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LABTF is a non-profit that promotes education, advocacy, and cultural enrichment for the bisexual, pansexual, and fluid communities in Greater LA.
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Introduction

The Los Angeles Bi Task Force is a non-profit organization promoting education, advocacy, and cultural enrichment for the bisexual, pansexual, and fluid communities in Greater Los Angeles. Originally established in 2008 and named the Los Angeles Bi Center Planning Committee, the Los Angeles Bi Task Force (LABTF) became a registered non-profit organization in 2010. The scope of LABTF has primarily consisted of educational workshops and panels, visibility at Los Angeles Pride events, hosting the annual Bi Arts Fest in honor of Celebrate Bisexuality Day, and the annual Bi Leaders Holiday Party.

Nationally, LABTF has participated in landmark events such as the White House Bisexual Community Roundtable in 2013, interviews on HuffPost Live, and participation in “It Gets Better” video produced by the American Institute of Bisexuality and Fencesitter Films. LABTF also joined campaigns with national organizations like BiNet USA and the Bisexual Resource Center for Bisexual Health Month and Bisexual Awareness Week. Other noteworthy activities including co-founding the SoCal Bi Coalition and advisement of local bisexual groups. Although yet to have its own office space, LABTF is registered as a “virtual tenant” at the Los Angeles Lesbian, Gay, Bisexual, and Transgender (LGBT) Center.

History of Greater Los Angeles Bisexual Communities

The Greater Los Angeles Area consists of Los Angeles County and the neighboring Orange, Riverside, San Bernardino, and Ventura Counties. Four LGBT resource centers reside in this metropolitan area: the Los Angeles LGBT Center (in Hollywood), The Center Long Beach, South Bay LGBT Center (in Torrance), and The Center OC (in Santa Ana). The LA LGBT Center originally hosted a bisexual and transgender group in 1994, run by community members. Later the LA LGBT Center took over with a group called “Bi-sphere” run by its own volunteers. The Center Long Beach hosted the “Long Beach Bisexual Social Chat” which struggled with consistent leadership and became inactive in 2013. The South Bay LGBT Center started a group called “BiTalk” in 2013 which lasted one year.

The first presence of bisexual organizing outside of these centers began in the late 1980s with BiNet LA, a social/political group which originally held events at members’ homes as well as art shows. One of BiNet LA’s biggest achievements was hosting a bisexual “anti-conference” in 1999 called BAFFLED (Bisexual Arts Film Festival, Literature, Education, and Drama), which was held at the LA LGBT Center. BiNet LA also published a monthly newsletter called BiAngles and assisted with facilitation of Bi-sphere. In 2004-2005, BiNet LA disbanded except for their e-mail listserv called LABL (Los Angeles Bisexual List).

During BiNet LA’s run, a bisexual social/support group called Fluid emerged at UCLA in 1999, which met biweekly. Early on Fluid also organized social and educational events and co-hosted an event with BiNet LA. For a short time Fluid became inactive but in 2010 was brought back to life and has continued growing since with weekly meetings, educational events, and collaborations with larger UCLA LGBT groups.

Through LABL, a new bisexual group sprung up in 2006 called AMBI (A Meeting of Bi Individuals), an “out and about” social club which initially consisted of two social events per month at public venues such as coffee shops and theaters. Early on, AMBI also organized panels and presented at BECAUSE (Bisexual Empowerment Conference: A Uniting, Supportive Experience) in Minneapolis, but after the emergence of LABTF, AMBI narrowed its focus to social events. In 2010 AMBI joined Meetup.com and grew exponentially to 1000 members, and
later became rebranded as “amBi” (pronounced “am bi”). More recently, amBi sprouted the Westside Bi Social Chat in Santa Monica, won the “Priscilla This!” award at LA Pride 2013, and now has chapters in San Diego, Portland and Ashland, Oregon.

Due to the growing bisexual presence in LA, in 2012 LABTF and amBi gathered the local bisexual group leaders and created the Greater Los Angeles Bi Coalition. This group later expanded to become the SoCal Bi Coalition to include San Diego and Santa Barbara.

**Goal of This Assessment**

In September 2013, Mimi Hoang, Ph.D., clinical psychologist and Co-Founder of LABTF, AMBI, and Fluid, attended the groundbreaking White House Bisexual Community Roundtable. At the Roundtable, Dr. Hoang and other prominent bisexual leaders presented on research and community experiences related to health and mental health, which revealed staggering statistics (Johnson, 2013), despite recent research showing that bisexuals comprise the largest subgroup of the LGBT community (Gates, 2011; Pew Research Center, 2013; San Francisco Human Rights Commission, 2011). For LABTF, this information sparked great interest in the current needs of the bisexual community in LA, and galvanized the birth of the needs assessment.

Thus, LABTF’s goal for this needs assessment consisted of designing a confidential needs assessment to target bisexual individuals in the Greater Los Angeles Area and gather information on current social, psychological, medical, cultural, and political issues and needs in relation to being bisexual. The vision included gathering data in quantitative form via a survey and in qualitative form via a focus group to collect community members’ ideas and suggestions in getting their needs met from LABTF, other bisexual orgs, LGBT orgs, and mainstream resources. Ultimately this needs assessment aimed to increase visibility, support, and advocacy of the bisexual community.

**Methods**

In January 2014, a project team was formed from within the LABTF steering committee, consisting of Dr. Mimi Hoang, Cadyn Cathers, M.A., Royanna Lecuyer-Mangel, M.A., and Lori Way, M.A. Dr. Hoang reached out to three consultants: William Burleson, Co-Founder of Bisexual Organizing Project (BOP), Lauren Beach, JD, past BOP board member, and Dr. Herukhuti, clinical sociologist/sexologist and board member of *Journal of Bisexuality*. The team also put a call out for assistance with experience in community action research and program evaluation. Survey questions were drawn from the BOP’s 2012 needs assessment in Minnesota (BOP, 2013), and questions were added related to healthcare providers. In total the LABTF survey had 28 questions multiple-choice and Likert scale questions (Appendix A). For incentive, participants could enter their name in a drawing for a $25 gift card to Amazon.com. The team aimed to recruit 200 participants in four months.

The survey was launched in April. A flyer was distributed electronically and in hard copy (Appendix B) through the LABTF listserv, Facebook, local bisexual groups, the LGBT Centers, and personal contacts. Attempts were also made to reach individuals of diverse ethnicity, age, and socioeconomic status. The team also conducted recruitment at Long Beach Pride and LA Pride and closed in September 2014. Preliminary plans were developed for the focus group but ultimately this project phase was delayed due to inadequate resources.
Summary of Findings

A total of 285 participants accessed the survey, 172 of which completed the entire survey. Descriptive statistics and qualitative analyses are summarized here.

Demographics

For sexual orientation, participants were allowed to choose more than one identity label, which resulted in 61.8% of the participants identifying as bisexual, 36.1% queer, 26% pansexual, 21.4% fluid, 3.9% asexual, and 3.2% omnisexual. Interestingly, 9.5% also identified as lesbian, 7% gay, and 4.6% heterosexual. “Other” labels included “polyamorous,” “demisexual,” “heteroflexible,” “aromantic,” “sapiosexual,” “sexual,” and “nonexist.” One participant stated that they did not know how to label themselves due to dating “genetic girls, transsexuals, cross dressers, and femme guys (not into masculinity).”

![Q1 What is your sexual orientation (check all that apply)?](attachment:image)

Participants were then instructed: “From this point onward, the term bisexual* will be used as an inclusive term to include bisexual, bi, pansexual, fluid, omnisexual, and queer self-identifications.” This same language will be reflected in this report.

A majority (63.2%) identified as female, 25.7% male, 12.7% genderqueer, 2.4% FTM/transmen, 2% transgender, 0.8% MTF/transwomen, and 0.8% intersex. “Other” gender identifications (2.8%) included “gender fluid,” “genderqueer,” “non-gender conforming,” “bigender,” and “agender.” The largest age group was 30-39 (27.5%), then 25-29 (21.9%), 18-24 (19.1%), 40-49 (19.1%), 50-59 (6.8%), under 17 (2.8%), 60-69 (2.4%), and over 70 (0.4%). Participants were allowed to select more than one race/ethnicity, which resulted in 62.7% identifying White/Caucasian, 20.6% Latino/Hispanic, 13.5% Multiracial, 10.7% Black/African American, 9.5% Asian American, 2% American Indian/Alaskan Native, and 1.6% Middle Eastern. Interestingly, 4.4% chose “Prefer not to answer.”

Regarding coming out age, the most popular answer was 18-24 (34.4%), then 15-17 (19.6%), under 15 (18.4%), 25-29 (12.8%), 30-39 (9.2%), 40-49 (4.8%), and 50-59 (0.8%). On a scale of 0 to 5 for degree of being currently “out,” the average was 3.8.
For relationship status, 44% were currently unpartnered, 33.1% were unmarried partnered, and 23% were married, in a domestic partnership, or civil union. Most participants who were in a relationship had one partner (70.3%) compared to 29.7% having more than one partner. A large majority did not have kids (80.4%).

In terms of residence, 80.6% lived in Los Angeles County, 8.2% in Riverside, 6% in San Bernardino, 4.7% in Orange, and 0.4% in Ventura. For those in LA County, the largest percentage lived in Central LA (25.3%), followed by 15.9% in the Westside, 15.4% in San Fernando Valley, 14.8% in San Gabriel Valley, 9.3% in Harbor/Long Beach, 5% in South LA, 4.4% in Eastside, 4.4% in South Bay, 3.9% in Verdugos, 1.1% in Antelope Valley, and 0.6% in Santa Monica Mountains. These regions were based on the LA Times map of LA neighborhoods (L.A. Times, 2014).

Connection with the Heterosexual Community

The next series of question asked participants about their experiences and connection with the heterosexual, gay/lesbian, and bisexual communities. In addition, participants were asked what local and national/online resources and activities they have utilized. For the questions regarding the heterosexual community, the average score was 3.1 for “I experience the heterosexual community as welcoming,” and 3.0 for “I experience the heterosexual community as a focus in my community life.” For the statement “I feel closely connected with the heterosexual community,” the average was 3.0.

In the last statement “I want to feel closely connected to the heterosexual community” participants’ average was 3.1.
A very large number of participants (50) left comments about their connections to the heterosexual community, which fell into eight diverse categories:

- **“I feel a general connection to the heterosexual community.”** This category included “even though I’m bi, I’ve by and large lived a heterosexual lifestyle,” “I have spent most of my life identifying as heterosexual, so it’s the community I know best.”

- **“I feel connected to some heterosexual individuals/-settings.”** These comments included “I feel comfortable around progressive lefties...” or “Heterosexual men tend to objectify my bisexuality... Heterosexual women tend to be more understanding and accepting.”

- **“I feel more connected to the heterosexual community than the gay/lesbian community.”** Examples of these included “They judge me less than gays and lesbians,” or “Sadly, as a bisexual and queer woman, I feel more accepted in the heterosexual community than in the LGBT community.”

- **“I feel more connected to the LGBT community than the heterosexual community.”** These included “I prefer queer communities and seek them out,” or “feel connected but have a special connection to the bi community.”

- **“I feel invisible in the heterosexual community.”** Many participants made comments including “I feel like my sexuality isn’t taken into consideration as I am a bisexual married to a person of the opposite gender,” or “I’d feel more connected if I did not often encounter bi-erasure or bi-invisibility in the heterosexual community.”

- **“The heterosexual community is biphobic.”** These comments included “They need to learn more tolerance of race and sexuality,” or “Heterosexual community, in general, needs to overcome their biphobia/internal biphobia.”

- **“I don’t think of a ‘heterosexual community.’”** Several participants argued semantics, such as “…I don’t feel there really is a ‘community’ based around being straight,” or “Heterosexuals are ‘everyone else’ and they do not have to think about forming communities around their heterosexuality.”

- **“We should find allies in the heterosexual community.”** One person suggested “...being in touch with straight allies is key to raising awareness outside the LGBTQ community.”

### Connection with the Gay/Lesbian Community

The next questions focused on interactions with the gay/lesbian community. Regarding local LGBT resources/activities, about half (49.3%) reported utilizing social groups, 46% businesses, 45.6% educational, 40% cultural events, 39% advocacy groups, 31% educational, 26% support groups, 22.8% health/mental health, 12.8% professional, and 14% reported none. “Other” involvements listed were “Pride,” “The Center,” and “Models of Pride.” For national/online LGBT resources or activities, almost two-thirds (63.6%) reported online social groups, 45% advocacy groups, 44% media, 36% cultural arts, 24% educational, 21%
conferences, and 16.4% none. “Other” involvements included “Autostraddle,” “Gaymers,” and “XqSi Online Magazine.”

The average score was 3.2 for “I experience the gay and lesbian community as welcoming,” 3.5 for “I experience the gay and lesbian community as a focus of my community life,” and 3.7 for “I experience the gay and lesbian community as having helpful programs and resources.” The average rating of “I feel closely connected in the gay and lesbian community was 3.2.

The average rating of “I WANT to feel closely connected with the gay and lesbian community” was 4.1.

Thirty-seven participants made comments regarding connection to the gay/lesbian community, with almost all of them being negative. The comments fell into eight categories:

- “I am not generally connected to the gay/lesbian community.” Examples included “I’ve never really felt like gay/lesbian resources were for me so never really sought them out,” or “I feel the Los Angeles gay community, unless you go clubbing is difficult to find.”
- “I feel invisible in the gay/lesbian community.” These comments included: “I’m partnered with a different sex partner and often introduced as ‘straight ally,’” or “I would feel more connected to the gay/lesbian community if I did not constantly encounter bi-erasure, bi-invisibility, or marginalization from the community.”
- “The gay/lesbian community is biphobic.” Many participants left strong comments such as, “I’ve had some call me greedy and that I don’t belong to them anymore,” or “People including my BOSS and other coworkers have made biphobic comments and said things that suggest they think bisexuality does not exist at [an LGBT org].”
- “The lesbian community in particular is biphobic.” Some pointed out that “The gay community is far more supportive than the lesbian community,” or “I have found coming out to lesbians as very disappointing, rude and some have been unapologetic about having wanting nothing to do with me once they have found out I am bi.”
- “The gay men’s community in particular is biphobic.” One person simply stated “Gay men are the problem!”
The gay/lesbian community is transphobic.” Examples included “...parts (of the gay/lesbian community) also remain a little ignorant about the trans community, and they don’t see the difference between gender identity/genderqueer and sexual orientation,” or “As a trans male, I’ve exp’d transphobia and dismissiveness from the L/G community.”

“Ethnic/racial diversity in the LGBT community is important to me.” Examples consisted of: “We need more people to come out in the African American Community as queer,” or “I feel connected to API queer community because of organizing. I’m uncomfortable sometimes in spaces with privilege, e.g., straight allies, white gay men, etc.”

We should integrate the bisexual* community more with the gay/lesbian community.” One person suggested “We need to work on breaking into each other’s social circles and further diversifying an already diverse group of people.”

Connection with the Bisexual* Community

Next, participants were asked to rate their interactions with the bisexual* community. On a 5 point scale for experiences of local bisexual* resources/activities (with “0” being “very unsatisfactory” and “5” being “very satisfactory”) amBi was rated 4.1, LABTF was 4.0, West Side Bi Chat was 3.9, Bi-specific class/training was 3.9, BiNet LA was 3.9, Biosphere was 3.8, BiTalk was 3.6, Fluid UCLA was 3.6, and Long Beach Bi Chat was 3.2. “Other” involvements include “Spectrum Artist Collective” and “BIsect (bi women’s meetup).”

In terms of national/online bisexual* resources or activities (with “0” being “very unsatisfactory” and “5” being “very satisfactory”), participants rated 4.1 for “educational” activities, 4.0 for “online social groups,” 3.9 for “conferences,” 3.9 for “cultural arts,”, 3.9 for “media,” 3.7 for “advocacy,” and 3.4 for “professional” resources.
The average score was 4.0 for "I experience the bisexual* community as welcoming," 3.5 for "I experience the bisexual* community as a focus of my community life," and 3.5 for "I experience the bisexual* community has helpful programs and resources." The average rating of "I feel closely connected in the bisexual* community" was 3.3.

The average rating of "I WANT to feel closely connected with the bisexual* community" was 4.2.

Since there were overlapping themes in the extensive 96 comments for local bisexual* resources and connection to the bisexual* community questions, the comments are all summarized below in the following 12 categories:

- "I have a very positive connection with the bisexual* community." Eleven comments strongly favored existing resources/groups, including: "...a crucial part of my life!" or "...I have experienced a helluva lot more acceptance and helpful conversation in this community on the subject of bisexuality than anywhere else."
"I was not aware of local bisexual* resources/community." Over 25 comments were made, for example, "I had no idea this all existed!," and "I haven't heard of any of them, but will check them out now that I know they're there!"

"There is no bisexual* community." Some examples included: "It doesn't feel like a large enough mass to be its own community," or "I don't know if there is very much a bisexual community. Many people that I know are bi are very closeted."

"I don't feel a need to find a bisexual* community." Examples included, "I'm a lesbian who likes men. But I feel completely disconnected from anything bi related," or "I don't really feel the need to as I have a large number of straight, gay, and bisexual/fluid friends who make up my community."

"I have had a negative experience with a specific bisexual* resource/community." For example, "...much too gender-binary for my taste," or "When I attend events, no one welcomes or greets me, so I have to make my own way, as if it is a bar scene."

"The bisexual* community needs more gender diversity." Some of these comments included: "Would like to see more overt inclusion of gender diversity...," or "I love this community and am so glad it exists; because I don't see as much diversity in gender presentation there, though, I tend to spend less time in these communities lately."

"The bisexual* community needs more ethnic diversity." Some examples include: "The expansion of diverse racial/ethnic issues within the bisexual community will engender increased connections," or "More African women need to come out of the closet..."

"The bisexual* community needs more age diversity." These included, "Age and appearance seem more important than most other factors for 'belonging'," or "Possibly easier accessibility for younger bisexuals who just discovered their identities..."

"I don't like the focus of the bisexual* resources/community." These included: "Most offerings are defensive, explanatory, etc. Let's get beyond that," or "Too much focus on the disparities and negative stereotypes, not enough living and telling of our complete stories as whole people."

"I have an issue with terminology in the bisexual* community." These consisted of: "I'm not a fan of lumping bisexual with pan/omni..." or "...if bisexuals hate the word bisexual, then why not stop using it?"

"I wish bisexual* resources were available in my area." For example, "Wish they had more bi/queer groups in inland empire," and "Nothing is in the SFV..."

"The bisexual* community need more visibility." Twelve participants noted this need, for example, "I wish there were more visibility of bi resources" or "Bisexual visibility is important to me. I feel especially strongly about bringing about a sea of change where bisexual men can feel comfortable and safe enough to be uncloseted."

**Comparison between Heterosexual, Gay/Lesbian, and Bisexual* Communities**

The following table compares average ratings for experiences and connection to the heterosexual community, gay/lesbian community, and bisexual* community.
As shown, participants on average rated the bisexual* community more welcoming (4.0) than the heterosexual (3.1) or gay/lesbian community (3.2). Participants reported that the gay/lesbian and the bisexual* communities were equally a focus of their community life (3.5) and more of a focus than the heterosexual community (3.0). Participants indicated feeling least connected with the heterosexual community (3.0), compared to the bisexual* community (3.3) and gay/lesbian community (3.2). Lastly, participants reported they “WANT” to be most closely connected to the bisexual* community (4.2), then the gay/lesbian community (4.1), and lastly the heterosexual community (3.1).

Experiences with Primary Care Physicians

The next set of items asked about participants’ coming out experiences with different types of healthcare providers, starting with primary care physicians (PCPs). PCPs can include family medicine doctors, internal medicine doctors, and nurse practitioners who function as the patient’s main medical provider. About 86% of participants reported having had a PCP at some point in their lives, of which more than half reported not being out to them (59.4%).

If they were not out to their PCPs, participants were able to select all their reasons, and the most participants selected “It didn’t seem relevant” (66.7%), then “I didn’t know how to tell them” (18.9%), then “They seemed judgmental about bisexual issues” (22.7%). If participants were out to their PCPs, participants ranked their experience on average a 4.1 out of 5.

Forty comments were made in the section about PCPs, which fell into eight categories:

- “I haven’t come out because my provider didn’t ask.” Examples included “Time constraints” or “He doesn’t treat me like a person. He just takes my biological stats and moves on to the next person.”
- “I haven’t come out because it’s not relevant/I’m monogamous.” Comments consisted of: “Why do I need to explain why I slept with a man?” or “...always have been and always will be faithful to my wife of 30 years.”
● “I haven’t come out because my provider might be biphobic/judgmental.” Examples included “I adore my physician… I wish I had the confidence that my being Bi wouldn’t phase him,” or “When I go to doctors, I automatically identify as hetero because I want the same access to resources given to the hetero community.”

● “I came out and my provider was unknowledgeable.” Comments consisted of: “I felt like I had to educate her,” and “Additional bisexual health knowledge needed.”

● “I came out and my provider didn’t believe me.” One example was: “She didn’t know what to say. She seemed a little skeptical.”

● “I’m partially out.” Examples include “I am out as poly,” or “I told my doctor my partner is a woman. I did not say I was ‘bisexual’ but did not feel any hesitation to let him know I was queer.”

● “I came out and my provider was biphobic/judgmental.” These comments included “…most doctors hear I’m bi and seem to think that just means I’m slutty and have low self esteem,” or “When I came out, I was asked about my need for STD testing…I was pregnant at the time.”

● “I came out and my provider was accepting.” This was the biggest category, with comments such as, “I got lucky with my doctor, he is wonderful,” or “She knows we’re poly. She’s matter of fact about it. It doesn’t come up much.”

Experiences with Sexual Health Providers

Sexual health providers (SHPs) can include obstetrician-gynecologists (OB-GYNs), urologists, urogynecologists, and HIV/AIDS health care providers. Slightly more than half of participants reported having had an SHP at some point in their lives (54.7%), of which slightly more than half reported being out to them (53.6%).

If they were not out to their SHPs, participants were able to select all their reasons, and the most participants selected “It didn’t seem relevant” (59.7%), then “I didn’t know how to tell them” (20.9%), then “They seemed judgmental about bisexual issues” (7.5%). If participants were indeed out to their SHPs, participants ranked their experience on average a 4.3 out of 5.

Twenty comments were made in the SHP section, with the overwhelming majority being positive. The comments fell into four categories:

● “My provider was judgmental (though not clearly about bisexuality).” comments consisted of: “They also asked why I had started sleeping with men,” or “My OB-GYN told me I was ‘too young’ to consider an IUD (22 at the time) and ‘don’t you want to have children?’”

● “I’m partially out.” such as, “I told my OB-GYN that ‘I came out’ with no further detail. She was very supportive and I did not feel the need to explain to her how I came out or what I came out as,” or “I did not say I was bisexual but she knows I’ve had sex with men and women.”
Experiences with Mental Health Providers.

Mental health providers (MHPs) can include psychologists, psychiatrists, marriage and family therapists (MFTs), licensed clinical social workers (LCSWs), and licensed professional clinical counselors (LPCCs). About 60% reported having had an MHP at some point in their lives, of which almost three-quarters reported being out to them (72.4%).

If they were not out to their MHPs, participants were able to select all their reasons, and the most participants selected “It didn’t seem relevant” (60.9%), then “I didn’t know how to tell them” (21.7%), then “They seemed judgmental about bisexual issues” (17.4%). If participants were indeed out to their MHPs, participants ranked their experience on average a 4.1 out of 5.

Thirty-three diverse comments were left for this section on MHPs. The comments fell into five different categories:

- **I haven’t come out because it’s not relevant.** such as “my psychiatrist I was not out to because I was just there for meds,” or “they assumed I was straight because I was in a heterosexual relationship at the time.”
- **I came out and they were unknowledgeable.** “She didn’t seem to know much about non-straight communities…,” or “She seemed neutral and not sure how to address it.”
- **I came out and was lumped in with gays/lesbians.** “Many seem to focus on L&G people and just include the bi as an afterthought,” or “She didn’t seem to have a grasp on how bisexuals are different than lesbians. I am in the process of changing therapists.”
- **I came out and they were biphobic/judgmental.** “So far they’ve all constantly tried to overexaggerate my feeling and tried to push me onto medications I didn’t need,” or “Mostly good experiences, except for one therapist many years ago who thought I was in denial and was really a lesbian. She didn't believe in bisexuality!”
- **I came out and they were accepting.** this was the largest group of comments and included “The two I’ve had were extremely understanding about gender and sexuality issues (one was straight, one gay),” or “I feel comfortable being out to my mental health care provider about being bi, poly and kinky.”

Comparison between Healthcare Providers

The following table compares ratings for primary care providers (PCPs), sexual health providers (SHPs), and mental health providers (MHPs) regarding coming out.
Across healthcare providers, around two-thirds of participants hadn’t come out because it didn’t seem relevant, though this seemed to be highest for PCPs (68.7%). Also across the board, around one-fifth didn’t come out because they didn’t know how to tell their providers, though this was slightly higher for MHPs (21.7%). Not coming out because the provider seemed judgmental came up most often for MHPs (17.4%). And if participants were out to their providers, they rated experiences with SHPs better (4.3) than PCPs and MHPs (both 4.1).

### Future Bisexual Resources

The last couple questions asked about future bisexual* services/activities should they be available. Answers are depicted in the following graph:

<table>
<thead>
<tr>
<th>Service/Activity</th>
<th>Primary Care Physician(s)</th>
<th>Sexual Health Provider(s)</th>
<th>Mental Health Provider(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have had or currently have one.</td>
<td>86.1%</td>
<td>54.7%</td>
<td>60.1%</td>
</tr>
<tr>
<td>I was/am out to them.</td>
<td>38.1%</td>
<td>53.6%</td>
<td>72.4%</td>
</tr>
<tr>
<td>If not out, it was because it didn’t seem relevant.</td>
<td>68.7%</td>
<td>59.7%</td>
<td>60.9%</td>
</tr>
<tr>
<td>If not out, it was because I didn’t know how to tell them.</td>
<td>18.9%</td>
<td>20.9%</td>
<td>21.7%</td>
</tr>
<tr>
<td>If not out, it was because they seemed judgmental.</td>
<td>5.3%</td>
<td>7.5%</td>
<td>17.4%</td>
</tr>
<tr>
<td>If out, my experience with them (0 to 5).</td>
<td>4.1</td>
<td>4.3</td>
<td>4.1</td>
</tr>
</tbody>
</table>
Some participants suggested additional bisexual* services/resources such as a transgender/genderqueer support group, an artists/musicians group, AA meetings, monogamy resources, a bi-affirmative physicians referral list, a Spanish language group, or help for coming out to a partner or family members. Other general comments included participants not wanting or not knowing how to incorporate bisexual* community engagement while being in a monogamous relationship. And a few identified transportation or finances as barriers.

**Discussion**

After a descriptive and qualitative analysis of the findings from the survey, a few major needs seemed evident, which are listed below.

**Bisexual* Community’s Needs**

1. **More bisexual* acceptance/inclusion in the LGBT community.**
   - Almost all participants had utilized LGBT resources, with half or more than half using social groups, businesses, or educational resources. This means that bisexual* individuals generally consider themselves members of the LGBT community, and a large section are fairly active members.
   - Participants expressed wanting to feel more closely connected to the gay/lesbian community than the heterosexual community, and expressed a greater discrepancy between how closely connected they felt and WANTED to feel in the gay/lesbian community than in the heterosexual community. Thus, bisexual* individuals need more acceptance and inclusion with the LGBT community.
   - Though participants expressed a range of discontent with the heterosexual population, negative comments for the gay/lesbian community seemed much more intense and specific, identifying many issues of biphobia (being called “greedy”) and bi erasure (“bisexuality does not exist”). Many expressed feeling invisible when with same-sex partners. Numerous issues were brought up concerning the lesbian community (probably for bisexual* women), as well as issues of ethnic and gender diversity. Thus, bisexual* individuals need the LGBT community to tackle issues of biphobia, bi erasure, and diversity.

2. **More bisexual* training for healthcare providers.**
   - More participants reported having a primary care physician (PCP) than a sexual health provider (SHP) or a mental health provider (MHP), but less participants reported being out to PCPs than other healthcare providers. If participants were out, their experience was moderately satisfactory. Comments indicated that some negative experiences had elements of skepticism (“bisexuality doesn’t exist”), or negative bisexual* stereotypes (promiscuity), or just lack of knowledge. Thus, PCPs need more bisexual* awareness training.
   - Over half of participants reported having had a SHP at some point, and only about half were out to them. Although participants who were out rated their coming out experiences to be pretty positive, it is still noteworthy that a higher number were not out, especially in matters regarding sexual health. Whether this is due to participant factors or SHP factors is worth exploring. Thus, it is reasonable to say that SHPs need more bisexual* awareness training.
   - Almost two-thirds of participants reported having had a MHP at some point, and almost three-quarters were out to them. If individuals were out, their experience was moderately satisfactory, on par with PCPs. A wide range of comments were
made, with the largest group being positive, though criticisms included skepticism ("didn’t believe in bisexuality"), bisexual invisibility ("bi as an afterthought"), overpathologizing ("pushed into meds"), or just lack of knowledge. Thus, MHPs need more bisexual* awareness training.

3. A stronger and more diverse bisexual* community.
   - Participants who have utilized local and/or national/online bisexual* resources or activities generally seemed satisfied, with some resources/activities being more satisfactory. Participants also found the bisexual* community moderately welcoming, a focus of their community life, and having helpful programs/resources. However a considerable discrepancy existed between how closely connected they felt and how closely connected they WANTED to feel. Thus, bisexual* individuals need to feel more closely connected with the bisexual* community.
   - Though many participants had positive sentiments about their experiences with existing bisexual* communities, many expressed a wide range of concerns, mentioning issues with a specific group/resource, or a general issue with ethnic/racial inclusion, gender diversity, ageism, the focus, terminology, or location. The fact that so many participants used identity labels other than bisexual also speaks to the multidimensionality of the community, and with Greater LA encompassing multitudinous subcultures, this understandably lends itself to an even greater need for diversity within resources. LA currently has multiple local bisexual* groups with different goals, however, results show that bisexual* individuals need even more diversity and types of resources.

4. More awareness of bisexual* issues.
   - While many participants participated in bisexual* resources, an even larger number expressed shock that local communities existed or did not believe that a local community could exist. This could speak to the invisibility of the bisexual* individual (e.g., being closeted or passively out) or the invisibility of resources (e.g., not enough outreach, or not being included in larger institutions). It could also be indicative of internalized biphobia and living in a monosexist society that prevents bisexual* individuals from envisioning a community of others like them. Thus, bisexual* individuals need greater awareness of bisexual* resources.
   - The high number of participants indicated not being out to their healthcare providers, and a majority of these participants expressed that it didn’t seem relevant, even to their SHPs. In these situations in which individuals have long-term if not highly personalized working relationships with healthcare providers, it seems reasonable that sexual orientation would come up at some point. Thus, it seems rather remarkable that a high number of individuals did not think coming out was relevant and 1 in 5 didn’t know how to come out to their providers, which could be also indicative of internalized biphobia or lack of skills. Thus, bisexual* individuals need greater awareness and skills about coming out to their healthcare providers.

Limitations and Future Directions
Participants turned out to be female-heavy, which could mean that the results could be skewed towards bisexual* women’s experiences. This gender balance, however, echoes many studies showing that more women than men identify as bisexual* (Gates, 2011; Pew Research Center, 2013). Fortunately the racial/ethnic breakdown is slightly more diverse than LA County
(U.S. Census Bureau, 2015). Participants also tended to be younger, and could explain why a similar majority came out before age 24, and were out for the most part. Participants also were drawn from a dense metropolitan area, so results might not be generalizable to populations from more rural areas.

It is recommended to conduct a more in-depth exploration into bisexual* individuals’ experiences in the heterosexual, gay/lesbian, and bisexual* communities in Greater LA in order to improve service delivery and meet social, cultural, and political needs. It also seems important to conduct a deeper analysis of bisexual* individuals’ experiences with healthcare providers in order to improve services and meet medical and mental health needs, especially in light of the alarming health disparities for bisexual* people (Healthy People, 2010). It seems imperative to not only go deeper but to also cast a wider net in terms of assessing needs for bisexual* individuals outside of Greater LA, especially those not living in urban areas and having even less access to local resources. Armed with knowledge gathered from this report, from the 2013 White House Bisexual Community Roundtable and other research studies and community reports, the first step of social change, we should all be compelled to take the next step for the bisexual, pansexual, and fluid, communities: ACTION.
Appendix A: Needs Assessment Survey

Los Angeles Bisexual/Pansexual/Fluid Community Needs Assessment 2014

The Los Angeles Bi Task Force (LABTF) created this needs assessment to gather information on current social, psychological, medical, cultural, and political issues and needs of bisexual, pansexual, and fluid individuals in the Greater Los Angeles Area. The purpose of this survey is to increase visibility, support, and advocacy of the bisexual, pansexual, and fluid community, which has been and continues to be underrepresented and underserved. The survey will be open until June 30th, 2014, and the results will be made available in a report that will be disseminated by LABTF to other local and national bi, LGBT, and mainstream organizations. This survey is completely confidential, and has approximately 28 questions including multiple-choice and short answer questions. Please answer each question as honestly as you can.

1. What is your sexual orientation (check all that apply)?  □ Bisexual  □ Pansexual  □ Fluid  □ Omnigender  □ Queer  □ Gay/Lesbian  □ Heterosexual  □ Asexual  □ Other___________________

   **If you do NOT identify as bisexual, pansexual, fluid, omnigender, or queer, STOP HERE. Thank you for your interest.**

From this point onward, the term bisexual*, will be used as an inclusive term to mean romantic and/or sexual attraction to more than one gender, and includes pansexual, fluid, omnigender, and queer self-identifications.

2. Gender (check all that apply):  □ Male  □ Female  □ Transgender  □ MTF  □ FTM  □ Genderqueer  □ Intersex  □ Other___________________


4. Race/ethnicity (check all that apply):
   □ Caucasian/European American
   □ African American/Black
   □ Latino/Hispanic
   □ Asian American
   □ Pacific Islander
   □ Middle Eastern
   □ American Indian/Alaskan Native
   □ Multiracial
   □ Other___________________

5. What county do you live in?  □ Los Angeles County  □ Orange County  □ Riverside County  □ San Bernardino County  □ Ventura County

5a. If you marked “Los Angeles County,” which region do you live in (please see map: http://maps.latimes.com/neighborhoods)?
   □ Westside
   □ Central LA
   □ South LA
   □ South Bay
6. At what age did you come out to yourself as your current sexual orientation? □ <15 □ 15-17 □ 18-24 □ 25-29 □ 30-39 □ 40-49 □ >50

7. To what degree would you say you are currently “out” about your sexual orientation? 
   1  2  3  4  5
   Not at all Very much so

8. Relationship Status: □ Unpartnered □ Unmarried partnered □ Married

8a. If partnered/married, do you have more than one partner? □ Yes □ No

8b. If applicable, what is the gender of your partner #1? □ Male □ Female □ Transgender □ MTF □ FTM □ Genderqueer □ Intersex □ Other_____________________

8c. If applicable, what is the gender of your partner #2? □ Male □ Female □ Transgender □ MTF □ FTM □ Genderqueer □ Intersex □ Other_____________________

8d. Gender of additional partners, if applicable (write in)? __________________________________

9. How many children do you have? □ 0 □ 1 □ 2 □ 3 □ 4 or more

10. Overall, to what extent do you experience the heterosexual community as:
    Welcoming
    1  2  3  4  5
    Not at all Very much so
    A focus of my community life
    1  2  3  4  5
    Not at all Very much so

11. How closely do you feel connected with the heterosexual community?
    1  2  3  4  5
    Not at all Very much so

12. How closely do you WANT to feel connected to the heterosexual community?
    1  2  3  4  5
    Not at all Very much so

   Additional comments about feeling connected to the heterosexual community? ________________
   ________________________________________________________________________________
   ________________________________________________________________________________

13. What local LGBT resources or activities have you utilized or participated in (check all that apply)? □ Support groups/services (e.g., coming out group, LGBT hotline)
Social groups (e.g., Meetup.com, Dyke Day)
Educational (e.g., workshop, panel)
Advocacy groups (e.g., Equality California, API Equality-LA)
Cultural arts (e.g., Outfest, gay mens chorus)
School organizations (e.g., GSA, college club)
Health/mental health (e.g., HIV, LGBT therapy group)
Professional (OUTsource, Lesbian & Gay Psychotherapy Assoc of LA)
Businesses (e.g., bar, bookstore)
None
Other ________________________________________________________________________

14. What national/online LGBT resources or activities have you utilized or participated in (check all that apply)?
Educational (e.g., Point Foundation, GLSEN)
Advocacy (e.g., Human Rights Campaign, Lambda Legal)
Cultural arts (e.g., Logo Network, Prism Comics)
Professional (e.g., National Gay & Lesbian Journalists Assoc, Gay & Lesbian Medical Assoc)
Conferences (e.g., Creating Change, LGBT Leaders Conference)
Online social group (e.g., Facebook, Gayspeak.com)
Media (e.g., The Advocate, Frontiers)
None
Other ________________________________________________________________________

15. Overall, to what extent do you experience the gay/lesbian community as:
Welcoming
Not at all 1 2 3 4 Very much so 5

Having helpful resources & programs
Not at all 1 2 3 4 Very much so 5

A focus of my community life
Not at all 1 2 3 4 Very much so 5

16. How closely do you feel connected with the gay/lesbian community?
Not at all 1 2 3 4 Very much so 5

17. How closely do you WANT to feel connected to the gay/lesbian community?
Not at all 1 2 3 4 Very much so 5

Additional comments about feeling connected to the gay/lesbian community? ________________
______________________________________________________________________________

18. What local bisexual* resources or activities have you utilized or participated in (check all that apply)?
If relevant, how would you rate your experience:
Biosphere
Very unsatisfactory 1 2 3 4 Very Satisfactory 5

Long Beach Bi Chat
Very unsatisfactory 1 2 3 4 Very Satisfactory 5

Westside Bi Chat
1 2 3 4 5
22. How closely do you WANT to feel connected to the bisexual* community?
23. Have you had or do you currently have a primary care physician?  □ Yes  □ No

23a. Were/are you out as bisexual* to your primary care physician(s)?  □ Yes  □ No

23b. If no, why not (check all that apply)?
☐ It didn’t seem relevant
☐ I didn’t know how to tell them
☐ They seemed judgmental about bisexual issues

23c. If yes, how would you rate your experience?

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<tr>
<td>Very unsatisfactory</td>
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Additional comments about your experience with your primary care physician(s)? ________________
________________________________________________________________________________________
________________________________________________________________________________________

24. Have you had or do you currently have a sexual health provider (Ob-Gyn, Urologist, HIV health care provider)?  □ Yes  □ No

24a. Were/are you out as bisexual* to your sexual health provider?  □ Yes  □ No

24b. If no, why not (check all that apply)?
☐ It didn’t seem relevant
☐ I didn’t know how to tell them
☐ They seemed judgmental about bisexual issues

24c. If yes, how would you rate your experience?

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<tr>
<td>Very unsatisfactory</td>
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<td>Very satisfactory</td>
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Additional comments about your experience with your sexual health provider(s)? ________________
________________________________________________________________________________________
________________________________________________________________________________________

25. Have you or are you currently seeing a mental health provider?  □ Yes  □ No

25a. Were/are you out as bisexual* to your mental health provider?  □ Yes  □ No

25b. If not, why not (check all that apply)?
☐ It didn’t seem relevant
☐ I didn’t know how to tell them
☐ They seemed judgmental about bisexual issues
25c. If yes, how would you rate your experience?

1 2 3 4 5
Very unsatisfactory Very satisfactory

Additional comments about your experience with your mental health provider(s)?
_____________________________________________________________________________
_____________________________________________________________________________

26. Have you had contact with LABTF?  □ Yes  □ No
If you have had contact with LABTF, please check all the ways you have had contact:
☐ Workshop/panel
☐ Pride events
☐ Celebrate Bisexuality Day events
☐ Bi leaders events
☐ Website
☐ Facebook group
☐ Yahoo listserv
☐ E-mail/phone

Additional comments about your contact with LABTF?__________________________________
_____________________________________________________________________________
_____________________________________________________________________________

26a. Would you like to be more involved with LABTF?  □ Yes  □ No
If Yes, please specify how (check all that apply):
☐ Panelist/speaker
☐ Pride booth volunteer
☐ General event assistant
☐ Political advocacy
☐ Website maintenance
☐ Social media
☐ Grant writing
☐ Fundraising
☐ Graphic design
☐ Showcase at Celebrate Bisexuality Day arts fest
☐ Host an event at my home/office
☐ Steering committee member
☐ Donate funds
☐ Other ___________________________________________________

26b. If you would like to be contacted to become a volunteer, please click on the following link to provide your name & e-mail. Your survey answers will remain confidential and separate from your personal information. [link]

27. What local bisexual* services/resources would you use if they were made available (check all that apply)?
☐ Bisexual* women’s support group
☐ Bisexual* men’s support group
☐ Bisexuals* over 40 support group
☐ Bisexual* young adult (18-30) support group
☐ Bisexual* teen support group
☐ Married bisexuals* support group
☐ Bisexual* parents support group
☐ Polyamorous bisexuals* support group
☐ Coming out workshop
☐ Safe sex workshop
☐ Healthy relationships workshop
☐ Book club
☐ Film club
☐ Fitness/sports events
☐ Gender fluid dance class
☐ Community center/office space
☐ Library
☐ Bar/club
☐ Bi-affirmative therapist referral list
☐ Local/regional conference
☐ Other ________________________________

28. Any additional comments : __________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
The Los Angeles Bi Task Force (LABTF) presents:

The Los Angeles Bisexual/Pansexual/Fluid Community Needs Assessment

Let your voice be heard!

www.surveymonkey.com/s/LABTFAssessment

LABTF wants to hear from you! We’re gathering info on the social, cultural, psychological, and medical needs of bisexual, pansexual, and fluid individuals in the Greater Los Angeles Area. We hope the results will help increase support and advocacy for this underrepresented and underserved community.

Participants are also eligible to win a $25 Amazon.com gift card!
References


