

Stand BI me

Information and guidance on how to support bisexual people



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We believe no one should have to face a mental health problem alone. We're here for you. Today. Now. We're on your doorstep, on the end of a phone or online. Whether you're stressed, depressed or in crisis. We'll listen, give you support and advice, and fight your corner. And we'll push for a better deal and respect for everyone experiencing a mental health problem.

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1. Introduction

Over the last few decades, social awareness and acceptance of lesbian, gay, bisexual and transgender, queer and non-binary (LGBTQ+) people have increased phenomenally. Where just 35 years ago homosexuality was illegal in parts of the UK, now same-sex marriage is legal across Britain, and the Equality Act 2010 codifies anti-discrimination law protecting LGBTQ+ people from abuse and harassment. Workplaces across the country, including elite professions, are concerned with becoming more LGBTQ+-friendly, and the life experiences of LGBTQ+ people are represented in the media far more often.

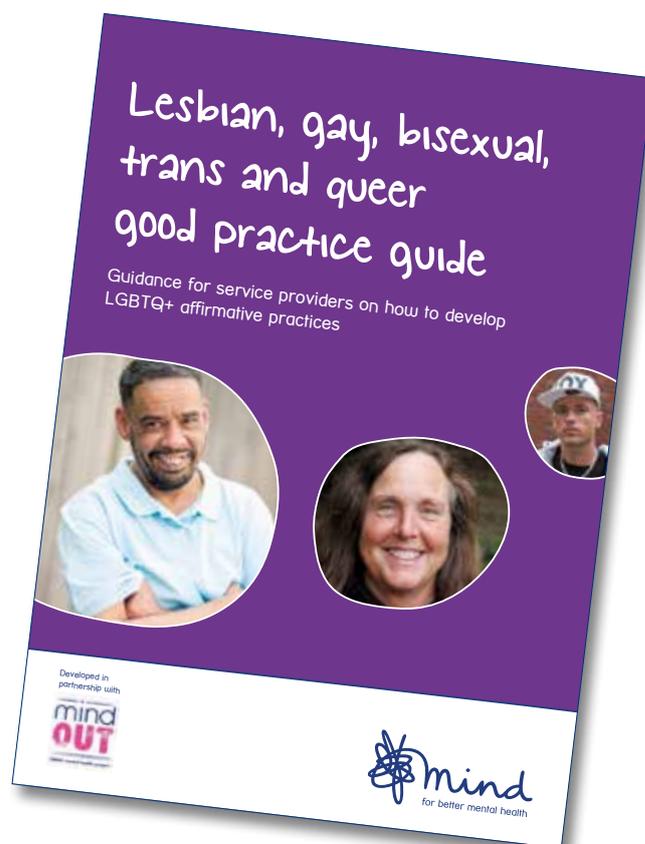
However, too many issues still exist. Support for LGBTQ+ people experiencing mental health problems is vital, yet too often services do not put adequate measures in place to ensure fair access. Mind's 2016 good practice guide¹ led the way in this regard, detailing the best steps services can make to become more inclusive and accessible.

But accessibility and acceptance must stretch to every identity on the LGBTQ+ spectrum – including bisexuality, which is often disregarded or misunderstood.

A recent Office for National Statistics (ONS) report found that people who identify as bisexual experience significantly higher levels of anxiety than any other group, as well as lower levels of life satisfaction and happiness.² Several other studies including the Bisexuality Report³ also showed that being bisexual still has a greater stigma than being lesbian or gay, with many associating the bisexual identity with promiscuity or being “confused” – and many doubting its existence at all.

Bisexual people exist in mental health services, and the workplace, just like anywhere else – and strides need to be made to tackle the prejudices and stigma that prevent many bisexual individuals from receiving the support and respect they deserve.

Whether it's expressed by someone assuming different-gender counselling shouldn't be made accessible to bi people, or psychologists interpreting bisexuality as a mental health issue itself, steps need to be made to stamp out bad practice, advise on best practice, and make mental health services a better place for bi people to be.



2. What is bisexuality?

Oxford dictionaries lists “bisexual” as meaning “sexually attracted to both men and women”.⁴ However, key bi advocacy groups such as the Bisexual Index reject this binary understanding, instead defining bisexuality as “attraction to more than one gender”. This is because it encompasses both homosexuality – attraction to the same sex – and heterosexuality – attraction to another sex, including the “opposite” sex but also non-binary genders.⁵ A person does not need to have exactly equal, 50-50 attraction to men and women to identify as bisexual.⁵ If we assume that this has to be the case to identify as bisexual, it ignores those who have a gender preference but are able to enjoy and commit to relationships with another gender. The language of “50-50” also erases the potential for attraction towards those who are non-binary.

A person may have attraction to more than one gender and not identify as bi – this is completely up to the individual.⁷ Bisexual people may also find their attraction to different genders changes over their lives, with fluid attractions becoming more or less intense as they grow older.⁸ Being bisexual is not the same as being polyamorous or polygamous (being involved in multiple relationships at once, or one shared relationship between three or more people).⁹ This is where many biphobic stereotypes involving promiscuity come from; but people of any identity can be polyamorous.

Bisexuality involves attraction, not behaviour; a woman in a mixed-sex marriage for 70 years, who has remained monogamous and never cheated, but who is also sexually attracted to women, can still identify as bisexual. A straight man’s girlfriend might have brown hair, but this wouldn’t stop him still being attracted to blonde women even if he never acted on this. The same is true of same-sex relationships – a bisexual man entering a relationship with another man does not make him gay.

Bisexual people can come from any background – they can come from all generations, be male, female, intersex or genderqueer, can be BAME (Black, Asian, and Minority Ethnic), transgender, and experience disabilities including mental health conditions, physical or sensory impairments, and neurological disorders.¹⁰

Common myths

Anti-bisexual sentiment (biphobia) exists only among straight people

It is easy to assume biphobia is essentially the same as homophobia, except directed towards bisexual people, and that lesbian and gay people cannot display biphobia. However, they can – such as by insisting that the person is ‘really gay’ or ‘really straight’ because bisexuality does not exist (called monosexism), or excluding them from an LGBT network based on the gender of their current partner.¹¹

Bisexual people themselves can also discriminate against each other due to **internalised biphobia** (e.g. claiming someone isn’t ‘really’ bisexual because they prefer one gender to another).¹²



Therefore, when considering diversity & inclusion training and bullying and harassment policy in the workplace, employers and service providers should not assume heterosexual employees are the only people who need to be taught about bisexual issues, or monitored. The same is true for other environments like schools and universities.

It's either easier to come out, or not worth coming out, as bisexual

It is commonly believed that it's easier to be openly bisexual because there is less stigma around it than lesbian or gay – or that there's no reason to, because you can simply enter a heterosexual relationship.

But Stonewall's Workplace Equality Index found bisexual women are eight times less likely to be open with colleagues, and bisexual men are ten times less likely. They are seven and six times less likely to be open with their manager, respectively.¹³ This is because it can be, in fact, harder to come out. People report others assuming they have “switched” from straight to gay and back, depending on their last partners' gender, even if they came out as bisexual.

And even if someone does want to pursue straight or gay relationships exclusively, it can still be beneficial for them to come out as bi – it may let them bring their whole self to work without having to worry about hiding anything or “letting out” any secrets, which may reduce stress.¹⁴ Also, by coming out, the person can increase bisexual visibility and ensure co-workers can see others like them succeeding.

In the 2016 Workplace Equality Index, just 11 per cent of respondents felt there were enough bisexual role models in their workplace, compared to 53 per cent for gay role models, 42 per cent for lesbian role models and 19 per cent for trans* role models.¹⁵

Bisexual Erasure vs Biphobia

There are two main forms of anti-bisexual discrimination: bisexual erasure, and biphobia.¹⁶ Erasure refers to the tendency to ignore, remove or re-explain evidence of bisexuality both in history, media, and everyday activities,¹⁷ whereas biphobia involves aversion to bisexual people and negative stereotyping.¹⁸



Bisexual Erasure refers more to people not thinking of a person having the potential to be bisexual – and, more widely, not recognising the existence of bisexual people. For example, seeing a same-sex female couple and automatically assuming both must be lesbians is a subtle form of erasure. Believing everyone must be either 100 per cent straight or gay, or that people who don't have 50-50 attraction cannot call themselves bisexual, is more blatant erasure.

Bisexual erasure could include:

- Not recognising the need for openly bisexual role models – something cited by many bisexual people as something they'd like to see more of – and assuming lesbian and gay role models are all that is needed.
- Categorising openly bisexual people as straight or gay depending on which gender they are more attracted to or who they most recently had a relationship with.
- Using “gay” as an LGBTQ+ shorthand when referring to networks or support services.
- Assuming renaming a mental health service as aimed to “gay and bisexual men” or “lesbian and bisexual women” is all that is needed to ensure bi people are accommodated. Many, especially those in mixed-gender relationships, also need services aimed at these relationships to be accessible to them and understand the specific challenges bisexual people face in society.

Biphobia is a more conscious, negative attitude towards bisexuality. It can include spreading negative stereotypes about bisexuality (e.g. that everyone who is bisexual is promiscuous) and applying these to people they know. It can also include denying that those who are openly bisexual really are. This is a step further than erasure because they are actively ignoring the person's communicated identity and accusing them of lying.

Blatant biphobia can involve:

- In mental health services, refusing to accept any need for services to be bi-inclusive
- In the workplace, actively refusing to include bisexual employees as part of networks, and blocking attempts to set up bisexual-focused events for no other reason than dislike of bisexuality.
- Assuming bisexual employees must be lying, promiscuous, "flaky", confused etc., and treating them badly/bullying them for this, causing anxiety and unhappiness in the office and home.

- They may view bisexual as referring to a male-female gender binary, even though others would disagree, and identify as pansexual due to their attraction to non-binary and intersex people.¹⁹ However, many bisexual networks are in fact bi/pan networks, and accepting of people who have either identity.
- They may be questioning or unsure of their sexuality, and don't want to use the label "bisexual" too early (this is much more common for young people); or they may prefer to be called "queer" as they see this as less rigid a category.²⁰
- They may identify as a sexuality within the bi umbrella which is not bi itself – such as being pansexual, non-binary, fluid, and occasionally heteroflexible or homoflexible.²¹

Though someone may have displayed attraction to men and women before, you shouldn't insist on calling them "bisexual" if they don't want to be viewed this way – instead, you should ask them and use the identity they identify with.

People who don't identify as bisexual

Despite "bisexual" applying at its broadest to anybody who feels, or has felt, attraction to more than one gender, this does not mean all these people will feel comfortable identifying as bisexual:

- They may be predominately heterosexual or homosexual, and feel their level of same-sex or different-sex attraction is too low to warrant "coming out" as bi. So they choose to identify as straight, gay or lesbian instead, as this fits better.
- Even if their attraction to both/all sexes are evenly matched, they may prefer to identify as straight or gay because they want to pursue relationships with one gender and/or only identify as being attracted to that gender.

3. Bisexuality and mental health

Several studies have shown bisexual people are at far more risk of developing mental health problems such as depression and anxiety, obsessive compulsive disorder (OCD) and bipolar disorder, than gay and lesbian people.²² They are also six times as likely as the average person to report feeling suicidal.²³ Bisexual men in particular experience more psychological distress than gay men and cited their sexuality as a reason to self-harm or feel suicidal far more.²⁴ This may be due to the increased public distrust of bisexuality, including myths that men cannot be bisexual or that all bisexual people are promiscuous and unable to be faithful in relationships, and the resulting stress of either having a part of their identity routinely disbelieved or remaining closeted.²⁵ Bisexual people are far less likely to be out to family, friends and colleagues. As the Bisexuality Report notes, this is true both in the UK²⁶ and internationally.²⁷

The report²⁸ also includes accounts of professionals treating bisexuality as a mental health problem itself and not a legitimate sexuality²⁹ Anecdotes include therapists who saw a patient coming out to them as a sign that they were “confused” and “had unresolved issues with [their] sexuality”, and refused to speak with an openly bisexual patient about gender dysphoria until their sexuality had “stabilised”.³⁰

Even worse, when one patient revealed that they were bisexual in the context of finding it difficult to “fit in” with everyday life, their therapist assumed they must want to become straight – and so recommended the person undergo cognitive behavioural therapy to be “cured”.

As a result, bisexual people are also more likely to have negative experience of counselling and other therapies, which will make them less likely to be open about their mental health – whether in wider society, at work, or when considering future counselling.

Some of the reasons why bisexual (as well as other LGBTQ+ people) often experience poor mental health include: difficulty being open about their own sexuality; stress built up from having to remain closeted and therefore tell “white lies” about what they’re doing in their downtime; stress resulting from discriminatory behaviour, whether overt or subtle and whether due to conscious or unconscious bias.³¹

When I came out as bisexual to my therapist they recommended me CBT to be cured

At work, it may be appropriate for line managers to pay extra attention to the mental health of openly bisexual colleagues, and/or to make a point of informing them of services available and the benefit to their productivity of wellbeing and mindfulness. However, this could also be seen as singling them out, so the best response depends on the situation.

The importance of a supportive culture, at work and in services

A growing body of research indicates the benefit of employee satisfaction upon business performance, including the ability for employees to be able to “bring their whole selves to work”, or when accessing a service, and not feel they have to pretend to be somebody they are not.³² This is very relevant to bi people specifically, especially given their extra difficulties (mental health problems, co-workers not being aware of or not believing their sexuality, negative stereotyping). If people feel they need to lie about their sexuality (which statistics show bisexual people do far more than gay or lesbian people)³³, or conceal the gender of their partners or even keep them secret, they will be using up energy doing so and therefore putting less into their job.

Stonewall's "Top 100 Employers 2015" found that "gay men and lesbians are more likely than bisexual people to be out with all colleagues" and, moreover, that "bisexual men are less likely to be out in the workplace when compared to bisexual women, twice as likely to not be out with any colleagues and one and a half times more likely to not be out to any managers when compared to bisexual women".

58 per cent of bisexual people won't disclose their sexual orientation to the service provider

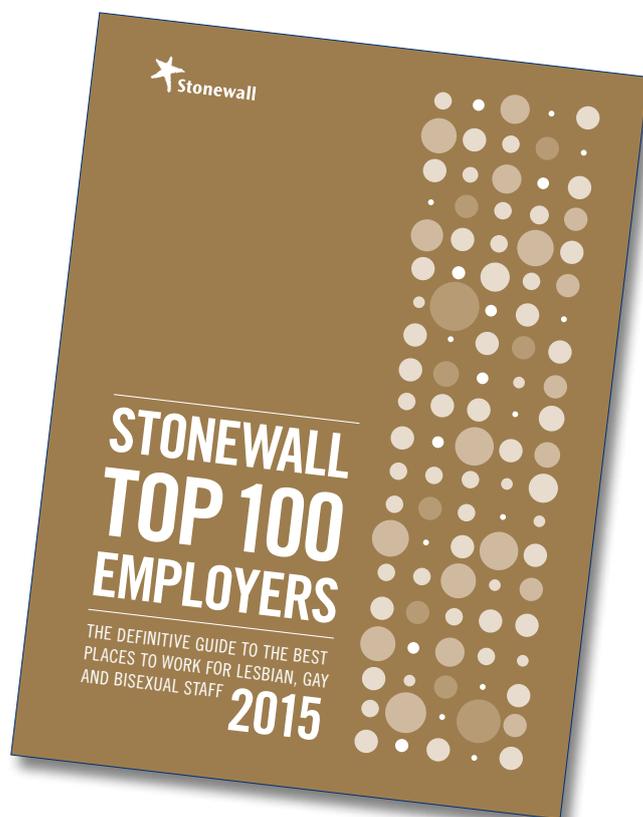
While 55 per cent of gay men and 52 per cent of lesbians are comfortable disclosing their sexual orientation to all colleagues, just 27 per cent of bisexual employees are. 35 per cent of bi men aren't comfortable disclosing to any colleagues compared to 3 per cent of lesbians and gay men. Nearly half (45 per cent) of bisexual men won't disclose to managers compared to 7 per cent of lesbians and gay men.

And when it comes to clients or service users, 58 per cent of bisexual people won't disclose their sexual orientation to the service provider, which is over twice the level of gay men (24 per cent) and almost twice that of lesbians (34 per cent).

Another important dimension to take into consideration is the presence of visible role models in society, in the workplace and in services. While 53 per cent of respondents felt that there were gay role models they could look up to, 42 per cent said the same for lesbians and 19 per cent for trans people (including non-binary people). Just 11 per cent felt there were bisexual role models.

It is clear that more needs to be done to create an environment where bisexual people feel genuinely understood and supported to be their authentic selves so that they can become those role models that could help and inspire many more around them.

And this isn't just a workplace issue – workplace stress, as above, drives many to using mental health services, where culture can be just as difficult.



4. Bisexuality and Intersectionality

It is important not to assume that everyone who is bisexual experiences life the same; bisexual people come from all walks of lives, and often have multiple identities which makes their lives – and their mental health – more complex (also often defined as intersectional identities).

Bisexuality and gender

Nearly every single study on bisexuality and gender shows women identifying in greater numbers than men – sometimes far greater.³⁴

It has been proposed that female sexuality is simply more “fluid” than men’s, explaining this discrepancy as well as the fact many more men tend to define as gay as women define as lesbian. However, this is over-simplistic and ignores social factors.

In fact, a growing body of evidence suggests that because women’s sexuality is viewed socially as more fluid than men’s – and as less autonomous, revolving more around what men find attractive

than the woman herself – women who are bisexual find it easier to come out, and are more recognised when they do.

Meanwhile, because men are expected to be either straight or gay, with the existence of bisexual men routinely disbelieved, they find it more difficult to come out – perhaps worried that women will assume they’re actually gay and closeted, or that gay men will view them as unreliable and uncommitted – both of which would impact on their ability to enter and maintain a healthy relationship with men or women. Many therefore either remain wholly closeted or identify as gay instead.

As a result of either remaining closeted or facing negative societal attitudes if they choose to be open, bisexual men face increased pressures.

Stonewall research indicates that bisexual men are twice as likely to have self-harmed (due to mental strain and experiencing biphobia) and far less likely to test themselves for sexually transmitted infections (STIs) and HIV.

And because of the tendency to remain in the closet or to identify as gay, bisexual men lack visibility and easily accessible public role models to the same extent women do. Even when men in the public eye do come out as bisexual or as queer or without a specific label, they tend to be viewed as gay anyway.

This does not mean, however, that women face no unique difficulties when identifying as bisexual. The view of female sexuality as more fluid and less legitimate means their bisexuality, while not necessarily disbelieved, can be more often viewed as a “phase” which will end as soon as they “decide” or “discover” if they are “really straight or gay”. And while bisexual men are often viewed as half-closeted gays, women are more likely to be viewed as straight, but simply “experimenting” or “flirting” – another example of bisexual erasure.



Non-binary and trans bisexual people face added difficulties often leading to exclusion and isolation, due to a lack of understanding around their identities, coupled with little societal or media focus on them. It is often assumed that ‘bi’ must refer to binary genders, and so non-binary bisexual people can’t exist – even though many use ‘bisexual’ to mean ‘attraction to more than one gender’ (see glossary), and regardless, non-binary people can have any sexuality.³⁵

Intersex bisexual people can also face difficulties – intersex people are often seen as asexual, even though being intersex refers only to being born with a sexual anatomy which isn’t seen as traditionally male or female, and doesn’t necessarily have any bearing on the person’s gender identity or sexuality.³⁶

Bisexuality and race/ethnicity

Many difficulties faced by LGBTQ+ people affect both bisexual people and ethnic minorities disproportionately – for example, mental health issues such as depression and anxiety, as well as more general mental wellbeing issues such as low self-esteem, access to health care and treatment for HIV and STIs. Therefore, those who are both bisexual and from an ethnic minority are even more likely to be affected.

It has been suggested that when BAME gay people live in cultures where being LGBTQ+ is far less accepted, they may be more likely to present themselves as bisexual to “minimise the stigma associated with being homosexual”³⁷. It is debatable how true this is, especially given that many people tend to view men who identify as bisexual as gay regardless; however, if it is the case then it also impacts on the lives of truly bisexual BAME men, as it means they are less likely to be believed. So when someone is both BAME and bisexual, the importance of respecting bisexuality as a legitimate identity is greater still.

There are well documented societal barriers to people from BAME communities accessing mental health support, particularly young African and Caribbean men;³⁸ bi people in these communities face dual barriers due to race and sexuality.

Risk of domestic abuse

Stonewall research has found that one in four lesbian and bisexual women have experienced domestic abuse.³⁹ The situation seems to be even worse for gay and bisexual men as almost one in two have experienced domestic violence (47 per cent compared to 29 per cent for straight men).⁴⁰

This is, of course, a key issue for mental health services.

Effective services must exercise sensitivity around the issue, given a good number of bisexual service users will likely have experienced domestic violence. While it would be inappropriate to assume this just because someone is bisexual, service providers must be aware of the far higher likelihood among bi people, and put measures in place such as:

- Offering a counselor who is a different gender from the person who committed abuse – for many, this adjustment makes counseling much easier
- Exercising care when discussing domestic violence, or issues around it, to avoid triggering the person

It’s also vital for workplaces to be aware of this; people bring their whole self to work, and as organisations such as the Global Foundation for the Elimination of Domestic Violence and the Corporate Alliance Against Domestic Violence note, this impacts on workplace productivity and the happiness of the employee.

Alongside mental health services and GPs, businesses could also:

- Offer support for those affected by domestic violence
- Ensure helplines/support services are advertised in easily accessible locations at work.

Bisexuality and disability

Bisexual people – and LGBTQ+ people as a whole – are more likely to be open about a disability than the general population (particularly relevant when considering hidden disabilities, which 70 per cent of disabilities are). This may be because by being out they have already made the first step in disclosing a private part of their lives, so another is not as big a leap. As such, they can be less likely to suffer negative effects from being closeted; but may be at added risk of dual discrimination, being both LGBTQ+ and disabled.

Stonewall research has found that 39 per cent lesbian and bisexual women with a physical, sensory or learning impairment have experienced domestic abuse and 32 per cent have an eating disorder.⁴¹ More positively, they are less likely to have attempted suicide, drink to excess or take drugs compared to non-disabled lesbian and bisexual women.

The same study has found that 63 per cent of disabled gay and bisexual men experienced domestic violence. 7 per cent attempted suicide in the past year (compared to 0.4 per cent in the general population) and 15 per cent have self-harmed in the past year (compared to 3 per cent of straight men in their lives).

Both bisexual men and women also report feeling less satisfied with their weight.

Bisexual people who have disabilities have to deal with erasure on two fronts – first, the erasure of their experience as a disabled person (especially when their disability is invisible⁴²) and second, bisexual erasure, worsened by assumptions that everyone with a disability is asexual.⁴³

This is something which, ultimately, can only be improved with more awareness, both in and out of work, within mental health services and in society more generally.

People with certain disabilities – like Autism Spectrum Condition (including Asperger's Syndrome) – are more likely to self-report as bisexual (or another identity under the bi umbrella, like pansexuality).⁴⁴

Living with a hidden disability can also increase the risk of developing a mental health problem including stress and low self-esteem. But it will

also affect bisexual people at work. Not only will bisexual employees be more likely to experience mental health issues during their employment, they are also more likely to have a negative experience of counselling and other therapies, which will make them less likely to speak up.

Bisexuality and lower socio-economic backgrounds

It is widely acknowledged not enough research has yet been compiled on bisexual people from lower socio-economic backgrounds.⁴⁵ Yet it has been established that bisexual people are more likely to be economically worse off than straight, lesbian and gay adults.^{46 47} However, it is the most affluent bisexual people who are able to be open about it and engage in the bisexual community to the fullest extent.⁴⁸

Bi people with less disposable income will naturally be less able to receive private mental health services, and more likely to be affected by long NHS waiting lists.

Bisexuality and older age groups

Bisexual erasure is stronger amongst older age groups, both because of a societal assumption that older people don't have sex and thus lack a sexual identity, and a relative lack of LGBTQ+ awareness among older generations (with many believing any same-sex activity made a person gay, without differentiating between lesbian, gay and bisexual people).

Such an age group may be more vulnerable to poor mental health due to being closeted, or unable to come to terms emotionally with their sexuality. As the Bisexuality Report notes, much more research is needed here.⁴⁹

Bisexuality and geography

Openly bisexual people tend to come overwhelmingly from urban areas (77 per cent), with people from rural areas less likely to be out.⁵⁰ Those in rural areas also have to travel further to receive mental health support.

Though this topic would require much more in depth exploration, it is important services do bare this in mind when developing initiatives to reach

out to bisexual people who might be isolated, not out, and have less access to urban areas.

Bisexuality and religion/ different cultures

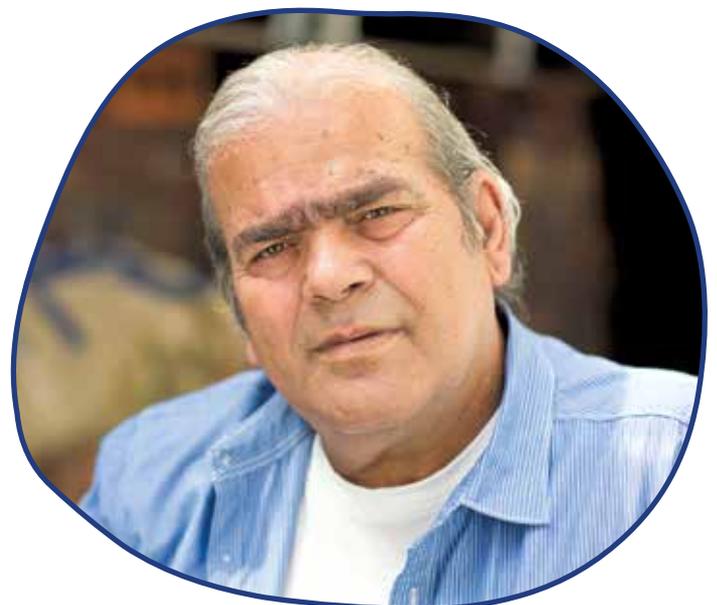
The Bisexual Report identifies a lack of bi-specific networks within religious groups, marginalising bisexual followers of those religions.⁵¹ Due to prejudice against LGBTQ+ people, but especially bisexual people, among certain religious groups, bisexual people brought up in these communities may be more at risk of self-esteem and mental health problems⁵². They may also need particular religion-specific adjustments while using mental health services.

Bisexuality and wellbeing

Some studies suggest bisexual people are less likely to attend health check-ups regularly, with women in particular being less likely to attend cervical smears and more at risk of breast cancer.⁵³ This may be linked to the difficulties bisexual people face when accessing health services, whether private or NHS, with the vast majority feeling they must “pass” as straight.⁵⁴

As this section has highlighted, the diversity and intersectionality of bisexual identities require services to develop more awareness and enhance their capacity to effectively support bisexual people. The following section contains some useful advice in this sense.

While these tips are mainly addressed to service providers and employers (whose actions can have a significant impact on the way bisexual people are supported in their lives), they are equally applicable to individual readers who might engage directly with bisexual people.



5. Guidance for you: How to support bisexual people



With clear evidence that biphobic comments are often shared, or allowed to be shared, by mental health staff at work, mental health services, and professionals, need to come a long way in their acceptance of bisexuality.⁵⁵

Occasionally, mental health services do attempt to be bi-inclusive, but this is often through small gestures such as rebranding gay men's services as "gay and bi men's services". This recognises not all men who have sex with men (MSM) are gay, but ignores the fact that bi people are not just another "kind" of gay person.

In fact, bi men are just as likely to need to use a "straight" service (though it will not, of course, be called that) than one for "gay and bi men".

Targeted bi awareness training could be given to mental health services. For the greatest effectiveness, this should focus on distilling down what is for many a new and complex topic to a set of clear, understandable principles:

- 1) Bisexual people already use services.
- 2) Their needs are similar to, but different and at times more acute than, gay or straight people.
- 3) When appropriate and meaningful, bisexual people should be visibly included as much as possible in existing LGBTQ+ campaigning or promotional initiatives.
- 4) While bi people are not just another "kind" of gay (or straight) person, there is no need to create separate services to engage with and support bi individuals, as the aim should be to offer services that are genuinely inclusive (which is of course a concept that goes much deeper than what the service is called).
- 5) Bisexuality is a key part of the LGBTQ+ spectrum, and an identity in its own right, so it is reasonable to expect services are fully accessible to bi people.

Statistics on young peoples' sexuality demonstrate this is a mainstream issue for mental health services, and businesses, to consider. In a recent YouGov poll, while only two per cent of 18–24s defined as bisexual, 48 per cent defined with terms under the bi+ umbrella, such as pansexual, fluid, non-binary or bi-romantic, among others, and their combined total was more than those who defined as straight.⁵⁶

These individuals may not call themselves bi, but their needs in work and mental health services will be similar. If they are not able to feel included, they will not be able to achieve the best support.

This can be addressed with inclusive policies that accept bisexual people for who they are.

Five do's and don'ts for inclusive services

Five do's:

- 1) Do feel free to use the terms "bi" and "bisexual" interchangeably and using "bi" on its own is perfectly accessible – just like it's fine to use "straight" and "gay" as well as "heterosexual" and "homosexual". Try to also include terms from the bi+ umbrella such as pansexual, fluid and non-binary.
- 2) Do be open to hosting or organising bi-specific events if this is a request that comes from bisexual people themselves. Some might view this as unfairly excluding other LGBTQ+ people, but in reality these help foster understanding and acceptance. Similar trans-specific events are being held ever more frequently without controversy as workplaces and services are developing more awareness of the specific challenges faced by trans people. The same needs to happen to address the issues of lack of visibility and support experienced by bisexual people.
- 3) Do remember that bi-specific events or services don't always need to be bi-only (exclusively for bisexual people). Some organisers and bi people may prefer these, and bi-only events or services can be justified, but having bi-focused initiatives open to others allows awareness to spread. The London Bisexual Network holds events open to people of all sexualities for this reason, and has allies on its executive committee.
- 4) Do consider extending any "allyship" program you may have for non-LGBTQ+ people to different parts of the LGBTQ+ community. For example, a gay man or trans person can be a bi ally, who wants to learn more about the issues facing bi people and to work to tackle these. Likewise a bi person can be an ally for trans and non-binary people. Cultivating cross-

community allyship can help bridge gaps in understanding across different groups.

- 5) Do feel free to ask about bisexuality if you don't understand it. But don't assume it's a bi person's duty to tell you – if they want to, that's of course fine, but they shouldn't feel forced. If they don't, you can easily research yourself in your spare time.

And five don'ts:

- 1) Don't assume someone is lesbian, gay, or straight because of their partner – being “re-categorised” into one of these groups is a real worry for many bisexual people.⁵⁷
- 2) Don't make their sexuality a big thing – if they don't want to discuss it, it's not your business. Constant questions about someone's sexuality are not appropriate.⁵⁸
- 3) If they do tell you they're bisexual, don't assume they conform to stereotypes like being promiscuous or polyamorous/polygamous, or are “just confused”. If you really don't know what to say, just be polite and accept to be guided by the individual to best define their identity and the kind of support that is right for them.
- 4) Don't assume that sexual behaviour necessarily correlates with sexual orientation. It's this mistake that leads many to assume bi people must be promiscuous, as unless they're in relationships with men and women at the same time, they're “not really bi”. Accept that most bi people are monogamous, and many choose not to have a partner – just like people of other sexualities.
- 5) Don't use “LGBTQ+” as the equivalent of gay. Try to make LGBTQ+ events and spaces as bi-inclusive as possible and fully understand the complexity and intersectionality reflected within LGBTQ+ communities.

Being as inclusive as possible in mental health services, in wider society and at work will create a safer space for bi people to be out and to be their whole selves.

Bisexual people tend to be closeted more often than lesbian and gay people⁵⁹ – especially men⁶⁰ – making them more likely to suffer the negative effects of being in the closet (e.g. having to put

on a stressful façade, being unable to seek help and having to second-guess actions). Making surroundings as supportive as possible helps with this.

Some practical steps one could take to solve these issues involve:

- Make specific efforts to focus on discovering and profiling bisexual role models at all levels ensuring that initiatives promoting LGBTQ+ role models aren't simply showcasing gay or lesbian and gay role models.
- You can encourage bisexual role models to get involved in LGBTQ+ mentoring schemes. This is just as relevant, if not more so, to mental health services than wider employers – if bi people know staff are openly bi and working in a culture which genuinely accepts them, they'll be more likely to trust them to support the service.
- Make sure LGBTQ+ groups and support services are bi-inclusive, as bi people often report that they don't feel able to be a full part of these. For example, you could introduce a bi representative or hold bi-focused events or discussion nights as part of the LGBTQ+ group's activity calendar.
- You should always stress the confidentiality of monitoring forms. Statistics show bisexual people are less likely to answer honestly if they believe they're not completely confidential.



What next?

We hope you've found this publication informative and you will be able to encourage your employer or service provider to consider implementing this guidance to make sure we build genuinely bi-inclusive spaces.

A great way to start this journey is to join Stonewall's Diversity Champions Programme and the Workplace Equality Index. This will enable you to receive support and guidance from Stonewall and have access to a network of over 750 organisations who are working towards creating truly inclusive environments for their staff and service users.⁶¹

In addition, we believe there are things that each one of us can do to help raise awareness and challenge discrimination and bi-phobia.

Here are few suggestions you might find helpful:

- Question yourself, honestly acknowledge your own biases or preconceptions and address them, even when it might be uncomfortable.
- Think about the language you use and be aware that what you say might make people feel excluded if you make the wrong assumption about their sexuality.
- Speak up if you hear bi-phobic comments or inappropriate jokes. This will create an environment where people feel safe and accepted.
- Don't be afraid to ask. Show interest and try to understand someone's identity; but accept if someone chooses not to share details with you.
- Listen and be guided by the person's needs. If someone comes out to you or asks for support, be there for them but don't try to offer advice you are not qualified to give.
- Encourage them to speak to their Employee Assistance Programme (EAP) or reach out to organisations like Mind, Stonewall, the LGBT Foundation and Switchboard.



6. Case Studies

Chloe



My name's Chloe. I'm 26 and I have depression, anxiety, PTSD and a history of eating problems. I am also bisexual. When I was 14 I met a boy from a neighbouring school online and he made my

life in a rural English village a little bit more exciting. It was the first time anyone had looked at me in a romantic way. Before we were officially "going out" I'd often talk to him about how beautiful I thought my female friends were. He was convinced I was a lesbian and I had to reassure him over and over again that I wasn't. The idea of being bisexual hadn't even occurred to me. When we did get together officially when I was 15 he'd often talk about how bisexual women were "sluts" and how he'd never date one because you'd have to worry about them cheating on you with girls as well as boys. Looking back I think he realised I was bisexual before I did. So I buried any feelings and convinced myself that my attraction to girls was purely aesthetic (even to this day I sometimes have trouble believing it's more than that).

Over time our relationship got more and more toxic. By the time I was 18 I couldn't even look another man in the eye and didn't feel like I had any thoughts of my own. It wasn't until years after I had broken up with him that I realised he had been emotionally and sexually abusing me the whole time. Those years afterwards I found a few ways to cope, some were more useful (feminism) than others (alcohol, binge eating). I even moved abroad to

a country where I didn't know anyone – or the language – because I felt I had to get those years of my life that I'd "lost" back. But I couldn't escape what had happened and I fell into a deep, deep depression and had to move back home. I felt like I was getting better with medication and the help of my family but two years ago I developed delayed-onset PTSD.

The flashbacks and high anxiety levels made me realise I needed to finally deal with it. I tried counselling but I found that I needed a more specific domestic abuse service to help develop my sense of self. Since then I've been going to a support group for women affected by domestic violence. I have made amazing friendships and grown into a much kinder, compassionate person. I've developed my self-esteem and been able to look after myself much more – meaning my mental health is the best it's ever been.

I am very aware though that I haven't mentioned to the group that I'm bisexual. I'm afraid that the wonderful women I've met in the group might turn out to be not-so-wonderful if I mention it. My sessions are coming to an end soon so I'm looking for other ways to get support. This makes me nervous, partly because I'm worried any mental health professional I meet will either focus too much on my sexuality or ignore it completely. I also don't know if I am welcome at LGBTQ+ specific domestic violence groups. Will they turn me away because my abuser was a man? These are the things I have to consider when I should be focusing on getting better. But I wouldn't change being bisexual. It's an important part of who I am and I feel privileged to be able to

experience the world with the ability to fall in love with people of all genders. To me, that makes life beautiful.

Chloe's case study shows the importance of raising awareness and challenging stereotypes of bisexual people. It shows that these stereotypes can be used by abusers to further control a bisexual individual. This emphasises the importance of services – especially

domestic abuse services – that are inclusive of bisexual people.

Service providers need to fully consider the specific situation in which bi people might be in. This could mean, for example, that services can create an environment where bi people choosing to access a support group feel able to be open about their identity.

Sanisha



My name is Sanisha Wynter, I am 24 years old, bisexual, and I have mental health issues. I was recently diagnosed with Emotionally Unstable Personality Disorder and Depression. When

I found out I had a personality disorder I was shocked at first, then I read the symptoms of my disorder, reflected on how I behave and it all made sense.

I was born in South London. My mum was 17 when she had me, she was very young but determined to do her best as a single parent. When I was seven, my mum was a victim of domestic violence and we moved into a refuge in the suburbs on the outskirts of London. I went from a diverse school with multiracial students to a school where I was the only black girl in my class. I did not want to start a new school and talk about the fact I was homeless, so I kept a lot of my emotions internalised. I was a very quiet child, very afraid of being myself, I just wanted to blend in. I was bullied, did not make many friends and developed a stutter. I started to have an identity crisis from then and this only got worse in high school.

I went to an all-girls high school, it was clear from a young age that black students tended to be treated unfairly, considered louder, our natural hair was criticised to the point that

the majority of us had our hair chemically straightened. A lot of us were going through issues at home or were being bullied at school and it was a very lonely time. I remember feeling very misunderstood and silenced. I was in high school from 2004–2009, so I started just after Section 28 ended. We were not taught about anything other than heterosexual relationships in sex education. We had no LGBT networks, being gay was something we saw in magazines or TV. It was not something openly discussed at school. I knew it existed but it was very much a taboo. I did not understand my own feelings, I knew I felt attracted to people regardless of what their gender was.

One of my friends came out, her life was turned upside down, she was bullied and she was kicked out of the family home. Her family, like mine, was Jamaican. We were used to hearing homophobic language used by family members or in music that was blasted out in parties, it was normalised. I witnessed how hard my friend had it, and even though she was so brave, I couldn't do it yet, I pushed my feelings to the side, hoping they would go and hid who I was. Hiding my sexuality was a lot easier than hiding my race.

When I went to university I was not visibly out, there is such pressure to come out and be visible when it really was not possible. However, I was living the most authentic life I could live. I was educating my peers about my history,

hair products and Caribbean foods. I felt like I had to no choice but to hang out with my friends, not be out, hear homophobic language and just blend in. I could not be who I really was around certain people. When I did attempt to come out, I was told I was being attention seeking and my sexuality was fetishised. My anxiety increased when I socialised, I started to have frequent panic attacks. I could not join the LGBT network at university because the group was biphobic. I heard many of the members using the terms greedy or confused. I couldn't be my whole self anywhere.

Even whilst working at Stonewall, people kept assuming I was straight because I am in an opposite sex relationship. So I decided to come out as bisexual to my family and friends, one by one, which really helped me grow in my confidence. Things are getting better with my mental health too. Now I know why my moods feel so intense and highly changeable. I understand why I feel disassociated with myself and the external world because at times, in my youth, I depersonalised who I was to feel accepted.

Now I realise the more I accept who I am, the less depressed I feel, the less I am confused about my identity. I am now able to acknowledge that my emotions, memories and experiences are real and valid. I am on medication for my depression, I am receiving

psychotherapy to support me and I am taking my recovery one day at a time.

Sanisha's case study contains another key example of bi erasure relating to how relationship and sexual education is taught in schools. In fact, three in four LGBT pupils (75 per cent) have never learnt about bisexuality at school⁶². Schools should ensure that bisexual people and experiences are reflected across the curriculum, to celebrate difference and make the diversity of bisexual people visible. Relationships and sex education (RSE) should take the needs and experiences of bisexual people into account, including in discussions about mental health and self-care.

Sanisha's case study also shows the importance of recognising cultural differences and challenging stereotypes. It emphasises why Sanisha found it difficult navigating certain spaces as her authentic self, due to perceived or intentional rejection. This shows that services should be aware of multiple identities and intersectionality and how this can affect a person's perception of their sexuality.

Although Sanisha is currently in an opposite sex relationship it is important to recognise her bisexual identity as valid regardless of current relationship status. It is necessary to think about how bi erasure and biphobia can affect a person's mental health.

7. Glossary

For a full glossary of terms please refer to Mind's *Good practice* guide.

In addition, here is a list of terms that specifically relate to the bisexuality topic covered by this publication:

LGBTQ+ – Lesbian, Gay, Bisexual, Transgender and Queer/Questioning, plus other sexual and gender minorities (intersex, non-binary, pansexual etc.)

Biromantic – Seeking romantic relationships with more than one gender, but not necessarily being sexually attracted to all or any. A biromantic person could be bisexual, or straight, gay, or another definition.

Bisexual – Attraction to more than one gender.

Bi+ or the Bi umbrella – A number of sexualities which don't fit into "gay" or "straight", which are similar but not identical to being bi. These include pansexuality (below), hetero/homoflexibility (below) and many others.

Heteroflexible – Similar to bisexual, used for a person who is predominately attracted to different genders but also has attraction towards their own gender.

Homoflexible – Similar to bisexual, used for a person who is predominately attracted to their own gender but also has attraction towards other genders.

Pansexual – Similar to bisexual, but referring to attraction felt regardless of gender. It can also be used by people who feel "bisexual" is not inclusive enough to include their attraction to genderqueer, non-binary and intersex people.

Non-binary gender – A person whose gender exists outside the categories of male and female.

Intersex – A person born with chromosomes or genitals which do not fit neatly into male or female categories. Often confused with non-binary, however this is not the case – someone born intersex can identify as male, female or non-binary, and refers more to biological sex than gender identity.

Polyamory – Having a sexual or romantic relationship which involves more than two people, or having multiple partners. Often preferred to 'polygamous' as this technically refers to marriage, not relationships in general, and has several negative cultural associations.

Mono-sexism – The belief everyone is either 100 per cent gay or 100 per cent straight.

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Stand BI me

Information and guidance on how to support bisexual people

We hope this guide will help service providers and employers increase their awareness of the specific issues faced by bisexual people, with a view to making their services and workplaces more bi-inclusive.

We wish to thank Jonathan Andrews for having been instrumental in drafting this publication, as well as Stonewall for closely collaborating with Mind to promote better LGBTQ+ mental health services.

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