked about their self-described sexual identity (SDSI) via an open-ended item "What term do you typically use to describe your sexual orientation?" In an effort to capture the greatest amount of variability, this question was asked before any fixed-response items related to sexual identity to allow participants to identify however they wished and not be constrained or primed by researcher-provided labels. Two fixed-response items followed the SDSI and asked participants "Which of the following terms would you be most likely to use to describe your sexual orientation publicly?" and "Which of the following terms would you be most likely to use to describe your sexual orientation privately?" For each item, participants were offered the following response options: lesbian/gay/homosexual, bisexual, heterosexual/straight, unsure/questioning, queer, asexual, or other. Participants who selected "other" were prompted to specify the term(s) they used in a text box. Multiple participants who selected "other" provided "pansexual" as a response, so we created an additional code in our dataset for participants who indicated that they publicly or privately identified as pansexual, though it was not initially included as a response option.

An additional three variables allowed us to assess the relationships between different items intended to measure the same construct: sexual identity. These "uniformity" variables indicated (1) whether participants identified the same publicly as they did privately, (2) whether participants' SDSI was the same as their public identity, and (3) whether their SDSI was the same as their private identity. For example, those participants who publicly and privately identified as bisexual were coded as 'uniform public and private identification' but participants who publicly identified as heterosexual and privately as bisexual did not receive that code. Finally, participants were presented with an open-ended item via a character-limited text-box asking, "In what ways, if any, has your sexual identity changed over your lifetime?" Responses to this item comprised the data used in the qualitative analysis. These responses were analyzed thematically, the results of which are discussed below.

Quantitative analyses were conducted using SPSS. Descriptive statistics (means (sd) and frequencies) are presented on participants' demographic information, sexual identity measures, and uniformity items. Pearson's chi-squares were used to compare public identity labels to private identity labels. Phi coefficients are reported to demonstrate the size of the association between the two variables. Computing the uniformity variables depended upon participants' utilizing at least one identity label in their SDSI. Participants who provided alternative ways of describing their sexual identities that were not comparable with an identity label (e.g., "people not parts") were excluded from those specific analyses, but remained in the sample for all other analyses.

Concurrent with quantitative analysis, qualitative thematic analysis was conducted on open-ended items. Mixed-methods research models can vary in the stage at which data are integrated (Creswell, Plano Clark, Gutmann, & Hanson, 2003; Tashakkori & Teddlie, 2010). In the present research, integration occurred both during data collection in the baseline survey via open-ended questions on a structured survey tool, as well as during data analysis. Both open- and closed-ended items were included in the baseline survey to measure the same construct: sexual identity. Therefore, analysis of these items was approached through a complementary mixed-methods approach, which allows for a holistic understanding of the issue of study (Yauch & Steudel, 2003).

In these analyses, qualitative and quantitative data are considered equal and parallel (Steckler, McLeroy, Goodman, Bird, & McCormick, 1992). Open-ended items capturing sexual identity trajectories were analyzed following Braun and Clarke's (2006) guidelines for thematic analysis. Initial analytic codes were generated following a careful review of the data by the primary coder. These initial codes were then used to generate larger themes. The larger themes were then reviewed, refined, and subsequently defined for presentation.

Results

Self-Described Sexual Identities (SDSI)

Of the 80 participants, $n = 78$ (97.5 %) provided a description of their sexual identities. Because this item was open ended, a participant could report multiple identity labels (e.g., "bisexual, mostly lesbian") or no identity labels (e.g., "people not parts"). Bisexual was the most frequently reported SDSI ($n = 41$) followed by queer ($n = 9$), straight or heterosexual (8), lesbian or gay ($n = 8$), and pansexual ($n = 5$). Identities reported less frequently included bi-curious ($n = 3$) and heteroflexible ($n = 2$). Other participants, rather than utilize any labels, provided alternative and unique ways of identifying, for example "sexual person," "open-minded," and "equal opportunity."

Public and Private Sexual Identities

Table 2 presents the frequency of public and private identity label use and Table 3 contains the chi-square values and corresponding phi coefficient of comparisons between public and private identity label use. Publicly or privately, more participants identified as bisexual than any other identity label, with nearly half of the participants publicly identifying as bisexual (46.3 %, $n = 37$) and slightly more than half of the participants (53.8 %, $n = 43$) privately identifying as bisexual. The size of the association between identifying publicly and privately identifying as bisexual was medium ($\theta = .46$, $p < .001$).

The next most frequently reported public identity was heterosexual/straight, which was reported by nearly a quarter of the sample. While heterosexual/straight was the second most frequently reported identity label used *publicly*, only 5 % of participants ($n = 4$) *privately* identified as heterosexual/straight, making it the second *least* frequently reported label used privately. The size of the association between publicly and privately identifying as heterosexual was also medium, but smaller than the association between public and private bisexual identity ($\theta = .41$, $p < .001$). When the context was specified private, the second most frequently reported identity was queer, though only one more participant identified privately as queer than did so publicly. The size of the association between public and private queer identification was large ($\theta = .70$, $p < .001$).

Sexual Identity Item Response Uniformity

As presented in Table 4, over half of participants (62.0 %, $n = 49$) reported the same public and private identity label. Of the 66 participants whose SDSI allowed for a comparison to public and private identity, 84.8 % ($n = 56$) utilized the same identities privately as they reported in their SDSI, while 83.8 % of participants ($n = 55$) utilized the same identity publicly as they reported in their SDSI. The comparison between public and private measures had the most variation, or, in other words, the least consistency between measures.

Table 3 Public identity label by private identity label

Public identity label	Private identity label			
	Same	Other	$\chi^2(1)$	θ
Bisexual	29	8	16.79**	.45
Queer	7	2	39.50**	.70
Heterosexual/straight	4	15	13.51*	.41
Lesbian/gay/homosexual	3	1	27.65*	.59
Pansexual	3	0	24.59*	.55
Unsure/questioning	2	5	2.90	.19

* $p < .05$; ** $p < .001$

Table 2 Crosstabulation of private identity categories by public identity categories

Public identities	Private identities								
	Bisexual	Heterosexual	Lesbian/gay	Queer	Pansexual	Unsure/questioning	Other	No response	Public totals n (%)
Bisexual	29	0	2	2	2	2	0	0	37 (46.3)
Heterosexual	10	4	1	0	1	1	2	0	19 (23.8)
Lesbian/gay	0	0	3	0	0	1	0	0	4 (5.0)
Queer	0	0	0	7	2	0	0	0	9 (11.3)
Pansexual	0	0	0	0	4	0	0	0	4 (5.0)
Unsure/questioning	0	0	0	0	0	2	0	0	2 (2.5)
Other	3	0	0	1	0	0	0	0	4 (5.0)
No response	1	0	0	0	0	0	0	0	1 (1.3)
Private totals n (%)	43 (53.8)	4 (5.0)	6 (7.5)	10 (12.5)	9 (11.3)	6 (7.5)	2 (2.5)	0 (0)	80(100)

Table 4 Sexual identity item response uniformity

Identity	Uniform public to private		Uniform SDSI to private		Uniform SDSI to public	
	%	*n*	%	*n*	%	*n*
Bisexual*	59.2	(29)	58.9	(33)	54.5	(30)
Queer	14.3	(7)	8.9	(5)	9.1	(5)
Heterosexual/straight	8.2	(4)	5.4	(3)	12.7	(7)
Pansexual	8.2	(4)	8.9	(5)	7.3	(4)
Lesbian/gay	6.1	(3)	7.1	(4)	7.3	(4)
Unsure/questioning	4.1	(2)	–	–	–	–
Multiple labels	N/A	N/A	10.7	(6)	9.1	(5)
Total		49		56		55

* Of those who identified the same way publicly and privately, 59.2 % indicated identifying as bisexual in both contexts

Sexual Identity Trajectories

As evidenced by the results of the quantitative analysis presented above, the same person may identify their sexuality differently depending on the context, or depending on whether or not they were provided with fixed-response items through which to identify. Capturing such variation requires making comparisons between at least two quantitative measures. An additional parameter often used in establishing sexual orientation is a temporal parameter (e.g., lifetime vs. current behavior or attraction) (Klein, 1978). Through the use of an open-ended item, we were able to gather data on temporal variation in identification, as well as reasons for such variation, in participants' sexual identities.

Echoing the quantitative results, we found considerable variation in the narratives describing how and why participants' sexual identities changed over time. Not all participants indicated that there had been a change in how they identify, though most ($n=72$, 90.0 %) provided a response. The results of the qualitative analyses are presented below and focus on the following themes: (1) dividing and ranking attraction, (2) personalizing challenges to the sex/gender binary and (3) conceptualizing one's identity as a destination or as continually emerging. Participants' SDSIs are presented parenthetically unless already included in verbatim exemplars or previously indicated. We indicate in the text where results appeared to diverge along identity lines.

1. Dividing and ranking attraction

Among this sample, 12.5 % ($n=9$) explained the use of a particular identity label by dividing and ranking their attractions. For 6.9 % ($n=5$) this division occurred along lines of gender/sex. These participants stressed that while they were attracted to both men and women, they were primarily attracted to those of one gender/sex over another, eventually recognizing—or developing—a primary attraction to women:

> I initially considered myself to be straight and subconsciously suppressed my interest in women. Around when I got into high school, I came to realize that…I'm probably not straight. I did start off with a preference for men, but over time I came to prefer women (Participant 76, 22 years old, *Bisexual*).

> I always figured that I would "grow up" to be heterosexual because I thought it was the only "right" way to be. However, I had more interest in women from as early as 13 (Participant 35, 21 years old, *Bisexual*).

There was no parallel narrative theme about assuming oneself to be homosexual and later developing attraction toward men, though some participants ($n=6$, 8.3 %) did identify as lesbian at one point before identifying as bisexual, pansexual, or queer. All but one of the participants whose narratives constructed this theme identified as bisexual.

In addition to those who made a distinction related to gender/sex, 5.5 % ($n=4$) distinguished between both gendered attractions and emotional and physical desires as reasons for or against identification. These participants placed greater importance on the emotional or relationship dimension in forming their identities, and positioned these dimensions in contrast to sexual attraction or behavior:

> I think I've always been open to sexual behaviors with either gender, but I've never wanted a relationship with a woman (Participant 19, 29 years old, *Straight*).

> I identified as bisexual at a young age, and was dating women in high school through college. In the past couple of years though, I've found that I'm physically attracted to women, but not emotionally, so I do not seek romantic relationships with women. I enjoy them physically though, hence me calling myself heterosexual *in private* (Participant 83, 33 years old, *Heteroflexible*).

Importantly, each of these participants provided a SDSI as heterosexual, "mostly straight" or "heteroflexible."

2. Challenging the sex/gender binary through identity

While the above participants described a primary attraction related to partner gender/sex, or prioritized a certain type of attrac-

tion (emotional, romantic) over another (physical, sexual) as the salient reason for a given identity, other participants ($n = 8$, 11.1 %) described their sexual identities in ways that challenge the sex/gender binary because of their attractions to individuals who themselves challenge the sex/gender binary. For example, Participant 20 (20 years old, *pansexual*) conceptualizes gender/sex on a spectrum describing her identity change saying, "when I was in middle school and high school, I started to realize that I was attracted to both men and women, but over the years I've found that I'm attracted to everything in-between as well." Being attracted to "everything in-between" means, for her, that the bisexual label does not sufficiently encompass all those to whom she is attracted. Similarly, another participant describes attraction to people of all gender identities as the reason why she is *currently* considering changing her identity:

> I assumed I was heterosexual until I was 13 or 14. At that time I wrote in my diary that I suspected I am bisexual. I came out as bisexual in high school and have identified as bisexual ever since. In my thirties, I now wonder if bisexual is an appropriate term since I find myself attracted to people of all gender identities. I am considering identifying as pansexual (Participant 77, 31 years old, *Bisexual*).

Another participant describes shedding a bisexual identity because she understands the "bi" in "bisexual" to mean that there are only two sex/genders to which one can be attracted, "I used to say that I was bisexual. Now that my sexual interests include those who are intersexed, I consider myself pansexual" (Participant 59, 45 years old, *Pansexual [biological traits do not determine with whom I am sexual]*). A common critique of the two sex/two gender system is that it is not inclusive and cannot conceptualize intersex or, for that matter, trans* individuals. These participants sought out identity language to describe their sexualities in ways that they felt were more inclusive. Of the 8 participants whose descriptions fit this theme, $n = 5$ (62.5 %) identified either as queer or pansexual.

3. Identity development

Previous theories of identity development among members of sexual minority groups have theorized identity development as a process that ends with a resolved, publicly acknowledged identity (Cass, 1979). Others have recognized that such a position fails to represent the identities of sexual minority women (Diamond, 2006). As illustrated below, many participants described processes that involved resolution via the arrival at an established and public identity after a period of questioning. We utilize the term "destination narratives" to describe these responses. However, other participants' narratives of their identity change did not necessarily have, or desire, an endpoint. We utilize the term "continually emerging identities narratives" to describe these responses.

Destination Narratives

Of the participants ($N = 9$, 12.5 %) who understood their sexual identity as a final destination, most described the trajectories in straightforward and linear ways ($n = 7$, 9.7 %). For example, participants often first identified as heterosexual and later identified with a nonheterosexual label. One participant says that she changed "from heterosexual to bisexual" (Participant 8, 20 years old). Another participant tells us that she "originally identified as heterosexual until 20, then as lesbian for 18 years, and now as bisexual" (Participant 24, 46 years old). And another participant "changed from heterosexual to bi-curious to bisexual" (Participant 84, 36 years old).

Other participants took circuitous routes, but nevertheless describe identity change in terms that indicate the process of development is over. For example, Participant 85 describes the changes in her identity saying:

> There has been a lot of fluctuation as I grew to understand myself more. Initially I thought of myself as straight, though I knew I was attracted to women. Then I identified as lesbian because I was with a woman. Then as bisexual. Now as pansexual. My primary interest in each gender fluctuates as well (36 years old).

Identifying as pansexual allows for this participant's interest across genders to fluctuate without necessitating a change in sexual identity. Still another participant describes moving between two identity labels, yet stresses the consistency of her bisexual identity, "I have identified as bisexual since about age 16. I briefly thought I was a lesbian for a couple of years in college, but otherwise have consistently identified as bi" (Participant 72, 31 years old). Of the 9 participants whose narratives constructed this theme, $n = 6$ (66 %) identified as bisexual.

Continually Emerging Identities Narratives

Other participants ($n = 8$, 11.1 %) conceptualized their identities as works in progress, absent an endpoint or a goal-oriented concept of identity. For example, Participant 17, who reported her sexual identity differently on each identity item, writes, "I've been all over the map, identifying at different points in my life as heterosexual, bisexual, homosexual, pansexual and queer" (Participant 17, 28 years old, *Bisexual*). Participant 17's current use of multiple identity labels coupled with a map metaphor emphasizes the mobility she has in terms of labeling her sexuality.

Participants 77 and 50 also employ continually emerging identities narratives. These participants describe nonlinear identity trajectories still unfolding. Participant 77, (31 years old, *Bisexual*), notes she is "considering identifying as pansexual," and Participant 50 describes her identity as constantly

shifting, noting that it "has changed vastly from year to year since I started being sexual" (29 years old, *I usually avoid it, but bi or queer when pressed*). Another participant describes having once felt conflict because she identified as lesbian but dated men; however, "Over time, I let those words lesbian/straight/bi/queer stretch a bit to fit my habits and tendencies, so nowadays I just consider myself to be attracted to sexy people" (Participant 73, 28 years old, *Sexual Person, Homosexual, or Queer*). Ideas of resolution, progress, or development seem to be ill-fitting models for understanding some of these participants' identities, specifically those of participants who are "all over the map," or let the meanings of identity categories expand to suit them. Half ($n = 4$, 50 %) of the eight participants whose narratives constructed this theme identified as bisexual.

Discussion

The variability in sexual identities reported by participants (as well as between, within, and across our measures) speaks to the complexity of sexual identities among our sample of behaviorally bisexual women—a group constructed upon a set of behaviors related to, but not constitutive of, sexual identity. Utilizing an open-ended format for one sexual identity item allowed us to capture how participants understood sexual identity beyond labels. For example, participants incorporated narratives into their SDSI, using holistic descriptions of themselves (e.g., "Sexual Person," "Open Minded"), or employed these narratives to expand categories thought to include or exclude certain behaviors (e.g., "lesbian who sleeps with men"). The identities present in our study are commensurate with previous research on similar samples (Diamond, 2005; Rust, 1993; Thompson & Morgan, 2008). Given the relatively high numbers of responses that included the terms queer or pansexual ($n = 14$, 17.9 %), as well as participants identifying as bi-curious and heteroflexible, future researchers interested in sexually diverse samples of women should consider expanding response options for their sexual orientation or identity categories if they are going to provide fixed-response items, or including open-ended measures of SDSI to better understand potential similar variation in their samples.

The use of queer and pansexual identity labels, especially among younger individuals, is increasing (Rupp & Taylor, 2013; Savin-Williams, 2005; Vaccaro, 2009). Larger shifts in sexual identity labeling point to the growing acceptability of nonbinary identities, as were found in our sample. It is possible that our findings regarding the acceptance and use of nonbinary labels and the concurrent use of multiple labels result from social movement toward queer and fluid identities and away from identities such as gay, lesbian, and even bisexual that are regarded as more fixed (Miller, Taylor, & Rupp, 2016).

The effect sizes for each of the public to private comparisons, aside from queer, were weak, but positive. When the private context was specified, more participants reported queer, lesbian/gay/homosexual, unsure/questioning, and pansexual identities than when the public context was specified. There was a notable difference between the numbers of participants who publicly ($n = 19$) and privately ($n = 4$) identified as heterosexual, and this comparison also had the smallest effect size aside from those who reported being unsure/questioning. The variability demonstrated by the size of the associations between two variables measuring the same construct highlights the difficulty of effectively capturing sexual orientation with one measure, while challenging the idea that sexual identities are singular.

The greater numbers of participants identifying privately with nonheterosexual identities and the drop between public and private heterosexual identification may point to lingering stigma and/or external pressures to identify as straight among our participants (D'Augelli, Hershberger, & Pilkington, 1998; Friedman et al., 2014). However, this is not to suggest that participants who identified publicly as heterosexual were necessarily "closeted." Asking for both public and private identities allows researchers to challenge the notion that each of us has one unique and singular identity. Analysis of the fixed-response and open-ended items allowed us to determine that this is not an accurate representation of identity among our sample, as multiple participants simultaneously used more than one identity label, and even described actively considering adopting new ones. The differences in how participants identify when context is specified suggest that subsequent research utilizing a survey or multiple methods would benefit from specifying the context in which respondents are identifying, especially if the instrument includes only one measure of sexual identity (Mustanski et al., 2014). Additionally, "queer" became the second most frequently reported identity label when the private context was specified, providing further evidence of the benefit of including less established identity labels among response options, which are often either left off, or, when included, analyzed together for statistical reasons (Bauer & Jairam, 2008; Savin-Williams & Ream, 2007).

Public and private identity measures had the most data available to make comparisons, but had more variation between them compared to those measures that included SDSI. Moreover, the comparisons between SDSI to public and private identities were remarkably similar. If researchers desire to assess the full complexity of sexual identity, our findings suggest that items incorporating self-descriptions makes for better measures, though given the myriad ways participants may identify, recoding and analyzing such data may prove prohibitive. Thoughtfully considering each response to such an item may not be realistic among studies with larger samples.

While nearly two thirds of our sample ($n = 49$, 62.0 %) identified uniformly between the public and private identity items, given the variability between fixed-response public and private identities in our sample, our findings indicate the utility of context-specific sexual identity measures (depending on variables of

interest), or for the use of multiple items to capture this information. Even one of the most inclusive measures, the Klein Sexual Orientation Grid (KSOG), a commonly used tool for assessing sexual orientation especially among sexual minority samples, does not distinguish between public and private identity (Klein, 1978). Researchers may consider expanding the KSOG by asking about identity both publicly and privately.

We further found that attraction, a construct often measured alongside behavior and identity to assess sexual orientation (Klein, 1978) was an important factor in why participants identified as they did. Many participants differentiated between their attraction to men and women, and between sexual or physical attraction and emotional or romantic attraction in explaining why they identified as they did. Importantly, a number of participants described attraction to people who do not conform to binary gender/sex categories as reasons why they no longer identified as "bisexual," a sexual identity label which some participants feel reinforces the two sex/two gender system (Autumn, 2013). While many in the bisexual community disagree with this description of what it means to be bisexual (Eisner, 2013; Ochs & Williams, 2014), it nevertheless influenced how some of our participants understood and labeled their sexuality. Given this specific finding in a sample limited to cisgender participants, it would likely feature more prominently in a sample without such a restriction.

Participants also traced identity trajectories along lines consistent with previous studies, moving through heterosexual to bisexual and lesbian identities, or describing fluidity and fluctuation in identities, attractions, and experiences (Blumstein & Schwartz, 1976; Diamond, 2009; Rosario, Schrimshaw, Hunter, & Braun, 2006). In addition to identity trajectories that implied an endpoint, other participants described identities in terms that were dynamic and not so concerned with resolution. Dynamic identity processes within our sample are consistent with earlier studies of bisexual and lesbian women (Rust, 1992, 1993), women who are "mostly straight" (Thompson & Morgan, 2008), and behaviorally bisexual men (Baldwin et al., 2014).

While early models of sexual minority identity development, exemplified by Cass (1979), involved moving through stages toward a stable lesbian or gay social identity, these models were developed to understand gay and lesbian identification specifically, and bisexual identity was added to the models later (Rust, 2002). As a result, these models may be less inappropriate for understanding bisexual identity in particular (McLean, 2007). Later sexual identity development models specific to bisexuality, while still linear, recognized a different process that involved rejecting both heterosexual *and* homosexual labels (Bradford, 2004; Weinberg, Williams, & Pryor, 1995). In recent years, models that end with the individual "coming out" have been challenged (Degges-White, Rice, & Myers, 2000). Some researchers find that the process of identity development for sexual minority individuals is marked by both consistency and change (Rosario et al., 2006). Other research demonstrates that, particularly for women, variation should be regarded as the norm and not the exception, and that sexual minority individuals experience multiple developmental pathways and a diversity of trajectories (Diamond, 2003; Savin-Williams, 2001).

Our findings lend support to previous research challenging the idea that in the process of identity development among sexual minority individuals, questioning one's identity is a one-time occurrence that is never repeated, and that arriving at a lesbian/gay or bisexual identity after questioning demonstrates the resolution of the identity development process. Further, the variation in identity trajectories reported by our participants reinforces the difficulty of setting temporal parameters for operationalizing sexual orientation. Participants moved between identity labels such as lesbian, bisexual, and queer. Had we conducted this study with the same participants at a different point in time, it is likely that many would have reported different identities. Moreover, if we recruited our sample based on bisexual identity rather than behavior, many of the participants in this study would not have met the eligibility requirements due to variation in identification.

Our study was not without limitations. First, as with the geographical area in which participants were recruited, our sample is relatively homogeneous in terms of race and educational background. If the majority of our participants were not white and relatively well educated, or perhaps if our sample came from outside of the Midwest United States, we may have found differences in the type and quantity of reported sexual identities or different characteristics marking participants' relationships to sexual identity. While we attempted to control for priming of sexual identity labels through our survey tool, our participants were certainly primed by the terms available in the public discourse on sexual behavior and identity. Additionally, 14 of our participants exceeded the character limit for the open-ended measurement of identity change. This character limit was increased while the survey was live and we were able to gather more information from later participants. Despite this issue, we were able to capture a significant amount of data from these responses. We analyzed the available text and took care not to overstep the data by attempting to infer meaning where our dataset does not contain a complete response.

Because these data came from a baseline anonymous survey of a larger research project, the nature of our survey tool meant that we were unable to probe participants as to why they labeled their sexual identities as they did, nor were we able to prompt participants to clarify their statements. One of the challenges of not being able to probe our participants is not knowing whether they felt a "true identity" that they did not reveal due to stigma, or if they rejected the idea of "true identity." Without a follow-up question it is next to impossible to completely ascertain our participants' feelings. Nevertheless, the ways our participants navigated identity, taken together, contributes to the literature on to how sexual identity situates individuals within the social world (Esterberg, 1997; McLean, 2007). We are aware that a much fuller representation of the sexual identities of our participants could have

been borne out through a follow-up interview. This particular limitation of the research is one we intend to address in our future work.

The purpose of the present study is to explore the complexity of sexuality and identity, and while gender shares similar complexities in terms of identity labels and internal experiences, to fully understand the ways in which gender and sexuality interact warrants a separate analysis that is beyond the scope of this study. As such, we used cisgender as an eligibility criterion, though it should be noted that many participants did report trans and genderqueer partners. Future researchers could contribute significantly to this literature by investigating these issues among trans women and genderqueer individuals. Finally, our data are retrospective and therefore may be influenced by recall bias.

Despite these limitations, our study has several strengths. Our ability to capture identity through a variety of context-specific, open-ended and fixed-response items can inform future research interested in understanding how and why individuals may identify differently given different settings, and different types of response items. Depending on how sexual identities are addressed, many studies likely misclassify participants. If we were to use only one quantitative measure of sexual identity, our data would have told a very different story, eclipsing the interesting ways participants negotiate identity categories. Given the diverse identification of our participants, we encourage thoughtfully considering the sensitivity and capability of sexual identity measurements employed within the realistic feasibility constraints of ongoing and future studies.

We do not view the lack of "consistent" identification within our sample as a problem among participants. Rather, we contend that the issue lies in both the procedure of collecting such data and in the ways in which identity is understood. Particularly in public health research around sex and sexuality, the construct of identity as it is measured is at odds with how identity operates for many sexual minority individuals. Whereas we traditionally think of sexual identity as a way of representing a stable, fixed, interior truth of oneself, the work of many scholars on women's sexuality have shown that this is too simplistic (Diamond, 2000, 2006; Diamond & Butterworth, 2008; Rust, 1992, 1993; van Anders, 2015; Ziemba-Davis et al., 1996). Our findings indicate that researchers need better ways of capturing identity data, as identities are dynamic, mobile, shifting, and operate differently in varying contexts. We cannot assume that how people identify, or even how individuals understand their sexual identities, remains constant across time and context. Yet those assumptions are often built into to our identity and orientation measures. Conceptualizing of identities as dynamic and fluid poses a significant challenge to researchers seeking to describe empirical reality. Nevertheless, identities, and the meanings we attach to them, have material consequences. Better understandings of how and why people identify their sexualities—particularly outside of established frameworks—will lead to better research into the role of sexual identity in the realities of people's lives.

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Compliance with Ethical Standards

Conflict of interest All authors declares that they have no conflict of interest.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed Consent Informed consent was obtained from all individual participants included in the study.

References

Autumn, E. (2013). Challenging the binary: Sexual identity that is not duality. *Journal of Bisexuality, 13*, 329–337. doi:10.1080/15299716.2013.813421.

Baldwin, A., Dodge, B., Schick, V., Hubach, R. D., Bowling, J., Malebranche, D., … Fortenberry, J. D. (2014). Sexual self-identification among behaviorally bisexual men in the Midwestern United States. *Archives of Sexual Behavior, 44*, 2015–2026. doi:10.1007/s10508-014-0376-1.

Bauer, G. R., & Jairam, J. A. (2008). Are lesbians really women who have sex with women (WSW)? Methodological concerns in measuring sexual orientation in health research. *Women and Health, 48*, 383–408. doi:10.1080/03630240802575120.

Blumstein, P. W., & Schwartz, P. (1976). Bisexuality in women. *Archives of Sexual Behavior, 5*, 171–181. doi:10.1007/BF01541873.

Bradford, M. (2004). The bisexual experience: Living in a dichotomous culture. *Journal of Bisexuality, 4*, 7–23. doi:10.1300/J159v04n01_02.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77–101. doi:10.1191/1478088706qp063oa.

Brekhus, W. (2003). *Peacocks, chameleons, centaurs: Gay suburbia and the grammar of social identity*. Chicago, IL: University of Chicago Press.

Cass, V. C. (1979). Homosexuality identity formation. *Journal of Homosexuality, 4*, 219–235. doi:10.1300/J082v04n03_01.

Cast, A. D. (2003). Identities and behavior. In P. J. Burke, T. J. Owens, R. T. Serpe, & P. A. Thoits (Eds.), *Advances in identity theory and research* (pp. 41–53). New York, NY: Kluwer Academic/Plenum.

Chandra, A., Copen, C. E., & Mosher, W. D. (2011). Sexual behavior, sexual attraction, and sexual identity in the United States: Data from the 2006–2008 National Survey of Family Growth. *National Health Statistics Reports*, No. 36. Washington, DC: U.S. Department of Health and Human Services.

Creswell, J. W., Plano Clark, V. L., Gutmann, M. L., & Hanson, W. E. (2003). Advanced mixed methods research designs. In C. Teddlie & A. Tashakkori (Eds.), *Handbook of mixed methods in social and behavioral research* (pp. 209–240). Thousand Oaks, CA: Sage.

D'Augelli, A. R., Hershberger, S. L., & Pilkington, N. W. (1998). Lesbian, gay, and bisexual youth and their families: Disclosure of sexual orientation and its consequences. *American Journal of Orthopsychiatry, 68*, 361–371. doi:10.1037/h0080345.

Degges-White, S., Rice, B., & Myers, J. E. (2000). Revisiting Cass' theory of sexual identity formation: A study of lesbian development. *Journal of Mental Health Counseling, 22*, 318–333.
Diamond, L. M. (2000). Sexual identity, attractions, and behavior among young sexual-minority women over a 2-year period. *Developmental Psychology, 36*, 241–250. doi:10.1037/0012-1649.36.2.241.
Diamond, L. M. (2003). Was it a phase? Young women's relinquishment of lesbian/bisexual identities over a 5-year period. *Journal of Personality and Social Psychology, 84*, 352–364.
Diamond, L. M. (2005). A new view of lesbian subtypes: Stable versus fluid identity trajectories over an 8-year period. *Psychology of Women Quarterly, 29*, 119–128. doi:10.1111/j.1471-6402.2005.00174.x.
Diamond, L. M. (2006). What we got wrong about sexual identity development: Unexpected findings from a longitudinal study of young women. In A. M. Omoto & H. S. Kurtzman (Eds.), *Sexual orientation and mental health: Examining identity and development in lesbian, gay, and bisexual people* (pp. 73–94). Washington, DC: American Psychological Association.
Diamond, L. M. (2008). Female bisexuality from adolescence to adulthood: Results from a 10-year longitudinal study. *Developmental Psychology, 44*, 5–14. doi:10.1037/0012-1649.44.1.5.
Diamond, L. M. (2009). *Sexual fluidity: Understanding women's love and desire*. Cambridge, MA: Harvard University Press.
Diamond, L. M., & Butterworth, M. (2008). Questioning gender and sexual identity: Dynamic links over time. *Sex Roles, 59*, 365–376.
Eisner, S. (2013). *Bi: Notes for a bisexual revolution*. Berkeley, CA: Seal Press.
Esterberg, K. G. (1997). *Lesbian and bisexual identities: Constructing communities, constructing selves*. Philadelphia, PA: Temple University Press.
Everett, B. G. (2013). Sexual orientation disparities in sexually transmitted infections: Examining the intersection between sexual identity and sexual behavior. *Archives of Sexual Behavior, 42*, 225–236. doi:10.1007/s10508-012-9902-1.
Friedman, M. R., Dodge, B., Schick, V., Herbenick, D., Hubach, R., Bowling, J., … Reece, M. (2014). From BIAS to bisexual health disparities: Attitudes toward bisexual men and women in the United States. *LGBT Health, 1*, 309–318. doi:10.1089/lgbt.2014.0005.
Goffman, E. (1959). *The presentation of self in everyday life*. Garden City, NY: Doubleday Anchor.
Herbenick, D., Reece, M., Schick, V., Sanders, S. A., Dodge, B., & Fortenberry, J. D. (2010). Sexual behavior in the United States: Results from a national probability sample of men and women ages 14–94. *Journal of Sexual Medicine, 7*, 255–265. doi:10.1111/j.1743-6109.2010.02012.x.
Institute of Medicine. (2011). *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding*. Washington, DC: National Academies Press.
Jenkins, R. (2014). *Social identity*. New York, NY: Routledge.
Kinsey, A. C., Pomeroy, W. B., & Martin, C. E. (1948). *Sexual behavior in the human male*. Philadelphia, PA: W B Saunders Co.
Kinsey, A. C., Pomeroy, W. B., Martin, C. E., & Gebhard, P. H. (1953). *Sexual behavior in the human female*. Philadelphia, PA: W B Saunders Co.
Klein, F. (1978). *The bisexual option: A concept of one hundred percent intimacy*. New York, NY: Harrington Park Press.
Lindley, L. L., Walsemann, K. M., & Carter, J. W. (2013). Invisible and at risk: STDs among young adult sexual minority women in the United States. *Perspectives on Sexual and Reproductive Health, 45*, 66–73. doi:10.1363/4506613.
McLean, K. (2007). Hiding in the closet? Bisexuals, coming out and the disclosure imperative. *Journal of Sociology, 43*, 151–166.
Miller, S. D., Taylor, V., & Rupp, L. J. (2016). Social movements and the construction of queer identity. In J. E. Stets & R. T. Serpe (Eds.), *New directions in identity theory and research* (pp. 443–469). New York, NY: Oxford University Press.
Mustanski, B., Birkett, M., Greene, G. J., Rosario, M., Bostwick, W., & Everett, B. G. (2014). The association between sexual orientation identity and behavior across race/ethnicity, sex, and age in a probability sample of sigh school students. *American Journal of Public Health, 104*, 237–244. doi:10.2105/AJPH.2013.301451.
Ochs, R., & Williams, H. S. (Eds.). (2014). *Recognize: The voices of bisexual men*. Boston, MA: Bisexual Resource Center.
Pathela, P., Hajat, A., Schillinger, J., Blank, S., Sell, R., & Mostashari, F. (2006). Discordance between sexual behavior and self-reported sexual identity: A population-based survey of New York City men. *Annals of Internal Medicine, 145*, 416–425. doi:10.7326/0003-4819-145-6-200609190-00005.
Reinisch, J. M., Sanders, S. A., & Ziemba-Davis, M. (1988). The study of sexual behavior in relation to the transmission of human immunodeficiency virus: Caveats and recommendations. *American Psychologist, 43*, 921–927. doi:10.1037/0003-066X.43.11.921.
Ridolfo, H., Miller, K., & Maitland, A. (2012). Measuring sexual identity using survey questionnaires: How valid are our measures? *Sexuality Research and Social Policy, 9*, 113–124. doi:10.1007/s13178-011-0074-x.
Rosario, M., Schrimshaw, E. W., Hunter, J., & Braun, L. (2006). Sexual identity development among gay, lesbian, and bisexual youths: Consistency and change over time. *Journal of Sex Research, 43*, 46–58. doi:10.1080/00224490609552298.
Rupp, L., & Taylor, V. (2013). Queer girls on campus: New intimacies and sexual identities. In P. T. Clough, S. Seidman, & A. Frank (Eds.), *Intimacies: A new world of relational life* (pp. 82–97). New York: Routledge.
Rust, P. C. (1992). The politics of sexual identity: Sexual attraction and behavior among lesbian and bisexual women. *Social Problems, 39*, 366–386. doi:10.2307/3097016.
Rust, P. C. (1993). "Coming out" in the age of social constructionism: Sexual identity formation among lesbian and bisexual women. *Gender and Society, 7*, 50–77. doi:10.1177/089124393007001004.
Rust, P. C. (2002). Bisexuality: The state of the union. *Annual Review of Sex Research, 13*, 180–240.
Sandfort, T. G., & Dodge, B. (2008). "… And then there was the down low": Introduction to Black and Latino male bisexualities. *Archives of Sexual Behavior, 37*, 675–682. doi:10.1007/s10508-008-9359-4.
Savin-Williams, R. C. (2001). A critique of research on sexual-minority youths. *Journal of Adolescence, 24*, 5–13.
Savin-Williams, R. (2005). The new gay teen: Shunning labels. *The Gay and Lesbian Review Worldwide, 12*, 16–19.
Savin-Williams, R. C., & Ream, G. L. (2007). Prevalence and stability of sexual orientation components during adolescence and young adulthood. *Archives of Sexual Behavior, 36*, 385–394. doi:10.1007/s10508-006-9088-5.
Schick, V., Herbenick, D., Rosenberger, J. G., & Reece, M. (2012a). Variations in the sexual repertoires of bisexually-identified women from the United States and the United Kingdom. *Journal of Bisexuality, 12*, 198–213. doi:10.1080/15299716.2012.674856.
Schick, V., Rosenberger, J. G., Herbenick, D., & Reece, M. (2012b). Sexual behaviour and risk reduction strategies among a multinational sample of women who have sex with women. *Sexually Transmitted Infections, 88*, 407–412. doi:10.1136/sextrans-2011-050404.
Snow, D. A., & Anderson, L. (1987). Identity work among the homeless: The verbal construction and avowal of personal identities. *American Journal of Sociology, 92*, 1336–1371.
Steckler, A., McLeroy, K. R., Goodman, R. M., Bird, S. T., & McCormick, L. (1992). Toward integrating qualitative and quantitative methods: An introduction. *Health Education Quarterly, 19*, 1–8.
Tashakkori, A., & Teddlie, C. (Eds.). (2010). *Handbook of mixed methods in social and behavioral research*. Thousand Oaks, CA: Sage.
Thompson, E. M., & Morgan, E. M. (2008). "Mostly straight" young women: Variations in sexual behavior and identity development. *Developmental Psychology, 44*, 15–21. doi:10.1037/0012-1649.44.1.15.

Vaccaro, A. (2009). Intergenerational perceptions, similarities and differences: A comparative analysis of lesbian, gay, and bisexual millennial youth with generation x and baby boomers. *Journal of LGBT Youth, 6*, 113–134. doi:10.1080/19361650902899124.

van Anders, S. M. (2015). Beyond sexual orientation: Integrating gender/sex and diverse sexualities via sexual configurations theory. *Archives of Sexual Behavior, 5*, 1177–1213. doi:10.1007/s10508-015-0490-8.

Weinberg, M. S., Williams, C. J., & Pryor, D. W. (1995). *Dual attraction: Understanding bisexuality*. New York, NY: Oxford University Press.

West, C., & Zimmerman, D. H. (1987). Doing gender. *Gender & Society, 1*, 125–151. doi:10.1177/0891243287001002002.

Yauch, C. A., & Steudel, H. J. (2003). Complementary use of qualitative and quantitative cultural assessment methods. *Organizational Research Methods, 6*, 465–481. doi:10.1177/1094428103257362.

Young, R. M., & Meyer, I. H. (2005). The trouble with "MSM" and "WSW": Erasure of the sexual minority person in public health discourse. *American Journal of Public Health, 95*, 1144–1149. doi:10.2105/AJPH.2004.046714.

Ziemba-Davis, M., Sanders, S. A., & Reinisch, J. M. (1996). Lesbians' sexual interactions with men: Behavioral bisexuality and risk for sexually transmitted disease (STD) and human immunodeficiency virus (HIV). *Women's Health, 2*, 61–74.