

Mental Health Facts on Bisexual Populations

Bisexuality is defined as: “The capacity for emotional, romantic, and/or physical attraction to more than one sex or gender” noting, “that capacity for attraction may or may not manifest itself in terms of sexual interaction.”¹

Research shows that bisexual individuals are at increased risk of adverse health outcomes

(e.g., mental health, substance use, and sexual health problems) compared with monosexual (heterosexual and gay/lesbian) individuals. Though there are several reasons for these disparities, a significant contributor is a stress that is related to stigma and discrimination.¹

Bisexual Behaviors and Identity

- The largest self-identified group within the LGBTQ community is bisexual (B) individuals. In contrast, the proportion of research on LGBTQ mental health focusing on bisexual people is small.²
- Research studies estimate that 3.9% of the US adult population self-identify as bisexual (5.5% of female, 2.0% of male);³ and 6.0% of US high school students from 9th to 12th grade self-identify as bisexual (9.8% female, 2.4% male).⁴
- Although 5.5% of women and 2.0% of men identify as bisexual, research shows that 17.4% of women and 6.2% of men report having had both same-sex

and opposite-sex partners (bisexual behavior) in a lifetime.³ (Note that behavior and identity often do not correlate identically)³

- People who report bisexual attractions or behavior may self-identify as bisexual, but may also use alternative labels (e.g., queer, pansexual) or identify as lesbian, gay, or heterosexuals.¹
- There are several variations within the subgroup of bisexuals in terms of both sexual attraction and sexual behavior with same-sex and opposite-sex partners. (Figure 1)

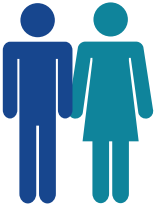
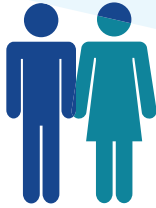
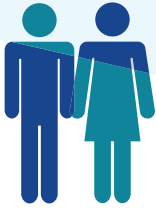
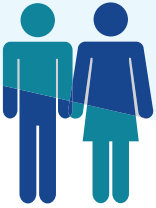



Kinsey Scale of Sexual Behavior						
0	1	2	3	4	5	6
						
Heterosexual relationships only	Mainly heterosexual: rarely has homosexual relationships	Mainly heterosexual: sometimes has homosexual relationships	Equal amount of hetero- and homo- sexual relationships	Mainly homosexual: sometimes has heterosexual relationships	Mainly homosexual: rarely has heterosexual relationships	Homosexual relationships only

Figure 1: The Kinsey Scale is used in research to describe a person’s sexual orientation based on one’s desires or experiences at a given time. The scale ranges from 0 to 6, with “0” representing people who exclusively desire sexual experiences with the opposite-sex and “6” representing those who exclusively desire sexual experiences with the same sex. Those whose sexual desires range from 1 to 5 are considered to have varying levels of desire or experiences with both sexes, including “incidental” or “occasional” desire for sexual activity with the same sex. The scale does not reference whether they “identified” as heterosexual, bisexual, or homosexual.

Stressors associated with Bisexuality

Stigma and Discrimination

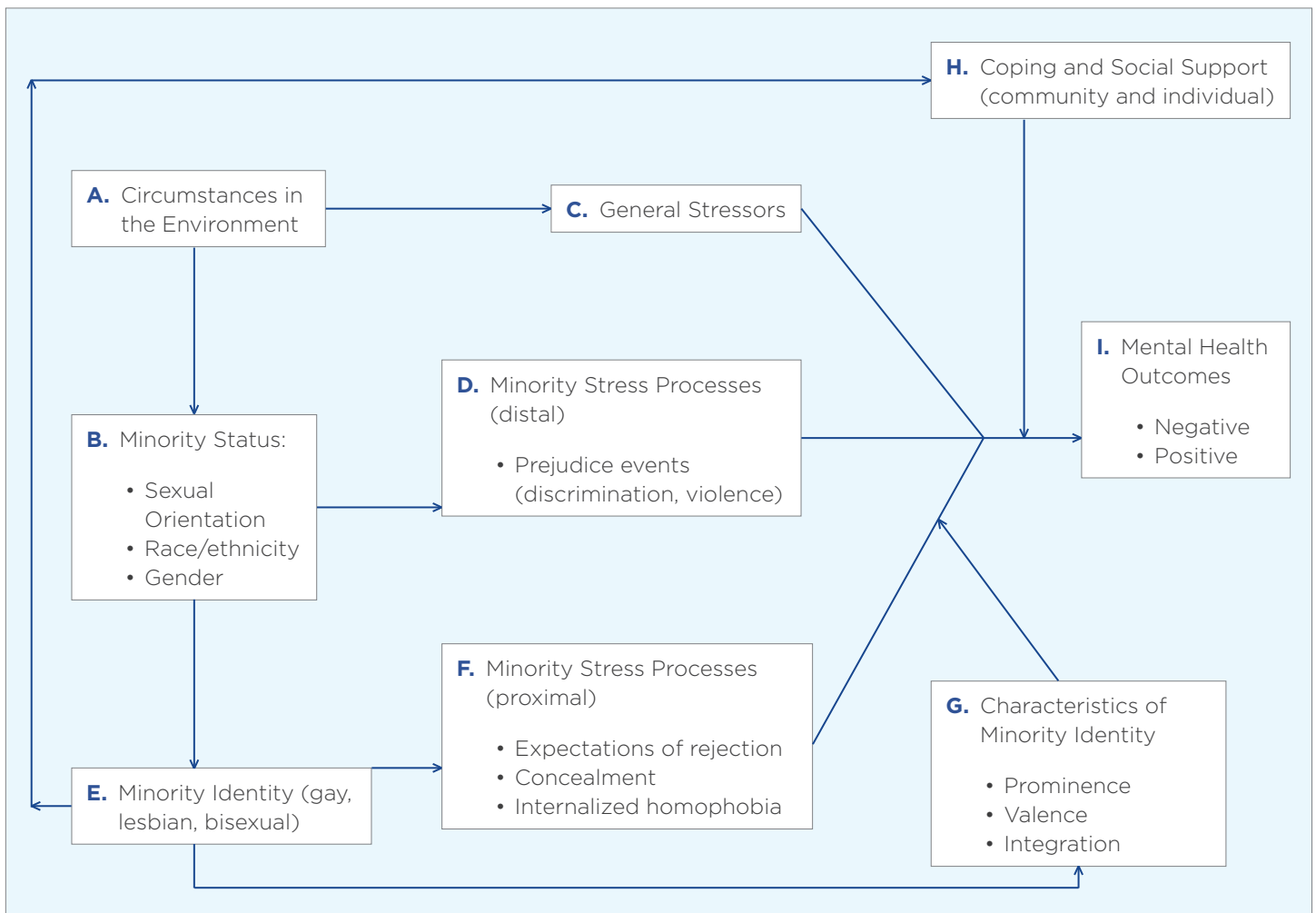
- Bisexuals can experience homophobia or **biphobia**—a dislike of or prejudice against bisexual people – similarly to discrimination experienced by their lesbian and gay peers.⁵
- Bisexuals also experience **monosexism**—the belief that people are only heterosexual, lesbian, or gay.⁵
- Stigma and discrimination can result in social isolation of bisexuals from both heterosexual and lesbian and gay communities, called **bi-erasure**—the dismissal of the existence of bisexuality.⁵

Minority Stress Theory:

- The minority stress model⁶ developed by Ilan H. Meyer in 1995 creates a cohesive model to understand how gender, sexual orientation, race and environmental stressors conspire to affect the mental health of the LGBTQ community. An essential aspect of the model is the degree to

which someone integrates their identity and finds a community that will positively impact their mental health.

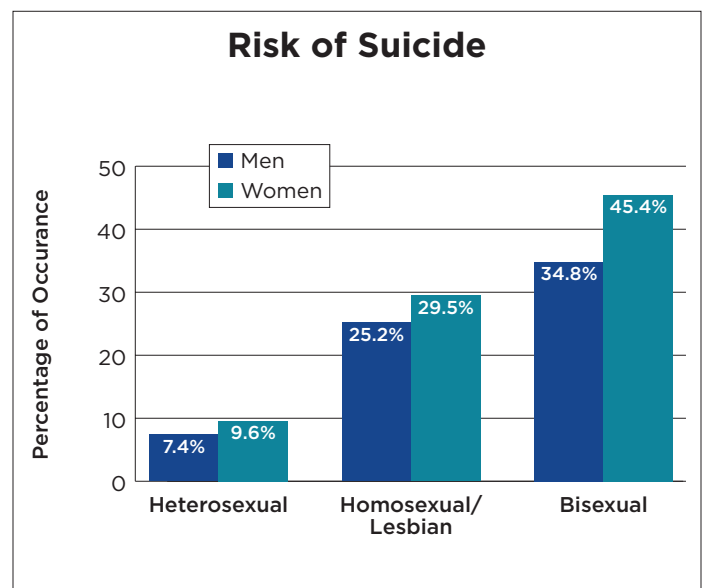
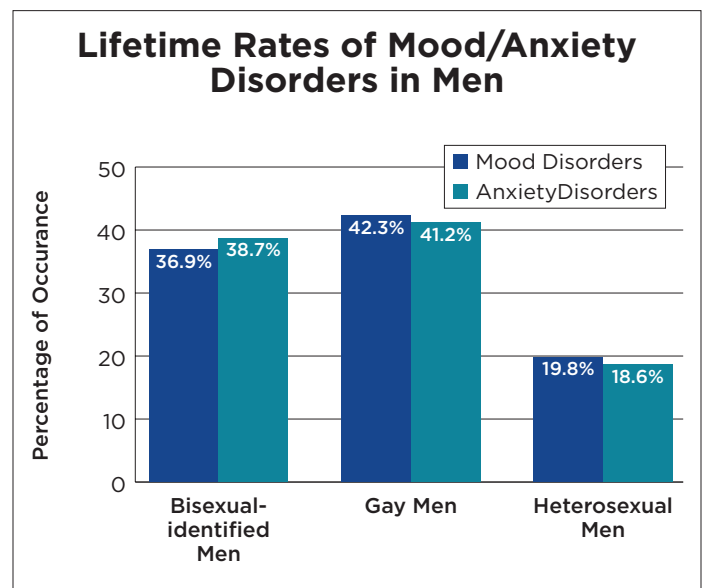
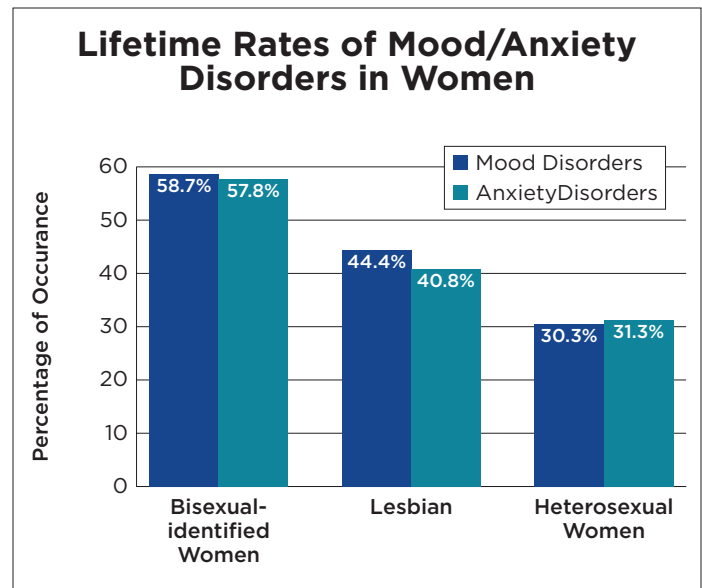
- Bisexual individuals ‘regularly’ experience hostility from members of the LGBTQ community. These experiences are described as bi-negativity - antagonism of bisexual individuals by heterosexual, gay, lesbian, or transgender individuals - which often makes it difficult for bisexual individuals to find a safe and supportive community. (Feinstein). As a result of such hostile and negative attitudes, significant numbers of bisexual individuals experience microaggressions.¹
- Research shows that bisexual individuals are more likely to hide their identity compared with gay men and lesbians which leads to stress and anxiety.¹



Health Disparities Among Bisexual Individuals

Mental Health

- Bisexual people are underrepresented in research on mental health, although bisexuals are considered the largest segment of the LGBTQ community.²
- Among research that is available on bisexual populations, data shows that bisexual individuals in comparison with heterosexual, gay or lesbian individuals report increased experience of depression and suicide.^{7,8}
- Lifetime rates of mood/anxiety disorders are higher among bisexual-identified women (58.7% for mood disorders, 57.8% for anxiety disorders) compared with lesbians (44.4% for mood disorders, 40.8% for anxiety disorders) and heterosexual women (30.5% for mood disorders, 31.3% for anxiety disorders).¹
- Lifetime rates of mood/anxiety disorders are also higher among bisexual-identified men (36.9% for mood disorders, 38.7% for anxiety disorders) compared with heterosexual men (19.8% for mood disorders, 18.6% for anxiety disorders), but rates were similar to gay men (42.3% for mood disorders, 41.2% for anxiety disorders).¹
- Risk of suicide in bisexual populations is higher than that of heterosexuals, gay, and lesbian individuals.⁵
- Bisexual males are more likely than heterosexual males to have experienced physical abuse and or non-consensual sex in their childhood.⁹ They have 143-204% the odds of being threatened or injured with a weapon compared with heterosexual males. They are also 24-57% more likely to suffer these forms of bullying compared to exclusively homosexual males.⁹
- Bisexual women similarly report worse mental health and suicidality than lesbians and heterosexual women. In comparison with heterosexual and lesbian women, bisexual women are more likely to report feeling overwhelmingly anxiety, exhaustion, and hopelessness.¹⁰ Furthermore, they are almost 21 times more likely to have considered prior-year suicide in comparison with heterosexual women.¹¹ Bisexual women are more than twice as likely to have had an eating disorder compared with lesbians.¹²

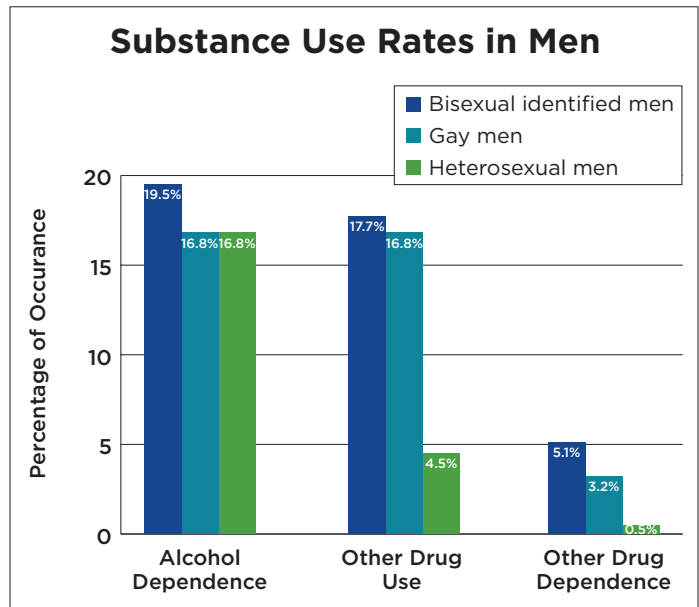
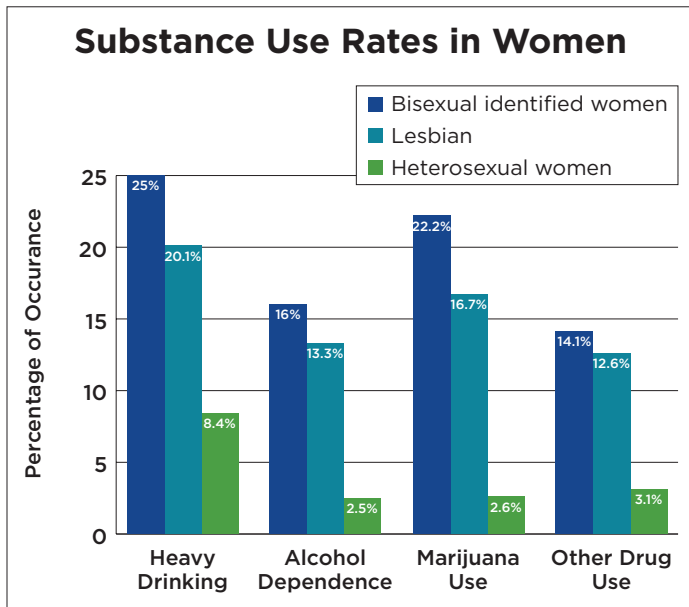


Substance Use:

- Data on sexual orientation disparities in substance use shows that bisexual individuals are generally at increased risk for substance use/disorders compared to monosexual individuals.¹
- The prevalence of problem drinking patterns is 31.2% and 30.5% of illicit substance use among bisexual individuals.⁵
- In a 2016 study, bisexual-identified women were found more vulnerable to heavy drinking, alcohol

consumption, marijuana use, and other drugs compared to lesbians and heterosexual women.¹

- The same study reported that the rates of alcohol dependence and other drug use/dependence were higher among bisexual-identified men compared with heterosexual men. Although rates were similar for bisexual-identified men compared with gay-identified, rates were higher for behaviorally bisexual men compared with behaviorally gay men.¹



Bisexuality and Treatment Planning

- Bisexual individuals may seek mental health services for concerns about their sexual orientation less frequently than their gay and lesbian peers; and may rate these services as less helpful than their peers.¹³
- Bisexual people experience minority stress and social isolation as a result of their sexual identities being marginalized, which should be acknowledged in treatment.¹⁴

- When providing mental health services to bisexual individuals it's important to:
 - Avoid expressing judgment, dismissing or pathologizing bisexuality.
 - Offer positive practices that may include the use of open-ended questions and expressing positive or neutral reactions to disclosure.
 - Abstain from using negative practices such as asking intrusive or excessive questions.

This resource was prepared by the APA Division of Diversity and Health Equity. It was authored by Sarah Noble, MD, and reviewed by Eric Yarbrough, MD, Daena Petersen, MD, and Sejal Patel, MPH.

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