



NATIONAL LGBT HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE



# Understanding Bisexuality: Challenging Stigma, Reducing Disparities, and Caring for Patients

---

Robyn Ochs, Ed.M.

September 10, 2014

# Continuing Medical Education Disclosure

- Program Faculty: Robyn Ochs, Ed.M.
- Current Position: Speaker and Educator
- Disclosure: No relevant financial relationships to disclose. Content of talk does not include discussion of off-label products.

It is the policy of The National LGBT Health Education Center, Fenway Health that all CME planning committee/faculty/authors/editors/staff disclose relationships with commercial entities upon nomination/invitation of participation. Disclosure documents are reviewed for potential conflicts of interest and, if identified, they are resolved prior to confirmation of participation. Only participants who have no conflict of interest or who agree to an identified resolution process prior to their participation were involved in this CME activity.

# Learning Objectives

*By the end of this session, participants will be able to:*

1. Define bisexuality
2. Understand some specific challenges faced by those in this identity group
3. Describe current data on health disparities and risk factors among bisexual people
4. Identify ways to provide patient-centered care and resources to bisexual patients

# About Your Presenter

- Robyn Ochs, Ed.M., is a national speaker and educator, whose work focuses on increasing awareness of complex identities.
- She is the editor of the 42-country anthology, *Getting Bi: Voices of Bisexuals Around the World*, the *Bi Women Quarterly* and the forthcoming anthology, *RECOGNIZE: The Voices of Bisexual Men*.
- In addition, she worked for 26 years as an administrator at Harvard University where she co-founded the LGBT Faculty & Staff Group, advised the student LGBT group and was an active member of the University's Trans Task Force.
- Robyn serves on the board of MassEquality, which advocates to defend the rights of LGBT people in Massachusetts from cradle to grave.
- [www.robynocho.com](http://www.robynocho.com)
- [robyn@robynocho.com](mailto:robyn@robynocho.com)



# One Definition of Bisexuality

- Bisexuals are people who acknowledge the potential to be attracted, romantically and/or sexually, to people of more than one sex and/or gender, not necessarily at the same time, not necessarily in the same way, and not necessarily to the same degree.

-Robyn Ochs

# How Many Bisexuals are there?



# How Many Bisexuals are there?

- That would all depend upon who – and what – you're counting...

(people who call themselves bisexual, people who call themselves bi\*, people who have had sexual experiences with people of more than one gender, people who have been attracted to people of more than one gender, etc.?)

# How Many LGB People are there?

**3.5%**

Self-identify as L,G or B

**8.2%**

Report same-sex behavior

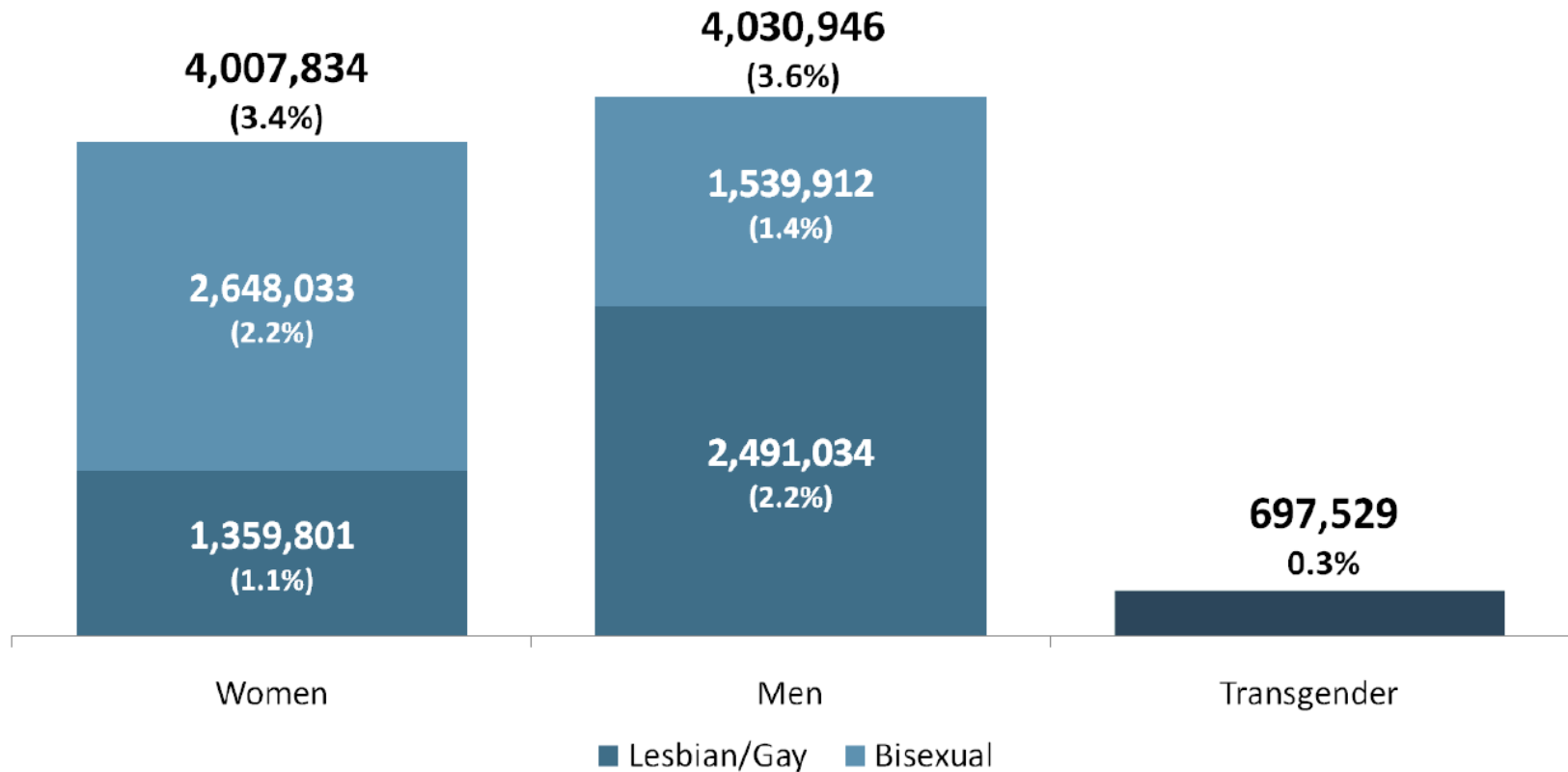
**11%**

Report same-sex attraction



# How Many of these are Bisexual?

Figure 5. Percent and number of adults who identify as LGBT in the United States.



<http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf>

# Who are We Talking About?

- I use the term “Bi\*” to refer to the vast constellation of identities along the continuum of sexuality.
- [I also use the term “Trans-star” (trans\*) to refer to the constellation of trans identities.]

# Bi\* (bi-star) Identities

BISEXUAL  
Exploring  
Fluid  
Bi-curious  
GAY-ISH  
Omnisexual

Asexual panromantic  
Polysexual  
Pansexual  
Queer  
I don't use labels

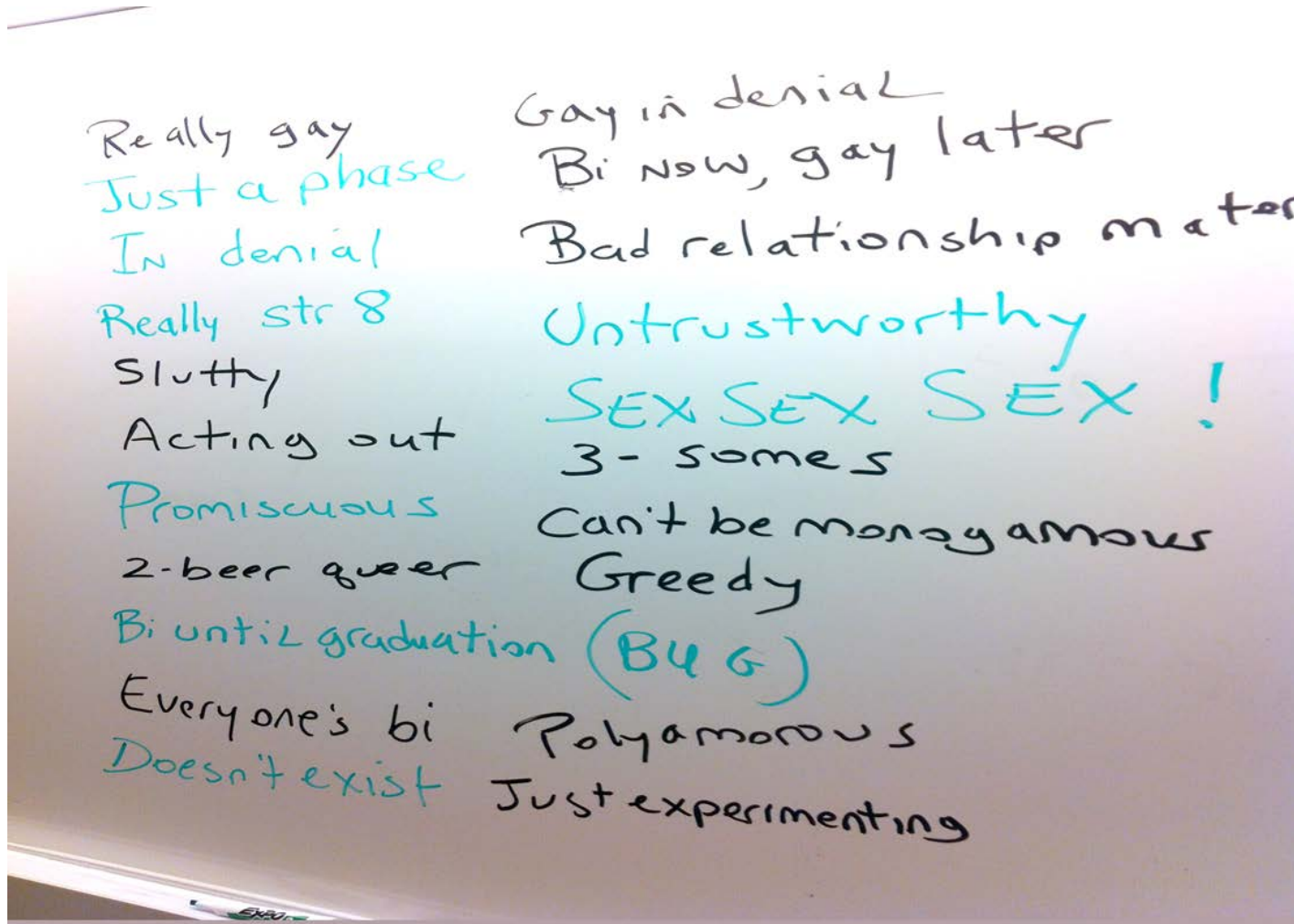
Bi-certain  
Pan-romantic  
Straightish  
Questioning  
Heteroflexible

---



# What is it Like to Identify as Bisexual?

# So Little Time, So Many Stereotypes

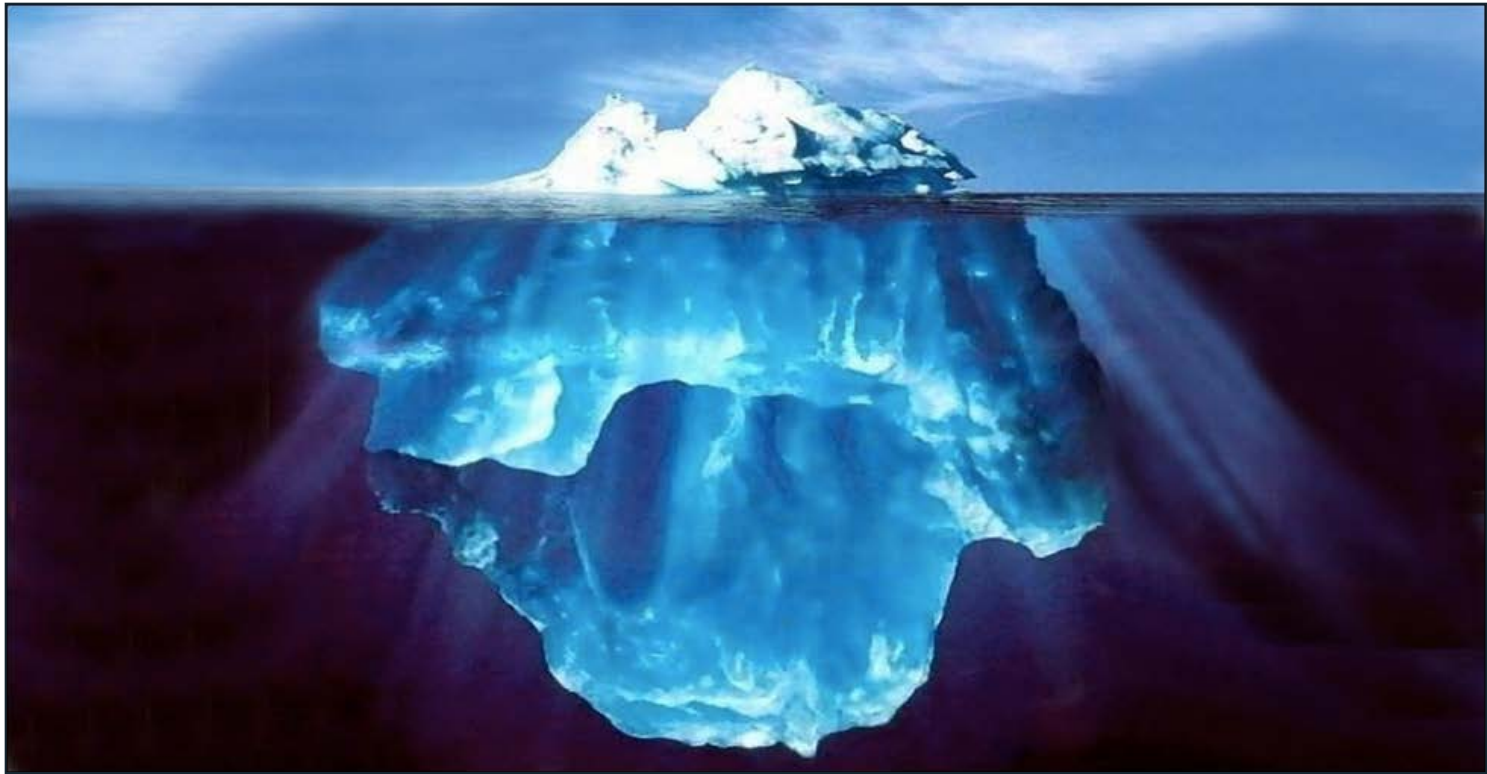


# Obstacles to Seeing Bisexuality

1. We see only the tip of the iceberg
2. Erotophobia
3. Binaries are powerful
4. Lack of education/information

# Obstacles to Seeing Bisexuality

1. We see only the tip of the iceberg



# Obstacles to Seeing Bisexuality

## 2. Erotophobia

- We have a deep cultural ambivalence about sex and sexuality.



*e·ro·to·pho·bi·a (ĭ-rō'tə-fō'bē-ə, ĭ-rōt'ə-) n. An abnormal fear of love, especially sexual feelings and their physical expression.*



# Obstacles to Seeing Bisexuality

## 3. Binaries are powerful



# Obstacles to Seeing Bisexuality

4. Most people simply lack good information.



# Minority Stress

- Stigma, prejudice and discrimination create a hostile and stressful social environment that causes mental health problems.
- Factors involved in minority stress include:
  - The experience of prejudice
  - Expectations of rejection and discrimination
  - Hiding and concealing
  - Violence
  - Internalized homophobia/biphobia
  - Ameliorative coping processes

# Minority Stress

## MANIFESTATIONS OF MINORITY STRESS

- Increased risk behaviors
- Poorer health outcomes
- LGBT people exhibit indicators of higher minority stress than heterosexuals. And within this population, bisexual and transgender people have the highest incidence of risk behaviors and the poorest health outcomes, indicating highest levels of identity stress.

See, for example, the work of Ilan Meyer (2003), "Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129, 674-697.

# Experiencing Oppression

- Remember there is no singular experience of bisexuality or of any other identity. We all have multiple identities, and many people are members of more than one stigmatized group. Thus, we may experience minority stress in complex, layered and unique ways.

**INTERSECTIONALITY**



NATIONAL LGBT HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

# Experiencing Oppression

“There is no hierarchy of oppression.”

–Audre Lorde

- All oppression hurts. And it plays out in different – and overlapping – ways on different populations.
- If your identity is written on your body, you will have a different experience of oppression than if it is not.

# Experiencing Oppression

## The experience of having an invisible identity:

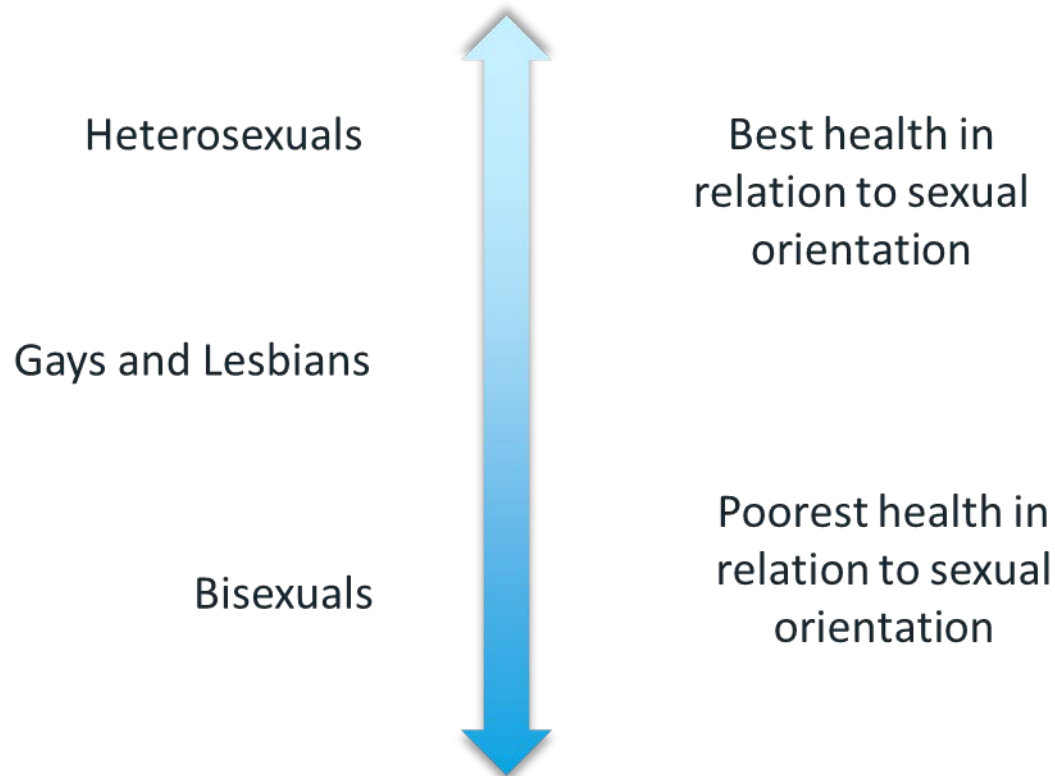
- Every time I meet a new person I must decide whether/when/where/how to disclose.
- If I don't disclose, I will be misread.
- Disclosure means possible negative reactions, makes me vulnerable and possibly even puts me at risk for physical harm.
- Disclosure is sometimes received as inappropriate or as aggressively forcing my identity into other people's faces.

# Experiencing Oppression

- Bi\* (and trans\*) people may experience this stress within the context of the mainstream community and from lesbians and gay men, creating a feeling of personal and political homelessness, possibly explaining higher levels of minority stress.
- And bi\* people also may be told by gay men and lesbians that they have it easy and don't experience oppression, thereby compounding the experience of minority stress. ("Your pain isn't real.")



# Disparities



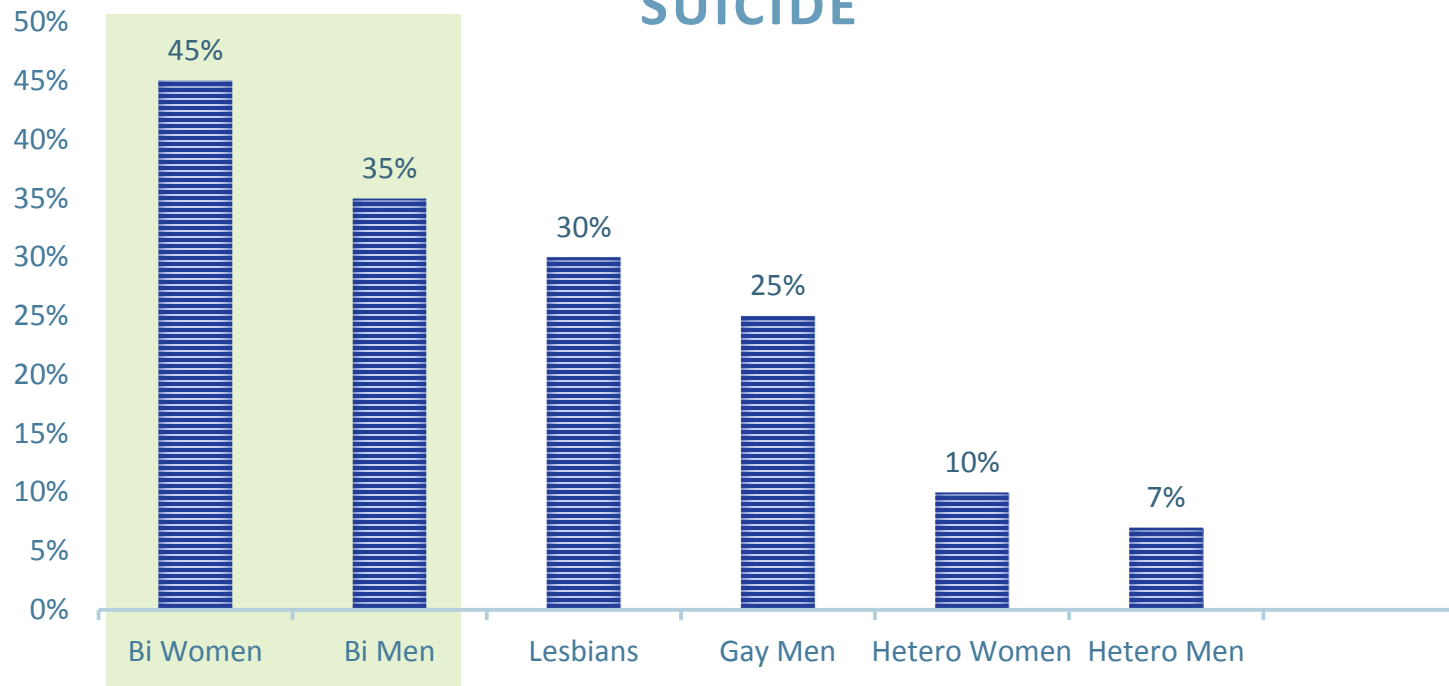
# Disparities

- Bisexual people report higher rates than heterosexuals of:
  - Tobacco use
  - Binge drinking\*
  - Anxiety or mood disorders\*
  - Depression
  - Suicidality\*
  - Rape\*
- Bisexual women, in particular, are:
  - More likely to have never had a cancer screening (mammogram or pap test)\*
  - More likely to have experienced intimate partner violence\*
  - Have more risk factors for heart disease\*

\*even higher than lesbians & gay men

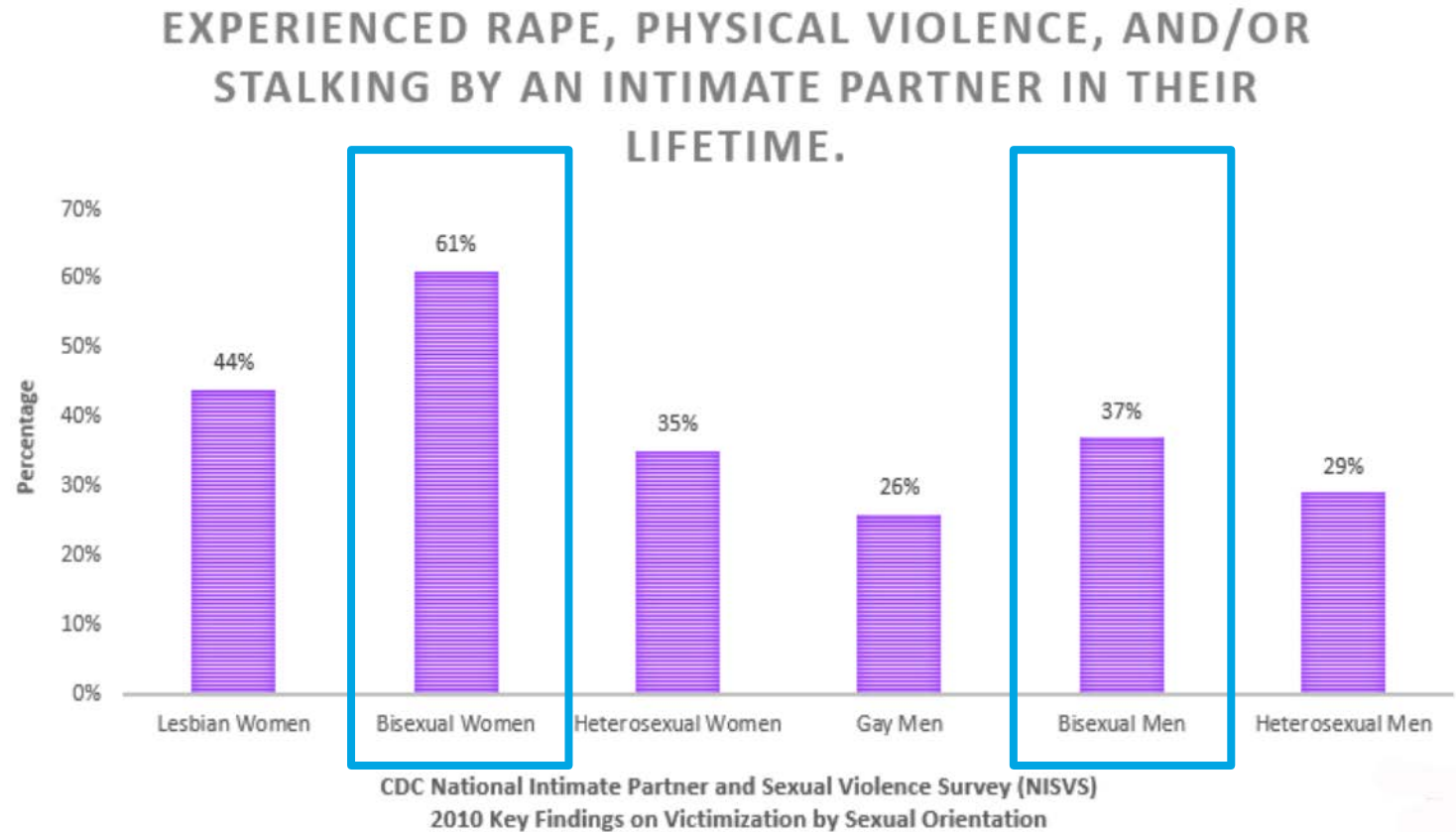
# Disparities: Suicidality

## SERIOUSLY CONSIDERED OR ATTEMPTED SUICIDE



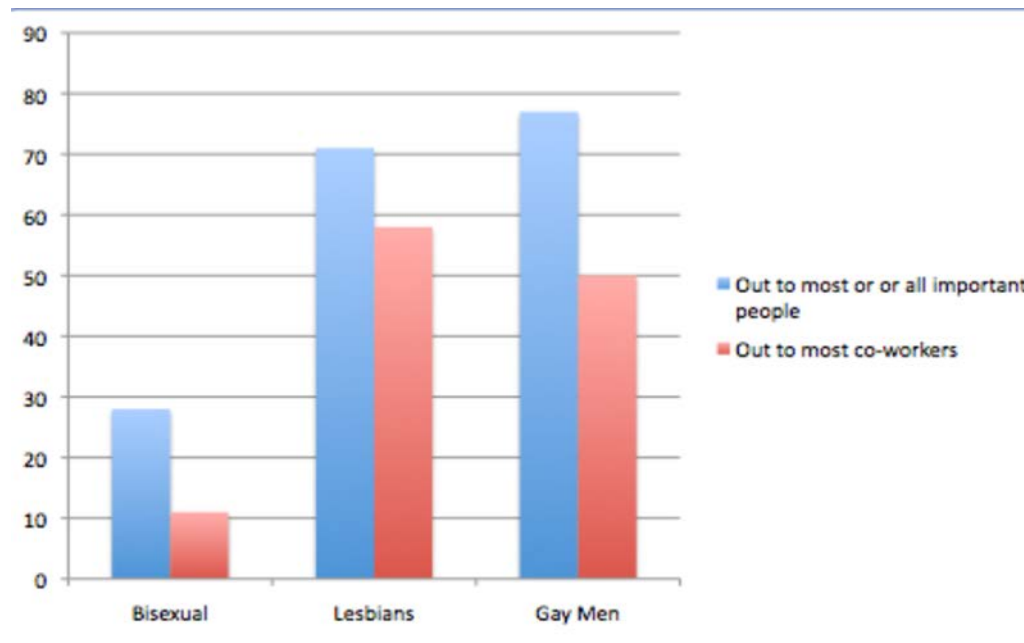
Source, Out For Health, Healthy People 2020 Bisexual Fact Sheet

# Disparities: Violence



Sources: Walters, M.L., Chen J., & Breiding, M.J. (2013). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on Victimization by Sexual Orientation. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

# Disparities: Degree of Outness



# Real Stories From Real Bisexuals

**“If you identify as bi\* and have had a negative (or positive) experience with a health provider related to your sexual orientation, please tell me what happened – today.”**



# Real Stories from Real Bisexuals: The Bad

- When, I first came out ever, it was to my therapist at 16 or 17. I said “ I think I’m bisexual” and he answered with a firm “no you’re not” and moved on.
- I was 20 the first time I went to the Gynecologist. During our pre-exam meeting, the female doctor insisted I couldn’t be bisexual because I hadn’t yet slept with a man, only women. I went to a different one when I was 21. During that pre-exam meeting, the male doctor insisted that I would have “double the average” sexual partners as a straight or gay person.

# Real Stories from Real Bisexuals: The Bad

- Told by therapist my depression caused by me being bi.
- I was at a checkup in my 20's and the provider frowned and told me I had better "decide" which way I would be otherwise it would be dangerous...





# Real Stories from Real Bisexuals: The Bad

- I was dating my ex girlfriend (we were monogamous) and during a GYN exam my provider kept insisting that I get on birth control. When I told her it wasn't necessary and I wasn't interested, she wouldn't quit. She was trying to be funny, I suppose, and said I should take the prescription because sometimes we "go back to men" by accident because we bisexuals "can't make up our minds."
- Provider mandated blood pregnancy tests even though I reported sex only with women.
- My doctor didn't believe I could possibly be in a monogamous relationship with my girlfriend, so when I went in for what was basically morning sickness she made me get tested for pregnancy. This has happened with two different doctors, same situation, eight years apart.





# Real Stories from Real Bisexuals: The Bad

- At my first gyno visit, the way my doctor asked if I was sexually active was, “Do you have a boyfriend?” Right. Because that’s the only way I could be having sex. There were no follow up questions.
- I recently went to an OBGYN and he asked me if I had a boyfriend. “I don’t have a partner right now, no.” He then asked if I use protection when I have sex. “I use barrier methods, yes.” He said, “oh, so condoms.” It wasn’t a horrible offense, but his insistence to not use inclusive language, even when I was deliberately doing so, was very disappointing.



# Real Stories from Real Bisexuals: The Good

- My positive experiences really just involve my healthcare providers not batting an eye when I mention that I've had partners of various genders and still providing me quality care. They focus on behaviors that might put me at risk rather than who my partners have been. I like when I get the sense that nothing I could tell my doctor would shock them or make them treat me any differently.
- At my first visit to the gynecologist at my university's health center, the doctor asked me lots of questions to get to know me. When she asked about my orientation, she asked if I was attracted to men, women, or both. I was very impressed that she was inclusive of bisexuality and also that she avoided labels. She later referred back to my response (both) when discussing my options for birth control. She was inclusive, respectful, and professional and made my first gynecology appointment as stress free as possible.

# Real Stories from Real Bisexuals: The Good

- I'm DFAB\*, multigender, and bisexual. I was 18 and had just started dating a girl for the first time when I went to see my ob/gyn for a regular check up. She asked if I was dating anyone and I said yes, I was. Then she asked, "A boy?" and I corrected her and told her I'm bisexual. I was nervous as hell what her reaction would be, but she smiled and congratulated me and continued to ask the routine questions. Since then, she's remembered my sexuality and made sure to ask about it and about any relationships I've had with men or women (we haven't talked about other genders. Maybe one day). I'm so grateful for her easy acceptance and support of me; I don't know what I would have done if she had rejected me.
- My doctor asked me if there was anything in particular I wanted to talk about, and so I told him I'm bisexual and sexually active with men. He said how it was good that I brought that up and began asking me appropriate questions, if I was using protection, if I was getting tested for STD's and if I would like to add HIV screening to my bloodwork. He also gave me the option of getting the Hepatitis A and HPV vaccines. The visit then proceeded like a normal physical. I felt that the visit went well overall and I didn't feel like I was being judged or given bad advice.

\*Designated Female At Birth



# Best Practices: Understanding

- Set aside your expectations and assumptions.
- Understand the difference between **sexual orientation** and **sexual behavior**
- Understand the difference – and the complex interaction between **sexual identity** and **gender identity**.
- Understand that there are a large number of different sexual orientation identities and gender identities, including some with which you might not be familiar. If someone uses an identity with which you are not familiar, ask them to tell you what it means.

# Best Practices: Understanding

- Know that bisexuals experience health disparities different from heterosexuals – and also from lesbians and gay men.
- Understand that bisexual people in different-sex relationships still face health, mental health, safety and social disparities.
- Understand that individual bisexuals have unique experiences that intersect with other aspects of our identity (race, ethnicity, gender, age, social class, geography, ability, etc.)
- Remember that people may be afraid to come out to you and do everything you can to make them feel safe.

# Best Practices: Actions

- Use inclusive language, e.g., “same-sex relationship” instead of “lesbian relationship”; “LGBT family” instead of “gay family.”
- Routinely ask about sexual behavior in a nonjudgmental way.
- Identify individuals accurately. If someone clearly states that they identify as bisexual, do not identify them as gay, lesbian or straight instead. Remember that being in a relationship does not make negate a bisexual person’s identity or history.
- Read up about bisexuality so you can respond to bisexual clients in a manner that is both respectful and informed.



# Best Practices: Actions

- Provide a visually welcoming environment by openly displaying posters, pamphlets and other materials that are bi-specific.
- Develop bisexual-specific trainings, flyers, publications and a bisexual-specific curriculum or bisexual modules for LGBT curricula.
- Look up some of the resources provided at the end of this presentation. Create relationships with local and national bisexual organizations.
- Have a bi flag on hand for Celebrate Bisexuality Day on September 23rd of every year and #BiHealthMonth in March.





# My Thanks ...

- To Faith Cheltenham and BiNetUSA; to Ellyn Ruthstrom and the Bisexual Resource Center; and to Amy Andre for support in preparing this presentation.
- To the 73 anonymous individuals who shared their stories with me.
- And especially to each of you for taking time out of your busy schedules to participate in this webinar.

# Resources

## ORGANIZATIONS

- Bisexual Resource Center: [www.biresource.net](http://www.biresource.net)
- BiNet USA: [www.binetusa.org](http://www.binetusa.org)
- Bisexual Organizing Project: [www.bisexualorganizingproject.org](http://www.bisexualorganizingproject.org)

## PUBLICATIONS AVAILABLE ONLINE

- [Out For Health, Healthy People 2020 Bisexual Fact Sheet](#)
- [Bisexual Invisibility: Impacts and Recommendations](#), San Francisco Human Rights Commission, 2011
- [Bi Women Quarterly](#). Electronic subscriptions are free, and we will also send you a print subscription if you have a place to leave it out for clients, colleagues, etc.
- [“Does your partner blame it on your bisexuality?”](#) Handout created by the Network/La Red.
- [Canadian Community Health Survey](#)

**Does your partner blame it on your bisexuality?**

... it could be partner abuse

theNetworkLaRed

If you or a friend have questions about your relationships, you can get support:  
617-742-4911 (V)  
617-227-4911 (TTY)

Find out more at: [www.tntr.org](http://www.tntr.org)

♿ 🇺🇸 🏳️🌈 🗑️ 📞 🏠

**Abusers may say:**

- "I know I can't trust you alone with your friends because you'll sleep with anyone."
- "You aren't really part of the LGBTQ community."
- "If you leave me, I'll tell your boss that you are bi."
- "I know that all you bisexuals are just sluts."
- "You are just confused about your sexuality."
- "If you want to be with me, you have to be a lesbian."
- "Don't tell anyone that you've been with men before, that's disgusting."
- "I know you are going to leave me for a woman," or "I know you are going to leave me for a man."

**Explosive Incident** Your partner uses a tactic or multiple tactics of abuse to control you. At this point you may be ready to leave or start questioning the relationship.

**Hearts and Flowers** Your partner tries to prevent you from leaving by becoming the same person you fell in love with. They may do nice things for you, buy you flowers, take you out, etc. or just apologize for the abuse. Your partner may claim, "This will never happen again" or "I will get help" or blames the abuse on drugs, alcohol, or stress. Although the abuser seems to be acting nice, they are still trying to control their partner. You may feel relief that the explosive incident is over and that everything seems to be okay again but then the tension builds again.

**Tension Building** The abuser starts to use subtle controlling behaviors like guilt or blame. You might feel like you are walking on eggshells. Survivors often become aware of their own behavior and try to do things to avoid conflict or "not get in trouble."

**Cycle of Abuse:**

The cycle is often repeated over and over again, more rapidly over time. If this sounds familiar to you, you can get support. The Network/La Red is an organization that supports lesbian, gay, bisexual, queer and/or transgender survivors of partner abuse. Many of us are LGBTQ+ and survivors ourselves. We can help you talk through your concerns and connect you to services that may be helpful to you such as support groups, restraining orders, or confidential shelter.

**You don't have to leave or even want to leave to get support.**

# Resources

## PRINT RESOURCES

- Journal of Bisexuality
- Getting Bi: Voices of Bisexuals Around the World, ed. Robyn Ochs and Sarah Rowley. Boston: Bisexual Resource Center, 2009.
- RECOGNIZE: The Voices of Bisexual Men – An Anthology ed. Robyn Ochs and H. Sharif Williams. Boston: Bisexual Resource Center, forthcoming.

## ARTICLES

- Walters, M.L., Chen J., & Breiding, M.J. (2013). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on Victimization by Sexual Orientation. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Green, Payne, Green; “Working Bi: Preliminary Findings from a Survey on Workplace Experiences of Bisexual People;” Journal of Bisexuality.
- Tweedy & Yescavage; “Employment Discrimination Against Bisexuals and Others with Fluid Identities;” Social Science Research Network.



**Now it's your turn...**

**What are your questions and comments?**