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Bisexual Health Issues

Bisexual Resource Centre

Existing research and literature on bisexuality and health has focused primarily on two topics: HIV/AIDS and mental health, therapy or counselling. Those wishing to find information on other aspects of bisexual health and wellness must sort through the sea of research and writing on gay, lesbian and bisexual health to try to find any bits and pieces that specifically address bisexuals. Even in research where bisexuals are included they are usually not adequately represented and not looked at separately. Although sharing some common concerns with both gay/lesbian and heterosexual persons, bisexuals also have specific experiences and needs regarding health and wellness that need to be researched and addressed. Existing research and literature on bisexuality and health has focused primarily on two topics: HIV/AIDS and mental health, therapy or counselling. Those wishing to find information on other aspects of bisexual health and wellness must sort through the sea of research and writing on gay, lesbian and bisexual health to try to find any bits and pieces that specifically address bisexuals. Even in research where bisexuals are included they are usually not adequately represented and not looked at separately. Although sharing some common concerns with both gay/lesbian and heterosexual persons, bisexuals also have specific experiences and needs regarding health and wellness that need to be researched and addressed.

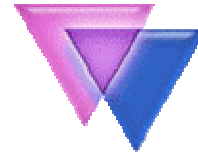
Unique Issues for Bisexuals

When asked about the unique issues, experiences and challenges facing bisexual people one of the most common responses was to list the kinds of myths and stereotypes that exist around bisexuality, and which bisexuals must deal with. These include:

- that bisexuals must have a 50/50 attraction to men and women, that they are dishonest and cheat on their partners;
- that they can't be monogamous, that it's a phase or a transition;
- that bisexuals are wild and sexual;
- that they spread STDs/AIDS;
- that they are selfish;
- that they're playing the field;
- that they can't make up their minds;
- that bisexuality doesn't really exist and isn't a legitimate sexual identity;
- that bisexuals stay in the closet and live a mainly straight life.

(Bisexual Resource Centre 2002,)

Participants also talked about feelings of not belonging in either the straight or gay world, and about experiencing biphobia from gays and lesbians. They pointed out that bisexuals are largely invisible and that there is a lack of



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bisexual groups or a bisexual community to be part of. They mentioned isolation and loneliness, confusion, and mental health and self-esteem issues. Many felt that bisexuals experience pressure to choose to identify as gay or straight and also others being confused about what bisexuality means or why it is important. These feelings and experiences are also mentioned in the existing literature (Dennis 2003, Vargas 2002, Fallas and Landers 1999, Taghavi 1999, Vanasco 1999, McInnis and Kong 1998, Cornelson 1998, CLGRO 1997, Richters 1997a, Ochs 1996, Fox 1996, Alley 1996, Weinberg, Williams and Pryor 1994).

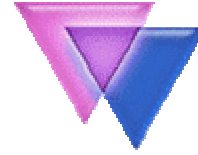
Specific coming out issues for bisexuals were also discussed by participants. Coming out as bisexual from a gay or lesbian identity was a concern for some, with specific issues including worries about coming out again to family and friends, fear of not belonging or of being rejected by gay and lesbian friends and community, the need to learn how to relate to the other sex in terms of relationships and sex and, for women, feelings of having betrayed lesbians and culture shock around dating men. Having to negotiate coming out to partners or potential partners was also cited as a unique challenge. Writing on bisexuality and coming out includes these (Barnett 2002, Matteson 1996, Fox 1996, Weinberg, Williams and Pryor 1994, Udis-Kessler 1990, Paul 1998) along with some additional issues such as difficulties because of the stigma and invisibility surrounding bisexuality (Ryan, Brotman and Rowe 2000), how bisexuals' coming out is affected by both homophobia and biphobia (Bisexual Women of Toronto, Weinberg, Williams and Pryor 1994), and the lack of a supportive community to come out to, so one may be developing and maintaining bi identity in isolation (Petford 2003a, Fox 1996, Ochs 1996). People may experience confusion over how to interpret sexual attraction to both men and women (Fox 1996) and it may be unsettling for those in opposite sex relationships (Ryan, Brotman and Rowe 2000).

As Rust (2001) summarizes, "for individuals who do not fit neatly into culturally sanctioned monosexual categories, the task of developing a sexual identity is challenging" (62). Participants expressed that women and men may experience some aspects of bisexuality differently.

Extract from **Improving the Access and Quality of Public Health Services for Bisexuals**

Ontario Public Health Association (OPHA) by Cheryl Dobinson (2003)

Bi women also have a particularly problematic relationship with lesbians (Bower, Gurevich and Mathieson, 2002, Bronn 2001, Rust 1995). Other issues facing bisexuals that participants brought up include safer sex with both men and women, issues with identity labels, including the word "bisexual" (Bower, Gurevich and Mathieson, 2002), internalized biphobia (Barnett 2002, Ochs 1996, Paul 1988, Bisexual Resource Center 1990), and



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the fact that bisexuality upsets people because it is fluid and challenges categorization (Vanasco 1999).

Bisexuals in Relationships

Bisexuals in relationships may have unique issues and concerns as well, such as coming out to partners, difficulty finding supportive and understanding partners, and the importance and challenge of keeping a bi identity while in a relationship (see also: Barnett 2002, Queen 1996, Ochs 1996, Weinberg, Williams and Pryor 1994, Paul 1988).

In other-sex relationships, bi women with male partners talked about their specific concerns such as many men finding female bisexuality very sexy and expecting to be involved in threesomes with another woman, other men finding it threatening and not wanting to talk about it, and male partners not being welcome in the queer or lesbian community.

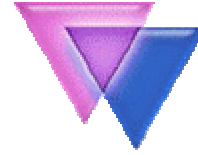
With regard to same-sex relationships, bi women talked extensively about their difficulties in establishing or maintaining relationships with lesbians. They spoke about lesbians not wanting to date bis, resentment from lesbians, and pressure to identify as lesbian while with a lesbian partner (see also: Weinberg, Williams and Pryor 1994, Rust 1995, Ochs 1996). Current research argues that although some gay men certainly do have negative views of bi men, that these have not been displayed as much or politicized in the same way as lesbians' unfavourable views of bi women (Steinman 2001).

Bisexuals who were in relationships with other bisexuals, or who preferred to date bisexuals felt that this was easier than being with straight, gay or lesbian partners and that were was more understanding and connection. This is noted by Vargas (2002) and Queen (1996) as well.

However, in many areas it can be difficult to connect with other bisexuals at all, so it isn't feasible for every bi person to seek a bi partner. Polyamory was another theme in bisexual relationships. For some people, bisexuality and polyamory were linked, and they found it hard to get understanding and acceptance for both. They also said there can be difficulties in maintaining relationships with men and women at the same time if that is what they want, also noted by Matteson (1996). Other participants found that the assumption they would want to be polyamorous was a problem in relationships, and that for bisexuals who wanted monogamy it could be difficult to get partners to believe them.

Children

Recent attempts to carry out focus groups for bisexual parents by the Family Service Association of Toronto as part of a series of groups for LGBT parents were unsuccessful (2003, Rachel Epstein, personal communication), which points to the difficulty of engaging bi parents in research and the possibility that bisexual parents may not participate in existing LGBT communities or disclose their status. Thus it seems significant this many bi parents participated in this community consultation process with its bisexual focus.



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There are implications for health care providers who work with families and prospective parents to understand the range of ways that bisexuals take on parenting roles as adoptive, biological, foster and co-parents, as well as the barriers to disclose.

Social Support

Lack of social support is harmful to health (Bailey, Gurevich and Mathieson 2000), so it was important to talk to participants about their social support systems. In terms of family, friends, work, religion and school, many felt that they did not receive support because of being queer, not specifically because of being bisexual. However, in some cases bisexuality was a specific factor affecting social support.

With regard to partners, some have very supportive partners, especially those who are bisexual as well. As far as straight, gay or lesbian partners, as was outlined above, not all were supportive of participants' bisexuality.

Family members were sometimes confused when participants came out as bisexual, or from gay or lesbian to bisexual. They were less supportive, wondered why the bi family member couldn't just be with the 'right' sex if they were attracted to the other-sex, and treated other-sex and same-sex partners differently. This is consistent with Jorm, Korten, Rodgers, Jacomb and Christensen's (2002) findings that bisexuals experienced less positive support from family than heterosexuals or homosexuals. Jorm, Korten, Rodgers, Jacomb and Christensen's (2002) also report that bisexuals receive more negative support from friends.

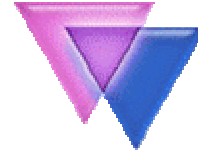
At work it was common to experience problems and lack of support as a queer person, and many felt they couldn't come out at work. For those who were out, confusion was caused when colleagues assumed they were lesbian or gay, but then they found out about another sex partner. A small number of people worked in environments that were supportive of LGBT people, including bisexuals.

With regard to religion and spirituality, negative experiences around being queer were reported, but nothing specifically related to bisexuality. On the positive side, a number of respondents were involved in wicca or pagan spirituality, which they found to be very open and supportive of bisexuality.

Some participants simply stated that they feel a general lack of social support in all areas of their lives or that their support is compartmentalized, meaning that in some places they had support for certain parts of their lives and identities but not others.

LGBT Communities

In their research on lesbian and bisexual women, health and community, community is defined as "[a] collective of people who experience their lives through a common social structure" (Bailey, Gurevich and Mathieson 2000) and it is noted that emotional health is affected by sense of community. Some respondents feel they belong and are involved in a LGBT community, but many who are involved feel they don't fit in or belong as a bi person. They



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may have left certain organizations or groups because of biphobia, or have stayed but continue to struggle with it. Others are not very involved because they aren't sure if they would be welcome or accepted. A lack of support for other-sex partners is common, as noted by Bailey, Gurevich and Mathieson (2000) as well, as is not finding any other bisexuals in the organizations or activities they take part in. This could help explain why, according to Davis and Wright (2001), bis feel less of a bond to the LGBT community than gays and lesbians.

Bisexual Communities

Petford (2003a) notes that bisexual community may exist more on the internet than in person and Peterson (2001) looks at online community as well as significant for bi men. Most participants gave glowing praise to their bisexual community. They found it meant less worry about fitting in with gay and lesbian communities and was validating, empowering and affirming to them as bisexual people. On the negative side, one man expressed that it wasn't as helpful for those coming out from gay to bi. Feelings or fears of not belonging or being welcome as a trans person were also mentioned.

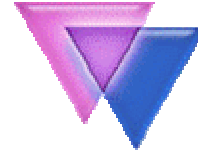
Issues for Older Bisexuals

With regard to aging and being older, the need for coming out or support groups for older bisexuals coming out was mentioned, as older people may have some different issues than younger people coming out. The difficulty connecting with other older bis was discussed, as was the uncomfortable feeling that they should have sorted this out already, be established and not have any questions about their sexuality or about sex.

A community sounding with older bisexual women at the 519 Church Street Community Centre in Toronto (Older GLBT Programme 2002) reported some similar results, such as difficulty meeting other older bisexual women, feeling that existing bisexual groups attracts a younger crowd, lack of community programming, not being welcome in gay or lesbian groups of older folks, and wanting a discussion group or social event for older bi women. Keppel (2002) argues that an additional problem for many older people who experience attraction to both men and women is that they may identify as heterosexual or homosexual, have done so for a long time, and suffer from those choices as they can't fully be themselves.

Youth Issues

One person under the age of 20 was interviewed, plus 14 who were age 26 or under. Participants commented that youth services are often not inclusive of bisexuals and that in LGBT youth groups and services it usually isn't accepted to mention an other-sex partner. It was felt that there are not a lot of places bi youth can fully fit in. Particular programs to help meet the needs of bisexual youth, such as mentoring, a helpline, education and support services were proposed. The literature on bisexuality and youth reflects both these concerns and also the issues and experiences of bisexual adults which affect youth in



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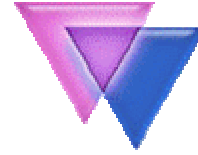
distinct ways. McLean's (2001) research on bisexual youth describes issues for young bisexuals including the double closet⁵, pressure to choose a heterosexual or homosexual identity, fear of discrimination in the gay and lesbian community, and a lack of resources, role models or peers. Dennis (2003) suggests that young bisexuals are more prone to mental health problems because of feelings of not belonging and pressures to be either gay or straight. Travers and O'Brien (1997) report that bisexual youth experience more isolation and confusion than their gay and lesbian peers, feel that their needs are not understood and find that gay and lesbian groups which include youth are not inclusive of bisexuals, while most bisexual resources are adult-oriented. They argue that bisexual youth need resources, support groups exclusively for bi youth, and supportive, understanding providers.

In terms of health risks, behaviourally bisexual high school students are more likely to report suicide attempts, drug use, unhealthy weight control practices, and experiences of being harassed, threatened or injured by others (Robin, Brener, Donahue, Hack, Hale and Goodenow 2002), and young men specifically report high levels of AIDS risk behaviours (multiple partners, unprotected intercourse, STDs and injection drug use), (Goodenow, Netherland and Szalacha 2002) compared to youth with only same-sex or only other-sex sexual activity. Young lesbians, bisexual women and those unsure about their sexual identity experience increased risks of unplanned pregnancy (off our backs, 1999). Blake, Ledsky, Lehman, Goodenow, Sawyer and Hack (2001) offer preliminary evidence of the benefits of using gay-sensitive HIV instruction in high schools to reduce sexual risk behaviours among gay, lesbian and bisexual youth, and the need for school based AIDS prevention education specifically targeting bisexual youth is emphasised by Goodenow, Netherland and Szalacha (2002).

Youth is a period "characterized by fluidity with regard to sexuality" (Russell and Seif 2002) thus issues around bisexuality are of particular interest when considering young people regardless of their sexual identity or behaviour. Russell and Sief also note that in their research more youth report attraction to both sexes than to exclusively the same sex. This is important because many studies of youth and sexuality only look at identity or sexual behaviour, and don't include a consideration of sexual attraction. More research needs to be done on bisexuality and youth which takes into consideration broad definitions of bisexuality and factors other than expressed identity and sexual behaviour. Bisexual youth are a particularly vulnerable population and it is important to understand their experiences and provide education and services that include and support them.

Cultural Diversity

Ten of the participants identified as people of colour. There are many different cultural ideas, references and experiences around homosexuality and bisexuality. Participants of colour felt that these differences were not often acknowledged in the LGBT community, bi communities or services directed at these communities. They also explained that it can be hard to find a place of



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belonging for all parts of oneself - as a person of colour, queer and bi. Bailey, Gurevich and Mathieson (2000) argue that it is a problem affecting health and wellness to not be able to find a community where all parts of one's identity are validated. Confidentiality in small ethnic communities was also mentioned as a concern. One respondent spoke of a possible resonance between being mixed race and being comfortable with a 'fuzzy' sexuality, which is also mentioned by Rust (1996a). Rust (1996a) examines issues for bisexuals from culturally diverse backgrounds. She discusses how sexuality is not necessarily considered a basis for identity in some cultures, and there may be different organizing concepts around sexuality with the Western model not relevant for all. For example, a Latin American model of male sexuality is organized around the receptive/insertive role (pasivo/activo) rather than the sex or gender of one's partner. Different family issues may be present as well, such as family being more important and more a source of support. This can mean there may be more to lose in being rejected by one's family and ethnocultural group and less to gain, especially for bi people who may not be welcomed by gay and lesbian communities and have no bi group or community to go to.

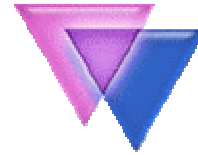
Trans Issues

Five participants identified as transgendered or transsexual. Trans participants talked about people not understanding that gender identity and sexual identity are different, and some felt they were not included in their local bi community. One trans woman felt that her bisexuality was emerging with hormone therapy, as she had previously been only interested in women. Denny and Green (1996) note that research shows there is a high degree of bisexuality among trans people, however they strongly critique Weinberg, Williams and Pryor's (1994) assertion that trans people adopt abisexual identity because they have a problem attracting partners. Denny and Green (1996) also point out that bisexuality as a term may not be useful when gender is deconstructed and we consider that there are more than two genders.

Health And Wellness Issues

Disclosure

46 of the participants said that they come out to some health care providers and 15 said they do not disclose. Some disclose only when asked and others when it seems relevant and/or safe. Reasons for not disclosing included feeling that it isn't relevant in some situations, fears around confidentiality/privacy and fear of negative reactions such as judgement, awkwardness, discomfort, lack of understanding, humiliation, or poor treatment. Ray and Landers (1999), Fallas and Landers (1999), and CLGRO (1997) mention similar issues. When asked if they wish they could come out, some said they wished they could have disclosed comfortably every time, and others mentioned that they would like to be asked, so they can disclose but don't have to bring it up themselves. The reasons for wanting to come out, or



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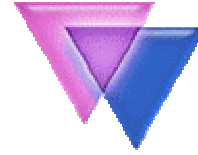
why disclosure is important, included the desire to be seen as a whole person, with bisexuality being part of who they are, to increase comfort levels and understanding, so proper diagnoses can be made and relevant information given, so providers can be sensitive and understanding to the issues being faced, for appropriate resource referrals, and generally because it is important for mental health and emotional wellness. This is consistent with the reasons reported by Fallas and Landers (1999) and Ray and Landers (1999). A small number of participants felt that it was not important or relevant to disclose their sexuality. When asked about the actual or possible effects of disclosure on their treatment participants suggested that the effects could be either positive (being treated more holistically, getting proper safer sex information) or negative (provider becoming distant, being confused or uncomfortable, fear of being judged, faced with stereotypes and assumptions, being treated differently, discriminated against) depending on the provider. In order to deal with these issues, in addition to not disclosing when it doesn't seem safe, some participants research providers to make sure they are bi positive. Richters (1997a) notes that disclosing bisexuality can be more complicated than for other sexual identities "because many providers, even gay- or lesbian-friendly ones, will read the clues of, say, contraceptive use as indicating exclusive heterosexuality, or the presence of a same-gendered partner as meaning childlessness". Recent research also indicates that bisexuals are less likely to come out to health care providers than gay men or lesbians (Dottinga 2002, Davis and Wright 2001, Taghavi 1999, CLGRO 1997). Schilder, Kennedy, Strathdee, Goldstone, Hogg and O'Shaughnessy (1999) write that "lack of safety to disclose within health care contributes to health care avoidance and poor care-seeking behaviours... The bisexual community has great difficulty divulging its legitimate health needs because of pervasive biased assumptions on the part of health care professionals".

Experiences Using Services

Participants described using a full range of health and wellness services, both mainstream and alternative. They reported both positive and negative types of experiences related to their sexuality. In terms of negative or problematic experiences, many had experienced homophobia and/or heterosexism because of their same-sex partners or sexual experiences. However, they also had problems specifically around bisexuality, such as providers 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.

"The most awkward times have been with regular doctors at hospitals or walk in clinics, with feelings of judgement, or real awkwardness or voyeurism from male doctors... stupid jokes like 'the more the merrier.'"

"I've given up therapy basically. It's tough to find somebody who gets the bi thing. I've had to deal repeatedly with biphobic remarks"



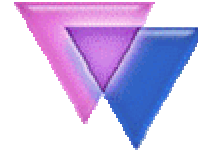
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Positive experiences with services included the provision of inclusive forms and use of inclusive language (such as the intake form at the Sherbourne Health Centre and being asked about sex with men and women), bi positive counsellors or therapists, and providers who don't make assumptions and who are supportive of bisexuality. 11 respondents said they have had a bi positive provider and 6 have had an out bisexual provider (in most cases a therapist). Having a bisexual provider was described as being validating, comfortable, and helpful in terms of her/his understanding of the issues of bisexuals. Other participants expressed that they would like to have a bisexual provider if possible, to legitimize their experiences and provide a role model, which is also mentioned by Fallas and Landers (1999). Even a bi positive provider who could discuss bi issues effectively, support a bi person's identity, and help them access a range of appropriate services and resources would be appreciated.

LGBT Services

Participants were asked whether services developed for the lesbian, gay, bisexual and trans communities are adequate to meet the need of bisexuals or if some separate services for bisexuals are needed. A few said that they were or that some specific service had been inclusive, but overall the feeling was that bisexuals are currently not well served by LGBT health and wellness services.

This is backed up by the literature, where it is noted that gay or gay-positive providers are not always understanding about bisexuality and bisexuals may feel alienated in gay-oriented groups, programs and services. (Fallas and Landers 1999). McInnis and Kong (1998) observe that queer spaces are not necessarily safe for bisexuals and there is a need for bi-friendly clinics in gay communities. In short, "services designed for gay and lesbian people frequently leave bisexual people feeling as though no one quite knows what to do with them." (CLGRO 1997) Two ways of dealing with this problem were discussed: the first being the development of separate services for bisexuals and the second being better training and inclusivity around bisexuality in LGBT programs and services. Most commonly people felt that a combination of both approaches would be ideal so that bisexuals could have some bi-specific services and supports, but they could also utilize broader LGBT services for other health and wellness needs. Ideally the broader LGBT services should have bisexual specific education, include out bi providers and staff members, and make more of an effort to deal effectively with the unique issues of bisexual people. Some of the separate services that people felt would be helpful for bi people were counselling/mental health services, coming out groups, support/discussion groups and telephone support or information lines. Those in smaller areas realized that separate services for bisexuals were not realistic and felt that working for full inclusion in existing or developing LGBT services would be a more effective strategy.



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“GLB groups need specific training about bi awareness. You can’t just add it on and expect things to be different. Improvements need to be made to existing organizations to be more truly inclusive.”

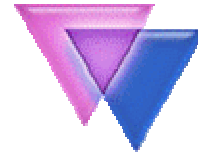
“You always need both - a combination of separate and shared space, partly because notions of shared space often assume equal power and privilege. Issues of marginalized groups may be lost, therefore the need for some separate spaces to deal primarily with bi issues. This can be especially important when coming out.”

Barriers to Care

When asked if services have been inclusive of bisexuality and bisexuals, 36 said no or mostly not, 7 said some were, 12 said yes and 2 were not sure. When asked if providers were knowledgeable about bisexuality and bisexual issues, 38 said no, 7 said some were, 5 said yes and 5 said they don’t know. A similar lack of inclusivity and knowledge was reported by the focus group participants in Ray and Landers (1999) and Fallas and Landers (1999). It is important to note that even when providers don’t demonstrate negative attitudes, they may still be lacking the education needed to work well with bisexuals. This demonstrates how individual biphobia can be negligible in some instances, but monosexism, or institutionalized biphobia, remains an issue and a barrier to proper care and service for bisexuals.

When asked about barriers to health and wellness, including accessing services, many participants reiterated their points about barriers to disclosure, negative experiences using services, and the inadequacy of most LGBT services for bisexuals. Biphobia⁶ was also mentioned – including environments that felt unsafe, fear of judgements and negativity, not being welcome, along with assumptions that everyone is either straight or gay or that sexual behaviour equals sexual identity. Not being asked about bisexuality or sex with men and women was also seen as a barrier. As is implied above in the low number of people reporting knowledgeable providers, the lack of understanding, knowledge and education around bisexuality was another problem. This is consistent with the experiences of the focus group participants in Ray and Landers (1999) and Fallas and Landers (1999). Accompanying these barriers is the issue of having to educate providers, which is also discussed by Ray and Landers (1999), Fallas and Landers (1999).

A particular barrier mentioned by bisexual women is in the area of safer sex and birth control for those who have been out as lesbians or have been perceived as such by their providers. They describe feeling awkward, afraid or uncomfortable about asking for birth control or safer sex information for sex with men, as well as fears that providers won’t understand their issues and concerns about sex with men as women who have mainly been with women. It is important for providers to be aware that lesbian and bisexual women may still want or need information about fertility, pregnancy, infertility, abortion etc. (Luce 2002, Ryan, Brotman and Rowe 2000, off our backs 1999) and that to assume they don’t creates problems for these women.



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“I’m afraid to go see my doctor and ask to go on the pill. I had been planning to have children with my last partner through donor insemination. He’ll raise his eyebrows too - going from fertility drugs to birth control. It’s kinda strange”
“At that point in my life I got a new family doctor and said I’m primarily dating women. A few months later I came in and said I needed the morning after pill. She put her pen down and said “I thought you told me you were a lesbian”.... That’s not a guarantee or a contract that I would only every date women or that I would get my doctor’s approval about future liasons with men. That didn’t mean I was locked in for life for heaven’s sake.”

Ochs (1996) emphasises that “biphobia cannot be understood in isolation. It shares many characteristics with other forms of oppression, especially with homophobia, and persons who are bisexual generally experiences their share of both”. Alley (1996) reports that almost 40% of social work students he surveyed felt that bis are confused and are really either straight or gay.

Other barriers named include the lack of research on bisexual health issues, lack of appropriate information on STDs/safer sex that targets bisexuals (also mentioned in Ray and Landers 1999, Fallas and Landers 1999), and reluctance to seek care, especially from traditional medical professionals. This last point was mentioned more often by women, in conjunction with a preference to seek alternative treatments and therapies when possible.

The literature also outlines a few additional barriers to health and wellness or accessing services which did not come up as strongly in this research, although they were mentioned by a few participants. These include: providers focusing more on either other-sex relationships or same-sex ones (Mathieson 1998, Bisexual Women of Toronto), providers questioning same-sex feelings/experiences in ways that other-sex feelings and experiences are not questioned (Matteson 1996), fewer service providers specializing in bisexual issues compared to gay and lesbian issues (Davis and Wright 2001), and the additional work needed to find suitable providers for bisexuals (Fallas and Landers 1999).

A final important point is that providers often don’t realize that bisexuals experience biphobia from gays and lesbians as well. “This oppression of bisexuals by gay and lesbian people is largely unrecognized and/or not understood by professionals working within queer populations. When professionals don’t understand that bisexual clients may be oppressed by or isolated from both gay and straight communities, they aren’t able to assess stress, anxiety, relationships or risk appropriately.” (Keppel 2002)