San Francisco
Human Rights
Commission

LGBT Advisory Committee

Bisexual Invisibility:

Impacts and Recommendations

25 Van Ness Avenue, Suite 800
San Francisco, CA 94102
(415) 252-2500
www.sfgov.org/sfhumanrights

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Table of Contents

Acknowledgments

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The Commission particularly acknowledges and appreciates the contribution made by LGBT Advisory Committee member Lindasusan Ulrich, who is the principal author and editor of this report.

About the Sidebars

This report includes several personal stories from members of the bisexual community. Rather than collecting them in a single section, the author felt they would be more effective in illuminating the impact of bisexual invisibility as sidebars woven throughout the report. This also unified the structure with the excerpts (including sidebars) from the *Bisexual Health* report mentioned above.

A Note on Language

The term *bisexual* is imperfect at best. It can imply a duality of genders that many people feel erases transgender and gender-variant people.[1] For others, it connotes a requirement of an exact balance between someone's attractions for women and men, or attractions only to women and men who identify with the genders they were assigned at birth. While *pansexual* and *omnisexual* are finding more acceptance, some people feel the terms reinforce a stereotype of promiscuity. *Ambisexual* and more recently *fluid* have appeared as ways to describe those attracted to more than one gender, but they are not yet widely used or understood. There are also people who chafe at any label at all.

More broadly, *queer* is attractive as an umbrella term for non-heterosexuals, but many people still hear it as a pejorative, while others use it as a way to avoid naming or acknowledging those outside monosexual identities. Some who would otherwise self-identify as *queer*—to indicate their solidarity with the broader community—instead choose to call themselves *bisexual* specifically to avoid such erasure, even when they are uneasy with the term's implications around gender.

The good news is that more and more people are comfortable navigating the complexities of human sexuality and gender as they are actually lived. The bad news is that the English language has not yet caught up in expressing that complexity. At this time, there is no clear "best practice" for terminology that fully honors gender diversity while not reinscribing invisibility for non-monosexuals.

At this moment in the movement for full equality and dignity for people of all sexual orientations and gender identities, *bisexual* is the term that is most widely understood as describing those whose attractions fall outside an either/or paradigm. It is also (along with MSMW and WSMW) the term most often used in research.

As people become increasingly fluent in the dynamics of gender and sexuality, the language will evolve as well. For now, and with full awareness of its limitations, *bisexual* is the word used in this report.

1 For alternate takes on this issue: Serrano, Julia. (October 10, 2010). Bisexuality does not reinforce the gender binary. *The Scavenger.* http://www.thescavenger.net/glb/bisexuality-does-not-reinforce-the-gender-binary-39675.html; Eisner, Shiri. (February 22, 2011). Words, binary and biphobia, or: why "bi" is binary but "FTM" is not. http://radicalbi.wordpress.com/2011/02/22/words-binary-and-biphobia-or-why-bi-is-binary-but-ftm-is-not/

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Bisexual Invisibility

Bisexuality is the capacity for emotional, romantic, and/or physical attraction to more than one sex or gender. A bisexual orientation speaks to the potential for, but not requirement of, involvement with more than one sex/gender.[2]

Bisexuals experience high rates of being ignored, discriminated against, demonized, or rendered invisible by both the heterosexual world and the lesbian and gay communities.[3] Often, the entire sexual orientation is branded as invalid, immoral, or irrelevant. Despite years of activism and the largest population within the LGBT community, the needs of bisexuals still go unaddressed and their very existence is still called into question. This erasure has serious consequences on bisexuals' health, economic well-being, and funding for bi organizations and programs.

As the authors of one study put it, "Bi-invisibility refers to a lack of acknowledgment and ignoring of the clear evidence that bisexuals exist."[4]

An Invisible Majority

According to several studies, self-identified bisexuals make up the largest single population within the LGBT community in the United States. In each study, more women identified as bisexual than lesbian, and fewer men identified as bisexual than gay.[5]

In 2010, a study published in the Journal of Sexual Medicine[6], based on a nationally representative probability sample of women and men in the U.S., found that among adults (5,042 respondents), 3.1% self-identified as bisexual, compared to 2.5% as gay/lesbian (Table 1).

2 Miller, M., André, A., Ebin, J., & Bessonova, L. (2007). *Bisexual health: An introduction and model practices for HIV/STI prevention programming*. National Gay and Lesbian Task Force Policy Institute, the Fenway Institute at Fenway Community Health, and BiNet USA.

3 In San Francisco, the bisexual and transgender communities have generally been strong allies for each other; page 8 of this report gives one example. (Note: Sexual orientation and gender identity are independent; transgender people may have any sexual orientation.)

4 Miller et al. (2007).

5 While few large-scale demographic data sets ask directly about sexual orientation, the studies found for this report show a high level of consistency in their overall findings.

6 Herbenick, D., Reece, M., Schick, V., Sanders, S.A., Dodge, B., & Fortenberry J.D. (2010). Sexual behavior in the United States: Results from a national probability sample of men and women aged 14–94. *Journal of Sexual Medicine,* 7(suppl 5): 255–265.

Sexual Orientation	**Adult Males** *(N=2,521)*		**Adult Females** *(N=2,521)*		**ALL ADULTS** *(N=5,042)*	
	Number	*%*	*Number*	*%*	*Number*	*%*
Heterosexual	2,325	92.2	2,348	93.1	4,673	92.7
Gay or lesbian	105	4.2	23	0.9	128	2.5
Bisexual	66	2.6	92	3.6	158	3.1
Other	25	1.0	58	2.3	83	1.6

Table 1: Sexual orientation in adults (Herbenick et al., 2010)

While the sample size was smaller for adolescents (818 respondents), the split was even more striking: 4.9% self-identified as bisexual compared to just 1.0% gay/lesbian (Table 2).

Sexual Orientation	**Adolescent Males** *(N=413)*		**Adolescent Females** *(N=405)*		**ALL ADOLESCENTS** *(N=818)*	
	Number	*%*	*Number*	*%*	*Number*	*%*
Heterosexual	398	96.1	367	90.5	765	93.5
Gay or lesbian	7	1.8	1	0.2	8	1.0
Bisexual	6	1.5	34	8.4	40	4.9
Other	2	0.1	3	0.9	5	0.6

Table 2: Sexual orientation in adolescents (Herbenick et al., 2010)

Data from the 2002 National Survey of Family Growth[7]—based on in-person interviews with 7,643 women and 4,928 men—found that 2.8% of women and 1.8% of men identify as bisexual. By comparison, 1.3% of women describe themselves as lesbian and 2.3% of men as gay. It is also interesting to note that while behavior is distinct from identity—not everyone who is attracted to more than one gender identifies as bisexual—the study also found that about 13% of women and 6% of men reported attractions to both women and men.

A 2007 survey of 768 self-identified lesbians, gays, and bisexuals drawn from a nationally representative sample of respondents found similar proportions: approximately half of LGB people self-identified as bisexual, including about one-third of the men and two-thirds of the women (Table 3).[8]

7 Mosher, W.D., Chandra, A., & Jones, J. (2005). Sexual Behavior and Selected Health Measures: Men and Women 15–44 Years of Age, United States, 2002. *Advance data from vital and health statistics; no 362*. Hyattsville, MD: National Center for Health Statistics.

8 Egan, P.J., Edelman, M.S., & Sherrill, K. (2007). *Findings from the Hunter College Poll of Lesbians, Gays, and Bisexuals: New Discoveries about Identity, Political Attitudes, and Civic Engagement.* Hunter College, CUNY. The poll was not able to obtain a representative sample of the transgender population.

Which of the following best describes your sexual orientation?	TOTAL	Males	Females
Lesbian, gay, or homosexual	51.1%	68.4%	34.7%
Bisexual	48.9%	31.6%	65.3%
TOTAL	100.0%	100.0%	100.0%

Table 3: Proportion of lesbians, gays, and bisexuals (Egan et al., 2007)

An "Eclipsed and Conflated" Identity

Despite the overwhelming data that bisexuals exist, other people's assumptions often render bisexuals invisible. Two women holding hands are read as "lesbian," two men as "gay," and a man and a woman as "straight." In reality, any of these people might be bi—perhaps all of them.

The majority of research lumps data on bisexuals under "gay" or "lesbian," which makes it difficult to draw any conclusions about bisexuals *and* skews the data about lesbians and gay men. "Thus any particular needs of bisexuals are eclipsed and conflated. Only a handful of studies separate out bisexuals and/or report on their bisexual-specific findings. Fewer compare bisexuals to people who are not bisexual."[9]

Inconsistent terminology, even within a single study, makes it hard to decipher the findings accurately. The NGLTF Policy Institute's report on bisexual health recommends that researchers use standardized definitions of sexual orientation labels and remain clear about them throughout the course of their work, both in conducting studies and in reporting findings. A good set of guidelines is to allow participants to self-report their own gender and sexual orientation labels and to describe the gender(s) and sexual identity(ies) of their sexual partner(s). Reported analyses should reflect these identities.[10]

Not Just a Phase

While bisexuality has often been considered merely a "phase" en route to a stable gay or lesbian orientation, it is also a stable sexual orientation in itself. A longitudinal study[11] of sexual minority women (lesbian, bisexual, or unlabeled) found that over 10 years, "more women *adopted* bisexual/unlabeled identities than *relinquished* them" [emphasis in original]. Of those who began the study identifying as bisexual, 92% identified as bisexual or unlabeled 10 years later, and 61% those who began as unlabeled identified as bisexual or unlabeled 10 years later. While no similar long-term study has been done with bisexual men, at least one study suggests that bisexuality can be a stable sexual orientation for men as well.[12]

9 Miller et al. (2007).

10 Miller et al. (2007).

11 Diamond, Lisa M. (2008). Female Bisexuality From Adolescence to Adulthood: Results From a 10-Year Longitudinal Study. *Developmental Psychology*, 44:1, 5–14.

12 For example, in one study, approximately half of bisexual men retained a bisexual identity at the end of a one-year period, while about a third moved toward a more homosexual identity and 17% toward a more heterosexual

"The only thing I would change about my sexuality is how others treat me for it."

My coming out as bi has been both extremely satisfying and saddening. I came out as gay in high school when I was 16. While I thought occasionally about women, I largely discounted these feelings as random daydreams. I had heard that bisexuality was a farce so many times from gay friends, that people who were bisexual were just afraid to come all the way out of the closet, that I never thought of coming out as bisexual when I was younger. I was attracted to men, I didn't have any shame about this, and I wanted to be recognized.

Despite San Francisco's reputation as a gay mecca, it is where I first came to recognize my opposite-sex attractions. Being single at college parties, I often found myself in situations where women were hitting on me. I was interested but at the same time befuddled. The idea that my same-sex attractions represented an inflexible and absolute sexuality had become entrenched in my thinking, and I wasn't prepared to question this. Despite this lack of mental readiness, my desire and curiosity were far greater, and I eventually began sleeping with women. I kept my opposite-sex attractions subordinated, leaving them out of discussions with friends back home and rationalizing them away as mistakes to myself.

After roughly a year, stories began to trickle back to friends and family. As questions and underhanded comments started coming in, I found myself constantly being put on trial. Why was I doing this? Was I closeting myself? Why wasn't I being "normal," gay how I should be? In the process of trying to answer these questions for myself and others, I realized how long I had been cheating myself and sublimating my desires to others' ideas about sexuality.

I came out as bi when I was 19 and have remained so since. Rather than quieting the doubts of others, animosity only intensified. Aggressive queries about when I was going to focus on guys full-time again became a standard part of trips home. On top of this, I noticed a change in how sexual partners treated me. Women I was with, no longer with the safety of presuming me straight, would question my real orientation and complain that my sexuality made them anxious that I would one day vanish into a relationship with a man. Men I was with wouldn't acknowledge my sexuality, referring to me as gay despite my protest. I found myself in relationships waiting for accusations and dismissive comments, ready from the start to move along to someone new.

I am happy with my sexuality, and very grateful that I was finally able to fully realize my desires. The only thing I would change about my sexuality is how others treat me for it. Finding my sexuality has been wonderful. I only wish I didn't have to sacrifice feeling safe, feeling part of a community, and feeling like I have anyone to confide in but myself.

– Jack M., 21, male

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direction. Stokes, J.P., Damon, W., and McKirnan, D.J. (1997). Predictors of movement toward homosexuality: A longitudinal study of bisexual men. *Journal of Sex Research*, 34, 304–312.

An Invisible Place in History

Bisexuals find themselves erased in history. Many famous people—such as Marlene Dietrich, June Jordan, Freddie Mercury, Eleanor Roosevelt, and Walt Whitman—have been labeled as lesbian or gay for their same-sex relationships, yet their long-term relationships with different-sex partners are ignored or their importance minimized. This disrespects the truth of their lives for the sake of a binary conception of sexual orientation. It also makes it more difficult for bisexuals just coming out to find role models.

This historical erasure also extends to activists. Rather than acknowledging the decades of hard work bisexuals have done in the LGBT movement, many gays and lesbians have accused bisexuals of trying to "ride their coattails." In fact, bisexuals have often been leaders in the movement. In just one example, it was a bi woman, Brenda Howard, who organized the one-month anniversary rally in honor of the Stonewall uprising (which in turn was led by transsexuals and drag queens). Then a year later, she organized a march and celebration that turned into New York's annual pride parade and inspired countless other pride celebrations around the world. Yet it wasn't that long ago that bisexuals and transgender people had to fight for inclusion in the name of San Francisco Pride, one of the last major U.S. cities to do so.[13]

Bisexual Exclusion

Often, the word "bisexual" shows up in an organization's name or mission statement, but the group doesn't offer programming that addresses the specific needs of bisexuals (see the chapter on organizations and programs serving bisexuals). Even when an organization is inclusive, the press and public officials often fall back on the "safety" of saying just "gay and lesbian." There is even a growing trend of talking about the "gay, lesbian, and transgender" community or "lesbian, gay, and transgender" movement. But words matter. Invisibility matters.

Bisexuals find themselves excluded in other ways as well. Many personal ads have specified "no bis" in their criteria. In a 2010 court case, three San Francisco softball players filed a lawsuit alleging they were disqualified from the 2008 Gay Softball World Series for being bisexual (see sidebar).

The irony is that opponents of the LGBT community remember to include bisexuals in their discriminatory actions. For example, Colorado's Amendment 2 would have repealed any regulations that protected people based on their "homosexual, lesbian, or bisexual orientation." More recently, here in California, the chapter of the Christian Legal Society at Hastings College of the Law sued the school for not recognizing them as a registered student organization because they discriminate based on sexual orientation. The language of their petition uses orientation-neutral language, including identifying Hastings OUTLAW as "a group advocating for the interests of homosexual and bisexual students." Meanwhile, the law school's petition defending the nondiscrimination policy is not as consistent in its language, referencing "gay and lesbian students" several times—including in their description of Hastings OUTLAW. (The group itself describes its purpose as promoting "a

13 1995 was the first time "LGBT" appeared in the official event name.

positive atmosphere at Hastings for lesbian, gay, bisexual, transgendered, intersex, asexual, two-spirit, and queer students and their allies.")

Not Gay Enough:

Apilado et al v. North American Gay Amateur Athletic Alliance (NAGAAA)

On April 20, 2010, the National Center for Lesbian Rights (NCLR) and the law firm of K&L Gates LLP filed a lawsuit in U.S. District Court for the western district of Washington on behalf of three bisexual softball players from San Francisco.

The complaint alleges that the North American Gay Amateur Athletic Association (NAGAAA) broke Washington state public accommodations law by enforcing a "two heterosexuals per team" cap during the 2008 Gay Softball World Series in Seattle, and also violated the plaintiff softball players' rights by subjecting them to a series of invasive questions about their sexual orientation and private lives in front of more than 25 people, most of them strangers.

According to NCLR's statement about the case:

> When Steven Apilado, LaRon Charles, and Jon Russ traveled with their softball team to the 2008 Gay Softball World Series in Seattle, they encountered discrimination, hostility, and suspicion. Their team, D2, had been playing together in the San Francisco Gay Softball League for years. In 2008, they had practiced more than ever in the hopes of winning the World Series, and they made it all the way to the championship game.
>
> During the championship, D2 learned that another team challenged their eligibility to play based on a tournament rule that each team could have no more than two straight players. Immediately after the game, five D2 players were summoned to a conference room for a protest hearing, despite NAGAAA's stated mission of promoting "amateur sports competition, particularly softball, for all persons regardless of age, sexual orientation or preference, with special emphasis on the participation of members of the gay, lesbian, bisexual and transgender community." Each player was forced to answer intrusive questions about his sexual orientation and his private life in front of a room of over 25 people, most of whom the players did not know. The players were forced to answer whether they were "predominantly attracted to men" or "predominantly attracted to women," without the option of answering that they were attracted to both. After each player was interrogated, a panel voted on whether he was "gay" or "non-gay" [a term that does not appear in NAGAAA's Instruments of Governance]. NAGAAA's committee refused to entertain the idea that the players could be bisexual. In response to a player's statement that he was attracted to both men and women, a NAGAAA member responded, "This is the Gay World Series, not the Bisexual World Series."
>
> Ultimately, the predominantly-white committee voted that Charles, Russ, and Apilado, all men of color, were not gay. The committee voted multiple times on at least one player. The committee also declared that the other two players, both white—one of whom had given precisely the same answers as Russ—were gay. The committee recommended disciplinary measures against Apilado, Charles, and Russ, their team, and the San Francisco Gay Softball League, including forcing their team, D2, to retroactively forfeit their second-place World Series win.
>
> "This case shows that bisexual people are an integral part of the lesbian, gay, bisexual, and transgender community. The San Francisco team was truly diverse and welcomed bisexual, gay, and straight players, and they saw each other as not just teammates, but family," said NCLR Sports Project Director Helen Carroll. "We all deserve to be treated with respect no matter what part of the 'LGBT' we are. It damages our community to

> conduct witch hunts and to exclude people from playing in a sports league for not being 'gay enough'. We wouldn't accept this kind of treatment from a non-LGBT sports organization and we shouldn't do it to ourselves."
>
> NAGAAA, which organizes the Gay Softball World Series, has refused to change the discriminatory rule that excludes players based on sexual orientation, to apologize to Apilado, Charles, and Russ for the traumatic and humiliating public interrogation they endured, or to disavow the practice of interrogating players about their sexual orientations in protest hearings.
>
> NCLR Staff Attorney Melanie Rowen said, "Washington law prohibits discrimination based on sexual orientation in public accommodations. But conducting an inquisition into someone's sexual orientation to exclude them from playing sports in their community is not just discriminatory—it is outrageous."
>
> "When you play softball, you never expect for anyone to corner you and ask you personal questions about who you are and what you do," said Charles. "It was emotional for me as a coach to go in there and not only get grilled, but watch my team be put in this situation. This had me angry, had me in tears, contemplating whether I even want to be part of the league anymore after being in it since 1999. The rationale that straight players should be limited on a team because they are better athletes is wrong, and it's insulting to the many strong LGBT athletes of today. A player is a player."

In response, NAGAAA posted an open letter asserting that the case was unfounded:

> In 1977 NAGAAA was founded as a private organization with the mission of fostering a safe place for Gay/Lesbian *[sic]* softball players to play and compete in softball. We believe that team sports can offer opportunities for personal enrichment, and a sense of community that is not available otherwise. It is not unlike other groups whom *[sic]* choose to organize around a commonality such as the Black American Softball Assoc., or the Native American Indian Softball Assoc. Our group recognizes that in the arena of team sports, homophobia is still all too common. Almost daily it seems, one hears or reads of another gay bashing, often resulting in fatal outcomes. These tragedies serve as a reminder of our mission to provide a safe place for Gay/Lesbian *[sic]* players to enjoy competition while not compromising their true identity.
> […]
> At its core, NAGAAA is a grass roots organization dedicated to providing a safe environment for gays and lesbians. *[sic]* We have no paid staff; we do not have large sums of money, nor a pool of talented lawyers. It saddens all of us that the NCLR, whom we view as members of our community, have chosen this destructive path. NAGAAA represents a diverse population, and as such there are legitimate differences of opinion among us. However, the action by the NCLR has forced these differences into the court system, rather than allowing our members the right to define who and what we are. One thing is clear, if NCLR is successful, the enormous monetary damages they seek will put our very existence in jeopardy. Regardless of the outcome, everyone loses here. There are no winners.

However, NAGAAA fails to mention that they had the opportunity to keep the case out of the court system. According to Shannon Minter, NCLR's Legal Director, "We have tried very hard to settle this case, but to no avail, and so have now taken the step of filing suit. We are still hopeful that NAGAAA will agree to change the policy, as that is our goal here. We strongly support LGBT sporting leagues, but the best practice, and the only lawful one, is not to exclude players based on their sexual orientation."

As of the release of this report, the case is still pending.
To read the text of the complaint filed by NCLR on behalf of the three bisexual players:
http://www.nclrights.org/site/DocServer/Apilado_v._NAGAAA_Complaint_for_Injunctive_Relief_and_Da.pdf?docID=7481

Bisexual and Transgender Allies in Invisibility

"From the earliest years of the bi community, significant numbers of [transgender people] have always been involved in it. The bi community served as a kind of refuge for people who felt excluded from the established lesbian and gay communities."
— Kevin Lano[14]

In San Francisco, the bisexual and transgender communities have long worked together as allies. This was especially important when both groups lobbied gay and lesbian groups for more inclusion of their issues.

For example, the Human Rights Commission first formed a "Gay Advisory Committee" in 1979, in response to a call for the city to create a Lesbian/Gay Commission in the wake of Harvey Milk's assassination. According to long-time bi activist and former LGBTAC member Lani Ka'ahumanu, it took a lot of education and discussion before "bisexual" was added to the name in January 1993, and she found an ally in Kiki Whitlock, the first self-identified transgender person appointed to the Advisory Committee. Both recognized that together they could push for broader recognition of their communities' concerns and needs. Panels on bisexual issues were transgender-inclusive and vice versa.

By February 1994, the Commission had voted to change the name to the Lesbian Gay Bisexual Transgender Advisory Committee, and in May 1994, held a public hearing on discrimination against transgender people. The recommendations that came out of that hearing paved the way for the Board of Supervisors to pass groundbreaking legislation adding gender identity as a protected category in San Francisco.

Other Forms of Biphobia[15]

Bisexual invisibility is one of many manifestations of biphobia. Others include:

- Assuming that everyone you meet is either heterosexual or homosexual.
- Supporting and understanding a bisexual identity for young people because you identified "that way" before you came to your "real" lesbian/gay/heterosexual identity.
- Automatically assuming romantic couplings of two women are lesbian, or two men are gay, or a man and a woman are heterosexual.
- Expecting a bisexual to identify as gay or lesbian when coupled with the "same" sex/gender.
- Expecting a bisexual to identify as heterosexual when coupled with the "opposite" sex/gender.
- Believing that bisexual men spread HIV/AIDS to heterosexuals.
- Believing that bisexual women spread HIV/AIDS to lesbians.

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14 Alexander, J. & Yescavage, K. (2003). Bisexuality and transgenderism: InterSEXions of the others. *Journal of Bisexuality, 3*(3/4). p. 8, as quoted in Miller et al. (2007).

15 Drawn mainly from *What Does Biphobia Look Like?*, a resource adapted by Lani Ka'ahumanu and Rob Yaeger/BiNet USA (1996) from Rape Crisis Center of West Contra Costa County, CA, and from *Lesbians: A Consciousness Raising Kit* by the Boston Lesbian Task Force and Building Bridges (March 1995). "Sexuality, biological sex, and gender are not binary. The [English] language is inadequate to express our new understandings. Therefore, in some instances quotes are used with certain words (i.e. 'opposite,' 'same') to highlight problematic areas" (Ka'ahumanu and Yaeger, 1996).

- Thinking bisexual people haven't made up their minds.
- Refusing to accept someone's self-identification as bisexual if the person hasn't had sex with both men and women.
- Expecting bisexual people to get services, information, and education from heterosexual service agencies for their "heterosexual side" and then go to gay and/or lesbian service agencies for their "homosexual side."
- Feeling bisexuals just want to have their cake and eat it too.
- Assuming a bisexual person would want to fulfill your sexual fantasies or curiosities.
- Thinking bisexuals only have committed relationships with "opposite" sex/gender partners.
- Being gay or lesbian and asking your bisexual friends about their lovers or whom they are dating only when that person is the "same" sex/gender.
- Assuming that bisexuals, if given the choice, would prefer to be in an "opposite" gender/sex coupling to reap the social benefits of a "heterosexual" pairing.
- Assuming bisexuals would be willing to "pass" as anything other than bisexual.
- Believing bisexuals are confused about their sexuality.
- Feeling that you can't trust a bisexual because they aren't really gay or lesbian, or aren't really heterosexual.
- Refusing to use the word bisexual in the media when reporting on people attracted to more than one gender, instead substituting made-up terms such as "gay-ish."
- Using the terms *phase* or *stage* or *confused* or *fence-sitter* or *bisexual* or *AC/DC* or *switch-hitter* as slurs or in an accusatory way.
- Assuming bisexuals are incapable of monogamy.
- Feeling that bisexual people are too outspoken and pushy about their visibility and rights.
- Looking at a bisexual person and automatically thinking of her/his sexuality rather than seeing her/him as a whole, complete person.
- Not confronting a biphobic remark or joke for fear of being identified as bisexual.
- Assuming bisexual means "available."
- Thinking that bisexual people will have their rights when lesbian and gay people win theirs.
- Expecting bisexual activists and organizers to minimize bisexual issues (such as HIV/AIDS, violence, basic civil rights, military service, same-sex marriage, child custody, adoption, etc.) and to prioritize the visibility of "lesbian and/or gay" issues.
- Avoiding mentioning to friends that you are involved with a bisexual or working with a bisexual group because you are afraid they will think you are a bisexual.

As an example of the extent and depth of biphobia, a study published in the *Journal of Sex Research* reported that heterosexuals rate bisexuals as a group less favorably than any of a number of groups (including Catholics, lesbians, people with AIDS, and people who are pro-life), except for the category of people who inject illegal drugs.[16]

16 Herek, G. M. (2002). Heterosexuals' attitudes toward bisexual men and women in the United States. *The Journal of Sex Research, 39*(4), as quoted in Miller et al. (2007).

"I feel blessed to have the gift of being able to be intimate with both genders."

I know now that I have been bisexual my entire life, although I didn't even know what the word bisexual meant until I was about 27, when I started working in a nonprofit with other bi and gay people. My direct supervisor was openly bi, and I remember when I first saw her talk openly about being attracted to both a man and woman and her experiences with them. It was literally an eye-opener and was like a window was suddenly open to the world that I never had access to before. What was so amazing about it was that not only had I never been exposed to the term bisexual before, but since I was raised in a heterosexist environment, I only had the faintest understanding about homosexuality and what it really meant.

Looking back at my upraising, I wasn't taught homophobia; I just was never exposed to or told about the queer community and what it was about or what it meant. Fortunately, I was raised to treat all people equally and not to hate or treat anyone differently for any reason, so when I did realize that homosexuality and bisexuality existed, it didn't trigger any hate or fear; quite the opposite, things finally started to come into focus, and the behavior and feelings that I had had for so many years started to make sense and come together.

I believe that being bisexual is different to each individual and how they express it is also an individual choice, which I respect. To me, being bi is being equally attracted physically and emotionally to both genders, and I have expressed this attraction in my relationships. I am now 38 years old and have been in a committed relationship with a transman for the past one and half years. It was good to be able to be open with him from the very beginning about my bisexuality because I had known him for a while before we started dating, and knew that he was very bi-positive. I have always been out to all of my partners and coworkers since first coming out, and I have always been comfortable with that choice.

I believe it's important to be completely honest about every aspect of your personality when becoming intimate with someone; I also don't want to have anything to do with anyone who is even remotely biphobic! Whenever I experience biphobia, be it in a provider's office, at work, or with an individual, I make a point of using that opportunity to educate and debunk the many myths that bisexuals have been tied to for years.

I feel blessed to have the gift of being able to be intimate with both genders; I think that my life has expanded greatly since coming out in all aspects of my life—spiritually, sexually, and emotionally. It has given me the outlook and ability to see life's experiences and people outside of the rigid binary society places on them.

– Vanessa B., 38, female

Impact of Bisexual Invisibility on Health

The implications of bi invisibility go far beyond bisexuals wanting to feel welcome at the table. It also has a significant impact on bisexuals' health. Here are just a few examples from recent large-scale studies[17]:

- Bisexual people experience greater health disparities than the broader population, including a greater likelihood of suffering from depression and other mood or anxiety disorders.
- Bisexuals report higher rates of hypertension, poor or fair physical health, smoking, and risky drinking than heterosexuals or lesbians/gays.
- Many, if not most, bisexual people don't come out to their healthcare providers. This means they are getting incomplete information (for example, about safer sex practices).
- Most HIV and STI prevention programs don't adequately address the health needs of bisexuals, much less those who have sex with both men and women but do not identify as bisexual.
- Bisexual women in relationships with monosexual partners have an increased rate of domestic violence compared to women in other demographic categories.

In the 1980s and 1990s, bisexuals were vociferously blamed for the spread of HIV (even though the virus is spread by unprotected sex, not a bisexual identity). However, a 1994 study of data from San Francisco is also worth noting: it found that at that time, bisexually identified MSMW (men who have sex with men and women) weren't a "common vector or 'bridge' for spreading HIV from male partners to female partners due to high rates of using barrier protection and extremely low rates of risky behavior."[18]

Yet scapegoating continues. Sometimes it is explicit, as in the misleading hysteria about men on the "down low" infecting unsuspecting female partners, particularly in the African-American community. Other times, the negative message is communicated in subtle ways. For example, in the 2008 San Francisco Department of Public Health HIV/AIDS Epidemiology Annual Report, MSMWs are not mentioned at all, their data most likely absorbed into information about MSMs. The only time the word "bisexual" appears is as an infection source for heterosexual women.[19]

In a 2010 study using Behavioral Risk Factor Surveillance System data from Washington State—collected between 2003 and 2007 through a telephone interview survey of randomly selected adults aged 18 or older—the researchers looked at health disparities between lesbians and bisexual

17 Miller et al. (2007); Brennan, D.J., Ross, L.E., Dobinson, C., Veldhuizen, S., & Steele, L.S. (2010). Men's sexual orientation and health in Canada. *Canadian Journal of Public Health,* 101:3, 255–258; 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,* 49:5, 353–367.

18 Ekstrand, M. L., Coates, T.J., Guydish, J.R., Hauck, W.W., Collette, L. & Hulley, S.B. (1994). Are bisexually identified men in San Francisco a common vector for spreading HIV infection to women? *American Journal of Public Health*, 84(6), as quoted in Miller et al.

19 San Francisco Department of Public Health HIV Epidemiology Section. (2009). *HIV/AIDS Epidemiology Annual Report: 2008*.

women.[20] They found many commonalities among their sample of 1,496 sexual minority women, but also a wide array of differences. Compared to lesbians:

- Bisexual women had significantly lower levels of education, were more likely to be living with income below 200% of the federal poverty level, and had more children living in the household.
- Bisexual women were significantly less likely to have health insurance coverage and more likely to experience financial barriers to receiving healthcare services.
- Bisexual women were more likely to be current smokers and acute drinkers.
- Bisexual women showed significantly higher rates of poor general health and frequent mental distress, even after controlling for confounding variables.

Of particular interest for San Francisco is the comparison of frequent mental distress for sexual minority women living in urban versus nonurban areas. In nonurban areas, lesbians and bisexual women experience similar levels of frequent mental distress. However, while the odds of frequent mental distress *decrease* significantly for lesbians in urban areas, the odds *nearly double* for bisexual women. The researchers theorize, "In addition to the minority stressors encountered by lesbians, bisexual women may face stressors which may be associated with poor health outcomes, such as lack of support by lesbian and gay communities as well as the larger community. Urban environments are typically characterized as having more well-organized gay and lesbian communities; bisexual women in such environments may feel even more isolated because they do not have access to a defined community."[21]

Alarmingly, bisexuals are also far more likely to feel suicidal than their heterosexual, gay, and lesbian counterparts. In two recent studies on sexual orientation and health, based on the Canadian Community Health Survey (a national population-based survey using a representative sample), *nearly half of bisexual women* and *more than a third of bisexual men* had seriously considered (or attempted) taking their own lives (see Table 4).[22]

Sexual Orientation	**Suicidality Among Women**		**Suicidality Among Men**	
	Percentage	*Adjusted rate (compared to heterosexual)*	*Percentage*	*Adjusted rate (compared to heterosexual)*
Bisexual	45.4%	5.9	34.8%	6.3
Lesbian/Gay	29.5%	3.5	25.2%	4.1
Heterosexual	9.6%	–	7.4%	–

Table 4: Suicidality among bisexuals, lesbians/gays, and heterosexuals

20 Fredriksen-Goldsen, K.I., Kim, H., Barkan, S.E., Balsam, K.F., & Mincer, S.L. (2010). Disparities in Health-Related Quality of Life: A Comparison of Lesbians and Bisexual Women. *American Journal of Public Health*, 100(11), 2255–2261.

21 Fredriksen-Goldsen et al. (2010).

22 Brennan et al. (2010); Steele et al. (2010). While these rates are based on Canadian population data, they are still highly useful here because they distinguish the findings for bisexuals from those for gays or lesbians. Far more commonly, the literature on suicide among LGBT people breaks down the data by gender (that is, gay/bisexual men or lesbian/bisexual women; there are also some studies on transgender people) or looks at the LGBT community as a whole.

When controlled for potentially confounding factors, bisexual men were 6.3 times more likely and gay men 4.1 times more likely than heterosexual men to report lifetime suicidality. Among women, bisexuals were 5.9 times more likely and lesbians 3.5 times more likely to report lifetime suicidality than their heterosexual counterparts.

A Hidden Effect of Conflated Data

As noted earlier, when researchers conflate data about bisexuals with data about gay men or lesbians, it may significantly skew the findings. It may also result in interventions not reaching or not being effective for key populations. For example, because bisexuals have worse outcomes in most areas of health where specific data are available, conflating the data will generally make the picture look more urgent. Yet few public health programs specifically reach out to bisexuals. This means that even though bisexuals may have greater need, the resources primarily wind up benefitting lesbians and gay men.

Why Focus on Bisexual Health?[23]

One area where we see the effects of biphobia and bi-invisibility is in the health and well-being of bisexuals, MSMW, and WSMW. This is because, as confirmed by the available research, these groups experience greater health disparities compared to the broader population, and they continue to experience biphobia and bi-invisibility from healthcare providers, including providers who may be gay or lesbian, or are knowledgeable about homosexuality and accepting of their gay and lesbian clients.

Although we have some information about the health of bisexual people and of men and women who have sex with more than one gender, there is still much that we do not know. It is important for researchers to employ methodologies that group bisexuals together, or that group together people who have sex with partners of more than one gender; rather than only the more common practice of grouping gay and bisexual men or lesbian and bisexual women together, never separately examining attributes of and needs of the latter. Why? Because bisexual women's issues are not always the same as lesbian issues, even for bisexual women who only have sex with partners of the same gender or for lesbian-identified women who have sex with men as well as women. Bisexual men's issues are not always the same as gay male issues, even for bisexual men who only have sex with partners of the same gender or for gay-identified men who have sex with women as well as men. Likewise, heterosexuals' issues are different from those of bisexuals, even among heterosexually-identified MSMW and WSMW.

Why would health issues be different for people who share similar lived experiences but use different sexual orientation labels? Some of the issues would be similar, including some concerns related to sexual health. But because of biphobia and bi-invisibility, which affect bisexuals on an immediate, personal level, bisexuals may have very different health experiences. These differences

23 The remainder of this chapter excerpted with permission from Miller et al. (2007).

may result from increased stress and experiences of discrimination in general, and/or more specifically from experiencing biphobia from healthcare providers.

Focusing on bisexual health can help improve the quality of life of bisexuals by having more factual information about how bisexuality intersects with health concerns, and by promoting education about the experiences and needs of bisexuals in healthcare settings. Focusing on bisexual health is a means of eradicating biphobia and creating visibility for bisexuals and people who have sex with partners of more than one gender. This kind of inclusiveness can create the conditions for better health care for all individuals, including bisexuals.

Impact on Mental Health

While not generalizeable to all bisexuals, an article published in the *British Journal of Psychiatry* reported that bisexuals in a community survey of young and middle-aged adults reported poorer mental health than people of any other sexual orientation in the sample.[24] This has important implications for health research, such as studies of mental health which group together homosexuals and bisexuals.[25]

> …bisexual orientation is associated with worse mental health than heterosexual orientation on a range of measures of psychological distress, with the homosexual group falling between the two. *Previous studies may have overstated the risk of mental health problems for homosexuals by grouping them together with bisexuals* (emphasis added).[26]

Race, Ethnicity, and Bisexuality

Every race and ethnicity has members who identify themselves as bisexual. Race and ethnicity can be defined as a social construction of categories linking heritage-based groups transnationally. Racial/ethnic politics and race/ethnic-related oppressions and privileges impact individuals' bisexuality and vice versa. Culturally competent health care includes an understanding of the intersection of race, ethnicity, and sexual health. In working with patients and clients of all races/ethnicities, it is important to be mindful that every individual is affected by race and ethnicity. When we interact with other people, these socio-historical relationships are always at play, including in the clinical setting.

24 For more on providing mental health services to bisexual clients, see: Firestein, B. (ed.). (2007). *Becoming Visible: Counseling bisexuals across the lifespan*. New York: Columbia University Press, as quoted in Miller et al. (2007).

25 Jorm, A. F., Korten, A. E., Rodgers, B., Jacomb, P. A. & Christensen, H. (2002). Sexual orientation and mental health: results from a community survey of young and middle-aged adults. *British Journal of Psychiatry,* 180, as quoted in Miller et al. (2007).

26 Ibid. p. 425, as quoted in Miller et al. (2007).

Much has been written about the intersection of race, ethnicity, and health, as well as race, ethnicity, and health care.[27] For example, it is well documented that people of color have challenges around healthcare access, delivery, and experience that white people do not typically face. Both bisexual people of color and people of color who have sex with partners of more than one gender must navigate those additional challenges, as well as some of the challenges faced by white bisexuals and white people who are MSMW and WSMW. This combination of race/ethnicity and bisexuality creates a particular interaction effect, which in turn further impacts health and health care.[28]

Race impacts health research findings and reports, as we can see in this excerpt of a research article published in the *Journal of Urban Health:*

> Black Americans are becoming HIV infected at rates comparable to those seen in parts of the developing world and at rates three to four times higher than members of other racial/ethnic groups in the United States. Recent and dramatic increases in HIV-incidence rates have been documented for black men who have sex with men (MSM) and black women. Moreover, MSM have been recently identified as the primary cause of infection among black men, while the heterosexual acquisition of HIV, increasingly through sex with MSM, has been the primary cause of infection among black women since 1995. Therefore, in black communities, men are the main source of sexually transmitted HIV infection for both black men and black women. However, little is known about the sex practices and preferences of black men… Black MSM are less likely to disclose their sexual orientation, are less likely to identify as homosexual, and a larger proportion self-identify as bisexual as compared with White MSM… MSM has become a more visible HIV-transmission route in the black community, in part due to intense media attention on the phenomenon referred to as black men on the "down low" (i.e., maintaining a "straight" public appearance and having sex with men on the side). [We] expected difficulty…recruiting a diverse and hidden sample of black MSM, many of whom were anticipated not to identify as gay.[29]

This excerpt conflates notions of sexual orientation, behavior, gender of partners, and disease transmission, while overlooking the socially constructed nature of sexual orientation identities described by Rust.[30] These errors are compounded by the racialized sexism of down low hysteria.[31]

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27 Mays, V. M., Yancey, A. K., Cochran, S. D., Weber, M. & Fielding, J. E. (2002). Heterogeneity of health disparities among African American, Hispanic, and Asian American women: Unrecognized influences of sexual orientation. *American Journal of Public Health, 92*(4), as quoted in Miller et al. (2007).

28 From Miller et al. (2007): "One way in which healthcare professionals can provide optimal care for bisexual, MSMW, WSMW patients and clients of all races/ethnicities is to study race, racism, and race politics, especially in relation to health. Healthcare professionals can gain greater insight through reading literature by ethnic studies scholars and anti-racism advocates, and should support patients and clients in sharing their experiences around racial/ethnic issues for the purpose of improving health and health care delivery."

29 Miller, M., Serner, M. & Wagner, M. (2005). Sexual diversity among men who have sex with men in an inner-city community. *Journal of Urban Health, 82*(1, Supplement 1), as quoted in Miller et al. (2007).

30 Rust, P. C. (1993). "Coming out" in the age of social constructionism: Sexual identity formation among lesbian and bisexual women. *Gender and Society, 7*(1), as quoted in Miller et al. (2007).

31 André, A. (2005). Beyond the down low: Examining the politics of black male desire. *American Sexuality Magazine, 3*(2), as quoted in Miller et al. (2007).

Consider the changed tone and content of the piece if the excerpt were re-written as follows, with new text in bold:

> Black Americans are becoming HIV infected at rates comparable to those seen in parts of the developing world and at rates three to four times higher than members of other racial/ethnic groups in the United States. Recent and dramatic increases in HIV-incidence rates have been documented for Black men who have **unprotected** sex with men **and women** (MSM**W**) and Black women **who have unprotected sex with MSMW**. Moreover, ~~MSM~~ **unprotected sex with male partners** has been recently identified as the primary cause of infection among Black men, while the ~~heterosexual~~ acquisition of HIV, ~~increasingly~~ through **unprotected** sex with MSM**W**, has been the primary cause of infection among Black women since 1995. Therefore, in Black communities, ~~men are~~ **unprotected sex among MSM and with MSMW is** the main source of ~~sexually transmitted~~ HIV infection for both Black men and Black women. ~~However, little is known about the sex practices and preferences of Black men~~… Black MSM**W** are less likely to disclose their sexual orientation **in certain social and relational contexts**, are less likely to identify as homosexual, and a larger proportion self-identify as bisexual as compared with White MSM**W**… **Unprotected sex among MSM and with MSMW** ~~MSM~~ has become a more visible HIV-transmission route in the Black community, in part due to intense media ~~attention~~ **hysteria around the concept of** ~~phenomenon referred to as~~ Black men **who are** on the "down low" (i.e., ~~maintaining a 'straight' public appearance~~ **men who do not identify as homosexual but instead identify as heterosexual or bisexual** and ~~having sex with men on the side~~ **who have sex with male and female partners**). [We] expected difficulty… recruiting a diverse and hidden sample of Black MSM**W**, many of whom were anticipated ~~not to identify as gay~~ **to identify as heterosexual or bisexual**.

Notice how these changes more accurately depict the lives of bisexuals and of people who have sex with people of more than one gender. They also paint a more accurate picture of the medically-recognized way in which HIV may be transmitted between sexual partners: HIV is not transmitted because of men having sex with men. It is transmitted through unprotected sexual behavior.

In relation to race, the original text makes a significant number of erroneous assertions about black male sexuality, while simultaneously claiming that "little is known" about it. The implications that the down low is specific to black male culture, which is incorrect, and that there is something noteworthy about the fact that black MSMW might identify as heterosexual and bisexual rather than as gay, and that black men are "less likely" to reveal their sexual orientations are especially problematic, because each of these interpretations tends to stigmatize black MSMW more than MSMW of other races/ethnicities with the same behavior.

If a black MSMW identifies as heterosexual, he *is* revealing his sexual orientation. Even if he were to eschew sexual orientation labels altogether, he would still be revealing his sexual orientation—as being nil. As we know, a heterosexual identity does not equate to exclusive sexual behavior with partners of a different gender. If the "down low" describes a heterosexual or bisexual person who has sex with men and women, then all races/ethnicities have members who are on the down low.

Another example that purports to report on race and bisexuality but really more accurately serves to illustrate about how a lack of clarity in terminology obfuscates critical health information is contained in this *International Nursing Review* study abstract:

> Public health messages urging women to seek health care services such as sexually transmitted diseases (STD) and cervical cancer screening or family planning services fail to address women who have sex with women (WSW). This negligence may have led to a false sense of security amongst WSW concerning sexual risk behaviour. Research has shown that WSW engage in more high-risk sexual behaviours than heterosexual women. WSW has been identified as an important vector in the spread of STDs in all populations because of bisexuality. To prevent and reduce transmission of STDs amongst WSW, perceptions of risk for STD amongst WSW need to be understood so that effective interventions may be developed. AIM: To describe the relationship between sexual risk and protective behavior and STD transmission amongst bisexual minority women with a history of STD. Life history methods were used to interview 23 African-American bisexual women with a history of STD. Various themes unfolded during analysis of the patient interviews, including bisexual women's perception of STD risk, the context of sexual relationships with women and STD prevention, screening and treatment practices. The contexts of sexual relationships including multiple or concurrent partner relationships with both men and women placed these women at high risk for STD. Regardless of the type of relationship or belief [that] it is possible to get an STD, protection was often not used. These circumstances identify an extremely high-risk population of women with need for more extensive research to identify strategies for health care interventions.[32]

The text of the abstract makes it impossible to discern whether this was research on women who identify as bisexual ("bisexual women"), women who have sex with men and women ("relationships with both men and women"), or women who have sex with bisexual women ("WSW has been identified as an important vector in the spread of STIs…because of bisexuality"). The statement that "the context of sexual relationships…with both men and women placed these women at high risk for STD" is inaccurate, as it is unprotected sex that places women at risk, not multi-gendered sexual relationships. Likewise, it is confusing to say that "WSW has been identified as an important vector in the spread of STIs…because of bisexuality," as it is unclear as to whether the authors are describing bisexually-identified women who only have sex with women or women who only have sex with bisexuals—and it is unclear what these identities and practices have to do with WSW being a "vector" for STIs.

Lesbian, gay, bisexual, and transgender (LGBT) youth of color often have a difficult time finding acceptance in their communities due to gender-role stereotypes that are enforced and expected in their cultures. According to Advocates for Youth, "many ethnic minority communities reinforce negative cultural perceptions of homosexuality," with about 46 percent of bisexual and other sexual minority and questioning youth reporting experiences of physical abuse related to their sexual orientation.[33] Additionally, in many Latino communities, the combined effects of "machismo" and

32 Champion, J. D., Wilford, K., Shain, R. N. & Piper, J. M. (2005). Risk and protective behaviours of bisexual minority women: A qualitative analysis. *International Nursing Review, 52*(2), as quoted in Miller et al. (2007).

33 Advocates for Youth. (2005, July). GLBTQ youth. Author. Retrieved July 18, 2006, from http://www.advocatesforyouth.org/PUBLICATIONS/factsheet/fsglbt.pdf, as quoted in Miller et al. (2007).

devout Catholicism can fuel homophobia, and in some cases, forbid the use of condoms, creating a barrier to sexual health education and HIV prevention information for Latino bisexual and gay youth.[34]

African-American gay and bisexual youth are confronted with the challenges of intersecting identities of race and sexual orientation, whereby they have to navigate through both white gay communities and the homophobic segments of black communities.[35] Black and Latino communities, while successful at instilling cultural pride and traditions, can sometimes create a hostile environment for sexual exploration and development for sexual minority youth.[36]

Culturally enshrined ideas about masculinity play a great role in the sexual health and behavior in many cultures, especially among Latino men. A 2001 study of roughly 1,200 Latino gay and bisexual men (84 percent self-identified as gay and 15 percent self-identified as bisexual) found that 64 percent of respondents experienced verbal harassment during their childhood for being gay/effeminate, and 20 percent were harassed by the police because of being gay. Respondents also reported powerful messages—both explicit and covert—in their communities, telling them that their homosexuality made them "not normal" or "not truly men"; that they would grow up alone without children or families; and that ultimately their homosexuality was dirty, sinful, and shameful to their families and loved ones. Latino gay and bisexual men also reported experiencing racism not only from society at large, but also the LGBT community, whether in the form of exclusion from social venues or sexual objectification by white non-Hispanic same-sex partners or lovers.[37] A study of the use of protective barriers by Latino men published in 2005 found that notions of masculinity played a great role in HIV/STI risk behavior practices that often manifested in inconsistent condom use.[38] The authors concluded that it is necessary to frame HIV/STI prevention strategies in terms of culturally sensitive notions of masculinity when working with Latino men who have recently had sex with both men and women.[39]

Researchers whose work takes race and ethnicity into account (ideally, this should include all researchers) should maintain linguistic precision and accuracy so they do not confuse the reader and exacerbate racial and sexual stereotypes in the academic literature. For example, if the aim is to educate others on the sexual health of bisexual people of color and people of color who have sex

34 Ibid., as quoted in Miller et al. (2007).

35 Ibid., as quoted in Miller et al. (2007).

36 For more research on how the intersections of race, ethnicity, and sexual orientation affect LGBT youth of color, see Miller et al. (2007), pp. 16-19.

37 Diaz, R. & Ayala, G. (2001). *Social discrimination and health: The case of Latino gay men and HIV risk*. National Gay and Lesbian Task Force Policy Institute. Retrieved September 26, 2006, from http://www.thetaskforce.org/downloads/DiazEng.pdf; as cited in Cianciotto, J. (2005). *Hispanic and Latino Same-Sex Couple Households in the United States: A Report from the 2000 Census*. National Gay and Lesbian Task Force Policy Institute and the National Latino/a Coalition for Justice. Retrieved September 26, 2006, from http://www.thetaskforce.org/downloads/HispanicStudy/HispanicLatinoSSHH.pdf. pp. 19-20. As quoted in Miller et al. (2007).

38 Munoz-Laboy, M. A. & Dodge, B. (2005). Bisexual practices: Patterns, meanings, and implications for HIV/STI prevention among bisexually active Latino men and their partners. *Journal of Bisexuality, 5*(1), as quoted in Miller et al. (2007).

39 Ibid., as quoted in Miller et al. (2007).

with men and women, significant changes need to take place in the way the research is typically reported.

Victims in the Shadows

What we know about bisexuals and the violence they experience is minimal at best. The lack of research and documentation compounds the stereotypes that bisexuals lead more privileged, safer lives than their gay and lesbian contemporaries.

The U.S. Department of Justice, which tracks the race, gender (male or female), and age of victims of all crimes, does not ask about sexual orientation unless the crime is bias-motivated. So we have no large scale government studies of how many bisexuals face domestic violence, sexual assault, murder, police misconduct, and other types of crime.

The Department of Justice does track hate crimes with an anti-bisexual bias. In 2004, however, it only identified 17 such incidents in the entire country. They were able to find twice as many anti-heterosexual hate crimes. Other cases involving bisexual victims were likely categorized as being anti-homosexual based on the bias language used or on quick assumptions made by the responding officers.

With a dozen reporting sites covering more than a quarter of the nation's population, the National Coalition of Anti-Violence Programs documented more than three times as many antibisexual hate crimes as did the federal government, but it still reported more anti-gay/anti-transgender hate crimes affecting heterosexual victims than bisexual victims. In 2004 agencies reporting to the national coalition worked with 59 openly bisexual survivors of hate violence. Beyond these numbers, the coalition's annual reports contain case narratives including crime victim and murder victim narratives of bisexuals.[40]

The Nation Coalition of Anti-Violence Programs is one of the few groups in the country publicly tracking the sexual orientation of domestic violence survivors. Each year, approximately 4 percent, or about 260, of the LGBT domestic violence cases they report involve a bisexual victim. This number does not include survivors who sought services at mainstream domestic violence agencies.

Bisexual survivors who reach out to traditional shelters most often have their experience statistically erased by program staff who mistakenly believe that recording the sexual orientation of their clients is violation of that client's privacy. Even when shelters record sexual identity, clients may not be asked directly but rather have staff assume sexual identity based on the gender relationship between the survivor and the batterer.

The sparse reporting of violence against bisexuals may lead bisexuals to internalize a sense of safety leading and to a deprioritization of bisexual-related violence prevention, education, and documentation efforts. We as a bisexual community must come together to have a frank conversation about our lived experience of violence before we can expect the broader world to find us in the shadows.

— Jennifer Rakowski, M.P.A., Associate Director, Community United Against Violence; Board Treasurer, National Coalition of Anti-Violence Programs

40 National Coalition of Anti-Violence Programs. (2005). National publications. Author. Retrieved February 9, 2007, from http://www.ncavp.org/publications/NationalPubs.aspx, as quoted in Miller et al. (2007).

Bisexual Health Issues within HIV and STI Prevention

There are health issues that are specific and generalizeable to bisexuals as a group and health issues that are specific and generalizeable to people who have partners of more than one gender as a group. This literature review shines a spotlight on specific challenges related to HIV and STI prevention among bisexuals, WSMW, and MSMW.

Unfortunately, existing research on this topic is scarce. Much of it lumps bisexuals into either "lesbian" or "gay male" categories, making it difficult to draw any conclusions about bisexual health. Data on bisexual women's sexual health is less prevalent than men's, particularly data on WSMW. Additionally, not all researchers take into consideration whether their study participants identify as bisexual, MSMW, WSMW, or something else.

It is important to recognize that many, if not most, bisexual people do not come out to their health care providers or to researchers due to judgments that silence, stereotypes that shame, and assumptions that erase bisexual identity. When a woman is partnered and says she is using birth control, there may be an automatic assumption that she is monogamous and heterosexual. A man in a same-sex relationship is assumed to be gay and therefore not in need of information about sex with women. When a man says he is married or partnered, there are often no subsequent questions asked about other sexual partners. Health care providers need to become aware of how to serve this often-overlooked community and its unique concerns, looking at a patient's sexual behavior rather than simply a patient's sexual identity.

Bisexual Women and WSMW

Little information is available about female sexual health, especially in regards to WSMW. A study published in the *American Journal of Public Health* 1998 is a perfect illustration. The report featured statistics about both the male and female study participants, all of whom were receiving treatment for HIV. However, the researchers identified all women as simply "women," with no sexual orientation descriptors. In contrast, the men in the study were categorized as either gay men, bisexual men, or heterosexual men.[41]

One study that actually does highlight bisexual women's health is a 1996 study by Cochran and Mays, which found that bisexual women are more likely than lesbians to use latex or plastic barrier protection for oral sex with women.[42] More recent research [found], like Cochran and Mays, that among WSW and WSMW, having larger numbers of female partners is positively correlated with having vaginal infections, specifically bacterial vaginosis, trichomonas vaginalis, and herpes.[43] These

41 Ciccarone, D. H., Kanouse, D. E., Collins, R. L., Miu, A., Chen, J. L., Morton, S. C. & Stall, R. (2003). Sex without disclosure of positive HIV serostatus in a US probability sample of persons receiving medical care for HIV infection. *American Journal of Public Health, 93*(6). p. 3, as quoted in Miller at al. (2007).

42 Cochran, S. D. & Mays, V. M. (1996). Prevalence of HIV-related sexual risk behaviors among young 18- to 24-year old lesbian and bisexual women. *Women's Health: Research on Gender, Behavior, and Policy, 2*(1&2).pp. 77, 80, as quoted in Miller at al. (2007).

43 Bailey, J. V., Farquhar, C. & Owen, C. (2004). Bacterial vaginosis in lesbians and bisexual women. *Sexually Transmitted Diseases, 31*(11). (Note that this author, J. V. Bailey, is different from J. M. Bailey, whose research was in question after

findings were consistent regardless of numbers of male partners, indicating that these vaginal infections may be a female-to-female STI. The available research indicates that health care providers working with WSMW should screen for vaginal infections and educate patients on safer sex between women.

"Straight" MSMW?

Recent analysis of data from a study of men in New York City collected in 2003 indicates that a significant percentage of MSMW identify as heterosexual:[44]

- 10 percent of men in New York City who identify as heterosexual have had sex with at least one man in the past year.
- 73 percent of men in New York City who have had sex with men identify as straight.
- These men are less likely than self-identified gay men in New York City to use condoms or be tested for HIV.

These data indicate that health care professionals should not rely solely on clients' sexual orientation labels for assessing HIV/STI risk.

Bisexual Men and MSMW

In a study published in 2003, Ciccarone et al. reports that 40 percent of HIV-positive gay and bisexual men have had sex without disclosing their HIV status to their sexual partners, usually within the context of a "casual dating" or a nonexclusive relationship.[45] The study does not distinguish between its gay and bisexual participants, which makes it impossible to extrapolate data specific to the bisexual cohort. Nevertheless, HIV prevention programs working with HIV-positive clients should take relationship context into account when discussing disclosure and behavior.

Crepaz and Marks studied safer sex practices and disclosure of status to partners, among HIV-positive men.[46] They found no differences between men who have sex with women (MSW), men who have sex with men (MSM), and MSMW regarding which group was more likely to practice safer sex techniques and/or disclose serostatus to their partners. Unfortunately, their reporting confuses these groups (MSW, MSM, and MSMW) with sexual orientation identities.

For example, the use of the phrase "heterosexual men as well as men who have sex with men" does not account for men who identify as heterosexual but also have sex with men.[47] They also state that in their research "sexual orientation was defined behaviorally (sex with men only, mostly men, men

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the controversial *New York Times* article was published.) Cochran, S. D. & Mays, V. M. (1996). p. 81. Both as quoted in Miller et al. (2007).

44 Pathela, P. (2006). Discordance between Sexual Behavior and Self-Reported Sexual Identity: A Population-Based Survey of New York City Men. *Annals of Internal Medicine, 145*(6), as quoted in Miller at al. (2007).

45 Ciccarone, D. H. et al. (2003), as quoted in Miller at al. (2007).

46 Crepaz, N. & Marks, G. (2003). Serostatus disclosure, sexual communication and safer sex in HIV-positive men. *AIDS Care, 15*(3), as quoted in Miller at al. (2007).

47 Ibid. p. 379, as quoted in Miller at al. (2007).

and women equally, mostly women, women only),"[48] which conflates sexual orientation with data on the gender of sexual partners. This is another example of how imprecise categories limit the ability to obtain information about MSMW and WSMW.

Internationally, Filipe et al. (2005) studied 250 HIV-positive, heterosexually-identified and bisexually-identified MSW in Brazil and found that the majority of bisexual HIV-positive men did not use condoms—and did not perceive themselves as being at risk for HIV before learning they were HIV-positive.[49] Izazola et al. found that MSMW in Mexico have more anal intercourse with female partners than MSW and less anal intercourse with male partners than MSM.[50] Among MSMW in their study, preferred sexual behaviors with male partners were oral sex and mutual masturbation. While not generalizeable to all bisexuals, the findings of these studies are just one example of why health care practitioners working with bisexually-identified men, as well as with men of other sexual orientations, need to encourage barrier use and HIV testing for patients and their partners.

Izazola et al. concluded that the MSMW in their sample had a much lower risk of acquiring HIV because they had fewer male partners and were less likely to have anal intercourse with them. As a group, the MSMW in their sample did not appear to have a high prevalence of HIV and may not be an effective epidemiological bridge for HIV transmission.[51] Ekstrand et al. also found that bisexually-identified MSMW in San Francisco were not a common vector or "bridge" for spreading HIV from male partners to female partners due to high rates of using barrier protection and extremely low rates of risky behavior.[52] This was further confirmed by James Kahn and colleagues, who found that in a sample of 40,000 new HIV infections in the US, only 1 percent occurred in women who had contracted the virus from MSMW.[53] It is important to note that these studies are all at least 10 years old, which highlights the need for further research.

Injection Drug Use and Sexual Health

Kral et al. found that 45 percent of gay-identified MSM who are injection drug users (IDU) in their study were HIV-positive, compared to 25 percent of bisexually-identified MSM-IDU. Gay MSM-IDU and bisexual MSM-IDU were equally likely to have anal sex with men, and both groups were equally likely to report having had six or more male partners in the past six months.[54] Given that

48 Ibid. p. 381, as quoted in Miller at al. (2007).

49 Filipe, E. M., Batistella, E., Pine, A., Santos, N. J., Paiva, V., Segurado, A. & Hearst, N. (2005). Sexual orientation, use of drugs and risk perception among HIV-positive men in Sao Paolo, Brazil. *International Journal of STD & AIDS, 16*(1), as quoted in Miller at al. (2007).

50 Izazola-Licea, J. A., Gortmaker, S. L., de Gruttola, V., Tolbert, K. & Mann, J. (2002). Sexual behavior patterns and HIV risks in bisexual men compared to exclusively heterosexual and homosexual men. *Salud Publica de Mexico, 45*(supplement 5), as quoted in Miller at al. (2007).

51 Ibid. p. 670, as quoted in Miller at al. (2007).

52 Ekstrand, M. L., Coates, T. J., Guydish, J. R., Hauck, W. W., Collette, L. & Hulley, S. B. (1994). Are bisexually identified men in San Francisco a common vector for spreading HIV infection to women? *American Journal of Public Health, 84*(6), as quoted in Miller at al. (2007).

53 Kahn, J. G., Gurvey, J., Pollack, L. M., Binson, D. & Catania, J. A. (1997). How many HIV infections cross the bisexual bridge? An estimate from the United States. *AIDS Weekly Plus, 11*, as quoted in Miller at al. (2007).

54 Kral, A. H., Lorvick, J., Ciccarone, D., Wenger, L., Gee, L., Martines, A. & Edlin, B. R. (2005). HIV prevalence and risk behaviors among men who have sex with men and inject drugs in San Francisco. *Journal of Urban Health, 82*(1, Supplement 1), as quoted in Miller at al. (2007).

bisexual MSMW-IDU are having the same types of sex with the same numbers of men as gay MSM-IDU, it is likely that the lower rate of HIV-positive status among bisexual MSMW-IDU in this study is either because of a lower likelihood of sharing needles or a greater likelihood of using barrier protection. While not generalizeable to the entire population, this study indicates that bisexual MSMW-IDU may be contracting HIV less frequently and could be studied as role models for MSM-IDU who want to stay HIV-negative. What are bisexual MSMW-IDU doing to keep from seroconverting and how can others follow that model? More research is needed to answer these important questions. In an article published in 2005 in the academic journal *AIDS*, researchers compared gay and bisexual IDU to other gay and bisexual men. They found that IDU were more likely than other men to be white and to identify as bisexual, and that these men reported less education, less income, more anxiety, more hostility, more childhood sex abuse, and greater unemployment.[55] Gay and bisexual IDU engaged in more unprotected sex than gay and bisexual men who did not use drugs. The researchers concluded that health care providers should pay attention to the interaction effect of these variables.

Sexual Health Issues for Bisexual Youth

"Everyone thought I was a freak – I tried to show off, always had a boyfriend to prove I was okay…In tenth grade I got pregnant."
—Kellsie N., a young woman from Texas[56]

Many youth who identify as lesbian, gay, or bisexual, engage in same-sex and different-sex sexual activity. Unfortunately, some of this includes risky sexual behaviors, including unprotected sex that can lead to exposure to HIV, STIs, and pregnancy. The Human Rights Watch found that 31.6 percent of sexually active students who either identified as gay, lesbian, or bisexual or have had same-sex sexual experiences had been pregnant or had gotten someone pregnant.[57]

Case et al. found that bisexual women were twice as likely to have never given birth compared to heterosexual women.[58] However, among women who had given birth, bisexual women were twice as likely as heterosexual women to have done so during their teenage years. Not giving birth may put bisexual women at greater risk for ovarian and endometrial cancers, and teenage pregnancy also has health implications.[59]

In 1996 Cochran and Mays published a study that analyzed sexual behavior and HIV risk among young lesbians and bisexual women.[60] Participants were recruited at gay pride events, potentially excluding bisexual women who are in different-sex relationships and who socialize in heterosexual

55 Ibanez, G. E., Purcell, D. W., Stall, R., Parsons, J. T. & Gomes, C. T. (2005). Sexual risk, substance use, and psychological distress in HIV-positive gay and bisexual men who also inject drugs. *AIDS, 19*(supplement 1), as quoted in Miller at al. (2007).

56 Human Rights Watch. (2001). Coping with harassment and violence. Author. Retrieved July 18, 2006, from http://www.hrw.org/reports/2001/uslgbt/Final-11.htm. p. 3, as quoted in Miller et al. (2007).

57 Ibid. p. 3, as quoted in Miller et al. (2007).

58 Case, P., Austin, B., Hunter, D. J., Manson, J. E., Malspeis, S., Willett, W. C. & Spiegelman, D. (2004). Sexual orientation, health risk factors, and physical functioning in the Nurses' Health Study II. *Journal of Women's Health, 13*(9), as quoted in Miller et al. (2007).

59 Ibid., as quoted in Miller et al. (2007).

60 Cochran, S. D. & Mays, V. M. (1996), as quoted in Miller et al. (2007).

communities. The researchers found that, while the overall majority of women do not use barrier protection during oral sex with women, those participants who do use barriers during oral sex with women are *most likely* to identify as bisexual. Despite that finding, Cochran and Mays reported that "high-risk sexual experimentation… is most likely to occur among teenagers who do not yet consider themselves to be lesbians."[61] It is important to note, however, that bisexual identification is not necessarily transitional, simply "experimentation," or a teenage phase. Researchers should be aware of unintentional implications that bisexually-identified clients are not "yet" gay or lesbian and/or are necessarily engaging in high-risk behavior.

An article published in 1996 in *Family Planning Perspectives* reported that female bisexual teens were more likely than their heterosexual counterparts to have a history of physical and sexual abuse.[62] They also reported twice as many pregnancies. Health care providers working with female teens should be aware of the implications of these findings and should be prepared to give referrals for counseling, birth control, and pregnancy planning advice. As the article concludes:

> …clinicians who provide reproductive health and family planning services should not assume that their pregnant adolescent clients are heterosexual or that adolescents who identify themselves as lesbian or bisexual do not require family planning counseling.[63]

Several studies of bisexual and gay young men in San Francisco, Berkeley, Calif., and New York provide evidence of sparse condom use in this group. In San Francisco and Berkeley, 33 percent of sexual minority young men surveyed had engaged in unprotected sex in the previous six months, and in New York, 28 percent of the sample reported having unprotected sex in the previous year.[64]

Bisexual youth, along with other sexual minority youth, are at particularly high risk for negative health consequences if they experience homelessness. Youth who explore their sexuality and live with homophobic parents or in abusive foster homes wind up on the streets where they experience substance abuse, greater risk for mental health problems, and may be forced to resort to survival sex in exchange for food, shelter, or money.[65]

Sexual Health Issues for Bisexual Elders

Physicians and mental health providers need to also pay special attention to the needs of bisexual elders. Older bisexual individuals are at risk for feeling isolated from their community, which may eventually lead depression and social isolation. Many bisexual older people have identified as

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61 Ibid. p. 85, as quoted in Miller et al. (2007).

62 Saewyc, E., Bearinger, L. H., Blum, R. W. & Resnick, M. D. (1999). Sexual intercourse, abuse and pregnancy among adolescent women: does sexual orientation make a difference? *Family Planning Perspectives, 31*(3), as quoted in Miller et al. (2007).

63 Ibid. p. 131, as quoted in Miller et al. (2007).

64 Human Rights Watch. (2001), as quoted in Miller et al. (2007).

65 Jacobs, A. (2004, June 27). For young gays on the streets, survival comes before pride, few beds for a growing class of homeless. *The New York Times*. Retrieved June 27, 2006, from http://query.nytimes.com/gst/fullpage.html?sec=health&res=9D02EFDB1738F934A15755C0A9629C8B63. See also: Halcon, L. L. & Lifson, A. R. (2004). Prevalence and predictors of sexual risks among homeless youth. *Journal of Youth and Adolescence, 33*(1). As quoted in Miller et al. (2007).

heterosexual or homosexual for a very long time and find it difficult to engage with the rest of the bisexual community.[66]

Existing social groups and coming out groups oftentimes focus on younger people and gay men/lesbians, possibly leaving the aging bisexual population out of their programming. Additionally, HIV/AIDS prevention programs are "seldom prepared to consider aging issues," much less bisexual issues.[67] Additional research is needed to ensure that the unique needs of bisexual elders are understood and included in future programming.

Health Care Implications

It is imperative for health care providers to create a safe, affirming atmosphere for bisexuals, MSMW, and WSMW in order to facilitate dialogue on well-being and improve the delivery of health care to minority populations. Many members of the bisexual community have negative experiences with health care providers, with problems ranging from disclosure of sexual orientation to distribution of improper or incomplete sexual health information. Cheryl Dobinson and colleagues explain that disclosure is important for bisexual clients for many reasons, including:

> …the desire to be seen as a whole person, with bisexuality being part of who they are, to increase comfort levels and understanding, so proper diagnoses can be made and relevant information given, so providers can be sensitive and understanding to the issues being faced, for appropriate resources referrals, and generally because it is important for mental health and emotional wellness.[68]

Clients who experience homophobia, biphobia, or ignorance when dealing with health care providers may not receive appropriate information about sexual health, with some physicians "equating bisexuality with having multiple partners, not receiving appropriate information about safer sex with male and female partners, voyeurism, inappropriate jokes or comments, bisexuality being seen as the problem, and being told that you're either gay or straight."[69] For example, women who identify as lesbian to their health care provider may not be given any information on safer sex techniques with men because it may be assumed that the client's only sexual activity in the past and in the future is solely with women.

This kind of misinformation has especially devastating effects on youth who are just beginning to explore their sexuality. Bisexual youth are becoming sexually active without being provided with the information they need to responsibly and safely engage in sexual activity. However, in order to receive proper information, youth have to inform even the most sensitive health care providers of their sexual activity and identity. Unfortunately, disclosure is particularly problematic for sexual

66 Ibid., as quoted in Miller et al. (2007).

67 Linsk, N., Fowler, J. & Klein, S. (2003). HIV/AIDS prevention and care services for the aging: Bridging the gap between service systems to assist older people. *Journals of Acquired Immune Deficiency Syndromes, 33,* as quoted in Miller et al. (2007).

68 Dobinson, C., MacDonnell, J., Hampson, E., Clipsham, J. & Chow, K. (2005). Improving the access and quality of public health services for bisexuals. *Journal of Bisexuality, 5*(1), p. 54, as quoted in Miller et al. (2007).

69 Ibid. p. 55, as quoted in Miller et al. (2007).

minority young people in the health care setting. According to the National Association of Pediatric Nurse Practitioners:

> Most nonheterosexual youths will not disclose their sexual orientation to their primary health care provider without being asked. Therefore, providers should raise issues of sexual orientation and sexual behavior with all adolescent patients in a sensitive clinical environment.[70]

Dobinson et al. recommend that health care providers take the following steps to treat bisexual clients:

- Add new services or expand existing services to cater to bisexual people.
- Ensure safe and accessible services for bisexual individuals.
- Educate other health providers about the unique needs of the bisexual community.[71]

Health care providers can look to the BiHealth Program at Fenway Community Health in Boston, Mass., for an excellent example of how to effectively reach out to bisexual people, MSMW, and WSMW, and their HIV/STI prevention needs.

70 National Association of Pediatric Nurse Practitioners (2006). Health risks and needs of gay, lesbian, bisexual, transgender, and questioning adolescents. *Journal of Pediatric Health Care, 20*. p. 29A, as quoted in Miller et al. (2007).

71 Dobinson, C. et al. (2005), as quoted in Miller et al. (2007).

Invisible Resources

Economic Discrimination

Biphobia affects how much bisexuals earn in the workplace. There are no studies that look specifically at income data for San Francisco, but a literature review done by researchers at UCLA's Williams Institute, one of the leading institutions for research on LGBT issues, examined 12 studies on the subject.[72] It was clear from the body of research that no LGBT people fared well when their wages were compared to straight men's. One study of California data was striking, though: it found that while gay men earned 2-3% less than straight men and lesbians 2.7% less, bisexual men earned 10-15% less and bisexual women nearly 11% less.

Another 2009 study from the Williams Institute analyzed data from three surveys to compare poverty (as defined by the federal poverty line) between LGB and heterosexual people.[73] Two of the surveys—the 2003 and 2005 California Health Interview Surveys, the only data that included separate numbers for bisexuals—found that bisexual women are more than *twice* as likely as lesbians to live in poverty (17.7% compared to 7.8%), and bisexual men are over 50% more likely to live in poverty than gay men (9.7% compared to 6.2%).

Economic health is one strong indicator of someone's place in society. While the full pictures of income disparities and poverty contain many subtleties, the data certainly undermine the oft-repeated stereotype that bisexuals hide within straight privilege. In the meantime, the very real effects of biphobia get overlooked.

Lack of Institutional Support

The stark reality is that the bisexual community also has few resources to address its needs and educate the public about bisexuals' lives.

For many years, Funders for LGBTQ Issues has tracked data on grants made by U.S. foundations to LGBT organizations. Although LGBT funding has risen in terms of dollars, it still represents a tiny fraction of the total grantmaking, with bi issues among the least supported every year. In 2008, while total foundation giving to LGBT issues increased compared to the previous year (from $77 million in 2007 to $107 million in 2008) and the percentage of dollars increased (from 0.18% to 0.24%), funding for bi organizations or programs went down; it was the lowest of all two dozen demographic groups they tracked.[74] In fact, during all of 2008, *not a single grant in the entire country* explicitly addressed bisexual issues.

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72 Badgett, M.V.L., Lau, H., Sears, B. & Ho, D. (2007). *Bias in the Workplace: Consistent Evidence of Sexual Orientation and Gender Identity Discrimination.* The Williams Institute, UCLA.

73 Albelda, R., Badgett, M.V.L., Schneebaum, A. & Gates, G.J. (2009). *Poverty in the Lesbian, Gay, and Bisexual Community.* The Williams Institute, UCLA. No data about transgender people were collected in these surveys.

74 Funders for LGBTQ Issues. (2010). *Lesbian, Gay, Bisexual, Transgender, and Queer Grantmaking by U.S. Foundations (Calendar Year 2008).*

It is also instructive to look at the most recent report, which tracks grants made in 2009.[75] The recession caused a decrease in the total dollars that went to LGBT issues ($93.5 million in 2009) and a slight decrease in the percentage of dollars (0.22%), and once again, no grants in the U.S. addressed the specific needs of bisexuals. In analyzing the demographic breakdown of the 2009 grants, Funders for LGBTQ Issues highlights the changes in funding for lesbians, gay men, and transgender/gender-nonconforming people—but not bisexuals. They don't even note the fact that largest population within the LGBT community received zero funding two years in a row.

Bisexual invisibility and a lack of resources are mutually reinforcing, as groups that could bring more focus to bi issues will have a hard time succeeding if they aren't recognized enough to receive support.

"I have chosen to be invisible in one stigmatized category by wearing the mark of another."

I figured out that I was bi the first time I "did a guy." Everything worked exactly the same as when I was with women. It was long ago, and I hadn't a clue about the transgender stuff going on inside me then. I felt a little bit ashamed about my bisexuality, but I also figured it was a pretty cool deal—the old saying about it "doubling your chances on Saturday Night" (Woody Allen?) always sounded that way to me.

This "label," for me, was a "note to self." I mostly was hetero, became married, and eventually the TG [transgender] thing broke through. I remained married for eight years following as a hetero-cross-dresser, with an occasional fling with a guy or other TG. After the marriage ended, it's been the other way around—more guys/MtF-identified TGs than genetic females, although the attraction to the genetic females is still strong.

I have been to a bi-party or two, but haven't really connected to the organizations that advocate for bisexual identity. In a sense, I have chosen to be invisible in one stigmatized category by wearing the mark of another.

One reason may be that bisexuality presents its problems at the intersections with other sexual identities. You can be monogamous and pick one of the above, be poly and have one (or more) of each, or find a TG who likes being both gender roles. A large part of the transgender sexual economy is based on catering to people who consider themselves "mostly heterosexual," who seek TG encounters to balance themselves.

From my perspective, bisexuality is another one of life's gifts. It isn't necessarily so for many around me.

– Jamie F., 54, male-to-female transgender

[75] Funders for LGBTQ Issues. (2010). *Lesbian, Gay, Bisexual, Transgender, and Queer Grantmaking by U.S. Foundations (Calendar Year 2009).*

LGBTAC Organizational Survey

To get a sense of how well bisexuals are served by LGBT organizations and programs in the Bay Area, the LGBT Advisory Committee undertook an online survey of LGBT nonprofits, primarily in San Francisco. Approximately 150 organizations were contacted about participating in the survey, of which 30 responded (20% response rate).[76]

The goal was to gain a better understanding of how organizations collect data about the bisexuals who come to them, where gaps in services exist, and how many bisexuals serve in leadership roles as board and staff members, as well as to help inform how San Francisco makes its funding decisions to ensure that the needs of the *entire* LGBT community are being addressed.

Survey Questions

In addition to basic contact information, the organizations were asked the following questions:

- How many people does your organization serve annually? What percentage are bisexual?
- How do you collect this information? Are your forms inclusive of bisexual people?
- As an LGBT organization, how do you serve bisexual people in general? In particular?
- Are any of your programs specifically targeted only lesbians or gay men? Would a bisexual person be welcome to participate?
- How many out bisexual board members does your organization have? If none, have you done outreach to bi people to join your board?
- How many staff members does your organization have? How many are out bisexuals?
- Has your organization ever received funding through the City and County of San Francisco? (Please note that this is for information only; the results of this survey will not affect any specific funding decisions.)

The organizations were also given a space to leave additional comments, if desired.

Who Responded

Although the sample size is relatively small, the respondents represent a broad cross-section of organizations/programs serving the LGBT community (Table 4).

76 The LGBT Advisory Committee is extremely grateful to the organizations that responded to the survey: Berkeley Free Clinic/Gay Men's Health Collective, Black Coalition on AIDS, Dimension Queer Youth Clinic, East Bay Youth Consortium, Equality California, Fresh Meat Productions, FTM International, Gay Asian Pacific Alliance, GLBT Historical Society, Golden Gate Performing Arts/San Francisco Gay Men's Chorus, Health Initiatives for Youth, Horizons Foundation, Hormel Gay and Lesbian Center/San Francisco Public Library, Larkin Street Youth Services, New Conservatory Theatre Center, Our Family Coalition, Out and Equal Workplace Advocates, Outlet Program, ProLatino, Queer Cultural Center, Spectrum Center for LGBT Concerns, Lou Sullivan Society, Tenemos Catholic Worker, Transgender Law Center, UCSF AIDS Health Project, Visual Aid, Vital Life Services, Women's Building, Writing Ourselves Whole, and Youth Speaks.

Type of Organization	Number of Respondents
Advocacy	4
Arts/Culture	8
Community Building	4
Health and Human Services (not including HIV/AIDS)	5
HIV/AIDS	3
Youth	6
TOTAL	**30**

Table 5: Types of organizations responding to the survey

Among the youth organizations, five focus on health and human services and one works in the arts.

Survey Findings

In analyzing the responses to the survey, several patterns emerged.

Percentages Served

Most of the organizations that took the survey did not include estimates of how many bisexuals they serve. Many noted that they don't collect data on sexual orientation, others don't distinguish among the LGBT people they serve, and some had a general sense that a segment of their constituents are bisexual but didn't include numbers.

Thirteen organizations did give estimates. The reported percentages ranged from 3% to 20%, with one group that works primarily with youth ranging as high as 55%. Because the numbers do not represent unduplicated clients—in other words, one bi-identified person may receive services from several organizations—it is difficult to translate the percentages into hard numbers. However, a broader context reveals a disconnect: half of LGB people self-identify as bisexual, yet only 3-20% of the people accessing LGBT-focused services are bisexual. In other words, by relative population sizes, we could expect that 55% response to be fairly average; instead, it is a stunning outlier.

Certainly, many LGBT people have no trouble using services from mainstream organizations, and many of the "missing bisexuals" are surely doing just that. However, it's also difficult to imagine that mainstream organizations are *more* likely than LGBT groups to address the unique needs of bisexuals. Chances are that those needs are rarely being met at all—at least, not in a way that allows bisexuals to remain integrated, whole people rather carved into "straight" and "gay/lesbian" halves.

Asking for the First Time

Perhaps the most striking result of the survey was how many people thanked the LGBTAC for doing the survey, were interested in hearing the results, or noted that they'd never thought of these issues until asked. The survey itself had an effect—one organization wanted suggestions on how they might be more bi-inclusive, another was considering collecting data differently on their

application forms, and another started thinking about how his group might implement programming aimed at serving bisexuals.

The common thread here is the newness of the inquiry. Because bisexual-specific issues are so rarely addressed, the simple fact of asking the questions met with excitement or came as a revelation. As in physics, the act of looking at the particulars changed the outcome.

A few respondents demonstrated some resistance. For example, in response to the question about staff members, one person noted that "only a few have 'admitted' to being bisexual, and often are currently in a heterosexual [sic] relationship." Another talked about staff members who are "nominally bisexual." In describing how their organization serves bisexuals, another respondent seemed impatient with the question: "People are just free to be who they are—[I don't] feel [our] patrons announce it."

Few Services, Many Assumptions

Among the nonprofits responding to the survey, only 10 offered any programming that could be considered bisexual-specific. Of these, though, three included their bi-specific content in trainings, and four were arts/culture organizations that featured bisexual artists or exhibits. In only two cases did the services relate to health: a peer-facilitated support group and an HIV testing program.

The common assumption underlying many of the responses was that the services offered for gay men, lesbians, or LGBT people generally just needed to be friendly to bisexuals (or at least non-hostile) in order to serve them effectively. However, this begs the question: how do the organizations really know? (For example, if a men's HIV group assumes that everyone in the room only has sex with other men, are the bi men supposed to go elsewhere for information about safer sex with women?[77]) Perhaps bisexuals *are* getting their needs met, but many organizations operate with an unspoken expectation that it suffices for bisexuals to fit themselves into programs designed for lesbians and gay men.

Generational Differences

Several of the youth organizations noted that identity tends to be more fluid among the younger generation and that youth are moving away from labeling themselves. Many use the word "queer" because it is more inclusive, while others call themselves "pansexual" or "fluid" because "bisexual" implies there are only two genders. As these youth become adults, their approach to identity may radically alter the queer community's understanding of itself. It's also possible that they'll feel pressure to conform to existing labels.

Hidden Diversity

About two-thirds of the organizations had at least one out bisexual on their board or staff. Several included people who identified as queer and were out about dating people of more than one gender. Still other respondents simply weren't sure whether their organizations had bi people serving in those capacities.

77 This would also be true for gay-identified men who have sex with women. (Identity and behavior are distinct.)

More than one group noted that they don't use sexual orientation as a factor in selecting board members and that their outreach is general. At the same time, it's a common practice for LGBT organizations in the Bay Area to look at other factors when considering the makeup of the board, including gender and racial diversity. Gender may stand as an unspoken proxy for sexual orientation among LGBT organizations, where a balance of women and men implies that the number of lesbians and gay men is also balanced and therefore needs no further attention. At least some organizations consciously seek transgender people for their boards as well. However, if bisexuals aren't even on the radar, they are less likely to be recruited as board members and thereby influence the direction of the organization.

The Need for Systemic Consideration

Day in and day out, LGBT organizations achieve an extraordinary amount for their constituents, usually with very limited resources. However, bisexuals are notably underrepresented among those served by these organizations, and few programs exist that focus on the specific concerns of bisexuals.

This survey points toward the need for a systematic consideration of bisexual issues within LGBT organizations, from designing new initiatives to recruiting board members. The long-term goal is to implement institutional changes that take bisexuals' needs into account at every level of the organization.

"Maybe it's about learning to see my dual desires as two magnets that stick instead of two magnets that push each other away."

I like men. I have spent my whole life in their company. I've been married and have had countless boyfriends. I have been in love with many men and sexually attracted to even more. I get something from a man that feeds my soul in the most authentic way. I am heterosexual.

I like women. Almost every erotic dream or sexual fantasy I have ever had has been about women. I've had many sexually supercharged lesbian encounters. All of them fleeting, some of them sneaky, every one of them blazed on my memory in a way that makes my skin tingle to this day. I am a lesbian.

There's a more accurate word for what I am though: it's "bisexual". But I struggle with this term. First of all, it contains the word "sexual" which is limiting as it makes it uncomfortable to talk about with children, for example.

Plus, aren't there periods of my life when I long for men and can't imagine being with a woman? And when I'm longing for women, I can't imagine being with a man. The two states never co-exist. When I was married, I was happy, as long as I was in a man-longing state; during my woman-longing states, my marriage felt like a forced sexual nightmare. In the end, the marriage couldn't survive. Would a lesbian relationship be any different?

I'm beginning to think that I will never find out. Many lesbians say they "don't date bisexuals." Discrimination? "No, it's a choice," they say. Fine. Whatever. Maybe I even see what they mean.

I do come out, though, to people I date and to others. Admitting that I'm bisexual to my heterosexual friends is embarrassing, though—like admitting to a certain brand of sluttiness. Like the next thing I'm going to say is, "Do you want to watch me go down on your girlfriend?" Admitting that I'm bisexual to my gay friends is just as awkward, like admitting that I'm not a "real" lesbian. As if I had parts missing or am contaminated by the semen that still lingers inside me.

But maybe it's really more about my own attitude. Maybe it's about learning to be able to see my dual desires as two magnets that stick instead of two magnets that push each other away.

I've noticed that unless you're in the habit of walking into rooms with a woman on one arm and a man on the other, it's hard for anybody to ever see the whole of you all at once. How do we ever know who the bisexuals are unless we reach out to each other in a very purposeful way? I have literally never been invited to do this—until now. Thank you.

– Gina C., 50, female

Recommendations

One of the challenges—and frustrations—for bisexuals and their allies is that so much invisibility persists despite decades of educational efforts. One long-time activist described it as "sweeping sand." While many people and organizations have certainly become more welcoming and inclusive of bisexuals over the years, others remain inconsistent, oblivious, or occasionally hostile.

The question becomes how to create *institutional* changes that remain even if a bi-supportive leader, staff person, or volunteer moves on.

The LGBT Advisory Committee has several recommendations for creating more visibility for bisexuals and bisexual issues in the City and County of San Francisco:

- Educate the public, city departments, and elected officials about inclusive language (for example, "anti-LGBT bias" rather than "homophobia") and ensure its use whenever possible and accurate.
- Review the STI brochures offered through San Francisco's Department of Public Health and, if needed, encourage them to adopt models created by Fenway BiHealth in Boston (one that addresses those who identify as bisexual and one for those who don't).
- Work with the Department of Public Health to ensure that data collection addresses the experiences of bisexuals accurately and consistently.
- Share this report and the results of the survey of local nonprofits on what bi-specific programming they have, if any; whether their programs that say they serve bisexuals are welcoming in practice; and how the content of their programming changes to address the needs of bisexuals.
- Include specific, separate information on bisexuality in diversity trainings.
- Ensure that bisexuals are included among the speakers when there are panels, forums, and other official discussions affecting the LGBT community.

Many assumptions lie at the core of bisexual invisibility: assumptions about a person's sexual orientation based on her/his partner's gender; about bisexuals people's reliability, honesty, or commitment to the LGBT movement; about bisexuals' health concerns and needs; and about the world as an "either/or" place rather than one of infinite variety. Any long-term solutions must dispel these assumptions to make room for those whose lives exist beyond binaries.

Glossary

Biphobia

Fear or hatred of bisexuals, sometimes manifesting in discrimination, isolation, harassment, or violence. Often biphobia is based on inaccurate stereotypes, including associations with infidelity, promiscuity, and transmission of sexually transmitted diseases. *See also* homophobia, transphobia

Bisexual

An individual whose enduring physical, romantic, emotional, and/or spiritual attraction is to people of more than one sex/gender. While some people call themselves *pansexual* or *omnisexual*, these terms should be avoided unless quoting someone who self-identifies that way.

VARIATIONS: Fluid, ambisexual, pansexual
AVOID: Bi-sexual, fence sitters, switch hitters, "try"-sexual

Cisgendered

Describes people who identify with the sex they were assigned at birth. *See also* gender-variant

Closeted

Describes people who are not open about their sexual orientation and/or gender identity. Note, though, that for a transgender person, being closeted is different from passing as one's preferred gender, which does not have the negative connotation of hiding something (see *passing* below).

Cross-Dresser, Transvestite

An individual who occasionally wears clothes traditionally associated with people of a different sex. Cross-dressers are usually comfortable with the sex they were assigned at birth and do not wish to change it. "Cross-dresser" should NOT be used to describe someone who has transitioned to live full-time as a different sex, or who intends to do so in the future. Some people prefer to use the term *transvestite* to describe themselves, but it is not universally accepted and should be avoided unless quoting someone who self-identifies that way. *See also* gender expression

Different-Sex Couple

A romantic pairing involving two people of different sexes. The individuals involved may identify with any sexual orientation.

AVOID: Opposite-sex couple, straight couple, heterosexual couple

Drag Queen, Drag King

An individual who wears clothes traditionally associated with people of a different sex primarily as a costume or persona, usually in the context of a public event or performance. The outfits of drag queens/kings often include elements that are exaggerated or over the top, such as elaborate gowns or fake facial hair. *See also* gender expression

Dyke

Traditionally a pejorative term, *dyke* has been reclaimed by many lesbian and bisexual women to describe themselves. Some value the term for its defiance. Nevertheless, it is not universally accepted and should be avoided unless quoting someone who self-identifies that way.

VARIATIONS: Bi dyke

Gay

An individual whose enduring physical, romantic, emotional, and/or spiritual attraction is to people of the same sex. The term usually applies specifically to men. In contemporary contexts, *lesbian* is often a preferred term for women, though some women of color, working-class women, and older women still describe themselves as gay. Avoid using *gay* as a collective adjective when *LGBT* would be more accurate (for example, *LGBT movement* rather than *gay movement*).

VARIATIONS: Man-loving man
AVOID: Homosexual, fag

Gender Identity

One's internal, personal sense of being male, female, or third-gender. For transgender and third-gender people, their birth-assigned sex and their own internal sense of gender identity do not match.

Gender Identity Disorder (GID)

A controversial DSM-IV diagnosis given to transgender and other gender-variant people. Because it labels people as "disordered," *gender identity disorder* is often considered offensive. Replaces the outdated term *gender dysphoria*.

Gender Expression

External manifestation of one's gender identity, usually expressed through "masculine," "feminine," or gender-variant behavior (including interests and mannerisms), clothing, haircut, voice, or body characteristics.

Gender-variant

Refers to anyone whose gender identity varies from the male/female binary, including transgender and third-gender people.

Heteronormativity

The set of power relations that normalize and regiment sexuality, marginalizing everything outside the ideals of heterosexuality, monogamy, and gender conformity.

Heterosexism; Heterosexual Privilege

Heterosexism is the attitude that heterosexuality is the only valid sexual orientation. It often takes the form of ignoring bisexuals, gay men, and lesbians. Heterosexual privilege refers to the benefits granted automatically to heterosexual people that are denied to bisexuals, gay men, and lesbians. Bisexuals are sometimes accused of hiding behind "heterosexual" privilege when they are in different-sex couples.

Heterosexual

An individual whose enduring physical, romantic, emotional, and/or spiritual attraction is to people of a different sex.

VARIATIONS: Straight

Homophobia

Fear or hatred of lesbians and gay men, sometimes manifesting in discrimination, isolation, harassment, or violence. *Prejudice* is usually a more accurate description of hatred or antipathy toward LGBT people. *See also* biphobia, transphobia

Intersex; Person with Intersex

Describes a person whose biological sex is ambiguous. There are many genetic, hormonal, or anatomical variations that can make a person's sex ambiguous (such as Klinefelter Syndrome or adrenal hyperplasia).

VARIATIONS: Disorder of sex development; person with an intersex condition
AVOID: Hermaphroditism; hermaphrodite

Lesbian

A woman whose enduring physical, romantic, emotional, and/or spiritual attraction is to other women.

VARIATIONS: Woman-loving woman
AVOID: Homosexual

LGBT

Acronym for "lesbian, gay, bisexual, and transgender." LGBT and/or GLBT are often used because they are more inclusive of the diversity of the community.

VARIATIONS: GLBT, BGLT, LGBTQ (queer), LGBTQQ (queer, questioning), LGBTQQI (queer, questioning, intersex)

Marriage Equality

Access to civil marriage regardless of sexual orientation and/or gender identity. If necessary to distinguish between different types of rights, benefits, etc., use *same-sex marriage* and *different-sex marriage*. However, because same-sex couples are seeking access to an existing structure rather than trying to create a new one, it is preferable to refer to *marriage equality* whenever possible.

AVOID: Gay marriage

MSM

Men who have sex with men. This term is used, particularly in research, to describe sexual behavior as distinct from sexual orientation.

MSMW

Men who have sex with men and women. This term is used, particularly in research, to describe sexual behavior as distinct from sexual orientation.

Openly Bisexual/Gay/Lesbian/Transgender

Describes people who self-identify as bisexual/gay/lesbian/transgender in their public and/or professional lives. Unless the openness is important in context, it is preferable simply to describe the person as bisexual, gay, lesbian, or transgender.

Out/Coming Out/Outing

Being out describes a person who is open about being bisexual, gay, lesbian, or transgender. Coming out is a lifelong process of self-acceptance of one's sexual orientation and/or gender identity. People forge an identity first to themselves and then may reveal it to others. Publicly identifying one's sexual orientation and/or gender identity may or may not be part of coming out. Outing is the act of publicly declaring or revealing another person's sexual orientation (sometimes based on rumor and/or speculation) without that person's consent; it is considered inappropriate by a large portion of the LGBT community.

Passing

When applied to a transgender person, describes someone living as her/his preferred gender without (or rarely) being questioned. However, when applied to a bisexual, gay, or lesbian person, the word takes on a negative connotation (see also *closeted*).

Queer

Traditionally a pejorative term, *queer* has been appropriated by some LGBT people to describe themselves. Some value the term for its defiance and because it can be inclusive of the entire LGBT community. Nevertheless, it is not universally accepted even within the LGBT community and should be avoided unless quoting someone who self-identifies that way.

Questioning

Refers to people who are uncertain as to their sexual orientation and/or gender identity. They are often seeking information and support during this stage of their identity development.

Same-Sex Couple

A romantic pairing involving two people of the same sex. The individuals involved may identify with any sexual orientation.

AVOID: Gay couple, lesbian couple, homosexual couple

Sex

The classification of people as male or female. At birth, infants are assigned a sex based on a combination of bodily characteristics, including chromosomes, hormones, internal reproductive organs, and genitals. *See also* intersex

Sex Reassignment Surgery (SRS)

Refers to surgical alteration for transgender people (see *transition*). Not all transgender people choose to or can afford to have SRS.

AVOID: Sex change operation

Sexual Orientation

The scientifically accurate term for an individual's enduring physical, romantic, emotional, and/or spiritual attraction to members of the same and/or different sex, including bisexual, gay, heterosexual, and lesbian orientations. Also note that gender identity and sexual orientation are not the same; transgender people may be bisexual, gay, heterosexual, or lesbian.

AVOID: Lifestyle, sexual preference

Third-Gender, Genderqueer

Refers to people who identify their gender as not conforming to the traditional western model of gender as binary. They may identify their gender as combining aspects of women and men or as being neither women nor men.

VARIATIONS: Androgynous, androgyne, polygender

Transgender; Transgender Person

An umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. Transgender people may or may not choose to alter their bodies hormonally and/or surgically. The term may include but is not limited to transsexuals, third-gender/genderqueer people, cross-dressers, and other gender-variant people. Use the descriptive terms (transgender, transsexual, cross-dresser, female-to-male [FTM], trans man, male-to-female [MTF], trans woman) and pronouns preferred by the individual.

AVOID: She-male, he-she, it, trannie, tranny, gender-bender

Transition

The multi-step process of altering one's birth sex over a long period of time. The cultural, legal, and medical adjustments made as part of transitioning may include telling one's family, friends, and/or co-workers; using different pronouns to describe oneself; changing one's name and/or sex on legal documents; beginning hormone therapy; and/or possibly (though not always) undergoing some form of surgical alteration.

AVOID: Sex change; pre-operative, post-operative

Transphobia

Fear or hatred of transgender people, sometimes manifesting in discrimination, isolation, harassment, or violence. *See also* biphobia, homophobia

Transsexual

An older term which originated in the medical and psychological communities. Many transgender people prefer the term "transgender" to "transsexual." Some transsexual people still prefer to use the term to describe themselves. However, unlike *transgender*, *transsexual* is not an umbrella term, and many transgender people do not identify as transsexual. It is best to ask which term an individual prefers.

VARIATIONS: Transexual

Two-Spirit

A term often used in Native American/First Nation cultures to describe people whose sexual orientation and/or gender identity falls beyond binary definitions. Historically, these individuals crossed gender boundaries and were accepted (sometimes revered) by Native/First Nation cultures.

WSMW

Women who have sex with men and women. This term is used, particularly in research, to describe sexual behavior as distinct from sexual orientation.

WSW

Women who have sex with women. This term is used, particularly in research, to describe sexual behavior as distinct from sexual orientation.

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