

Research Matters: Bisexuality, health and wellbeing

A fact sheet by
Rainbow Health Victoria

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1. Introduction

This briefing paper will begin by outlining some key definitions that are relevant in discussing bisexuality, before moving on to discuss the current research base on health and wellbeing needs, and implications for policy and practice.

Sexuality is commonly understood as having three dimensions – sexual attraction, behaviour and identity.^{1,2} Sexual attraction (how you feel) is different from sexual behaviour (what you do or have done). These factors may influence, but not necessarily determine, your sexual identity (how you feel about and describe yourself). Sexuality can also be linked to experiences of love and romantic attraction, or separate from them.

If a person is predominantly attracted to, or has sex with, people of a different gender, they may identify as heterosexual. If they are predominantly attracted to, or have sex with, people of the same gender, they may identify as gay or lesbian. Some people are attracted to, or have sex with, people of more than one gender, or are attracted to people regardless of gender. In those cases, they might use the terms bisexual, pansexual or queer to describe their sexuality. Other terms that are increasingly used include bi+ or multi-gender attracted.

Sexuality is not simple and is not necessarily static. People may be attracted to, or have sex with, people outside of their sexual identity.^{3,4} Others may identify as bisexual but are assumed to be heterosexual if they are in a mixed-gender relationships^{5,6} or to be homosexual if in a same-gender relationship. Sexuality and sexual identity can also be fluid throughout a person's life,⁷ influenced by their social environment and degree of openness about their sexuality, or be specific to the different people they meet and fall in love with.

2. Definitions of bisexuality

Community and research definitions of bisexuality have differed over time. Some research has defined

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Rainbow Health Victoria is a program that supports lesbian, gay, bisexual, trans and gender diverse, intersex and queer (LGBTIQ) health and wellbeing through research and knowledge translation, training, resources, policy advice and service accreditation through the Rainbow Tick. We're located within the Australian Research Centre in Sex, Health and Society at La Trobe University and are funded by the Victorian government.

Research Matters is a series of information resources produced by Rainbow Health Victoria that:

- ▶ draws together the latest research on LGBTIQ health and wellbeing
- ▶ promotes knowledge on the key issues involved in LGBTIQ inclusion
- ▶ assists communities, organisations, service providers and government in implementing policies and programs to improve health, wellbeing and inclusion

This issue will outline a range of issues that are specific to the health and wellbeing of bisexual people.

bisexuality as an identity related to behaviour towards or attraction to binary genders (i.e. 'men' and 'women'), while more contemporary definitions use it to describe behaviour towards or attraction to multiple genders. Meanwhile, terms such as queer or pansexual have been described in some research as oriented towards attraction that includes trans and gender diverse people.⁸ However, as one study indicates, some people have tended to take the perspective that, despite the 'bi' in bisexual, there is no inherent gender binary implied by the term.⁹

In practice, a range of terms are in use, and debates continue regarding the inclusive or

exclusive nature of various identities within bisexuality, along with the utility of an 'umbrella' term.¹⁰ However, most recent research and bisexual advocacy publications have argued that bisexuality is best understood as an inclusive term for people with non-monosexual (i.e. heterosexual or homosexual) sexualities, as well as a unique sexuality label.^{8,10,11} For this reason, this paper uses 'bisexual' as an inclusive term covering bisexual, queer and pansexual sexualities.

Overall, research looking specifically at bisexual health and wellbeing is limited, but work is growing in this area, and researchers are beginning to investigate the diversity of bisexual experiences.

Some research on bisexuality in Australia has been conducted through large population-level studies of sexuality. The [Australian Study of Health and Relationships](#) survey conducted in 2013 found that a small percentage of participants in the survey reported identifying as bisexual (1.3 per cent of men and 2.2 per cent of women). Meanwhile, around 9 per cent of men and 19 per cent of women reported a history of same-gender experience or attraction irrespective of their sexual identity.²

The numbers of people identifying as bisexual are often larger than those identifying as gay or lesbian, though this can vary by gender.^{2,13} There are also indications that the numbers of people identifying as bisexual are significantly higher in younger age groups.^{14,15} Given this, the issues discussed here are of significant relevance to those seeking to provide LGBTIQ-inclusive health and community services.

3. Bisexuality and stigma

Bisexual people report significant experiences of stigma and discrimination. This is a result of social inequality and exclusion shaped by judgements about their location outside normative heterosexuality.¹⁶ At the same time,

bisexuality in most Western societies has been erased or subjected to several damaging cultural narratives,^{17,18} including:

- ▶ bisexuality is exclusively a stepping-stone towards homosexuality (which is also viewed negatively)
- ▶ bisexual people are merely experimenting, going through a 'phase' or are disingenuous or confused their 'true' sexual identification
- ▶ bisexual people are hypersexual, and are therefore acceptable targets of objectification
- ▶ bisexual people are more likely to have extramarital affairs, and therefore more likely vectors of sexually transmissible infections and blood-borne viruses.^(19,20)

Negative views of bisexual people have been described as both biphobia (anti-bisexual prejudice and discrimination) as well as monosexism (the belief that people can only truly either be gay, lesbian or heterosexual).⁶ Both play out also within LGBTIQ communities, with bisexual people reporting exclusion and a lack of understanding.^{6,19,20,21}

Experiences of erasure and invisibility, as well as stigma and discrimination, contribute to bisexual people feeling pressure to conceal their sexuality. Bisexual people report experiencing 'coming out' as particularly complicated in contexts where their identity is not well understood or is not recognised as legitimate, with some describing an exhausting process of constantly having to explain themselves to others.²² One study found that bisexual people can find it hard to disclose even within intimate relationships, or to navigate conversations around monogamy in light of stereotypes.²³

Consistent with the everyday pressures and challenges described above, some research indicates that bisexual people experience poorer health and wellbeing outcomes than the general population and in some studies also poorer than their lesbian and gay counterparts.

4. Health research

Data from the [Household, Income and Labour Dynamics in Australia \(HILDA\)](#) survey indicate comparatively poorer life satisfaction, general health, mental health and health behaviours among those who identified as lesbian, gay and bisexual compared to those who identified as heterosexual. Within this, most health outcomes were found to be worse for bisexual people than for heterosexual people and, in relation to some health issues, worse than for gay men and lesbians.²⁴

Other research has captured health data for bisexual people, but in a categories that combine it with either lesbians or gay men. So, for example, a number of studies have found that lesbian and bisexual women have a higher risk for asthma, obesity and cardiovascular disease²⁵ and smoking²⁶ compared to heterosexual women. Similarly, sexually-active bisexual men are a risk population for HIV and STIs in Australia, alongside gay and other men who have sex with men.²⁷ However, research specifically on HIV and sexually transmissible infection risk and prevalence for bisexual men is lacking,²⁸ and little attention has been paid to their experiences and needs.

That said, some research has found higher rates of alcohol and other drug use among bisexual people compared to the general population.²⁹ This includes research that found higher rates for bisexual women compared to lesbian women³⁰ as well as higher rates of illicit drug use for bisexual and gay men (in a combined category).³¹ The meaning of these findings is not self-evident. Some studies have found that alcohol and other drug use incorporates positive elements in terms of facilitating social connection and wellbeing for LGB populations,³² notwithstanding those cases where alcohol and other drug consumption is accompanied by negative personal impact.³³

A key limitation of this health literature is that survey questions about sexuality are limited to

identity, which may not capture all those who fall within the broad experience of bisexuality, and does not allow for complexities within and between categories such as gay, lesbian, bisexual and heterosexual. To fill this gap, a small but growing body of research has begun to investigate the specificity and complexity of bisexual experiences and the overlap and intersection with other social factors, including gender.

5. Mental health research

The largest body of research specifically addressing bisexual health and wellbeing has related to mental health, with those identifying as bisexual consistently reporting significantly higher rates of mental health issues compared to both gay and lesbian or heterosexual people.^{2,23,34} This includes bisexual, pansexual and queer people living in Australia, who report significant levels of psychological distress, diagnoses for anxiety and depression, and suicidality.³³

Some studies indicate that people who identify as pansexual or queer experience worse mental health than those who identify as bisexual.^(35,36) This is likely associated with findings that suggest those who use pansexuality as a label are more likely to be younger or trans and gender diverse,¹² groups that independently report higher rates of mental health issues. [Private Lives 3](#), the largest national survey of LGBTIQ Australians, found a significant overlap between trans and gender diverse identities and those identifying as bisexual, pansexual or queer.³³ It is likely that people within this intersection of sexuality and gender may have especially complex mental (and other) health needs.³⁷ However, to date only a small body of research has examined this issue.

Much research describes the connection and belonging offered by LGBTIQ communities as protective for the mental health of LGBTIQ people^{33,38} as it promotes self-acceptance and resilience in coping with stigma and discrimination.

However, some research has found bisexual people report feeling excluded from the LGBTIQ community. This is considered a significant factor in poorer mental health outcomes, in that it limits bisexual people's access to inclusive community spaces, representation and support.²² Indeed, there are indications that self-acceptance may be lower among bisexual people than gay or lesbian people.²³ This may also be relevant to findings that bisexual people who are in different-gender relationships report worse mental health outcomes than other bisexual people.²³

Other experiences that may also be associated with poor mental health outcomes include significant levels of homelessness,³⁹ and lower incomes and higher levels of poverty than both heterosexual or gay and lesbian counterparts.⁴⁰

6. Research on bisexuality and gender

Relatively little research has examined the gender differences and dynamics within this grouping. This is important in understanding bisexual health and wellbeing, yet the role of gender in health and wellbeing outcomes has not been sufficiently investigated. For instance, some studies into intimate partner violence have found that bisexual women experience higher rates of intimate partner violence, compared to lesbian or heterosexual women. This appears most often to be violence perpetrated by cisgender male partners, but researchers did not always ask about the gender of the perpetrator.^(41,42)

Similarly, in *Private Lives 3*, bisexual, pansexual and queer participants are by far the most likely to report having experienced sexual assault. Alongside this, the most likely to report sexual assault are non-binary participants, followed by trans men and cisgender women.³³ Another national study of trans and gender diverse sexual health in Australia also found that most participants

(60.9 per cent) defined their sexuality as multi-gender-attracted (i.e. bisexual, pansexual or queer), also finding significant experiences of sexual violence and coercion, particularly amongst trans men and non-binary participants assigned female at birth.⁴³ These findings suggest that particular intersections of sexuality and gender are significant in these patterns of violence.

Gender is also a factor in terms of perpetration, with over half of participants in *Private Lives 3* who reported experiencing intimate partner violence identifying the perpetrator as a cisgender man.³³ However, not enough is yet known about how gender plays out within the diversity of LGBTIQ relationships, including bisexual relationships.

Gender-based differences are especially visible in how bisexuality is viewed and portrayed. Female bisexuality appears to be more publicly accepted than male bisexuality, with consistently more women reporting bisexual identity, attraction and behaviour than men.² In *Private Lives 3*, three times as many women identified as bisexual or pansexual compared to men.³³ Other research has found that bisexual men are less likely to disclose their sexuality than bisexual women,⁴⁴ and have been particularly subject to stigma based on an unfounded view of their role as 'viral bridges' in HIV transmission to female partners.⁴⁵ Female bisexuality is more visible in the media, but this occurs alongside common negative portrayals of bisexual women as dangerous or unstable, and the objectification and exploitation of female bisexuality in pornography.¹⁷

Further research is needed to better understand the ways gender impacts on relationships, social experiences and health and wellbeing outcomes for bisexual people. The overlap between trans and gender diverse identities and bisexuality is also under-researched, as are other significant intersections such as bisexuality, race and culture.⁴⁶

7. Research on service experiences and needs

A significant issue in health and wellbeing for bisexual people is barriers to accessing affirmative and quality healthcare and other services. This can include experiences of providers being uninformed, making assumptions about sexuality, using biphobic language, or behaving in a discriminatory way.^{21,47,48} These dynamics are linked to the broader erasure and misunderstanding of bisexuality, and the ways in which medicine has institutionalised negative interpretations of bisexuality.⁴⁹ Safe disclosure of sexuality to healthcare providers is associated with greater satisfaction with care, better care quality and better health outcomes, but many bisexual people choose not to disclose.⁴⁷

There are also differences amongst bisexual people in terms of preferences for accessing services if required in the future. In *Private Lives 3*, bisexual participants were most likely to prefer accessing a mainstream health service that is known to be LGBTIQ-inclusive, and least likely to prefer accessing a health service catering only to LGBTIQ people. In contrast, queer participants were the most likely to prefer a service for LGBTIQ people only.³³ This likely reflects the different experiences and needs of bisexual cisgender women, and trans and gender diverse people, in terms of feeling that their gender or sexuality had been respected when accessing care and therefore who they trust for care into the future.

These findings suggest that access to safe and affirming health and community services (both mainstream and LGBTIQ community-controlled) is a priority for bisexual health and wellbeing, including a focus on provider knowledge and skills specific to bisexuality.

8. Affirming experiences

Bisexual people report many positive life experiences, including being in loving relationships and families.³³ Some report specific positive aspects of being bisexual, including a sense of freedom from traditional social labels and relationship forms, having a unique perspective on the world, developing a greater sense of self-awareness, consciously building community and engaging in activism, and understanding adversity and diversity.⁵⁰

Some report feeling galvanised to engage critically with politics and activism that challenges the pathologising lens often applied to this sexuality.⁵¹ This includes Australian bisexual activism, which is geared towards community building between bisexual people, as well as between bisexual people and the rest of the LGBTIQ population.⁵²

9. Implications

Bisexual people have been erased, or clustered together with lesbian and gay populations, in ways that deny their identities, experiences and unique service needs. A research focus on bisexuality is emerging, but few large-scale bisexual-specific studies have been conducted to date,⁴⁸ and more are needed.

Research that has been conducted indicates that addressing homophobia and the inclusion of lesbian and gay people will not automatically create inclusive social spaces and services for bisexual people. The distinct experiences of bisexual people need to be understood, such as the need for greater recognition, representation and acknowledgement of the unique effects of biphobia.⁵¹ This includes investigation and improved understanding of how to meet the needs of bisexual people for community connection and how this connection can support mental health.⁴⁴

Addressing the needs of bisexual people within broader efforts to further LGBTIQ inclusion will require specific attention in research, policy, service design and delivery, as well as tailored community-based initiatives.

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