

Building Bi+ Inclusion:

A Framework to Guide Greater Bi+
Inclusion Within the LGBTIQ+
Sexual Health and HIV Sector



Acknowledgement of Country

Health Equity Matters acknowledges the Traditional Owners and Custodians of Country throughout Australia and recognises their continuing connection to lands, waters and communities. We pay our respects to Aboriginal and Torres Strait Islander Elders past and present and acknowledge that the sovereignty of these lands was never ceded.

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Health Equity Matters

Health Equity Matters is the national federation for Australia's leading HIV and LGBTIQ+ organisations. We exist to end health inequity for our communities, with HIV the core of our mission until the epidemic is over for everyone.

We are striving for the virtual elimination of HIV transmission, and a world where our communities can enjoy the highest standard of health and wellness, free from stigma and discrimination.

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Building Bi+ Inclusion:

A Framework to Guide Greater Bi+ Inclusion Within the LGBTIQ+ Sexual Health and HIV Sector

Project Overview

Purpose

Practical guidance for HIV and LGBTIQ+ community organisations seeking to build greater engagement with, and visibility of, bi+ people within Australia's HIV response.

Goal

Improve health equity, health and wellbeing, and bi+ visibility by supporting culturally safe and inclusive services that actively engage bi+ people

Guiding principles

- Health Equity
- Intersectionality
- Inclusion
- Evidence

Areas for focus

- 1.0** Increasing bi+ visibility and inclusion across organisations
- 2.0** Strengthening bi+ community engagement and partnerships
- 3.0** Building workforce capability for bi+ inclusion.
- 4.0** Improving bi+ representation in data.



How to use this framework

This framework has three key sections. These are:

1

Understanding and working with bi+ people

An outline of important information on understanding and working with bi+ communities, including key findings on the HIV, sexual health and broader wellbeing experiences of bi+ people in Australia.

2

How you can help!

Steps that organisations can take to improve the inclusion of bi+ people accessing services within the LGBTIQ+ sexual health and HIV-related sector.

3

Practical tools and tips

Some initial tools and tips to help further support the meaningful inclusion of bi+ communities.

Quick guide for engaging bi+ communities

Visibility

- ☐ Does my organisation use affirming, inclusive language that recognises bi+ identities and experiences, while avoiding bi-erasure?
For example, audit materials for language that refers only to gay or lesbian identities, or that assumes monosexuality (e.g. "whether you are gay or straight...") or monogamy (i.e. assuming individuals have only one partner).
- ☐ Does my organisation support content and campaigns that increase bi+ visibility and challenge stereotypes, bi-erasure and biphobia?
For example, do you celebrate bi+ days of significance, platform content featuring bi+ people or use visible inclusion symbols such as bisexual and pansexual flags alongside other pride symbols?
- ☐ Are often-overlooked bi+ experiences considered in my organisation's work with bi+ people?
For example, the experiences of bi+ people who are Aboriginal and/or Torres Strait Islander, from multicultural communities, trans and gender diverse, or disabled.
This may also include experiences relating to contraception, attraction to different genders and opposite genders, polyamory and cis women connected with MSM (men who have sex with men) networks.
- ☐ Does my organisation advocate for and support the inclusion of bi+ people in research and data collection?

Partnerships and representation

- ☐ Are bi+ people with diverse lived experiences involved in the development, delivery and evaluation of services, programs and resources that affect them?
- ☐ Has my organisation built meaningful partnerships and actively engaged with bi+ community groups, organisations, leaders and networks?
- ☐ Are bi+ people represented on advisory groups and committees, and in consultations and co-design activities?

Workforce capacity

- ☐ Are staff informed about the unique experiences of bi+ communities?
- ☐ Are staff confident in engaging with bi+ communities and actively challenging bi-erasure and biphobia?
- ☐ Does my organisation recognise, value and support bi+ lived experience within its workforce?
- ☐ Does my organisation create opportunities for interested bi+ staff to participate in co-design, advisory panels, networking, community-building and leadership activities related to work with bi+ communities?

Service delivery

- ☐ Does my organisation clearly communicate confidentiality and privacy protections and procedures to support the safe disclosure of identity, attraction and sexual practices?
- ☐ Do my organisation's services, programs and health promotion activities intentionally include and affirm bi+ experiences?
- ☐ Are my organisation's services trauma-informed and culturally safe for bi+ people, recognising the ways that stigma, discrimination and bi-erasure can impact health and wellbeing outcomes?
- ☐ Does my organisation consider targeted outreach strategies to increase engagement with bi+ communities and support participation in broader LGBTIQ+ spaces?

Accountability

- ☐ Are bi+ people meaningfully included in advocacy, strategy and organisational priorities?
- ☐ Is my organisation taking active steps to improve bi+ inclusion and engagement, and to build trust with bi+ communities?

Introducing the framework



The Framework provides Health Equity Matters members and affiliate members with evidence-grounded insights and practical guidance to strengthen their engagement in, and delivery of, bi+ inclusive HIV and sexual health initiatives.

To our knowledge, this framework is the first of its kind in Australia. It has been developed through an extensive co-design process with bi+ community leaders and deep consultation with our members and affiliate members nationally.

The framework provides evidence-grounded insights and practical guidance to support greater engagement with, and visibility of, bi+ communities within Australia's HIV response. It aims to support member efforts to foster culturally safe, informed and inclusive service delivery that is both led by and effectively engages bi+ communities.

This framework builds upon and furthers Australia's Ninth National HIV Strategy 2024–2030 and Fifth National Sexually Transmitted Infections Strategy 2024–2030 by supporting Health Equity Matters members and affiliate members in their efforts to achieve Australia's ambition to virtually eliminate HIV transmission and ensure better sexual and reproductive health for all.

The framework also aims to support bi+ communities to live full and healthy lives free from stigma, discrimination and, critically, erasure. It represents the first step in an ongoing commitment to improving inclusive, responsive and affirming care for bi+ people across Health Equity Matters members and affiliate members.

Who is this framework for?

This framework builds on the dedicated and impactful work Health Equity Matters members and affiliate members have led over many years to support bi+ communities. It aims to support these organisations to increase bi+ inclusion within their broader practice working with LGBTIQ+ communities by enhancing bi+ visibility and supporting the inclusion of bi+ perspectives, further enabling services to be responsive, equitable and inclusive for all.

While the framework was developed with Health Equity Matters members and affiliate members in mind, its insights and learnings are of value to anyone seeking to deliver evidence-based, community-led support that is responsive to, and inclusive of, bi+ communities in Australia.



Why is there a need for a bi+ HIV and sexual health framework?

Bi+ people are represented across many of the priority populations identified as being at greatest risk of HIV transmission. However, they are not always explicitly recognised as a distinct community with their own cultures, experiences, and health needs. This has led to limited attention to the unique experiences of bi+ people and how these experiences may affect access to HIV and sexual healthcare.

Bi+ people often report barriers to accessing both mainstream and LGBTIQ+ focused sexual health services.¹ These barriers are often linked to pervasive stigma, misconceptions about risk, identity erasure or invalidation, and structural gaps within healthcare inclusion.¹⁻³ This reflects a broader history of marginalisation, in which bi+ people have often experienced harmful stereotypes and limited recognition of, and responses to, their specific experiences and needs.

Bi+ people can experience invisibility in mainstream and LGBTIQ+ spaces. While bi+ people have long been included in LGBTIQ+ communities, research, service delivery and funding approaches have often grouped bi+ people within broader LGBTIQ+ populations or in combination with gay and lesbian people.⁴ As a result, the distinct health and wellbeing needs and experiences of bi+ people are often overlooked within both mainstream and LGBTIQ+ services, which historically have catered to straight or to gay and lesbian populations.

Bi+ people may have distinct health experiences – including sexual health considerations related to having sexual partners of multiple genders or identities – diverse sexual networks, and varied relationship structures. These factors can have nuanced implications for STI and HIV prevention and sexual and reproductive health. In addition, bi+ people uniquely experience biphobia, bi-erasure and monosexism (the assumption that attraction to only one gender is the norm, i.e. that people are either straight or gay/lesbian).⁵⁻⁷ These forms of stigma negatively affect bi+ people's access to healthcare, experience of care, mental health, connection to community and other aspects of health and wellbeing.^{3,8}

Failure to understand or address bi+ people's experiences can reinforce bi-erasure and contribute to a reduced sense of belonging or connection to LGBTIQ+ communities, and contribute to poorer mental health outcomes.^{9,10}

This framework aims to address the gaps in bi+ people's access to healthcare and combat stigma and discrimination against bi+ people by supporting Health Equity Matters members and affiliate members in their ongoing efforts to strengthen bi+ inclusion within their services.



How was it created?

The consultation and development process



This project emerged from the findings of the first national study of sex, health, and relationships of bi+ people in Australia, the Bi+ Sexual Health and HIV (BiSHH) study, which highlighted opportunities to strengthen bi+ inclusion across the HIV and LGBTIQ+ sector.¹

The resulting framework was community-led and developed in partnership with bi+ community leaders and researchers, Health Equity Matters members, and sector stakeholders using a co-production approach. By placing lived experiences at the centre of decision-making, co-production helps ensure that the perspectives of underserved or less-visible communities are reflected throughout.¹¹ This was particularly important in developing a framework that responds to the needs and experiences of bi+ communities.

To ensure the framework embeds the lived experiences of bi+ people and understands and responds to the needs of HIV and LGBTIQ+ sector workers, our work was guided by consultation with:

- 01** A Bi+ Steering Committee comprising eight bi+ community leaders representing a diverse range of jurisdictions, gender identities, and intersections of lived experience. The committee met monthly and oversaw the development of the framework to ensure that lived experience, community leadership, and feedback from bi+ people were central at every stage of the process. Committee members were remunerated with payment for their work on this project.
- 02** A Consultation Group comprising 12 representatives from Health Equity Matters member organisations from across Australia. The group included a mix of professional backgrounds, and half of the representatives identified as bi+. The group met four times over the course of the project and provided advice and feedback on the framework from an end-user perspective.
- 03** Health Equity Matters members, via a consultation survey that captured feedback from 97 members on their experiences working with bi+ people and the priorities that should be incorporated to ensure the framework reflected the needs of its intended end users.

Consultation findings

Insights gathered through consultation, as well as a review of the literature, directly informed the development of the key elements of the framework. Across all consultation, participants identified a need for resources that increased understanding of bi+ people's distinct experiences, particularly in relation to bi-erasure and biphobia, alongside practical guidance to support increasing bi+ inclusion across organisational communication, services and initiatives. Participants also emphasised the importance of the diversity of experiences within bi+ communities, particularly among those that are often underserved or less visible, such as bi+ Aboriginal and/or Torres Strait Islander communities, bi+ multicultural communities, and bi+ trans and gender diverse people.

Consultation identified a lack of bi+ specific resources, limited data, funding constraints, and gaps in staff knowledge and training about bi+ identities and health needs as barriers to effective engagement with bi+ people in their work. Strengths and supports included bi+ lived experience and expertise within the workforce, strong allyship, committed staff and organisational leadership, data and resources, trauma-informed and person-centered practice and experience working with LGBTIQ+ communities. Participants emphasised that responsibility for bi+ inclusion and advocacy should be shared across organisations, rather than falling solely to staff with lived experience.

Finally, consultation highlighted ongoing concerns about the lack of bi+ specific research and data, noting that limited evidence restricts opportunities for funding, advocacy and strategic decision-making about bi+ people. Strengthening bi+ representation through research, co-design, consultations and inclusive data collection was identified as essential to supporting more responsive evidence-informed services.

Together, these findings informed the framework's key areas of focus and suggested recommendations and actions presented throughout this document.

Guiding principles underpinning the framework

Interconnected principles for inclusive and responsive care for bi+ people were identified as key priorities through consultation. These principles underpin all aspects of this framework and should be applied holistically rather than in isolation.



01

Health equity

Health is shaped not only by medical conditions, but also by the social, economic, political and environmental conditions in which people live – known as the social and commercial determinants of health.¹² A health equity approach recognises and seeks to reduce unjust and avoidable disparities caused by unequal access to social and commercial determinants of health, supporting communities to achieve their full potential for health and wellbeing.¹³ Affirming, inclusive and responsive services, alongside efforts to reduce health disparities and remove systemic barriers, supports bi+ people to access care that meets their needs.

03

Bi+ community-led practice

Bi+ leadership, visibility, participation and collaboration are essential to meaningful inclusion. A community-led approach recognises the strengths, knowledge and expertise that lived experience brings to the design, delivery and evaluation of services, programs and initiatives. Consultation, co-production, and collaborative partnerships with bi+ communities create stronger, more responsive services, support meaningful inclusion and community empowerment and actively challenge bi-erasure.

02

Intersectionality

Bi+ people have diverse and intersecting identities that can result in compounding experiences of stigma, discrimination, disadvantage and marginalisation. An intersectional approach recognises and responds to the ways in which intersecting social, cultural and structural factors influence health outcomes. Providing trauma-informed, culturally safe and person-centered care, delivered through an intersectional lens, is inclusive, affirming and equitable, and recognises the diversity of bi+ communities.

04

Evidence

Data, evidence and research about bi+ people are essential to understanding and responding to the distinct experiences and needs of bi+ communities. An evidence-informed approach uses available evidence alongside professional expertise and lived experience to guide decisions. Strengthening the collection and use of evidence that captures the distinct experiences of bi+ people, in partnership with community and researchers, supports a stronger evidence base to inform policy, service delivery and funding decisions that benefit bi+ communities.

Understanding and working with bi+ people



What do we mean when we say bi+?

“Bi+” is a community-created umbrella term describing a wide range of sexualities and experiences connected by attraction to more than one gender or attraction regardless of gender. It is important to note that, similar to LGBTIQA+, bi+ is an umbrella term, and individuals may not necessarily use it to describe themselves.

Some bi+ people identify with multiple sexual identities or describe themselves using various terms, while others may choose not to use labels to describe their sexuality. Some bi+ people may also use different labels in different settings, or choose not to disclose their identity.

What it means to be bi+ can look different for each individual. Sexuality is multidimensional and encompasses experiences of attraction, identity, and behaviour, as described by the AIB model.¹⁴ This model is particularly useful for understanding bi+ sexuality, as it highlights that a person's sexuality cannot always be understood through a single aspect of their experience, as attraction, identity and behaviour do not always align.¹⁵

For example, someone may identify as bi+ without having had sexual experiences with more than one gender or identity, while another person may experience attraction to, or have sex with, people of more than one gender while identifying as straight. Similarly, sex workers may not identify as bi+, but may perform sex work services with clients of multiple genders and identities. Recognising the nuances of these three components of sexuality helps to improve understanding of bi+ experiences, support wellbeing, and challenge assumptions.

Sexual identity and sexual experiences are expansive, evolving and personal, as is the language used to describe them. There are thus limitations to using an umbrella term such as bi+, as some people may not identify with it. It is also important to acknowledge that bi+ is primarily a Western term and may not translate across all cultural contexts. However, attraction to people of more than one gender or attraction regardless of gender is not unique to Western cultures, and many cultures have long recognised diverse sexualities using different language, concepts and identities.



“I call myself bisexual because I acknowledge that I have in myself the potential to be attracted – romantically and/or sexually – to people of more than one gender, not necessarily at the same time, in the same way, or to the same degree.”

Robyn Ochs, American bisexual activist.¹⁶

Common identities under the bi+ umbrella include, but are not limited to:



Pro tip

Many bi+ people identify with and use one or more of these terms to describe their experiences, while others may choose not to identify with any of them. It is important to avoid assumptions about a person's sexuality or the language they use to describe it. Where possible, provide opportunities for community members to describe their sexuality in their own words and use the language they choose to describe their experiences.

This may include creating opportunities on intake forms and in other client information records for community members to self-identify the language they would like you to use when describing their experiences and identities.

When communicating with or referring to the community more broadly, using the umbrella term bi+ is appropriate and widely accepted.

Bi+ community in Australia

Bi+ people make up a significant proportion of LGBTIQ+ communities, representing the largest group within the combined LGBTIQ+ population. Data indicate that identification with bi+ identities is increasing, particularly among young people.¹⁷⁻²² In 2024, The Australian Bureau of Statistics estimated that 1.5% of the Australian population were gay or lesbian and 1.7% were bisexual, with bisexual identity more common among people aged 16–24 years.¹⁸

Bi+ people are a highly diverse population, and there is no single bi+ experience. Each person's experience of being bi+ is shaped not only by their sexual identity or experiences, but also by a wide range of other, often overlapping, identities and lived experiences. These include experience of race, ethnicity, culture, disability, gender, sexuality, innate variations of sex characteristics, age, religion, language, migration, socioeconomic status, geographical location and many others.

These factors influence individual experiences of, and access to, healthcare, and mean not all bi+ people's health needs are the same. For example, Aboriginal and/or Torres Strait Islander bi+ people may face compounding forms of discrimination related to colonisation, racism, and community disconnection.^{23,24} Recognising the diversity and intersectional experiences within bi+ communities is essential to ensuring inclusion efforts are trauma informed, culturally safe, and responsive to community needs.



Intersectional bi+ experiences

People experiencing socioeconomic disadvantage

Women

Aboriginal and/or Torres Strait Islander people

People with innate variations of sex characteristics

Older people

People from multicultural backgrounds including migrants, refugees, people seeking asylum and international students

Young people

People living in rural, regional and remote areas

Two-Spirit people and/or trans and gender diverse people

People with disability

People of diverse faiths, spiritualities, and belief systems

Neurodivergent people

People in a different gender relationship (i.e. perceived as straight)

Sex workers

Parents and caregivers

Men

People who use drugs

People experiencing homelessness or housing insecurity

People living with HIV

Key facts about bi+ people in Australia



Bi+ people in Australia

- Represent the largest identity group within LGBTIQ+ communities.
- Approximately 1.7% of people in Australia identify as bisexual (and likely more identify under the broader bi+ umbrella).¹⁸
- Identification with bi+ identities is increasing, particularly among young people.¹⁷⁻²²

Diversity within bi+ communities

Bi+ people hold many intersecting identities. For example, many trans and gender diverse people identify as bi+.^{1,25}

Bi+ people have diverse:

- sexual partners including people of different genders, sexualities and sexual networks
- relationship structures including monogamy, open relationships, non-monogamy and polyamory
- sexual practices including practices with implications for STIs, HIV and pregnancy.¹

Understanding stigma and discrimination

- Bi+ people can experience biphobia, harmful beliefs, prejudices and stereotypes about bi+ identities, as well as bi-erasure: the denial, dismissal or minimisation of the existence or validity of bi+ identities.^{5,7}
- Bi+ people can face biphobia and bi-erasure from both LGBTIQ+ and straight communities, sometimes referred to as “double discrimination.”^{7,10}
- Bi+ people can also experience monosexism, which is the assumption that people can only truly be attracted to one gender (i.e. that people are either straight or gay/lesbian).^{6,9}
- These experiences of stigma can contribute to internalised biphobia, leading to self-doubt and internalisation of harmful stereotypes or beliefs about bi+ identities.⁹

Bi+ health and wellbeing experiences

Bi+ people have distinct health needs and experiences that differ from those of lesbian, gay and straight populations. These include barriers to healthcare due to biphobia and bi-erasure, experiencing double-discrimination and monosexism, and specific needs related to sexual health such as STI and HIV prevention, reproductive health, and family planning.

Compared to both straight and lesbian/gay people, bi+ people experience higher rates of:

- sexual violence^{1,26}
- mental-ill health^{26,27}
- alcohol and drug use.^{26,28}

Within LGBTIQ+ communities, bi+ people are less likely than lesbian and gay people to:

- be out about their identity^{29,30}
- feel connected to LGBTIQ+ communities and networks. This is particularly the case for bi+ people who are in different gender relationships who may be perceived as straight.^{31,32}

Sexual Health

Participants in the 2024/25 Bi+ Sexual Health and HIV (BiSHH) study reported sexual practices that may place groups of bi+ people at increased risk for STIs or HIV, including having multiple casual sexual partners, lower levels of recent STI/HIV testing, and engaging in condomless sex.¹

Findings from the BiSHH study also indicated an increased STI risk compared to the general population, as well as barriers to sexual healthcare access and inclusion.¹

Across all genders, bi+ people experience poorer sexual health and wellbeing outcomes.^{1,33-37} While research is limited, gender differences include:

- higher STI risk among bi+ cis women compared to lesbian and straight women due to higher numbers of partners and condomless sex with casual partners.^{33,34,38}
- Bi+ cis men tend to have higher STI risk than straight men, but lower risk than gay men.³³ Other studies have found that bi+ men report lower STI/HIV testing and lower PrEP use than gay men.^{1,35}
- While sexual health data on trans and gender diverse bi+ people is limited, the BiSHH study found higher STI risks, as well as low PrEP use, but strong interest in using PrEP in the future.¹

Bi+ myth busting

Bi+ people are often the target of harmful myths, stereotypes and stigma (biphobia) that erase, devalue and marginalise bi+ communities (bi-erasure). This can negatively affect bi+ people's mental health and wellbeing, connection to community and access to healthcare.

This section outlines some of the common stereotypes and myths experienced by bi+ people, to build understanding of how stigma can manifest in everyday life and support efforts to challenge harmful beliefs.



Myth	Reality
Bi+ people... don't exist, aren't real, or should just "pick a side".	Bi+ identities are real and valid. They deserve respect – as do all sexual identities. No one should have to "pick a side" or justify their identity to be accepted.
Bi+ people... are not part of the LGBTIQ+ community or its history.	Bi+ people have been part of LGBTIQ+ communities, movements, and activism since the beginning. All bi+ people deserve to feel welcomed, respected, and included within LGBTIQ+ communities, just like any other identity.
Bi+ people... are not really queer or are less queer.	There is no single way to look or be queer. Bi+ people do not need to prove they are "queer enough" to belong in the LGBTIQ+ community.
Bi+ people... are undecided, confused, in a phase or actually gay or straight.	Bi+ people are valid. While sexuality can be fluid and some people may change their identity over time, bi+ identities are real and should be respected.
Bi+ people... are looking for attention.	Being open about your sexual identity is about authenticity, visibility, and connection, not about following a trend or seeking attention.
Bi+ people... are hypersexual, greedy and cheaters.	Being bi+ does not make you more likely to be "hypersexual", "greedy" or a "cheater". Like lesbian, gay and straight people, bi+ people's relationships and sexual practices are individual.
Bi+ people... are transphobic and only attracted to cis men and cis women.	Bi+ attraction can include people of all genders and identities, including trans, non-binary and gender diverse people.
Bi+ people... are no longer bi+ if they're in a different-gender relationship that is perceived as straight, or they have "truly come out" as gay or lesbian if they are in a same-gender relationship.	A bi+ person's partner does not define their identity. Bi+ people are still bi+ in every relationship they are in.
Bi+ people... are already included in gay/lesbian and straight spaces anyway, so don't need specific health services/programs.	Bi+ people have distinct experiences and health needs that may differ from those of gay, lesbian and straight people. Bi-inclusive and bi-affirming services help ensure these needs are recognised and addressed.
Bi+ people... spread HIV to the straight community.	Anyone, regardless of sexual identity, can be impacted by HIV. Blaming bi+ people reinforces stigma and can discourage people from accessing testing, prevention and care.

Pro tip

These myths can exist within both straight and LGBTIQ+ spaces. It is important to be aware of these myths and misconceptions so you can actively recognise and challenge them when they arise.

How you can help!

In this section, we will outline four key areas of focus that will support your work to improve bi+ inclusive practice.

Key areas of focus

- 1.0 Increasing bi+ visibility and inclusion across organisations.
- 2.0 Strengthening bi+ community engagement and partnerships.
- 3.0 Building workforce capability for bi+ inclusion.
- 4.0 Improving bi+ representation in data.



1.0 Increasing bi+ visibility and inclusion across HIV and LGBTIQ+ organisations

Many bi+ people do not feel welcome or experience a sense of belonging in LGBTIQ+ communities and spaces. Historically, LGBTIQ+ movements have often centred gay and lesbian identities, overlooking and sometimes intentionally excluding bi+ people. Bi-erasure is also evident in the limited attention given to bi+ specific issues in resources, programs, policies, research and media.

These experiences can reduce community connection, leave bi+ people feeling invisible within or excluded from LGBTIQ+ spaces, and negatively impact bi+ people's sense of belonging and access to care. Increasing bi+ visibility and representation by embedding bi+ inclusion across organisations helps create environments in which bi+ people feel recognised, welcome and included.

Recommendations for action

The following recommendations outline practical approaches to strengthen bi+ visibility and inclusion across LGBTIQ+ organisations.

1.1

Ensure organisational communication is explicitly and intentionally bi+ inclusive and addresses bi-erasure.

- Where appropriate, use, adapt or refer to existing bi+ terminology and language to support inclusive and affirming communication that avoids assumptions, and uses "bi+" as an inclusive term for multiple identities.
- Review existing information materials and resources (print and online) for bi-erasure. For example, avoid language that refers only to gay and lesbian identities, or that assumes monosexuality (i.e. "whether you are gay or straight...") or monogamy.
- Use visible signals of bi+ support in messaging, spaces and media. For example, include bisexual and pansexual flags alongside other pride symbols, support bi+ content creators and organisations, and use imagery that reflects and identifies bi+ people.
- Consider how organisational content can better affirm, target and include bi+ lived experiences. For example, include often-overlooked experiences such as contraception, attraction to people of multiple genders and diverse relationship structures such as non-monogamy and polyamory.

1.2

Embed diverse bi+ experiences in resources, services and programs.

- Ensure bi+ people with diverse lived experiences are meaningfully involved and represented in the development of resources, services, programs and other initiatives that affect them.
- Where appropriate, develop, use or refer to tailored resources and information that reflect the diverse relationships, sexual practices, and identities of bi+ people, particularly those at risk of STIs, HIV and unintended pregnancy.
- Produce, share or support content and campaigns that highlight the diversity of bi+ communities to promote visibility, strengthen education and help challenge bi-erasure and biphobic assumptions or stereotypes.

What this means in practice

It's important to ensure that bi+ people are explicitly recognised, included and reflected in your organisation's language, communications, programs, campaigns and community engagement approaches, rather than assuming bi+ communities are automatically included within broader LGBTIQ+ work. This should involve reviewing language, imagery and messaging to identify and address instances of bi-erasure, avoiding assumptions of monosexuality or monogamy, and ensuring bi+ people can see themselves reflected in services and resources.



Pro tip

When developing a new campaign, resource, service, event or communication, ask: "How have I intentionally and visibly included bi+ people in this work?"

For existing services, resources or programs, ask the questions: "Can bi+ people see themselves reflected in our language, imagery, messaging and outreach?" and "Has this work been reviewed for instances of bi-erasure, or assumptions about bi+ identities?"

Asking these questions can help strengthen visibility, improve engagement with bi+ communities, and create more inclusive and affirming environments where bi+ people feel welcome, recognised and supported.



A note on intersectionality in practice

Bi+ people are a highly diverse community. Taking an intersectional, person-centred approach is essential to ensuring equitable access to services and health outcomes.

Experiences of being bi+ are shaped not only by sexual identity, but also by a wide range of intersecting identities and lived experiences. Access to and engagement with care is directly influenced by these intersecting factors, as well as systemic barriers driven by biphobia, monosexism, and homophobia, and other forms of discrimination such as racism, transphobia and ableism. These barriers are not caused by bi+ identities but by discrimination and systems that don't account for and respond to the unique needs of bi+ communities.

Where possible, organisations should take an intersectional, person-centred approach to inclusion by recognising and responding to the diverse experiences within bi+ communities. This includes considering how different and intersecting forms of stigma, discrimination, and systemic disadvantage may influence people's experiences of accessing services and support.

2.0 Strengthening bi+ community engagement and partnerships.

Community engagement and partnerships are central to strengthening bi+ inclusion opportunities across organisations. Meaningfully engaging with bi+ communities through outreach, consultation, co-design and other participatory approaches and opportunities helps strengthen community representation and connection,

builds stronger organisational partnerships and ensures services, programs and initiatives are informed by lived experience and responsive to the distinct experience and needs of bi+ people.

Recommendations for action

The following recommendations outline practical approaches to strengthen bi+ community engagement and partnership.

2.1

Drive targeted efforts to increase bi+ inclusion and participation within LGBTIQ+ community spaces.

- Consider targeted outreach strategies to increase engagement with bi+ communities and support participation in broader LGBTIQ+ spaces. This could include partnering with bi+ community groups and leaders and promoting initiatives in spaces and on platforms used by bi+ people.
- Recognise and celebrate key bi+ days of significance including Bi+ Health Awareness Month (March); International Day Against Homophobia, Biphobia, Interphobia, and Transphobia (17 May); Pansexual Visibility Day (24 May); Bi+ Awareness Week (16–23 September); and Bi+ Visibility Day (23 September).
- Where appropriate, support strengths-based initiatives that promote bi+ people's engagement with sexual health services and support mental health and wellbeing, particularly initiatives that address sexual violence among bi+ populations and build community connection and confidence.

2.2

Increase bi+ representation through participatory, co-design and community empowerment approaches.

- Identify and build relationships with local bi+ community groups, peer networks and grassroots organisations, and support, partner and collaborate with them.
- Where possible, ensure bi+ people and grassroots organisations are appropriately remunerated and acknowledged for their expertise, lived experience and time.
- Ensure diverse bi+ lived experiences are represented within working groups, reference groups and other community or consumer advisory groups.
- Where appropriate, engage with bi+ reference groups and bi+ leaders to facilitate ongoing consultation and community input.
- Support opportunities for interested bi+ staff and community members to participate in consultation, co-design, advisory panels, networking and other leadership roles related to bi+ inclusion, health and wellbeing.
- Where relevant, ensure bi+ identities and experiences are considered and represented across community panels, events and other public-facing activities.

What this means in practice

Strengthening bi+ engagement involves building genuine partnerships with bi+ communities, peer networks and grassroots organisations through consultation, co-design and participatory approaches that value lived experience expertise. When developing services, programs and resources that impact bi+ people, it's important to involve bi+ people, including those from a wide range of lived experiences, to help co-create solutions that can respond to the needs of bi+ communities.

Strengthening engagement and partnerships with bi+ communities can help foster stronger community connection, improve trust in services and support bi+ people to feel welcomed, safe and included within LGBTIQ+ spaces and healthcare settings.

Pro tip

When starting a new project or piece of work, or when responding to an emerging health issue, ask: "How can we work with bi+ communities to inform this work and strengthen bi+ engagement?"

For existing services, ask: "How have bi+ communities or people with lived experience been involved in shaping this work, and were they appropriately acknowledged or remunerated for their expertise?"

Asking these questions can help strengthen meaningful partnerships and involvement with bi+ communities to develop services, programs and initiatives that are reflective and responsive to the needs of bi+ people.



3.0 Building workforce capability for bi+ inclusion.

Building workforce capability is essential to creating inclusive, affirming and responsive services for bi+ communities. Workforce training and professional development can strengthen understanding of the diverse experiences, distinct health needs, and barriers faced by bi+ people, and support staff to feel confident engaging with bi+ communities and actively challenging biphobia and bi-erasure.

Empowering and supporting bi+ identified staff to contribute to co-design, community engagement, leadership and strategy, and other workforce initiatives further strengthens organisational capability to support bi+ communities and bi+ inclusion.

Recommendations for action

The following recommendations outline practical approaches to build workforce capability and support staff to work confidently and effectively with bi+ communities.

3.1

Support staff to feel confident working with bi+ communities and actively addressing bi-erasure and assumptions.

- Support opportunities for staff to access education, training, resources, webinars and resources on the experiences, health needs and inclusion of bi+ communities. Topics may include inclusive language, bi+ lived experiences, diverse relationship structures (including polyamory and non-monogamy), biphobia and bi-erasure, sexual health needs and inclusive practices for bi+ people in service delivery.
- Review existing training materials to ensure bi+ representation, inclusive language and up-to-date terminology is used. Where possible and appropriate, include bi+ lived experience perspectives and case studies to strengthen understanding and awareness.
- Support opportunities for staff to access ongoing professional development to build knowledge, confidence and capability in working with bi+ communities.
- Ensure inclusion standards explicitly reflect the experiences and needs of bi+ communities.

3.2

Strengthen recognition of the importance of bi+ peers in the workforce.

- Recognise bi+ lived experiences as valuable expertise, and, where appropriate, support the visibility, leadership and participation of bi+ staff in the workplace. For example, there may be interest in developing a bi+ employee network at a sector-level to provide support, share resources and offer opportunities to be involved in co-design and other lived experience opportunities.

What this means in practice

It's important that staff across all levels of an organisation feel confident, informed and equipped to work with bi+ communities. This includes building workforce knowledge of bi+ lived experiences, distinct health needs and the impacts of biphobia and bi-erasure through education, training and professional development.

It also means recognising lived experience and peer expertise within the workforce and supporting opportunities for bi+ staff to contribute to co-design, leadership, community engagement and service development. Together, these approaches build workforce capability and organisational responsiveness to help create more inclusive services where bi+ people feel recognised, affirmed and supported.

Pro tip

When reviewing staff training, onboarding materials or workplace inclusion practices, ask: "Would staff feel confident and informed to work with bi+ communities?"

For existing workforce development activities, ask: "Do training materials explicitly include bi+ experiences, language and health needs?" and: "How is bi+ lived experience recognised and valued within the workforce and service delivery?"

Asking these questions can help identify gaps in knowledge, strengthen workforce confidence and support more inclusive and affirming engagement with bi+ communities.



4.0 Improving bi+ representation in data

Evidence and data play an important role in informing community responses, as they guide funding, policy, and service delivery decisions. However, there are significant gaps in research specifically focused on bi+ people, including ongoing visibility of bi+ identities and experiences within broader LGBTIQ+ data and health research, which limits the ability to translate findings into targeted community responses.

LGBTIQ+ organisations can strengthen bi+ community representation by contributing to research and meaningfully involving bi+ people in consultation, evaluation and ongoing improvement processes. Improving bi+ representation in data supports increased bi+ visibility and creates opportunities for evidence-informed decision-making and service design that benefits bi+ communities.

Recommendations for action

The following recommendations outline practical approaches for organisations to support improving bi+ representation in data.

4.1

Contribute to the research space to ensure bi+ visibility.

- Where relevant, provide community partner representation and support on external research activities focusing on bi+ communities, and advocate for meaningful bi+ inclusion within broader LGBTIQ+ research initiatives.
- Advocate for the Australian Bureau of Statistics (ABS) 2020 Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables to be included in all health research studies.
- Approach and engage with researchers with existing datasets to request analysis that informs service provision, resources and development and understanding of bi+ experiences. Encourage disaggregation of bi+ perspectives where relevant.
- Advocate for and support funding opportunities that strengthen bi+ specific research, evaluation and community partnership opportunities.

4.2

Collect and evaluate bi+ service users' experiences.

- Ensure organisational data collection processes including intake forms, registration systems and evaluation surveys are inclusive of bi+ identities and experiences and capture relevant information about bi+ health and wellbeing needs.
- Where appropriate, collect feedback and evaluation data from bi+ clients and service users to support continuous service improvement and identify gaps in access, care and outcomes.
- Use standardised and evidence-based measures, such as the ABS 2020 Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, to support consistent collection of bi+ identities and experiences in data across services and programs, to enable comparability and disaggregation where relevant.
- Ensure clear communication about confidentiality and privacy of client data to build trust and reduce concerns about disclosure, particularly for clients who may not have disclosed their identity, sexual practices or attraction to others.

What this means in practice

It's important to ensure that bi+ people are meaningfully represented within data, including separately where appropriate, rather than grouped into broader LGBTIQ+ categories where their experiences may become invisible. Strengthening bi+ representation in research can help improve understanding of bi+ experiences, health needs and priorities, while supporting more informed service delivery, funding advocacy and community-led responses.

In practice, this means advocating for data collection, evaluation and research activities that are inclusive of bi+ identities and use consistent, evidence-based approaches that make bi+ experiences visible in data.

Pro tip

When collecting data, planning research, or developing an evaluation, ask:

“How are bi+ people meaningfully represented, consulted and recognised within this work?”

For existing research, consultation or data collection processes, ask: “Are bi+ identities and experiences visible within data, and able to be separated from broader categories if needed?” and “Are bi+ communities accessing our service? and do we have data to help determine this?”

Asking these questions can help strengthen community partnerships, improve the visibility of bi+ experiences within research and data, and support more responsive, evidence-informed and community-led approaches.



Where to from here?



This framework is the first iteration of an ongoing effort to improve inclusive and responsive care for bi+ people across Health Equity Matters' work with our members and affiliate members. The strategies outlined in this framework reflect priorities identified through consultation with bi+ communities and Health Equity Matters members. They are intended as a practical starting point for organisations and individuals seeking to strengthen their work with bi+ communities.



Strengthening bi+ inclusion and addressing systemic barriers to care cannot be achieved overnight or with a single framework. Creating meaningful and lasting change is an ongoing process that requires continuous learning, reflection, and meaningful partnership with communities over time to build trust and support long-term impact.

Through this framework we hope to support greater understanding of bi+ experiences, provide practical guidance to increase bi+ inclusion and engagement in practice, and contribute to the ongoing advocacy efforts to improve visibility, equity and sexual health and HIV outcomes for bi+ communities. Health Equity Matters will begin to implement this framework and will continue to work alongside members and bi+ communities to improve this guidance and develop strategies to monitor, evaluate and support the implementation of this work.

Health Equity Matters would like to thank all the bi+ leaders, representatives and organisations who generously shared their time, experiences and expertise to help inform this work. We encourage organisations, services and individuals to continue embedding bi+ inclusive practices and working towards creating more inclusive, affirming and responsive services for bi+ people.

Lastly, as one consultation participant reflected: "my final thought is that bi+ inclusive practice is actually better practice for everyone. When we stop making assumptions about a person's risk or identity based on their current partner, we provide more accurate, person-centred care for every single client who walks through our doors, and all of our diverse communities."

Resources

Books

- Bi: The Hidden Culture, History and Science of Bisexuality by Julia Shaw
- Bi: Notes for a Bisexual Revolution by Shiri Eisner
- Bisexual Men Exist: A Handbook for Bisexual, Pansexual and M-Spec Men by Vaneet Mehta
- Bi the Way: The Bisexual Guide to Life by Lois Shearing

Podcasts

- Give it to me Bi Hosted by Chad Barnier and Steve Spencer <https://podcasts.apple.com/au/podcast/give-it-to-me-bi/id1766204834>

Websites

Australian

- Sydney Bi+ Network – www.sydneybiplusnetwork.org
- Bi+ Pride Victoria – www.bipluspridevic.org.au
- Bi+ Australia – <https://biplusaustralia.org/>
- Brisbane Bi+ Network – <https://www.facebook.com/BrisbaneBiNetwork>
- Bi+ Community Perth – <https://www.facebook.com/groups/bicommperth/>
- Bi+ Positive Advocacy Network (BiPAN) – <https://napwha.org.au/bi/>

International

- Bisexual Resource Center – www.biresource.org
- Bi.org – www.bi.org
- Bi+ Nederland – www.biplus.nl/international/

Reports

- Understanding sex, health, and relationships among bi+ people in Australia: Key findings from the first Bi+ Sexual Health and HIV study (BiSHH) 2024-25 - <https://doi.org/10.26190/unsworks/32078>
 - Private Lives: A national survey of the health and wellbeing of LGBTIQ people in Australia - <https://www.latrobe.edu.au/arcs/shs/nested-content/private-lives>
 - Still complicated: Bi+ experiences of services and recommendations for improvement - <https://www.equality-network.org/resources/still-complicated/>
 - Roadmap to bisexual inclusion: A guide for Scottish services - <https://www.equality-network.org/resources/roadmap-to-bisexual-inclusion/>
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Glossary

Bi+	A community-driven umbrella term used to describe sexual identities that are characterised by attraction to more than one gender.
Bicurious	A term describing a person who is curious about exploring attraction to, or romantic and/or sexual experiences with, people of more than one gender.
Bi-erasure	A term describing denial, dismissal or minimisation of the existence or validity of bi+ identities.
Biphobia	A term describing negative and harmful beliefs, prejudices and stereotypes about bi+ people.
Biromantic	A term describing a person who experiences romantic attraction to people of more than one gender.
Bi or Bisexual	A term describing people who are attracted to more than one gender, although not necessarily at the same time, in the same way, or to the same degree. ¹⁶
Brotherboy	A term used by some Aboriginal and Torres Strait Islander communities to describe an Aboriginal or Torres Strait Islander person assigned female at birth who has a masculine spirit or identity.
Cis or cisgender	A term describing people who identify their gender as the same as what was presumed for them at birth (male or female). ³⁹ In this report cisgender is shortened to cis.
First Nations	A term referring to the original Indigenous peoples of a country, such as Aboriginal and Torres Strait Islander peoples in Australia.
Fluid	A term that describes attraction that is not exclusive to a specific gender or identity and can change over time.
Heteroflexible	A term describing a person who primarily experiences attraction to a different gender but is occasionally attracted to the same gender.
Homoflexible	A term describing a person who primarily experiences attraction to the same gender but is occasionally attracted to other genders.
Intersectionality	A term describing the ways in which different aspects of a person's identity and lived experiences can combine and intersect to create unique forms of compounded stigma and discrimination, disadvantage and marginalisation. ⁴⁰
LGBTIQA+	An acronym for lesbian, gay, bisexual, trans, intersex, queer/questioning, asexual, plus other diverse gender and sexual identities.
Monogamy	A term to describe a relationship structure in which a person has a relationship with or dates one person at a time.
Monosexual	A term describing a person who is attracted exclusively to one gender, such as people who identify as straight or gay/lesbian.
M-spec	An umbrella term for identities involving attraction to more than one gender, such as bisexual, pansexual, and polysexual.

Glossary

Multi-gender attracted	A term describing a person who is attracted to people of more than one gender.
Non-binary	An umbrella term for gender identities outside the binary of man/woman.
Non-monogamy	An umbrella term for people who engage in relationships structures outside of monogamy. Non-monogamy can take many forms (e.g. open relationships, swinging), but generally includes people who are, have been, or plan to have romantic or sexual relationships with more than one person. ³⁹
Omnisexual	A term describing a person who is attracted to people of all genders, often with awareness of gender as part of that attraction.
Panromantic	A term that describes romantic attraction to people regardless of their gender.
Pan or Pansexual	A term that describes sexual attraction to people regardless of their gender.
Polyamorous	A term that describes the practice of or desire for relationships with more than one person at the same time, with informed consent of all involved.
Polysexual	A term describing a person who is attracted to multiple, but not necessarily all, genders.
Queer	An inclusive umbrella term to describe sexuality and gender diverse people.
Sistergirl	A term used by some Aboriginal and Torres Strait Islander communities to describe an Aboriginal or Torres Strait Islander person assigned male at birth who has a feminine spirit or identity.
Straight	A term that typically describes men who are exclusively attracted to women, and women who are exclusively attracted to men. Sometimes referred to as 'heterosexual'. ⁴¹
Trans or transgender	An inclusive umbrella term that describes people whose gender is different to what was presumed for them at birth. Trans people may position 'being trans' as a history or experience, rather than an identity, and consider their gender identity as simply being female, male or a non-binary identity. ³⁹

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