

Invisibility and Involvement: LGBTQ Community Connections Among Plurisexual Women During Pregnancy and Postpartum

Melissa H. Manley and Abbie E. Goldberg
Clark University

Lori E. Ross
University of Toronto

Little research has examined the experiences of plurisexual women (i.e., those with attractions to more than one gender) during the transition to parenthood, despite the fact that many plurisexual women intend to become parents. Further, no research has specifically explored plurisexual mothers' lesbian, gay, bisexual, transgender, and queer (LGBTQ) community connections, although many studies highlight the importance of social support for (a) sexual minority individuals and (b) mothers. The current study investigated LGBTQ community connections among 29 plurisexual women with different-gender partners during the perinatal period. Participants completed interviews once during late pregnancy, and three times in the year after giving birth. Thematic analysis of the interview data explored how participants conceptualized community, finding that women varied in their level of and desire for engagement in both LGBTQ and parenting communities. Participants' accounts suggested that various barriers restricted their involvement (e.g., practical barriers such as time constraints, community-level barriers such as perceived rejection from LGBTQ communities, and psychological factors such as internalized stigma). At the same time, several women identified LGBTQ others as sources of support during the transition to parenthood, and many expressed a desire for their children to be connected to LGBTQ communities. Findings have implications for how researchers conceptualize community, provide insight into the disconnection between plurisexual women and LGBTQ communities, and suggest possibilities to increase LGBTQ community accessibility during this period.

Public Significance Statement

This qualitative, longitudinal study expands our understanding of an at-risk yet understudied group: sexual minority mothers with different-gender partners. This analysis of 29 participants' LGBTQ community involvement advances our conceptualization of community and sheds light on the barriers preventing women from accessing community support.

Keywords: bisexual, LGBTQ community, plurisexual, perinatal, pregnancy

Although more than two thirds of bisexual women without children intend to become parents (Riskind & Tornello, 2017), little is known about how plurisexual women (i.e., women with attractions to more than one gender) experience the transition to parenthood (Flanders, Gibson, Goldberg, & Ross, 2016; Maccio & Pangburn, 2011). In particular, unknown is whether lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities serve as an important source of support for plurisexual women during the transition to parenthood. This is a major gap, in that (a) social support during pregnancy and the postpartum period is related to lower rates of postpartum depression (Balaji et al., 2007); and (b)

involvement with LGBTQ communities is positively associated with mental health among sexual minorities (Frost & Meyer, 2009, 2012; McLaren, 2009). Yet bisexual women tend to be less connected to LGBTQ communities and experience more mental health issues than lesbian women (Frost & Meyer, 2012; Steele, Ross, Dobinson, Veldhuizen, & Timmouth, 2009), leading some to posit that bisexual women's mental health outcomes are poor in part because they are missing the health benefits of community support (Flanders, 2016). In light of evidence that bisexual women with different-gender partners may be especially vulnerable to poor mental health during the transition to parenthood (Flanders et al., 2016), this study explores LGBTQ community connection and involvement among plurisexual women with different-gender partners during pregnancy and the postpartum period.

Plurisexual is an umbrella term used to describe people with attractions to multiple genders, including those who may identify as heterosexual (Flanders, 2017; Galupo, Mitchell, & Davis, 2015). Although no consensus has been reached by those with plural sexualities about which term fits best, plurisexual is sometimes preferred over nonmonosexual because the latter term refers to monosexual sexuality (i.e., exclusive attractions to one gender)

Melissa H. Manley and Abbie E. Goldberg, Department of Psychology, Clark University; Lori E. Ross, Department of Public Health, University of Toronto.

The research was funded by the National Institute of Mental Health grant R01MH099000, awarded to the second and third authors.

Correspondence concerning this article should be addressed to Melissa H. Manley, Department of Psychology, Clark University, 950 Main Street, Worcester, MA 01610. E-mail: memanley@clarku.edu

as the default (Flanders, 2017). Because of its broad focus on sexual attraction, plurisexual sexualities may include people who self-identify in a variety of ways, including as bisexual, mostly heterosexual, queer, pansexual, or who use monosexual identity labels—like heterosexual. Indeed, plurisexual people who have different-gender partners are more likely than those who do not to identify as heterosexual (Diamond, 2008; Mohr, Jackson, & Sheets, 2017), especially when they are also parents (Budnick, 2016). Despite heterogeneity in identity labels, specific patterns of attraction, and gender of sexual and romantic partners, plurisexual people have been found to be at elevated risk for negative health outcomes (Persson, Pfaus, & Ryder, 2015; Ross et al., 2017), and are largely invisible in research literature that defines participants as heterosexual or lesbian/gay based on partner gender (Hartwell, Serovich, Reed, Boisvert, & Falbo, 2017). Thus, this study examines the experiences of plurisexual women, although we retain the terminology used in specific studies (most often, bisexual) as appropriate.

LGBTQ Communities and Connection for Bisexual People

For sexual minority individuals who experience heterosexist prejudice and discrimination from the larger society, LGBTQ communities can be an important source of social support and affirmation (Meyer, 2003). In particular, as individuals with “invisible” or concealable stigmatized identities, sexual minorities may find connections to similar others to be important for affirming identity and promoting well-being (Frable, Platt, & Hoey, 1998; Pachankis, 2007; Ross, Siegel, Dobinson, Epstein, & Steele, 2012). Indeed, individuals with concealable identities may be particularly at risk for negative mental health and physical health outcomes in light of barriers that they experience in accessing support in mainstream communities. For example, they may be reluctant to seek social support out of fear of encountering stigma, and, in turn, may be socially isolated (Pachankis, 2007; Quinn & Earnshaw, 2011, 2013). To extend this literature, individuals who are plurisexual and partnered with someone of a different gender may find that their identities are invisible within the context of LGBTQ communities, and thus may find it difficult to access support within these supposed havens of refuge.

Feelings of invisibility and erasure in both mainstream and LGBTQ communities may be particularly common among bisexual women—who are frequently labeled either gay or heterosexual depending upon the gender of their current or recent partners, and whose identities are often doubted or ridiculed (Israel & Mohr, 2004)—and place them at elevated risk for mental health issues (Ross, Dobinson, & Eady, 2010). Kertzner and colleagues (2009) found that their sample of 64 bisexual individuals reported lower social well-being (defined as the extent to which individuals feel that they belong in, connect with, and contribute to their social world) and lower community connectedness compared to 332 lesbians and gay men. Further, their lower social well-being was almost fully accounted for by their lower connectedness to the LGB community, although lower positive identity valence (i.e., attributing fewer positive attributes to their sexual identity) also played a role. Also, a study of 30 bisexual women in same-sex relationships and 44 in different-sex relationships found that bisexual women with different-gender partners reported significantly

higher depression—a difference accounted for by binegative exclusion and rejection by lesbians and gay men (Dyar, Feinstein, & London, 2014). These findings, taken together, suggest that social support from other LGBTQ individuals is important to bisexual women’s mental health. Thus, positive LGBTQ community connections may be particularly important in the context of identity erasure and sexual stigma.

LGBTQ Community Connection for Sexual Minority Mothers and Mothers-to-Be

Because pregnancy and parenting have historically been inextricably intertwined with heterosexuality (Hayman, Wilkes, Halcomb, & Jackson, 2013; Røndahl, Bruhner, & Lindhe, 2009), sexual minority women with different-gender partners are routinely perceived as heterosexual (Ross et al., 2012; Tasker & Delvoe, 2015). For these women, LGBTQ community support could provide one place where their sexual minority identities are recognized and validated. Qualitative research provides some support for this possibility: the few existing studies of plurisexual mothers indicate that some women specifically seek out and value LGBTQ community support (Bartelt, Bowling, Dodge, & Bostwick, 2017; Ross et al., 2010; Tasker & Delvoe, 2015). Yet the dominant narrative in these studies is that LGBTQ (and particularly lesbian) communities were perceived as spaces of exclusion (Bartelt et al., 2017; Ross et al., 2010; Tasker & Delvoe, 2015). These studies align with research on the experiences of bisexual people more generally to suggest that assumptions of heterosexual privilege, bisexual erasure, and bisexual stereotypes (e.g., that bisexual women are promiscuous, confused or indecisive, or uncommitted to the LGBTQ community) may lead LGBTQ communities to exclude sexual minority women with different-gender partners (Dyar et al., 2014; Hayfield, Clarke, & Halliwell, 2014; Ross et al., 2010). In addition to perceiving LGBTQ communities as exclusionary, some sexual minority mothers describe LGBTQ community as unimportant to them or view it with ambivalence (Goldberg, Frost, Manley, & Black, 2017). For example, a study of two-mother adoptive families found that 14 of 40 women described weak or distant connections with other lesbian and gay-parent families, in some cases because they preferred to connect with the (predominantly heterosexual) families in their neighborhoods and schools (Goldberg et al., 2017).

Thus, LGBTQ communities can be—but are not always—a source of validation and support for sexual minority mothers. However, the existing literature raises many questions about the experiences of plurisexual women with different-gender partners; a group that may be prevalent despite low visibility and at higher risk for poor mental health outcomes (Flanders et al., 2016).

Mothers’ Social Networks During the Transition to Parenthood

Research on heterosexual parents has demonstrated that social networks tend to change during the transition to parenthood, as individuals often spend more time with and befriend other parents (Cronenwett, 1985; Klärner, Keim, & von der Lippe, 2016). Many mothers seek out online parenting bulletin boards, playgroups, and a variety of online and in-person interactions to gain emotional and instrumental support, community, and companionship, often in

response to feelings of isolation (Drentea & Moren-Cross, 2005; Hancock, Cunningham, Lawrence, Zarb, & Zubrick, 2015; Mauthner, 1995). At the same time, there is some evidence that overall engagement with social networks decreases with the transition to parenthood: In one study of heterosexual couples, involvement in recreational activities with others (i.e., social involvement) tended to decline during the transition to parenthood, with a gradual increase after mothers returned to work (Claxton & Perry-Jenkins, 2008).

Taken together, these studies suggest that the transition to parenthood may be a time of increased need for social support among new mothers, who tend to seek out and receive support from other parents, especially other mothers. Little is known, however, about sexual minority mothers' social networks during the transition to parenthood, including how they navigate heterosexual parenting communities and LGBTQ nonparent communities.

Theoretical Frameworks

This study is informed by theoretical perspectives on social support, and in particular, perspectives that theorize how social support acts to impact the health of individuals (Holt-Lunstad & Uchino, 2015; Schaffer, 2004). According to this perspective, social support (defined as the flow of resources among social connections) can be provided in a number of ways through any network of two or more people (Cohen, Underwood, & Gottlieb, 2000). Thus, support may be subcategorized as emotional, informational, tangible, or companionship support, and it may be provided by partners, family, friends, neighbors, or even strangers (Balaji et al., 2007; Cohen & Wills, 1985). Two primary mechanisms for the relationship between social support and health have been theorized: first, that support may directly bolster well-being regardless of the presence of stress (i.e., the direct effects model), and second, that it may improve coping in relation to specific stressors (i.e., the stress buffering model; Cohen & Wills, 1985).

Studies on social support among pregnant women and mothers highlight the importance of support from partners (Chong & Mickelson, 2016; Stapleton et al., 2012) and friends and neighbors (Balaji et al., 2007) to maternal health, and in the context of parenthood, social support has been theorized to promote well-being both directly and through improved coping (Armstrong, Birmie-Lefcovitch, & Ungar, 2005). Specifically, mothers who feel a sense of belonging and believe support is available to them generally feel more positively about themselves, and women experiencing high levels of stress due to parenting demands feel more able to cope when support and resources are available that "match" their stressors (e.g., affordable childcare; normalization of parenting experience; Armstrong et al., 2005).

In this work we have also drawn from theoretical frameworks explicating the relationship between social support and well-being for sexual minority people, in particular (Doty, Willoughby, Lindahl, & Malik, 2010; Frost & Meyer, 2009, 2012; Meyer, 2003). Sexuality-specific social support has been conceptualized as important for the well-being of sexual minority individuals, who may face chronic stress related to their marginalized social status (Doty et al., 2010; Meyer, 2003). From this perspective, support directly related to LGBTQ identity and sexual minority stress will help sexual minority individuals to feel more positively about themselves and interpret sexuality-related stressors as more manage-

able. Consistent with this theory, there is considerable evidence that affirming LGBTQ community connections promote the well-being of sexual minority individuals (e.g., Frost & Meyer, 2009, 2012; McLaren, 2009). For this reason, we focus our analysis on support from LGBTQ communities.

Through the lens of these theoretical perspectives on social support, we ask two questions about the experiences of plurisexual mothers with different-gender partners: (a) What types of community and support do they describe? and (b) What are their experiences with mobilizing or accessing this support? For example, previous research with LGBTQ communities suggests that close friendships may offer more validation and emotional aid than more superficial relationships, and a psychological sense of community may be significant, yet not depend on interactions with others at all (Omoto & Malsch, 2005). Women in this sample may particularly benefit from emotional support and validation related to their sexuality, as well as informational, emotional, and tangible support (e.g., advice, reassurance, and help with childcare or other practical concerns) specific to the transition to parenthood. Furthermore, plurisexual women who feel a general sense of connection and belonging to LGBTQ and parent communities may be particularly well positioned for resilience and well-being during the transition to parenthood.

However, with respect to our second research question, mobilization of support resources can be challenging. People may be slower to offer support in response to stressors that are less visible or more stigmatizing (Eckenrode & Wethington, 1990), meaning that support related to motherhood may be more accessible than support related to plurisexual identity or experience for women in our sample. Help-seeking related to parenting experiences or plurisexuality may be seen by oneself or others as ineffective coping, and thus carry with it feelings of vulnerability or failure that corrode self-esteem (Eckenrode & Wethington, 1990). Thus, women who want sexuality-specific support may feel diminished if they disclose their plurisexual identities and are responded to with hostility or minimization, and mothers who ask for help may worry about being perceived as "bad mothers." Furthermore, women may experience tensions between their multiple identities and different potential sources of social support (e.g., LGBTQ communities and mainstream communities may reject people with plurisexual identities or sexual minority parents, and parenting communities or LGBTQ communities may offer support around one set of stressors while causing further stress related to other identities).

The Current Study

Informed by the relevant literature and theories of social support, the current study seeks to provide understanding of LGBTQ community connection and involvement among plurisexual women during the perinatal period. Using a longitudinal mixed method design, 29 women were interviewed during late pregnancy and approximately 3 months, 6 months, and 1 year after giving birth. Data were analyzed using qualitative thematic analysis (Braun & Clarke, 2006), focusing on women's conceptualizations of community, their sense of connection to LGBTQ and parenting communities, and the barriers to and benefits of LGBTQ community involvement.

Method

Participants

We recruited participants from obstetrics/gynecology sites and midwifery clinics in central/western Massachusetts and Toronto, Canada, areas with high concentrations of sexual minority women in their childbearing years. A brief confidential questionnaire was provided to all women presenting for prenatal care at participating sites, requesting information about sexual orientation, sexual history, and partner gender. Participation criteria required that participants were age 18 or older, currently partnered, and spoke English. All such women who (a) identified as nonheterosexual or had engaged in sexual activity with a woman in the past 5 years and (b) were currently partnered with a different-gender partner were invited to participate in interviews once during late pregnancy and three times in the first year after giving birth. We used these broad criteria inclusive of both same-sex behavior and sexual minority identity for feasibility reasons (due to low numbers of LGBTQ-identified women presenting for prenatal care during the recruitment period), as well as to include women with same-sex attractions whose partner gender and parental status foreclosed sexual minority identification (as in Budnick, 2016). (See Goldberg, Ross, Manley, & Mohr, 2017, for a comprehensive description of recruitment procedures.)

Twenty-nine women from Massachusetts ($n = 18$) and Toronto, Canada ($n = 11$) consented to participate in interviews. Women ranged in age from 22 to 44; the majority identified as White ($n = 24$, 83%), with four women identifying as Latina and one as South Asian. Women represented a diverse range of household income levels, with 14 women (48%) earning less than \$60,000 per year. All participants identified their gender as women, and 28 of the 29 participants reported that their current partner was a cisgender man (one was partnered with a trans woman). Most ($n = 21$, 72%) pregnancies were planned, and most women were first-time mothers ($n = 18$, 62%); nine women (31%) had one previous child, one had three, and one had five. In terms of sexual identity, 16 women indicated in interviews that they identified as bisexual, three as queer, two as heterosexual, two as unlabeled, two as heterosexual/bisexual or unsure, and one each as heterosexual mostly, heteroflexible, bicurious (shifting to heterosexual over the course of the study), and pansexual. Full demographics are provided in Table 1.

Procedures

This study was approved by institutional review boards at Clark University and the Centre for Addiction and Mental Health. The principal investigators and trained graduate/postgraduate students conducted semistructured interviews at approximately 32–36 weeks of pregnancy (Time 1 or T1), 12–16 weeks postpartum (Time 2 or T2), 6–7 months postpartum (Time 3 or T3), and 10–12 months postpartum (Time 4 or T4). Most initial interviews took place in the participants' homes or at a public place such as a restaurant; a few took place over the phone. Subsequent interviews occurred over the phone or in person, according to participant preference and logistical considerations. Interviews lasted approximately one to two hours, and participants were compensated \$50 for each interview. Attrition was low; one U.S. participant did not participate in T3 or T4 interviews. Digital recorders

Table 1
Sample Demographics at Time 1

Demographic	<i>M</i> (<i>SD</i>) or <i>n</i> (% of 29)
Age (in years)	31.45 (4.89)
Relationship duration	6.39 (5.04)
Sexual identity label	
Bisexual	16 (55%)
Queer	3 (10%)
Heterosexual	2 (7%)
Unlabeled	2 (7%)
Heterosexual/bisexual/unsure	2 (7%)
Heterosexual, mostly	1 (3%)
Heteroflexible	1 (3%)
Bi-curious	1 (3%)
Pansexual	1 (3%)
Household income	
<\$20,000	5 (17%)
\$20,000–39,999	5 (17%)
\$40,000–59,999	4 (14%)
\$60,000–99,999	7 (24%)
\$100,000+	8 (28%)
Employed full-time	15 (52%)
Race/ethnicity	
White, non-Hispanic	24 (83%)
Latina	4 (14%)
South Asian	1 (3%)
Recruitment site	
Toronto	11 (38%)
Massachusetts	18 (62%)
Number of previous children	
0	18 (61%)
1	9 (31%)
3	1 (3%)
5	1 (3%)

captured the interviews so that they could be transcribed by trained graduate and undergraduate students. Identifying information such as names was removed from transcripts. Interviews covered topics including pregnancy and parenting experiences, mental health, social support and relationships, and sexuality. Responses to the following questions in the interview protocol constituted the primary focus of analysis in the present study (questions in italics were optional probes):

1. At T1: Are you involved with an LGBTQ community? What does that look like for you? (*Does it feel important to be connected? Has it ever been important? Do you feel like you've faced any challenges in connecting with the LGBTQ community since you've become pregnant? Do you foresee any issues once your child is born?*)
 - a. Has that connection changed during your pregnancy? Why/why not?
2. At T2: How has your parenthood been received by the LGBTQ community? By LGBTQ individuals that you know and are friends with?
 - a. What kind of support have you needed or wanted from the LGBTQ community, if any? (*Did you get the support you needed? Why or why not?*)

- b. What do you think might make it easier or more difficult to get support from the LGBTQ community?
- c. T2 and T3: How do you feel that your sexual history has affected your relationship to the LGBTQ community?
3. At T3: In what ways, if any, has becoming a parent changed how you connect with the LGBTQ community?
4. At T4: What about your sense of connection to the LGBTQ community? Did you ever feel connected? Has that changed? Do you think it will change in the future? When you think about your future, does it feel important to be connected to the LGBTQ community?

Data Analysis

Interview transcripts were coded and analyzed using thematic analysis (Braun & Clarke, 2006). To develop codes, the first author engaged in line-by-line open coding of participants' responses to the interview questions of interest and any other interview excerpts in which LGBTQ communities were discussed, beginning with T1 US interviews, then expanding across time points and participant site. During this analysis, the first author attended to how social support constructs such as feeling a general sense of community or feeling connected to specific friends appeared in the interview transcripts. This process allowed her to develop initial thematic categories, such as "LGBTQ friends" or "no group involvement." As the first author moved to focused coding, more refined codes (e.g., that denoted quantity and temporality) such as "many LGBTQ friends" and "past involvement in LGBTQ school groups" were specified. Because of the range and number of community-related data we collected via the interviews, codes were fairly general and encompassed multiple time points, although the authors attended to patterns in the time points in which codes were endorsed. The second author, a professor of psychology, regularly checked and discussed the development of codes, and both authors frequently returned to the data, checking the codes against participants' narratives in an iterative process. Focused codes agreed upon by all authors and checked against the data became the basis of the themes described in the Results section. To understand the relationships from which women drew social support and their mobilization of support resources, the authors organized these themes to describe how women defined LGBTQ communities, how they described their level of involvement in LGBTQ and parenting communities, why they were or were not involved in LGBTQ communities, and how involvement related to the transition to parenthood, specifically.

Results

We first discuss women's conceptualizations of community, followed by women's characterization of their involvement in LGBTQ and parenting communities. Next, we outline themes concerning women's desire and lack of desire for LGBTQ community involvement, and the barriers that make such connections more difficult. Finally, we describe women's reports of support from LGBTQ community members during pregnancy and postpartum, and women's hopes for community connections in the

Table 2
Number of Participants Endorsing Each Major Theme

Theme	N (% of 29)
Level of involvement	
Recent	15 (52%)
Past	5 (17%)
None	9 (31%)
Parenting community	24 (83%)
LGBTQ friends	
Many/most	8 (28%)
Some	14 (48%)
Desire for LGBTQ community	
Desire more community	7 (24%)
Preference for LGBTQ others	4 (14%)
Community unimportant	10 (34%)
Barriers	
Practical barriers	7 (24%)
Community level barriers	9 (31%)
Internal barriers	10 (34%)
Support from LGBTQ community	9 (31%)
Hopes/plans child involvement	9 (31%)

Note. LGBTQ = lesbian, gay, bisexual, transsexual, and queer. Themes in the barriers category are not mutually exclusive, as some participants reported multiple types of barriers.

future. A list of themes and their frequency can be found in Table 2. Participant quotes are used to illustrate these themes, along with age, sexual identity, race/ethnicity, location (Canada or United States), and number of children including the current pregnancy; all names provided are pseudonyms.

Defining Community: "Where Everybody Knows Everybody"

Because the interviewers did not explicitly define "LGBTQ communities," participants were free to apply their own definitions. Many women ($n = 10$, 35%) implied that community involvement necessitated formal LGBTQ settings, organizations, and/or activism. For example, Maeve (31, bisexual, White, Canadian, one child) said at T1 that she was not involved despite her attendance at pride events and her numerous LGBTQ-identified friends. Maeve specified, "I guess what I think of is a formal group or something. I don't go to the [local LGBTQ] community center. I'm not an activist in anything. I'm not part of a gay book club or anything like that!"

Other participants emphasized the integrated, social aspect of community. Kim (37, bisexual, White, American, one child) suggested at T2 that she had only a "vague connection" to her LGBTQ community because she "wouldn't necessarily know if something happened." Olivia (36, bisexual, White, American, one child) also highlighted the importance of being aware of relevant events. She explained at T4, "Online I feel very connected. And I'm up on things going on politically in the country . . . So I feel connected that way." Another participant, Andie (38, bisexual, White, American, six children), emphasized at T2 that communities consist of interconnected people, as she described missing "a sense of community, a big group of friends . . . where everybody knows everybody and we get together." Women who endorsed this social conceptualization of community tended to be from central and western Massachusetts—rural or suburban areas, outside of any major urban centers—suggesting that perhaps they

perceived a lack of accessibility to connect with this type of integrated social network.

Involvement in LGBTQ and Parenting Communities

Types and levels of involvement in LGBTQ communities.

A slight majority of women described some type of involvement in an LGBTQ community in the past year, whereas five women (17%) described involvement in the past but not recently, such as participating in a gay-straight alliance in school. Nine participants (31%) indicated that they had never been connected to an LGBTQ community outside of friendships with other LGBTQ-identified people. Most participants did not mention these relationships when asked about LGBTQ “community,” suggesting a clear distinction in their minds between LGBTQ friends and community. Overall, eight participants (28%) described many or most of their friends as LGBTQ-identified, and 14 (48%) named at least a few such friends. Notably, although participants who did not identify as bisexual, queer, or pansexual were somewhat more likely to never have been involved in LGBTQ communities, about half of them had been involved recently or at some point in the past. In addition, first-time mothers were more likely than women who already had children to have been involved with LGBTQ communities in the past year—suggesting that active parenting might be a barrier to LGBTQ community involvement.

Involvement in parenting groups. In addition to emphasizing LGBTQ community involvement, we also compared and contrasted involvement with LGBTQ communities and parenting communities—which may represent more heteronormative spaces. In line with other research on women’s social networks in the transition to parenthood, 24 participants (83%) described attending parent-centered classes or groups or affiliating with an informal network of parents, and 10 (34%) actively participated in these groups as a central aspect of their social support network during the postpartum period. For 12 women (41%), online forums and Facebook played an important role in connecting with other parents. For example, Alice (33, queer, White, Canadian, one child), shared at T3, “I have a large network of people. I have an online Facebook group that has like 200 people in it that are all moms.” Interestingly, four women who noted in the context of LGBTQ communities that they had “never been interested in belonging to groups” nevertheless participated in parenting communities. Parenting groups may be perceived as especially accessible and needed during the transition to parenthood, offering support specifically matched to the acute stressors of motherhood—more so than LGBTQ-based groups.

However, parenting communities and LGBTQ communities were not entirely separate contexts. Four women (14%) discussed knowing other sexual minority parents. Yet, because participants were not obviously sexual minorities by virtue of their partner’s gender, these women sometimes felt invisible and disconnected even when with these other LGBTQ-identified parents. In one such instance, Kim (37, White, bisexual, American, one child) described marching in the pride parade as “just a mom in the mom’s group” at T3:

We ended up marching in the parade with two groups, a local baby group . . . and hiking babies . . . Both of those groups I think are run by . . . women with wives, and so it was sort of interesting to be that involved in some of the LGBTQ community around here, but not . . .

I was not there as a bisexual who was out. I was there as somebody with the hiking baby group. . . . it felt a little odd to be there in the community but not feel like I was there as part of the community.

Thus, because of the heteronormativity associated with motherhood, marching in a pride event as part of a parenting group further obscured Kim’s bisexual identity, illuminating how mothers may experience stressors related to managing identity and outness, and thus miss out on feeling fully supported and affirmed even in the context of a pride event.

Olivia (36, bisexual, White, US, one child) shared a different experience with her parenting group at T4:

I have all these new mom friends; a bunch of us talk online. I did come out to them that I’m bi. We were talking about something with sexuality and I was like, “Oh, I’m bi and I’m married to a man, and it doesn’t mean that you’re not bi anymore.” I was making a statement about it. Then one of my other mom friends was like, “Oh, me too.” . . . It’s just interesting that, I feel comfortable enough with them now [because] if I mention [my bisexuality to my straight friends] then it’s sort of out of nowhere, or if it isn’t out of nowhere then they’d change how they think about me, and that scares me. Or I feel like they’ll think I’m being gratuitous in saying it.

Thus, Olivia was able to forge a connection with other bisexual mothers, yet she had to establish close connections first, in part due to the anticipated stigma of bisexuality among presumably heterosexual friends. Indeed, this anticipated stigma also serves to keep plurisexual mothers with different-gender partners invisible even to each other, precluding access to a potentially valuable form of support. Nevertheless, the vast majority of women participated in parenting groups and social networks and derived informational and emotional support from these groups, and those who had difficulty making these connections often described feeling isolated or disappointed.

Desire and Lack of Desire for LGBTQ Community Involvement

Some participants discussed their desire for or lack of interest in LGBTQ community involvement. Ten women (34%) indicated in at least one interview that they did not feel a need for community connections, often because they did not feel that they faced discrimination or needed identity-relevant support—thus implying that LGBTQ community is only important in the context of oppression, a view in line with stress buffering models of social support. For example, Alyssa (33, bisexual, White, Canadian, two children) said at T3, “A big advantage of growing up in the time and place and having the life I’ve had [is that] being bisexual isn’t really something I felt like I needed to make a statement about or talk about.”

Four participants (14%) highlighted their connection to or preference for LGBTQ others. Tori (33, bisexual, White, American, one child) stated at T1: “I’ve found that I feel very comfortable with people in the LGBT community, both friends and just some of my students, family members. I feel this innate connection.” Yet Tori also asserted, “I think because I am with a man, I feel less compelled to go join an LGBT group.” Thus, even in the context of espousing a strong valuing of and comfort with LGBTQ others, women spoke of not needing or wanting to join organized communities—statements which they implicitly or ex-

plicitly contextualized by emphasizing their male-partnered status. This affinity to LGBTQ others could, however, also reflect a sense of belonging to LGBTQ community in a more diffuse sense (e.g., psychological sense of community), which may be beneficial even in the absence of formal community involvement.

Another subset of seven women (24%), all of whom identified as bisexual, pansexual, and/or queer, indicated that they desired more LGBTQ community connections—including Alyssa (33, bisexual, White, Canadian, two children), who had said at T3 that she did not need to be part of an LGBTQ community because her larger community was accepting. At T4, she said: “I have friends who participate in that community in Toronto, and I’m just like, ‘Yeah! Way to go!’ But I don’t have any involvement in it whatsoever, and I feel like it’s probably really nice to have that.” Alyssa’s experiences reflect how some women may both feel wistful for a sense of LGBTQ community belonging, yet also feel that they do not “need”—or perhaps have the right—to be part of such a community.

For other women ($n = 3$, 10%), desire for more LGBTQ community connections seemed to arise due to reduced participation over the perinatal period. These women used to be involved but had become less so due to pregnancy/parenting, and they longed for greater connection. Indeed, five of the seven women who endorsed this theme did so in T3 or T4, 6 months to a year postpartum. Nora (24, pansexual, Latina, American, one child) said at T4, “I love going to drag shows and things like that . . . so it would be nice to get back into that scene. . . . I’m not sure if my husband or my son are ready for that scene though.” Notably, Nora described having been an active member of the drag community before her pregnancy. Yet she disclosed these concerns about how her participation might impact her husband and son only about a year after her son’s birth, possibly reflecting an increasing awareness of society’s heteronormative expectations for mothers (Hayman et al., 2013; Röndahl et al., 2009).

However, not only women who had been previously involved expressed a desire for more LGBTQ community connection in the postpartum period. Some women ($n = 2$) also seemed to feel that it was more difficult to begin community involvement postpartum. Tara (35, bisexual, South Asian, Canadian, two children) disclosed at T3:

I think if perhaps I had come out more to more people, especially before I had kids, then I think I would have felt more—I do not feel connected to the LGBTQ community. I feel really, like I do not—I feel like an *ally*. I do not even feel like I belong. . . . I might, in the next few years as my kids get older, I can focus on me and get more connected there.

Tara’s experience illustrates the feeling of invisibility and disconnection that may come up for women with different-gender partners during the transition to parenthood. Tara identified feeling like “an ally” as preventing her from seeking out desired community connections. Notably, five participants suggested they felt like allies rather than members of the LGBTQ community. Thus, sexuality-specific stigma and general life stressors interacted to constrain women’s feelings of community belongingness and support.

Barriers to LGBTQ Community Involvement

One of the most prevalent themes among participants were the barriers rendering LGBTQ community involvement less attractive and/or more difficult to access. Although these barriers did not always prevent women from being involved, they always made connecting to LGBTQ communities harder, physically or psychologically. Three categories of barriers are reviewed here: practical, community-level, and internal.

Practical barriers. Seven participants (24%) noted the presence of practical barriers, including lack of transportation, unemployment, lack of time, and the physical difficulties accompanying pregnancy, as barriers to LGBTQ community involvement. These practical barriers tended to be described by women who had previously been involved in, and wanted to remain actively engaged in, the LGBTQ community. Alice (33, queer, White, Canadian, one child) said at T1 that she had been involved in LGBTQ activities and groups in the past but was not currently “because I’m unemployed and pregnant right now.” Nora (24, pansexual, Latina, American, one child), who participated in the drag scene, shared at T1 that “the pregnancy has put a damper on a lot of my activities. I can’t go out to karaoke because the noise is too much for the baby, and I can’t go out rocking those killer heels because I’ll topple over.” In addition, several women ($n = 5$, 17%) specifically mentioned time constraints at T1—often before they had begun actively parenting. A few of these women noted that they were “always working”; thus, both employment and unemployment were named as barriers to LGBTQ community connection and support.

Community-level barriers. Nine women (31%) described barriers related to not feeling accepted by the community because of their sexual identity or partner’s gender, and four women (14%) described the absence of any local LGBTQ community to join.

Although some participants discussed that they had heard that gay men or lesbians are not welcoming of bisexual individuals, many spoke of direct experiences in which they felt rejected or looked down upon because of their plurisexual identification or partner’s gender. Maeve (31, bisexual, White, Canadian, one child) recounted a recent experience at T1:

One of my friends that I know identifies as bi but predominantly dates women, I asked her if she wanted to go to the Dyke March with me, and she goes, “Oh! And how do you march? As an ally?” And I said, “No, I’m bi! Why would you think that I’m not?” She’s like, “Oh, well, cause you’re married [to a man].”

Similarly, other participants discussed experiences of no longer being invited out by LGBTQ friends after beginning a relationship with a man, or worrying that others took them less seriously or treated them coldly due to the fluidity of their attractions or their more feminine gender presentation. Prejudice against bisexual people in lesbian/gay communities has been well-documented in other literature; however, prejudice against bisexual women who date men, experience sexual fluidity, or present more femininely are rarely discussed (Hayfield et al., 2014; Ross et al., 2010). Notably, participants did not link their sense of not being accepted to their pregnancy status, indicating a stronger association between partner gender and stigma than parenthood status and stigma.

Four women, all located in Massachusetts, noted that they did not have access to many LGBTQ people or a large LGBTQ

community. Tori (33, bisexual, White, American, one child) said at T1 that she “went to a really sad gay pride event here in [central Massachusetts],” which discouraged her from future attempts at involvement. The absence of a vibrant, active local community thus prevented several women from feeling connected or even making efforts to engage with formal networks of LGBTQ others.

Internal barriers. Ten women (34%) spoke of feeling uncomfortable in LGBTQ communities because of their own reservations or beliefs related to their “place” in such spaces. Notably, several participants spoke to both a sense of rejection from LGBTQ communities and their own hesitations about whether they have a right to be there. Many women seemed to have internalized the messages they received about their questionable place in LGBTQ communities.

Most of these women spoke of feeling guilty about their relative privilege or feeling “inauthentic”: “It’s still a pretty new identity so I would almost feel like a fraud to go out there and throw myself full into that sort of community, especially since I’m a non-practicing non-heterosexual,” said Carol (31, bisexual, White, American, two children), who had begun identifying as bisexual within the past few years, at T1. Alyssa (33, bisexual, White, Canadian, two children) said at T1 that she felt “like a bit of an imposter [at LGBTQ group meetings] because most of my relationships have been with men.” This sense of inauthenticity seemed related to binegative experiences and messages, as well as women’s strong desire to recognize the privilege conferred when heterosexual others perceived them as heterosexual. Evident in many responses was the tension between women’s desire to be visible (“out and proud”) and the desire to be respectful and aware of social privileges involved with dating men.

Another internal barrier was discomfort reaching out to the community because of religious influences. Tara (35, bisexual, South Asian, CA, two children) discussed how her Muslim upbringing made it harder to accept her sexual identity. At T3, she compared her feelings about being out as bisexual with her reactions to eating pepperoni:

I would just never, ever, *ever* tell my mother [that I’m bisexual] . . . [in part because] there’s just sort of this kind of underlying [sense] that it’s just not okay. So, I grew up as Muslim, and I never ate pork, I never ate bacon . . . but now that I do not identify as a Muslim, now we have pepperoni pizza. I’ll eat the pepperoni, [and] I always feel like it’s not okay . . . It still feels like I’m doing something wrong, and I think that’s just kind of there. When you’re raised like that, it’s sort of engrained in you, it just—it’s hard to let some of that go.

In another case, Gloria (31, heterosexual, Latina, American, one child) espoused an increasingly strong commitment to her Christian faith over the course of the study. Although Gloria felt that her own same-sex relationships were part of “being wild and crazy in college,” she expressed ambivalence at T4 about reconciling her faith with her respect for the LGBTQ community, and in particular, her relationships with gay friends:

I think the only thing that will be hard is when we have some [gay] friends who are going to get married. . . . What are we supposed to do with that? You’re supposed to put your faith first, so I’m not going to boycott their wedding, but I also feel like, what’s my role supposed to be as somebody who is supposed to speak truth about [what] God wants?

Unlike the community-level barriers presented in the previous section, these internal barriers represent internal conflicts for participants, as they ask themselves, “Should I be a part of this community? Is it my place to be involved?”

LGBTQ Community Support and Future Plans

Despite these barriers, several participants described receiving support from LGBTQ communities and friends during pregnancy and postpartum, and many had plans or hopes that their children would grow up with LGBTQ role models.

LGBTQ community support. Nine participants (31%) described receiving support from LGBTQ others during their pregnancy and early parenthood. In some cases, this was the same general excitement that participants perceived from heterosexual friends, yet in some cases the support seemed more specific. Carol (31, bisexual, White, American, two children) moved from Massachusetts to the West Coast of the United States during the study, and said at T3:

Out here, I think everyone is very supportive, so you do not have to show up and be dressed as a drag queen or have a huge sign that says “I’m queer” on you to be out here, to be a participant and to be understood to be part of that community. [Being in that environment] feels good. It feels like there’s just a lot more possibilities to my life than when I just stay home and feed.

Thus, Carol felt that being part of a supportive, accepting community allowed her to expand her sense of who she was, and helped her to “feel good” while parenting two young children. Similarly, Valerie (38, mostly heterosexual, White, US, one child) explained at T2 how she felt particularly validated by her gay and lesbian friends: “I feel really comfortable and not judged by them, [the] most [out] of all of our friends.” She went on to discuss how breastfeeding around her gay and lesbian friends was “more comfortable than breastfeeding around straight people somehow,” perhaps because “there’s just different ideas about the body and what the body means and more flexibility there.” Valerie’s account may reflect self-expression and appearance norms within LGBTQ communities that diverge from those of dominant heterosexual culture, such that the former tend to be more flexible and less restrictive (Hutson, 2010).

Plans for the future, involving children. During the course of the study, three women had already brought their infant with them to a pride parade, signaling their desire to stay involved and perhaps raise their children in a context of connection to or support for LGBTQ communities. Indeed, six women (21%), all but one of whom were bisexual or queer-identified Canadians, explicitly stated reasons for wanting LGBTQ role models for their children, such as wanting their children to be accepting, or in consideration of the possibility that their children may be LGBTQ themselves. Dana (33, bicurious to heterosexual, White, American, one child) stated at T2 that she had brought her son to a pride parade because:

I think it’s important for him to be tolerant of that kind of community, and it’s my job to teach him about it, and then show him that’s okay. It’s also like, what if he turns out to be gay? What if he turns out to be transgender or bisexual . . . I want him to know that it’s okay for him to be that way.

It is notable that despite this increased interest in involvement, four mothers noted feeling more distant from LGBTQ communities after giving birth, largely because they were so focused on being with their families and caring for their infants. Nora (24, pansexual, Latina, American, one child) expressed at T4 how she “would have loved” to have attended the New York City pride parade, but “stayed home . . . with my family” instead. Alice (33, queer, White, Canadian, one child) explained at T3 that she missed marching in her local pride for the first time in 10 years because she “just felt like [baby] wouldn’t handle it well, and it would probably just be too hard, and be more hassle than it would feel like it was worth.” Practical barriers and the focus on immediate family thus led women to feel they had to wait until their children were older before they could resume their community participation.

In consideration of these parenting constraints, a few participants spoke about wanting spaces welcoming to both families and LGBTQ people. For example, Linda (33, bisexual, White, CA, one child) expressed at T3:

I wish there was maybe a more inclusive space, like at the [child learning center]. It is very inclusive; there are all sorts of parents, all sorts of parenting situations. And I do not think specifically I would be looking for a space that was for all queer parents. I think meeting parents, I do not care what their background is . . . I’m just trying to find a space with parents that I can relate to.

Linda’s comment again speaks to the heteronormative nature of most parenting spaces, where she may not be able to find parents who have similar experiences to her own. Notably, Linda also commented in the same interview:

If I was to go to some [LGBTQ] event, I would feel like I didn’t belong. I would feel like I didn’t belong. For sure. Because I’m in a relationship with a man . . . I think it would be uncomfortable. I have some friends who are lesbians, who are still friends with me, but I wouldn’t necessarily feel like that makes me part of the community. I think I would be looked at like, “Why are you here?”

Thus, bisexual women may not feel welcomed or included in either heteronormative parenting communities or LGBTQ communities. For women such as Linda to raise their child in an LGBTQ-affirming environment, new spaces inclusive to diverse parents are needed.

Finally, some participants planned to simply raise their children among the network of LGBTQ friends in their lives, integrating them into their preexisting communities. Samantha (32, queer, White, Canadian, one child) said at T3, “[Child]’s life is always going to be really populated by queer people because our closest family friends mostly are.” These women note many ways of finding LGBTQ spaces for themselves as mothers and for their children. Through LGBTQ friends, LGBTQ-friendly parent spaces such as daycares, and child-friendly LGBTQ spaces such as family oriented pride parades, these mothers hope to find community support that may reduce the impact of heterosexist bias on their children.

Discussion

This study is the first to explore, in depth, plurisexual women’s connections to LGBTQ communities during the pregnancy and

postpartum period. These findings extend quantitative literature on bisexual well-being and LGBTQ community connection (Frost & Meyer, 2012; Kertzner et al., 2009) and qualitative studies on bisexual people’s experiences of stress and stigma in relation to LGBTQ communities (Callis, 2013; Hayfield et al., 2014; Ross et al., 2010), a minority of which have featured bisexual mothers (Ross et al., 2012; Tasker & Delvoe, 2015). They further extend existing research on social support among heterosexual women during the transition to parenthood (Armstrong et al., 2005; Balaji et al., 2007) to consider how sexual minority status intersects with pregnancy and parenthood to influence plurisexual mothers’ social and community support.

In line with other research on bisexual and plurisexual women’s connections to LGBTQ communities (Frost & Meyer, 2012), many of the women in this sample were not actively involved in LGBTQ communities or espoused much desire to be involved. Although a decrease in LGBTQ community involvement when parenting young children has been hinted at in other qualitative projects (Tasker & Delvoe, 2015), this study is the first to explicitly examine trajectories of desire for involvement and reported participation in community events during the transition to parenthood. Specifically, several women who had previously participated in LGBTQ community events reported practical barriers related to pregnancy and raising an infant that decreased their community involvement during the study period, leading participants to feel more distant from the community during the postpartum period. At the same time, many women reported that becoming a parent motivated them to engage with LGBTQ communities once the logistical barriers were lessened, hoping to increase acceptance of sexual and gender diversity and minimize internalization of heterosexist attitudes among their children. Although other studies have documented that bisexual parents (Bartelt et al., 2017) and lesbian mothers (Gartrell et al., 2000) both report engaging in LGBTQ-related activism, to our knowledge, this is the first study to suggest that the experience of parenthood itself might increase motivation for community involvement.

Previous research has documented stigma against plurisexual women among both heterosexual and lesbian and gay individuals (Callis, 2013; Hayfield et al., 2014; Lambe, Cerezo, & O’Shaughnessy, 2017; Ross et al., 2010), a pattern consistent with the accounts of women in the current study. However, little research has specifically attended to the role of partner gender, sexual fluidity, and gender expression in plurisexual women’s experiences with LGBTQ communities. Participants in this study highlighted these factors, above and beyond pregnancy status, as reasons they felt unwelcome in LGBTQ spaces. These participants had clearly encountered stereotypes of bisexual women as indecisive, “going through a phase,” or as truly heterosexual and simply seeking attention (Callis, 2013; Israel & Mohr, 2004). However, some similar patterns have been documented among lesbian mothers of toddlers; in one study of 84 two-mother families, just under half reported feeling unwelcome in lesbian spaces that were not explicitly family focused, and a majority stated others assumed them to be heterosexual when alone with their children (Gartrell et al., 1999). In response, the lesbian mothers often maintained or increased their outness, and notably, the vast majority reported involvement in lesbian communities for themselves and their children approximately 3 years later (Gartrell et al., 1999; Gartrell et al., 2000). Thus, two-mother families shared some of the experi-

ences of invisibility and community exclusion found in the current study. However, these lesbian mothers seemed to be more out, more visible, and overall more connected to LGBTQ communities than the plurisexual women studied here.

Women in this study described varying experiences of social integration and social support across the transition to parenthood. Most women did not feel that they belonged to an integrated LGBTQ network, meaning they may lack some of the general health benefits of community belongingness reported in other research with sexual minority people (Frost & Meyer, 2009, 2012). However, many participants did report belonging to parenting and mother-centered groups, which in general were much more accessible to them than LGBTQ community spaces. These parenting groups largely did not provide sexuality-specific support but did provide emotional and informational resources related to parenting, and for some, an enhanced sense of belonging. As has been reported in studies of heterosexual mothers (Drentea & Moren-Cross, 2005; Hancock et al., 2015; Mauthner, 1995), our participants joined parenting groups and communities of mothers to counter feelings of isolation in the transition to parenthood. Nevertheless, some women did report receiving emotional support and a sense of belonging from LGBTQ-identified friends and communities, which often helped them to feel more accepted and less constrained in their sexual and parental identities. Yet many women had difficulty accessing this type of social support, even when it was desired. Women had heard that LGBTQ communities were unwelcoming of bisexuality, and/or had personal experiences with binegativity. LGBTQ communities were often difficult to access for practical and logistical reasons as well, especially for women further from major urban centers. Finally, some participants felt they did not “need” or deserve to be part of LGBTQ communities because they did not experience homophobic discrimination due to their partner’s gender, and they wanted to be cognizant of their privilege relative to people in same-gender partnerships and people who were more gender-nonconforming. Thus, because these women’s stigmatized identities are concealable, they seem to both experience minority stress (particularly within LGBTQ communities) and deny experiencing this stress (in that it often does not come from heterosexual communities; Quinn & Earnshaw, 2013; Quinn et al., 2014). These results expand upon existing social support literature to elucidate how participants navigate between communities that are both supportive and stigmatizing, and as a result, may develop the belief that they do not need or deserve specific types of support.

Implications for Conceptualizing Community

Exploring women’s definitions of community constituted an unexpected and intriguing aspect of the current analysis. Many women in this study associated “community” with formal, organized groups of people who meet regularly, although the women in this sample were more likely to be involved in other ways. These alternative ways of connecting with LGBTQ others, such as through online networks, friends, the occasional pride event, or even through “queer positive” daycares have tended not to be included in established measures of community connectedness, although they could certainly contribute to feelings of social support and belongingness. Most LGBTQ community measures have assessed formal group involvement, and they have also empha-

sized political activity, attitudes about LGBTQ identity and community, and assumed locally based communities (Barrett & Pollack, 2005; Frost & Meyer, 2012; Johns et al., 2013; Martin & Dean, 1988). Accordingly, an area for future exploration will be careful consideration of how researchers define community, how community members (and outsiders) define community, and how these conceptualizations may differ. In particular, researchers may expand their consideration of LGBTQ parent communities, online communities, and informal friendship networks.

Reconsidering traditional definitions of community may be particularly important when studying LGBTQ parents, who are perhaps less likely to participate in traditional LGBTQ spaces such as bars and clubs (Patterson & Riskind, 2010; Rosser, West, & Weinmeyer, 2008). By considering the intersection of parenting and LGBTQ communities, researchers, clinicians, and community organizers may create more avenues for increasing the support available to plurisexual women during pregnancy and postpartum. Several women in this study alluded to the heteronormative context of parenthood, rendering LGBTQ-affirming family spaces such as inclusive daycares particularly attractive. In addition, women often did not feel deserving of or welcomed to LGBTQ spaces even before having children. Thus, work can be done to change the attitudes of gay and lesbian parents in LGBTQ communities and explicitly affirm the presence of plurisexual individuals and sexual minority people with different-gender partners in LGBTQ community spaces. Finally, offering childcare at LGBTQ events and family friendly LGBTQ spaces may aid parents to experience LGBTQ communities as welcoming and accessible.

Online communities may be another route to LGBTQ community engagement for busy parents who do not necessarily feel welcome in organized LGBTQ settings or have them available. Although interviewers in this study did not ask directly about online community, 12 women mentioned online involvement with parenting networks, whereas only a few noted participating in online communities related to sexuality. The discrepancy in online parenting versus online LGBTQ connections could result from a higher salience of participants’ parenting identities relative to their plurisexual identities, or simply a reflection of the interview questions asked. Thus, the potential for online community involvement among plurisexual parents remains an interesting, and open, question for researchers. By some reports, online LGBTQ communities appear to be expanding, and perhaps even replacing physical communities (Rosser et al., 2008). For women who may not have access to a vibrant local community and whose time is absorbed by parenting responsibilities and family focus, online communities may be a workable method of feeling connected and validated.

Researchers and practitioners may also wish to give more attention to the role of informal social networks, particularly for plurisexual individuals who may not feel as welcome in formal community settings. Indeed, a recent study of 80 British bisexual women and men corroborates the current findings that informal friendships were often more significant, intimate, and supportive than identity-specific groups (Toft & Yip, 2018). Given that about three quarters of the participants in this study described connecting with at least a few LGBTQ-identified others, these relationships may play an undertheorized role in providing support and a sense of connection to sexual minority women, who may otherwise feel isolated and unwelcome in LGBTQ spaces. In particular, friendships with others in similar situations (e.g., sexual minority par-

ents, other plurisexual women with different-gender partners) may be particularly validating, and friendships with LGBTQ others who are more actively involved in LGBTQ communities may be a bridge that can help women to feel more connected or become more engaged with these communities if their interest in involvement increases.

Limitations and Conclusions

Several limitations of the current study should be addressed. The sample of women was predominantly White with a small representation of Latina women and one South Asian participant. Results from this sample may not generalize to Black women or other women of color, who must also contend with racism in predominantly White LGBTQ community spaces. Additionally, although the current sample was fairly diverse in education and income level, practical and cultural barriers may be even more prevalent in a lower income sample. Furthermore, participants were recruited from the fairly liberal areas of Massachusetts in the United States and Toronto in Canada. For sexual minorities in more conservative regions, both access to and the relative importance and meaning of LGBTQ communities may differ. Additionally, women partnered with women were not included in this sample. Thus, the extent to which the experiences of more visible sexual minority women may be similar or different is unknown, as is the experience of women with LGBTQ-identified partners of any gender.

In addition, although the longitudinal nature of the study constitutes a significant strength, results are limited in that they follow women only through the first year after childbirth. Inasmuch as our findings largely indicate women's motivations or intentions for future community involvement, a longer study period is likely necessary to enable observation of meaningful changes in community involvement and connectedness. Based on the practical and logistical barriers that our participants described to such involvement, following women beyond the period of infancy is likely necessary for a fulsome study of this trajectory. Indeed, Tasker and Delvoe (2015) found that some bisexual mothers retrospectively reported increased involvement in LGBTQ communities when their children had grown. Thus, a prospective study of women's long-term connections to LGBTQ communities, and the extent to which their children participated in community events, would enhance our understanding of this population over life course transitions. Further, our study was limited in scope to examining involvement with LGBTQ communities, considering that our research questions were explicitly tied to identity-specific support that might be accessed through these communities. Future work could compare LGBTQ community involvement with participation in other social and recreational groups, to draw conclusions about the specific versus general nature of the trajectories that we have observed/anticipate in relation to LGBTQ community involvement. This analysis might be particularly relevant to plurisexual women, who may seek affirmative community outside of LGBTQ spaces, in light of the experiences of discrimination that we and others have described for bisexual or plurisexual women seeking LGBTQ community involvement.

Although the sample is in some regards quite homogenous, which limits our ability to make comparisons by partner gender identity, age, or ethnicity, a range of plurisexual identities and experiences is also represented, including women who identified

as heterosexual, bisexual, and other identities. Despite the limitations of the sample, these findings make an important contribution to understanding the experiences of women with gender-nonexclusive attractions whose partner status often renders them invisible in research, and whom studies suggest may be at higher risk for various mental and physical health outcomes (Persson et al., 2015; Ross et al., 2017). In addition, variation in women's number of children and urbanicity allowed for comparisons that may be studied further. For example, plurisexual women pregnant with their first child appeared more involved in LGBTQ communities than those who were already mothers, and women in the metropolitan Toronto area had more access to LGBTQ communities and generally planned to involve their children in such communities in the future more frequently than women in central or western Massachusetts, who were further from large urban centers. Overall, this study sheds light on our understanding of how plurisexual women with different-gender partners think about, engage with, and position themselves in relation to community across the transition to parenthood. Far from static or simplistic, LGBTQ community involvement is shaped by women's sexual identities, partner and parenting statuses, and other key social locations (e.g., geographic location, religiosity). Future research should build on these findings to explore in greater depth how plurisexual women, their partners, and their children make meaning of and engage with LGBTQ and other communities across the life course. Finally, work must be done to broaden the accessibility and inclusivity of LGBTQ communities to people with different-gender partners.

References

- Armstrong, M. I., Birnie-Lefcovitch, S., & Ungar, M. T. (2005). Pathways between social support, family well being, quality of parenting, and child resilience: What we know. *Journal of Child and Family Studies, 14*, 269–281. <http://dx.doi.org/10.1007/s10826-005-5054-4>
- Balaji, A. B., Claussen, A. H., Smith, D. C., Visser, S. N., Morales, M. J., & Perou, R. (2007). Social support networks and maternal mental health and well-being. *Journal of Women's Health, 16*, 1386–1396. <http://dx.doi.org/10.1089/jwh.2007.CDC10>
- Barrett, D. C., & Pollack, L. M. (2005). Whose gay community? Social class, sexual self-expression, and gay community involvement. *The Sociological Quarterly, 46*, 437–456. <http://dx.doi.org/10.1111/j.1533-8525.2005.00021.x>
- Bartelt, E., Bowling, J., Dodge, B., & Bostwick, W. (2017). Bisexual identity in the context of parenthood: An exploratory qualitative study of self-identified bisexual parents in the United States. *Journal of Bisexuality, 17*, 378–399.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77–101. <http://dx.doi.org/10.1191/1478088706qp063oa>
- Budnick, J. (2016). "Straight girls kissing"? Understanding same-gender sexuality beyond the elite college campus. *Gender & Society, 30*, 745–768. <http://dx.doi.org/10.1177/0891243216657511>
- Callis, A. S. (2013). The black sheep of the pink flock: Labels, stigma, and bisexual identity. *Journal of Bisexuality, 13*, 82–105. <http://dx.doi.org/10.1080/15299716.2013.755730>
- Chong, A., & Mickelson, K. D. (2016). Perceived fairness and relationship satisfaction during the transition to parenthood: The mediating role of spousal support. *Journal of Family Issues, 37*, 3–28. <http://dx.doi.org/10.1177/0192513X13516764>
- Claxton, A., & Perry-Jenkins, M. (2008). No fun anymore: Leisure and marital quality across the transition to parenthood. *Journal of Marriage*

- and Family, 70, 28–43. <http://dx.doi.org/10.1111/j.1741-3737.2007.00459.x>
- Cohen, S., Underwood, L. G., & Gottlieb, B. H. (Eds.). (2000). *Social support measurement and intervention: A guide for health and social scientists*. New York, NY: Oxford University Press. <http://dx.doi.org/10.1093/med:psych/9780195126709.001.0001>
- Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98, 310–357. <http://dx.doi.org/10.1037/0033-2909.98.2.310>
- Cronenwett, L. R. (1985). Parental network structure and perceived support after birth of first child. *Nursing Research*, 34, 347–351. <http://dx.doi.org/10.1097/00006199-198511000-00007>
- Diamond, L. M. (2008). Female bisexuality from adolescence to adulthood: Results from a 10-year longitudinal study. *Developmental Psychology*, 44, 5–14. <http://dx.doi.org/10.1037/0012-1649.44.1.5>
- Doty, N. D., Willoughby, B. L., Lindahl, K. M., & Malik, N. M. (2010). Sexuality related social support among lesbian, gay, and bisexual youth. *Journal of Youth and Adolescence*, 39, 1134–1147. <http://dx.doi.org/10.1007/s10964-010-9566-x>
- Dreentea, P., & Moren-Cross, J. L. (2005). Social capital and social support on the web: The case of an internet mother site. *Sociology of Health & Illness*, 27, 920–943. <http://dx.doi.org/10.1111/j.1467-9566.2005.00464.x>
- Dyar, C., Feinstein, B. A., & London, B. (2014). Dimensions of sexual identity and minority stress among bisexual women: The role of partner gender. *Psychology of Sexual Orientation and Gender Diversity*, 1, 441–451. <http://dx.doi.org/10.1037/sgd0000063>
- Eckenrode, J., & Wethington, E. (1990). The process and outcome of mobilizing social support. In S. Duck & R. C. Silver (Eds.), *Personal relationships and social support* (pp. 83–103). London, UK: Sage.
- Flanders, C. (2016). Bisexual people and community. In A. E. Goldberg (Ed.), *The Sage encyclopedia of LGBTQ studies* (Vol. 1, pp. 124–127). Thousand Oaks, CA: Sage.
- Flanders, C. E. (2017). Under the bisexual umbrella. *Journal of Bisexuality*, 17, 1–6. <http://dx.doi.org/10.1080/15299716.2017.1297145>
- Flanders, C. E., Gibson, M. F., Goldberg, A. E., & Ross, L. E. (2016). Postpartum depression among visible and invisible sexual minority women: A pilot study. *Archives of Women's Mental Health*, 19, 299–305. <http://dx.doi.org/10.1007/s00737-015-0566-4>
- Frable, D. E. S., Platt, L., & Hoey, S. (1998). Concealable stigmas and positive self-perceptions: Feeling better around similar others. *Journal of Personality and Social Psychology*, 74, 909–922. <http://dx.doi.org/10.1037/0022-3514.74.4.909>
- Frost, D. M., & Meyer, I. H. (2009). Internalized homophobia and relationship quality among lesbians, gay men, and bisexuals. *Journal of Counseling Psychology*, 56, 97–109. <http://dx.doi.org/10.1037/a0012844>
- Frost, D. M., & Meyer, I. H. (2012). Measuring community connectedness among diverse sexual minority populations. *Journal of Sex Research*, 49, 36–49. <http://dx.doi.org/10.1080/00224499.2011.565427>
- Galupo, M. P., Mitchell, R. C., & Davis, K. S. (2015). Sexual minority self-identification: Multiple identities and complexity. *Psychology of Sexual Orientation and Gender Diversity*, 2, 355–364. <http://dx.doi.org/10.1037/sgd0000131>
- Gartrell, N., Banks, A., Hamilton, J., Reed, N., Bishop, H., & Rodas, C. (1999). The National Lesbian Family Study: 2. Interviews with mothers of toddlers. *American Journal of Orthopsychiatry*, 69, 362–369. <http://dx.doi.org/10.1037/h0080410>
- Gartrell, N., Banks, A., Reed, N., Hamilton, J., Rodas, C., & Deck, A. (2000). The National Lesbian Family Study: 3. Interviews with mothers of five-year-olds. *American Journal of Orthopsychiatry*, 70, 542–548. <http://dx.doi.org/10.1037/h0087823>
- Goldberg, A. E., Frost, R. L., Manley, M. H., & Black, K. A. (2017). Meeting other moms: Lesbian adoptive mothers' relationships with other parents at school and beyond. *Journal of Lesbian Studies*, 22, 67–84.
- Goldberg, A. E., Ross, L. E., Manley, M. H., & Mohr, J. J. (2017). Male-partnered sexual minority women: Sexual identity disclosure to health care providers during the perinatal period. *Psychology of Sexual Orientation and Gender Diversity*, 4, 105–114. <http://dx.doi.org/10.1037/sgd0000215>
- Hancock, K. J., Cunningham, N. K., Lawrence, D., Zarb, D., & Zubrick, S. R. (2015). Playgroup participation and social support outcomes for mothers of young children: A longitudinal cohort study. *PLoS ONE*, 10, e0133007. <http://dx.doi.org/10.1371/journal.pone.0133007>
- Hartwell, E. E., Serovich, J. M., Reed, S. J., Boisvert, D., & Falbo, T. (2017). A systematic review of gay, lesbian, and bisexual research samples in couple and family therapy journals. *Journal of Marital and Family Therapy*, 43, 482–501. <http://dx.doi.org/10.1111/jmft.12220>
- Hayfield, N., Clarke, V., & Halliwell, E. (2014). Bisexual women's understandings of social marginalisation: "The heterosexuals don't understand us but nor do the lesbians." *Feminism & Psychology*, 24, 352–372.
- Hayman, B., Wilkes, L., Halcomb, E. J., & Jackson, D. (2013). Marginalised mothers: Lesbian women negotiating heteronormative healthcare services. *Contemporary Nurse*, 44, 120–127. <http://dx.doi.org/10.5172/conu.2013.44.1.120>
- Holt-Lunstad, J., & Uchino, B. N. (2015). Social support and health. In K. Glanz, B. K. Rimer, & K. Viswanath (Eds.), *Health behavior: Theory, research, and practice* (5th ed., pp. 183–204). San Francisco, CA: Jossey-Bass.
- Hutson, D. J. (2010). Standing OUT, fitting IN: Identity, appearance, and authenticity in gay and lesbian communities. *Symbolic Interaction*, 33, 213–233. <http://dx.doi.org/10.1525/si.2010.33.2.213>
- Israel, T., & Mohr, J. J. (2004). Attitudes toward bisexual women and men: Current research, future directions. *Journal of Bisexuality*, 4(1–2), 117–134. http://dx.doi.org/10.1300/J159v04n01_09
- Johns, M. M., Pingel, E. S., Youatt, E. J., Soler, J. H., McClelland, S. I., & Bauermeister, J. A. (2013). LGBT community, social network characteristics, and smoking behaviors in young sexual minority women. *American Journal of Community Psychology*, 52, 141–154. <http://dx.doi.org/10.1007/s10464-013-9584-4>
- Kertzner, R. M., Meyer, I. H., Frost, D. M., & Stirratt, M. J. (2009). Social and psychological well-being in lesbians, gay men, and bisexuals: The effects of race, gender, age, and sexual identity. *American Journal of Orthopsychiatry*, 79, 500–510. <http://dx.doi.org/10.1037/a0016848>
- Klärner, A., Keim, S., & von der Lippe, H. (2016). Social network dynamics in the course of family formation: Results from a mixed-methods longitudinal study. *International Review of Social Research*, 6, 245–255. <http://dx.doi.org/10.1515/irsr-2016-0026>
- Lambe, J., Cerezo, A., & O'Shaughnessy, T. (2017). Minority stress, community involvement, and mental health among bisexual women. *Psychology of Sexual Orientation and Gender Diversity*, 4, 218–226. <http://dx.doi.org/10.1037/sgd0000222>
- Maccio, E. M., & Pangburn, J. A. (2011). The case for investigating postpartum depression in lesbians and bisexual women. *Women's Health Issues*, 21, 187–190. <http://dx.doi.org/10.1016/j.whi.2011.02.007>
- Martin, J. L., & Dean, L. L. (1988). *The impact of AIDS on gay men: A research instrument*. Unpublished manuscript.
- Mauthner, N. S. (1995). Postnatal depression: The significance of social contacts between mothers. *Women's Studies International Forum*, 18, 311–323.
- McLaren, S. (2009). Sense of belonging to the general and lesbian communities as predictors of depression among lesbians. *Journal of Homosexuality*, 56, 1–13. <http://dx.doi.org/10.1080/00918360802551365>
- 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. <http://dx.doi.org/10.1037/0033-2909.129.5.674>
- Mohr, J. J., Jackson, S. D., & Sheets, R. L. (2017). Sexual orientation self-presentation among bisexual-identified women and men: Patterns

- and predictors. *Archives of Sexual Behavior*, 46, 1465–1479. <http://dx.doi.org/10.1007/s10508-016-0808-1>
- Omoto, A. M., & Malsch, A. M. (2005). Psychological sense of community: Conceptual issues and connections to volunteerism-related activism. In A. M. Omoto (Ed.), *The Claremont symposium on applied social psychology*. Processes of community change and social action (pp. 83–103). Mahwah, NJ: Erlbaum.
- Pachankis, J. E. (2007). The psychological implications of concealing a stigma: A cognitive-affective-behavioral model. *Psychological Bulletin*, 133, 328–345. <http://dx.doi.org/10.1037/0033-2909.133.2.328>
- Patterson, C. J., & Riskind, R. G. (2010). To be a parent: Issues in family formation among gay and lesbian adults. *Journal of GLBT Family Studies*, 6, 326–340. <http://dx.doi.org/10.1080/1550428X.2010.490902>
- Persson, T. J., Pfaus, J. G., & Ryder, A. G. (2015). Explaining mental health disparities for non-monosexual women: Abuse history and risky sex, or the burden of non-disclosure? *Social Science & Medicine*, 128, 334–335. <http://dx.doi.org/10.1016/j.socscimed.2014.08.038>
- Quinn, D. M., & Earnshaw, V. A. (2011). Understanding concealable stigmatized identities: The role of identity in psychological, physical, and behavioral outcomes. *Social Issues and Policy Review*, 5, 160–190. <http://dx.doi.org/10.1111/j.1751-2409.2011.01029.x>
- Quinn, D. M., & Earnshaw, V. A. (2013). Concealable stigmatized identities and psychological well-being. *Social and Personality Psychology Compass*, 7, 40–51. <http://dx.doi.org/10.1111/spc3.12005>
- Quinn, D. M., Williams, M. K., Quintana, F., Gaskins, J. L., Overstreet, N. M., Pishori, A., . . . Chaudoir, S. R. (2014). Examining effects of anticipated stigma, centrality, salience, internalization, and outness on psychological distress for people with concealable stigmatized identities. *PLoS ONE*, 9, e96977. <http://dx.doi.org/10.1371/journal.pone.0096977>
- Riskind, R. G., & Tornello, S. L. (2017). Sexual orientation and future parenthood in a 2011–2013 nationally representative United States sample. *Journal of Family Psychology*, 31, 792–798. <http://dx.doi.org/10.1037/fam0000316>
- Röndahl, G., Bruhner, E., & Lindhe, J. (2009). Heteronormative communication with lesbian families in antenatal care, childbirth and postnatal care. *Journal of Advanced Nursing*, 65, 2337–2344. <http://dx.doi.org/10.1111/j.1365-2648.2009.05092.x>
- Ross, L. E., Dobinson, C., & Eady, A. (2010). Perceived determinants of mental health for bisexual people: A qualitative examination. *American Journal of Public Health*, 100, 496–502. <http://dx.doi.org/10.2105/AJPH.2008.156307>
- Ross, L. E., Salway, T., Tarasoff, L. A., MacKay, J. M., Hawkins, B. W., & Fehr, C. P. (2017). Prevalence of depression and anxiety among bisexual people compared to gay, lesbian, and heterosexual individuals: A systematic review and meta-analysis. *Journal of Sex Research*, 1–22. <http://dx.doi.org/10.1080/00224499.2017.1387755>
- Ross, L. E., Siegel, A., Dobinson, C., Epstein, R., & Steele, L. S. (2012). “I don’t want to turn totally invisible”: Mental health, stressors, and supports among bisexual women during the perinatal period. *Journal of GLBT Family Studies*, 8, 137–154. <http://dx.doi.org/10.1080/1550428X.2012.660791>
- Rosser, B. R., West, W., & Weinmeyer, R. (2008). Are gay communities dying or just in transition? Results from an international consultation examining possible structural change in gay communities. *AIDS Care*, 20, 588–595. <http://dx.doi.org/10.1080/09540120701867156>
- Schaffer, M. A. (2004). Social support. In S. J. Peterson & T. S. Bredow (Eds.), *Middle range theories: Application to nursing research* (pp. 179–202). Philadelphia, PA: Lippincott Williams & Wilkins.
- Stapleton, L. R., Schetter, C. D., Westling, E., Rini, C., Glynn, L. M., Hobel, C. J., & Sandman, C. A. (2012). Perceived partner support in pregnancy predicts lower maternal and infant distress. *Journal of Family Psychology*, 26, 453–463. <http://dx.doi.org/10.1037/a0028332>
- Steele, L. S., Ross, L. E., Dobinson, C., Veldhuizen, S., & Tinmouth, J. M. (2009). Women’s sexual orientation and health: Results from a Canadian population-based survey. *Women & Health*, 49, 353–367. <http://dx.doi.org/10.1080/03630240903238685>
- Tasker, F., & Delvoe, M. (2015). Moving out of the shadows: Accomplishing bisexual motherhood. *Sex Roles*, 73, 125–140. <http://dx.doi.org/10.1007/s11199-015-0503-z>
- Toft, A., & Yip, A. K.-T. (2018). Intimacy negotiated: The management of relationships and the construction of personal communities in the lives of bisexual women and men. *Sexualities*, 21, 233–250.

Received September 1, 2017

Revision received January 26, 2018

Accepted February 5, 2018 ■