



LGBT
Health and
Wellbeing

BETWEEN

BENEATH

BEYOND

Bi+ women navigating identity
and imagining safer futures



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KEY FINDINGS

Invisibility and erasure are common

Many Bi+ women, especially those in heterosexual relationships, told us they often feel unseen or misunderstood. This can lead to doubting their identity, feeling constantly “on guard,” and becoming emotionally exhausted.

Biphobia comes from both cisgender/heterosexual (cis-het)¹ and queer communities

Participants described their identity being questioned, judged, or policed. Microaggressions (small but hurtful comments or behaviours) were a regular part of their lives.

Misogyny² makes this worse

Bi+ women often face sexualisation, blame, and extra scrutiny about their sexuality and relationships both in public and private. These pressures come from both inside and outside LGBTQ+ spaces.

Stigma in healthcare creates barriers

Many participants reported judgement, assumptions, or lack of understanding in healthcare settings, including sexual health and mental health services. This leads to anxiety about seeking help or avoiding services altogether.

Mental health is affected

Participants spoke about anxiety, burnout, and feeling they had to hide or shrink their identity. Some also acknowledged risks of depression and suicidality.

Community spaces help but are underfunded

Bi-specific spaces offer safety, connection, and affirmation. But in Scotland, these spaces are rare, under-resourced, and unable to meet the level of need.

¹ A person who is cisgender is a person who identifies with the sex they were assigned at birth. Cisgender is a word for anyone who is not trans. A person who is cis-het is cisgendered (not trans) and heterosexual (straight).

² [Engender](#), Scotland’s feminist policy and advocacy organisation, defines misogyny as a way of thinking that upholds the primary status of men and a sense of male entitlement, while subordinating women and limiting their power and freedom. Conduct based on this thinking can include a range of abusive and controlling behaviours including rape, sexual offences, harassment and bullying, and domestic abuse.

INTRODUCTION

In September 2025, LGBT Health and Wellbeing hosted “For Us, Bi+ Us”, a creative, exploratory workshop which invited Bi+³ women from across Scotland to an evening of conversation, connection and art making to map their experiences, needs, and priorities. Although the event focuses on the experiences of Bi+ women, we welcomed the participation of people of all genders and sexual orientations who were happy to be in a space that centred Bi+ women.

Bi+ women in Scotland face unique and overlooked challenges, often navigating the intersections of biphobia, misogyny, stigma and exclusion – both in wider society and within our LGBTQ+ community.

Existing research shows that Bi+ women experience significant health inequity, both in terms of health and wellbeing outcomes, and access to healthcare. [Scotland’s LGBT+ Health Needs Assessment](#) found that Bi+ women experienced considerably worse health outcomes, including higher rates of poor mental health, disordered eating, self-harming behaviours and drug/substance use. Additionally, Bi+ women were the sexual minority most likely to have been in an abusive relationship (43%). Alongside this, they face biphobia within the LGBTQ+ community and discrimination from outside it – an experience of “double exclusion” that is consistently linked to poorer health outcomes.

These findings are supported by the [Equality Network’s 2024 Report “It’s Still Complicated”](#) which found that although Bi+ people make up almost half of all non-heterosexual people in Scotland, Bi+ specific provision remains minimal and significantly underfunded. This leaves many Bi+ people feeling overlooked by mainstream services and LGBTQ+ services alike. [Research from LEAP Sports](#) supports these findings, highlighting that Bi+ and pansexual people in Scotland report often feeling “not queer enough” and experiencing exclusion in both mainstream and LGBTQ+ sport. Many describe a fragile sense of belonging, shaped by being seen as neither “fully queer” nor “fully straight.” Collectively, these findings show that Bi+ women’s erasure and hypervisibility extend across multiple areas of public life, reinforcing stigma that limits wellbeing, participation, and community connection.

These national patterns reflect broader United Kingdom (UK) evidence of persistent and worsening inequalities for Bi+ women. [Longitudinal analysis](#) shows that out of any sexual orientation group, bisexual women have experienced the steepest rise in psychological distress over the past decade, with gaps widening.

Our workshop took place amid a climate where anti-LGBTQ+ rhetoric is intensifying and attempts to roll back the rights of queer people and women are escalating. Policy analysis reveals that the needs of bisexual women remain largely unaddressed within Scottish government strategies, such as the [Women’s Health Plan](#) and the [Mental Health and Wellbeing Strategy](#). Meanwhile, the discrimination, biphobia, violence, and mental health challenges experienced by this section of our community continue to worsen.

³ We use Bi+ as a broad and inclusive term that covers a range of identities, including pansexual, omnisexual, polysexual, fluid, questioning, and others. We welcomed people of all sexual orientations under the Bi+ umbrella to take part in the workshop.

METHODOLOGY

A lived-experience team (made up of our Policy and Research Manager and Policy Volunteer) designed and facilitated a creative and participatory workshop. Using art-making, conversation and zine-making, the session supported 11 Bi+ women to express, explore and co-create insights into Bi+ women's experiences, needs and priorities.

The workshop included a 1-hour focus group discussion where we explored:

- The diversity of Bi+ women's identities and lived experiences
- Experiences of biphobia, misogyny and exclusion
- Support gaps in health services and community spaces
- What Bi+ women feel must change for them to feel safe, supported and valued in their communities and in public life.

Participants also created a collaborative artwork (the slipping through the cracks mosaic) as well as individual artworks and zines.

Artworks were analysed alongside the focus group transcript as qualitative data that complemented participants' verbal contributions. All materials—the transcript, written materials, photographed artworks and zines—were then thematically analysed to centre participants' words, meanings and experiences.

Given the small number of participants, the self-selecting nature of participation, findings are not a general representation of all Bi+ women in Scotland. However, the methodology was designed to produce rich, in-depth, and contextual insights that highlight Bi+ women's lived experiences.

The inclusion of participants with varied identities and experiences, including disabled women, older women and trans women, broadened the perspectives represented in the workshop.



FINDINGS

Whilst this workshop reflects the experiences of a small group of participants, many of the themes echoed patterns already identified in national research on Bi+ health inequalities. Including:

Invisibility and Erasure

Within the focus group discussion, multiple participants described experiencing pervasive invisibility of their identity as a Bi+ person and a member of the LGBTQ+ community – particularly when in relationships with men. Participants shared this led to repeated instances of ‘coming out’ as Bi+, constant explanation and justification of their sexual orientation, and hypervigilance around being perceived as ‘queer enough’ to be taking up space in LGBTQ+ community spaces.

One participant shared:

“I definitely have questioned whether I am bi enough, or valid to be in that space. Or whether people see me as an outsider, or a member of the community. I feel I often have to justify being in a space. A part of that is also in my head, but yeah.”

Whilst another participant, when discussing being Bi+, a woman and a parent to a trans child shared they hadn’t quite considered the intersections of their own identity, or what it means to be both Bi+ and a woman.

“I don’t know if I’ve ever put being bisexual and being a woman together before. That struck me. It’s definitely not straight forward, and there are so many misconceptions. I have a trans kid, my focus has been on them... It was at an LGBT Health and Wellbeing event that a staff member said to me ‘and what about you?’ I just pocketed that.”

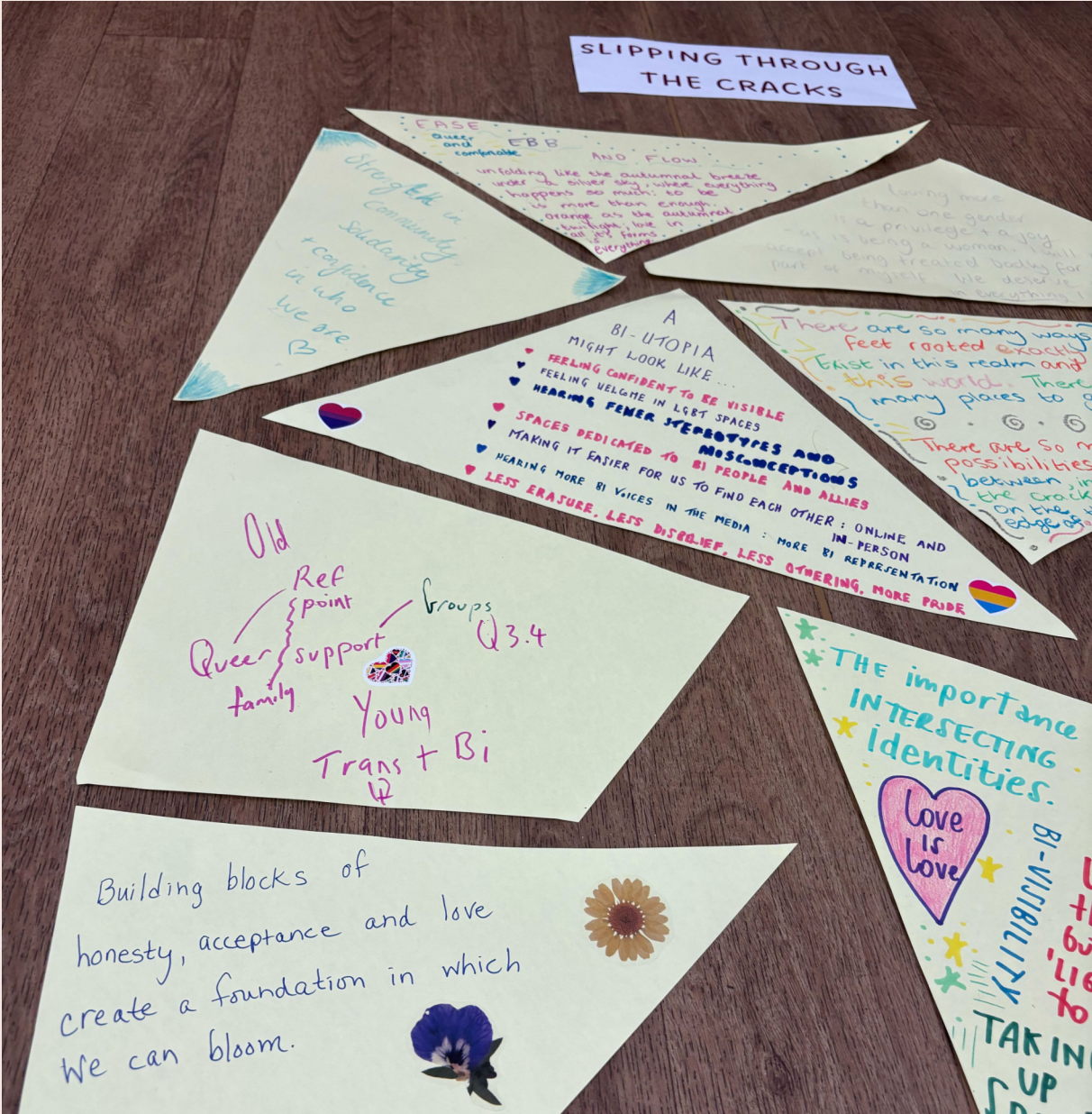
Another echoed this sentiment:

“I just see it as being attracted to all genders. There are grey areas in everything, it’s still valid, that’s how I see it. Some conversations [about identity] are easy, some less – mostly in opposite sex relationships.”

Whilst another participant shared:

“I’m still finding my way towards Bi+ pride. I’m still figuring out what it means to me, for friendships and relationships.”

Similar sentiment was deduced from the artwork created by Bi+ women as part of the 'slipping through the cracks' mosaic. Contributions from participants highlighted how Bi+ women often fall between categories, with belonging being fluid and ever changing in public and community spaces. One participant's art read "There are so many possibilities beneath, between, inside the cracks." Highlighting the benefits of and joy in Bi+ identity. Whilst another read "building blocks of honesty, acceptance and love build a foundation in which we can bloom" stressing the importance of collective acceptance (from within and outwith the LGBTQ+ community) in allowing Bi+ women to reach their full potential, experience joy and "bloom".



These reflections are supported by wider research that shows Bi+ people often experience lower levels of recognition and belonging in LGBTQ+ communities, particularly when in relationships that are perceived as heterosexual (Equality Network, 2025).

Biphobia from Both Cis-Het and LGBTQ+ Communities

Throughout the workshop, participants discussed their experiences of microaggressions, assumptions around their sexual orientation, and identity policing both from cis-het people and from within the LGBTQ+ community and community spaces, as well as internalised biphobia and hypervigilance. One participant shared their experience of 'coming out' to their partner and friends:

“I faced a lot of weird challenges with being a woman and being bi, lots come from allies or people from within the LGBTQ+ community which has been very confusing. I was very openly bi to my spouse; I thought this was fine. It turns out it wasn't. Family ties are strained. Queer friends felt betrayed.”

Another participant reflected on how stereotypes about Bi+ women shaped their decisions and constrained their self-expression:

“I had an experience recently where I was applying for something [a job] and the question was about sexuality. I chose not to put bisexual, in retrospect I think it was because of the stereotypes of bisexual females... The image of a woman who exclusively dates men and gains access to queer spaces and queer labels. This doesn't represent me or my identity... I've been abused in the streets homophobically and transphobically, people call me the F slur and treat me differently. Stereotypes stop me from expressing myself which is a problem.”

Whilst a further participant spoke to the impact of these pressures, describing the shame and confusion that can arise when rejection comes from multiple directions:

“It's easy when you feel rejection from the community to then rescind into heteronormativity and hetero idea of femininity which makes you miserable. Then the flip side, the classic bi+ woman thing of “I'm dating a man unfortunately” like no, love your partner. You shouldn't feel ashamed of it. People can be very accepting, it's garbage online discourse. Community loves you, it doesn't need to be rejection.”

Participants artwork complimented verbal contributions and highlighted the pervasive nature of external and internal biphobia. Artwork by one participant read “Bisexuals are seen as gluttonous... taking as many partners of as many genders as we like. Wanting it all.” Touching upon harmful stereotypes assigned to Bi+ women which are detrimental to self-worth, pride and self-acceptance.



Another participants artwork (a Zine) read "to be free... in the world... to be seen... to belong" suggesting that freedom, belonging and recognition / acceptance of Bi+ women is yet to materialise within public life and LGBTQ+ spaces.



Misogyny intensifies Biphobia

Participants described how misogyny deepened the impacts of biphobia through sexualisation, suspicion and scrutiny of Bi+ women's relationships and partners. Several Bi+ women present spoke about the ways they had experienced hypersexualisation of their identity, with assumptions made that Bi+ women are promiscuous, indecisive, or hold a desire to be sexualised for consumption (by cis-het men) rather than being of a legitimate sexual minority identity. Multiple participants shared they felt their relationships were constantly monitored or questioned, and their bisexuality erased (particularly when in relationships with men) or treated as disingenuous. Some participants reflected on being responsible for managing the comfort of others - e.g. partners, friends, even strangers - who projected stereotypes or anxieties onto their Bi+ identity.

When discussing public and private pressure to prove/declare sexual orientation one participant shared:

“Why is the idea that a person is Bi+ or figuring things out not an option?... If we can't have this conversation about public figures, how can we do it at the micro level?”

Whilst another highlighted the wide acceptance of gendered policing (women's behaviour being monitored and controlled) by people of all genders:

“I think the need to put the blame on women for everything needs to stop... Bi+ women being blamed for expressing their sexual identity... societal issues like misogyny and homophobia are then pushed back on to women.”

Within participants artwork, similar dynamics were reflected in pieces that centred autonomy, pride and the right to self-define with statements such as “stay queer” “taking up space” “be proud to love yourself and your partners”. Some pieces articulated a refusal to shrink or diminish oneself in response to misogynistic and patriarchal expectations, highlighting the importance of being fully seen and understanding oneself as a form of resistance. Alongside, focus group contributions, artworks demonstrate how misogyny does not simply coexist alongside biphobia but both forms of prejudice intertwine and amplify harms.



Institutional Stigma in Healthcare

Across the group, participants described substantial barriers to engaging with healthcare, particularly sexual health and primary care. Several shared experiences of disclosing their identity only to be met with assumptions that they were “actually straight” or “actually gay”, depending on the gender of their partner at the time. Others described situations where healthcare professionals responded awkwardly or dismissively to discussions about their relationships and sexual encounters, leaving them feeling misunderstood, judged and uncomfortable. For two participants, this contributed to a delay in care or the avoidance of services altogether, particularly when sensitive topics such as HIV testing, access to PrEP, contraception, fertility or sexual health were concerned.

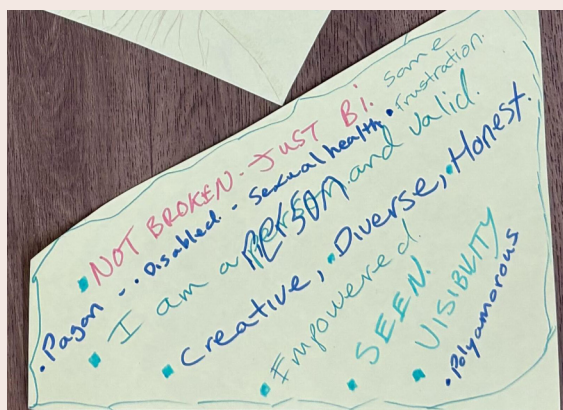
When discussing barriers to informed healthcare one Bi+ woman shared:

“You feel like you need to justify why you need to be tested for HIV as you sleep with Bi+ men who also sleep with men. You want sexual health services to be open and understanding. To experience a buffer against this feels rubbish.”

Whilst another participant discussed the impact societal stigma and a lack of understanding of Bi+ identities and LGBTQ+ relationships can have on patient disclosure and psychological safety:

“I had a situation recently at sexual health when getting tested. I told them I’m Bi+ and poly, as they assumed I was single [sex/gender] attracted. I felt awkward. She didn’t respond bad necessarily, but it’s the stigma around it, the stigma in society in general. There isn’t enough awareness of Bi+ and poly relationships in healthcare.”

Overall, participants artwork recognised existing barriers and expressed a desire for health services that felt welcoming, knowledgeable and informed. Many expressed themes of safety, connection, belonging and understanding with many pieces of artwork calling for Bi+ specific spaces or practitioners who understand that bisexuality is not defined by behaviour, appearance or partnership status.



Mental Health Impacts

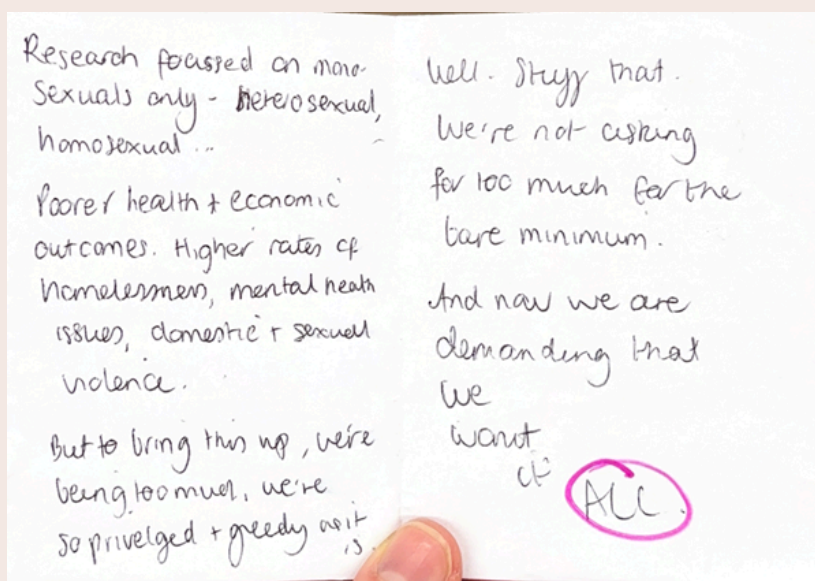
The impacts of stigma, erasure and misogyny on mental health and wellbeing were woven throughout participants' experiences. Many Bi+ women described periods of anxiety linked to fears of being judged, and several spoke about the cumulative exhaustion of harmful assumptions. Internalised biphobia led to self-silencing and downplaying their identities. Some reflected on questioning whether they were "queer enough", "valid", or seen as "outsiders". Participants also recognised the heightened risk of depression, suicidality and poor mental health within Bi+ communities, with some connecting this to their own experiences of invisibility, rejection and the lack of spaces where they felt accepted.

When reflecting on the impact of stigma, discrimination and biphobia on mental wellbeing and health outcomes one participant shared:

"I remember learning the stats about health, wellbeing and economic wellbeing for Bi+ folks and women. That was really an eye-opening day. I was like, is that part of why I'm struggling? It wasn't something that I'd ever put together before."

These themes were powerfully echoed in artwork produced by participants, with mentions of words such as "stigma", "misogyny and dates beliefs", and affirmations like "not broken, just Bi" expressing both the harm of erasure, and the strength in reclaiming one's identity. A collective longing for safety, recognition and celebration emerged through phrases such as "Imagining a Bi+ utopia" shared by "less erasure, less disbelief, less othering, more pride."

One participant explored these dynamics in their Zine, connecting biphobia and overlapping stigmas, to health and wellbeing outcomes - highlighting higher rates of mental ill health, experiences of domestic and sexual violence:



These experiences align with national data showing that bisexual women report higher rates of psychological distress than other sexual orientation groups (Leven, 2022 & Harkins & Hoffman, 2024).

Protective Factors: Community, Belonging and Bi+ Joy

Amidst accounts of erasure and scrutiny, participants repeatedly referenced the importance of sustaining power within the Bi+ community. Bi+ women spoke of the “grounding” nature of Bi+ spaces, and highlighted the “joyful” and “affirming” effect of being amongst other Bi+ women. Participants explained that being in spaces for Bi+ people and Bi+ women specifically reduced the constant work of explaining, defending or proving one’s identity; it created room for ease, connection, and recognition. And within that recognition participants described feeling more grounded and hopeful about the future of Bi+ connection, spaces, and pride.

Several women spoke about the sense of safety they experienced in Bi+ affirming or specific spaces, which stands in contrast to hypervigilance carried elsewhere:

“Being around other Bi+ people, being amongst people like me... it makes me feel so safe and secure.”

Other participants reflected on how collective moments, such as workshops, groups or community events, can encourage self-acceptance and pride:

“I’m still finding my way towards Bi+ pride. Workshops and events like this definitely help. I’m still figuring out what it means for me for friendships and relationships.”

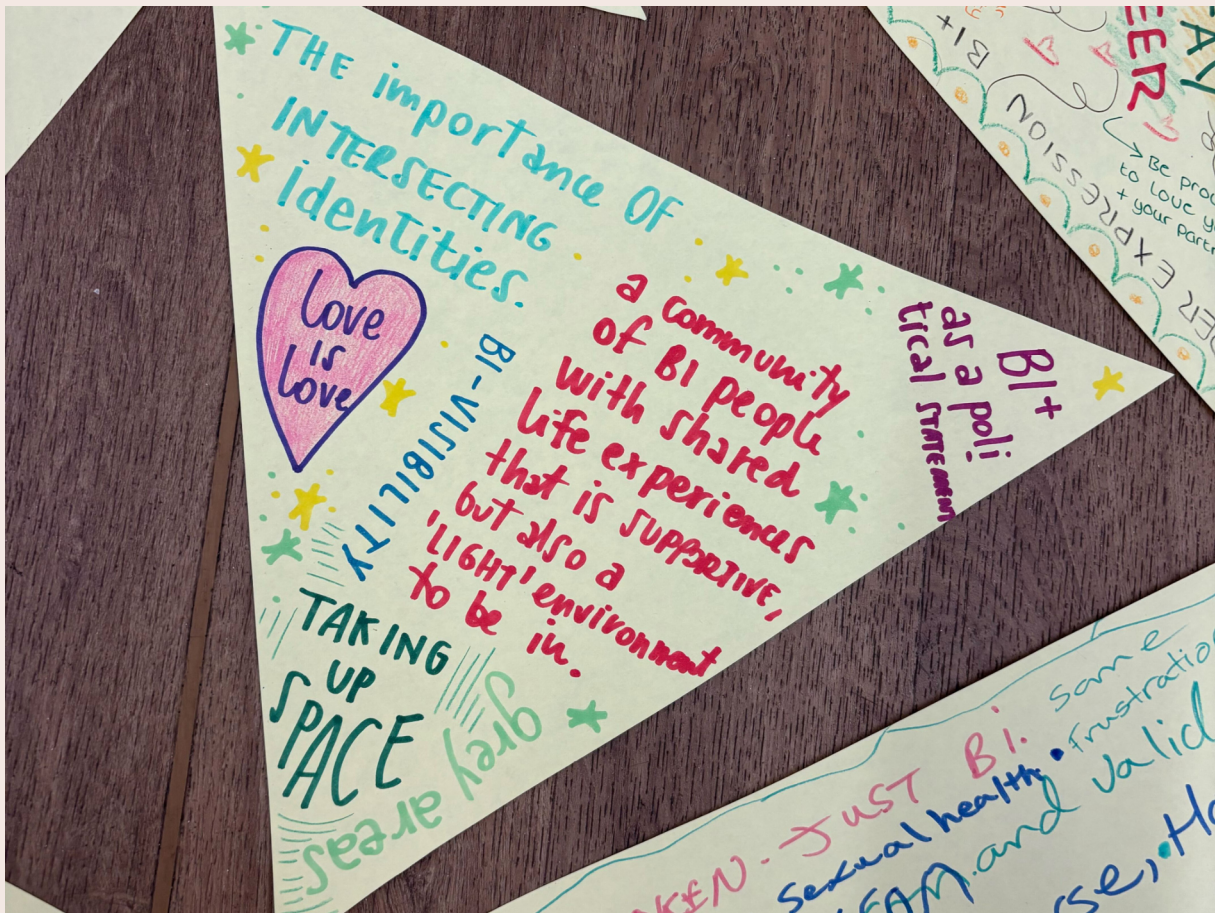
There was also clear desire for sustainable Bi+ specific provision of services and groups across Scotland, with participants framing this as a health-promoting necessity that supports belonging, visibility and wellbeing. One shared:

“I used to run a support group as a volunteer. We all got burnt out. That happened quite a lot... there’s a lack of support and spaces, and if there’s gaps within LGBT+ specific community support, what is it like elsewhere?”

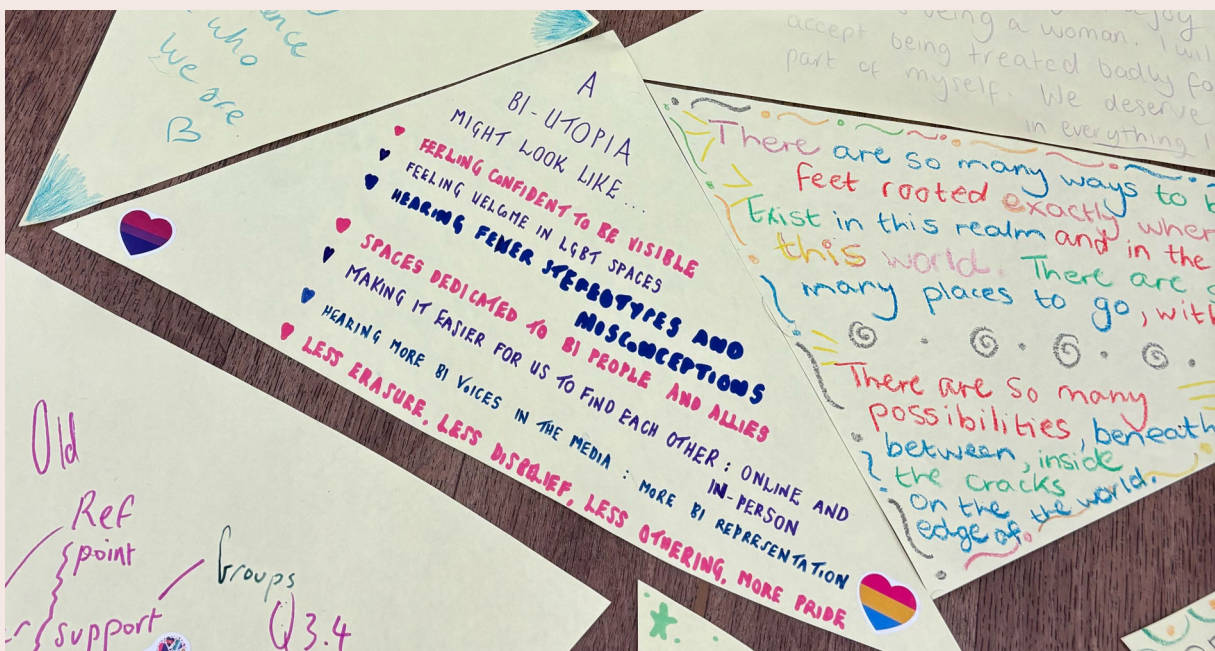
With another adding:

“I think a lot of the issues are funding with support groups. As someone with this experience, I also know people volunteer, get burnt out. Quite a lot of the time too it’s disabled people who are running these support groups.”

These themes transcended discussions and influenced the artwork of participants. Some artworks read “a community of Bi+ people with distinct life experiences... supportive and light to be in.” With additional pieces echoing the importance of affirmation and acceptance reading “Pride”, “Community”, “Love”, “Friends”, “Empowered”, “Seen” and “we deserve the best in everything.”



One participant explored what a Bi+ Utopia might look like, highlighting the importance of representation, community and spaces to connect, less stereotyping and bi-erasure and finding confidence to take up space.



Understood together, reflections and creative outputs demonstrate that community, belonging and Bi+ joy are central protective factors to wellbeing and offer challenge to the isolation and invisibility many Bi+ women described.

DISCUSSION

Findings from the workshop show that Bi+ women in Scotland move through systems and communities that frequently overlook or misunderstand them, creating a tension between being invisible and being scrutinised. Participants described a constant need to explain, justify, or monitor their identity, particularly in spaces shaped by monosexual or gendered norms. This reflects wider evidence that Bi+ people report lower levels of affirmation/recognition and belonging within LGBTQ+ spaces. (Equality Network 2025, Leap Sports 2025).

Experiences of biphobia came from multiple directions: overt discrimination from cis-het people, policing within LGBTQ+ spaces, and internalised doubt shaped by experiences of stereotyping and erasure. This “double exclusion” often resulted in a hypervigilance which was reinforced by harmful narratives such as the idea that Bi+ people are “gluttonous” or “greedy”.

Misogyny intensified these experiences. Participants spoke about being sexualised, dismissed or made responsible for how others interpreted their identity. These same dynamics showed up in healthcare, where monosexual assumptions and limited recognition of Bi+ and poly relationships created barriers to disclosure, psychological safety, and timely patient care. Combined, these forces contributed to anxiety, exhaustion and suppressing parts of their identity.

Despite these challenges, participants also shared clear visions for wellbeing. Bi+ affirming spaces offered relief from hypervigilance, fostering pride, connection and recognition. However, these spaces are rare and often underfunded. Creative outputs such as the “Bi+ Utopia” artwork expressed a strong community call for change: more visibility, better representation, fewer stereotypes and dedicated spaces to connect with others who share similar experiences.

Overall, the workshop highlighted that improving outcomes for Bi+ women requires more than challenging individual prejudice. It calls for structural recognition of the barriers they face, Bi+ inclusive practice across services, and sustained investment in Bi+ community spaces. These changes are essential to ensure that Bi+ women are fully seen, supported and able to flourish.

RECOMMENDATIONS

1. Invest in Bi+ specific community spaces across Scotland

Participants consistently emphasised that Bi+ affirming spaces are rare yet vital for wellbeing. Investment should support regular community groups, hybrid and online delivery, creative spaces and peer-led community groups.

2. Embed Bi+ inclusive practice within healthcare settings.

Primary care, sexual health and mental health services should avoid monosexual assumptions and be informed about the health inequalities affecting Bi+ women. Training, guidance and reflective practices should support staff to deliver inclusive and affirming care.

3. Strengthen the visibility of Bi+ women in national and local health strategies.

Government policies and action plans, such as The Women's Health Plan and Action Plan and The Mental Health and Wellbeing Strategy and Action Plan, should recognise the impact of biphobia, misogyny and "double exclusion" as social determinants of mental health and wellbeing. Any targeted actions to reduce health inequalities should be co-designed with Bi+ communities.

4. Challenge misogyny and gender-based stigma in healthcare.

Public services should actively challenge misogyny and gender-based stigma. This includes embedding accountability processes and clear reporting pathways to address harmful behaviour and improve trust in services.

5. Expand creative and participatory approaches to support community wellbeing.

This workshop demonstrated the value of creative expression as a tool for connection, identity affirmation, and emotional processing. Funders and service providers should consider creative approaches and programmes as health promotional and prevention tools.

6. Build a stronger evidence base.

Further research should explore the experiences of Bi+ women across Scotland, including women in rural areas, different age groups, disabled Bi+ women, Black and minority ethnic Bi+ women and trans Bi+ women. Priorities include understanding belonging, help-seeking, mental health and wellbeing, suicidality, and self-harming.

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We welcome the entire diversity of the lesbian, gay, bisexual and transgender (LGBT) community, including non-binary, queer, intersex, asexual people and all identities under the LGBTQIA+ community - this includes those questioning their sexuality or gender identity, or who do not use labels for either.

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