

melbourne
bisexual
network

Intimate Partner Violence

Bi+ Inclusive Practice Report

Melbourne Bisexual Network

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Acknowledgement of Country

We wish to acknowledge that workshops and writing contained in this report were completed on Wurundjeri and Boon Wurrung peoples of the Kulin Nations, in Naarm. This report was also written on the lands of the Wallumedegal clan of the Dharug Nation. These lands were stolen, not ceded, and Melbourne Bisexual Network stands in solidarity with First Nations communities across so-called Australia. Always was, always will be Aboriginal land.

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About Melbourne Bisexual Network

Melbourne Bisexual Network (MBN) is a bi+ led community organisation, proudly improving the health and wellbeing of bi+ Victorians. We are committed to raise awareness of the unique **health and wellbeing** issues facing bisexual+ people, and to collectively determine strategies to improve the health, wellbeing and development of bisexual+ people in three areas of service delivery: education, community, and mental health.

This project was completed in collaboration with Safe and Equal and Berry Street.

Safe and Equal is the peak body for specialist family violence services that provide support to victim survivors in Victoria.

Berry Street exists to help those experiencing poverty, violence and abuse, and to help families stay together in safe and healthy homes so that they can create the future they imagine for themselves.

A Note on Terminology and Scope

This report focuses on the experiences of bi+ women, in conversation with *Change The Story* national framework, using their inclusive definition of 'women'. We acknowledge that terminology around sexuality and/or gender diversity is continually evolving. The term Bi+ is used throughout this report as an umbrella term that encompasses the many identities of multi-gender attraction including bisexual, pansexual, omnisexual, queer, and fluid, as well as those who express multi-gender attraction in behaviour but do not identify with LGBTIQ+ communities.

We recognize the umbrella term LGBTIQ+ is used in this report for the sake of brevity, however this does not cover the breadth of all diverse sexuality and/or gender identities, including within First Nations sovereign languages and communities. We also note that dedicated research into bi+ lived experience is limited, and bi+ women may also identify with many diverse and intersectional identities. Further work is needed to elevate these experiences, and we hope to support future research in gathering effective data on the experiences of bi+ people more broadly.

Bi+ people can be cisgender, transgender, non-binary, gender diverse, or a different gender identity. A Bi+ person may use different terms in private vs public spaces or use these terms interchangeably. They may use multiple labels, reject labels all together, or describe themselves using culturally specific terms in languages other than English. Researchers, practitioners and service providers should be mindful of how fluid these definitions may be, and navigate the tension between quantitative rigour, and the beauty of radical, queer expression.

People use labels and language in different ways and should be free to apply (or reject) a label for themselves.

“The experience of talking about what bisexuality is just as nuanced and diverse as the identities of bi+ folks themselves.”

– Bisexual Resource Centre

Dedication

To Victims and Survivors of Intimate Partner Violence

We extend our deepest gratitude to Bi+ people who continue to advocate for a safer, more compassionate world for Bi+ people. Thank you to the Bi+ people who have participated in this project, who have so generously contributed their stories to advocate for Bi+ victims and survivors.

And of course, to the Bi+ people who have experienced intimate partner violence—**you are not alone, it is not your fault, and we are with you.**

Introduction

Violence against women remains a significant health and human rights issue. In Australia, on average, one woman is killed by a partner or former partner every week.¹ Approximately one quarter of women in Australia have experienced at least one incident of intimate partner violence (IPV).²

Research shows that although IPV is experienced at similar rates within LGBTQIA+ communities compared with mainstream populations, service providers lack awareness, understanding and practice knowledge on how to assist LGBTQIA+ communities.³ Critically, growing amounts of data show that bi+ people comprise the largest group⁴ within the LGBTQIA+ community, yet remain largely invisible and inadequately supported. Although LGBTQIA+ people most often access mainstream health and wellbeing services, many avoid seeking support due to past experiences of stigma and discrimination, and over half of bi+ people seeking support would prefer to access an accredited LGBTQIA+ inclusive service.⁵

While existing understandings of IPV have examined the social, cultural, and political structures which contribute to violence against women, limited work has been done to understand the specific experiences and needs of bi+ women and nonbinary people, despite research showing high rates of IPV. Bi+ women also experience barriers around a sense of belonging within LGBTQIA+ communities, related to unique experiences of biphobia, bierasure and invisibility which may be navigated along with other diverse and intersectional identities.⁶

Using findings from a project undertaken by Melbourne Bisexual Network, this report discusses what we know about bi+ women's experiences of IPV and experiences when seeking support. The report discusses the drivers of IPV, and their impact. It also describes stereotypes, prejudice, and discrimination against bi+ women in the context of IPV and support services.

Bi+ women in particular, should take care when reading this report due to the descriptions of these violent prejudices and alarming statistics.

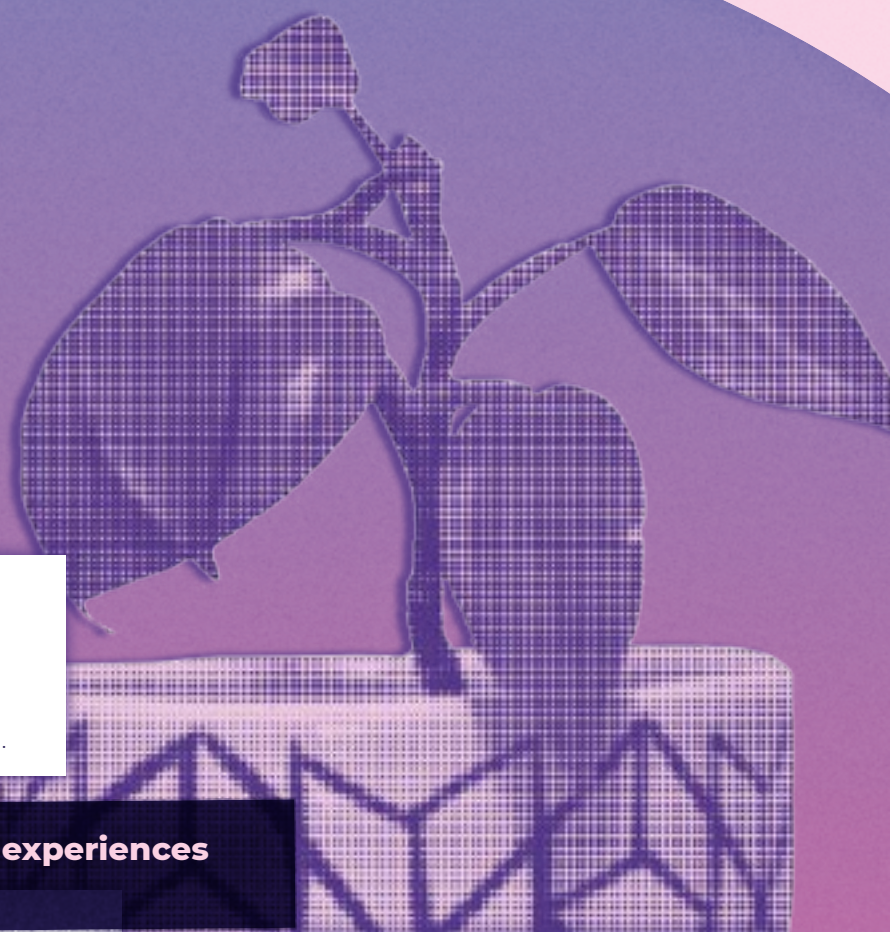
This report provides five key recommendations to support health and wellbeing services in their efforts to genuinely include and support bi+ women, through elevating and centring lived experience, underpinned by a growing body of evidence.

Drivers of Intimate Partner Violence

Globally, decades of work have sought to understand and respond to drivers of IPV. Since 2015, the *Change the Story* framework has been used in Australia to guide a coordinated national approach to preventing violence against women.⁷ As an evidence-based framework, *Change the Story* moves beyond individual behaviours to examine the broader social, political, and economic factors that drive violence against women.

Drawing from research and practice evidence along with intersectional approaches, *Change the Story* outlines the actions required across all levels of society to address underlying drivers and prevent violence before it happens. Examples of drivers identified in this framework include:

- ▼ rigid gender stereotyping and norms
- ▼ condoning violence against women
- ▼ cultures of masculinity that emphasise aggression, dominance and control.



This model provides an essential foundation for understanding bi+ women's experiences of IPV, where misogyny is compounded by biphobic discrimination. Biphobia arises from monosexism, as misogyny arises from sexism.

What we know about Bi+ people's experiences of intimate partner violence

Within Australia, research consistent shows bi+ people experience high rates of physical, verbal, and sexual violence from an intimate partner. In many instances, these rates are higher than for monosexual people. *Private Lives 3*, Australia's largest study of LGBTIQ health and wellbeing to date reported:

- ▼ 31.1% pansexual and 22.5% bisexual participants reported ever experiencing physical violence from an intimate partner
- ▼ 50.8% pansexual and 41.9% of bisexual participants reported ever experiencing verbal violence from an intimate partner
- ▼ 36.6% pansexual and 28.7% bisexual participants reported ever experiencing sexual violence from an intimate partner.⁷

Comparatively, this research also found:

- ▼ 29.3% lesbian, 21.2% gay, and 11.2% asexual participants reported ever experiencing physical violence from an intimate partner
- ▼ 43.7% lesbian, 37.1% gay, and 27.9% asexual participants reported ever experiencing verbal violence from an intimate partner
- ▼ 16.9% lesbian, 11.1% gay, and 23.9% asexual participants reported ever experiencing sexual violence from an intimate partner.

Australian research on experiences of the COVID-19 pandemic among LGBTQ+ people also found alarmingly high rates of IPV experienced by bi+ people. In this study, 19.7% of bisexual or pansexual people reported experiencing violence from an intimate partner during the pandemic, with 29.9% reporting that the violence occurred more frequently during the pandemic and 26.9% reporting that the violence occurred for the first time during the pandemic.⁹

Research focusing on bi+ mental health has found that higher levels of internalised biphobia, being in a heterosexual relationship, and having a less supportive partner were significant predictors of high psychological distress.¹⁰ Other studies found that bi+ women are less likely to be out and more likely to experience depressive symptoms when in relationships with heterosexual cisgender men, compared to relationships with cisgender bisexual men, cisgender bisexual women or cisgender lesbian women.¹¹

About this project

The purpose of this project was to collaborate with organisations working in violence prevention and response to create bi+ inclusive practice resources, and to improve outcomes for bi+ women in their care.

To achieve this, MBN interviewed two bi+ women with lived experience of IPV to better understand bi+ experiences with service providers and their specific bi+ experiences of dating and relationships. One interview was 30 minutes while the other was approximately 60 minutes. Consent was obtained from each interviewee prior to the interview, and interviewees were paid \$100 for their time. All questions were optional, and interviewees could stop the interview at any time. Interviews were transcribed by a data transcription service, and responses were coded thematically. All responses have been de-identified. Interviewees have been provided with the pseudonyms Hannah and Jordan, which are used when discussing data. Hannah (she/they) is in her 40s, is queer and bisexual, and though not connecting with gender roles personally, is read as a woman by health professionals. Jordan (she/her) is in her 30s and identifies as a bisexual, cisgender woman.

MBN worked in collaboration with Safe and Equal and Berry Street to deliver two workshops to services providers focused on bi+ inclusive practice. The Safe and Equal workshop focused on primary prevention, while Berry Street focused on intervention. These workshops included content on what bi+ identity and multi gender attraction is, an overview of key issues impacting bi+ women, and how bi+ experiences fit into a socio-ecological model of IPV. The workshops were in turn used as data collection points for informing this report. Surveys were conducted with workshop participants to gather data on pre-existing expertise on bi+ women, myths, stigma, and experiences of IPV.



Key Findings

Lived Experience Interviews

Thematic analysis of the interview data provided crucial lived experience perspectives to this project. The themes drawn from these interviews are described below and can be summarised as the ways in which being bi+ has shaped their relationships, and the negative and positive experiences of support services. Essential to each of these areas are the impacts that stereotypes and prejudices had on their experiences, how service providers understand bi+ experiences, and the quality of support that bi+ women are able to receive. These stereotypes and prejudices include perceptions of bi+ women as promiscuous or deceitful, bisexuality as a temporary or unstable orientation, fetishising bisexuality, and villainising bisexuality.

Bi+ stereotypes, prejudice and impacts on relationships

Hannah (she/her) and Jordan (she/they) both discuss the role that bisexuality has played in their relationships. Hannah explains that she generally had better relationships with people who also identify as bisexual, suggesting this is because she doesn't have to correct their misconceptions or prejudices about bi+ women and communities. Hannah also shares that as someone who isn't monogamous, she has been in situations where people try to recruit her as a "unicorn". This is something that she strongly objects to and reflects societal stereotypes depicting bi+ women as promiscuous. Bi+ people, like monosexual people, have a variety of relationship structures including monogamous and non-monogamous structures. Importantly, Hannah also raises that she has not received support from either heteronormative and mononormative communities, which has made her more vulnerable to abuse.

"Generally, I have better relationships with other people who also identify as bisexual because you're not always having to explain that yes, you're attracted to a lot of people, but that doesn't mean that you're not trustworthy.

... I have been attempted to be recruited as a unicorn, on many occasions, to which I object quite strenuously.

So that's, that's broadly how it's affected me... not having the supports of heteronormative and mononormative community has meant that I have been more vulnerable to abuse."

Stereotypes and negative experiences as a barrier in accessing services

When speaking about their experiences, both Hannah and Jordan highlighted challenges they encountered when seeking support from service providers. These challenges were predominantly related to how stereotypes or prejudice against bi+ women influenced the way practitioners responded to them sharing their experiences. Hannah highlights that even when she was seeing a clinical psychologist who she considered to be excellent with her bipolar disorder, their response to her being bisexual and non-monogamous made her feel dismissed:

“My clinical psychologist was excellent with my bipolar disorder, but really freaked out by the bisexual stuff, and particularly the non-monogamy. I had to educate her so much about non-monogamy, queer community and living queer. And I felt that I was really dismissed because I wasn’t godly... So, although she didn’t tell me that what I was doing was wrong, she did ask me a few times if I prayed, and honestly that’s not for me... It was confronting to be asked that in what I thought was like a scientifically therapeutic session.”

Additionally, Hannah talks about the impact of bi+ women being fetishised, and provides an example of how this has played out when seeking support:

“When I was at university and had access to the different counsellors they provided, the first one I had was a man who was really inappropriately interested in my sex life.”

Hannah also describes situations where practitioners have blamed the violence and harm she has experienced on her bisexuality and non-monogamy. In one instance, a counsellor indicates that being bisexual and non-monogamous is putting Hannah in harm’s way. Despite expressing that she still needed support for sexual assault, this led her to terminating the counselling. She also describes another negative experience directly related to the attitudes of service providers when accessing a crisis support service:


“The councillor asked “Are you sure being bisexual good for you? Maybe you’re putting yourself in harm’s way by being like this.” And I terminated the counselling because it made me so angry... even though I still really needed to do a lot of work about sexual assaults that had been done to me, I was not able to get the help there. And the waitlist is so long to get on for another counsellor that I just gave up...”

“...I called Beyond Blue because I felt that I was imminently going to harm myself. And when I described where that pain was arising from, the person on the phone dismissed me, suggesting ‘oh you just making this problem for yourself’ and hung up on me because it was to do with a relationship that involved people of more than one gender. It was really crushing.”

Hannah also shares how her bisexuality was regarded in a sexual assault hearing. She describes the way her bisexuality was villainised, and used to falsely depict them as a liar.

“Earlier this year, I got to give evidence in front of the magistrate in a sexual assault hearing. The defence barrister was able to bring up about what an “awful terrible lying person” I am because I’m bisexual. It was so frustrating that such a thing could be allowed to be said. I went through a depression afterwards... I’m not hurting anybody by being this way, but I’m still allowed to be denigrated in really formal settings, and denied assistance.... I was told by the defence barrister that I was making up these reports to get attention.”

Similarly, Jordan explains the IPV she experienced was specifically biphobic, therefore being open with practitioners about her sexual orientation is incredibly important. One example Jordan provides is around the myth that bisexuality is temporary. Like Hannah, Jordan says that these stereotypes and prejudices have been particularly frustrating to experience from service providers and have impacted the quality of support she received. Jordan also adds that they were actively help seeking throughout their relationship with their ex-partner and their experiences of biphobia had been consistently dismissed or minimised by support services.



“With my ex-partner, the intimate partner violence was specifically biphobic in nature, so I have to disclose that I’m bisexual to my doctor, therapist, counsellor, etc... So it’s very important that I can determine from appointment one, that their understanding is in the right place, and that I’m not going to face a lot of the myths and assumptions and negative stereotyping from the person who I’m seeking help from... “

“A lot of people seem to think that bisexuality is a temporary orientation, or it’s a stepping stone to identifying as gay or lesbian, or straight...I have had people ask ‘Well, why was this such a sticking point for you in your relationship with your ex-partner? And why were you so unwilling to budge on this?’ And it’s really frustrating to have to explain that ‘No, this is literally just my sexual orientation, I can’t budge on this. it’s literally just who I am, it’s not a decision that I’m making.’

“It’s really difficult to go through the process of finding a therapist or reach out for help at all. I faced a lot of attitudes that that actively reinforced what my partner was telling me, which made me feel like there was no point in reaching out to these services because they’re not going to help me. I still hold a lot of anger around that because if somebody had listened to me, one or two months in, I would not have stayed in that relationship for three and a half years. I just wasn’t supported. And I really should have been, so that’s really disappointing.”

Positive experiences of support services

Initially, Hannah indicates that there haven't been many situations where their bisexuality has explicitly been affirmed by support services. Instead, they share their positive experiences are those that demonstrated acceptance and where they weren't required to provide education to support practitioners:

“I cannot think of anything specifically related to being bi that has been really nice.”

They later reaffirm that interactions with services where their bisexuality hasn't been made into a problem had a significant positive impact:

“When the person supporting me was not just tolerant, but really accepting and validating of my bisexual identity and didn't make it the focus of my appointments so we could focus on what was actually wrong with me—that was great.”

In reflecting on what support practitioners have said or done to make her feel included as a bisexual person, Jordan illustrates the importance of affirming unique experiences within LGBTQIA+ communities. For example, she says that although the practitioners of a support group they participated in were not bi+ themselves, they demonstrated a clear understanding of the distinct experiences bi+ women may face:

“They were very affirming; they had clearly done their homework. They were going through a lot of the different groups in the community and saying, ‘we know that the bi people might face judgement around X, Y, Z. And we know that in DV situations with some trans people, there might be some controlling behaviour about their access to gender affirming care.’ They definitely had looked into it enough that it wasn't simply, ‘Okay, this is what gay or lesbian domestic violence looks like’. And I really appreciated that because it let me know that I wasn't just going to be lumped into an LGBTI box which was really just gay and lesbian.”

Need for Bi+ specific education and capacity building

In reflecting on their experiences with services, both Hannah and Jordan talk about how they have had to educate support practitioners about the unique experiences of bi+ women. Importantly, Jordan raises that even services who are labelled as LGBTI-friendly may not have the specific knowledge or capability to effectively support bi+ women:

“Even if a professional labels themselves as LGBTI-friendly, that doesn’t necessarily mean that they have a good understanding of bisexual people’s needs and issues because we have a very specific experience. And I feel that gets glossed over quite a lot, even from queer services. That’s been my experience. They can label themselves as queer friendly, but what they really mean is gay and lesbian friendly.”

Jordan also talks about how they contacted domestic violence (DV) and sexual assault services, which didn’t have much knowledge about queer experiences. Conversely queer services didn’t have much knowledge about DV and sexual assault. Jordan reports that bi+ specific knowledge was a significant gap across all the support organisations she engaged with. As a result of these knowledge gaps, service providers did not know how to respond to Jordan and her experiences, failing to provide her with the dignity and support that she deserved.

“I was contacting mainstream DV and sexual assault services and I was also contacting queer services and counselling, all of it. And both of them had gaps in knowledge. The queer services didn’t know a whole lot about DV, sexual assault, how to respond to those disclosures and all those sorts of things, and conversely, the DV and sexual assault services didn’t know much about the queer stuff. But neither of them knew about the bi stuff. It was just gaps across the board, and I felt like nobody knew how to handle me. Which is an awful way to feel...”

“People just couldn’t get past the fact that they didn’t really understand me. And because they didn’t understand me and didn’t understand my relationship, they couldn’t recognise what was happening, or recognise the seriousness of what I was telling them. And that’s where we got stuck.”

Continuing on from this, Jordan also talks about the impacts of bi+ stereotypes and how, while educating service providers about bisexuality, she has also navigated their assumptions or stereotypes about bi+ women. As someone who is polyamorous and in an open relationship with her fiancée, Jordan has also encountered inappropriate and unwarranted narratives about promiscuity. Through this, Jordan describes a sense of frustration about having to educate professionals whilst seeking support.

“And a lot of the time, I have had to sort of do that myth busting stuff all over again with the professionals that I’m engaging with, which is just not a productive use of my time, especially when I’m paying what psychologists costs...”

“I’m polyamorous as well, I’m in an open relationship with my fiancée. And that can be another tricky thing because it sort of in a way confirms the bisexual slut, you know, can’t be satisfied etc, stereotype. But I have to sort of explain to people that it’s actually something really consensual between the two of us... and something we take quite seriously.”

Hannah also talks about the need for bi+ specific education for services providers, including court systems working with victims and survivors as well. Notably, Hannah also describes the negative impact this has had on her:

“I needed to get an intervention order against an ex-partner, who was a bisexual cisgender man, and that meant jumping hoops with the police and then SOCIT [Sexual Offences and Child Abuse Investigation Teams]. It was harrowing. I was repeatedly interrogated about how bad I was for being bisexual. A lot of the time that I needed to be making statements or receiving support, I had to educate them about... how being bisexual doesn't make me a slutty slut (although I would claim that word for myself). How being bisexual didn't make me unworthy of care and protection. Every time I was seeking protection, I had to describe things that have happened to me to authority figures. I have been made to feel like some sort of trashy piece of scum...

I would like to see some better education in the courts. Much better education. I want to see limits put on how victims can be spoken to. And there needs to be better briefing and support for support workers about things like Lifeline... so they don't put their own trauma onto the person that they're counselling.

A different future for Bi+ women

Hannah and Jordan also had opportunities to discuss what could be done differently to support bi+ women. In addition to better bi+ focused education for practitioners and systems, as described above, Hannah also talks about the need for significant social change, the interrogation of gender roles, and binaries:

“I think it's going to take a deeper societal change. And a lot of interrogation of gender roles. And the idea of the whole binary idea of things. So that attraction is attraction, and that a sexual relationship isn't the thing that defines a person. I know, my work and my friendships, I think, define me better. I, I believe it would help everyone. **The things that would help bisexual people would be useful to the entire community.**” *[bold added by authors]*

Jordan also talks about the need for bi+ specific resources and services, and how this could have a positive impact for people seeking information or support:

“I would love for bi+ specific resources and services to actually exist. Things like that would have a massive impact.”

Workshop Data

Prior to the workshops, participants were asked about their knowledge relating to bi+ women's experiences of violence. As examples, these questions included their understanding of violence against bi+ women, whether they have the information needed to understand violence against bi+ women, and whether they have received training which covers the unique experiences of bi+ women.

Figures 1 through 9 below show participant responses to each of these areas.

Figure 1 shows how confident workshop attendees are in understanding the unique drivers of violence, harassment, and abuse against bi+ women. The majority of respondents indicated that they had limited confidence in their understanding of the unique drivers of violence, harassment and abuse against bi+ women, with 70% rating their confidence as a 2 or 3 on a scale of 1 to 5.

Figure 1. How confident are you in your understanding of the unique drivers of violence, harassment and abuse against Bi+ women (n=20)?

1= not at all confident,
5 = very confident

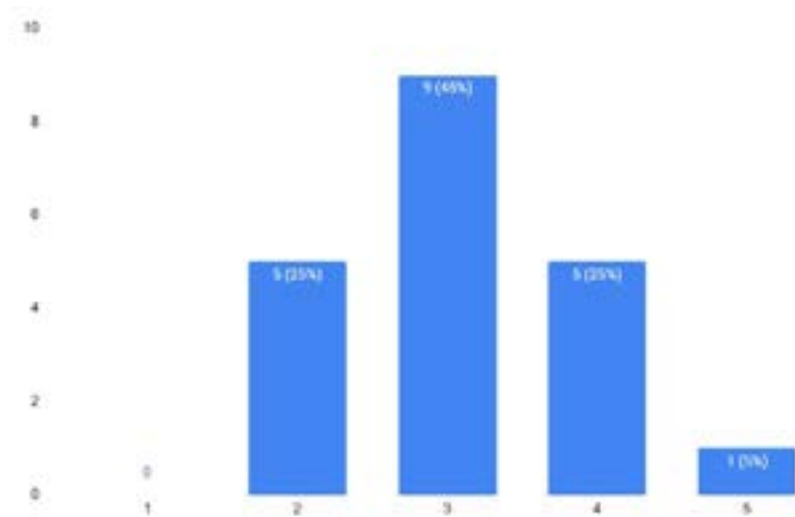


Figure 2 below shows whether workshop attendees felt they had the information they needed to understand the dynamics and impacts of violence against bi+ women. 50% of respondents indicated they had limited knowledge about the dynamics and impacts of violence against bi+ women, and only 5% indicated they had extensive knowledge about the dynamics and impacts of violence against bi+ women.

Figure 2. Do you have the information you need to understand the dynamics and impacts of violence against Bi+ women? (n=20)

1= no knowledge, 5 = extensive knowledge

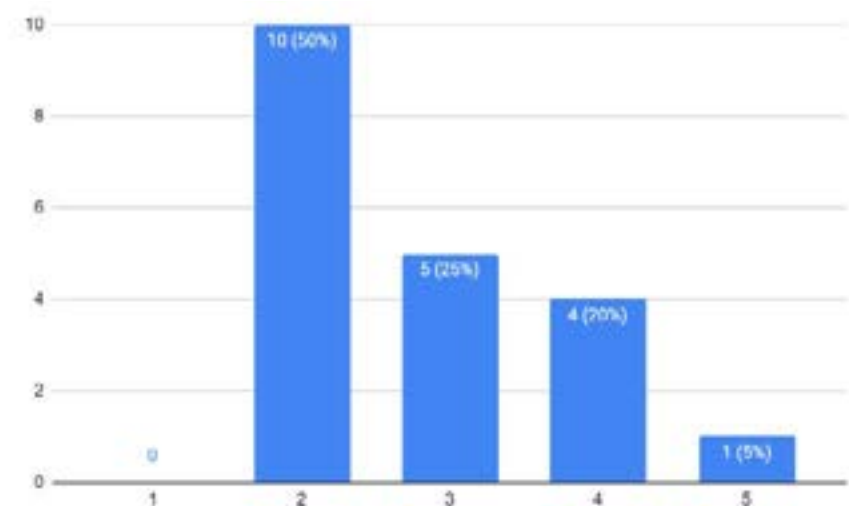


Figure 3 below shows whether workshop attendees felt they had the information they needed to understand how the essential actions of the *Change the Story* framework can be used to address violence against bi+ women, girls and non-binary people. 60% of respondents indicated they had limited knowledge about how the *Change the Story* essential actions could be used.

Figure 3. Do you have the information you need to understand how the essential actions of the *Change the Story* framework can best be used to tackle violence against bi+ women, girls and nonbinary people? (n=20)

1= no knowledge, 5 = extensive knowledge

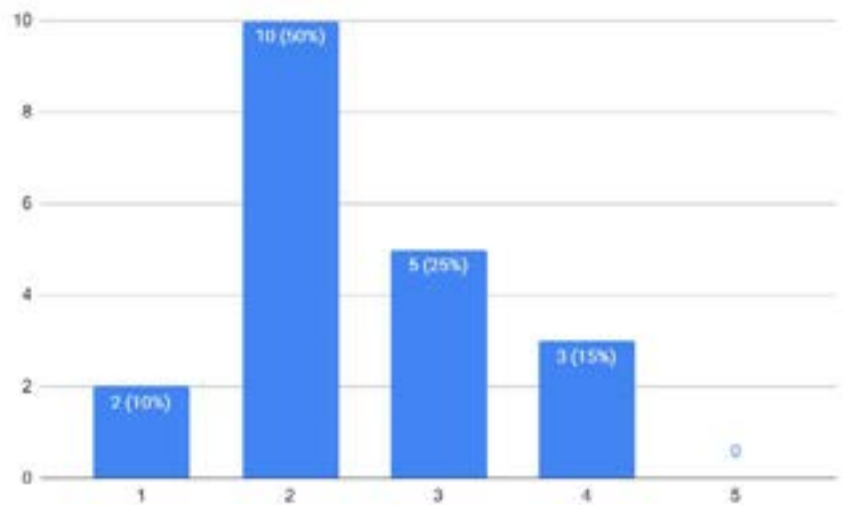


Figure 4 shows the percentage of people who reported that their organisation has had training that covers the unique experiences and social contexts surrounding bi+ people. 80% of participants reported that their organisation had limited or no training which covered the unique experiences and social contexts surrounding bi+ people.

Figure 4. To your knowledge, has your organisation had training that covered the unique experiences and social contexts surrounding Bi+ people? (n=20)

1= extensive training, 5= no training

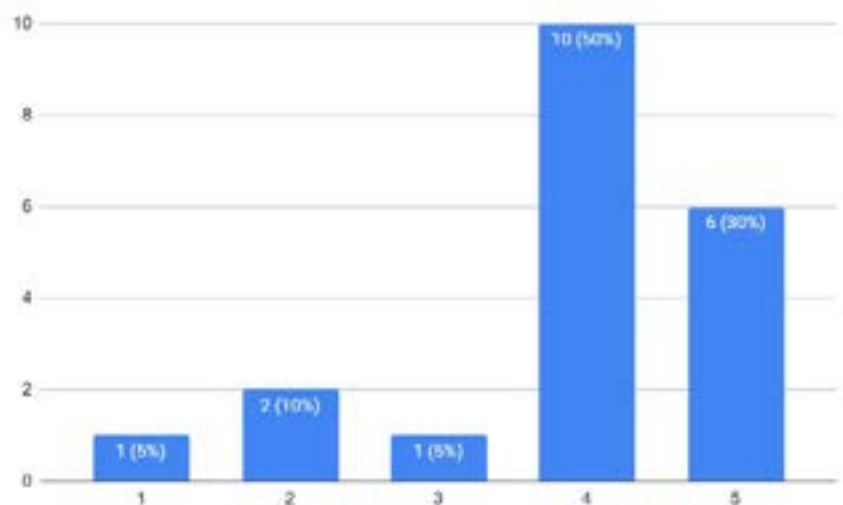
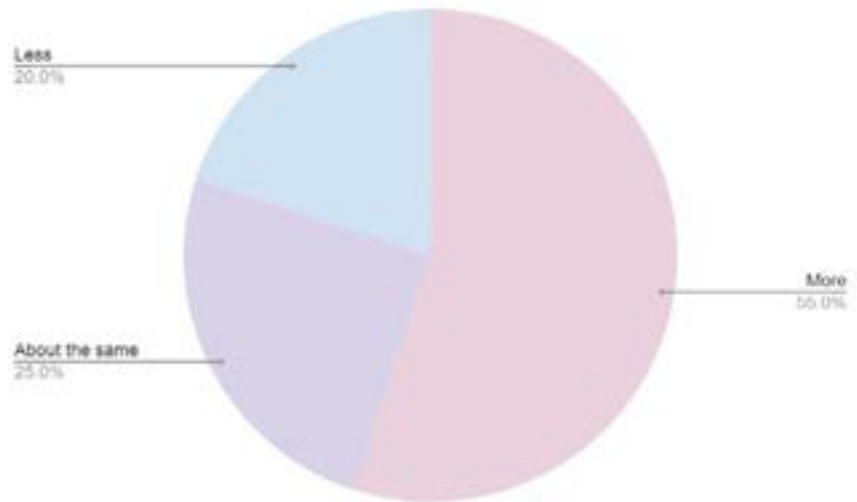


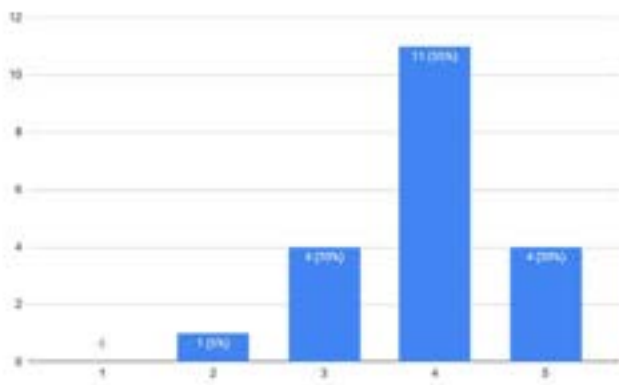
Figure 5 below shows that 55% of respondents believe that Bi+ women make up more of the population than lesbian women, 25% reported about the same, and 20% reported they believe that Bi+ women make up less of the population than lesbian women. Best current demographic estimates consistently find more Bi+ women than lesbian women.⁹

Figure 5. To your knowledge, do Bi+ women make up more or less of the population than lesbian women (n=20)?



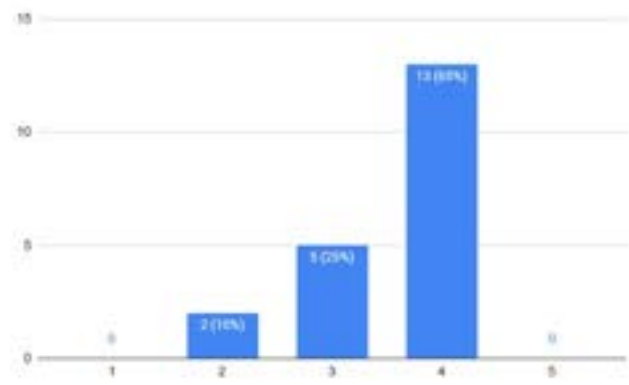
Figures 6 and 7 below show the participants' understanding of how rates of violence against bi+ women compare to rates of violence against straight women and rates of violence against lesbian women. 75% of respondents indicated that, to their understanding, rates of violence against bi+ women are higher or significantly higher than straight women. The majority of respondents (65%) also indicated that, to their understanding, rates of violence against bi+ women are higher than lesbian women. Recent studies which compare lesbian and bi+ women consistently show across most measures, that rates of violence against bi+ women are higher than for lesbians.^{10,11}

Figure 6. To your understanding, how do the rates of violence against Bi+ women compare to the rates of violence against straight women? (n=20)



1= significantly lower rates of IPV, 5 = significantly higher

Figure 7. To your understanding, how do the rates of violence against Bi+ women compare to the rates of violence against lesbian women? (n=20)



1= significantly lower rates of IPV, 5 = significantly higher

Figure 8 below shows how participants rated their awareness of the ways violence against bi+ women is enforced or excused. Just over half of respondents (55%) indicated that they were unaware or had limited awareness about the unique ways in which violence against bi+ women is enforced or excused.

Figure 8. How aware are you of the unique ways in which violence against bi+ women is enforced or excused (n=20)?

1= unaware, 5= very aware

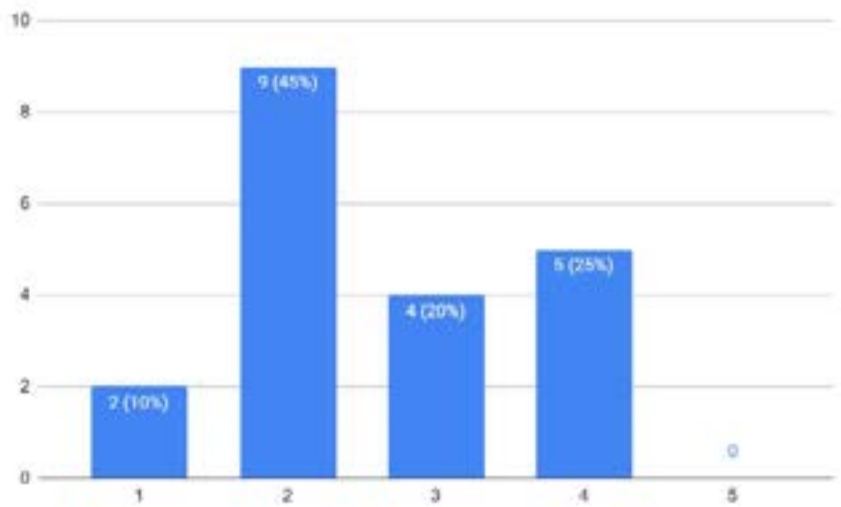
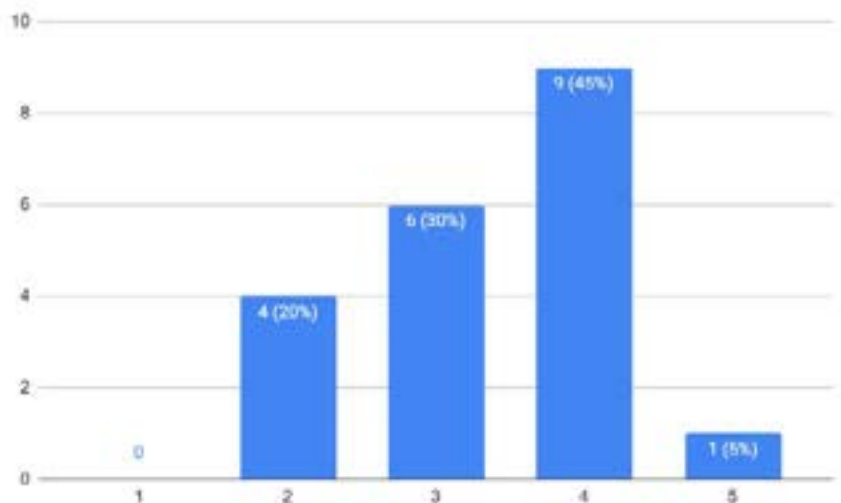


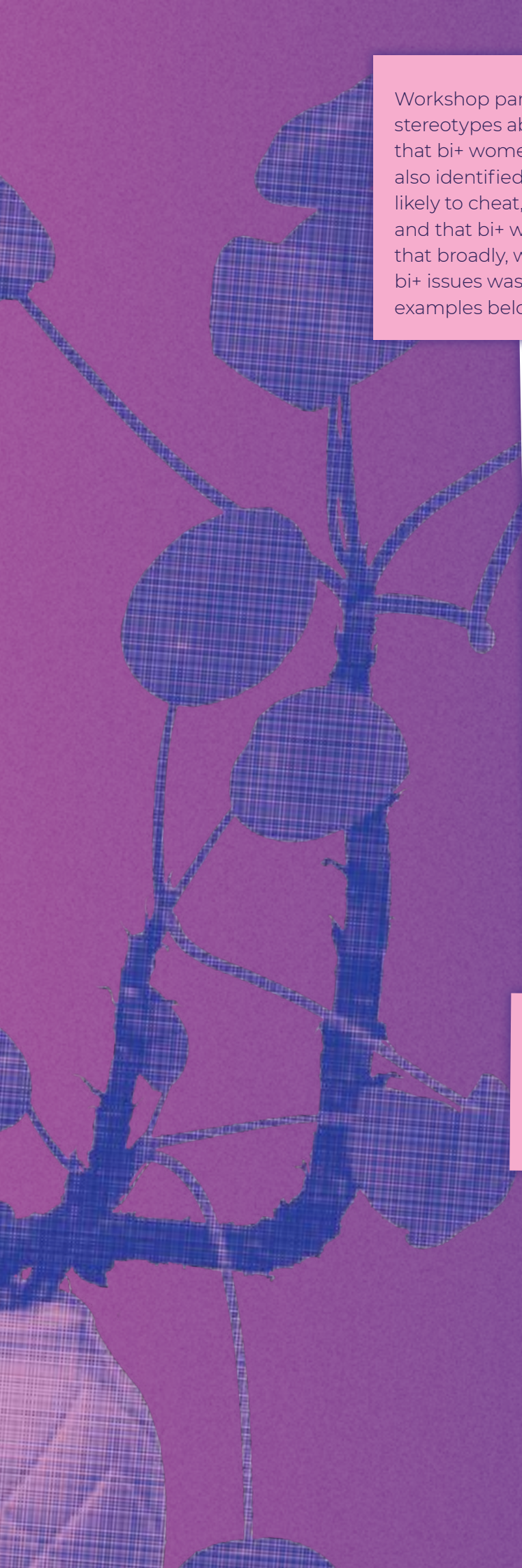
Figure 9 below shows how participants rated their awareness of the unique structures, social norms and practices which may increase the probability of violence against Bi+ women and girls, and non-binary people. 75% of respondents rated their awareness as a 3 or 4.

Figure 9. How aware are you of the unique structures, social norms and practises which may increase the probability of violence against bisexual+ women and girls, and nonbinary people (n=20)?

1= unaware, 5= very aware



Participants were also asked what training formats they preferred, with the option to select more than one format. The most commonly reported preferred training format was group/team learning, followed by in person seminars, online courses/modules, on the job learning, and finally one-on-one mentoring.



Workshop participants were also asked to name myths and stereotypes about bi+ women. The most common response was that bi+ women are promiscuous. Related to this, participants also identified stereotypes related to bi+ women being more likely to cheat, that they are greedy, that they are indecisive, and that bi+ women are going through a phase. It is of note that broadly, while specific bi+ training was low, knowledge of bi+ issues was quite high (including demonstration with these examples below), even though perceived knowledge was low.

Examples of myths and stereotypes about Bi+ women provided include:

“There is also a common myth that bisexual people are more promiscuous/more likely to cheat (which is of course untrue!)”

“Promiscuous, just going through a phase, attention seeking, gay and in denial, up for anything, pushing boundaries”

“That bi women are easy and sexual nymphomaniacs (men’s objectification attitudes) and for the lesbian community they just can’t make their minds up about their sexuality and therefore swing between intimate sex with men and women and aren’t to be trusted. That bi women are unable to have committed relationships one way or another...”

“They’re just indecisive. They’re lesbians who are not ready to come out yet. They’re promiscuous.”

One participant noted that they weren’t sure of any stereotypes about Bi+ women and, when answering this question, one participant wrote,

“It felt terrible to write these stereotypes down”.

A Pioneering Conversation on Primary Prevention

Running the workshop at Safe and Equal provided an opportunity to facilitate conversations on what drives increased violence against bi+ women, and how we might prevent it before it happens. As far as we know, none of the participants had developed these ideas before, including the facilitators, with all participants drawing from significant expertise across family and domestic violence, public health, higher education, mental health, and activist backgrounds. The facilitators presented some initial ideas and framing devices, followed by discussion.

Key elements drawn from discussion

Dominant social norms supporting rigid gender roles, biphobic beliefs and stereotyping; condoning, excusing or downplaying violence

Failure of systems, institutions and policies to promote autonomy for bi+ women, or to address violence against them

Organisational and community norms, structure and practises supporting or failing to address gender inequity, stereotyping, discrimination and violence

Individual adherence or attachment to biphobic beliefs, weak support for equality; social learning of violence against bi+ women, male dominance and controlling behaviours

Bi+ issues and clients don't neatly fit into the 'Mainstream vs LGBTI' service division which exists. Many bi+ women attend mainstream services which don't ask about sexuality and aren't equipped to care in a bi+ inclusive manner. LGBTI services, consciously or not, appear unwelcoming to bi+ women in relationships with men (the majority of bi+ women), at least partially due to the internalised 'not queer enough' feeling for bi+ women, as well as biphobia which exists within LGBTI services.

Practitioner reflection:

"...we do have to speak about it in gendered terms, because that's what the evidence says is most effective. But then... we tried to bring in... an LGBTQIA+ perspective as well. But then it's that additional layer [biphobia] that sometimes people don't have the time and space or resources to go into."

The fight against gendered violence has focused on binary drivers of gender inequality, often failing to consider intersectional axes of power, including

race, disability, class, and sexuality (amongst others). Preventing biphobic violence and reducing violence against bi+ women, would require incorporating dedicated education, policy, frameworks, and programs to eliminate monosexism and biphobia. As other axes of oppression are considered and included, with publications such as *Changing the picture* (Aboriginal and Torres Strait Islander), and *Changing the landscape* (Disability) from Our Watch, we discussed what the Bisexual equivalent would be.

“We might be experiencing things that we don’t recognise as [biphobic] discrimination... Like being asked to be in a threesome all the time.”

Considering the ecological model of drivers for IPV for bi+ women, we discussed how biphobic myths begin very early in schooling, popular media, and a sexual education curriculum which is inadequate for including positive models of bisexuality. In the absence of clear, adequate education, biphobic myths are left to develop. Bi-misogyny is then perpetuated across domains of health, justice, education, entertainment, employment, and beyond. This filters down to individuals who might experience direct biphobic discrimination, to the many bi+ women who hold shame about their multi-gender attraction, and do not connect to community, access resources, seek bi+ inclusive education, or participate in bi+ activism or advocacy. If the world treats bisexuality as if it doesn’t exist, and if it does exist- it doesn’t matter, and if it matters- it is bad, dishonest, promiscuous, and undesirable, then this will be reflected in the way bi+ women are treated by others, and may treat themselves.

“...there’s nothing more bisexual than feeling you’re not queer enough...”

Bi+ women often report feeling like a ‘fraud’, which is largely an internalisation of what biphobic beliefs in society reinforce, that multi gender attraction cannot be trusted. The nuance of bisexuality is often flattened into the ‘straight or gay’ binary based on the current partner’s gender or social context, either by those around her or the woman herself. Speaking up and sharing authentically about bisexual identity can be met with interrogation (‘but I thought you were gay/straight?’), dismissal (‘nobody is truly bisexual, doesn’t exist’), or annoyance (‘why are you always talking about it’). Bi+ women in queer spaces may feel reluctant to ‘take up space’, if they feel ‘not queer enough’ due to proximity to heterosexuality (and straight privilege).

“...not feeling like you’re entitled to access those [LGBTQ+] services and it’s taking resources away from other people...”


This framing of bi+ women as ‘frauds’ or ‘fakes’ gets weaponised when responding to IPV in various ways, and magnified when used by police, lawyers, or magistrates. When a bi+ woman experiences IPV, she may have less community to draw on, or may only share partially about the experience for fear of disclosing bisexuality and receiving rejection. If she experiences distress and seeks a doctor or therapist, they likely have little-to-no training on bi+ specific inclusive practice, and may require her to educate them, potentially retraumatizing her.

“...one of my friends is bi, she's started dating a woman. ...both of them dated men before, and they've said, 'If you cheated on me with a man, I'd be less upset than a woman, it feels so much more personal.’”

Bi-misogynist beliefs may affect how a relationship is viewed, and its perceived validity and security, which can vary depending on the partner's gender and/or sexuality. Accusations of cheating often have a biphobic gendered component, reflective of gendered fears of emasculation or challenges to the heteronormative gender binary for male partners. On the other hand, lesbian women may dismiss bi+ women as 'just experimenting' or incapable of a long term, stable relationship with a woman.

“Repulsion and disgust [are] actually incredibly common. That's what we're talking about here. We're not even pitied. Like, biphobia is not even named.”

Organisations are reluctant to take next steps on bi+ inclusive training and policies, citing lack of evidence. Research funding into bi+ experiences is minimal, well below gay and lesbian research. Bi+ communities, who are more likely to experience high levels of psychological distress, socioeconomic barriers, and reduced capacity, then struggle to advocate for changes in research funding allocation and service provision. We discussed how interconnected these issues are, and the need to start somewhere with what we have, rather than waiting. Bi+ issues have a tendency to be deprioritized, even when LGBTQIA+ leaders are multigender attracted themselves. Following the survey data, workshop participants already knew many bi+ myths and that bi+ women experience high levels of IPV, which begs the question 'why is this the first time we've really had this conversation?'



“...often bisexuality in women is seen as a massively [negative thing] but ... it's not. It's a really beautiful thing to experience. And it's a really beautiful way to break down gender for ourselves. And we can actually start to feel proud in that space.”

Discussion and Recommendations

Findings from this project suggest that a significant amount of work is needed to better understand, prevent, and respond to bi+ women's experiences of IPV. Lived experience interviews provide meaningful insight into the pervasive nature of bi+ stereotypes and how these contribute to prejudice, discrimination and IPV. Hannah and Jordan discuss how biphobic societal norms such as bi+ women being promiscuous, fetishised, disloyal, or untrustworthy, not only influence their experiences in relationships, but also emerge when they are seeking support.

These interviews also highlight how bi+ women's experiences are not well understood by practitioners, resulting either in the need to educate service providers, or their experiences being minimised. Insights from these interviews about bi+ stereotypes, and how these relate to social norms can be used to inform inclusive IPV prevention and intervention for bi+ women and communities. Interview insights can also be used to shape future education and training for IPV support practitioners.

Overall, the workshop survey data showed that participants had limited information about how the essential actions from the Change the Story framework could be used to support bi+ women. They had limited information about the dynamics and impacts of violence against bi+ women, and little to no training on the unique experiences and social contexts surrounding bi+ women. Workshop participants were able to name significant stereotypes and myths about bi+ women, such as promiscuity, indecisiveness, and greediness which were all highlighted by Hannah and Jordan as having a negative impact on their experiences.

In using the *Change the Story* framework, these stereotypes can be understood as social norms and individual attitudes which reinforce and contribute to cultures of violence against bi+ women. Significant work is needed to develop interventions which prevent and respond to these stereotypes to create safer communities for bi+ women, including within the recommendations listed below.

Recommendations

1. Frameworks:

Review and improve existing frameworks to be inclusive of bi+ women's experiences, and bridge the gaps between mainstream and specialist LGBTQIA+ services.

2. Training:

Develop and run training on bi+ inclusive practice for the whole gendered violence sector, centring lived experience of bi+ women, using these frameworks.

3. Lived Experience:

Draw from the expertise of bi+ women and nonbinary people, in community and within IPV organisations, to empower their voices in effective change.

4. Therapeutic Groups:

Develop and run bi+ women's therapeutic groups, recognising them as a priority group for intervention.

5. Research and Data:

Sensitively collect high quality data on bi+ experiences, and support further research on bi+ women, incorporating both into IPV frameworks and service delivery.

Conclusion

Bi+ women experience high rates of IPV, though are often failed by the health and justice systems, due to the combination of misogyny and biphobia. Bi+ women are often made invisible through ongoing experiences of invisibility, stigma and discrimination, and are largely invisible from current IPV frameworks and practice.

The lived experience accounts in this report, combined with survey data from workshop participants, demonstrate the depth of work required to end IPV against bi+ women. Though more research is crucial, we have enough knowledge to take immediate action on these issues. Myths, stereotypes and stigma about bi+ women must be addressed at the primary prevention level as unique drivers of violence. IPV intervention organisations need dedicated training to improve bi+ inclusive practice to serve bi+ women in both mainstream and LGBTQIA+ specialist contexts. All of these actions require funding, which is sorely missing for bi+ specific organisations and initiatives.

We are hopeful that this report will serve as a much overdue starting point for organisations and practitioners to prioritise bi+ women in the IPV space, so that we can help prevent future violence, and heal in community together.

“I don’t want be visible, I want to be celebrated. Being visible without protection, that’s a trap. I want to be celebrated.”

Glossary of Terms

A list of simple definitions is presented below, which may be useful in understanding bi+ people and experiences.

Bisexual Attraction to more than one gender

Pansexual Attraction regardless of gender

Omnisexual Attraction to all genders

Monosexual Attraction to only one gender (gay/lesbian/straight or homosexual/heterosexual)

Bi+ A current community driven umbrella term, including all multigender attracted people, regardless of chosen label

MGA Multi-Gender Attracted, describing a group of people who are not exclusively attracted to a single gender

Biphobia Discrimination and stigma specifically due to one being or perceived to be multigender attracted or having had partners of different genders. This can be internalised by bi+ people.

Monosexism The system under which being monosexual is prized over being bisexual/bi+, creating a hierarchical binary, leading to biphobia.

Bi Erasure The experience of bi+ people being left out, “invisible”, or unacknowledged. This ranges from people naming “homophobia and transphobia” and not listing or knowing about biphobia, to television/movie characters almost never using the word “bisexual” out loud (despite gay/lesbian characters more freely using those terms).



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