



Rainbow Health Ontario

Fact Sheet

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RHO FACT SHEET: BISEXUAL HEALTH

Very little research has focused on the health of bisexual people. Current studies suggest that bisexuals may have the poorest rates of mental health and the highest rates of health service use compared with lesbians, gay men, or heterosexuals.

DIFFERENCES BETWEEN BISEXUALS AND GAYS AND LESBIANS

- Bisexuals are often grouped together with gays and lesbians or with heterosexuals, making it difficult to obtain data about bisexuals specifically. Because gays and lesbians exhibit health disparities, a common expectation is that bisexual health status will be somewhat better than that of gays and lesbians and somewhat worse than heterosexuals. Research has shown this not to be the case. In many instances bisexual people have worse health indicators than their gay and lesbian counterparts.
- Both Canadian and US studies have shown that bisexuals report higher rates of anxiety, depression, mental illness, suicidality, and self-harm, relative to gays and lesbians (1-5).
- Bisexuals report poorer mental health and higher rates of mental health service utilization, relative to heterosexuals, gays, and lesbians. This has been found to be the case in both U.S. studies and in large Canada-wide studies (4-7).
- US studies suggest that bisexuals may experience higher rates of childhood sexual abuse, childhood physical abuse, and violent victimization than gay men or lesbians. Researchers have found connections between these multiple stressors and rates of substance addictions among bisexual women (8).

SOCIAL STRESSORS ON BISEXUALS

- The World Health Organization acknowledges that mental health is adversely affected by exposure to violence and abuse, as well as by the infringement of human rights (9).
- Bisexuals have rates of childhood maltreatment, interpersonal violence and unwanted sex that are double that of their heterosexual peers. Bisexual women have twice the risk of post-traumatic stress disorder as heterosexual women (10).
- As a group, bisexuals experience homophobia, heterosexism, biphobia, and monosexism (the view that heterosexuality or homosexuality is superior to bisexuality). Examples of biphobia and monosexist assumptions include the belief that bisexual people cannot be monogamous, or that bisexuality is not a stable or healthy sexual identity. This experience of stigma and oppression, called minority



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stress, creates a hostile and stressful social environment that can trigger or exacerbate mental health problems (6, 11-13).

- Research on LGBT populations has found that a sense of community belonging can buffer the effects of minority stress (14). Due to biphobia and monosexism, bisexuals may lack access to community support. Research in both Canada and the US has found that bisexuals feel marginalized by heterosexual, lesbian, and gay communities. Bisexual-specific support, which has been found to reduce the effects of biphobia, is particularly lacking (12, 14, 15).

EXPERIENCES WITH HEALTH CARE PROVIDERS

- Despite the fact that bisexual people have the greatest need for mental health services of all sexual orientation groups, bisexual people are unlikely to have access to service providers with an adequate understanding of their sexual identity. Bisexual people identify significant challenges in accessing mental health services in Ontario (12).
- Bisexual people report a number of negative experiences with health care providers, including judgment or dismissiveness in relation to their identity, and invasive or inappropriate questions related to their sexuality. Compared to their gay and lesbian counterparts, bisexuals in Canada and the US rate mental health services as less helpful with sexual orientation concerns (12, 16).

HEALTH ISSUES UNIQUE TO BISEXUALS

- Bisexual people have reported that common misperceptions include that bisexuals spread STIs/AIDS, that bisexuals must have equal attraction for both men and women, that bisexuals are hyper-sexual, and that bisexuality isn't a legitimate sexual identity (3).
- A lower proportion of Canadian bisexual women report having had a mammogram when compared with lesbians or heterosexual women (5). This is especially concerning since a large American study found bisexual women had a greater risk of breast cancer than lesbians or heterosexuals (17).
- Canadian studies show that bisexuals have the highest rates of consulting a social worker, counselor, or health service provider, and were also the most likely to report an unmet health need (5). These findings are echoed in random sampling research conducted in the US (7).
- An Ontario study found that bisexuals reported the highest rate of smoking (45%) among all the LGBTTQ participants (18).



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DIFFERENCES AMONG BISEXUALS

- Bisexual women report poorer mental health and higher mental health service use than bisexual men. They are less likely to have a regular family doctor and are at higher risk for alcoholism and smoking (3-5, 7, 19).
- Some social stigma is sex-specific. Bisexual men are often portrayed as carriers of disease to the heterosexual population, or as unwilling to come out as gay. Bisexual women are often portrayed as experimenting with sexuality, or as catering to heterosexual male fantasies (11).
- The combination of trans and bisexual identities has historically been disallowed by gatekeepers to gender identity services. This has meant that trans people have been denied services if they were out about their bisexual identity. Bisexual trans people in Canada and the US have reported significant challenges in accessing culturally competent mental health care (12, 20, 21).
- Research in the UK suggests that bisexual men are far less likely than gay men to be out about their sexual orientation (22). This can cause mental stress, and may seriously impair the quality and relevance of the health care they receive.

GAPS IN THE RESEARCH

- Most studies of bisexual people have used small, US-based samples. Since legal, cultural and social supports may differ significantly in Canada, research that focuses on Canadian bisexuals is needed.
- Pilot research in Ontario found that bisexuals associated mental well-being with adequate social support, self-acceptance, bisexual community belonging, and helping others through volunteerism (12). Further quantitative research is needed in this area.
- More research is needed that focuses solely on the prevalence of anxiety, depression, suicidality, and substance use among bisexual people, and which includes an analysis of marginalization and anti-bisexual discrimination.
- Additional research is needed into health differences between male and female bisexuals. The experience of bisexual trans people also requires further study.
- Currently Rainbow Health Ontario is part of a large mixed-method study that is examining bisexual mental health and barriers to service. The study is recruiting 800 bisexual people in Ontario. Results will be available in 2013. For more information please contact Margaret Robinson at margaret_robinson@camh.net T: 416-535-8501 ext. 7385.



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IMPLICATIONS FOR HEALTH CARE PROVIDERS

- In order to provide culturally appropriate mental health services, it is important for providers to be respectful and non-judgmental, ask open-ended questions about sexuality and the gender of current and past partners, and use inclusive language.
- Health care providers should be aware that increased social marginalization and stress have a negative impact on mental health and wellness (14, 23).
- When screening for cancers, health care providers should take into account bisexuals' higher rates of alcohol use and smoking. Tobacco control programs need to be developed specifically for the bisexual population.
- Since not all bisexuals are out to their health care providers, it is important not to assume that clients are heterosexual, gay or lesbian based on the gender of their current partner.

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