

# BISEXUAL HEALTH

## Research Workshop

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**September 23, 2019**

*Identifying Research Opportunities in  
Bisexual Health Research*



National Institutes of Health  
Sexual & Gender Minority Research Office



# Workshop Summary Document

## Introduction

[The Sexual & Gender Minority Research Office \(SGMRO\)](#) coordinates SGM-related research and activities at the National Institutes of Health (NIH) by working directly with NIH Institutes, Centers, and Offices. The SGMRO was officially established in September 2015 within the NIH Division of Program Coordination, Planning, and Strategic Initiatives. Since its creation, the SGMRO has worked to improve the health of sexual and gender minority (SGM) populations through increased research and support of scientists conducting relevant research.

Under Section 404N of the 21st Century Cures Act (Public Law 114-255), signed into law on December 13, 2016, the Director of the National Institutes of Health (NIH) is encouraged to “improve research related to the health of SGM populations.” To achieve this goal, in part, the SGMRO hosted a workshop on bisexual health.

The NIH recognizes the lack of research in bisexual and bi+ (bi/bi+)\* communities; current and limited research to date indicates significant disparities in mental and physical health outcomes. With respect to mental health disparities, several studies indicate that bisexual people are at greater risk than their lesbian, gay, and heterosexual peers for mood and anxiety disorders, suicidal ideation and attempt, and substance use (Blosnich, et al., 2016; Bostwick, 2012; Bostwick, et al., 2010; Feinstein, et al., 2019). Bisexual people also face greater physical health disparities compared to other groups, including elevated risk of certain cancers (Quinn et al, 2015; Boehmer et al., 2014), elevated risk of cardiac disease among bisexual men (Caceres et al., 2018), and greater prevalence of obesity among bisexual women (Boehmer et al., 2007). Modifiable social factors known to contribute to the risk of health disparities also are relevant to the bisexual population, including factors such as socioeconomic status and exposure to violence. For example, according to the *National Intimate Partner and Sexual Violence Survey: 2010 Findings on Victimization by Sexual Orientation*, bisexual women (61.1%) report a higher prevalence of rape, physical violence, and/or stalking by an intimate partner compared to both lesbian (43.8%) and heterosexual women (35%).

Although a growing body of evidence suggests that bisexual individuals face an increased relative risk for adverse mental and physical health outcomes in comparison to their lesbian, gay, and heterosexual counterparts, research is still quite limited within this field and there are relatively few researchers committed to undertaking this work. Further, scientific and methodological obstacles remain to conducting research on these populations, including variations in defining bisexuality across different studies and consolidation of data on sexual orientation groups within research.

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\* Bisexual (bi): A label used by those with the potential to be attracted, romantically and/or sexually, to people of more than one sex/gender, not necessarily at the same time, not necessarily in the same way, and not necessarily to the same degree.

Bisexual+ (bi+): An umbrella term to capture a range of non-monosexual identity terms, including but not limited to: bisexual, pansexual, queer, demisexual.

To advance the understanding of these health disparities, the SGMRO brought together experts to discuss the most recent scientific findings on bi/bi+ health across the life course and to identify crucial knowledge gaps and research opportunities. This document reflects the content of the discussion among participants at the workshop and does not represent an official position of the NIH or any other government agency.

### Participants and Structure of the Workshop

The 1-day workshop was held on September 23, 2019, in Bethesda, MD. It was sponsored by the SGMRO, the Office of Research on Women's Health, the National Institute of Mental Health, the National Institute on Minority Health and Health Disparities, and the National Institute on Aging. The planning committee included both NIH staff and extramural researchers who designed the workshop agenda and facilitated the discussion. There were 23 participants from academia, one federal agency, nonprofit and advocacy groups, and 20 NIH staff; an additional 290 people watched via live [webcast](#). The agenda and participants list can be found in Appendixes 1 and 2.

The workshop highlighted four areas for discussion: (1) life course perspective; (2) intersecting populations; (3) key health inequities in bi/bi+ populations; and (4) social determinants of bisexual health (SDOBiH). The day was divided into four sessions to cover these four areas. At the beginning of each session, a panel of experts provided an overview of the topic area to allow for a conversation about key findings to date, key gaps in our knowledge base, and strategies for addressing those gaps with novel research. Following the panel, a brainstorming exercise allowed participants to define major research questions within each topic area. Facilitators then collected the research questions developed and led discussions that clarified meaning. The research questions were then posted and grouped into similar overarching topics, with feedback from the participants. At the end of each session, the participants prioritized these overarching topics. The priorities identified are described below.

### Life Course Perspective

This session focused on bi/bi+ health research over the life course, from adolescence to older adulthood, and the discussion revolved around challenges and gaps at each stage of life. First, data collection over the life course can be challenging. There is a need to disaggregate the data about bi/bi+ individuals, particularly from gay/lesbian individuals, to understand their unique health outcomes and identify disparities. Some of the challenges could be due to people's identities and evolving self-labels. Sexual orientation and gender identity labels can change over time, and people may use any number of combinations of labels to identify themselves throughout their lives. There also is a need to understand how poverty operates over the life course and how economic trajectories may alter health trajectories. Research should move towards more preventive strategies for youth and focus on protective factors like resilience in addressing health disparities. The experience, impact, and timing of major life events (e.g., coming out multiple times in multiple ways, family development, etc.) or the absence of such events in the lives of bi/bi+ individuals compared to lesbian and gay people, and whether these life events are altered by generation, needs to be investigated. Identity salience (how prominent, significant, and important a given identity is

to oneself or one's perception of others or how likely it is that a given identity will be active across situations) over time was another major consideration for bi/bi+ individuals.

The areas prioritized for further research in the life course perspective brainstorming session were:

- Examine structural factors (e.g., increasing funding for research among gerontologists and pediatricians on bi/bi+ issues; economic and employment trajectories; availability of personally appropriate health care and support resources; bi/bi+-relevant policies and how these shape identity and health inequities over time)
- Utilize the health equity promotion model (the effects of psychological, social, behavioral, and biological processes on health and well-being considering historical and environmental contexts over the life course)
- Develop research methods specific to bi/bi+ populations
- Investigate community connections and social support in bi/bi+ populations
- Include resiliency, positive assets, and protective factors in research questions across the life course

### Intersecting Populations

This session focused on the significance of intersecting identities. There has been some confusion about how to define intersectionality, especially within the context of social science and quantitative research. If a study does not incorporate an intersectional lens (i.e., accounting for the multiple minority identities held by many bi/bi+ individuals), important aspects of individual identities and lived experiences may be erased. There are several key methodological challenges associated with conducting bi/bi+ research, including issues with design (e.g., usage of inappropriate reference and comparator groups) and sampling (e.g., lack of power due to small sample sizes). Using an intersectional lens can lead to an improved understanding of the different and simultaneous types of minority stress that bi/bi+ people experience (e.g., transphobia, racism, biphobia). Additionally, bi/bi+ people may experience isolation from multiple communities (e.g., racial/ethnic groups, religious communities, other sexual minorities, etc.), which can compound feelings of invisibility and deleterious effects on mental health. The experiences of stigma for bi/bi+ individuals also are unique (e.g., being told their identity is a phase, assumptions of promiscuity, etc.). There are intriguing intersections between bi/bi+ and trans identities, which may not only give rise to interacting stigmas, but also may provide important support networks. In addition, it was suggested that there should be more research for disabled individuals in the bi/bi+ community. Several critical research gaps were identified. These gaps included: development of health-related interventions focused on health-related factors specific to bi/bi+ (e.g., bi/bi+ status, trans/non-binary status, family, culture, community, structural issues, power dynamics); bi/bi+ relationship research; structural interventions to address structural factors; and reduction of negative attitudes toward bi/bi+ individuals among the general population and among other SGM communities (i.e., the inclusion of bi+ individuals into the larger bi community). Bi/bi+-specific methods for dissemination and implementation also need to be developed.

The areas prioritized for further research in the intersecting populations brainstorming session included:

- Develop and test methods and measurements specific to bi/bi+ health outcomes
- Test interventions that benefit as many groups as possible simultaneously
- Identify key structural factors and the impact of policy on bi/bi+ health

### Key Health Inequities in Bi/Bi+ Populations

This session discussed key health inequalities/disparities experienced by bi/bi+ individuals, potential means to reducing them, and barriers to adaptation of these means. Adaptations of existing theories and models specific to bi/bi+ communities will be critical in understanding bi/bi+ health disparities and informing interventions specific to bi/bi+. The Minority Stress (Meyer, 2003), Social-Ecological Models (Bronfenbrenner, 1977), and the Social Identity Theory (Tajfel & Turner, 1979) are examples of particularly salient models for doing so (and may be able to help explain bi/bi+ health disparities when considering trauma, violence, and other bi/bi+ health priorities such as mental health and substance use). Determining the combinations of identity, attraction, and behavior that maximize risk or protective factors is crucial to advancing bi/bi+ health. Who is thriving and why is this so (e.g., coping mechanisms to deal with stress, resilience in the face of trauma, etc.)? Some participants suggested examining prior research on biracial/multiracial and other SGM individuals to identify fields of health and research, interventions, and engagement strategies that overlap with or could potentially be adapted for bi/bi+ individuals. There are a number of levers to engage to reduce health disparities specific to bi/bi+. However, it is important to promote meaningful involvement of the bi/bi+ community in the development of research questions and experimental design. Developing and providing interventions to increase coping skills and increase social support may reduce disparities on an individual level. On a broader scale, educating society about bisexuality and targeting negative attitudes toward the bi/bi+ community at a societal/cultural level could reduce the isolation and adverse outcomes experienced by many bi/bi+ individuals. It is important to note that many bi/bi+ people experience feelings of invisibility and erasure, which can occur at any time and in any setting.

The areas prioritized for further research in the key health inequities in bi/bi+ populations brainstorming session included:

- Violence and trauma (and the resulting biological imprint and impact) within bi/bi+ populations
- Substance use among bi/bi+ people
- Protective factors and resiliency in research efforts focused on bi/bi+ individuals
- Analysis of the impact of structural factors on bi/bi+ health inequities
- Development of interventions specific to bi/bi+ communities and their health needs

## Social Determinants of Bisexual Health (SDOBiH)

This session focused on understanding social determinants of health and incorporating them into research for bi/bi+ individuals. SDOBiH are key drivers of health disparities specific to bi/bi+ (and indeed many health disparities in general) and often are contextualized within the Social-Ecological Model framework. More research is needed to establish a better mechanistic understanding of the biological/physiological effects of external experiences/SDOBiH (e.g., stigma, policy changes, social support or neglect, financial situations). The urgency for such research is underscored by the high rates of suicidality and self-harm in the bi/bi+ community. Engagement of bi/bi+ individuals with health care and support groups (which are key SDOBiH) may be complicated by identity issues. For example, a bi/bi+ drug user with HIV may have to minimize aspects of their sexual minority identity to engage in a clinic (e.g., an HIV/AIDS clinic *versus* a clinic specializing in drug usage *versus* an LGB clinic [which may focus on LG people]). To ensure the success of research and interventions focused on SDOBiH, researchers should partner with bi/bi+ communities: nothing about us without us. In addition, it was suggested that federal agencies could partner on funding streams and pool resources to support research in SDOBiH (including the Department of Housing and Urban Development and the Department of Education).

The areas prioritized for further research in the SDOBiH brainstorming session included:

- Research the impact of structural factors (e.g., incarceration, unemployment, pay inequality, historical contexts, access to health and other services, etc.) and where these fit into current models of health
- Develop novel interventions and evaluations related to SDOBiH

## Next Steps

A Request for Information will be launched to provide the broader research community and the public an opportunity to share their feedback on these research opportunities.

## Works Cited

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## Appendix 1: Agenda

### Opening Remarks

8:30-8:45	Welcome and Charge for the Day	Karen Parker
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### Setting the Stage for the Day

8:45-9:00	Data & Definitions/Social Context of Bisexuality	Wendy Bostwick Brian Dodge
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### Session One: Life-course Perspective

9:00-9:10	Overview	Elizabeth Saewyc
9:10-9:30	Panel Discussion	Brian Feinstein Karen Fredriksen Goldsen Lori Ross
9:30-10:30	Identifying Priorities (Brainstorming and Voting) *	<b>ALL</b>
10:30-10:45	Break	

### Session Two: Intersecting Populations

10:45-10:55	Overview	Lisa Bowleg
10:55-11:15	Panel Discussion	Alex Iantaffi Sabra Katz-Wise Miguel Munoz-Laboy
11:15-12:15	Identifying Priorities (Brainstorming and Voting) *	<b>ALL</b>
12:15-1:15	Lunch on Your Own	

### Session Three: Key Health Inequities in Bisexual Populations

1:15-1:25	Overview	Tania Israel
1:25-1:45	Panel Discussion	Corey Flanders Mackey Friedman Nina Harawa Amy Hequembourg
1:45-2:45	Identifying Priorities (Brainstorming and Voting) *	<b>ALL</b>
2:45-3:00	Break	

### Session Four: Social Determinants of Bisexual Health

3:00-3:10	Overview	William L. Jeffries, IV
3:10-3:30	Panel Discussion	Lauren Beach Faith Cheltenham Kerith Conron Christina Dyar
3:30-4:30	Identifying Priorities (Brainstorming and Voting) *	<b>ALL</b>
4:30-4:45	Wrap Up and Next Steps	Karen Parker

Workshop will be available for public viewing via the NIH videocast program

\*Sessions will be facilitated by Susannah Allison, PhD, National Institute on Mental Health and Alyssa Tonsing-Carter, PhD, Office of the Director

*Consideration of intersectionality and community impact should be considered across all sessions.*

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