

“It's Nothing to be Ashamed of, I'm Like, I'm Bisexual and I Love Women, I Like Men” - Being a Bisexual Person with an Intellectual Disability

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ABSTRACT

Despite increasingly liberal attitudes in the UK, people who identify as bisexual face unique challenges from both mainstream society and within the LGBTQ+ community. Negative stereotypes persist surrounding bisexuality, such as people are confused or hiding their ‘true’ sexual orientation as a gay man or a lesbian. No research explores the experiences of bisexual people with an intellectual disability. However, LGBTQ+ people with an intellectual disability are a minority and potentially face double discrimination. Eight bisexual people with intellectual disabilities took part in semi-structured interviews exploring their experiences. Participants' narratives were analyzed using interpretive phenomenological analysis. The study highlighted that being bisexual was an essential part of their identity. They experienced the same challenges, such as biphobia, as bisexual people without an intellectual disability. Participants were fearful of disclosing their sexuality to family, friends or their support staff, but overall, this has been a positive experience by enabling individuals to be their authentic self. Participants' sexuality could pose challenges within their intimate relationships if their partner was not also bisexual. The research highlights the importance of LGBTQ+ support groups to people with intellectual disabilities as a safe space to explore their identity, build connections with peers and provide support to integrate within the LGBTQ+ scene. There is a clear need for those supporting people with intellectual disabilities to have training surrounding bisexuality and the distinct issues that this group can face.

KEYWORDS

Intellectual disabilities, bisexuality, prejudice, identity

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Introduction

Within the UK, the new millennium witnessed legislative changes to promote inclusivity and reduce prejudice toward lesbian, gay, bisexual, transgender and queer

(LGBTQ+) people. Such legislative changes included: equal adoption rights for couples of the same gender (2002), the repeal of Section 28 which restricted education from promoting homosexuality or displaying any family unit that was non-heterosexual as natural (2003), passing of the Equality Act (2010) and the Same-Sex Marriage Act (2013). However, prejudices toward LGBTQ + people persist (Stonewall, 2017).

Bisexuality can be defined as an “adjective to refer to sex acts and attractions to same-sex and other-sex persons, and as a noun to mean people who have these attractions” (Monro et al., 2017, p. 665). Bisexual people experience a unique type of anti-bisexual prejudice from both heterosexual and lesbian/gay individuals (Brewster & Moradi, 2010). Monosexism, the false belief that people can only be attracted to one gender persist, bisexual people are frequently labeled as confused or unwilling to accept their sexual orientation (Roberts et al., 2015). Magrath et al. (2017) highlighted how bisexual erasure within the media demonstrates a preference for monosexual identities. Research suggests that bisexual people experience higher rates of anxiety compared to other sexual orientations (MacLeod et al., 2015), possibly attributed to this prejudice. The intersections of discrimination experienced by bisexual people occur across demographics such as race (Fuji Collins, 2004) and disability (Toft, 2020). However, the intersection of bisexuality and disability has been under-explored, in particular intellectual disabilities.

Bisexuality & disability

Within the UK, the definition of intellectual disability (the UK uses the term learning disability) as “a significantly reduced ability to understand new or complex information, to learn new skills, reduced ability to cope independently and impairment which starts before adulthood with lasting effects on development”. (Department of Health, 2001, p. 14). This definition includes a range of disabilities; people with an intellectual disability typically have an IQ below 70, and issues surrounding communication and social functioning. Many people with an intellectual disability suffer from additional physical and/or sensory impairments (Department of Health, 2001). Most people with an intellectual disability require some form of daily support within their lives, ranging from 24-hour support in a group environment (usually unable to go out independently) to living in with daily support with some independence to living alone with minimal support, mainly surrounding maintaining their tenancy (management of bills etc).

Within the UK, before the 1980s and the start of de-institutionalization, people with intellectual disabilities typically lived in large-scale institutions, often segregated by sex (McCarthy, 1999; Thompson, 1994). Same-sex relationships between men were common in these institutions (Thompson, 1994) and were typically ignored or pathologized (McCarthy, 1999). Sexual contact or relationships between individuals of the same gender were often considered the result of 'institutional homosexuality', meaning they only occurred due to a lack of access to different genders, thus devaluing their significance or ignoring a person's sexuality (McCarthy, 1999; Thompson, 1994). Following the closures of institutions for people with intellectual disabilities, there is an increased opportunity to meet a partner of a different, and possibly preferred gender.

Roberts et al. (2015) described bisexual individuals as "a minority within sexual minority communities" (p. 555). People with intellectual disabilities who are bisexual are 'double minority' (Abbott & Howarth, 2005). Overall, LGBTQ+ people with intellectual disabilities face unique challenges such as being denied a sexual identity or being told they do not understand their sexuality (Dinwoodie et al., 2020). This lack of acknowledgement is reflected in a bias toward heterosexual relationships within care, limited exposure to LGBTQ+ venues or/and social activities (Abbott & Howarth, 2005). LGBTQ+ people with intellectual disabilities also experience abuse and discrimination because of their sexuality from society including psychological abuse (such as name-calling), intimidation and physical assaults, which have a harmful psychological impact and can lead to a negative view of self (Tallentire et al., 2020). LGBTQ+ people with intellectual disabilities report abuse and discrimination from those paid to support them, which can impact on their decision of whether to disclose their sexuality to paid staff (School for Social Care Research (SSCR), 2017). LGBTQ+ people with intellectual disabilities experience additional discrimination from the broader LGBTQ+ community who are not always welcoming, with some members holding negative stereotypes of people with intellectual disabilities (Stauffer-Kruse, 2007). Despite the issues experienced, many LGBTQ+ people with intellectual disability can feel proud of their identity, but some may need additional support to achieve this through having a safe space to explore their identity with their peers (Tallentire et al., 2020).

A search of electronic databases identified a gap in the literature, no research existed which explored the experiences of bisexual people with intellectual disabilities. LGBTQ+ research among people with intellectual disabilities only includes a small number of bisexual people (Abbott & Howarth, 2005; Tallentire et al., 2020) with no study focusing exclusively upon this, leaving their experiences under-represented and unexplored. The research aims to understand the experiences of people with

intellectual disabilities who identify as bisexual, exploring if they face the same challenges as bisexual people without a disability and what could be put in place by professionals and social care organizations to best support their sexuality and develop positive self-identities as bisexual people.

Method

Participants

In-depth interviews took place with eight adults with intellectual disabilities, geographically spread across the UK. In line with purposeful sampling (Teddle & Yu, 2007), the researcher only included potential participants who met the inclusion criteria. The inclusion criteria for this study was being an adult with an intellectual disability who identifies as being bisexual and being over 18 years old. The research was open to both cis and transgender or gender diverse participants. Bisexuality was defined as being attracted to both men and women. It was not a requirement for participants to have had any sexual or romantic experiences with any gender. All UK LGBTQ+ social groups known to the research (who has extensive contacts in this area) for adults with intellectual disabilities received details of the study in an attempt to recruit participants. Social care organizations who also worked with adults with intellectual disabilities shared information about the study via social media including, Twitter and Facebook. Staff who ran LGBTQ+ support groups for people with intellectual disabilities disseminated the easy-read research information (simple written information and pictures that is easier for people with reading difficulties to understand), to anyone they knew who matched the inclusion criteria. Two participants were recruited via social care managers who had seen an advert for the research online and shared with bisexual people who used their services. The research was advertised on social media so participants could access the research information and contact the researcher directly. However, due to communication difficulties of people with intellectual disabilities, fewer people access social media and no participants were recruited directly from the internet.

Recruiting participants for the research was challenging, the recruitment phase remained open for several months. Eight participants took part, and their demographics, including current relationship status, are shown in Table 1. Participants were asked in the interview how they wanted to identify in terms of gender. All participants identified as cis except one who identified as a trans woman. 62% of participants were aged 18-24 (5 participants), 25% aged 25-34 (2 participants), and just one participant was in the 45-54 age range (13%) and he was the only participant who was married. His wife lived permanently abroad but they were still in a relationship.

All participants were White British. Supported living is a model of UK care provision which consists of either a flat or a house typically including access to staff 24-hour a day and shared lives is like an adult foster placement, where the person lives with a family. One person lived in a hostel, which was not a specialized hostel for people with intellectual disabilities.

Table 1. Participant demographics. ([Table view](#))

Pseudonym	Age	Gender	Living situation	Relationship status
Amy	18	Cis woman	With family	In a relationship with a cis man
Anne	20	Cis women	Shared Lives	Single
Emma	30	Trans woman	Hostel	Single
Joe	22	Cis man	Shared Lives	In a relationship with a cis woman
John	24	Cis man	Supported Living	Single
Mark	25	Cis man	Supported Living	In a relationship with a cis man
Mike	47	Cis man	Alone (wife lives permanently abroad but still a couple)	Married to a cis woman
Steven	24	Cis man	Supported Living	Single

Semi-structured interview

Interviews took place in private and lasted between half an hour and an hour and followed a semi-structured format, focusing on bisexual identify, relationship history and preferences and support surrounding sexuality from family or paid staff support. All were recorded digitally with participants consent and saved on a password protected and encrypted laptop. A professional company transcribed the data. Only participants with the capacity to consent took part. Consent was ascertained by the staff member who knew the person well (either a social care manager or a person who run the LGBTQ + support group) and confirmed by the researcher who asked participants to confirm what the research is about and why they wanted to take part. The consent form was in an easy read format, using an amended template from a previous study on relationships which had been approved by an advisory group of people with intellectual disabilities (who were not part of the research) for accessibility. Participants' responses had to reflect this knowledge and include an answer that reflects a personal choice. All participants were able to give informed consent to take part in the research. Ethical approval was obtained from the University of Kent's research ethics committee.

The researcher explained an accessible document about confidentiality and consent to participants. The researcher explained that participants could request copies of their transcript or digital recordings, also that they could withdraw from the interview or withdraw their information at any point before the submission of the research for publication. No participants requested this. Due to the nature of this research, participants in this study did not agree for their data to be shared publicly, so supporting data is not available. Participants were not compensated for their time as this was a small unfunded research project.

Analysis

The researcher of this project identifies as a bisexual cis woman who has worked with people with intellectual disabilities for eighteen years. Her sexuality was not disclosed to participants before or during interviews unless they asked. Only two participants asked and to be authentic the researcher disclosed. The study was developed following the researcher's reflections of how she found the understanding, accepting and eventually celebrating her sexuality a complex process. Her experiences raised questions of how this process was understood by bisexual people with an intellectual disability and subsequently supported by social care service. The researcher's connection to the topic had the potential to create bias. To reduce this, bracketing was employed which "requires deliberate putting aside one's own belief about the phenomenon (Chan et al., 2013, p. 1)". To achieve this, they initiated the research process by examining their thoughts and feelings on the topic, which were then questioned for potential bias and reflected upon during analysis. Bracketing has an increased success if the researcher remains curious concerning the topic (Chan et al., 2013), this was reached by having open-ended questions and following participants' lead. The process and themes, alongside the researcher's potential preconceptions, were discussed as part of the supervision process.

Interview data was analyzed using Interpretative Phenomenological Analysis (Smith et al., 2009). This method was selected as it attends "to the way things appear to individuals in their experience" (Pietkiewicz & Smith, 2014, p. 8) and it collected rich person-centered accounts of a phenomenon. IPA enables the researcher to understand the individuals' unique experiences as a person with an intellectual disability who identifies as bisexual from their perspective, this includes their interpretation of their sexuality, intimate relationships and experiences within the LGBTQ+ community. The analysis process began with a period of deep immersion within the data, including re-reading transcripts, making notes and developing exploratory questions. This process formed the basis used to develop potential themes.

IPA was selected due to its extensive focus on the individual, each participant's narrative was attentively explored in detail before moving onto the next participant. Only after each case was investigated in-depth was there an examination of themes between participants to identify shared experiences. Emerging themes were grouped to create main themes and sub-themes. Themes were those which appeared to be fundamental to the experience of being a bisexual person with an intellectual disability. The researcher then checked the data to ensure that the themes are grounded in the original data.

Results

From the analysis, 25 potential themes were initially identified. Following a process of questioning and exploring relationships across the themes, the potential themes were grouped into four main themes, with each theme consisted of two related subthemes. The themes are shown below in [Figure 1](#).

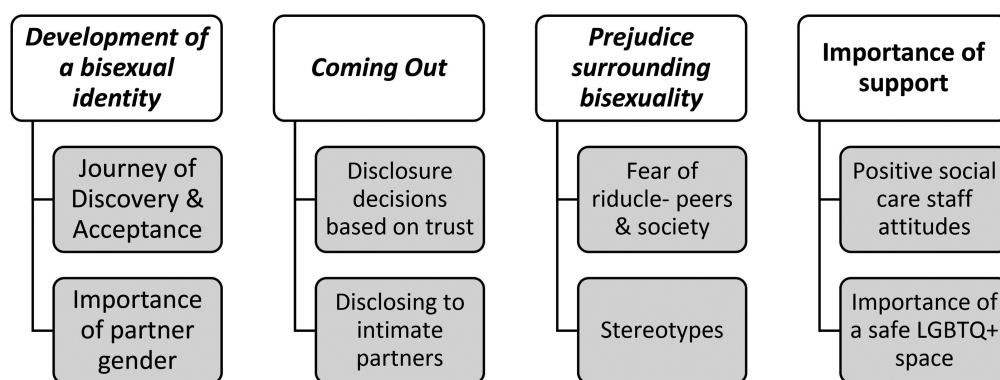


Figure 1. Participant themes from interviews.

Development of a bisexual identity

Journey of discovery and self-acceptance

Participants all shared the identity of being someone with intellectual disabilities who identifies as bisexual; however, how they came to this realization and how it looked/felt for each person was unique but with familiar elements. Reoccurring elements included under this subtheme centered around a journey which could be both positive and negative at times. There were feelings of confusion and isolation but ultimately all participants reached a point of self-acceptance. All participants shared their experience as a journey of discovery, and this was easier for some individuals compared to others. Several participants said they initially denied this aspect of their self.

"I just—, not that I had any issues with people with LGBT but I had a childhood trauma as a child with a man, so any thought of that possibility I was just thinking was related to that. And not wanting to think about it, kind of thing. And it wasn't really until I was speaking to X that helped me to realise it was okay, kind of thing." (John)

Others felt they had to hide this aspect of themselves to be accepted in society.

"It was hard because I couldn't be myself. I couldn't be what I wanted to be. I had to still pretend that I was straight and not bisexual and just try and go out with." (Emma)

There was a shared feeling that being bisexual was a central aspect of a person's identity, and once they accepted this part of themselves, they felt happier and were able to be their authentic self.

"Erm, it's a lot—, I've noticed for myself it's a lot easier, like accepting it for myself. Happier. Yeah, definitely grown up with the worry of, like, if I was gay or like bisexual, don't know, it's just a lot easier." (Amy)

One participant shared how she valued her bisexual identity as it made her feel different; however, it could also make her also feel isolated.

"'Cause it's like—, I like—, I feel like inside, like, being, like, different and not be the same to people." (Anne)

Participants reflected on how it was a journey of self-discovery which could have been easier if there had been more open discussion of different sexualities as part of school or college education. A discussion of bisexuality was felt to be absent in sex education, which left some people feeling confused about their identity.

"Well, sometimes with a disability it's quite difficult to understand. It's like, it's when I was a bit young, I didn't under—, I had difficulty to understand I was gay or bisexual. But, when I started growing up, I started, okay, I understand it now, it's nothing to be ashamed of, I'm like, I'm bisexual and I love women, I like men." (Steven)

"I didn't even know properly who I were. Because knowing about being bisexual, it could be a really long path. If you don't get the right information about it, if you don't know yourself. School education don't teach you about it." (Mike)

Importance of partner gender

This theme explored what being in a relationship looked like as a bisexual person, and within this was an exploration among participants of the significance of gender preference. Some participants expressed partner selection as a binary choice, stating

that they had a preference for cisgender men or cisgender women while others were much more fluid in their partner choices, focusing on the aspects of the individual such as their personality rather than stating an interest in a specific gender. Some participants felt their attraction was predominantly, but not exclusively, focused on one gender, while others reported an equal distribution of attraction between different genders, specifically the genders of cis men and cis women.

“There isn't that much of a difference. You love the same, you kiss the same, you have sex the same really, apart—, there's a bit of a difference obviously, but yeah.” (Amy)

One participant who identified as a cisgender man (as this time, she later identified as a trans woman) had felt confused about whether she could identify as bisexual when they were content in a relationship of someone who identified as a cisgender woman.

“At one point when I was in a serious relationship with a female, yeah, I thought I was 100% straight and that I was going to go and stay straight instead of being, erm, bisexual, but while I was with her I was still getting hots for men, so I was realising that maybe, you know, it is still there and, yeah.” (Emma)

For others, there was a clear preference for partners identifying as one gender compared to others. For some, this was a relationship with someone of a different gender, and for others, this was a relationship with someone identifying as the same gender.

“Because I'm a little bit bisexual, it's just because I love women mostly. But I just love boys a little bit. To be honest with you, I like it how it is. It's just, I mostly just go for women at the moment. But it's just I do fancy men a little bit, but I just fancy women the most.” (Steven)

“I think I'm more attracted to men, but probably 25% women and the other.” (Mark)

One participant shared how he felt being bisexual gave him more opportunities to find a partner.

“More chance in finding somebody I can trust and I love”. (Mark)

Only two participants explored the attitude and possible bi-erasure of identifying as LGBTQ+ while being in a relationship with someone of the different gender (cis man and cis woman pairing). Both felt that having a different gendered partner made them no less bisexual or a member of the LGBTQ+ community.

“Yeah, but I'm not that type of person to say that, so, but generally a bisexual person has as much right to be in a gay bar as actually a gay person does as well, regardless of if you're in a relationship with a different sex to you.” (Joe)

Coming out

Disclosure decisions based on trust

Participants' experiences varied in terms of disclosing their sexuality (coming-out), but most choose to keep this information limited to close family, friends or support staff, only sharing if they trusted the person. There was a clear sense among most participants of only disclosing their bisexuality on a ‘need to know basis’, there was a focus on self-protection from harm and ridicule. However, intimate partners who were often excluded from this inner circle of trust, which will be discussed in a subsequent section. There was a minority of participants whose sexuality was public knowledge either by announcing it on Facebook or by being "outed" by another person whom they told in confidence.

“It's not—, don't actually feel it necessary that you don't hardly see them or hang out with them, what's the point telling them?” (Joe)

“But if you ask me I'll quite happily be open to you and be like, yeah I am but I haven't shouted it from the rooftops or anything.” (Amy)

“A lot now, 'cause it's [his sexuality] on Facebook. Interested in men and women”. (Mike)

When it came to telling family members and friends, participants shared a feeling of apprehension, but overall, most felt it was a positive experience. Some shared how it was a "relief" to be able to share their 'true' self with those important to them, even if they did not fully accept/understand.

Q: “So why did you tell your foster Mum”?

P: “Because it was stuck inside me, to take it out”.

Q: “Do you remember what it felt like when you told her? Can you tell me?”

P: “Yeah. she looked shocked”. (Anne)

Several participants shared that they had family members or family friends who identified as LGBTQ+, which they felt made their families more understanding and accepting.

“My mum was the first one who I told. She was completely alright, she—, didn't bothered her because my auntie recently got married last year to another woman so she understood—, she didn't—, didn't bothered her that much. When—, and I told my sister as well who got—, her friends who are gay and that so it was completely normal for them to have that around them.” (Joe)

“I think I sat down with my Gran and said, "I like both men and women," and we've been a family that's always been accepting. We have gay friends, we have lesbian friends, like we have all different types of genders and stuff as well. Erm, but I sat down, I think I was about 15 and yeah, that was pretty tough for me.” (Amy)

One person shared how he has not "come out" to his grandparents as he felt they might not understand due to the age difference and how society has changed.

“I haven't really told like my grandparents, like my grandad won't understand now because he's got dementia so—, and even if he didn't have his dementia, he didn't really accept my auntie. Because of her sexuality, she is so I don't think she will go—, he will go on the same for me so I'd rather just kept it quiet from him”. (Joe)

Disclosing to intimate partners

Disclosing their sexual orientation to intimate partners was more complicated, and at times challenging, for participants. There was a strong sense of fear surrounding rejection from partners for several participants, predominantly involving relationships with people of a different gender. This gave a sense of sadness that caution had to be applied to the people with whom participants had chosen to be in a committed intimate relationship with, arguably the people to be most open with. Several participants had disclosed their sexuality, and this had created issues within the relationship. Partners had concerns which were reflective of the bisexual stereotypes addressed in the literature review, such as increased promiscuity, 'really' being interested in a different gender (to their partner) or partners denying this aspect of their partner's sexuality.

P: “She would say that you're not into men and you don't fancy men and you're just with me, yeah. So that was quite a challenge.”

Q: “How did you deal with that?”

P: “Just said to her, okay and pretended that I didn't like men and that I was going with her.” (Emma)

P: “He (same gender -partner) were thinking at first don't go out with anybody else obviously, but then when I told him I'm not like that and I won't”.

Q: "Who did he think you might go out with?"

P: "Girls." (Mark)

Others chose to be selective regarding sharing their sexual orientation, one participant (cis man) has only had relationships with cis women and has chosen to not share his sexual orientation with them for fear of this being made public. He feels he may disclose when sufficient trust has developed. A female participant has only shared her bisexual orientation with cis women partners, as they also identified as bisexual, which lessened the fear of rejection.

"I think I'm not going to tell her just yet because it's early days and that. I think, see how it goes and then I might start saying something about it and that". (Joe)

Q: "So you told the girls and not the boys?"

P: "Because I was afraid if they dumped me." (Anne)

Two participants in relationships (both with partners of a different gender- one with a cis man and another with a cis women) felt comfortable sharing their sexual orientation. Partners may have had some questions initially, but both now feel loved and accepted

"We've literally just spent mostly every minute together and he's really accepting of me as well. He doesn't judge me, he's really supportive and caring about it so I'm quite appreciative of that." (Amy)

"I think their attitude is all wrong. If you're falling in love with somebody-, if we're meant to marry, the man or the woman, I fall in love with them. I mean, I'm married now to a woman, she knows I'm bisexual. She's fine with it now." (Mike)

Prejudice surrounding bisexuality

Fear of ridicule from peers and society

All participants expressed a degree of fear surrounding being openly bisexual, fears centered around being rejected or ridiculed. Except for Steven, participants were not ashamed or had no desire to change their sexuality but were fearful of others reactions.

"No, I just kept my mouth, well, my mouth closed. Because if they ever take the mickey I just don't think I can live with the shame." (Steven)

Fear of ridicule was a consistent experience, some participants had chosen not to share with older relatives for fear of a lack of acceptance. However, despite most participants being under 30 the fear of being 'outed' at school or college indicated that, despite increasingly liberal UK attitudes, prejudices toward LGBTQ+ people exist, especially among their younger peers. Participants had witnessed others "come out" as LGBTQ+ be ridiculed or abused for their sexuality and did not want this directed at them.

"Like, no one because I hear some people saying, like, "Gay, gay, gay," to one of my friends or I just, like, about to say—, about to say to them, "Don't say gay because, like, in a funny way, if they wanted to be gay it's fine." (Anne)

"Because lots of people in our school do not quite understand us and they'll take the Mickey. So we just didn't know how to expose ourselves. So, I know it's quite difficult, but it's just hard to tell anyone and they understand. Because then they'll take the mick and then they'll call us names and all that. So it's best if we kept our mouths shut". (Steven)

Some had experienced direct abuse from family, friends or people they knew as a result of disclosing their bisexuality.

P: "Just name-calling".

Q: "What kind of names?"

P: "Like batty boy and stuff like that, and queer, and, yeah, it was, it was hard, yeah." (Emma)

"But he'd got a learning disability, and I told him I'm bisexual, he says, "This is not normal. This is against God's rights." (Mike)

Stereotypes

Participants felt that stereotypes about bisexual people persist and contribute to their fears regarding prejudice and non-acceptance. All participants saw bisexual people stereotyped, either witnessing others or directly experiencing it. Common stereotypes regarding bisexuality that the participants reported included confusion regarding their sexuality, seeing this as a non-acceptance of being gay or lesbian. The concept that bisexuality was not a genuine sexual orientation was a common issue, with the belief that participants would return to heterosexual relationships after "experimenting" or that they would eventually accept their "true" sexuality as a gay man or lesbian. People with intellectual disabilities were not immune to other stereotypes that persist relating to bisexual people, such as being greedy or promiscuous.

"I live with my Gran so erm, yeah I remember telling her and then she was like, "When you're 18 and if you still feel the same way then because you're still experimenting." And people kept telling me it was just phase that you go through and stuff like that, but it never changed for me. It always stayed the same." (Amy)

"Like, kind of like the things like, being greedy and, like, you're more likely to be cheating if you're bisexual because you'll just go for another person" (Anne)

Some participants shared the experience of friends/family making "jokes" at their expense which were not intentionally cruel but caused distress.

"Like people joke around with me, even my own family members and it does hurt. You laugh it off and like pretend it doesn't really matter to you, but it really does and it does hurt. Like if they don't fully understand and it's just kind of like why can't you just get over it". (Amy)

Several participants explained how their families were not as supportive as they would like. Several male participants were reluctant to disclose their sexuality to their fathers, even if their mothers were aware. There was a sense of fear surrounding rejection based on traditional notions of masculinity and a lack of understanding.

"He might just say that he doesn't like gays or something, I don't know. But I just can't really tell, really. I don't know, he's—, well, my mum and dad split up when I was about 11, and he used to say some nasty things. And I'm worried that he will say nasty things about gays and lesbians. He thinks that everyone needs to be straight, and then that's what I'm afraid of. But he—, not too sure at the moment." (Steven)

"I think, like, it will be something my stepdad will need to wrap his head around [laughs]. But I think that's something I'm going to leave for my mum to deal with 'cause my mum's like, definitely my rock when I struggle and she's, like, adamant she's not going to ever get—, let me get into a position where it's bad or anything. So even if it means whacking my stepdad 'til he gets some 21st-century sense into him, she will". (John)

Some mothers, when their offspring's' disclosed their sexuality, were dismissive or did not understand.

"But she [Mother] just finds it—, she still finds it hard to believe I'm—, she thinks it's just a game or something. But it's just like—, she just finds it hard. Mum, she finds it hard to believe I'm not bisexual [laughs]." (Steven)

"I said, "Mum, I'm bisexual." Mum didn't understand it. "Bisexual, me, I like men and women." And, she said you're being greedy." "No, I'm not being greedy, Mum, I just, I've

got feelings for men and women, I can't help myself. It's just a normal thing for me."
"Why weren't you like that when you were younger?" "I might be, but I didn't know at the time." (Mike)

Importance of support

Positive social care staff attitude

A unique aspect of being a bisexual person with an intellectual disability is the level of support people often require within their daily lives, either from parents or some form of paid staff. The attitude of staff/carers toward LGBTQ + people can have a significant impact on the support they receive and how comfortable people feel disclosing their sexuality. Almost everyone who had support staff or lived in a shared lives placement (similar to adult foster placements) had disclosed their sexuality to most of their support staff. No person reported experiencing any issues as a result of disclosing to support staff or shared lives carers.

"Yeah I only have an hour a week and she knows I'm bisexual, erm, obviously because when you first move in you're asked in the interview, are you gay, are you straight, are you bisexual, erm, and you can say, prefer not to say, but every time I've always put down bisexual, because that's who I am, so I'm not going to sit there and lie to them and say I'd prefer not to say and I'm going to hide it. I'm going to be upfront and be honest. If they don't like it then they didn't have to accept me, but they've accepted me, and I've been there seven years and haven't been treated badly at all". (Emma)

Participants were not only accepted by staff but were also directly supported to engage within the LGBTQ + community. In one instance a person was supported to a Pride event, staff organized a meet up with another person who identified as gay with an intellectual disability and helped him find an LGBTQ + social group for people with an intellectual disability.

Q: "So you came out while you lived here. And what was their [staff] reaction like?"

P: "They [staff] got me support about it."

Q: "Did they? What did they do?"

P: "I started going to the LGBT group in B, the details I sent you". (Mark)

Another person stated he felt comfortable disclosing his sexuality to staff as he had seen how supportive staff were to other housemates.

“One of the tenants is transgender so—, like I know they're at least supportive of the LGBT”. (John)

Another person was helped by staff to create a dating profile looking for both men and women by staff.

“They just—, well I actually went on a dating website actually and one of my carers helped me sign up for it.” (Joe)

Almost every participant was a member, or had access to, an LGBTQ + social group for people with intellectual disabilities. The support this provided was invaluable to many participants in several ways. Reoccurring elements within this theme included a sense of community, safety and acceptance. Groups provided a comfortable outlet for people to build their confidence and make friends. It enabled people to be part of the wider LGBTQ + scene, affording support to people to go out and have fun in local bars and Pride events, as some people would not feel comfortable doing this independently.

“I think they're (LGBTQ + Groups) helpful. I think personally [because like I said I'm sociable, it didn't really help me much but for someone who is quite shy I think it would build their confidence up and maybe go out a little bit.” (Joe)

“I did a presentation last September about Pride and it were really good. I made the presentation and showed it to everyone on screen, it were about my support workers taking me to Pride and there were some pictures and a bit of information about it.” (Mark)

Participants who attended LGBTQ + groups for people with intellectual disabilities felt the experience of being with others who had experienced similar challenges was helpful and comforting.

“It actually feels good, because they know what you've been through when you came out, to your family, and what it was like and they can sit there and talk about their experience, and you can sit there and talk about your experience, and we can compare and sit there and say well we've both been through the same sort of thing.” (Emma)

“I think it, like, it [LGBT group at specialist college] definitely helped—, I think it was around the time when I accepted me being bisexual so it's good to join a group of people in the LGBT and like hear of people's, like, stories and that.” (Amy)

“Erm... when I like more—, with the fact, like, it's actually with people with disabilities as well”. (John)

Discussion

Being bisexual was an essential part of participants' identities, even if this looked and felt different for individuals. A lack of education and discussion surrounding LGBTQ + issues possibly made this journey of self-discovery more challenging for people with an intellectual disability. Participants displayed diversity regarding gender preferences, from predominantly relationships with people of a different gender, the same gender or a combination. Coming out to family was often an anxiety-provoking, but a positive experience with the majority of families being accepting and understanding. Almost every participant felt it was necessary to only disclose their sexuality to trusted people. Disclosing to intimate partners was more complicated; several participants experienced negative stereotypical attitudes regarding their bisexuality from their partners, making people less confident in making further disclosures. All participants, to some extent, were fearful of being rejected or ridiculed by their family, friends or society, resulting in disclosures that were rooted in trust. Some had witnessed LGBTQ + abuse directed at peers, but only a minority had experienced this directly. People with an intellectual disability experience the same negative bisexual stereotypes as those without an intellectual disability. As well as issues such as bi-erasure and monosexism. LGBTQ + support groups were vital to participants but giving space to share experiences with their peers, to receive support to access LGBTQ + events and to make friends.

People with intellectual disabilities are subject to the same negative bisexual stereotypes as bisexual people without disabilities, such as being promiscuous and untrustworthy (Hayfield et al., 2014). According to Roberts et al. (2015), monosexual identities are believed by some to be authentic, and others told several participants in this study that they were either to be confused or unwilling to accept their sexual orientation. Research has shown that people with intellectual disabilities who identify as LGBTQ + face additional challenges as a bisexual person, such as being told they do not understand their sexuality (Dinwoodie et al., 2020). Several participants in this study shared this experience. People with intellectual disabilities also reported 'bisexual erasure' (Magrath et al., 2017) and were incorrectly perceived as a "straight" or "gay" depending on their choice of partner. Monosexism has resulted in bisexual people being a victim of bi-phobia (MacLeod et al., 2015). The majority of participants only shared their sexuality in trusted circles, and this was due to a fear of bi-phobia and ridicule from others. Those who have shared their sexual orientation had experienced bi-phobia to varying degrees.

Bisexual people experience poorer mental health compared to other sexual orientations, including people who identify as gay or lesbian (MacLeod et al., 2015). People with intellectual disabilities have a higher prevalence of mental health issues

compared to the general population (Emerson & Hatton, 2007), they also experience abuse and discrimination for identifying as LGBTQ+ (Tallentire et al., 2020) and are a "double minority" (Abbott & Howarth, 2005). Mental health was not an area for exploration in the research; however, several participants shared that they suffer from depression and anxiety. Studies of people without an intellectual disability have shown that some health care staff have endorsed monosexism, biphobia, and heterosexism and have a poor understanding of bisexuality, which has led to an erasure of bisexuality and bisexual issues (Flanders et al., 2015). These factors combined suggest that the mental health of bisexual adults with intellectual disabilities is perhaps more vulnerable. Support staff, carers and educators must increase their awareness surrounding the issues bisexual people face, in particular not dismissing their sexuality as confusion, attention-seeking or non-existent if they start dating a person of a different gender. In the UK, there is currently no mandatory training for social care staff regarding sexuality, including diverse sexual and gender orientations, providing this would go some way to addressing concerns, as well as creating a more open culture and a place for discussion within social care services.

Despite the negative issues some participants experienced, overall being bisexual was a positive aspect of peoples' identity and their lives. When asked, no participant wished to change this part of themselves, and they are happy to be bisexual. When asked why they liked being bisexual, their reasons ranged from having more choice of partner to enjoying being different. They enjoyed being part of the LGBTQ+ community, and taking part in Pride events/marches, and being part of a community was a beneficial experience. This inclusion assisted people to form a positive identity as a bisexual person with an intellectual disability. It is unclear if this would have occurred in several cases without the support of their LGBTQ+ group or sex education support that affirmed diverse sexual orientations. People with intellectual disabilities who identify as LGBTQ+ benefit from a safe place to meet peers who have similar needs and share comparable experiences (Elderton & Jones, 2011). Tallentire et al. (2020) found they afforded people a safe space to explore their identity with their peers, as not everyone had fully accepted their identity when they joined the groups. Almost all participants attended a specialist LGBTQ+ social group, which they valued greatly. Stauffer-Kruse (2007) found that LGBTQ+ people with intellectual disabilities experience discrimination from the wider LGBTQ+ community. No participant experienced this, perhaps due to limited exposure without support from the LGBTQ+ group. However, in the UK, there are few specialized LGBTQ+ groups, leaving many bisexual people with an intellectual disability with no place to meet similar people or

possibly an intimate partner. The value of the groups was clear, and the requirement to increase their availability is paramount.

Participants in this study felt their bisexuality was an essential aspect of their personality. Research that focuses on the LGBTQ+ community (Barker, 2007) and a review of the LGBTQ+ intellectual disability research (McCann et al., 2016) "lump in" bisexual with lesbian and gay people, not differentiating that they are distinct sexual orientations. A lack of distinction surrounding bisexuals from other LGBTQ+ identities is evident in sex education programs, with all identities of the LGBTQ+ spectrum presented as a homogenous group (Elia, 2010). Elia (2010) recommends that good sex education should reduce manifestations of bi-negativity and challenging issues such as monosexism and dismiss negative stereotypes surrounding bisexuality. Almost all participants were below thirty, and most had received sex education, although this is not currently mandatory in specialist UK schools. However, several participants did not believe that their orientation received sufficient attention and several more reported feelings of confusion regarding their sexual orientation and limited opportunities to explore this.

Limitations

It was challenging to recruit participants as many people with intellectual disabilities do not use social media and can have poor written communication skills which make it challenging to recruit directly. Recruitment took place via social care staff and LGBTQ+ social group staff, which relied on the person disclosing their sexuality. It is highly probable that there are more people with an intellectual disability who are bisexual with no relationship experience who have not chosen to disclose their sexuality for fear of discrimination or abuse, as this is not an unfounded fear (SSCR, 2017; Tallentire et al., 2020). The sample also included more men than women, therefore may not be reflective of the views of women with an intellectual disability. Also, the sample predominantly included people below the age of thirty, giving a limited understanding of the experiences of adults with intellectual disabilities who grew up in decades where attitudes and legislation were less liberal, and protection from homophobic discrimination and abuse was not a legal right. Their attitudes and experiences could be profoundly different from the views reflected in this study. All participants were also white British; therefore, the experience of being a bisexual person with an intellectual disability from a BAME background remain unexplored.

The researcher identifies as bisexual a cis-woman, this could potentially be seen as a limitation due to her proximity to the subject. Her journey of development and

acceptance of her sexuality could have influenced how she analyzed participants' narratives, as she has direct experience of the issues faced by participants. However, this was minimized where possible by the use of bracketing, critical analysis and reflection, ensuring the data was grounded in participants narratives and sharing and discussing the analysis with a supervisor. Overall her proximity was felt to be an advantage in the research as her experiences as a bisexual woman increased her understanding of participants, minimized stereotyping and reduced heterosexual bias. She chose to disclose her sexuality in the pre-interview discussion if the person asked if she as bisexual (only two participants did) and explained that being bisexual had helped her to understand why it is important to research this topic. Her disclosure resulted in both participants stating they felt more comfortable talking openly to a bisexual researcher. The research would have benefited from a co-researcher that had an intellectual disability and was bisexual but this was not possible due to a lack of funding.

Implications

The study has implications for commissioners of social care, social care support staff and regulators. Positive and proactive support for people with an intellectual disability to identify as bisexual has a positive impact on their lives and self-identity. This can include "LGBTQ + allies" in the form of social care staff or having specialist LGBTQ + groups to meet their like-minded peers. The UK has just ended a decade of the Government policy of austerity, resulting in substantial cuts to social care, including social clubs (Malli et al., 2018). Most LGBTQ + clubs for people with an intellectual disability are run by volunteers, meaning they are reliant on staff's goodwill and commitment to remain open. Given the value that they provide to people, they should be sufficiently funded by social care commissioners.

Social care staff have mandatory equalities training but there is no mandatory requirement to have training which covers the sexuality or relationships of the people they support. The social care regulators, Care Quality Commission (CQC) state that "induction and ongoing training on sexuality and relationships will help staff to respond to situations in a considered way" (CQC, 2019, p. 7), it does not state what the training should include, who/how often staff should have it or if it needs to include training about LGBTQ + issues. As we have seen in this research, there are specific issues faced by people with an intellectual disability who identify as bisexual. However, CQC's guidance refers to all people within the broad umbrella as "LGBTQ+" with no attention to the specific issues faced by distinct groups within this such as monosexism and bi-erasure. Social care staff would benefit from understanding

the specific issues faced by bisexual people with an intellectual disability to provide good support that could help foster and support a positive self-identity.

Conclusion

Bisexual people within an intellectual disability face the same challenges as bisexual people without a disability in terms of bi-phobia and negative stereotypes. However, this research highlights the additional issues they can face. For people with an intellectual disability to develop and flourish as a bisexual person, there needs to be a recognition from everyone involved in supporting them to see people as a sexual being with the same complexities surrounding relationships as those without disabilities. Bisexual people with an intellectual disability need to have and be supported to have, opportunities for sexual expression and exploration and not be labeled as ‘attention-seeking’ or problematic for exploring this aspect of their sexuality and humanity. For this to happen social care staff need to be supported themselves through training and open discussion to enable people with intellectual disabilities to feel confident and flourish in their bisexual identity.

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Notes on contributor

Claire Bates, BSc, MSc, PhD (she/ her) is an Honorary Research Associate at the Tizard Centre within the University of Kent, UK. She is also the founder and leader of Supported Loving, which is a human rights-based campaign, with associated network meeting, campaigning for people with intellectual disabilities and/or autism to be able to enjoy the same sexual and romantic freedoms as everyone else. Her academic research focuses on all aspects of sexuality and intimate for people with an intellectual disability. In her spare time, she co-runs an LGBTQ+ social group for people with intellectual disabilities in London.

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