The National LGBT Partnership

Bi+ Health Inequalities Pamphlet

March 2024

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Written by
Laura Clarke (she/they)
Partnership Co-ordinator
National LGBT Partnership

Designed by
Laura Tubb (she/her)
www.lauratubb.co.uk

Photography by
unsplash.com
Alexander Grey
Raphael Renter
Katie Rainbow
Aiden Craver
Courtney Coles
Michael Franczak
Ilia Bronskiy
Nikolas Gannon
Yang Deng

Iconography by
flaticon.com

facebook.com/NationalLGBTPartnership

twitter.com/LGBTPartnership

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Glossary of Terms

Bi+ — Bi+ is an umbrella term used to refer to any multigender attracted romantic and sexual identities. It is intended to be a more inclusive term than 'bisexual' as it acknowledges the variety of identities that include a multigendered attraction, such as pansexual, queer, or biromantic identities

Bi+ erasure — Bi+ erasure is where the existence or legitimacy of bi+ identities is called into question.

Bi+ invisibility — Bi+ invisibility is where bi+ identities are ignored, removed or falsified in society

Biphobia — Biphobia is a dislike or prejudice against bi+ people

Biromantic — Biromanticism is often defined as the romantic attraction to more than one gender, or to one's own gender and other genders. Individuals may identify as biromantic but not bisexual, or they may identify as both

Bisexual — Bisexuality is often defined as the sexual attraction to more than one gender, or to one's own gender and other genders. Individuals may identify as bisexual but not biromantic, or they may identify as both

Homophobia — Homophobia is a dislike or prejudice against people who experience same-gender attraction

LGBTQ+ — LGBT+ is an acronym to refer to the many minoritized sexualities and genders, including Lesbian, Gay, Bisexual, Trans, Queer and other identities

Monosexism — Monosexism refers to the belief that monosexual identities (e.g. gay, lesbian, or heterosexual identities) are more legitimate or superior than bi+ identities

Monosexual — Monosexual refers to people who are only attracted to one gender. This includes those who experience same-gender attraction (gay or lesbian people) or heterosexual people (men who are exclusively attracted to women, and women

who are exclusively attracted to men)

Non-Binary — Someone who is non-binary is somebody whose gender identity sits outside the gender binary of man and woman

Non-monosexual — Non-monosexuals are people attracted to more than one gender. This can include, but it not limited to, bisexual, pansexual and queer identities

Panromantic — Panromanticism is the romantic attraction to individuals regardless of their gender identity. Individuals may identify as panromantic but not pansexual, or they may identify as both

Pansexual — Pansexuality is the sexual attraction to individuals regardless of their gender identity. Individuals may identify as pansexual but not panromantic, or they may identify as both

Polyamory (poly) — The practice of engaging in multiple romantic and/or sexual relationships at once with the knowledge and consent of all individuals involved

Queer — Queer is a very expansive word that attempts to encompass the departure from dominant heterosexual and cisgender identities. Queer can refer to same-gender interest, different sexual practices, different relationship formats, and different gender expressions. It can mean all of these, or none of these. This word is deliberately ambiguous to challenge the convention of choosing an identity category and thus reinscribing power dynamics through hierarchical identities.

So, you want to be more bi+ inclusive?

Hello! And welcome to this pamphlet on bi+ inclusion in health and wellbeing. If you're reading this resource, you're probably a healthcare professional, or frontline worker, who is wanting to improve their knowledge of bi+ issues and provide a more inclusive and appropriate service for bi+ people in their care. We're also willing to hedge a bet that you're an incredibly busy person, who wishes they had more time to improve their practice, but simply doesn't have the capacity or resources. Does this ring a bell? If so, perfect. We've made this resource for YOU.

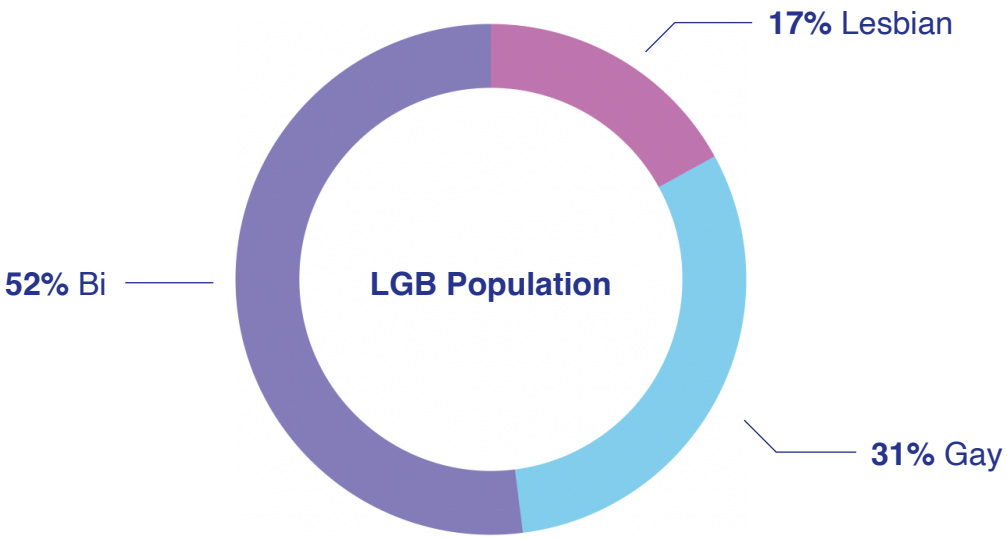
In this pamphlet you will find some of the results of our most recent research with bi+ people. We'll show you statistics about bi+ health and wellbeing, stories from bi+ people, and a number of recommendations (from the community itself) on how you can up your game when engaging with bi+ people professionally. We've deliberately made this resource short and easy to read, so that you can dip into it between seeing service-users, bring sections to team meetings to discuss, or read while you're drinking your (much-needed) coffee.

We hope this resource proves to be an educational and enjoyable read! For more LGBTQ+ resources for health and wellbeing workers, visit: https://www.consortium.lgbt/nationallgbtpartnership/publications/

Bi+ Myths

- **"Bisexuality doesn't exist"**

Bisexuality is real. In fact, bi+ identities make up the majority of LGB people — one study found that **52%** of people in this group identified as bisexual, compared to **31%** who identified as gay and **17%** who were lesbians.[1] According to the Office of National Statistics, **2%** of people aged 16+ in the UK identify as LGB, and, of these, **0.7%** identify as bi.[2] The actual figure is likely to be a lot higher for multiple reasons including fear of coming out, the methodology used for the study, etc.



- **"Bisexuality is a phase. Bi+ people are confused and will end up gay or straight."**

This isn't the case for the vast majority of individuals. The results of one study found that **92%** of people who identified as bisexual still did so 10 years later.[3] Most bisexual people are secure in their orientation and have identified this way for a long time, sometimes since puberty or earlier. A very small number of people may initially identify as bisexual, but go on to identify with a monosexual identity (such as gay or lesbian), however their time identifying as bi+ is still valid, and should be respected. It is never your job to label somebody's identity as a "phase".

- **"Bi+ people are all polyamorous"**

Some bi+ people may be involved in polyamorous relationships or arrangements, but many will not. Somebody's ability to be attracted to multiple genders does not inherently mean that they will want to be sexually or romantically involved with multiple people of different genders at the same time. Being involved in polyamorous relationships is not determined by someone's romantic or sexual identity.

- **“Bi+ people are sexually promiscuous”**

The narrative of bi+ people being sexually “greedy” or sleeping with multiple people isn’t accurate for many bi+ people, and can be a harmful stereotype that sexualises the bi+ identity. Just like heterosexual people, some bi+ people will enjoy casual sex, but many will not. Some bi+ people are as asexual — meaning they may experience little to no sexual attraction, despite being romantically attracted to multiple genders.

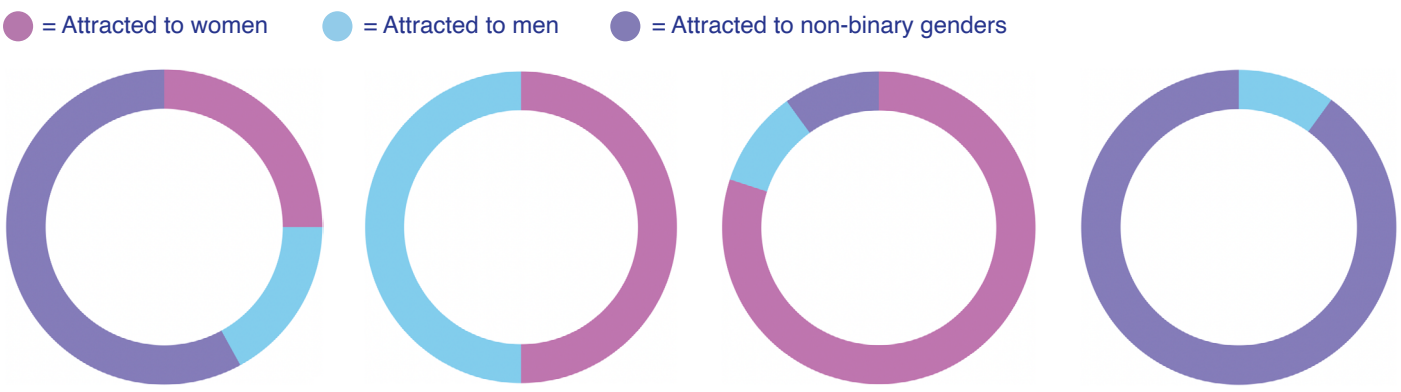
- **“When bi+ people get married or settle into a monogamous relationship they aren’t bi anymore”**

When bi+ people are in a relationship, they are still bi+ regardless of the gender of the person/people they are in relationship with. For instance, a bi+ woman being in a relationship with a woman does not mean she is a lesbian, she is still bi+. Bi+ people who get married or are only in relationship with people of one gender haven’t “picked a side” — they are still bi+. This applies regardless of the gender of their partner. A campaign that serves to highlight the vast numbers of bi+ people who are in relationships is the #StillBisexual[4] movement, created by activist and author Nicole Kristal in 2015. This campaign exists to debunk stereotypes about bisexuality by platforming stories from bi+ people all over the world stating that, regardless of their marriage, current or previous relationships, they are still bisexual.

- **“Bi+ people are 50% attracted to women and 50% attracted to men”**

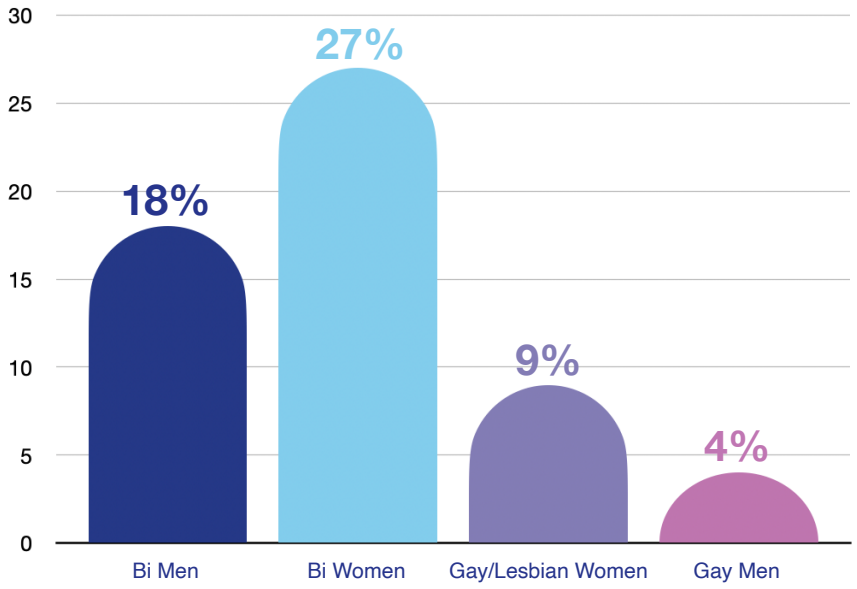
The definition of bisexuality is simply someone attracted to multiple genders. Everybody’s bisexual identity is different — some bi people will experience greater or more frequent attraction to one gender over others, some will experience attraction equally, and some people’s attraction to certain genders will change over the course of their life. Sexuality is fluid and exists on a spectrum. Additionally, by positioning bi+ attraction as a split between men and women, we erase identities outside of the gender binary and the bi+ people who experience attraction to non-binary people. This is also why we use the language of attraction to “multiple genders” or “more than one gender”, instead of “both genders”.

All of the following graphs could represent attraction by different bi+ people:



- **“Bi+ people experience less discrimination than gay and lesbian people”**

This isn’t necessarily true. In fact, bi+ people are likely to experience biphobia as well as homophobia, adding to the discrimination they may face. Bi+ people also commonly experience biphobia or monosexism from other members of the LGBTQIA+ community, as well as straight people. Some gay and lesbian people believe bisexuality to be an inferior identity, or not “gay enough”, leading to bi+ people feeling like they don’t have a community to belong to — they’re “too queer” for straight communities and “too straight” for LGBTQIA+ spaces.



reported experiencing discrimination from others in the LGBTQIA+ community[5]

Bi+ Health Disparities

“My identity was cited as a reason for my mental health when I was actually suffering from PTSD”

(Cis Woman, Queer, Black/Black British African, aged 35-44, Non-Disabled)

The bi+ community is disproportionately affected by negative health outcomes, particularly mental health. In fact, bisexual people are found to have the worst mental health problems of all of the larger sexual identity groups.[6] This doesn’t mean that being bi+ inherently causes ill health, or that a bi+ identity in itself is mental health issue.

Rather, this disparity to likely due to the minority stress that bi+ people experience in their day to day lives. For bi+ people this may manifest as biphobia and bi-erasure. See page **20** for examples of these specific forms of bi+ discrimination can appear in healthcare settings.

Minority Stress describes the chronically high levels of stress experienced by marginalised groups. Contributing factors can include prejudice, discrimination, and a lack of social support. Experiencing high levels of prejudice can trigger a stress response and, over time, contribute to worsened physical and mental health, including high blood pressure and anxiety.[7]

Only half (51%) of bi+ people we surveyed rated their current health as "good" or "very good". We also found that **over three quarters (75.4%) of bi+ people had at least one long-term health condition,** compared to the most recent GP Patient Survey's findings of 60% of bisexual people, and 52.5% of the general population.[8]

We also found that **42% of those surveyed identified as disabled** (defined in our survey as having a long-term physical or mental health conditions that interferes with or affects someone's everyday life). This figure is similar to a 2012 study which reported that 40% of bi men identified as disabled, compared to 22% of heterosexual men and 26% of gay men.[9]

Our findings, like many others, show the stark difference in rates of mental health conditions in the bi+ community, compared to the general population. 50% of the bi+ people we surveyed reported having at least one mental health condition, while the 2021 GP Patient Survey shows a rate of 11% in the general population, meaning that **you are roughly five times more likely to experience mental health problems if you have a bi+ identity.** The GP Patient Survey reports 38% of bisexual people with a long-term mental health condition, making our results significantly higher.

"I'm friends with a performer who is bi and a person of colour and trans and they basically say they don't know any bi people who don't have mental health conditions"

- Bi Group Leader, London

Other conditions that showed significantly higher rates in the bi+ community were:

- Autism or Autism Spectrum Condition – **18.3%** of bi+ people compared to 1.1% of the general population, and 4% of bisexual people in the GP Patient Survey
- Neurological Conditions (such as Epilepsy) – **7.1%** of bi+ people compared to 1.9% of the general population, and 3% of bisexual people in the GP Patient Survey
- Learning Disability – **5.8%** of bi+ people compared to 1.7% of the general population, and 5% of bisexual people in the GP Patient Survey

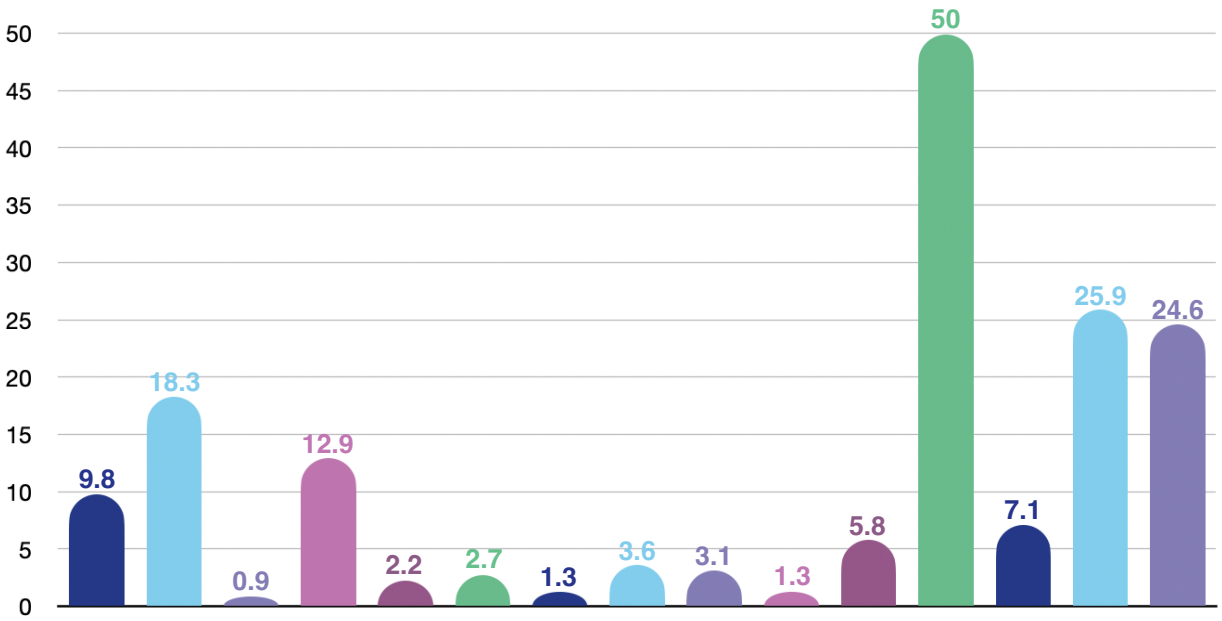
"In my assessment for Autism Spectrum Disorder my bisexuality was seen as a quirk of the condition/a pathology rather than my genuine sexual orientation"

- Cis Woman, Queer, White British, aged 35-44, Disabled

It should be noted that the above percentages were all higher than the bisexual statistics reported in the most recent GP Patient Survey. There could be many reasons for this, but one may be that people were more likely to report on conditions for which they have not received an official diagnosis when the survey was not

directly linked to their GP practice. Therefore, our survey may provide a better insight into the conditions that bi+ people believe they live with, while the GP Patient Survey may more accurately reflect diagnosed conditions.

Bi+ Long-Term Health Conditions



9.8 - Arthritis or ongoing problem with back and joints
18.3 - Autism or autism spectrum condition
0.9 - Blindness or partial sight
12.9 - A breathing condition, such as asthma or COPD
2.2 - Cancer (diagnosis or treatment in the past 5 years)
2.7 - Deafness or hearing loss
1.3 - Diabetes
3.6 - A heart condition, such as angina or atrial fibrillation
3.1 - High blood pressure
1.3 - Kidney or liver disease
5.8 - A learning disability
50 - A mental health condition
7.1 - A neurological condition, such as epilepsy
25.9 - Another long term condition or disability
24.6 - No long-term conditions

The following percentages represent the number of bi+ people who had received a diagnosis of a specific mental health condition(s) at some point in their lives:

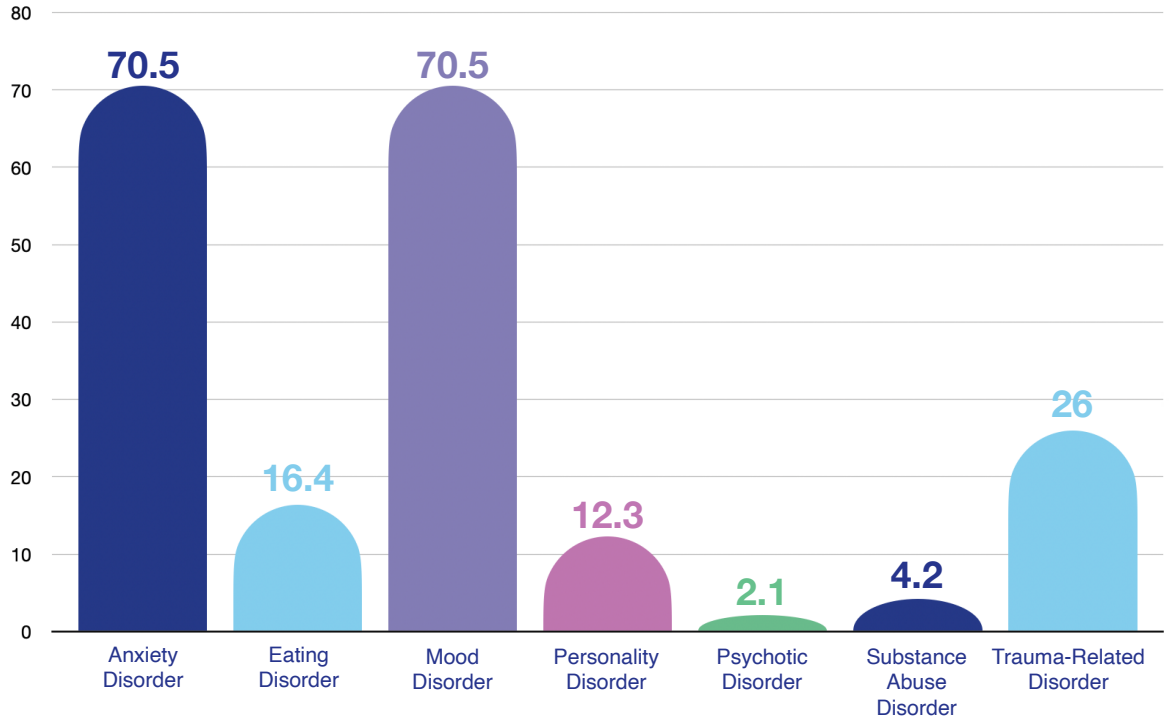
• Mood Disorder (e.g. Depression, Bipolar Disorder, etc.) – **70.5%**
• Anxiety Disorder (e.g. Generalised Anxiety Disorder, Panic Disorder, etc.) – **70.5%**
25.9 24.6
• Trauma-Related Disorder (e.g. Post-Traumatic Stress Disorder, Acute Stress Disorder, etc.) –
26%
• Eating Disorder (e.g. Anorexia, Binge Eating Disorder, etc.) – **16.4%**
• Personality Disorder (e.g. Borderline Personality Disorder, Antisocial Personality Disorder,
etc.) – **12.3%**
• Substance Abuse Disorder (e.g. Alcohol Addiction, Drug Addiction, etc.) – **4.1%**
• Psychotic Disorder (e.g. Schizophrenia, Schizoaffective Disorder, etc.) – **2.1%**

Some of these statistics are considerably higher than the national average,[10] particularly for mood, anxiety and trauma-related disorders.

"We know that LGBT people are disproportionately diagnosed with personality disorders when they've more commonly experienced trauma and often that trauma is related to minority stress"

- Non-Binary, Bisexual, White Irish, aged 25-34, Disabled

Bi+ Diagnosed Mental Health Conditions



The effects of suffering with a mental health condition can be serious, particularly if the issues go untreated. As rates of mental illness are higher for the bi+ community than they are for gay and lesbian people, so are the rates of self-harm and suicidal thoughts.[11] **57% of bi+ people we surveyed had, at some point in their lives, self-harmed** and of those who had self-harmed, 31.7% had done so in the past year. **Additionally, almost a third (29.3%) of bi+ people surveyed had, at some point in their lives, attempted suicide.** Of those who had attempted suicide, 15.4% had done so in the past year.

"After a suicide attempt at 15 the CAMHS worker [decided] that my issues were down to my sexuality"

- Cis Woman, Pansexual, White British, aged 25-34, Disabled

Bi the way...

It is worth acknowledging that we conducted our survey during the COVID-19 pandemic in 2021. As a result, some rates of mental health problems, self-harm and suicide attempts may be higher than usual due to the impact of the pandemic. **60.1%** of bi+ people we surveyed said that their mental health had worsened as a result of the COVID-19 pandemic and lockdowns.

Bi+ Inequalities in Healthcare

“Healthcare professionals would benefit from making themselves more aware of the wide range of sexual identities people have. Simple research beyond their narrow field would help immensely in providing more relevant care”

- Trans Man, Bisexual, White British, aged 25-34, Non-Disabled

Alongside minority stress, another factor that may contribute to poorer mental and physical health of bi+ people is an avoidance of healthcare services due to a fear of discrimination, or inadequate care.

Biphobia can manifest as overt discrimination but, more often than not, takes the form of a lack of understanding of bisexual identities. As healthcare professionals know, appointment time is precious, and many people wait for a long time before they actually get into a room with a professional to talk about their health issues. For many bi+ people, this crucial time can be instead taken up with educating the healthcare professional on their non-monosexual identity. **Over half (53%) of the bi+ people we surveyed reporting experiencing a lack of understanding of their sexual orientation from healthcare professionals.** Alongside the emotional labour of educating a stranger on their identity, a lack of understanding on the professional’s behalf

can result in bi+ people being subjected to upsetting, or even harmful, stereotyping (we'll come on to some of these assumptions later in this section).

Many bi+ people anticipate these scenarios prior to their appointments, which can create a barrier to accessing care. When surveyed, **41% of bi+ people thought that their healthcare providers had little or no understanding of bisexuality and other non-monosexual identities.**

It's essential that healthcare professionals are educated on a range of LGBTQIA+ identities, particularly those which are lesser-recognised such as non-monosexual identities, prior to engaging with patients. When this education is lacking, it can manifest as the professional asking inappropriate questions of the patient during the appointment — our survey found that **28% of bi+ people have experienced inappropriate curiosity from healthcare staff relating to their sexual orientation.**

"The first time I tried counselling, after I first got signed off work, I ended up with a therapist who was unduly interested in my sexuality and my relationships, even though that was nothing to do with my struggles"

- Agender, Bisexual, Other White Background, aged 35-44, Disabled

"[I've] never felt comfortable enough to disclose my sexuality"

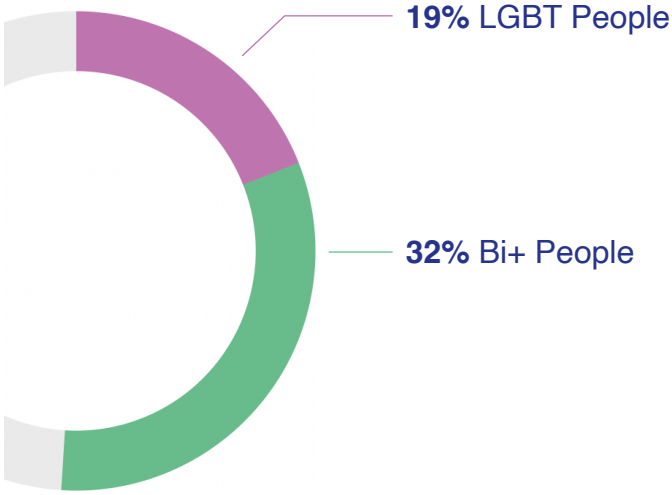
- Cis Woman, Queer, White British, aged 18-24, Disabled

Performative Allyship

Performative Allyship is defined as publicly showing support for a marginalised group, without doing any significant work to dismantle the systems that oppress said group. An example of this could be a healthcare professional wearing a rainbow lanyard to show support to the LGBTQIA+ community, without actually educating themselves on LGBTQIA+ identities, or attempting to create a more inclusive service.

Fear of being stereotyped, or experiencing discrimination, may make bi+ people hesitant to come out to their healthcare professionals. Our survey results found that **only 16% of bi+ people were out to all healthcare professionals, and 32% were out to none.** In comparison, in the LGBT community as a whole, only 19% of people aren't out to any medical professionals.[11]

% of people not out to any healthcare professional



While the sexuality of a patient may often not be particularly relevant to a healthcare appointment, or the care that is provided, it is still important that people feel able to disclose their identity when they want to. Disclosure can be important to foster trust with a health professional, and creating an environment that is safe for people to talk about their sexual identity can make it easier to recommend appropriate treatments.

"I know one person that did manage to have quite a good therapeutic relationship with multiple healthcare professionals who decided not to disclose. Not to hide the bisexuality, but to hide the things associated with it in terms of non-monogamy and things like that. For fear of being judged."

- Bi Group Leader, Nottingham

It's important that the sexual activity and partners of the patient are only enquired about where this is relevant to their care. Far too often, LGBTQIA+ people (and bi+ people especially) get asked questions about their private sexual and romantic lives for no other reason than the curiosity of the medical professional. While this may come from an authentic place of wanting to learn more about LGBTQIA+ people, it can result in the patient feeling uncomfortable, as if they are a spectacle, or that they are expected to represent everyone with the same sexual orientation or gender identity as them. **28% of bi+ people we surveyed have experienced inappropriate curiosity from healthcare staff relating to their sexual orientation.** As a practitioner, if you wish to do further research into LGBTQIA+ relationships this should be done on your own time, not in an appointment with a patient whose experience only accounts for one person in the bi+ umbrella.

"One person had been asked the question 'what is it called when there are multiple people engaging in a sexual act?' I mean, that has no relevance. That's just gratuitous nosiness that could have been satisfied by looking on the internet, not asking a patient in that setting and making them uncomfortable."

- Bi Group Leader, Nottingham

Biphobia in LGBTQ+ Spaces

Some health and wellbeing services, particularly charities, cater specifically to the LGBTQ+ community. The purpose of such organisations is to provide a safe space for the queer community to seek support and treatment, and also to acknowledge that LGBTQ+ people may have specific needs that relate to their marginalised sexual orientation or gender identity. These services specialise in supporting this community and are informed in the experiences that one may encounter when identifying as LGBTQ+. These organisations are what we would call **LGBTQ+ specialist services.**

Other organisations, such as mainstream charities and NHS services, are increasingly attempting to demonstrate allyship to the LGBTQ+ community, while continuing to serve the general public. Such services may participate in diversity and inclusion training, ask patients for their pronouns on paperwork, or display pride flags in the reception area or waiting room. These actions are undertaken to provide a more equitable service to all service-users, and to highlight to those in their care that this is a safe place. These are what we would call **LGBT-friendly services.**

Unfortunately, even when organisations advertise themselves as LGBTQ+ inclusive, queer people can experience discrimination or ignorance when accessing care. And as bi+ identities are lesser recognised and understood compared to monosexual gay and lesbian identities, biphobia and bi- erasure can exist even in services that promote an inclusive space.

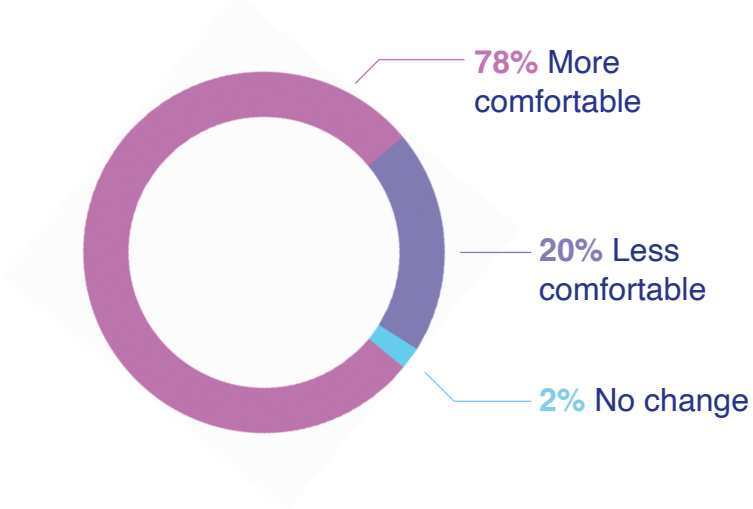
"Even if there is a space that identifies itself as LGBT-friendly, as a potential patient you kind of wonder 'are you really?' Because we can respect the fact that you are accepting of lesbian and gays, no problem. But with actual bisexuals or even to some extent trans people, it's very, very hit and miss sometimes."

- Cis Man, Bisexual, White British, 25-34, Non-Disabled

Over ¾ of our survey participants (78%) said that they would be more comfortable accessing a healthcare service that advertised itself as "LGBTQ+ inclusive" which goes to show that the efforts being made by mainstream services and LGBT-specific organisations is have the desired effect of making some queer people feel safer and more at ease when accessing healthcare.

However, not all bi+ people felt reassured by such services. 20% of the people surveyed said that they wouldn't necessarily feel any change in comfort when accessing a "LGBT+ inclusive service" and **2% actually said that they would feel less comfortable.**

Do you feel more or less comfortable accessing healthcare services that advertise themselves as "LGBTQ+ inclusive"?



That nearly a quarter of bi+ people aren't responding to the attempts of LGBTQ+ inclusivity is perhaps an indicator that not enough is being done to specifically address the B in LGBT. Our survey found that **7% of bi+ people had experienced unequal treatment related to their sexual orientation in a service that advertised itself as "LGBTQ+ inclusive".**

"Just because somebody is LGBT-accepting, as I know from my own experiences in groups, that doesn't mean they understand the bi experiences or would treat it with respect"

- Bi Group Leader, London

Biphobia or bi-erasure can still appear in services that on the surface appear to be LGBT-friendly (e.g. by displaying pride flags, or wearing rainbow lanyards) when the crucial work of bi-inclusive diversity training is neglected. This is an example of **performative allyship** (see page 16).

Yet even in LGBT specialist services, bi+ people are still not safe from monosexism. Sadly, a lot of biphobia comes from those within the LGBTQ+ community itself, from monosexual gay and lesbian people. There is a misconception that all members of the queer community are supportive of one another, which is unfortunately not always the case. As a result, bi+ people can encounter prejudice from LGBTQ+ people as well as those who are cisgender and heterosexual.

"I think what these spaces don't understand is that with biphobia the call often comes from within the house, within our own community. I don't think they understand. It's like missiles from both sides."

- Bigender, Bisexual, Other White Background, 25-34, Disabled

Below are some examples of biphobic experiences that have occurred within organisations that claim LGBTQ+ inclusivity:

"In terms of LGBTQ+ inclusive services, it's very mixed. I have had some good and some bad. I experience bi erasure quite frequently. On the worst occasion, a provider sought to turn me away from MSM services on account of my identity."

- Cis Man, Bisexual, White British, 25-34, Disabled

"I was helping train someone at a queer charity and I mentioned my partner's gender and he looked at me horrified and I said 'I'm bisexual' and he said 'oh, you're one of the greedy ones are you?"

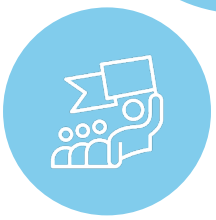
- Cis Man, Bisexual, Mixed White & Asian, 35-44, Disabled

"I've had experiences of sexual violence from men where then in LGBT spaces I was told that, because I'm bisexual, that I must in some way like that because I'm also into men."

- Cis Woman, Bisexual, Other White Background, 25-34, Disabled

"[In LGBTQ+ groups] when [bi people] come out as bisexual, they're immediately seen as outsiders or untrustworthy in some way, not part of the group, not somebody that people want to get to know better and socialize with."

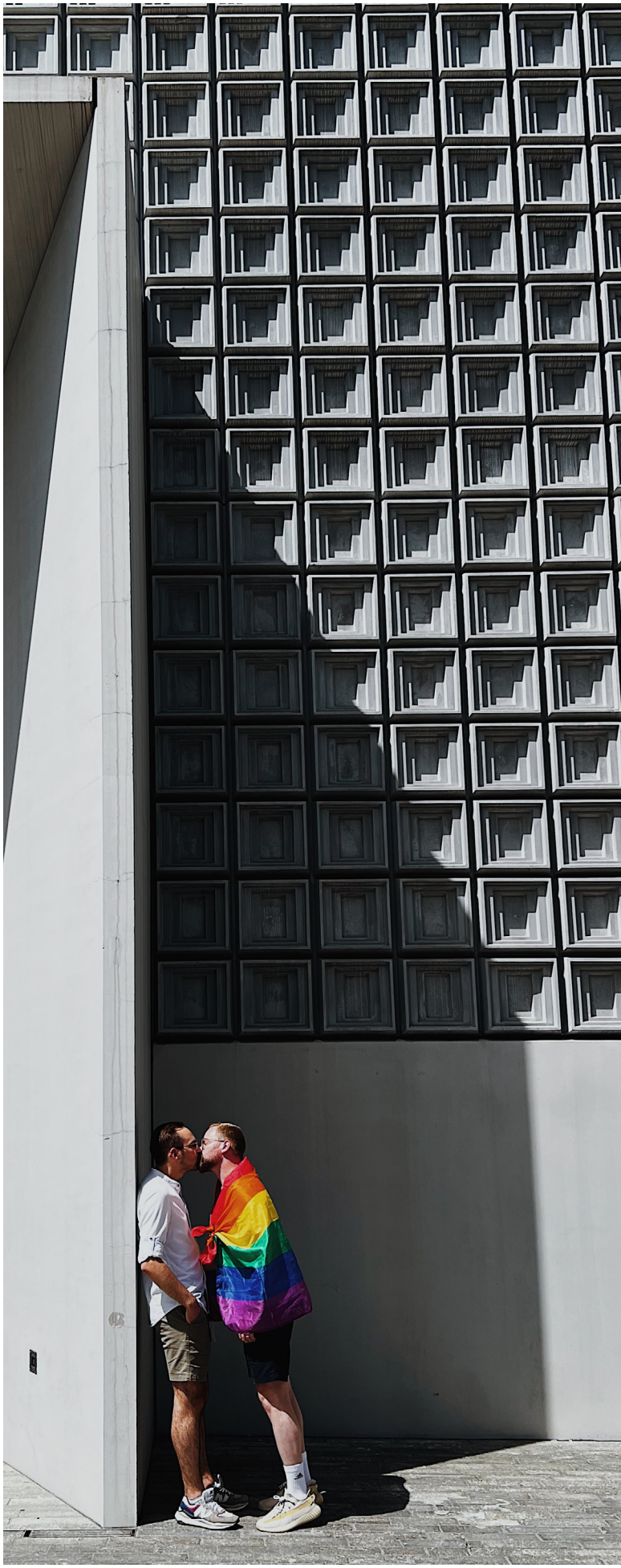
- Bi Group Leader, London



It's essential that organisations that wish to provide for the whole LGBTQ+ community educate themselves specifically on biphobia and its nuances, and seek to protect bi+ people even in queer spaces. Where possible, bi+ specific spaces and services can result in bi+ people feeling safer, and better understood:

"I can quote somebody who comes to the [bi] group, who said, 'I come here to be nurtured. I come here because I don't have to worry that there's going to be some kind of fight on the door. I don't have to be braced to be rejected."

- Bi Group Leader, London



Intersectional Bi+ Identities

Intersectionality is a term that was coined by Kimberlé Crenshaw in 1989 "to describe how systems of oppression overlap to create distinct experiences for people with multiple identity categories".[12] In the context of this pamphlet, it may describe how bi+ people with other marginalised identities (e.g. being trans, disabled or a person of colour) may experience unique forms of discrimination.

"Intersectionality is such a huge thing in the bi community. People are like, 'okay, well I had this experience and I don't know if it was homophobia, ableism, racism or biphobia.'"

- Bi Group Leader, Cambridge

It's important to acknowledge that biphobia isn't the only form of prejudice or discrimination that affects bi+ people. Members of the bi+ community may also be women, people of colour, trans, disabled, older, younger, fat, living in poverty or a combination of the above. As a result, **sexism, racism, transphobia, ablism, ageism, fatphobia and classism are all**

experiences that bi+ people can encounter when accessing healthcare, and when these intersect with monosexism it can make for a unique situation.

In our study, both disabled bi+ people and trans bi+ people were very well represented, whereas we received limited responses from those with other marginalised identities such as people of colour or older people.

Gender

Men, women and non-binary people often experience bi-erasure quite differently. Bi+ men are often assumed to be gay but attempting to hide their "true" sexuality due to shame, while bi+ women can be presumed straight but engaging sexually with other women to attract male attention. In both cases, the assumed "true" attraction of the bi+ person is men.

Bi+ women are also hyper-sexualised and fetishized as many women who have sex with other women are. As a result, women in public same-gender relationships may experience higher levels of sexual harassment.

There is also evidence to suggest that trans people are more likely to identify as bisexual than any other sexuality[13], meaning that trans people may be particularly affected by monosexism, and that biphobia and transphobia may interlink in experiences of discrimination.

"A lot of people in my group also identify under the trans umbrella as well. There's large correlation there.'"

- Bi Group Leader, Southampton

"Very few of my experiences are changed by the fact I am bisexual that are not also changed (and to a far greater and more serious extent) than the fact I am transgender."

- Trans Man, Bisexual, Other White Background, 18-24, Disabled

Race

Both bi+ people and people of colour are both communities that are hypersexualised and fetishized, therefore somebody with both of these identities may be more likely to experience unwanted sexualisation. Black communities especially are often assumed to be at an increased risk of HIV and other sexually-transmitted infections (STIs). This is also true of bi+ people, meaning that bi+ black people may be more likely to experience stigma and assumptions in this area when accessing sexual health care. While, in some circumstances, healthcare professionals may need to ask about HIV and STIs to provide relevant care, it becomes inappropriate when these questions are being asked out of sheer curiosity, based on stereotypes of race & bi+ identities.

Disability

While bi+ people are stereotyped as hypersexual or promiscuous, disabled people (particularly those with physical disabilities) are often incorrectly perceived to be asexual, or uninterested in sex. These contradicting stereotypes can mean that disabled people are not seen to be bi+, or vice versa.

"Being a disabled person as well, you're inherently seen as an asexual thing, that you are not a person, that you are an asexual, desexualised being. [...] You're either hypersexualised or desexualised. It's like I'm wearing camo and high-vis at the same time."

- Bigender, Bisexual, Other White Background, 25-34, Disabled

"Medical professionals' responses to my sexuality (and therefore the ways that I am treated) are also influenced by the fact that I'm a wheelchair user, so sometimes it's difficult to separate out what is ableism and what is biphobia!"

- Non-Binary, Bisexual, Other White Background, 25-34, Disabled

For those with mental health conditions, learning difficulties, or those who are autistic, their bisexuality can often be wrongly assumed to be a symptom of their condition. When this assumption is held, some healthcare professionals may attempt to "help" the bi+ person discover their "real" identity, encouraging them to come out as either straight or gay. This is a form of **conversion therapy** and can be extremely damaging to the mental wellbeing of queer people.

"In my assessment for ASD [Autism Spectrum Disorder] my bisexuality was seen as a quirk of the condition/a pathology rather than my genuine sexual orientation."

- Cis Woman, Queer, White British, 35-44, Disabled

"I was being screened by a psychiatrist. In the subsequent report was written, 'she shows signs of unstable identity, including her sexual identity. She identifies as bisexual."

- Non- Binary, Bisexual, White Irish, 25-34, Disabled

Disabled people are also more likely to need to access healthcare services, meaning there is more potential to experience biphobia.

Age

For younger people, particularly those under the age of 18, non-heterosexual identities are often dismissed or excused as the young person being "too young" to know their sexuality. Young people are seen to be confused, and this combined with the stereotype that bi+ people of all ages are "confused" about their sexual orientation may mean that young bi+ people are more frequently ignored or assumed that they will "end up" identifying as monosexual.

“[The doctor] implied that I would ‘make a decision either way.’”

- Non-Binary, Bisexual, White British, 25-34, Disabled

Older people, like disabled people, are perceived by many as asexual or not engaging in sexual activity. This could mean that for people who come out as bi+ later in life, less support is offered as professionals may presume that the older person doesn’t have an active dating or sex life.

There is also evidence to suggest that STI rates are rising in older people.[14] Information on having sex with people of all genders and using appropriate contraception is essential to ensure that older bi+ people are having safer sex.

It’s important to remember that every bi+ individual will have unique experiences based on their various intersecting identities. As always, listen closely and don’t make assumptions.

Bi+ People on Bi+ Inclusion

We asked the participants of our survey and roundtables what advice they would give to healthcare professionals and organisations who are trying to be more bi-inclusive in their practice. We've grouped their responses into the following themes, and paired them with quotes that provide examples of the recommendations:

1. Believe and listen to bi+ people

"If I say I am bisexual to a mental health practitioner, it's as simple as that — I am bisexual."

- Non- Binary, Bisexual, White Irish, aged 25-34, Disabled

"Just to be more accepting that we know our sexuality and not to unnecessarily question aspects of this where it isn't related to care."

- Cis Woman, Pansexual, White British, 25-34, Non-Disabled

"Stop thinking of bisexuality as 'half' of something, or 'in between' somewhere. It's its own individual thing, we're not just undecided."

- Cis Woman, Bisexual, Other White Background, aged 25-34, Disabled

"It would just be great if healthcare providers could focus on understanding the individual's right to express their sexuality in their own way. It's an individual's fundamental human right to use their own body as they wish."

- Trans Woman, Bisexual, White British, 55-64, Non-Disabled

2. Don't make assumptions

"Don't make assumptions like, 'oh, she's mentioned a girlfriend before, she must be a lesbian' or 'oh, she mentioned a boyfriend, she must be straight.'"

- Cis Woman, Bisexual, White British, 25- 34, Disabled

"Don't assume that because someone is in a relationship with one gender right now, that they won't be with others at a different time. Also, don't assume that someone who is in a long-term partnership or marriage is 100% sexually monogamous."

- Cis Woman, Bisexual, White British, 18- 24, Disabled

“Don’t assume someone is straight and cis just because they and their partner seem to present in a way that’s consistent with that assumption. Even in a ‘straight’ relationship one or both people might be bi.”

- Non-Binary, Pansexual, White British, 25-34, Non-Disabled

“We’re not all sexual people and we may be bi but not have sexual experiences with other genders. The assumption that sex is the pinnacle of our identities is harmful.”

- Quariwarmi, Queer, Other Mixed Background, 25-34, Disabled

3. Use inclusive and clear language

“De-gender language around partners and instead focus on behaviours — e.g. when evaluating risk of sexual activity, pregnancy etc.”

- Cis Woman, Bisexual, White British, 25-34, Disabled

“Ask more specific questions about sexual activity and give time frames (e.g. not ‘are you sexually active?’ when they mean ‘could you be pregnant?’)”

- Non-Binary, Bisexual, White British, 25-34, Disabled

“Include sexual health information for sex with people of all genders and explain the differences in risk. I’ve only experienced this once and it was so useful.”

- Cis Woman, Bisexual, Other Mixed Background, 25-34, Non-Disabled

“In general, I like the use of non-gender specific pronouns when discussing partners.”

- Cis Man, Bisexual, Other Black or Black British Background, 35-44, Non-Disabled

4. Seek out LGBTQIA+ training and educate yourself about bi+ identities

"Healthcare professionals would benefit from making themselves more aware of the wide range of sexual identities people have. Simple research beyond their narrow field would help immensely in providing more relevant care."

- Trans Man, Bisexual, White British, 25-34, Non-Disabled

"Mandatory training in gender and sexual diversity for all healthcare staff."

- Demigirl, Bisexual, White British, 35-44, Non-Disabled

"For me, as biromantic asexual person, it's really important for me that health providers have a better understanding of the split romantic and sexual attraction model, rather than disregarding or ignoring my asexuality altogether."

- Cis Woman, Biromantic, Other White Background, 25-34, Non-Disabled

"It's more than having a rainbow pin on your lanyard. You have to actually change the culture and that will come with education."

- Cis Woman, Pansexual, White British, 35-44, Disabled

Bi the way...

The National LGBT Partnership regularly provide training to health and social care organisations, including NHS staff, on LGBTQIA+ health and inequalities. If you're interested in learning more about these training workshops, please visit the Contact Us page of our website to enquire further.

Other Resources

We hope this pamphlet has provided you with an introductory insight into bi+ health inequalities. If you would like to read more into bisexuality and bi+ inequalities, we recommend exploring the following literature:

• Bi: Bisexual, Pansexual, Fluid and Nonbinary Youth (2021)
— Ritch C. Savin-Williams

• Bi: Notes for a Bisexual Revolution (2013)
— Shiri Eisner

• Bisexual and Pansexual Identities: Exploring and Challenging Invisibility and Invalidation (2021)
— Nikki Hayfield

• Bi: The hidden culture, history and science of bisexuality (2022)
— Julia Shaw

• GL vs. BT: The archaeology of biphobia and transphobia within the U.S. gay and lesbian community (2003)
— Jillian Todd Weiss

• Hiding in the closet? Bisexuals, coming out and the disclosure imperative (2007)
— Kirsten McLean

• Inside, outside, nowhere: Bisexual men and women in the gay and lesbian community (2008)
— Kirsten McLean

• Invisible Majority: The Disparities Facing Bisexual People and How to Remedy Them (2016) — Movement Advancement Project

• LGBT in Britain: Bi Report (2020)
— Stonewall

• The Bisexuality Report: Bisexual inclusion in LGBT equality and diversity (2012)
— Barker M, Richards C, Jones R, Bowes-Catton H, Plowman T, Yockney J et al.

• “What does a bisexual look like? I don’t know!”: Visibility, Gender, and Safety Among Plurisexuals” (2020)
— Rosie Nelson

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