

**Sexual Violence Supports for Bisexual Adults: Qualitative Interviews with Sexual Assault
Centre Practitioners**

by

Jess Marie

B.A. Psychology, University of Alberta, 2013

B.S.W., University of Victoria, 2016

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF SOCIAL WORK

in

THE COLLEGE OF GRADUATE STUDIES
(Social Work)

THE UNIVERSITY OF BRITISH COLUMBIA
(Okanagan)

September 2020

© Jess Marie, 2020

The following individuals certify that they have read, and recommend to the College of Graduate Studies for acceptance, a thesis/dissertation entitled:

Sexual Violence Supports for Bisexual Adults: Qualitative Interviews with Sexual Assault Centre Practitioners

submitted by Jess Marie, in partial fulfillment of the requirements of the degree of Master of Social Work.

Dr. John Graham, Faculty of Health and Social Development/UBC Okanagan

Supervisor

Dr. Rachelle Hole, Faculty of Health and Social Development/UBC Okanagan

Supervisory Committee Member

Prof. Lana Wells, Faculty of Social Work/University of Calgary

Supervisory Committee Member

Dr. Karen Ragoonaden, Faculty of Education/UBC Okanagan

University Examiner

Abstract

As many sexual assault centres seek to address service gaps brought to their attention by clients, activists, advocates, and researchers, some narratives are prioritized while others remain in the margins. The main sexual violence discourse focuses on experiences had by heterosexual, white, cis women without disability. While LGBTQ2S+ tailored services are increasing within sexual assault centres, there remains a pervasive, false narrative of an LGBTQ2S+ community with universal needs and experiences. Within this universal LGBTQ2S+ community narrative, bisexuality is lumped together with concretely definable and recognizable sexual orientations like lesbian and gay. The resulting oppression of bisexual populations within the LGBTQ2S+ narrative appears in the forms of bierasure and binegativity, which in turn may exclude, invalidate, or ignore the lived experiences of bisexual individuals. With all forms of oppression sexual violence thrives when individuals are disbelieved, ignored, and excluded. The oppression of bisexuality creates increased targeting of bisexual individuals by people who engage in sexually violent behaviours. This oppression of bisexuality in society is represented through bisexuality's existence in sexual violence narratives only as a part of the LGBTQ2S+ collective without any specific service offerings for bisexual individuals at sexual assault centres.

Existing research with bisexual populations that demonstrates sexual violence is pervasive to an extent beyond other sexual orientations. This qualitative study further explores whether the available research on bisexual experiences of sexual violence is informing practice within sexual assault centres. Semi-structured, open-ended interviews an hour in length were conducted individually with nine sexual assault centre practitioners across Canada. Interviews sought to gauge the confidence and knowledge of sexual assault centre practitioners with regards to

supporting bisexual adults who have experienced sexual violence. Insight into how practitioners understand the relationship between bisexuality and sexual violence was obtained, along with in-depth processing of how practitioner identity, agency values, and barriers to support impact practice with bisexual clients. These results further the understanding of how to support bisexual adults who have experienced sexual violence and emphasize why bisexual populations require nuanced support within sexual assault centres.

Keywords: bisexual, sexual assault centre, sexual violence support, practitioner

Lay Summary

People who are bisexual experience more sexual violence than people of any other sexual orientation. When seeking support for sexual violence bisexual people face judgement based on negative assumptions about their sexual behaviours from family, friends, communities, and professional support providers. The purpose of this study was to find out how confident sexual assault centre practitioners are in supporting bisexual individuals who access their support services. Practitioners, particularly those who have personal connections to bisexual and/or queer communities, hold valuable knowledge about how to support bisexual adults who experience sexual violence. The recommendations from the practitioners in this study aim to improve service accessibility, increase practitioner confidence, and inform education to increase personal, community, and professional supports for bisexual people who experience sexual violence.

Preface

This study has been granted ethics approval by the University of British Columbia Okanagan Behavioural Research Ethics Board (UBC BREB Number: H18-03089).

Table of Contents

Abstract.....	iii
Lay Summary	v
Preface.....	vi
List of Tables	xi
List of Definitions.....	xii
Acknowledgements	xv
Dedication	xvi
Introduction.....	1
Locating the Researcher.....	2
Practitioners	4
Places of Practice.....	4
Assumptions	6
Intent	7
Literature Review	9
Preliminary Review	9
<i>Preliminary Findings</i>	<i>10</i>
Comprehensive Review	13
<i>Study Approaches.....</i>	<i>15</i>
<i>Defining the Populations</i>	<i>16</i>

<i>Disproportionate Impact</i>	17
<i>Marginalization</i>	21
<i>Barriers</i>	22
<i>Community</i>	24
<i>Practice Recommendations</i>	25
<i>Research Recommendations</i>	27
<i>Education Recommendations</i>	28
Current Study Rationale	29
Proposed Research	31
Methodology	34
Participants	34
<i>Sampling Methods</i>	34
<i>Parameters and Sample Size</i>	35
<i>Inclusion Criteria</i>	36
Procedure	37
<i>Interview</i>	38
<i>Interview Reliability</i>	39
<i>Interview Validity</i>	40
Data	41
<i>Data Collection</i>	41
<i>Data Analysis</i>	42
Findings	46

Identity	47
<i>Population Identity.....</i>	<i>48</i>
<i>Practitioner Identity.....</i>	<i>57</i>
Practice.....	69
<i>Practitioner Confidence.....</i>	<i>69</i>
<i>Context.....</i>	<i>71</i>
<i>Barriers.....</i>	<i>82</i>
Recommendations.....	88
<i>Language.....</i>	<i>88</i>
<i>Supporting Disclosure.....</i>	<i>91</i>
<i>Experience Relevance.....</i>	<i>93</i>
<i>Perceiving Service Users.....</i>	<i>95</i>
<i>Practice Approaches.....</i>	<i>96</i>
<i>Responsibilities.....</i>	<i>99</i>
<i>Referrals.....</i>	<i>101</i>
<i>Education Recommendations.....</i>	<i>101</i>
Discussion and Conclusion.....	106
Discussion	106
<i>Understanding Bisexual Populations.....</i>	<i>107</i>
<i>Reaching Bisexual Populations.....</i>	<i>108</i>
<i>Supporting Bisexual Populations.....</i>	<i>109</i>
Limitations and Delimitations	113

<i>Representation</i>	113
<i>Intersectionality</i>	114
<i>Colonialism</i>	116
Strengths	118
Application	118
Future Research	121
Conclusion	122
Bibliography	124
Appendices	131
Appendix A	131
Appendix B	133
Appendix C	134
Appendix D	138

List of Tables

Table 2.1: Article Count for Preliminary Literature Review	32
Table 2.2: Article Count for Comprehensive Literature Review.....	33

List of Definitions

Bi-Invisibility

“a lack of acknowledgement that bisexuality exists as a legitimate S[exual] O[rientation]” (Duryea & Frantz, 2011, p. 652).

Binegativity

“common negative beliefs about bisexuality” (Flanders et al., 2017, p. 107).

Biphobia

“a hatred and fear of bisexuals” (Duryea & Frantz, 2011, p. 652).

Bisexual

To define the bisexual community in the most inclusive way possible, included in this membership is anyone who is attracted to multiple gender identities and/or does not incorporate gender into their attractions. Inclusivity of bi-, pan-, omni-, and other sexualities reflected in this definition will account for the evolving nature of language connected to sexual identity and make room for fluidity of identity (Flanders, 2014; MacLeod, 2014). Thorne (2016) encourages “select[ing] terminological options that will most effectively communicate what you think you are doing and for whom” (p. 52). The term bisexual was chosen over the other terminology options mentioned due to the term’s longevity of existing as a familiar term to people of various generations in hopes of reaching an intended audience spanning many ages and with varying current knowledge of evolving queer terminology.

Bisexual Erasure

“the systemic denial of bisexuality” (Flanders et al., 2017, p. 109).

Dual Marginalization

“discrimination and nonacceptance from both the gay/lesbian and heterosexual communities” (Duryea & Frantz, 2011, p. 652).

Heteronormativity

“the Western social norm, or assumption, that the overwhelming majority of sexual relationships in society are heterosexual. Further, heteronormativity is the dominant sexual model of social, cultural, political, and economic organization, including the way it organizes identities, experiences, regimes of truth and knowledge, and ideologies of gender and sex” (Jeppesen, 2016, p. 493).

Heterosexism

“Heterosexism refers to the cultural ideology that reproduces the normative and privileged status of heterosexuality in most aspects of people’s lives, vilifying and stigmatizing nonheterosexual (referred to in this entry as LGBTQ) behaviors, identities, relationships, and communities. Heterosexism includes institutionalized negative attitudes and beliefs about LGBTQ sexualities as inferior, unnatural, and deviant, thereby reproducing sexual stigma. Heterosexism may also include sexual prejudice, the harmful attitudes and beliefs individuals hold about LGBTQ people” (Rumens, 2016, p. 497).

Informal Support

“help given...on one’s own; that is, not through a group or organization...It includes help given to friends, neighbours and relatives. Informal [support] also includes help given...to improve the community directly through activities that are not on behalf of a group or organization such as maintaining a public space, participating in public meetings, producing or disseminating information to make others aware of an issue, organizing or coordinating a group or an event, helping to develop an economic or social project for their community, or in some other capacity” (Extrapolated from “Informal Volunteers” definition by Government of Canada, 2020).

Formal Supports

“Persons...who did any activities...on behalf of a group or organization...This includes any...help provided to schools, religious organizations, sports or community associations to name a few” (Extrapolated from “Formal Volunteers” definition by Government of Canada, 2020). Within this study formal supports most consistently refers to sexual assault centres and the practitioners that work within sexual assault centres.

Internalized Homophobia/Biphobia

“a term used by social scientists to describe the phenomena by which lesbian, gay, bisexual, and queer (LGBQ) persons direct negative societal attitudes regarding homosexuality toward themselves” (Bruce, 2016, p. 595).

Minority Stress

“the unique stressors that sexual and gender minorities experience as a result of their stigmatized social status” (Feinstein, 2016, p. 781).

Monosexism

“Monosexism is a social structure operating through a presumption that everyone is, or should be, monosexual (attracted to no more than one gender). This system includes institutional and social rewards for monosexual people, and oppression against bisexual people and others who are attracted to more than one gender” (Eisner, 2016, p. 793).

Queer Spaces

For the purposes of this thesis, the term “queer spaces” will primarily refer to specialized services providing support specifically to members of the queer community, including people who are gay, lesbian, bisexual, asexual, demisexual, trans, non-binary, Two-Spirit, intersex, and other marginalized identities related to sex, sexuality, attraction, or gender. Queer spaces may also refer to contexts of informal and formal community gathering for an array of purposes.

Sexual Violence

“Sexual violence is defined as: any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work” (World Health Organization, 2002, p. 149).

Acknowledgements

My greatest appreciation goes to my thesis supervisor, Dr. John Graham, for seeing something valuable in my research topic and enthusiastically giving me the opportunity and guidance to pursue it to this end. I am also deeply grateful to my brilliant committee members, Dr. Rachelle Hole and Prof. Lana Wells, who each strengthened this thesis with their compassionate, informed perspectives. I cannot thank you enough for your adaptability in supporting me at a distance and through all of the unknowns of a pandemic.

I would also like to thank UBC librarian Arielle Lomnes for sharing her vast research wisdom and guiding me through the daunting task of my first full literature review.

To the UBC School of Social Work I want to express wide-reaching gratitude and also particularly highlight my appreciation for Hilla Shlomi and Amanda Hancock for their direction and thoughtfulness in response to every little query I posed throughout the entirety of the program.

Loving gratitude to my partner, Lane, for spontaneously moving to the Okanagan with me, being a source of so much care, and never letting me doubt my worth as I muddled along.

To my father, Ralph, and his wife, Sylva, thank you both for your continuous support and encouragement.

Lastly, to my mom, Tina, and sister, Mariah, I am who I am in all of this because of each of you and I hope you hold and celebrate my accomplishments as your own because they wouldn't be possible without you.

For all bisexual people who have experienced sexual violence.

Introduction

Bisexual populations contend with stigma resulting in disbelief, invalidation, and erasure from heterosexual and queer communities. These stigmas inform how bisexual individuals' disclosures of sexual violence are responded to by both formal and informal supports. Bisexual populations experience sexual violence at higher rates than any other sexual orientation (Balsam et al., 2005; Blayney et al., 2018; Canan et al., 2019; Dickerson-Amaya & Coston, 2019; Flanders et al., 2017; Martin et al., 2011; Whitfield et al., 2018; Worthen, 2017; Sigurvisdottir & Ullman, 2015; Schwab-Reese et al., 2018; Hequembourg et al., 2013; Hughes et al., 2014; Kelley et al., 2018; Kuyper & Vanwesenbeeck, 2011; Lehavot et al., 2012; Long et al., 2007; Johnson & Grove, 2017). Along with experiencing sexual violence at higher rates, bisexual adults also experience more negative impacts after sexual violence (Dickerson-Amaya & Coston, 2019; Duryea & Frantz, 2011, p. 652; Hequembourg et al., 2015; MacLeod's 2014; McCauley et al., 2015; Seabrook et al., 2018; Sigurvinsdottir and Ullman, 2016a). The 2015 Canadian Community Health Survey (CCHS) by Statistics Canada found that "bisexual individuals tended to be younger and of lower socioeconomic status, and were more often women" (Gilmour, 2019, p. 6) and that "both bisexual men and bisexual women had significantly lower odds of complete mental health" (2019, p. 3). Despite high rates of sexual violence and large-scale information sources like Statistics Canada showing bisexual populations to report low mental health, bisexual populations are rarely prioritized to receive support services from sexual assault centres.

Bisexual populations most often seek support by accessing formal sexual violence services, such as sexual assault centres (Long et al., 2007; Schwab-Reese et al., 2018; Sigurvisdottir & Ullman, 2015; Worthen, 2017) Frequent sexual assault centre access with poor healing outcomes reveals that practitioners might be uncertain of how to specifically meet the needs of bisexual

adults when providing sexual violence support services; assessing practitioner confidence when working with bisexual adults would show a need for increased awareness efforts and training.

The purpose of this study is to identify practitioners knowledge and confidence in supporting bisexual adults who experienced sexual assault and to offer recommendations on how formal supporters within sexual assault centres could better serve bisexual adults seeking sexual violence supports. This study pursued the insights of sexual assault centre practitioners to gain a foundational understanding of how confident they are in supporting bisexual adults, their understanding of this complex population, and their recommendations for better meeting the needs of bisexual adults seeking sexual violence supports. The outcomes of this study confirm existing research: bisexual adults experience negative disclosure responses by service providers, and that existing formal supports are not adequately designed to meet the needs of bisexual populations.

What is new about the information learned in this study is the focus on practitioner perspectives, which are captured from inside the sexual assault centres providing formal support to bisexual individuals experiencing sexual violence. In doing so, the findings can be contrasted with the larger body of research directly with bisexual populations. Introducing practitioner perspectives to the body of research on bisexual sexual violence supports adds a voice to the discussion that holds power to create direct service and systemic changes. Practitioner perspectives acquired in this study are placed in dialogue with the research on bisexual people accessing sexual violence services. This study builds connections between bisexual individuals' experiential knowledge, researchers' academic knowledge, and practitioners' practice knowledge, with a unified aim of improving supports for bisexual populations.

Locating the Researcher

This researcher is a bisexual adult and is comfortable being referred to by she/her or they/them pronouns. They have experienced sexual violence and accessed sexual violence support services for related healing support in a setting outside of a sexual assault centre. They have also worked in the context of a sexual assault centre as a Registered Social Worker providing consent education, policy consultation, and counselling supports in various capacities over the previous four years.

As a white settler without disability, they hold positions of privilege that inform their perspective and limit their ability to appropriately speak to the experiences of people who are racialized, Indigenous, and/or have a disability. They have made efforts within this report to acknowledge the influence privilege and marginalization have on the research process, as well as the experiences of sexual violence had by bisexual populations. Specifically, acknowledged in the limitations section at the conclusion of this thesis are the ways that this research aligned with colonial processes and systems. The alignment to colonial systems, such as focusing non-profit sexual assault centres and academic credentials, were not initially recognized by the researcher from their position of privilege and familiarity within those systems. The reliance on colonial systems for this research erases Indigenous practitioner perspectives, Indigenous responses to sexual violence, and Indigenous bisexual experiences. There is always a crucial need for more research and practice approaches that understand and address how sexual violence is enacted disproportionately towards those who experience marginalization, particularly Queer and Trans Black, Indigenous, People of Colour (QTBIPOC) populations. The issue of sexual violence is inextricable from systemic racism, colonialism, ableism, transphobia, homophobia, and biphobia. This researcher is hopeful that the baseline understanding this research provides supports future

research furthering efforts that take up a decolonizing, anti-racist approach to understanding how sexual violence impacts bisexual populations.

Practitioners

There is currently no baseline understanding in existing research of how, or whether, practitioners within sexual assault centres are tailoring their service offerings to meet the needs of bisexual adults. Research depicts bisexual adults as accessing formal supports more frequently than people who experience sexual violence of other sexual orientations and shows these bisexual adults having worse outcomes after receiving services, with higher rates of PTSD and depression than all other sexual orientations (Long et al., 2007; Schwab-Reese et al., 2018; Sigurvisdottir & Ullman, 2015; Worthen, 2017). More research is needed to better understand why bisexual adults experience sexual violence at such high rates and how to better serve this population. That said, enough research exists to incorporate into practice a recognition that bisexual adults are primary service users with unique impacts to be addressed. This current study provides practice recommendations for service providers within sexual assault centres. More education and capacity is warranted moving forward.

Places of Practice

Given the heightened rate of bisexual adults receiving negative responses from both queer and heteronormative communities to disclosures of sexual violence (Blayney et al., 2018; Flanders et al., 2017; Hughes et al., 2014; Kelley et al., 2018; Long et al., 2007; Sigurvisdottir & Ullman, 2015; Worthen, 2017), it is crucial to consider the significance of the location where services are being provided. Far from being neutral spaces, sexual assault centres have a lengthy and ongoing history of prioritizing heterosexual, middle and upper class, cis, white women (Armstrong et al., 2018). From these origins, many sexual assault centres have been identified as perpetuating

exclusionary, oppressive facets of white feminism (Washington, 2001). There is work to be done by many sexual assault centres to build safety and trust for marginalized populations that have been alienated, underserved, and harmed by the false rhetoric that sexual violence only impacts white, cis, able-bodied, neurotypical women in the context of heteronormative relationships. Exclusionary understandings of sexual violence have recently been demonstrated within various community-based social movements intended to address sexual violence. One most currently recognizable example occurred when white women began appropriating Tarana Burke's #MeToo movement to further a white narrative about sexual violence. Such co-option silenced the Black women for whom the movement was created by and for (Burke & Sreenivasan, 2017). Another example was the trans-exclusionary, racist association of sexual violence as specifically affecting women with pink vulvas, as occurred with the "pussy hats" during the 2017 Women's March. Additionally, the 2017 Women's March misrepresented the concerns of cis, white, heterosexual women as being the concerns of all women (Brewer & Dundes, 2018) and erased racialized, trans, non-binary, disabled, and queer experiences of sexual violence. These are modern, publicized examples of the legacy of long-standing activism and advocacy undertaken by those who are marginalized and their experiences within social justice movements.

Queer social movements have been similarly fraught with transphobia, ableism, normative relationship hierarchies, and racism, as has been demonstrated in Pride Parade organizers and participants' unwillingness to remove police from Pride Parades at the requests and protests of Queer, Trans, Indigenous, Black, and People of Colour (QTIBPOC) members of the community. Queer spaces, many of which began as spaces for predominantly white gay men and, to a lesser extent, white lesbians, are not significantly better than heteronormative spaces in their accessibility for bisexual individuals, and rarely tailor any services specifically to the needs of bisexual service

users (Han et al., 2019; Lim & Hewitt, 2018). While conducting research focused on the experiences of bisexual people seeking services, it is important to identify their unique experience within the sexual violence movement. Bierasure, which is focused on within this research, is one form of harm that overlaps with additional experiences of marginalization, such as the ways that Black trans women experience bierasure, racism, and transmisogyny within informal and formal support systems. Understandings of power, by way of Kimberly Crenshaw's (1989) studies on intersectionality, are used to analyze this research in order to acknowledge researcher positionality, highlight limitations of the results, and identify areas for further exploration.

Both heterosexual and queer spaces, if prepared to acknowledge the history and ongoing bierasure present in policies and practice, may be better prepared to serve bisexual service users after undertaking a reflective assessment of existing service offerings and considering how the needs of bisexual adults could be better served. This research, with intentional disbursement to agencies taking up sexual violence service provision through accessible resource creation bridging from the findings, may be used to aid these places of practice in understanding the demand for improved services for bisexual adults and assist with structural decision-making regarding allocation of services and support provided to staff. However, the need for change reaches beyond practice or agency revisions; practitioners working in the area of sexual violence need to comprehensively apply understandings of intersectionality to the lived experience of bisexual people they work with.

Assumptions

The existing research contained within the following Literature Review chapter suggests that bisexual adults are accessing services but are not having supported healing outcomes (Long et al., 2007; Schwab-Reese et al., 2018; Sigurvisdottir & Ullman, 2015; Worthen, 2017). In

entering this research, it was tentatively anticipated that practitioners were likely to have limited current awareness that they are seeing bisexual individuals as clients and in how to support the specific needs of bisexual individuals once they are aware of this aspect of their identity. This was in no way an assumption about the capacity of existing professionals to provide services to bisexual adults, but rather an expected outcome of limited research distribution, broad societal misinformation, and resulting constraints on available information for understanding how sexual violence specifically impacts bisexual adults. Thus, practitioners might see the practice approaches they currently employ as inclusive to all sexual/romantic orientations without necessarily recognizing the unique needs and heightened impacts experienced by bisexual individuals.

Intent

This research intends to provide a better understanding of how sexual assault centres serving the broad community made up of people who have experienced sexual violence, could better support adult service users who are bisexual. In order to accomplish this, the current study intended to establish a baseline understanding of how much confidence and competency practitioners specialized in working with people who have experienced adult sexual assault (ASA) have with regards to working with bisexual clients by asking the question: *How do sexual violence practitioners assess their effectiveness in working with bisexual adults who have experienced adult sexual assault (ASA)?* The findings below provided an abundance of insight into how practitioners envision the needs of this population and their own practice needs within their respective practice settings.

The second chapter of this thesis contains literature reviews that were conducted to better locate this current study within existing research. From those literature reviews a foundation of understanding was built around the perspectives bisexual participants have offered researchers.

Consistent reports can be found in this chapter of the high rates of sexual violence experiences had by bisexual populations. Furthermore, the ways that stigma towards bisexual populations manifests sexual violence is discussed. A set of recommendations are provided, as put forward by researchers guided by contributions of bisexual participants.

The third chapter outlines the methodology utilized for the present study. Specifics regarding recruitment through convenience and purposive snowball sampling and participant selection are outlined in this chapter. Semi-structured, open-ended interview design and data coding and analysis are also covered in this chapter. Additionally, this chapter contains the specifics on how Interpretive Description (Thorne, 2016) has been utilized throughout the study.

The fourth chapter contains findings from the interviews with sexual assault center practitioners. These findings point to insights from a largely queer self-identified practitioner group. The findings suggest significant strengths of insight on their current practice, as well as limitations and barriers to reaching and serving bisexual populations. Recommendations stemming from the interviews are put forward as a way of understanding where practitioners see the need for prioritization when trying to better support bisexual adults in practice.

Finally, the conclusion chapter offers a discussion of how the findings provided by practitioners interact with existing research gathered in the literature review. Specific attentiveness is paid in this chapter to understanding, reaching, and supporting bisexual populations. Limitations and strengths are outlined with acknowledgement of the ways representation isn't robustly accomplished but still celebrating the value that remains in the findings and how they can be considered as a foundation to build upon in collaboration with existing research.

Literature Review

For this study two literature reviews were conducted: a preliminary literature review conducted to broadly assess the existing research available and a more comprehensive scoping review that narrowed in on an adult population. The latter was conducted under the guidance of Social Work specialized UBC librarian, Arielle Lomnes, to strengthen the review process.

Preliminary Review

The preliminary literature review broadly explored existing research on how bisexual individuals experience sexual violence. Information was sought from within the field of social work as well as related disciplines, such as social services, psychology, health, women's studies, and law. The databases utilized to source articles for review included PsycINFO (EBSCO*host*), Sociology Collection (ProQuest), Social Work Abstracts (ProQuest), Social Service Abstracts (ProQuest), Theses and Dissertations (UBC Collections), MEDLINE (EBSCO*host*), and LGBT Life (EBSCO*host*). All of these databases were accessed through the UBC Library. Keywords used as search terms included ("sexual violence" OR "sexual abuse" OR "sexual assault" OR "forced intercourse" OR rape OR "non-consensual sex") AND (bisexual OR bisexuality OR omnisexuality OR omnisexual OR pansexual OR pansexuality) and exploded variations on these terms utilizing database thesauruses where possible. Limiters were set to include only peer reviewed articles with the language set to English. Searches produced a total of 1637 results. The results were scanned for relevance and articles containing a combination of applicable keywords from both categories of sexual violence and bisexuality were exported to RefWorks Legacy where 263 exported articles were sorted for applicability. There were 104 duplicates removed leaving 159 abstracts to review.

Article abstracts were reviewed for proximity to the research topic in order to determine which full texts to view. Inclusion criteria, in addition to the search limitations, for full texts to be reviewed included:

- Having a topic of focus specifically on sexual violence, not intimate partner or domestic violence though those forms of violence may overlap.
- Data related to bisexual populations presented and analyzed distinctly from other sexual identities.
- Focus on provision of support services or reasonable applicability to practice.

Once reviewed for these criteria 48 full texts were pulled for review. Of the full texts, 15 articles were in closest proximity to the research question. These 15 articles were assessed for their research populations, methods, findings, and themes. Additional articles were acquired through tracking references.

Preliminary Findings

The results of a 2014 Statistics Canada General Social Survey (GSS) report that “Canadians who identified as homosexual or bisexual had a rate of sexual assault that was six times higher than those who identified as heterosexual” (Conroy & Cotter, 2017, Table 2, Chart 2). Once they had controlled for other factors, Conroy and Cotter (2017) found that “individuals who identified as homosexual or bisexual were over two times more likely to be sexually assaulted than those who identified as heterosexual” (p. 10). Johnson and Grove (2017) in their culmination of existing research identify that experiences of sexual violence are consistently at higher rates for bisexual women, particularly those engaging in relationships or sexual interactions with men, compared to heterosexual and lesbian women, a trend observed through this literature review as well (Balsam et al., 2005; Blayney et al., 2018; Flanders et al., 2017; Hequembourg et al., 2013; Hughes et al.,

2014; Johnson & Grove, 2017; Kelley et al., 2018; Kuyper & Vanwesenbeeck, 2011; Lehavot et al., 2012; Long et al., 2007; Schwab-Reese et al., 2018; Sigurvisdottir & Ullman, 2015; Worthen, 2017).

Sigurvisdottir and Ullman (2016a) contrasted the sexual violence experiences of bisexual women with those of heterosexual women, finding that bisexual women experience more “negative social reactions” (p. 175) to sexual assault disclosures, more prolonged PTSD and depression, and “lower perceived support” (p. 174). Using a “Social Reactions Questionnaire containing 48 items that are answered on a 5-point Likert-type scales” (2016, p. 171), Sigurvisdottir and Ullman (2016a) measured reactions to disclosures at three different time points, and at all three points bisexual women reported greater negative reactions to their disclosures “(W1: bisexual, $M = 1.11$, heterosexual, $M = .92$, $t(826) = -2.18$, $p = .03$, $d = .15$; W2: bisexual, $M = .71$, heterosexual, $M = .54$, $t(849) = -2.09$, $p = .04$, $d = .14$; W3: bisexual, $M = .67$, heterosexual, $M = .49$, $t(821) = -2.34$, $p = .02$, $d = .16$)” (2016, p. 173).

MacLeod’s (2014) comprehensive thesis contains an analysis of anxiety and Post Traumatic Stress Disorder (PTSD), as they are understood to impact people who are bisexual and have experienced a traumatic life event. For the purposes of MacLeod’s (2014) research, a traumatic event was defined more broadly than the DSM-IV parameters delineating causes of PTSD. A traumatic event was inclusive of physically threatening and life-threatening events as outlined by the DSM-IV, but also inclusive of non-life-threatening traumatic experiences, such as discrimination, to account for experiences of biphobia. MacLeod (2014) identifies through self-reported mail-in surveys utilizing the “Anti-Bisexual Experience Scale (ABES)” (2014, p. 96) that the average reported frequency of bisexual individuals experiencing biphobia from “straight communities (36.6 (95% CI: 34.6, 38.7, range: 15-94)” (2014, p. 64) and from “gay communities

30.8 (95% CI: 28.5, 33.1, range: 16-95)” (2014, p. 64) is similar, suggesting both of communities enact discrimination towards bisexual adults to a similar extent and revealing an internalization of bias within gay communities. Utilizing the eased definition of a traumatic event put forward by MacLeod (2014), neither of these communities are identifiable as safe for sexual violence support for bisexual adults; spaces facilitated by both communities host instances of biphobia, which may induce further trauma.

Within MacLeod’s (2014) thesis they explore the significance of promoting specific protective factors “identification and involvement with the LGBTQ community, positive bisexual identity, and volunteering, advocacy, or activism” (p. 38) in creating resilience with bisexual populations. These protective factors align with the suggestion that “social support may play a more critical role for bisexual women’s PTSD symptoms” (Sigurvinsdottir & Ullman, 2016a, p. 175). Collectively, the protective factors presented in the studies respond to the call for attentiveness towards the impacts of “substance use, hypersexualization, and biphobic harassment” (Johnson & Grove, 2017, p. 445). Substance use is also a concern addressed by Kelley et al. (2018), though it is framed within a “stress-coping and self-medication model of alcohol use” (p. 1154). Such a framing of substance use positions it as more of a symptom of “hypersexualization, and biphobic harassment” (Johnson & Grove, 2017, p. 445) than a third and stand-alone issue. It is with caution that these aspects of vulnerability will be incorporated into recommendations given the potential for focus on alcohol use to be victim-blaming and the intent of this research to support bisexual adults through experiences of sexual violence rather than ascertaining the cause.

Through grounded theory research conducted in Ontario, MacKay et al. (2017) identified three primary clinical implications based on the reported experiences of bisexual individuals accessing general mental health services. These implications included the need for addressing

barriers, such as “cost, wait time, and medical model framework” (2017, p. 59) and the reported “challenges finding knowledgeable and competent providers” (2017, p. 59). Recommendations for knowledge development and increased capacity were provided. Encouraged education would focus on the interactions between sexual violence and related factors more significantly impacting bisexual populations, such as alcohol use and hypersexualization. Additional education about coping options and internalized negative perceptions of bisexuality was also recommended. A need for more spaces for bisexual individuals and more bisexual specific support groups was identified (Johnson and Grove, 2017). Specifically, there is an expressed need for “therapy, informal support groups, and/or community organizations focused on bisexual women’s concerns” (Sigurvinsdottir & Ullman, 2016a, p. 175), and the development of skills for responding to disclosures specific to the needs of bisexual individuals (2016, p. 177).

Comprehensive Review

A more comprehensive scoping literature review was then done in order to ascertain the current understanding of how bisexual adults experience adult sexual assault (ASA). Information was again sought from within the field of social work as well as related disciplines, such as social services, psychology, health, women’s studies, and law. The databases utilized to source articles for the second review included ProQuest Dissertations and Theses, PsycINFO (EBSCO*host*), CINAHL, MEDLINE (EBSCO*host*), Social Service Abstracts (ProQuest), Social Work Abstracts, and LGBT Life (EBSCO*host*). All of these databases were again accessed through the University of British Columbia Library. Keywords used as search terms included ((sexual OR "gender-based" OR "sex-based" OR gendered OR rape OR "sex acts") AND (violence OR abuse OR assault OR harassment OR "non-consensual" OR offences)) OR ("forced intercourse" OR rape OR "non-

consensual sex") AND (bisexual* OR omnisexual* OR pansexual* OR "mostly heterosexual" OR "mostly homosexual" OR "sexually fluid").

Limiters were still set to include only peer reviewed articles with the language set to English. It was expected based on the focus and population being studied that the quantity of articles obtained from the database searches would not exceed the capacity of the reviewer, however the keywords overlapped with a large body of research on Human Immunodeficiency Viruses (H.I.V.) and this expanded the volume of articles returned from each database. On recommendation by the University of British Columbia (UBC) Okanagan Librarian, Arielle Lomness, articles were also limited by publication date, ranging from August 2010 to August 2019, to narrow down the quantity of articles returned by initial searches.

Searches produced a total of 3131 results. On initial review of the search results it was evident that many of the 3131 results were not relevant to the topic of the review. Prior to screening 900 duplicates were removed leaving 2231 articles to be screened. In order to reach a more manageable volume of publications, article titles were manually assessed for relevance to any of the three primary criteria: bisexual population, adult sexual assault (ASA), and/or bisexual-specific support recommendations. From title screening 1059 articles were removed for having zero relevance to any of the primary topics based on title. The 1172 articles with titles showing relevance to any of the three primary criteria were included in the second screening stage where abstracts were reviewed based on the inclusion and exclusion criteria. Included in the articles that were screened in the abstracts stage are articles that were unclear about their topic of focus in their titles and more information was needed to decide whether to exclude or include for the review.

Article abstracts were reviewed for proximity to the research topic in order to determine which full texts to view. Inclusion criteria, in addition to the search limitations, for full texts to be

reviewed was maintained from the preliminary review with the only adjustment being a narrower focus specifically on adult sexual assault (ASA).

Once reviewed for these criteria 875 articles were removed and 297 full texts were pulled for review. Of the full texts, 24 articles were in closest proximity to the research question. Of these relevant articles, 3 were theoretical (Israel, 2018; Johnson & Grove, 2017; Robinson, 2017) and were not included in the literature review but were retained for background material. Of these 3 theoretical articles, 1 article (Johnson & Grove, 2017) overlapped with the preliminary review. An additional 5 articles found during the comprehensive review overlapped with articles utilized in the preliminary review (Hequembourg et al., 2013; Hughes et al., 2014; Kelley et al., 2018; Sigurvinsdottir & Ullman, 2016a, 2016b). The overlapping articles were explored more in depth for their anticipated significant relevance throughout the thesis but were not included in the second literature review to avoid over representation of the perspectives the duplicated articles may encompass. The 16 remaining articles were assessed for their research populations, methods, findings, and recommendations. Additional articles were acquired through tracking references.

Study Approaches

The studies included in this review consisted of thirteen quantitative studies, one qualitative study, and two mixed methods studies. Of the included studies all were conducted directly with bisexual participants using primarily quantitative approaches to capture rates of experiences, perceptions of support, and demographic information about the population. This is where a gap reveals itself in whether or not these collected perspectives are reaching practitioners positioned to implement this knowledge to create service changes. The current study intends to trace the connections from research to practice and observe whether the contributions of bisexual

participants are being considered as work towards improving service delivery for LGBTQ2S+ populations is increasingly being prioritized.

A primary excluding criterion for narrowing down the studies was the combining of bisexual participants with other sexualities. It was evident during the review process that this practice of combining bisexual and non-bisexual populations is overwhelmingly common. Combining bisexual populations with other larger populations acts as a form of bisexual erasure that overshadows the heightened and specific experiences of bisexual individuals. Most often this is justified by low sample sizes for bisexual individuals within studies conducted on the larger LGBTQ2S+ population, particularly when bisexual participants become spread thin amongst various distinct but overlapping identities. For the purpose of this review it was crucial that the study data and discussions on bisexual populations were held as distinct from other identities, with the exception of overlapping/synonymous identities such as pansexual, omnisexual, non-monosexual, etc.

Defining the Populations

An interesting conundrum posed by bisexual populations is how they seemingly defy definition that will accommodate neat research categories. Each of the included studies had their own differing parameters for what would constitute their target bisexual population. Seemingly simple sampling variations, such as behavioural vs. self-identification, come loaded with important considerations. Bisexuality is defined in research either based on self-identification or behaviour, such as the gender of previous sexual partners and timeliness/frequency of being in relationships with partners of varying genders. Occasionally both behaviour and self-identification are accounted for. Further variations in self-identified terms, such as pansexual, non-monosexual, omnisexual, queer, and mostly heterosexual, pose challenges to those researchers seeking to

uphold the nuance of how bisexuality is self-identified at the expense of statistically significant sample sizes. It seems that the complexity of non-monosexuality evades statistical representation and poses a serious challenge to researchers hoping to understand whether there are unifying qualities and experiences of those who fall within the vast range of bisexuality.

A related critique of one article in this review, the study by Morrison and Pedersen (2020), is that the researchers used assumptions about volunteer placements at queer agencies equating to sexual orientation to determine victim blaming bias, rather than explicitly stating the sexuality of the character in the vignette utilized. Due to acknowledged structural issues with how the vignettes were administered, the study results were not utilized to inform this present study. However, the recommendations for future research were determined to be sound, particularly due to their encouragement that replication studies make the necessary vignette adjustments to have more clear results. (2020, p. 13)

For the purposes of the current study, given that bisexual individuals are the focus but not the participating sample, it is possible to maintain a wide-reaching inclusion for how bisexuality is defined. However, the generalizability of the study is still impacted by the inability to fully capture who exactly is being recognized, represented, and overlooked when researchers and practitioners work to understand bisexuality.

Disproportionate Impact

As with the preliminary review, the studies found during the comprehensive review also clearly and consistently portrayed heightened rates of sexual violence experienced by bisexual individuals, fewer supports, and poorer outcomes. Consistently across all articles measuring rates of sexual violence experiences, bisexual and related identity (pansexual, non-monosexual, etc.) participants reported higher rates of sexual violence experiences than heterosexual participants

(Canan et al., 2019; Coulter et al., 2017; Dickerson-Amaya & Coston, 2019; Eisenberg et al., 2017; Seabrook et al., 2018; Martin et al., 2011; McCauley et al., 2015; Whitfield et al., 2018). With one exception being Seabrook et al. (2018), the studies that compared bisexual participants to gay and lesbian participants found bisexual participants to report higher rates of sexual violence than gay and lesbian participants (Canan et al., 2019; Dickerson-Amaya & Coston, 2019; Martin et al., 2011; Whitfield et al., 2018). The rate of bisexual participants reporting sexual violence experiences ranges from “30.4%” (Seabrook et al., 2018, p. 434) to “63.0%” (Canan et al., 2019, p. 16) with an average of 51.1% across 3 studies measuring lifetime experiences of sexual victimization. Only one of the three studies specifically focused on bisexual men, showing rates of experiencing sexual violence to be 60% amongst the study sample (Dickerson-Amaya & Coston, 2019, p. 6). The frequency of bisexual populations experiencing sexual violence compared to heterosexual populations ranges from 1.8 times higher (Whitfield et al., 2018, p. 14) to “3.7 times higher” (Canan et al., 2019, p. 16) in the utilized studies. Factoring in the additional provided comparison of “2.4 times higher” (Seabrook et al., 2018, pp. 434-438) it comes to an average of bisexual populations reporting rates of sexual violence 2.5 times higher than heterosexual populations across the three included studies that provided comparison. The rate of experiencing sexual violence for bisexual populations compared to gay and lesbian populations in the utilized studies ranges from 1.2 times higher (Whitfield et al., 2018, p. 14) to “2.4 times higher” (Seabrook et al., 2018, p. 434), with the highest end of the range being reflective of sexual intimate partner violence (IPV) specifically. It is important to consider the ways that the studies particularly narrow in on one aspect of identity, bisexuality, and show a strong preference for studies with bisexual women. A study that factored in another aspect of identity, race, found rates to be “82.4% in [a] sample of racially diverse bisexual people” (Anderson et al., 2019, pp. 14-15). It is clear that within

the bisexual population there are additional factors to account for when considering rates of experiencing sexual violence.

The study by Eisenberg et al. (2017) compared participants who self-identified as being bisexual to participants who used alternative titles for non-monosexual sexual orientations. In this study, it was shown that the alternative identities experienced higher rates of sexual violence than bisexual identified participants (Eisenberg et al., 2017). This was not the case in the study that compared bisexual participants with participants who were unsure how to label their sexual orientation, though this category demonstrated the second highest rates behind bisexual participants (Whitfield et al., 2018). The potential reasonings for alternative identities reporting higher rates of sexual violence were the possibility of isolation leading to increased targeting, as well as the implication that having awareness of alternative terms may suggest a heightened awareness of how to identify and name sexual violence (Eisenberg et al., 2017). Though studies contrasting bisexual participants with related identities were too few to draw broad conclusions, it is an interesting area of future exploration to determine how the various identities that overlap with or act as alternatives to bisexual identity operate perhaps less as subgroups and more as nuanced populations with their own factors to account for within research and practice.

It was further discussed in the existing research that particular combinations of identities may lead to further heightened rates of violence. The interaction of bisexuality and gender with bisexual trans and non-binary participants experiencing heightened rates and the interaction of bisexuality and race with bisexual racially marginalized participants reporting heightened rates were two examples considered in one study (Anderson et al., 2019, pp. 14-15). This to say that even within bisexuality there are many considerations to be made regarding rates of experiencing. When addressing this issue in research and practice we need to account for intersectionality by

critiquing the various ways that support service design and access to resources inform any population and person's experience of sexual violence. Power dynamics present within systems of practice drastically alter the course of healing for bisexual individuals.

Despite the overarching focus on rates of sexual violence, there was also some discussion of impact. As has been mentioned in previous sections, increased substance use was an area of noted impact and encouraged future research (Duryea & Frantz, 2011; Hequembourg et al., 2015). A number of studies eliminated due to not meeting inclusion criteria also focused on substance use as a particularly elevated symptom for bisexual individuals. An included article that met criteria similarly emphasizes heightened substance use as a primary concern (Hequembourg et al., 2015). As observed within the preliminary review, while there is certainly merit to understanding the specific impacts of substance use for bisexual individuals it is one of the more prioritized, yet seemingly predictable, symptoms of trauma. Though not all of the studies present substance use in this way, it is widely understood within trauma and addictions research that substance use is a common coping mechanism as a response to traumatic experiences, as discussed in the preliminary findings (Kelley et al., 2018). When coupled with the stigma of bisexual individuals as high risk in their sexual practices (Flanders et al., 2017), this emphasis on bisexual individuals as high risk substance users (Hequembourg et al., 2015) reinforces misconceptions of bisexuality, and thus bisexual individuals, as a threat to the wellbeing of themselves and others. In order to avoid furthering a victim blaming narrative of bisexuality as high risk, this study upholds the understanding of bisexuality as highly targeted for violence due to factors expanded upon by alternative frameworks discussed later in this review that emphasize stigma, rather than behaviour, as the source of harm.

Additional impacts shown in the existing research included heightened “anxiety, mood disorders, suicide, and self-injury relative to other S[exual] O[rientation] groups” (Duryea & Frantz, 2011, p. 652), low overall mental health (Dickerson-Amaya & Coston, 2019), low trust in system and social supports (Seabrook et al., 2018), fear of declining sexual activity (McCauley et al., 2015), and sexual exploitation (McCauley et al., 2015). These impacts are reflective of common sexual violence responses, but the heightened rates are indicative of barriers to accessing support and healing (Campbell et al., 2009). The impact of sexual violence and its relationship to sexual orientation is shown by Canan et al. (2019) to be an area worthy of prioritizing. Canan et al. (2019) found of all the demographic characteristics they measured; sexual orientation had the closest relationship to having experienced sexual violence (p. 16).

Marginalization

The marginalization of bisexual populations is a common theme in the existing research, but how this marginalization is named and the form it takes varies. The primary terms present in the texts were: “binegativity” (Flanders et al., 2017, p. 107), “bisexual erasure” (Flanders et al., 2017, p. 109), “monosexism” (Flanders et al., 2017, p. 109); “bi-invisibility” (Duryea & Frantz, 2011, p. 652), “biphobia” (Duryea & Frantz, 2011, p. 652; Flanders et al., 2017, pp. 107-108), “dual marginalization” (Duryea & Frantz, 2011, p. 652), “internalized homophobia” (Hequembourg et al., 2015, p. 288), and “heterosexism” (Flanders et al., 2017, p. 110). Cissexism also arose as a term particularly relevant for trans bisexual populations and bisexual individuals with trans partners (Flanders et al., 2017, p. 110). Each of these terms are defined in the Definitions section on page xii.

The impact of these various forms of marginalization included assumptions of hypersexuality and perpetual consent including interest in group sex with propositions occurring

at youthful ages, accusations of transmitting STIs, alienation from queer community, violence from heterosexual partners, health care insufficiencies, and invalidation of sexual orientation, sex practices, and genders partners (Flanders et al., 2017). With regards to impact on sense of self, Hequembourg et al. (2015) noticed the bisexual men who participated in their study reported internalized homophobia/biphobia at higher rates than the gay men who participated (p. 288). These impacts and their sources were seen as creating room for the perpetration of sexual violence against bisexual populations to be dismissed, invalidated, and justified by systems and potential sources of support (Canan et al., 2019; Flanders et al., 2017). These forms of marginalization can also be seen as creating room for heightened responses of self-blame, fear of boundary setting, sexual orientation secrecy, low reporting, and other impacts on accessing support and healing (Flanders et al., 2017).

Barriers

Existing research recognizes that there are specific barriers encountered by bisexual people seeking services. These barriers largely manifest as a result of bisexual people being misunderstood, where misunderstanding results in a lack of awareness regarding the sexual practices, relationships, and social dynamics that sexual violence may occur within for bisexual populations (Eaton et al., 2013). Reporting of sexual violence experiences was low, hypothesized to be a result of either not wanting to disclose sexual orientation or confusion about the reporting process (Eisenberg et al., 2017). Disclosures by bisexual individuals to informal supports, such as friends, did not receive the same frequency of positive, supportive response as other sexual orientations (Seabrook et al., 2018). Further barriers included being perceived by partners as more prone to lying and always being in a state of consenting to sexual activity (Flanders et al., 2017). Where these harmful responses by informal supports and partners are occurring, it is necessary for

formal supports to provide validating support to bisexual people while also increasing broader knowledge of bisexuality as a form of prevention and increased capacity of informal supports.

Resources targeting a broadly represented LGBTQ2S+ community were suspected to be insufficient to reach the bisexual community, as bisexual individuals reported lower rates of “anti-LGBTQ harassment” (Germanos et al., 2015, p. 166) and thus may not consider resources associated with their sexual orientation. It is instead encouraged that research be done on how sexual orientation groups respond to different types of content and imagery and that resources tailor their services to the specific needs of each sexual orientation (Germanos et al., 2015). Overall, the common theme of the existing research is that many, many more resources are needed that address the needs of bisexual populations without having to sew together scraps of information across various services (Canan et al., 2019; Flanders et al., 2017).

Whether bisexual populations are a visible minority was considered by Germanos et al. (2015) as a possible reason for lower perceptions of “anti-LGBTQ” harassment (p. 166). Whether bisexuality constitutes a visible minority depends on larger discussions regarding individual and collective ways of presenting sexual orientation. The suppression of visual expressions of bisexuality could potentially be a representation of internalized and external biphobia, a safety measure within a social context that is hostile towards bisexuality, a quality of bisexuality, or other perhaps intertwined possibilities. Though sexual orientation presentation is not specifically the focus of this study it certainly has impacts on how rates of sexual violence are understood in relation to sexual orientation and how bisexual identity is perceived by support providers. Given that the majority of sexual assaults are perpetrated by someone known to the person experiencing harm, it is reasonable to consider that people known to the person may know they are bisexual without the need for visual cues. It is possible that despite a lack of visibility biphobia-motivated

sexual violence could still occur at high rates based on findings that bisexual populations appeared to experience all forms of intimate partner violence (IPV) including sexual intimate partner violence to a greater extent than other sexual orientations (McCauley et al., 2015; Whitfield et al., 2018). A specific form of sexual violence, reproductive coercion, was also notably higher for bisexual women than other sexual orientations (McCauley et al., 2015).

The pressure to embody bisexuality in a performative way that is easily recognized by others is a harmful misunderstanding about who a bisexual identity is for. This pressure to perform bisexuality is seen in the existing research to result in circumstances where bisexual individuals feel their identity being validated by others hinges on the performance of sexual acts irrespective of the wants, desires, and consent of the bisexual person (Flanders et al., 2017; Tasker & Delvoye, 2015). Within the data analysis there is exploration of the context and motivation for sexual violence directed towards bisexual people that practitioners have provided services too. It will also be explored how practitioners come to know about the sexuality of the bisexual individuals they have worked with. The visibility, or lack thereof, of bisexuality requires important consideration for practitioners when trying to reach this population but it can also be encouraged that practitioners limit their reliance on visual cues based on assumptions frequently steeped in heteronormative and homophobic/biphobic notions of sexual orientation, as well as gender identity.

Community

Bisexual participants reported low feelings of community connection in each of the studies that inquired (Eaton et al., 2013; Germanos et al., 2015; Seabrook et al., 2018). The community connections that were reported were largely occurring in the context of business-related activities, such as attending a gay bar, rather than community facilitated events (Germanos et al., 2015). It is

hypothesized that this lack of sensed community may be due to disinterest (Germanos et al., 2015), marginalization through being excluded and discriminated against (Allen et al., 2014; Anderson et al., 2019; Germanos et al., 2015), or “geographical distance” (2015, p. 166). A key impact of low community connection was reported to be feeling a lack of support from peers and systems after disclosing an experience of sexual violence (Seabrook et al., 2018). The benefits community is said to provide bisexual populations includes increased both felt and tangible safety (Eaton et al., 2013; Seabrook et al., 2018), informal support through friends, acquaintances, community leaders, etc. (Eaton et al., 2013), and lowered depression (Allen et al., 2014). Organizations, such as post-secondary institutions, are encouraged to facilitate community building opportunities and resources for bisexual populations to encourage feelings of safety and support after sexual violence disclosures (Seabrook et al., 2018).

Practice Recommendations

Of most interest during this review process were the practice recommendations contained within existing research. It is here where we are able to identify the parallels and divergences between existing research and current practice to determine whether the information on how to support bisexual people who have experienced sexual violence held within academia is reaching service providers. A major theme in the practice recommendations of the included articles is a need for population-specific services for bisexual people within sexual violence support services (Anderson et al., 2019; Canan et al., 2019; Coulter et al., 2017; Martin et al., 2011). This recommendation of providing services tailored to a bisexual population is on multiple occasions referred to as providing “culturally-competent care” (Canan et al., 2019, p. 15-16; Martin et al., 2011, p. 204). Additional recommendations for enhancing the cultural competence of sexual violence services for bisexual people include: hiring bisexual staff (Canan et al., 2019; Flanders et

al., 2017), offering trainings on bisexuality (Canan et al., 2019) , and connecting to the bisexual community for the purposes of outreach and relationship building (Canan et al., 2019). The offering of comprehensive services addressing various sexual practices and relationship dynamics was deemed important for decreasing the exhaustive effort bisexual participants expressed putting in when trying to get their needs met across various disconnected resources (Flanders et al., 2017). Practitioners were also encouraged to both create and be aware of resources they may be able to refer to that support the sexual wellbeing of bisexual people in an informed way (Flanders et al., 2017; Whitfield et al., 2018).

Many of the aforementioned recommendations are focused on agency structure and knowledge building rather than in session approaches. Though few, there were some tangible practice recommendations for application in session. These recommendations encouraged practitioners to ask about both past and current relationships including sex/gender of partners (McCauley et al., 2015) and use open-ended language when referring to relationship dynamics (Flanders et al., 2017). Where appropriate, resources are asked to provide information on consent tailored to the needs of bisexual individuals by utilizing knowledge of how power and control manifest in queer and heterosexual relationships (Flanders et al., 2017; Whitfield et al., 2018).

All areas of practice are asked by the existing research to take an intersectional approach to understanding the experiences of bisexual individuals and providing support with a particular focus on gender, sexuality, and race (Coulter et al., 2017; Flanders et al., 2017). These recommendations are revisited in the concluding discussion to contrast existing research with practice recommendations and current practice approaches of participants.

Research Recommendations

Certain frameworks were notably used in the studies including minority stress theory (McCauley et al., 2015), social determinants of health (McCauley et al., 2015), an ecological model of sexual violence (Centers for Disease Control and Prevention, 2004; Johnson & Grove, 2017; Seabrook et al., 2018), and a socioecological understanding (Flanders et al., 2017). These frameworks are notable in that they capture varying but interwoven approaches to understanding why bisexual populations are disproportionately impacted by sexual violence to such a great extent. The socioecological understanding captures how bisexual individuals perceive their experiences as impacted by the biphobia present in support systems (Flanders et al., 2017). Minority stress theory suggests that wellbeing and risk are impacted by biphobia, as well as any other forms of stigma present for an individual (McCauley et al., 2015). The ecological model of sexual violence is used to narrow in on the risk bisexual populations face with regards to sexual violence specifically, with particular attention to the areas of “individual, relationship, community, and societal” impact. (Seabrook et al., 2018, p. 426) Social determinants of health further represent the impacts as they affect the health of bisexual individuals. These theories can be considered in relation to this study in the following ways: socioecological understanding to integrate the perspective of the affected population, minority stress theory to capture the risk created by stigma, the ecological model of sexual violence to assess sexual violence risk specifically, and social determinants of health to represent various mental and physical health impacts.

Beyond frameworks, there were many recommendations put forward regarding how to continue the efforts to capture the phenomenon of heightened bisexual experiences of sexual violence. Highlighted as a crucial priority of future research is a consideration of how prejudices including sexism, transphobia, and racism interact with biphobia and result in increased targeting

of People of Colour (POC), women, and people who are trans, particularly Black trans women (Anderson et al., 2019). Additional topic recommendations included more research on bisexual men's sexual violence experiences (Dickerson-Amaya & Coston, 2019), exploration of the impact of sense of community on healing (Seabrook et al., 2018), understanding how bisexual individuals are perceived by queer and straight populations (Morrison & Pedersen, 2020), the relationship between biphobia and victim blame (Morrison & Pedersen, 2020), and how consent is understood and navigated by bisexual individuals (Hequembourg et al., 2015). Regarding study design there was an expressed need for more qualitative research with bisexual individuals (Whitfield et al., 2018), larger samples of diverse populations (Morrison & Pedersen, 2020), more longitudinal studies to capture the impacts of childhood sexual abuse on future experiences of adult sexual assault (Hequembourg et al., 2015), and evaluative studies to assess current and developing practice approaches (Seabrook et al., 2018). Upholding the need for the current study is the recommendation of Whitfield et al. (2018) that, "Future qualitative research examining the experiences of practitioners who work with LGBT individuals who have experienced IPV could illuminate population specific needs and challenges and, in turn, provide direction for both resource development and practitioner continuing education" (p. 19).

Education Recommendations

Existing recommendations for educational improvements found within the review emphasized a need for more practitioner knowledge about gender, sexuality, and race/ethnicity (Coulter et al., 2017; Flanders et al., 2017), training on sexual violence with a particular focus on deconstructing victim blaming mindsets (Flanders et al., 2017; Morrison & Pedersen, 2020), and development of more broadly held awareness and understanding of bisexuality in all areas of education but particularly emphasizing sexual and reproductive healthcare (Flanders et al., 2017).

Upholding a nuanced understanding of bisexual experiences of sexual violence, with acknowledgement of the heightened rates of experiencing, was a priority for many researchers within their practice, research, and education recommendations (Flanders et al., 2017, McCauley et al., 2015; Seabrook et al., 2018, Whitfield et al., 2018). Education directed at young bisexual populations was deemed to require more inclusive consent, sexual health, and sexual orientation information (Flanders et al., 2017).

Recommendations for training in specific approaches were not widespread but a recommendation to engage in training on minority stress theory was encouraged within one article, along with being one of the frameworks utilized in a research study mentioned within the frameworks section of this review (Anderson et al., 2019). Within the existing research, there is an evident overarching goal of better understanding bisexual experiences of sexual violence within research in order to inform education for various practitioners with the hopes of enhancing community and service support for bisexual people who experience sexual violence.

Current Study Rationale

Within this review one point becomes resoundingly clear, bisexual individuals, particularly bisexual women who primarily engage in relationships with men (Johnson and Grove, 2017), consistently report experiencing more sexual violence than any other sexual orientation (Balsam et al., 2005; Blayney et al., 2018; Canan et al., 2019; Dickerson-Amaya & Coston, 2019; Flanders et al., 2017; Martin et al., 2011; Whitfield et al., 2018; Worthen, 2017; Sigurvisdottir & Ullman, 2015; Schwab-Reese et al., 2018; Hequembourg et al., 2013; Hughes et al., 2014; Kelley et al., 2018; Kuyper & Vanwesenbeeck, 2011; Lehavot et al., 2012; Long et al., 2007; Johnson & Grove, 2017). There are many calls for increased understanding of why this is the case, starting with a plea for more research to be taken up that gathers data specifically related to bisexual individuals

(Whitfield et al., 2018). Research is clearly needed that assesses the experiences and needs of bisexual participants, distinguishing the gender-based nature of the experiences and without combining the data with that of lesbian or gay participants.

Studies are challenged to obtain sufficient saturation of bisexual participants due to the vast ways individuals perceive their sexuality in this regard, ranging from “bisexual”, “omnisexual”, “nonmonosexual”, and “pansexual”, to “mostly heterosexual”, “mostly homosexual”, and “heterosexual with recent partners of the same sex/gender” or “homosexual with recent partners of another sex/gender”. With the vast nuances of sexual orientation identities, it is challenging for researchers to collectively categorize research participants without assigning labels that aren’t self-identified. It can be speculated that this wide array of identities may also create challenges for individuals of any of these various identities to locate themselves within sexual orientation based social/community structures, however this would need to be researched further in order to gain a clearer understanding of the relationship between self-identifying terminology and community seeking.

The existing research goes to great lengths to emphasize the magnitude of how the issue of sexual violence uniquely and pervasively impacts bisexual populations. The current study benefits immensely from the existence of a key text by Flanders et al. (2017) that provides a comprehensive social ecological model of understanding the sexual health of young bisexual women. Their qualitative, community-based study showcases the perspectives of self-identified bisexual young women. The study outcomes extensively depict the roles of various barriers to support. Binegativity, monosexism, heterosexism, cissexism, and other barriers are identified as impacting bisexual populations when seeking sexual health supports, including sexual violence response services (Flanders et al., 2017). However, there is nothing in the research found that demonstrates

an understanding of where psychotherapeutic practitioners are at in terms of recognizing the needs of and understanding how to provide support to this population. As a corrective, the present study intends to fill this gap in research by acquiring an understanding of where practitioners are at in terms of providing psychotherapeutic clinical support to bisexual adults who have experienced sexual violence.

Proposed Research

There is evident demand for practice approaches that are tailored to the specific needs of bisexual individuals. None of the existing research that came up in the reviews sought to understand existing practitioner capacity for working with bisexual individuals who have experienced sexual violence. This thesis seeks to establish a baseline understanding of the confidence and competency of practitioners specialized in working with people who have experienced adult sexual assault (ASA) with regards to working with bisexual clients. This provides a foundation for other practitioners to learn from and build upon by answering the question: *How do sexual violence practitioners assess their effectiveness in working with bisexual adults who have experienced adult sexual assault (ASA)?*

This study strives to contrast current research on bisexual individuals who have experienced adult sexual assault (ASA) with the knowledge of practitioners providing support in response to sexual violence. Also relevant to this research is an exploration of the competency of agencies that provide clinical sexual violence support services and specialized support services, heteronormative and queer spaces respectively, in providing sexual violence support services to bisexual service users.

Table 2.1: Article Count for Preliminary Literature Review

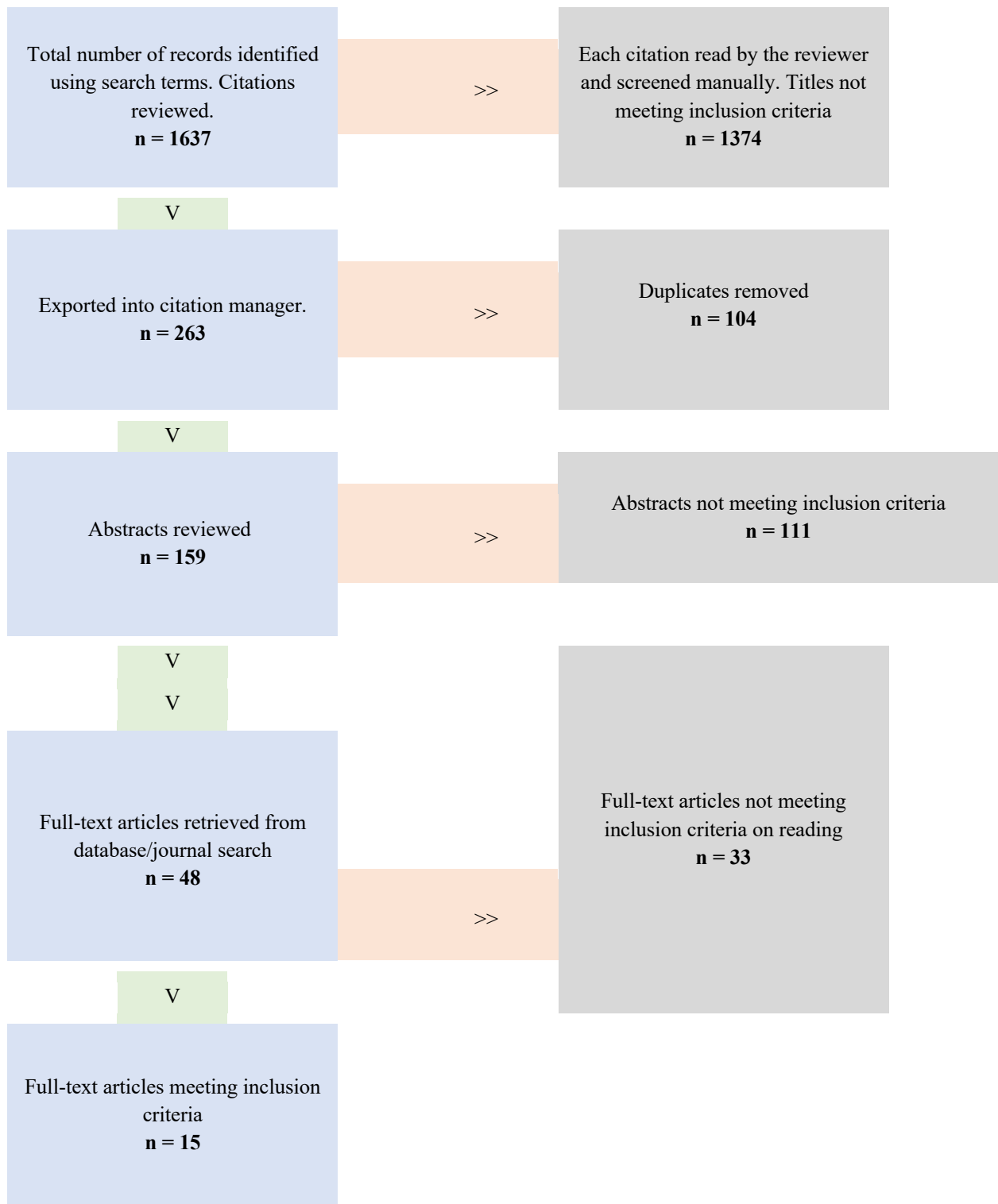
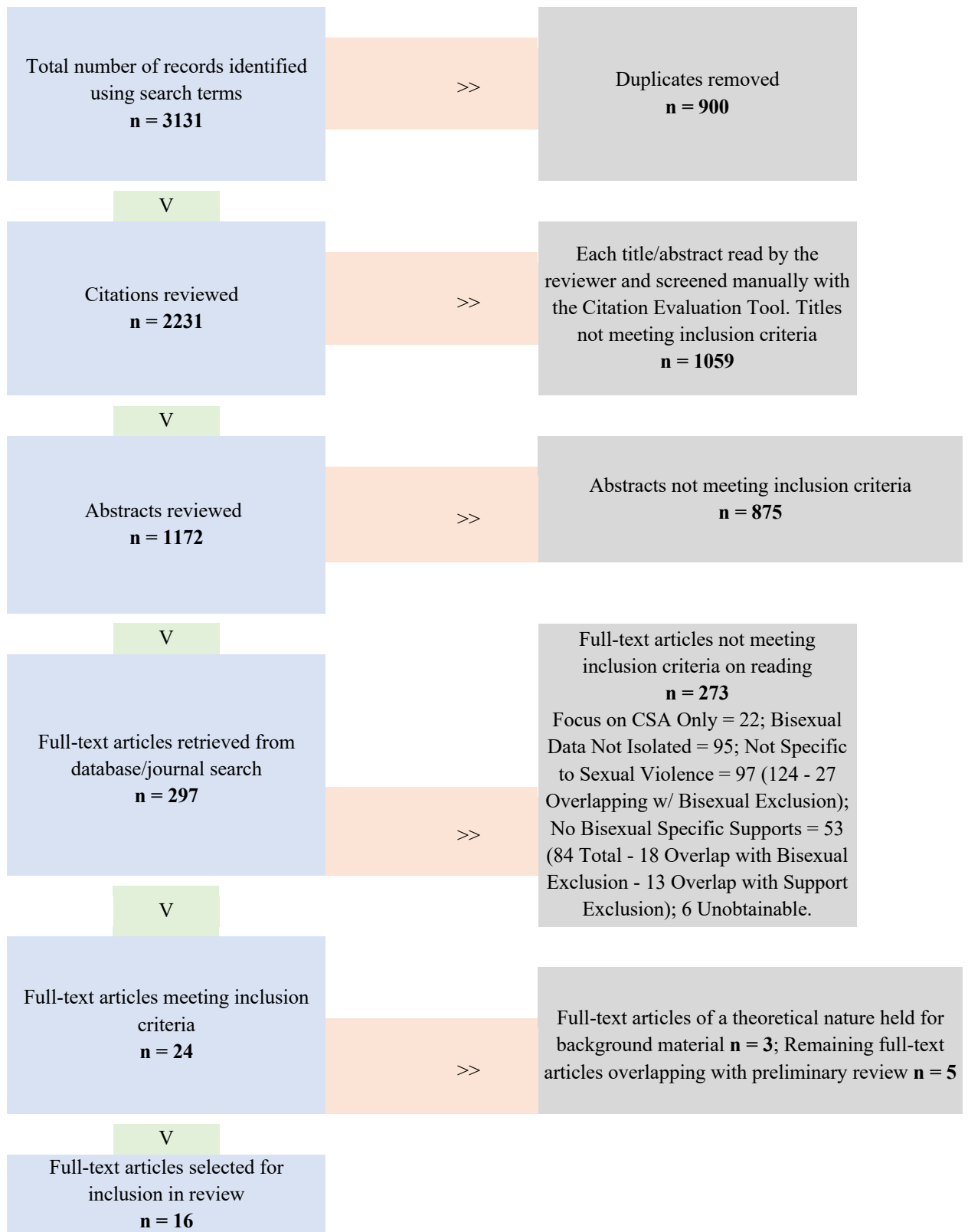


Table 2.2: Article Count for Comprehensive Literature Review



Methodology

This study adhered closely to the guiding principles of the book “Interpretive Description: Qualitative Research for Applied Practice, Second Edition”, as developed by Sally Thorne (2016). Deviations from Thorne’s (2016) approach were made at times in consultation with the supervisory committee due to feasibility of resources, for instance the use of transcription software instead of the recommended manual transcription, but largely the approach was generously accessible and served this study well in its alignment with the field of focus and type of data being utilized.

Participants

The following sections outline who the practitioners in the study could be and how they were reached for participation.

Sampling Methods

Semi-structured, open-ended interviews have been conducted utilizing convenience and purposive snowball sampling methods. Initial participants were identified through convenience sampling utilizing provincial sexual assault centre association membership listings available online (e.g. Alberta Association of Sexual Assault Services (AASAS), Ontario Coalition of Rape Crisis Centres (OCRCC)). For the territories and some smaller provinces that do not have enough, or any, sexual assault centres to form an association, non-member sexual assault centres or broader resources listed as providing sexual assault supports for adults that may involve clinical practice approaches were included as part of multiframe sampling (Lohr, 2009). This was to pursue inclusion of underrepresented populations that face the issue of sexual violence but do not have access to the same resources as more populated and resourced areas. Additional individual sexual assault centres were reached out to directly when contacted associations encouraged direct contact and when utilizing the Co-Investigator’s existing awareness of sexual assault centres. Recruitment

letters (Appendix A) were sent through email by the Co-Investigator to the provincial associations for distribution to their membership where possible or directly to the agencies that were not association members.

Participants who were aware of professionals who may be suitable for participation were encouraged to pass along the recruitment letter as an invitation to their contacts as a means of snowball sampling. Interested individuals were asked to contact the Co-Investigator directly. This mitigated contact information being provided to the researcher without the consent of the person being recommended. Human ethics approval was obtained through an application made to the Behavioural Research Ethics Board (BREB) at the University of British Columbia Okanagan Campus.

Parameters and Sample Size

The intent was to conduct upwards of fifteen interviews with interviews ceasing when a theoretical saturation of data was reached. Ultimately, nine interviews were conducted. Practitioners were English-speaking and based across Canada.

Thorne (2016) does not promote the use of saturation within Interpretive Design. However, with the breadth of professionals practicing in the area of sexual violence and the limitations on resources and time due to the purpose of this study as fulfilling Master of Social Work requirements as outlined by University of British Columbia, saturation was determined to be the most feasible approach for this study. That being said, saturation as it was applied in this study, only referred to saturation of information across interviews it did not account for a saturation of potential perspectives. Without having information on demographics it is not possible to claim that this study represents a saturation of potential perspectives within the larger population. Interviewing nine professionals allowed for a range of perspectives to be encompassed from across

Canada. The recruitment parameters being broad in allowing various professional titles and roles within agencies to participate allowed for a variety of practice perspectives to be included.

Inclusion Criteria

Participants had experience working with bisexual adults (18+) of any gender in the capacity of providing support services in response to adult sexual assault (ASA).

Participants were identified based on the following criteria:

- Works within a sexual assault centre in Canada.
- Holds a credential supporting their provision of services, including a degree in Psychology, Counselling, Social Work, or a related discipline.
- Works with adults ages 18+.
- May specialize or work with any gender.
- Must provide support to individuals who have experienced adult sexual assault (ASA).

The intent of the interview questions (Appendix D) was to seek practice knowledge applicable to experiences of adult sexual assault (ASA). In order to be in keeping with the statistics and research more prevalently available, this research focused on practice with individuals aged 18 years and older. In hindsight it is recognized that the Inclusion Criteria has exclusionary elements, such as the requirement of an academic credential and working within a sexual assault centre, which serve as barriers to participation for formal sexual assault supporters who do not have access to or choose to abstain from colonial education systems and systems of service offering. While this exclusion poses an issue for understanding the array of formal sexual assault supports available, the results do serve to depict knowledge held within sexual assault centres as a specific context.

Procedure

Being that it is focused on applied practice in settings with individuals accessing services, this study used Sally Thorne's (2016) Interpretive Description approach. Developed with the intent of supporting nurses conducting research within a healthcare context, Interpretive Description has an overlapping orientation of support and care provision to that of Social Work (Thorne, 2016). Interpretive Description allowed for an orienting to the discipline that is flexible enough to navigate the realities of practice but still upheld the necessary facets of qualitative research, such as an orientation within existing research, thoughtful participant acquisition, structured data collection, and validated data analysis. Interpretive Description, unlike other methodologies, does not provide rigid guidelines on how to conduct qualitative research. As a result of not having a checklist approach to look at, this study takes up various methodological approaches both suggested by and outside of Thorne's recommendations as they align with the research in question but does not follow a formulaic path toward an outcome of Thorne's prescription. Thorne's approach to research orients to a practitioner mindset, less driven by pure theorizing and more by balancing theory with practice knowledge as each is needed (Thorne, 2016). To accomplish implementable research outcomes, Interpretive Description invites researchers to apply their theoretical orientation, in this case feminist and bisexual/queer theorizing, to practice knowledge, for this study sexual violence support service provision. This study aligns with Interpretive Description by attempting to address an issue that exists tangibly not only theoretically, exploring what is known of this issue in research as well as practice, and positioning the work to address this issue within sexual assault centres more broadly understood as the context of practice for an intended audience of practitioners providing sexual violence supports (Thorne, 2016). Without falsely suggesting this research will result in generalizable results but with an acknowledgement

that practice moves forward without the luxury of concrete answers, it is hoped that the present study and future research building from this study will be as readily applicable to practice as possible.

Whereas the Delphi Method would attempt to use a “group problem solving approach” (Sackman, 1974, p. 4) to reach a “consensus” (1974, p. 4), Interpretive Description allowed for the discovery of various effective approaches. In acknowledgement of the unique, personal experience of healing from sexual violence, it felt inappropriate to utilize the Delphi Method.

Focus Groups were not utilized because the number of professionals specializing in this work is limited and spread across the country, making the organization of focus groups impractical. Furthermore, out of immense respect for the demands of waitlists and financial strain many agencies operate under, the chosen method was most efficient, requiring only a single one-hour interview, rather than prolonged engagement as the Delphi Method requires or a lengthy session that the focus group would require. Although more of a time commitment for the researcher, the chosen method put the least burden on professionals and thus decreased the impact of utilizing resources better directed towards serving individuals who have experienced sexual violence.

Participants were provided with the consent form (Appendix C) by email prior to the interview being conducted. Upon receipt of signed consent an interview date and time were scheduled.

Interview

Participants were provided with the consent form (Appendix C) by email prior to the interview being conducted. Upon receipt of signed consent an interview date and time were scheduled. Prior to interviewing, participants were reminded of the consent form and provided an opportunity to request any additional information. Within the consent form participants were

asked whether they permitted digital recording of interviews. The interview confirmed permission to digitally record prior to beginning the recording of each interview. The Co-Investigator located them self within the research prior to each interview and any questions participants had were addressed. Interviews were formatted to be semi-structured and open-ended utilizing an interview guide (Appendix D). Questions were developed based on existing research-based knowledge and practice improvement recommendations, as highlighted within the Literature Review process. Proposed interview questions were adjusted for clarity based on participant feedback throughout the interviews, as needed (Coulon, 1995; Graham, Bradshaw, & Trew, 2009). Interviews were conducted by Zoom video conferencing, phone, and in person. The method varied depending on feasibility, as well as preference of the participant. All interviews were digitally recorded with participant permission.

Interview Reliability

Known disadvantages to the utilized interview approach include:

...the potential for interviewer distortion (i.e., asking errors, probing errors, recording errors, variation in wording, and subtle interviewer influence); the possibility that the intensity of the interview and fatigue lead to poor answers; and the potential for interviewer bias (Gail, 2009, pp. 35-36).

However, taking a semi-structured, open-ended interviewing approach allows for one interview to build to the next and therefore findings are even richer. In adhering to Thorne's (2016) recommendations for limiting the influence of practical interview styles, the Co-Investigator preemptively underwent efforts to learn specifically how to facilitate a research interview in an effort to mitigate the clinical interviewing style developed through practice and education in the field of social work.

Interview preparation consisted of utilizing a combination of Thorne's (2016) and McGrath's et al. (2019) recommendations for conducting qualitative interviews. Preparation began with practice sessions engaging with the technology to be utilized during the interview for scheduling, hosting, recording, and transcribing. A test interview was conducted with a peer to establish language, timing, and flow of the interview guide. The researcher introduction was reviewed for content and acknowledgement of power dynamics and transparency relevant to the research topic. When requested by interested participants, additional information about the researcher was provided to build rapport and establish participant confidence in the research motive. (McGrath et al., 2019). Conflicting with Thorne's (2016) preference for not extensively locating the researcher, there were many ways that this researcher is connected to the research topic resulting in a rather comprehensive locating done prior to each interview on the basis of revealing perspective, approach, and potential biases, all of which are expressed by Thorne (2016) to be reasons for self-locating (p. 78). This decision to pre-emptively prepare a written interview component locating the researcher was upheld in that there were multiple instances where inquiring participants requested information about how the researcher was situated in relation to the research topic prior to expressing a willingness to participate.

Interview Validity

In keeping with the Interpretive Design approach to this study, researcher bias was addressed by being transparent about the Co-Investigator's positioning in relation to the study including, how the Co-Investigator came to be interested in the topic, philosophical approaches, and relevant personal experiences.

The Co-Investigator has worked in the topic area of sexual violence for a number of years within a sexual assault centre. The theoretical influences orienting the Co-Investigator within this

topic include viewing the issue through a feminist, survivor-centred, trauma-informed lens and understanding what is observed by applying the concept of “intersectionality” (Crenshaw, 1989, p. 140) and in this particular question (and as a bisexual woman) a connection to Queer theory. It is the Co-Investigator’s experience that many find their way to sexual violence work following their own encounters with sexual violence, and the Co-Investigator is in keeping with this path. While the Co-Investigator does not feel it is necessary for practitioners or researchers to disclose their experiences, they do believe that sharing their own connection to this topic is important for acknowledging the role education, practice, and research has in their own healing process, something that may not fit certain approaches to research but provides a humanizing quality to the approaches that do make room for this level of connection to a topic.

Data

This section outlines the approaches taken to collecting, handling, and analyzing data for the study.

Data Collection

Ethics approval was sought prior to conducting interviews. Interviews were captured through written notes and audio recorded utilizing the Zoom online meeting app with permission from participants. Written researcher notes were utilized as part of the process of concurrent data collection and analysis, as will be discussed in the following data analysis section. Audio recordings were recorded to the Co-Investigator’s local computer. Majority of interviews were facilitated online with the exception of three interviews facilitated in person as resources allowed. The process of recording interviews remained consistent when the meeting approach varied. Imported recordings were then transcribed by Otter.ai transcription technology and edited for

accuracy by the Co-Investigator, which is somewhat in keeping with Interpretive Description; Thorne (2016) recommendations for new researchers to be involved in the transcription approach, despite utilizing transcription assistance for increased feasibility (p. 158). The use of an artificial intelligence software for transcription provided a quick turnaround, a free service, and a high accuracy of transcription with minimal edits to be conducted manually. Utilizing artificial intelligence for transcription also contributed to higher information security since the data was not reviewed by a human transcriber. There was a lowered risk since no humans outside of the supervisory committee and Co-Investigator were exposed to information that may be emotionally impactful or vicariously traumatic.

Data collection ceased when data collection reached a point of repetition, as was demonstrated in the recurrent themes and absence of novel content arising in interviews that hadn't previously been captured and expanded upon in earlier interviews. A total of nine interviews were conducted and made up the body of data that was utilized for data analysis in the study.

Data Analysis

Concurrently collecting and analyzing data is stated by Thorne (2016) to be a crucial component of Interpretive Description (p. 119). In order to conduct analysis concurrently with collection of data the Co-Investigator took written notes during the interviews as themes seemed to arise, with mindfulness to stay present to all the possibilities of the interview as they unfolded and not pursue the themes prematurely. An example of this was that practitioners having a personal connection to queer or bisexual communities came up in relation to practitioner confidence in nearly every interview and was explored only if that theme was introduced by the participant.

The Co-Investigator accomplished comparative analysis by utilizing the notes from each interview to inform how the next interview was conducted and observe how each interview

compared with the previous, gradually developing major themes throughout the interviews. The Co-Investigator reviewed the transcripts containing all of the data as part of the analysis. Thorne (2016) recommends manual transcription but, as mentioned previously, time and resources restricted the feasibility of this approach. Transcriptions were manually edited and coded for themes and variations.

A codebook was created to analyze the interview data utilizing Thorne's (2016) recommendation for a "broad-based code" (p. 160) where themes were developed over time through comparing groupings of data for potential themes rather than proposing themes about individual statements in isolation from the whole. The data was also coded using a data-driven approach, where themes emerged from the data collected rather than being established from the theory in advance of reviewing the transcripts (DeCuir-Gunby et al., 2011, p. 137). This decision flowed from Thorne's (2016) aforementioned guideline to begin developing themes during data collection (p. 119). Thorne (2016) also recommends that new researchers with manageable amounts of data utilize word processors for data analysis to learn their analytic style (p. 152). All personal information was removed from transcript content in a text editor where content was stored locally. The codebook was created manually utilizing the word processor TextEdit to organize the transcript content and Microsoft Word to highlight and comment in order to label sections of text with relevant codes. Both word processors store locally to the Co-Investigator's desktop. The word processor tools were additionally chosen due to their affordability, accessibility, and lack of a learning curve in contrast to other existing tools that assist with coding but require a new account sign up, have an associated cost, security concerns, and a learning process of how to navigate the tool would need to be undertaken.

Thorne (2016) recommends determining the propensity of the person analyzing data to either strip the data of context prematurely or maintain too much content to create a manageable amount of data to organize (p. 151). This researcher tended toward the latter and, on Thorne's (2016) recommendation, planned for addressing this in advance (p. 151). The system to address the inclination to over preserve the data was staggering the pairing down process into multiple stages where the loss of less crucial individual context, often simply a flow of dialogue, could be accepted more readily due to its new placement within the collective context. Data was first reviewed within the interview transcript, then a document was made for each transcript where pertinent information was pulled into themes and codes for that one interview, then the pertinent content from each individual document was pulled into a collective document encompassing data from all transcripts pooled for major themes across the interviews. On Thorne's (2016) guidance, during the second stage where data was pulled from the transcript's location codes were utilized in the form of (transcript #, time stamp) to allow for tracing back to the original context of needed (p. 162). Additionally, in the second stage the coding themes were kept generic, such as "Theme A", "Theme B", etc., in keeping with Thorne's (2016) recommendation to not prematurely apply meaning to data groupings (p. 162). As the data was brought into a collective document more precise themes were revealed and documented.

The natural conclusion of data analysis is suggested by Thorne (2016) to be when a table of contents can be developed, and an introduction can be written (p. 197). The Co-Investigator followed this approach by analyzing data until a table of contents could be conceptualized in a manner that was precise, detailed, and encompassing of what had emerged from the raw data and a supporting introduction began to take shape.

Analytic Validity. After the interview, transcripts were provided to interview participants for review. Feedback on preliminary findings gleaned from the interview transcripts were sought from interview participants, as a form of member checking. Analytic validity was established through peer debriefing. Early coding debriefing occurred with the supervisory committee and each of the committee members were sent one transcript for review.

Findings

Having reviewed and coded all nine interviews, themes became apparent and consistent messaging arose regarding challenges, observations, and recommendations in the practice of providing sexual violence supports to bisexual populations. The findings can be summarized into categories centered on the complexity of bisexual identity, the context of support seeking and service provision, barriers to receiving support, and recommendations. Some primary barriers more specifically were said to be sexual violence disclosures as potentially outing sexual orientation, stigma towards bisexual individuals contributing to victim and self-blame, safety uncertainty about disclosing bisexual identity, and a lack of belonging to community. Practitioners generously provided their various approaches for addressing these barriers, including non-assumptive practice mindsets, therapeutic self-disclosure, community and agency collaborations, and a unanimous call for more education on how to work with bisexual populations. These findings are discussed at greater length in the remainder of this chapter beginning with challenges and complexity of practice with this population and ending with practitioner recommendations for education and practice.

While the demographics of participants were not sought out in a formal way, most practitioners chose to disclose elements of how their own identities tie into their work with bisexual populations. A majority of participants shared that they are themselves bisexual and/or queer. Some practitioners shared that their proximity to the populations comes from personal connections to bisexual family, friends, and coworkers. The next most mentioned identity was practitioners identifying as feminists. Given that these specific identities were chosen by multiple practitioners to disclose within the interview context, these qualities are deemed within this study to be most available and also most relevant demographics for consideration. It is expected that aspects of

identity, such as race and gender, are also relevant to fully understanding this topic, but these demographics did not arise in the discussions with the same frequency and thus are not available to be discussed as findings to a comparative extent. How the provided aspects of practitioner identity factor in to practice with bisexual populations was discussed with participants and is captured below.

Identity

Though it was not anticipated to be of such relevance, identity as a foundation of understanding became a significant focal point of each interview. Identity in this study is a concept utilized in a multifaceted way. Practitioners did not narrow their use of the term identity to only refer to identity as a concept of labelling oneself or behaving. Identity in this study refers not only to the act of identifying self or others within a sexual orientation category of bisexuality, typically referring to openness or engagement in sexual or romantic relationships. The concept of identity is also used to discuss community association, perceptions and embodiment of self, and ways of understanding experiences. The utilization of identity could not be constrained in this study without eliminating practitioner insights and overly restricting the ways bisexuality manifests. Bisexuality is complex in ways that evade rigid understandings of sexual orientation, as Monro (2015) explains,

Bisexuality raises important issues concerning identity construction and its social and political ramifications. This is partly due to the complex and fluid nature of bisexual identities, which are different from the more bounded and static identities assumed by lesbians, gay men and heterosexuals, and partly because of the fragmented and partially submerged nature of the bisexual population. (pp. 2-3)

Within this section practitioners discuss how they understand bisexual identities. More unexpectedly, practitioners also discuss how the facets of their own identities as practitioners and, in most cases, bisexual or queer individuals interact with their practice. The use of the concept of identities flows necessarily from a unifying characteristic for categorization to an individual's way of being in the world. In a broader study, identity would be deserving of the entire focus given the magnitude of the concept and the complexity of bisexuality. However, for the purposes of this study and in appreciation for the fluidity of how study participants utilized the term, identity as a concept will flow to suit the applied conditions being discussed, whether the context is acquisition of service user demographics, self-perception, or community building.

Population Identity

A theme that arose across the interviews was the complexity of how individuals conceptualize and embody a bisexual identity. Identity was described by participants as posing a barrier to support access similarly to how it was also an observable challenge to researchers within the literature review.

Statistics. Agencies were said to have varying approaches to seeking information on the sexual orientation of people accessing services, with many of the agencies not gathering this information at all. A related observation during recruitment was that a number of declining responses received from potential participants provided the reasoning that they weren't aware of the sexuality of who they worked with because they didn't ask for this information, as it wasn't deemed relevant to providing services. One participant mentioned concerns about how the lack of

sexual orientation data limits their ability to accurately understand and depict who is accessing and in need of more focused services,

Where things do get muddled a little bit is...like we don't track like client sexuality or anything...like for stats we track gender and stuff...That does impact things down the line, right when it comes to like funding or looking at core programming or looking at stats to figure out [what populations] should we have [programming for]... (Practitioner 4, 6:48-9:26)

Some practitioners found that they were collecting data on sexual orientation but that this data wasn't making it to their funders, often government ministries. The previous practitioner describes the impact of funders not requesting this data,

... [sexual orientation data collection is] pretty much like an internal thing...on our intake form...But then once it's translated into our data system, that's where it gets lost. I don't know that it impacts the individuals necessarily but when it comes to like, you know, like on that greater macro scale, so if somebody is looking at like our stats, they might not include [bisexual] people...then they would be discounted. (Practitioner 4, 6:48)

Data collection for statistics is further marred by challenges in capturing the complexity of bisexuality in a way that can be implemented on a form, as data collection often requires.

Defining. Defining bisexuality is a complex discussion in practice, as in research. Practitioners expressed varying aspects of this complexity including the fluidity of sexuality and the vastness of identities that may fall under an umbrella of bisexuality. Two practitioners captured

how bisexuality challenges our conventional practices for perceiving sexual orientation in people we meet:

...it's pretty invisible...We might assume that somebody comes in with a partner of a certain gender...that is the way that they are...That is the way that they have dated historically, and will, will date in the future...that this is their sexual orientation. And that's not what bisexuality is. Right? By its very nature. That's not what that is. And so, I actually hadn't thought about this before. It's like, how tied to time bisexuality is...because if you meet someone at any point in time...one of the few external indicators would be the gender of the person that they're dating. (Practitioner 9, 27:14)

Similarly, another practitioner shared,

...there's lots of nuance that may not register as queerness necessarily depending on...when in their lives the experience happened, you know, if somebody is maybe just exploring that aspect of themselves, and that first experience is a violent one. What does that mean? Especially because I think so much of queerness, unfortunately, is dictated by who you're actually having a sexual or intimate relationship with. So, if you know yourself to be bisexual but you've never had a sexual experience with somebody of the same gender or sex, what does that mean for you? And, even if you know that yourself, will somebody be able to understand that that is so valid if they don't have that, like, proof. So, I just think there's lots of difficulty in self-identification and articulation, you know, minimizing. (Practitioner 3, 20:36)

There is a great deal of ongoing discourse around bisexual terminology, specifically the potential trans-exclusionary connotations of the term “bisexual”. Practitioners in the study did not define the term “bisexual” as inherently transphobic nor dismiss that the evolution of terminology

as valid and often necessary. Instead practitioners discussed the personal and fluid nature of sexual orientation and terminology choices. The practitioners in this study expressed the importance of “.... the idea of self-identification and knowing that as words evolve, there are also really good reasons why people may stick with certain words” (Practitioner 7, 25:02). Two practitioners weighed in on the required nuance when trying to capture bisexuality:

...often, we're pretty prescriptive about everyone's gender and sexual identity. But in particular, we sometimes lose that nuance with bisexual clients because it's a harder thing to put into words because of those multiple layers of privilege and marginalization. (Practitioner 3, 9:55)

...everybody is different, and just because like, say I ascribe as being, say, bisexual or something, doesn't mean that another bisexual person will have the same kind of thoughts and beliefs. (Practitioner 2, 14:59)

Two practitioners noticed that terminology around bisexuality seemed to differ based on age with bisexuality being favoured by older populations and pansexuality being preferred by younger populations (Practitioner 7, 3:31; Practitioner 9, 13:12). These practitioners and others (Practitioner 2, Practitioner 3, Practitioner 4) similarly saw an age-related connection to shifting identity and terminology. One practitioner’s perception of that shift occurred within the individual over time and was more fluid in nature:

I consider sexuality to be fluid for everyone. That's probably my personal bias. And so an answer that someone would give today isn't necessarily the answer that they will give 15 years from now...How do we reduce barriers when this is something that's developed across time of like, the answer that this person would have given when I first met them, is very different than the answer that they would have given me after they feel more comfortable

talking about sex and sexuality. After they feel more comfortable resolving ideas around pleasure, ideas around shame... (Practitioner 9, 27:14)

Studies varied on whether to define bisexuality by self-identification or behaviour, with the fewest studies utilizing behavioural approaches (Allen et al., 2014; Eaton et al., 2013; McCauley et al., 2015). Behaviour-based data collection uses gender dynamics of past and current sexual and romantic activity to define bisexuality. In recognition of the inconsistent ways that bisexuality manifests for individuals, four practitioners provided examples of how defining bisexuality by behaviour can cause harm by erasing, stigmatizing, and invalidating bisexual individuals. The impact of assumptions of infidelity was brought up by one practitioner,

...later on in life taking on this bisexual identity. And then everybody freaking out. So, this means you want to cheat on your partner, right? And it's like, no, this is me honoring my knowledge about what I find attractive...So helping this person with their shame around sex and sexuality and feeling like a pervert for being attracted to people. And not needing to act on it, like, you can have thoughts and not want to act on it but that's still part of your sexual orientation. As if declaring something means you're going to have this outrageous behavior. (Practitioner 9, 17:30)

The erasure of bisexuality in the context of heterosexual relationships was mentioned by Practitioner 4,

Like, within the LGBTQ spectrum, I'd say bisexuality, pansexuality are still kind of a little bit less understood and maybe a little bit more stigmatized. In some ways, of course you know, like, bisexual people, for example, who are in heterosexual relationships oftentimes feel like maybe they're not seen for their identity. (Practitioner 4, 15:00)

The internalization of stigma towards bisexual people was discussed by Practitioner 3,

Like internalized homophobia, that exists. And by that, I mean the sense that someone has that the way they identify is bad, or that their identity is connected to a sense of shame about themselves, even if that shame isn't necessarily about the gender expression they are attracted to. For a bisexual person it might be that they feel shameful that they aren't 'more queer,' or they may question why they haven't had more of a certain type of relationship. Regardless of what is causing the shame, that feeling of shame, that scrutiny, is tied up with the cultural homophobia we're steeped in as queer folks. (Practitioner 3, 9:55)

In their recommendations, practitioners emphasized embracing the evasive nature of a definition for bisexuality rather than reinforcing harmful parameters for who gets to define themselves within the realm of bisexuality. One practitioner described how, what may be seen as an incongruence between identity and behaviour, can be a space for curiosity and growth: “The differences in desire from what your life might appear like, being able to explore that and being able to express it in different very healthy ways” (Practitioner 9, 26:18).

The ways that bisexuality is defined come to inform the ways bisexual individuals are treated. This includes how bisexual individual's needs for support after sexual violence are understood and responded to. One practitioner compassionately articulated the vulnerability of disclosing bisexuality in the context of accessing sexual violence supports:

I think from my own experience, what I know in community, I think bisexuality is just such a complicated nuanced thing that does sort of shift and ebb and flow in different ways, depending on where somebody's at in their life. And so, I think, articulating that to a total stranger, on top of like articulating a very intimate violence that's happened. It's just, that's very challenging (Practitioner 3, 20:36).

In the next section, practitioners delve into how they understand interactions between sexual violence experiences and sexual orientation as observed through supporting bisexual individuals.

Sexual Violence. The ways that bisexuality appears to interact with experiences of sexual violence was outlined by practitioners with practice recommendations for how they hold space for these discussions. One practitioner provided a depiction of some challenges bisexual individuals may face when trying to have their bisexuality recognized within the context of their experience of violence and their healing process:

...is somebody in a heterosexual presenting relationship or is that what somebody might map on to the violence they experience and how does that limit their ability to identify as Queer...if it happened in a relationship that people might read as heterosexual...there might be some like defensiveness around how much more easily [people] read that as violence. (Practitioner 3, 9:55-20:36)

Practitioners further discussed the ways that sexual violence may disrupt or complicate a person's relationship to their sexual orientation. Shame was a recognized area of disruption, as well as confusion about whether sexual orientation could be a result of sexual violence. While the origins of sexual orientation are a topic of great complexity beyond what can be captured within this discussion, two practitioners provided their approaches to supporting a person through processing this confusion:

...It could be that one's sexual orientation may have been influenced by their experience, and not just biological, however that is not for the practitioner to decide...I just feel like being a therapist, we have a position of power and to put that on to somebody else, it just feels very backwards. It's very antiquated. (Practitioner 2, 16:04)

...for clients who were sexually abused and identify as bisexual is sometimes there's confusion about where their attraction comes from. And if their attraction comes from the abuse, whether their aversion comes from the abuse, and I don't weigh in on that. I try really hard not to weigh in on that, because I think I couldn't possibly. So sitting with people's confusion and sitting with their body sensations and just reaffirming that especially for clients who identify as bisexual or any anywhere that's not...on a necessarily fixed scale means being able to honor their body knowledge and being able to honor their you know, their emotional and intellectual wisdom. And see how that can change over time. (Practitioner 9, 13:12)

Practitioners also recognized ways that sexual orientation impacted perception of the sexual violence experience. For example, Practitioner 9 shared, "...when we define bisexual people as these sex crazed, whatever, then whatever we do is then permissible. Because we must have wanted it" (Practitioner 9, 19:08). While another practitioner described,

...we know that so often when women experience sexual violence or anybody experiences sexual violence, of course, they often, you know, feel that sense of self blame or shame...the one thing that seemed to be very common with at least a couple of these [bisexual] clients, was this sense of it really somehow is my fault. Because I, you know...I'm intimate with men, I'm intimate with women. I'm sending the wrong message. Maybe people just assume that I'm a slut, and I deserve to be treated that way because I can't seem to make up my mind who the hell I want to have sex with. So, I do feel like that there's a little bit of almost a little extra burden of that sense of guilt, that somehow it is their bisexuality that invited it. (Practitioner 5, 27:42)

Practitioner's recounted how they supported bisexual individuals to process their sexual orientation in the context of their sexual violence experiences, and vice versa. One practitioner also provided the reminder to not assume that sexual orientation is tied up in the experience of sexual violence but to stay open to the possibility that it is relevant (Practitioner 7, 14:00). Bisexuality isn't always a priority or connected topic for bisexual people seeking services, but it remains important to create space for discussions of sexual orientation to occur. Practitioners provided ways they have supported bisexual individuals to process the significance of their sexual orientation to their experience when it was relevant to do so. For example, Practitioner 5 recommended the following explanation,

...I think being able to talk about it more openly. And I guess really try to help someone, see or understand that, that, you know, the bisexuality isn't the reason that somebody made this decision to do that to them. Because again, you know, we all know that rape is a crime of opportunity. And this person took their opportunity, and very likely would have taken it whether she was or wasn't bisexual. But that's what he used against when he was assaulting her. (Practitioner 5, 27:42)

A somatic approach to centering the person who experienced harm rather than imposing a practitioner's understanding on the experience was put forward by Practitioner 9,

...people who have experienced sexualized abuse, it just can be, not always, this whole other layer of complexity and overthinking to [sexual orientation and activity]. So, I tried to keep people rooted in their body experience, not mine, theirs... I ask people to really check into their body experience and check into the present experience. And so, I know for me it's like the difference between a trauma response and just a pleasure response. (Practitioner 9, 15:31-17:30)

While the insights provided in this section were sourced from practitioners recalling their work with bisexual clients, the depth of understanding and recommendations are also inextricable from knowledge based in how the practitioners themselves identify.

Practitioner Identity

Each practitioner identified their personal connection to the queer community, either being a queer person themselves, parenting a queer child, being friends with a queer person, or working with a queer co-worker. A personal connection was brought up in each interview as a response to what influences the practitioner's confidence in working with bisexual clients. All practitioners expressed that their personal connection to the community increased their confidence in their ability to provide sexual violence supports to bisexual clients. Some of the identified potential strengths of being a Queer practitioner working with bisexual clients were the ability to use shorthand in discussions because of a shared knowledge base, the ability to share in community dynamics, and a heightened/prolonged investment in the issue.

Some practitioners also problematized taking an insider mindset of personally identifying with the queer community. Practitioner queerness was identified as potentially overriding the client's own definition of their identity and forming a basis where assumptions might be made due to community knowledge that doesn't reflect the client's experience or perspective. Furthermore, practitioners highlighted the potential that being of shared identity increases the possibility of the practitioner being triggered and the need for practitioners to do their own healing work prior to and during their provision of support. A curious outsider mindset was seen to be a strength when utilized to ask questions, make space for client self-definition, and identify problematic community norms, where an insider may make assumptions based on their insider knowledge, project their definitions onto the client, and reinforce problematic community norms.

When used appropriately, both an outsider and insider perspective were unanimously seen as having their own strengths and potential pitfalls. More significant determinants of a practitioner's ability were expressed to be their investment in the issue, a desire to learn and self-educate, and a willingness to grow and be exposed to the unknown. It is expected that this will provide encouragement to practitioners in both positionalities to engage in this work in a way that honours their positioning while emphasizing the importance of critical self-reflection for all practitioners.

Demographics. Demographics, such as race and gender, were not formally acquired from practitioners during the interview process. Any included data on practitioner demographics was voluntarily self-disclosed by practitioners without direct prompting. This is important to remember when considering the limitations on generalizability of the study. Without this information it is not possible to know whose perspectives are being represented within this study or whether a certain perspective is being overrepresented. However, the findings provide thoughtful recommendations and insightful perspectives that practitioners may find to reflect or challenge their own experiences. Considering these findings in tandem with existing research these recommendations may be utilized to pursue further research and education on the topic.

Feminist. Many practitioners shared that they identify as being a feminist. Frequently these feminist practitioners also found themselves working within feminist agencies. Practitioners shared ways their feminism showed up in their practice, including one practitioner whose work environment was hostile to their feminism: "...they shamed me for being a feminist" (Practitioner

1, 20:19). Another practitioner outlined how their identity as a feminist structures their practice by informing their interactions with clients:

...a key part because I identify as a feminist practitioner. So, a key part is looking at how social institutions which include beliefs, um a huge part of that is deconstructing that. So, I come from a place of curiosity. So, I don't necessarily come from a psycho ed. place, but more, "Oh, tell me more about that." "What do you think about it?"...Because I want it to come from the clients. I think that's more helpful than me saying, "hey, by the way, that's a myth."...I'm more curious about the client's perspective of that myth. And had they, you know, how is it impacting them?...And that's true for sexual violence myths as well as any, you know, bisexual myths. (Practitioner 7, 18:02)

While feminism was a frequent identity that was disclosed, it was expected this would be the case given the history of sexual violence response as originating through grassroots feminist movements. More interestingly, another less anticipated identity occurred at even greater frequency within the practitioner sample.

Sexual Orientation Influence. A large majority of participants, six out of nine, in the study self-disclosed their own sexual orientation as being either bisexual or queer. The study drawing bisexual and queer participants may tie into a human propensity to notice and explore things that we are aware of due to proximity to our own identities. Of the three practitioners who did not identify themselves as being bisexual or queer, two expressed having personal connections to bisexual and queer people in the forms of family, coworkers, and friends. Four practitioners, two who identified as queer and two who identified as having personal connections to bisexual

individuals, described how they each perceived their investment in this issue as being influenced by their proximity to bisexuality. The two queer practitioners stated,

...it was important to me from early on, and I have lots of questions about the way we maybe talk about things in our culture around sexual violence and maybe, you know, curiosity, some of those sort of things and insights that maybe other people wouldn't come to as naturally if they hadn't been forced to think outside of their own experience. (Practitioner 3, 4:47)

...in terms of ARAO [Anti-Racism and Anti-Oppression], I find that because I do have a different lens because like I'm more than just one thing, I might pick up something that other people may not in terms of being a little bit more understanding or compassionate. As a practitioner, my worldview and how I approach situations, people, etc. is informed by my various identities and (personal and professional) experiences. (Practitioner 2, 7:56)

Whereas, the two practitioners with personal connections shared,

...I feel very, very grateful and very, very blessed that I've known and continue to know people in my life who have been just abundantly open with me in terms of just talking about their struggles and their issues and their obstacles and their challenges, and, and just really being open with me in order to help me sort of better understand the dynamics around certain issues. (Practitioner 5, 5:35)

I think this comes from just from that, that experience of, of supporting someone not necessarily always professionally but from that, that other type of relationship so that that friendship and, and love and support in that way you kind of see, you see the barriers and you see the experience from a fuller picture if that makes sense...I think just having a bit

more close of an experience with, with close friends with that really helps me to hold space for these clients specifically. (Practitioner 6, 7:37)

These contrasting sources of insight and motivation point to the varying ways people find confidence and competence in working with bisexual populations.

Sexual Orientation Impact on Practice. Practitioners discussed the influence of their own sexual orientation on how they go about their work with bisexual populations. While not a focal point of sessions, practitioner identity informs their perspective on the work they conduct and can play a role in building rapport. Two practitioners shared how their queer identity has informed their practice:

I'll be really, really honest with you about that because I think on the one hand, always I think having some degree of personal knowledge or personal experience certainly helps to inform us, of course, in our lives and you know, helps us, I guess, understand things on a on a different level... (Practitioner 5, 8:37)

I think it's important to a degree or it's been important to me [to have a personal connection], I don't know that it's inherently essential or that it necessarily makes somebody you know, a better supporter or better able to, you know, extend their lens in their horizons understanding of the issue to have a personal connection...as my understanding also was developing my own identity and also, you know, ideas around queerness in general, so I became more involved in community and made more connections and my understandings were challenged about queerness. And so I think as I became a staff member, eventually to get, you know, I tried in ways that I could to...[talk] about queerness in different ways when folks identified as queer and, and trying to bring that into the curriculum... (Practitioner 3, 4:47-14:58)

It is apparent from these quotes that value is placed on having a personal connection to the population, though it is also evident that this is not deemed an inherent need for practitioners to be queer to conduct this work. Personal connection is also discussed as presenting specific challenges for bisexual/queer practitioners, "...I think there's probably a high likelihood of countertransference that might show up..." (Practitioner 7, 12:14). Another practitioner spoke to the challenges that can arise,

I think it can be a benefit to be from the same social location and there can be shorthand. Right. And there can be rapport that can be built. Right. But it also...I think that we make a lot of assumptions about people and their experiences, if we're from the same social location that can close down therapeutic conversations to actually work against people, like if I have a, you know, white, bisexual woman whose experience sexualized violence, right, like, I might have assumptions about you because of our presentation of similarity, because the labels that we might attach to ourselves, I might make assumptions about that might not actually have anything to do with you. (Practitioner 9, 8:33)

The discussion challenging the notion that personal connection is being beneficial was furthered by Practitioner 5 through a recognition of the need for practitioners to process their own experiences,

I've also become aware, over many years of doing this work, that simply because someone does have personal experience doesn't always mean that they aren't necessarily going to be the best ally or the best support. Because, of course, they have to have done their own work, right, they have to have kind of had their own journey...Our own sort of personal stuff can come up for us. And so it really, you know, it's so, so important, of course, as you know, that we be in a place where, where we have that maybe that personal knowledge or

understanding without of course, letting it interfere with, you know, the work that we're doing. (Practitioner 5, 10:59)

In keeping with the complexity of what a practitioner's bisexual/queer identity brings to practice, representation in the workplace was a source of varied experiences. One practitioner expressed feeling more inclined to disclose their sexual orientation within the sexual assault center than in other workplaces they had previously practiced (Practitioner 9). Another practitioner shared their experience as a bisexual staff member at a primarily queer staffed organization, which provides insight into the challenges of establishing bisexual representation in queer spaces.

It's really weird actually. I feel personally, like I need to apologize [to my coworkers] for my bisexuality. Because I'm not a "full lesbian" like, it's weird. I've noticed that over the...years I've been here that I've, I've like minimized...and particularly because I am in a relationship...with a cis male identified person. And so...I get to I experience bisexual erasure and heterosexual privilege, and it's a weird thing to balance. (Practitioner 7, 11:29)

This balancing of an identity that may not always be received, as well as an emphasis on centering the client, were some reasons practitioners expressed having varying perspectives on the use of self-disclosure in session as well as in the workplace more broadly. These challenges were provided from the perspective of how practitioners understand sexual orientation influencing practice. It is also important to consider how bisexual people accessing services perceive practitioner sexual orientation influencing their experience of receiving support.

Self-Disclosure in Practice. Disclosing sexual orientation in session can be an opportunity for rapport building, validation, and normalizing. Practitioners shared how they perceive their sexual orientation being received by bisexual people they provide support to,

Some people don't feel very comfortable disclosing because they don't know, you know, how I feel about certain things or even how I ascribe. I can say about my own self, I am a Woman of Color, and I also identify as Queer. And so, if I have, you know, self-disclosed, and in a counselling session with somebody I've had, some people have almost like a sigh of relief. It's almost like there's an assumption that okay, they get me. (Practitioner 2, 3:43)

The value for clients of not having to educate their practitioner was offered by Practitioner 7 as a potential benefit of self-disclosure,

I think it depends on how and I think it's important to have competency, understanding,...experience. But I think from the client perspective, I think, for a lot of people, it would be very important for them, that they're not educating their counsellor. So, having someone that identifies within LGBTQ communities can be helpful. And I've actually heard that from a number of people. Not that I'm necessarily self-disclosing, but I do have indications and some people recognize me from various events. (Practitioner 7, 5:39)

Despite the noted potential benefits to self-disclosure, practitioners expressed reluctance and extensive intentionality around their own self disclosure practices. Practitioners discussed the role and resistance to using self-disclosure of their bisexual and queer identities within their practice. Ways of showing openness with indirect self-disclosure were offered by Practitioner 3,

Though, I don't just I don't just come out like, "Hey, I'm gay" or anything...making it clear that I can listen to anything and still feel comfortable and like I've had some of these issues

myself when it comes to how I perceive myself and like feeling feelings of shame or perversion...because of...growing up in a society where you're supposed to be straight,...[self-disclosure helps bisexual individuals I've worked with] feel more comfortable because at least...someone's really listening and someone gets one aspect of their experience, even if there's 100 other aspects that I can never really understand. (Practitioner 3)

Practitioner 2 spoke to their hesitance around utilizing self-disclosure and their focus on community rather than individual experiences,

I like to be careful with it [self-disclosure] just because I don't want people to assume like, oh, well, we're the same because we're not. We're different people. We might have some things in common. And I might be able to understand a little bit more about them than another counsellor that doesn't identify with my sexual orientation. I sometimes talk about the community...we can kind of have that humor around that piece (i.e. joking about things we notice in the community, that others wouldn't have had experience with). (Practitioner 2, 5:07)

Self-disclosure as an icebreaker was how Practitioner 4 spoke of incorporating their sexual orientation into practice,

It's not necessarily something that I just always keep on the forefront of my mind. Especially as a person who's most recently been in like heterosexual relationships but, you know, it's part of who I am and part of my identity and so I feel really comfortable to disclose that when I feel like it's appropriate. And then, which is like pretty much anytime because that's fine. And yeah, like, even just to kind of use it as like, as a means for like

breaking the ice with clients that identify as being somewhere on the queer spectrum.”

(Practitioner 4, 3:09)

Contrastingly, Practitioner 9 felt their own sexual orientation was largely not relevant to incorporate into practice or the workplace more broadly,

“I don't think that it's necessary to have a personal connection. And in fact, I don't tend to talk about my own personal connection with clients unless I think it's like therapeutically relevant. And it's not something that I necessarily talk about a lot in general, actually in the workplace. (Practitioner 9, 4:19)

Two practitioners gave examples of how their identity as bisexual/queer factors in to how they educate, advocate, and provide support. One practitioner discussed their thoughts on having visual signifiers of sexual orientation in their practice space,

I don't have a flag in here, though, and I thought about it. And I, because I accept it as fluid. I also accept that people's prejudice is fluid. Right? And so, because there's so much shame that comes about with sex, and sexuality, whether there's been a history of sexualized abuse or not so much shame with abuse. I want the conversation to unfold in a way that makes sense for that particular client. That doesn't mean that in the future I won't get a flag, or some other indicator, like for right now, I had consciously thought about it as my friends are like, you should be like, proudly bearing your flag, you know, and I'm like, yeah, maybe. And it's also not about me. It's about meeting people where they're at. (Practitioner 9, 31:06)

Another practitioner spoke to how their sexual orientation influenced the educating and advocacy they take up in their role,

I find that I'm needing to, for example, it doesn't impact my work, but I'm forever changing. For example, we have demographic forms that go to the association of sexual assault services. I remember when they hyphenated bisexual, they may still do that. I'm doing a lot of like educating, not so much the agency, but the bodies where we have to fill out forms and whatnot (Practitioner 7, 9:57)

Since majority of the practitioners were themselves bisexual/queer, navigating a shared identity in practice was expectedly a significant focal point of the interviews. However, practitioners also offered extensive insights into the role of outsiders in working with bisexual populations.

Outsider Contributions. As each practitioner disclosed their proximity to bisexuality, an additional question arose in the interview, “How important do you feel it is for practitioners to have that personal connection to bisexuality when providing support to bisexual populations?”. Resoundingly practitioners did not feel a bisexual identity was needed to support bisexual populations. Practitioners had thoughts on the struggles an outsider may have to working with bisexual populations, as well as the strengths an outsider perspective offers. Here is one practitioner’s perspectives on outsiders,

So, I guess I do feel that the personal experience or knowledge can certainly kind of take it up a notch in terms of one's understanding of something. But I don't know that I don't think that that necessarily means that folks who don't have that personal sort of understanding can't also be terrific advocates, terrific allies, and great support to people who, who, who, who are experiencing that. (Practitioner 5, 8:37)

Similarly, Practitioner 3 saw potential in outsider contributions,

I don't think that it's inherently necessary [to have a personal connection]. You know, I'm not a racialized person and care about how this issue and other issues intersect with that identity. And so, I think it's possible to care and be able to provide nuanced services without being part of like the sort of in group and identifying that way. (Practitioner 3, 4:47)

Throughout their interview, Practitioner 9 celebrated outsider contributions as holding specific benefits,

I think that outsiders have something really important to contribute therapeutically. And so, I think there's a benefit from being from the same social location as clients. But I also think there's a benefit to not being from the same social location. And I think it depends on how you use it...[being an outsider] can, it CAN, lend itself to a lot more curiosity and openness, rather than assuming that we know something about the clients social location, and what that means to them...[being an outsider to other populations has] allowed me to be curious and open in a way that allowed me to ask questions that they wouldn't have thought about...[which] made [it] possible for people to articulate maybe some things that they hadn't thought about things that would be normal in their community and normalized in their community that maybe they don't need to be...sometimes working at different social locations can be really, really helpful to maintain curiosity. (Practitioner 9, 4:19-6:15-8:33-9:51)

Support for an outsider perspective was a consensus amongst all practitioners and emphatically supported by bisexual practitioners despite referencing their own practice confidence as being sourced from their location as insiders. This provides a hopeful stance for all practitioners to see themselves within the realm of being able to provide meaningful support for bisexual populations.

Practice

This section details the ways practice is shaped by practitioner confidence, agency and community context, and population-specific barriers as outlined by practitioners.

Practitioner Confidence

Being the primary pursued focus of the study, practitioner confidence when working with bisexual clients was explored in the interview as the initial question. However, as the interviews occurred it became very evident that confidence with the population that chose to be interviewed was influenced by a more complex nature of practitioner identity. However, insights were still provided that established some of the ways practitioners had formed confidence in their work with bisexual populations, beyond identifying as bisexual or having personal connection to the bisexual community.

Only one practitioner expressed low confidence and the pressure they feel to get it right with bisexual clients, including their fears around causing harm: “I don't want to, like, act the wrong way and then have someone just think I'm the worst and like a terrible person...you don't want to re-traumatize somebody...I'm terrified to cause harm” (Practitioner 1). This practitioner was also the only practitioner who did not identify as bisexual or express having personal connections to the community.

A few practitioners named their long career history working in their area of practice as a source of high confidence when conducting their work. Previous experience working with bisexual individuals gave some practitioners the feeling of a foundation of knowledge to express confidence in supporting future bisexual individuals. A consistent emphasis was placed on confidence being built from bisexual individuals accessing services, returning for sessions, and opening up, as these actions was perceived to signify that the practice approaches and rapport building were effective

in some way, "...they come back with me, they seem to feel pretty comfortable to talk about stuff and to unpack the complexities of sexuality and sexual dynamics." (Practitioner 9, 10:28). Another practitioner spoke to the role of the therapeutic alliance in building confidence,

...confidence is something...I think it's formed honestly through the therapeutic alliance over time...I think just confidence in the fact that I can be equally vulnerable with my clients in terms of letting them know how I identify and just identifying that I'm not an expert in their life. And I think just that transparency and authenticity of where I stand... (Practitioner 6, 3:24)

One practitioner shared that being corrected by people accessing services assists them in feeling confident,

...my confidence sort of just comes from how I feel people reacting to the things I'm saying...it's also helpful for them for me to act as a bit of a sounding board for them to be like, no, that's not quite it. That's not what I'm feeling but like, we're getting closer to it. (Practitioner 8, 8:56)

Many of the practitioners who expressed high levels of confidence in working with bisexual populations spoke to the role of activism and community involvement as factors that increased their confidence over time. Tied in with activism and community involvement, practitioners emphasized that a key factor in their confidence was their personal sexual orientation identity or personal community ties, "I feel like I'm pretty confident. I'm a pretty open minded human. And I also identify as queer and I think that does help break the ice." (Practitioner 4, 2:27). Practitioner 7 echoed these sentiments,

I would describe a high level of confidence. I identify as bisexual recognizing that that word is a bit challenging because of the binary piece...I have high confidence because I ran a counseling program at the pride center for a very long time. And I work with a number of individuals and LGBTQ plus communities. (Practitioner 7, 1:29)

Practitioner 8 continued this sentiment,

...someone's sexuality doesn't really make me more or less nervous in terms of providing services...Just because I feel like my own identity, I feel like I can relate to bisexual survivors. So, in some ways that makes me more comfortable. (Practitioner 8, 2:59)

Practitioner 6 spoke of the influence not of their own sexual orientation but of their personal relationships to bisexual people,

I would also say in terms of outside of the workplace is friendships and relationships that I have outside and in terms of my kind of more personal experiences with really close friends that do identify adults that do identify as bisexual who have experienced sexual violence in their life. (Practitioner 6, 5:40)

Practitioners adamantly spoke to the value of their own involvement in community but there was also complexity to their understanding of what community looks like for bisexual individuals. The following section outlines practitioner perspectives on the queer community, as being a context they practice within, along with the influence of the agency they work within on their ability to support bisexual populations.

Context

This section outlines both the context of practice and the context of the queer community, as a source of expected support by that instead bisexual individuals struggle to navigate. The queer

community is specifically identified as a context relevant to support provision in this study because it was a distinct focus of the interviews in a way that heterosexual contexts were not.

Queer Community. Within this study, lack of community belonging was named by practitioners as a potential barrier to healing within social relationships. Myths and stereotypes about bisexuality were observed by practitioners to lead to experiences of marginalization and minimization of sexual violence experiences had by bisexual individuals. As one practitioner describes,

...holding space for the nuance of that experience...that bisexual folks are marginalized within that community in various ways to varying degrees because of the ways people perceive bisexual folks as like not “passing” or being on the fence or those sort of stereotypes that exist commonly. (Practitioner 3, 9:55)

The impact of bisexual people being excluded from community and how to respond to exclusion in practice was explored,

...Some people can feel very isolated, especially if they aren't a part of a community...or they don't have other friends, or family members or whatever that ascribe to being part of the LGBTQ+ community...So I find it again as a strength building piece. Strengths such as not feeling/being alone, finding others to foster a sense of belonging and togetherness, having support, having a community that can continue to inform one's sense of self/identity, etc. (Practitioner 2, 6:23)

Practitioners discussed the impact of funding models on community support receptiveness to varying identities. There was an acknowledgement of the ways that queer organizations vie for resources from funders who manufacture a sense of limited resources and competition between populations. Practitioners outlined the ways that queer organizations prioritize certain populations

in their programming, due to both funder expectations and in recognition of populations experiencing oppression to varying degrees (Practitioner 3; Practitioner 7). One practitioner emphasized that trauma isn't a requisite to being queer but that the queer community is broadly impacted by various forms of violence (Practitioner 3). The collective experience of harm creates a high demand for support and resources within a community of diverse needs that is given limited resources. The practitioner explains that funding models create a competition for resources within the community that stokes the existing conflict that exists due to variance in oppression experienced by different community members. The practitioner further explains the complexity of how the queer community navigates resource distribution:

...we live in a society that's very retributive and hierarchical and where...power is very important. So we replicate those systems...you're given this small piece of a pie, and you got to fight to hold on to it...that can sometimes mean denying other people's identity...because they receive certain privileges you don't, or because they haven't experienced the same amount or severity of violence you have, or because you don't read them as being as deserving as other folks who have struggled more...[These are] ideas that cause very real harm but they are happening in a cultural context where a lot of harm has been done to LGBTQ2SIA+ folks...I think people can still feel differently, grow and learn and be accountable for their actions, but I think it's happening in a complex, nuanced community. (Practitioner 3, 31:56)

Practitioners continued to build on the understanding that within the queer community there are varying perceptions and experiences of privilege and oppression. Practitioners delved into discussion of how sexual violence disclosures are discouraged or avoided within the queer

community due to small social networks and identity preservation against societal stigmas. For example, one practitioner stated,

And I think that there are a lot of sort of, maybe toxic trends that can happen in the queer community that, like, don't get identified as easily. I think the fact that for one, it can be so close knit. So, if you were assaulted by a friend, you know that that friend might be your best friend's partner and you like, you know, you might be part of a very small community. And then when you're queer, those types of relationships become extremely important to you. So, there's not only the trauma of having that happen, but also the sort of need to like, keep this community together. (Practitioner 8, 25:20)

A responsibility to protect the queer community was discussed by another practitioner,

...there is a lot in queer community about wanting to protect community. You know, not have their experience be indicative of like issues with queerness overall. I think, to talk about violence that's happened within the queer community can feel like there's more to lose--like you're letting the whole community down. So sometimes I think we create stories around those experiences that over-emphasize the trauma that the people who've caused us harm have experienced to sort of minimize the violence. It's an attempt to put the violence into context, but it turns into a sort of 'race to the bottom' of who's been hurt more and who 'deserves' the opportunity to talk about the violence they've experienced that I think just ends up silencing a lot of people in the end and doesn't allow for transformative healing, unfortunately. There's a lot less space to be messy and complex and capable of causing harm. (Practitioner 3, 20:36)

Looking beyond the ways that bisexual populations are currently excluded from community, practitioners contemplated what a bisexual-specific or inclusive community might

encompass. When envisioning what community could look like for bisexual populations and what bisexual individuals might gain from community connectedness practitioners expressed the importance of community involvement,

[My vision of a bisexual inclusive space] would always be community driven...I do believe very much that there should be safer spaces...It would also be bringing attention to the additional things that a lot of society but also LGBTQ plus members aren't necessarily aware of, for example, the atrocious mental health indicators of people who are bisexual. (Practitioner 7, 20:48)

Other practitioners spoke to changes they could anticipate being valuable for bisexual people,

I think just more needs to be done overall to recognize that bisexual folks are queer and that's a valid expression of queerness. And that we can't read for signs of queerness that we have deemed important and can't be gatekeepers to the community...there's a tremendous need for the queer community to be able to define healing in their own terms. Like we need spaces that are transformative; spaces that speak to all of the complex nuances of our identities and the way violence and resistance are often threaded between them; spaces that allow us to imagine a future where we're not a 'minority' or 'deviant'; spaces where love is not finite and there is more than enough for everyone, not where we're barely scraping by and need to clamour for any power we can get. Basically, I think queer-serving agencies need to move away from simply replicating straight, white, Western, capitalist systems and approaches as an attempt to achieve 'equality.' Because those systems rely on binaries and divisions and isolation, which all pushes us further away from each other and makes it so we're hurting each other so those with power don't even have to. (Practitioner 3, 31:56)

Healing rejection through recognition and ownership of bisexuality was an outcome of community building contemplated by Practitioner 9,

...some people feel really comfortable taking up this title and other people [don't]... that must be something in our culture. That probably comes from some pretty deep wounds of being kicked out of communities...I wonder if increasing awareness or increasing claiming [bisexual] as a title, would shift that. (Practitioner 9, 37:58)

When speaking to the queer community context of supporting bisexual populations, practitioners described an environment that is, in its current form, not embracing the role of providing support to bisexual community members. Differing from this perception of a context that is resistant to functioning in a supportive capacity for bisexual individuals, practitioners depicted their agency contexts of practice as being resoundingly supportive of their efforts to support bisexual people accessing services...

Agency Influence. Practitioners emphasized the influence of their co-workers on their ability to improve their capacity to provide support for bisexual clients. Co-worker support in the form of supportive listening, practice wisdom, lived experience, and shared learning efforts all were said to facilitate practitioner's confidence when working with bisexual clients.

Co-worker support was said by practitioners to make for an environment where not knowing was safe, supported, and encouraged. The room to admit limits of perspective and practice knowledge rather than claiming universal expertise was mentioned by practitioners as being a crucial component upholding their confidence in supporting bisexual clients. Admitting gaps in knowledge was said by practitioners to lead to opportunities for education, as once the gap was identified they found support of their co-workers and agency to partner with other organizations to receive appropriate training. While none of the practitioners had received training

wholly centred on bisexuality, some had received training on working with LGBTQ2S+ populations that they associated with supporting their work with bisexual clients. In addition to co-worker support, a general agency mindset towards feminist, queer, and anti-oppressive values were said by practitioners to increase their ability to support bisexual clients.

Values. Certain agency values and practices were said by practitioners to form a successful basis for serving bisexual clients. Most frequently mentioned was an agency-wide utilization of a feminist lens, but additional practices deemed valuable for strengthening agency effectiveness with bisexual and other marginalized populations were intersectionality, ARAO (Anti-Racist Anti-Oppression), and gender-based analysis. Agency values were said by practitioners to be developed through connections with larger associations, as well as community partners who provide training, sharing of resources, and other benefits.

Partnerships. Agency partnerships were a celebrated strength, with collaboration between sexual assault centres and queer agencies being the most relevant and commonly mentioned example. Individual efforts, such as having queer social media content and visible safe space indicators like rainbow flags, were bolstered by community initiatives to legitimize that the agency is upholding their safe space claims. Collaborative efforts to share in practice knowledge were said to occur through training, joint research and program development, committee/coalition membership, and event organization. An additional benefit to professional collaboration was the ability to provide informed, personable referrals and share in the efforts to address lengthy, diverse waitlists. All of these relationship-based efforts are said by practitioners to increase visibility in the community,

A really great thing about the service I work for is the amount of work that it's tried to do in fostering a community within our city like, there are a lot of great resources and

community organizations, for trans people, for sex workers, for queer people. So, to have relationships with those directly means that like queer people who use those services, and also happen to be survivors, can be referred by a trusted person to our service. I think that's a great way to address barriers. And I think there's a lot of like, give and take. (Practitioner 8, 20:52)

Connecting with various communities under the umbrella of queerness was encouraged by one practitioner,

...practitioners and agencies should be...connect[ing] with communities, and not just seeing LGBTTIQQ plus communities as one single community and actually reaching out specifically...even when we're looking at bisexual, we're looking at bisexual communities plural...I think that there needs to be less looking at LGBTTIQQ plus communities as monolithic... (Practitioner 7, 22:33)

Furthermore, agencies as community builders and themselves making up a community of support was spoken of by another practitioner,

...it's just really quite remarkable how this community works together. And everybody sort of supports everybody else...when [a partner organization] comes in here and does a training with us, they don't charge us anything. When we go in there and we do a training for them we don't charge them...I think it takes a community to support an individual or multiple individuals, like you can't just be working in silos. And we can never presume that, and we should never presume that, any one agency has the capacity or the ability or the knowledge or the whatever, to just be the only support person to an individual...We come together to provide as much support to an individual as possible so that they have the support of the village, not just one little house. (Practitioner 5, 38:15)

Additional internal collaboration through an openness to discussing challenges, gaps in knowledge, and biases was seen as a key strength of agency dynamics. The ability to admit not knowing about a population, approach, term, or how to support someone and feeling supported to let down the guard of being educated experts was said by practitioners to create safety to learn and grow in ways that better serve populations accessing services.

...the knowledge that's being held by my co-workers and the compassion that all of them have. That makes it really supportive and I feel really comfortable discussing anything with them, including my low confidence in supporting bisexual clients.” (Practitioner 1, 9:02)

Having structured time to discuss complex topics was said to foster practitioner support and growth,

We do about once a month. We have peer supervision here. So, the counselling team gets together, and we discuss any cases that we have had difficulty with or any clients that maybe we're not connecting with. And so that's a really great space for us to process through those things and challenge ourselves to ask like, you know, is there something for me coming up with making it difficult to work with this particular individual or, you know, if that comes up. (Practitioner 4, 5:50)

The facets of peer discussions that lead to growth were outlined by one practitioner,

...appreciation, acceptance, understanding, curiosity even, because there are some people who are a little bit less in the know, about, like, the terminology or certain things that have been kind of coming up within the media. So, we like to have an openness with us so that we can ask those questions and not feel stupid or not feel like oh, well, you should just know that because you're a social worker, right? No, things change all the time. (Practitioner 2, 14:59)

Without proper support to unpack misunderstanding and learn from peers, practitioners feared the harm they would be doing to people accessing services,

...to not support us would be super detrimental, of course, to both ourselves and the clients. Because...then we're going to be sort of sitting here in a room with one another and potentially...doing more harm...by not having those understandings or by not perhaps being able to challenge ourselves and recognize our own judgment. Right. And really sort of exploring what those judgments are and where they come from. So absolutely, I think that, you know, the agency where one works, needs to be supportive of that... (Practitioner 5, 38:15)

Practitioner 3 spoke to the shift in their agency for the better as a result of implemented space for collaborative practitioner processing,

...we're not saying we have all the answers or the right answers or that we're doing anything...completely radical or...that's going to work for everyone all the time, but that there's room there to engage and practice in a way that I think is hopefully moving towards the spectrum of anti-oppressive and intersectional...where folks feel like they, even if they don't identify in such a way, they have an understanding of, a knowledge of, and comfort in talking about queerness and, you know, on all of its lovely gradations....I've noticed lots more conversations about people's identities and how that works in tandem with experiences and then translating that to the work of providing support. (Practitioner 3, 14:58)

These internal partnerships where workers within an agency get to connect, collaborate, and process what they know and need to know about their work was said by many practitioners to be key to their competency in supporting bisexual populations. Further to this additional support

for understanding bisexual populations, practitioners also discussed the ways that support and understanding of their own identities within the workplace provided safety to fully engage in practice.

Support. The environment of support to discuss gaps in knowledge is further benefited from being a space where staff feel they can come to the work as themselves. When staff are supported in being themselves in the workplace it is said by practitioners to create an accepting environment that is perceivable by the community and creates a visibly welcoming environment. For example, Practitioner 1 shared, “My work environment here at the [sexual assault centre] is incredibly supportive. And I know I could talk to any one of my co-workers and they could, and they would have some experience to be able to help me through it” (Practitioner 1, 7:16). Similarly, another participant described their supportive work environment,

...people who come here have a bit more of a sense that this is a safe place to be able to talk about those things. And so, I think it probably comes up quicker and with a little bit less shame.....[staff] feel like they can express themselves, like they'll be accepted and sort of work in a climate... in a space where that's okay. (Practitioner 9, 20:50-23:05)

Having an open work culture where practitioners could disclose their bisexuality was seen as strengthening the capacity of non-bisexual practitioners to support bisexual people accessing services,

I want to say first and foremost, support from colleagues that I work with who identify as bisexual. So being a I think that's a huge factor and just being able to kind of consult with them. Reach out to them. If I have any questions about any of my clients that I'm working with I think that really helps having a few of those people on my team. And just in terms

of navigating and making sure that I'm not missing anything important. (Practitioner 6, 5:40)

Despite all of the support practitioners express having within their agencies, there are still challenges practitioners face in supporting bisexual individuals who access services. The challenges practitioners contend with in supporting bisexual individuals are largely contained within the barriers bisexual populations face when seeking support.

Barriers

While the topic of barriers is broad, practitioners were able to specify specific types of barriers that they recognized as impacting bisexual individuals who access sexual violence support services.

Lack of Belonging. Practitioners considered the barriers of struggling to find a safe space as partially stemming from more widespread feelings of alienation from the community.

I do hold in my head something that I've heard from a lot of my a lot of bisexual clients, not only here but also...at the pride centre that included a lot of trauma there was this holding in the space a feeling like they're not fitting in which can particularly with trauma work, go into you know, our gut is I don't belong. I see this also with my non-binary clients.

I see that piece of...I don't fit in anywhere. (Practitioner 7, 7:19)

The ways that a lack of belonging becomes internalized were discussed,

...when you're not used to talking about your queerness because you're taught that it's wrong in 'mainstream' society but also in queer community--because you're not 'actually' queer or 'not queer enough'--that might mean that you haven't even really formulated your own understanding or language around your queer identity. (Practitioner 3, 20:36)

Without a sense of belonging, the act of disclosing a bisexual sexual orientation becomes one of isolation rather than joining a community. Lack of belonging can be seen as contributing to fears that disclosing sexual violence could “out” sexual orientation and result in less support for bisexual people.

Disclosure Barriers. In order to provide support, information, and referrals relevant for bisexual individuals, practitioners are assisted by awareness of the sexual orientation of the person they are supporting. This creates a challenge in that beyond requiring an acknowledgement of a sexual violence experience, an additional disclosure of sexual orientation would need to be made by the person seeking services. One practitioner identified a barrier to bisexual individuals disclosing the gender of the person who harmed them or their partners, “...if you can't even use pronouns because you're concerned [about disclosing your sexuality] then you're maybe not actually able to ask the questions that you want answers to and really understand and unpack that experience” (Practitioner 3, 20:36). Another practitioner spoke of the motivation to withhold a disclosure to shield the community from harmful stigmas and to avoid community rejection:

There's also a lot of like, stigmas about people being perverted if they're gay or bisexual. So, if you feel like coming forward is gonna bolster those then also, like your community might kind of turn its back on you or you'll feel like you're betraying them. I think those are sort of social barriers. (Practitioner 8, 25:20)

Disclosures of sexual violence as potentially outing an individual's sexual orientation was another suspected reason why despite high rates of sexual violence, practitioners were not aware of serving such disproportionate numbers of bisexual people accessing services. One practitioner stated, “...lots of maybe like self-censorship, really testing the waters in different ways. That again,

might result in something not having the fullest conversation that they would hope to. Because that just feels too. Too difficult. Too risky” (Practitioner 3, 20:36). Another practitioner elaborated,

...having to explain yourself more and I can see the...stories being told more and using them, like, with uncomfortable language being pressed upon them, you know, language like husbands and, and boyfriends, I can see that being a big, big barrier and also having to like, identify themselves [as bisexual] when they [access services]...there might be that terror of like outing themselves where they didn't want to in this small town. (Practitioner 1, 14:47)

Fear of being outed as bisexual was presumed by practitioners to be connected to experiences of stigma towards bisexuality, including internalized biphobia and biphobia projected by formal and informal supports.

Stigma. Stigma towards bisexuality was observed to be present in the experiences of bisexual individuals receiving sexual violence supports prior to connecting with our practitioner practitioners. The shared accounts of invalidation, disbelief, refusal of service, and responsabilization of the harmed individual were present in informal and formal encounters with friends, family, and practitioners. Practitioners were aware of the pervasiveness of certain stigmas,

I absolutely believe that a lot of those myths that we should have moved along are still [present, such as] it's a phase, pick a team, like they're still there. And, and that you're not bisexual if you are in an, you know, in a so-called heterosexual relationship that you somehow lose your sexual orientation. And so, I do think those stigmas do exist particularly with families. (Practitioner 7, 16:10)

Additional stigmas practitioners had observed included,

There's stigma that that bisexual people are more sexualized, that bisexual people will have sex with anyone. Which is horrible. Yeah, I think, I think mostly just that stigmatization around you know that they, people who identify as bisexual, engage more in in risky sexual behavior. Those are kind of some stigmas that I, unfortunately hear that, again, drug use is another one another stigma that people who identify as bisexual use more drugs and therefore are at higher risk for, that's why they're at high risk for sexual violence. So, yeah, really heart wrenching, untrue beliefs around that. (Practitioner 6, 22:22)

Promiscuity was one stigma that a practitioner deconstructed to reveal how stigmas impact sexual violence experiences and support access for bisexual people,

I think that bisexuals are very stereotyped to be promiscuous. And promiscuity is a big thing that sort of gets in the way of people using services. Because you begin to internalize a lot of messages about deserving what's happened to you or if not deserving, like asking for it in some way. Whether it's because of your lifestyle or the way you dress, and I think that being bisexual often marks people right off the bat as being like, as yeah as being promiscuous. Um, I think that people who fear that their sex life is going to be judged are especially wary of services, especially certain ones that have strong feminist mandates because a lot of feminist services are very, like, anti sex worker, like that kind of thing, where they communicate a lot of those same messages about promiscuity. Yeah, I definitely think that's one of the hugest barriers when it just comes to intake. (Practitioner 8, 18:43)

These stigmas bisexual populations experience are seen by practitioners as carrying over into encounters with agencies and service providers. Practitioners viewed anticipated stigma from professionals as being a barrier to bisexual individuals seeking formal supports.

Safety Uncertainty. The inability to assess whether a service or practitioner would be safe to receive services from as a bisexual person was mentioned by practitioners as a key barrier to formal support access, “I would say like...the barrier of the unknown, right, just walking into a sexual assault center that doesn't necessarily overtly identify as being like queer friendly” (Practitioner 4, 16:37). Other practitioners shared this insight, “...not knowing if services are queer inclusive or that your practitioner will know how to hold that space for you to go into all the different aspects of your sexual orientation how that connects to the violence experienced” (Practitioner 3, 20:36). A similar thought was provided by Practitioner 5,

I think really the biggest barrier is just feeling comfortable and being able to disclose that and not knowing if it's okay if you do or you don't...I think would then potentially stop people from seeking help. Because they're, they're fearful of what the response or the reaction might be. (Practitioner 5, 33:39)

One practitioner spoke of their bisexual clients' experiences,

...from what my clients have told me, I would say the main barrier that I've heard from them is finding a safe place... I think due to some of those myths that I've talked about, and stigma around who perpetrates violence...coming across psychologists, therapists or social workers who don't practice from a feminist lens...[or] use queer theory in their work...they just kind of have been dismissed by other professionals...when there's professionals that don't kind of have that language or understanding of...those clients' experiences and how...according to stats that there is higher risk for individuals who experienced sexual violence, who identify as bisexual. (Practitioner 6, 17:07)

Practitioners consistently point to this barrier of not knowing whether services would be receptive to working with bisexual populations or whether experiences of sexual violence would

be recognized by practitioners as violence due to the context of a queer sexual and relationship dynamics. Further compounding safety uncertainty, practitioners recognized that bisexual individuals themselves sometimes struggled to recognize their experiences of sexual violence due to what practitioners identified as a lack of understanding around how consent applies to queer sexual encounters.

Gaps in Consent Knowledge. Practitioners identified some shared impacts between bisexual populations and the queer community in a larger sense. Practitioners acknowledged the ways that sexual violence in queer communities is fraught with misunderstandings and lack of representation in consent education, “I think a big barrier is sometimes people feeling like their assault wasn't assault. And I think in the queer community, a lot of people don't really know what counts” (Practitioner 8, 25:20). Practitioner 1 spoke about the role of gender dynamics on recognition of sexual violence,

...when people are coming to talk about their assault maybe people not recognizing if it is like you know, say it's like woman on woman assault they might not recognize that and they might not think to call [sexual assault services] or even male on male like I feel like that might not be something that would that the people would automatically be like, yep, we will call [sexual assault resources]. It's a very traditional type town...and thinking that assaults are perpetrated by males on women and that's the only kind of the relationship that exists [is common here]. (Practitioner 1, 14:47)

Practitioner 6 shared similar thoughts on the impact of gender and/or sex dynamics,

...myths around what consists of sexual violence so in terms of what consent looks like in terms of certain sexual acts and behaviours. You know, I've had clients say to me...because their partner was a female and they were doing whatever, whatever, that that doesn't count

as sexual violence so really education around...what basic consent is and boundaries and...really holding space for...understanding for the individual what limits and boundaries that they have set... (Practitioner 6, 19:18)

Practitioner 9 added how a lack of clear consent understanding creates fear when navigating sexual encounters,

...a lot of shame, and there's a lot of fear around being perceived as a perpetrator and how to initiate interactions and wanting to be really respectful because you know what it's like to have your boundaries violated...I think it's really hard for some people, especially early on, to distinguish what you're supposed to do and what they actually want, especially when there has been sexualized violence experiences. (Practitioner 9, 19:47-35:49)

Practitioners recognized the differing consent knowledge between heterosexual people they had worked with and bisexual people they had worked with. Along with the previously mentioned barriers, practitioners had recommendations for addressing this gap in consent knowledge. The following section outlines recommendations practitioners put forward as efforts to address the barriers they have observed bisexual people seeking services facing.

Recommendations

With each of the previously identified barriers, practitioners offered ways to adapt practice to address these barriers directly and make space for people seeking support to navigate services with these barriers in mind.

Language

Intentionality of language was a key practice recommendation when working with bisexual populations accessing services. Particularly, many practitioners emphasized their use of neutral terminology when inquiring about and discussing relationships, gender identity, and experiences

of sexual violence. Practitioners' rationale for being attentive to language was that gender-neutral language can be a way to limit retraumatization and to avoid causing harm by misgendering and misrepresenting experiences. Interviewed practitioners discussed how they are mindful of language such as, "...being careful with pronouns...not automatically making assumptions when someone talks about a partner or somebody talks about their sexual interests, or relationships" (Practitioner 9, 13:12). Similarly, pronouns were a focus for Practitioner 2,

I know that I am even more careful about using certain terminology especially if somebody is identifying as bisexual, or uses a particular pronoun, or some other identifying factor. Like with talking about their partner...I try to use more neutral language until I know [their pronouns]. (Practitioner 2, 10:07)

Relationship dynamic labels were also something practitioners encouraged mindfulness around, ...being aware of my own language like not saying husband or boyfriend and just saying partner or asking folks how they want to be identified and just trying to explore people's experiences, and their own words instead of me using my own language to explore it for them. (Practitioner 1, 12:29)

Additionally, practitioners encouraged awareness of the nuance within bisexuality and associated terminology,

...being conscious...[that] there are other like sub groups of bisexual...folks who wouldn't identify as bisexual or queer necessarily, but have sexual relationships with people with the same gender expression and so...not mapping that label on, again, not being prescriptive and so letting, letting folks just tell me what bisexual means to them...checking in on what words feel good for them or explaining like I use the word queer, that's how I understand

the community and if that doesn't feel comfortable for you let me know... (Practitioner 3, 9:55)

Further practice recommendations regarding language as offered by practitioners included an emphasis on replicating language,

I always use the client's words. So, I have bisexual clients who use words like spouses or partners, and I have bisexual clients that say wife or husband, I'm going to use those words because those words are chosen probably out of comfort... (Practitioner 7, 14:23)

One practitioner discussed how they have noticed an evolution of language where bisexual isn't a preferred term by as many younger individuals as older individuals. Language shifts could be understood as internalized biphobia in how individuals define and resist the label of bisexual based on pervasive stigmas about bisexuality. Evolving language also indicates how personal identifiers can signal awareness of social issues and an explicit effort to express inclusivity/solidarity with people who are trans. Based on practitioner recommendations, the role of biphobia in how someone chooses to define their sexuality may be a worthwhile area of exploration in session if rejecting the term bisexual impacts the individual's ability to navigate self-blame, stigma, and/or community. However, generally practitioners emphasized that the terminology someone chooses should be honoured rather than pathologized. As previously discussed, population identity is a key area of complexity for bisexual populations and a focus of significant exploration within each interview. In the next section practitioners discuss how they hold space for the complexity of identity and support the disclosure of sexual orientation within sessions.

Supporting Disclosure

Some ways to address the sexual orientation disclosure barrier provided by practitioners was to have resources for bisexual populations available online and to have discreetly obtainable brochures or handouts in office. It was clear from the recommendations that, as practitioners, it is important to not make sexual orientation disclosure a requirement to support access, instead having many avenues for support seekers to find relevant information,

...there are multiplicity of ways to be Queer. And I don't get to determine that for someone and if they share that part of their identity with me, I think that's special and I value that. And so, I want to create openings to talk about how that connects to their experience as much as possible...in particular with bisexual clients, like validating that I understand them as being queer if that's how they identify. (Practitioner 3, 9:55)

Circling back to terminology, one practitioner re-emphasized the importance of mindful pronoun use, and avoiding assumptions through language,

...using non gendered language when asking about relationships, history of relationships, having things in my office...that identify...this is a place where we can talk about that. Not making assumptions,...asking about pronouns, that kind of stuff. So just having a general curiosity where people can share, can indicate that...I might be someone who it would be okay to talk about that if that was something. (Practitioner 7, 6:32)

One practitioner described the importance of how a disclosure is received and what disclosure sometimes looks like,

They tell me that they have crushes on someone of the same gender or have dated people of the same gender or they are curious about it or they have shame around because [they were] sexually abused...and I just accept and welcome that conversation. I get curious about

it or I would celebrate. Because I think it's important to celebrate any expression of healthy sexuality in the context of sexual abuse or not. I think it's like the fundamental, like a fundamental aspect of adulthood. There's probably a ton of people that I talk to that never ask questions about their bisexuality and just deal with whatever current partner or current desire that they come in with...focusing on the present and maintain an open curiosity for what could be. (Practitioner 9, 34:18)

The integration of sexual orientation inquiry during the intake process was outlined by another practitioner,

Well, it's actually one of the questions that we have on our intake form...one of the ways that we try to explain it is that in order to be the best support to them, in order to best understand what they're struggling with, and where those struggles come from and how that plays out in their lives, we ask these questions, for example, about things like sexuality, not because we're nosy, not because we're just simply curious, but because these are the kinds of things that will inform us in terms of moving forward and being the best support to them that we can be. So, we just ask. We just ask it. How do you identify? (Practitioner 5, 20:37)

In this section practitioners identified ways they receive disclosure of bisexuality but emphasized that disclosure isn't something they actively pursue from clients. Practitioners furthered their recommendation to not become focused on obtaining disclosures with an exploration of how relevant those cultural components are to a bisexual person's experience of sexual violence. The next section elaborates on the importance of considering how relevant bisexuality is to each individual's experience of sexual violence.

Experience Relevance

A crucial consideration emphasized by practitioners was to take guidance from the person receiving services on how significant their bisexuality is to their experience of sexual violence, their healing, and how they want to receive services and support. Occasionally in these discussions, practitioners oscillated between emphasizing the person receiving support choosing what to prioritize and the practitioner expecting the focus to be centered on their area of practice, trauma.

Practitioner 2 emphasized the prioritization of a trauma focus,

...because of the nature of what we do in terms of the trauma, that (the trauma) is typically the focus, and everything that kind of comes out of that it's kind of just me getting to know them. If I am asking about their partners, it's more to do with how they can support the survivor in their life, as opposed to their sexual orientation. (Practitioner 2, 5:07)

Similarly, Practitioner 3 encouraged not letting sexual orientation overshadow the focus of the work,

...not assuming gender identity or anyone's sexual orientation...Considering what's an act of violence and not...[a] consensual sexual relationship...not letting it dictate and cover the lens of everything that you're asking or going into. Because then I think, you just don't really leave a lot of room for somebody to define themselves on their own terms and to enact that sort of agency that I think is really important. (Practitioner 3, 6:30)

Practitioner 7 builds on the focus of trauma by exploring whether sexual orientation is relevant to the traumatic experience,

Always open-ended. Would you like to tell me a little bit more about what it's like being...bisexual, does that impact you in any way...that's linked to why you're here?...I don't make something an issue unless the client identifies it as an issue. So, I'll have a curiosity.

And then if a client says, oh, yeah, that might be related or that something to expand on...I'm giving the opportunity of the query, but I'm not presuming that sexual orientation or anything else is in the presenting issue. And I've consistently been given that feedback because I guess that there's individuals with less experience or competency in certain areas, where it became like, it was like a focused conversation where it didn't need to be... (Practitioner 7, 12:43)

Similarly, Practitioner 4 discusses how sexual orientation is explored at intake for any interactions with the experience of sexual violence,

So, one of the questions that we have on our intake form is how has sexual violence impacted you in terms of your sexuality or in terms of engaging in sexual intimacy. That's something that we do ask in the event that somebody has noted for themselves that there was an impact. And so, we begin to inquire with folks at that stage, but we don't really have any specific way of asking that question or there's no specific line of questioning around that. So, from there, it's really up to the individual as they want to discuss it or not...That's the only time it's going to necessarily come up unless it is something that affects the individual, as it's something they want to come up. So, we kind of really focus on meeting the client where they're at, you know, whatever they bring what they offer. (Practitioner 4, 11:42)

Avoiding assumptions was frequently mentioned by practitioners as an important aspect of providing competent support to bisexual populations. Not making assumptions is a component of a larger dialogue practitioners had around how they understand their clients utilizing various practice lenses.

Perceiving Service Users

A significant amount of the practitioners' recommendations were focused on the lens of perceiving people receiving services. A humanistic approach was mentioned by multiple practitioners, along with focusing on the individual's reason for accessing support and leaning away from making assumptions or trying to figure out identity characteristics,

...I don't walk into meetings with the assumption that people are straight. And I think that a lot of survivors feel that when they go to get services, they're going to be already assumed to be like a cis, straight, attractive young white woman, like that's sort of the picture of survivor that has been communicated. (Practitioner 8, 4:46)

Related to avoiding assumptions, an emphasis was placed on taking an acknowledged stance of non-judgement,

I think that I think a big thing is letting go of assumptions. And I think that people can do that regardless of their sexuality...even if you don't want to communicate having a personal connection to belonging in this community, it's important to communicate ways that you're going to be non-judgmental, and you're not coming in assuming that someone is straight or someone was assaulted by a person of the opposite gender or someone has certain genitalia because of the way they look. (Practitioner 8, 6:48)

How a non-judgmental and non-assumptive mindset can be carried into a bisexual specific context was described by one participant,

...I think just entering into every conversation with like, I don't know anything about anyone in front of me, even if somebody was to say that they're bisexual, I don't know what that means to them. So, I mean, personally, I don't know that that's a term I would even use

even though somebody may apply that to me. So yeah, not being prescriptive. (Practitioner 3, 6:30)

Utilizing the above-mentioned practice lenses, practitioners spoke to particular practice approaches they apply when working with bisexual populations and why they lean away from consistently applying specific therapeutic modalities in their work with bisexual populations.

Practice Approaches

There weren't any formal therapeutic modalities practitioners recommended utilizing with bisexual populations. Practitioners were critical of applying specific modalities in broad sweeping ways to populations based on any singular component of an individual's identity. Instead, practitioners spoke of nuance they apply to questions and discussions, and the ways they conceptualize the experiences of bisexual individuals they work with, "I might tailor those questions specific to whatever the person is identified. But I wouldn't say that follows any specific approach that I'm aware of; it just falls within questioning" (Practitioner 4, 14:28). One practitioner spoke to their rationale for not aligning with one specific approach for bisexual people accessing services,

I really value that openness and curiosity...trying to make as few assumptions as possible and be really present to the person who's sitting in front of me...it also means that I'm not incredibly confident as in "this is the way I figured out a method, I figured out a way to help all people...I think for some people [bisexuality] is going to be more of a thing than others...it's not up to me to determine whether or not it's going to be a thing. So, I question specific interventions for specific populations. Having said that, if someone comes into it having no experience, awareness, or whatever there probably is some education that they would need and some awareness that they would need. (Practitioner 9, 10:28-12:16)

Practitioners had ways they intentionally apply certain practice approaches to build relationship, create safety, and understand bisexual individuals. For example, one practitioner recommended, “Probing right, so, it's all about being (‘being’ refers to showing up and being present) ...” (Practitioner 2, 3:43). Another practitioner discussed applying an understanding of bisexual experiences accessing services,

...sort of connecting it back to their experience of sexual violence...[bisexuality] brings in often an additional level or additional layer, I guess, that they might have to sort of deal with in terms of their recovery or their healing journey...there's all the things that we know about the impact and then there's that extra piece that they have to also now deal with in terms of how do they talk to people?...if they are seeing a doctor or a psychiatrist for medications, does that change how much they share about what's happened? How does it impact their desire for any sort of intimacy in their life moving forward?...always just kind of being mindful and being aware that when there are these sort of additional pieces that somebody might have to deal with...there's like a bit of a unique approach just in having that understanding of the additional layer. (Practitioner 5, 22:51)

Qualities or ways of presenting that practitioners can bring to the counselling space to encourage rapport building included,

...drawing on personal experience...giving permission for folks to talk about...and kind of hold space for like the privilege they might experience...Creating that space for folks to correct me or hold me accountable or...maybe push back a bit on my understandings...in terms of actual practice itself, I think it's just like a lot of unlearning and openness. (Practitioner 3, 9:55-28:17)

Practitioner 6 outlined how they emphasize myth deconstruction with bisexual people they work with,

...dissecting stigma and myths around sexual violence is something that I find personally I do a bit more with some of my clients who identify as bisexual. And I would find this more so just because I do work with individuals more so who identify as female, so female identifying bisexual individuals who may have been perpetrated by another female. So, really like just holding space and cracking some of the myths around that because sometimes that can be dismissed. I find so really again holding that that accountability and discussing that, you know, there are people who identify as female that are perpetrating sexual violence and just validating my client's experiences around that. (Practitioner 6, 14:34)

One practitioner spoke to the importance of practitioner advocacy for bisexual people to create safety and support,

...making sure that bisexual survivors feel comfortable and welcomed by services, I think involves sometimes reacting to what other people say or agencies say that could be offensive in a way that like is educative and not trying to be rude right off the bat or assume the worst in people but also to be like, oh, what you said is harmful for this reason. And to do that publicly, I found is useful in group because then other people know, and then the person who was harmed, you know, doesn't feel singled out, but they also know that what's been hurtful is being addressed in a way that hold someone accountable. (Practitioner 8, 23:24)

Interestingly, multiple practitioners referred to work with bisexual populations as a form of multicultural counselling. Placing sexual orientation within the purview of multiculturalism is

an intriguing concept in that it expands the understanding of sexual orientation beyond specific relationship and sexual dynamics by recognizing shared cultural attributes. Thinking of bisexuality as a culture encourages the exploration of how bisexuality is taken up by individuals within the collective connecting quality of the sexual orientation. As one practitioner stated, "...for me, it kind of falls underneath the purview of kind of multicultural counseling, and really trying to see how each individual kind of, you know, navigates the world, how they kind of think like their values and beliefs" (Practitioner 2, 2:25). A multicultural counselling approach to supporting bisexual individuals was said to further enable practitioners to consider the unique community culture that sexual violence takes place within for bisexual individuals, as discussed previously.

Responsibilities

Practitioners contemplated their priorities for how to reduce barriers from the positionality of practitioner and agency. Prior to providing the following recommendations, practitioners expressed how addressing the barriers for bisexual populations felt overwhelming in magnitude. These recommendations outline some of the responsibilities formal support services can take on to reduce barriers to support but were by no means expressed by practitioners to be sufficient in responding to all of the various needs of bisexual populations. Education and research were encouraged, "I think education obviously is the most important, research like this, open conversations. I think individuals who are professional individuals who are discriminating I think they need to be confronted and challenged and held accountable for their actions" (Practitioner 6, 25:05). Pushing funders to provide more money for services was an area of advocacy discussed,

...we do unfortunately, of course, like everybody else have a waiting list. We are limited to the number of sessions that we're able to offer. And so, when I'm out speaking about this,

and people ask questions [about why the waitlist is so long] ...what I might want to say is, damn it, the [government] could give us some more money... (Practitioner 5, 17: 44)

Emphasizing the belief and validation of all people who experience sexual violence was seen as a path to creating more inviting services,

...I think centers can address [social barriers] as best they can by just ensuring that services are confidential and also like holding on to a really strong commitment that your experience is believed here, and it's validated here. And like, even if you think what happened maybe doesn't fully count as an assault, you're still worthy of help and support while you try and figure that out. (8, 25:20)

Having awareness of appropriate referrals and collaborators was a celebrated action to take up as a practitioner and/or agency,

...I think it's our responsibility as a feminist agency to make sure that obviously with their consent...if they wish to be referred to other services...looking for support from individuals or agencies that may have more specific insight in terms of working with that population. We're very, we're very open to that, if that makes sense. So really making sure we're being mindful of the barriers that this population may face. (Practitioner 6, 9:46)

These approaches to reducing barriers constitute recommended responsibilities of agencies and practitioners to ensure they are providing and connecting bisexual individuals to suitable supports. Extending from these responsibilities is the acknowledgement by practitioners that structures, specifically bisexual specific service offerings, are not prevalent enough to enact the responsibility of thoughtful referrals to the fullest extent that would be hoped.

Referrals

Questions about potential referrals or resources for bisexual populations posed a challenge to practitioners, in that no practitioners could identify any services that specifically serve bisexual populations and are specialized to do so.

...I cannot think of any specifically bisexual services. In terms of referring to individuals, psychologists or social workers, I can refer to people who I think would be competent, but I don't know everyone's sexual orientation, or gender identity. And if I did, I don't know that I would share that in the referral...I wouldn't say hey, go see this person because they're, they're bisexual...I would refer them to their, their website and tell them about their personality and orient like their practice orientation and that they had experienced working with people who are bisexual and then allow them to consider. (Practitioner 7, 23:36)

In hopes of responding to a lack of bisexual-specific specialized service offerings, practitioners put forward extensive recommendations on how education at various levels of schooling and professional training can be utilized to increase supports for bisexual populations in a wide-reaching way.

Education Recommendations

By consensus, education was the area of influence practitioners identified as being the greatest source of potential for shifting perceptions of bisexual populations and increasing supports. The existing dearth of information on how to support bisexual populations was recognized by practitioners, “There was the lack of awareness and...education on how to care for people whose sexual identity is not straight. There has been nothing in my education on that” (Practitioner 1, 4:40). Some workplaces were viewed as spaces where population-specific education wasn't, but could be, encouraged,

...[our workplace is] void of any kind of education towards this unique population...conversations I've had with my coworkers are fairly insensitive, and they just have very little knowledge and experience on this population. So, one massive way that...we could start with is education. Just start there because there's been nothing. (Practitioner 1, 18:14)

Academic programs and formal education systems were also recognized as places where understandings of bisexuality could be fostered,

I know for myself in my master's degree you know, we had to take a class on gender and culture and that included queer theory and working with clients of diverse sexual orientation. And I think those classes should be mandatory and even more specific at all levels of education...university level...or high school or, you know, going back all the way to elementary [it] should be mandatory. I think...that ultimately is really important. Yeah, and it's the responsibility of, of everyone to understand and learn this. It's not the responsibility of individuals who identify as bisexual to educate us, we need to take that upon ourselves. So yeah, I think that should be represented in our education system as well as our workplaces. (Practitioner 6, 25:05)

The hoped-for goal of education was described by one practitioner, "I think for me, it really is just...training, education...people just need to educate themselves, so that they're coming from a place hopefully, of non-judgmental understanding" (Practitioner 5, 35:07). Another practitioner outlined how they have imbued their workplace training with educational opportunities on the topic of identity,

...really starting to look at the way we educate supporters, counselors, psychologists, [and] other caring professions. And I'm starting to talk about identity right away and going

through a lot of case studies and scenarios and challenging biases and preconceived notions. I hope that that starts to expand people's understandings. (Practitioner 3, 28:17)

Some practitioners were able to celebrate workplaces that encouraged education and provided training opportunities. When opportunities weren't present, funding, informal professional development structures, and lack of support from leadership were barriers to receiving education, "...there's no time [for education], there's no funds. [Leadership is] not gonna listen" (Practitioner 1, 26:05). Professional development for some practitioners was an individual pursuit, "We are encouraged to kind of find, you know, professional development opportunities on our own. There are things that you can do to do that kind of on our own, but nothing is formalized" (Practitioner 2, 12:35). One practitioner shared their frustrations with where training time is currently prioritized and the need for a new focus, "...we don't need two hours on how to run a [machine] but we could use two hours on how to help bisexual clients feel more comfortable in our space and better their care" (Practitioner 1, 26:05). Overall practitioners expressed a need for an increase in complex, collective education for themselves and other practitioners.

The approach and focus of education had been thoughtfully considered by practitioners, who provided insights into how to move beyond the fundamentals of defining bisexuality and into understanding how bisexuality impacts experiences of assault and receiving support. For example, one practitioner shared their agencies' training approach,

"...the training curriculum for volunteers and staff at the sexual assault center...we talked a lot about just different intersections of identity and how that might impact somebody, not just their experience at a base level, but their perceptions of it also perceptions of resources and services and you know, the environment around them based on those identities and how they intersect...it's not...an area of expertise that you have to add on. It's sort of

foundational to how we understand people and their experiences, and you can't just pull that out and study that in a module it needs to come up again and again. Like other aspects of people's identity.” (Practitioner 3, 2:55-14:58)

This same practitioner spoke to the need for moving beyond a foundational definition of bisexuality and into a nuanced understanding of power dynamics and a receptiveness to learning,

“I don't necessarily think it's just about like teaching like this is what a bisexual person is and some things to consider. Because I think those prescriptive approaches often...leave people feeling like oh, that's, again, a specific area of expertise that I don't have. And so I just can't go there if I don't know absolutely everything that I possibly could, which I think ends up feeling a lot more othering than folks who are like, I don't know anything and so tell me what you want and I'll try and be as supportive as I can, or just like a lot more open to that, but maybe have less, in some ways formal education on certain things like I don't necessarily know that necessarily changes anything in practice, like I think it's, it's about a whole different approach to the work and supporting a whole person and you know, thinking about the power dynamic between the person providing support and the person receiving it and, you know, I think really trying to unpack and challenge that and be open to being challenged by folks who are receiving the support to learn to grow.” (Practitioner 3, 28:17)

Practitioner 8 spoke to some specific areas of concern practitioners could prepare to explore with bisexual people who access services,

“A lot of what gets talked about in training for supporting bisexual survivors would be like those workshops talking about how sexuality affects someone's understanding of their assault...a lot of survivors have trouble with their sexuality after an incident of sexual

violence. And a lot of them have a really strong difficulty differentiating like what their experience did in shaping that. Some people worry that if their assault affected their sexuality, like whether or not that's the case. There's a lot of feelings around that.”

(Practitioner 8, 12:52)

These recommendations collectively provide a foundation of understanding how practitioners have developed their practice confidence and where they require support to further both their own practice capacity and the capacity of other practitioners. It is evident that responding to the needs of bisexual people who have experienced sexual violence is understood by practitioners to be a varied and complex task requiring support from practitioners, agencies, and the queer community to enact the necessary changes. The following chapter will begin by discussing how the information provided by practitioners interacts with existing research and concludes with where research and practice can be taken from here.

Discussion and Conclusion

This final section is dedicated to exploring the relationship between the present study and secondary literature, as well as outlining the limitations, strengths, and future directions of this research. The outcomes of this study are confirmatory, reflecting knowledge that bisexual adults experience sexual violence at a higher frequency and that those sexual violence experiences are often paired with negative disclosure responses. Informants in this study also confirm that existing informal and formal supports, particularly community responses and practitioner service offerings, are not adequately meeting the needs of bisexual populations that have experienced sexual violence. Novel insights into the practitioner perspective from inside the sexual assault centres providing formal support are offered and can be contrasted with the larger body of secondary literature that has compiled the perspectives of bisexual populations. This study begins to bridge the gaps between lived experiences of bisexual populations, researcher knowledge held in academic contexts, and practitioner support provision in service settings. Further efforts to understand the various subgroups of bisexuality, capture non-bisexual practitioners' perspectives, and thoroughly apply intersectionality to understanding bisexual experiences of sexual violence are encouraged pursuits for future research.

Discussion

The literature review chapter discussed structural challenges, complex barriers, and recommendations for increasing support for bisexual populations that have experienced sexual violence. This section outlines the overlaps and divergences between what is contained within secondary literature and what is known by practitioners, as presented in the findings chapter.

Understanding Bisexual Populations

Various identities encompassing bisexuality render the term undeniably complex. The challenges in capturing this population make for inconsistent research study designs and overlooked populations in practice. The present study noted that bisexual individuals experiencing sexual violence are often misunderstood and stigmatized based on their bisexuality (Flanders et al., 2017). The impact of stigma on sexual violence healing can be understood with minority stress theory, which is a response to experiences of discrimination that in this case may cause bisexual individuals to become “vigilant in interactions with others (expectations of rejection), hide their identity for fear of harm (concealment), or internalize stigma (internalized homophobia)” (Meyer, 2003). Although no respondents referred to minority stress theory itself, they described it in the interviews by depicting these ways stigma impacts the healing processes of bisexual individuals, and further follow up research would therefore be indicated.

There tends to be a lower sense of community connection among bisexual populations (Eaton et al., 2013; Germanos et al., 2015; Seabrook et al., 2018), and yet community connection can provide trust, support, and mental health benefits for those bisexual people who seek formal supportive interventions (Allen et al., 2014; Eaton et al., 2013; Seabrook et al., 2018). Practitioners interviewed agreed with research recognizing community as a strength, not a weakness; and, they similarly noted the significant lack of community-belonging experiences for bisexual individuals with whom they have worked. One practitioner observed that bisexual people may seek community in such formal spaces as bars at higher frequency than engaging in informal community connections; some research confirms this tendency (Germanos et al., 2015), which suggests formal spaces should be seen as primary environments for offering support and education. In any case, respondents tended to echo the now widely held notion that the accessibility of

supports for bisexual populations is riddled with complexity and nuance (Anderson et al., 2019; Eisenberg et al., 2017) and is lacking.

Reaching Bisexual Populations

Bisexual individuals face stigma and isolation when disclosing sexual violence experiences. While stigma and isolation are common responses to sexual violence disclosures, for bisexual populations these negative reactions are more common and come from both queer and heterosexual communities (Blayney et al., 2018; Flanders et al., 2017; Hughes et al., 2014; Kelley et al., 2018; Long et al., 2007; MacLeod, 2014; Sigurvisdottir & Ullman, 2015; Worthen, 2017). The experiences bisexual populations face when seeking support are impacted by a unique interplay between experiences of perceived privilege and marginalization. Study participants recounted a pattern of bisexual individuals being excluded from community, facing judgement towards sexual practices, and having other people invalidate and disbelieve their sexual violence experiences. Furthermore, what is broadly called privilege due to the presumptive safety imparted by being in heterosexual-assumed relationships is complicated by what researchers and practitioners both recognize to be bisexual erasure and/or invisibility as a result of heteronormativity (Duryea & Frantz, 2011; Flanders et al., 2017, p. 109; Jeppesen, 2016, p. 493).

The stigmatization and isolation of bisexual populations occurs not only in community contexts but also carries over into support service environments, such as sexual assault centres. The impact of service providers and formal resources on bisexual people accessing supports is referred to by Flanders et al. (2017) as “Institutional Consequences” (p. 109). Bisexual people access formal supports at higher rates than other sexual orientations, yet, have worse trauma outcomes after receiving supports (Sigurvisdottir & Ullman, 2015; Worthen, 2017; Schwab-Reese et al., 2018; Long et al., 2007; Flanders et al., 2017). Practitioners in the present study recognized

problems that exist within institutional contexts, specifically naming sexual assault centre funding parameters, limited specialized resources for referrals, and lengthy waitlists as key barriers to improving supports for bisexual populations. Needed are structural changes to sexual assault centre funding, programming, and capacity that prioritizes bisexual populations by acknowledging the well-documented heightened need for nuanced supports. Without these changes, the necessary efforts to reach and support bisexual populations in sexual assault centres remain constrained by bierasure, stigma, and lack of funding.

Supporting Bisexual Populations

Bisexual people seeking support from sexual assault centres require an increased availability of population specific services tailored to meet their needs (Canan et al., 2019; Flanders et al., 2017; Germanos et al., 2015). No practitioners in the present study were aware of any bisexual specific supports in their location of practice outside of individual practitioners who are themselves openly bisexual. Increased supports for bisexual populations have not yet reached a tangible existence in the practice realm. The present study furthers this call for nuanced services in the interest of improving practitioners' understanding and training to better support bisexual people that have experienced sexual violence. Further unified recommendations for increasing support include forming connections with the bisexual community in meaningful, prolonged ways (Canan et al., 2019) and hiring bisexual staff (Canan et al., 2019; Flanders et al., 2017). Study participants noted their bisexual coworkers as sources of knowledge and competence building when supporting bisexual people accessing services.

Education with service providers is a necessary and commonly utilized avenue for improving support for marginalized populations. In this study, education is spoken of as a tool for resilience building, improving community response, and increasing practitioner understanding.

Bisexual populations specifically critique sex education as leaving bisexual people unable to apply the provided cis- and hetero- normative consent information to their varied experiences (Flanders et al. (2017). Practitioners in the present study reiterated that consent education provided to the public is lacking in relevance for bisexual populations. The lack of consent education applicable to bisexuality was associated with bisexual people receiving victim-blaming responses to disclosures and bisexual individuals struggling to process their own sexual violence experiences. With regards to direct education of bisexual populations, practitioners in the present study placed specific emphasis on the need for consent education that accounts for how consent applies to queer sexual dynamics. The queering of consent education was also seen as a way of destigmatizing sexual violence experiences of bisexual people within queer and heterosexual communities. Comprehensive consent knowledge would challenge the victim-blaming mindsets bisexual people face when making disclosures. There is also a unified call for increased practitioner awareness of bisexuality through enhanced training opportunities in academic programs and professional development opportunities (Canan et al., 2019). Education for practitioners was outlined by study participants as needing to reach beyond defining bisexuality and into what the support needs are for this population. Fortunately, much of the information study participants expressed needing in education is held within the existing research that has been conducted with bisexual populations.

Despite recommendations to go beyond training that is focused on definitions, the importance of clarifying bisexual terminology to ensure shared understanding cannot be understated. Even within the recruitment and interviewing process for this present study, inconsistencies in how practitioners understand bisexuality became apparent. Unexpectedly, bisexuality was conflated with being trans on multiple occasions. This was an unanticipated occurrence given the long historical presence of the term bisexual and the ample current societal

discussion of trans experiences and rights. The terms bisexual and trans being used interchangeably was not an issue reflected in any of the secondary literature. Within this study it was easily distinguished during the data collection process where the participants' understanding slipped between identities. In a counselling session context the inconsistent interpretation of terminology could be harmful to how an individual feels their practitioner understands them and people accessing services may not readily correct practitioners. The impact of terminology misinterpretation can be significant, "...therapist misunderstandings might result in micro ruptures, foreclosing the openness and trust in the bond of the therapeutic relationship" (Keenan et al., 2005, p. 286). Despite practitioner recommendations not to focus heavily on the foundational definitions of bisexuality within education, this observation suggests that clarification of bisexual terminology remains very needed. It does a disservice to each population when practitioners hold assumptions that people who are bisexual are also trans, trans people are also bisexual, and that the experiences and impacts are the same for those populations. Practitioners provided useful recommendations for addressing this issue in session by emphasizing the need to explore how each individual applies the terminology of bisexuality to themselves. As such, in addition to the recommendations to further education's focus beyond the basics, this study would also uphold that education continues to offer the fundamentals of terminology, as well as distinguishing between gender and sexual orientation. This will help to ensure that researchers, practitioners, and populations accessing services will have a shared understanding.

There are a multitude of ways to interpret the experiences of bisexual populations. Theoretical approaches utilized include minority stress theory (McCauley et al., 2015), social determinants of health (McCauley et al., 2015), an ecological model of sexual violence (Centers for Disease Control and Prevention, 2004; Johnson & Grove, 2017; Seabrook et al., 2018), and a

socioecological understanding (Flanders et al., 2017). Study participants favoured Anti-Racist, Anti-Opressive Practice (ARAO), humanism, client-centred practice, feminism, and queer theory. This listing of approaches should not be seen as this researcher promoting the use of any of these specific theories for work with bisexual populations. None of these approaches are extensively elaborated on within this study. Each approach put forward by secondary literature and/or practitioners is deserving of its own unpacking and critical evaluation beyond the scope of what has been possible in this research process. For instance, practitioners further recommend utilizing multicultural counselling approaches or “culturally-competent care” (Canan et al., 2019, p. 15-16; Martin et al., 2011, p. 204). The legitimacy of cultural competence is however challenged,

The idea of culture considered as a neatly packaged and separable whole that can be summed up simply enough for “competence” is antiquated. Furthermore, individuals invariably belong to multiple cultures, and those cultures are not necessarily coherent nor will they always join together seamlessly. (Gregg & Saha, 2006, p. 544)

Thus, the pursuit of cultural competence is discouraged in favour of a delving into more modern discussions of alternatives that are taken up thoroughly in research by the likes of Gregg and Saha (2006) cited here, as well as many others. As we learn more about the needs of bisexual populations, practitioners need to divest from institutions and their own practices that uphold violence towards the most marginalized bisexual populations. As an urgent starting point, practitioners should begin rapidly shifting their sexual violence response services away from a reliance on carceral systems of policing, prisons, and court systems in order to better serve Black, Indigenous, and People of Colour bisexual populations. Investment in community-response practices, such as Transformative Justice, as part of an abolitionist trajectory is fundamental to

better preventing and responding to sexual violence for all people (Mingus, 2019). A reflective practice built in ongoing learning and action will support practitioners in improving sexual violence services for not only bisexual populations but all people.

Research specific recommendations will be discussed within the upcoming Future Research section. First, it is important to consider what these recommendations can and can't represent as a result of study limitations.

Limitations and Delimitations

Despite efforts made to consider perspective and inclusivity there remain limitations on how this research should be applied to understanding the issue it is addressing. The following sections outline how limitations and delimitations, choices made by this researcher, impact the applicability of the findings.

Representation

Bisexual youth were not accounted for as a delimitation within this study. Adults were the chosen focus of the study because many practitioners specialize in working with either adults or children/youth. The recruitment of only one age specialization of practitioner narrowed the study reach in a practical way for feasibility. Addressing service access barriers becomes a more complex discussion for young people who may not have the agency to obtain services on their own, due to parental consent requirements and logistical barriers. Focusing on adults for this study also aligned with the Co-Investigator's pursued primary demographic of practice.

Individuals who have not accessed formal support services due to preference of other forms of support, absence of need, or a perceived lack of accessibility of services are an unrepresented portion of the bisexual population that were not reflected in this research due to access limitations (MacKay et al., 2017). The majority of existing research conducted has been community-based

research, which provides many strengths in the way of amplifying the perspectives of those impacted. This study did not seek to include the perspectives of bisexual adults outside of the utilization of previous research studies where bisexual adults have provided their perspectives, some of the practitioners in this study self-identifying as bisexual and/or queer, and the researcher being bisexual. This study is the first, to my knowledge, to explore service providers' within sexual assault centres understandings of what bisexual adults who experience sexual violence need from clinical settings, and thus serves as a measure of the discrepancies and overlap in service-user and service-provider perspectives.

Interestingly, a majority of participants self-disclosed as being bisexual and/or queer. This poses a challenge to the generalizability of assessing practitioner confidence in this study, given that the demonstrated high level of practitioner confidence is from a majority of bisexual and/or queer practitioners. There were no found statistics on the percentage of queer practitioners within the mental health field or sexual assault centres. When considering the percentage of the Canadian population that identified as gay when last measured in 2014 was “1.7%” and bisexual was “1.3%” (Government of Canada, 2015), it can be assumed that queer practitioners do not make up the majority of sexual assault centre practitioners. The finding of practitioners having high confidence cannot be assumed to reflect a majority of practitioners within sexual assault centres across Canada.

Intersectionality

Due to the focus of the data obtained in the current study, much of this thesis discusses identity as the basis of privilege and marginalization. Secondary literature similarly emphasized that the impacts of other components of identity, such as gender and race, on identity formation

and acceptance add further complexity to bisexual identity (Balsam et al., 2005; Sigurvisdottir & Ullman, 2015). As one practitioner in the current study stated:

I think there is just a lack of space and the lack of inclusion...knowing queer history and what that looks like...the erasure of many, many members for intersectional reasons, I would say that bisexuals and then if you add any additional intersections, including, you know, femme identification, if you add anything else, I think there is more erasure...
(Practitioner 7, 19:52)

In the existing research there is a similar repeated call for an intersectional approach to understanding the experiences of bisexual individuals (Anderson et al., 2019; Coulter et al., 2017; Flanders et al., 2017). However, when discussing intersectionality, we must reach beyond identities and consider the ways that structural power dynamics impact populations through exclusionary and unequal treatment (Cho et al., 2013).

It would be irresponsible to claim that this or any study is capable of reflecting a universal depiction of the needs of bisexual adults, given the various overlapping forms of marginalization that inflict violence on populations. This study did not result in data that prioritizes an interrogation of power dynamics over identities, as would be necessary for a more thoroughly intersectional study (Cho et al., 2013). For instance, “misogynoir” (Bailey, 2010), coined and documented by Dr. Moya Bailey online in 2010 and used offline as early as 2008 (Bailey & Trudy, 2018), elaborates on the specific ways Black women are harmed,

...from the word misogyny; [miso-: hater, gyn-: woman, noir: Black]; term coined at *Crunk Feminist Collective* [by Moya Bailey] [f]or specific anti-Black misogyny—where race and gender together are factors and often this misogyny creates a binary with White women (where White women represent “good” womanhood and Black women do not) or has levels

that include other women of colour, but only insofar as Black women are the most degraded and placed at the bottom...(Trudy, 2014).

The misogynoir experienced by Black bisexual women, particularly Black bisexual trans women, is a focus deserving of more dedicated and nuanced representation than this study captured. Issues of how patriarchal masculinity impacts Black bisexual men are also not fully represented within this study. While there are many possible examples to provide here, the key message is that the suggestions provided within this study are not to be taken up and applied universally at the expense of a nuanced intersectional practice. The themes that arose from this study may represent components of any one person's experience but do not capture that full experience. Sections of data that point to systemic intersectional concerns, such as the funding issues discussed in the findings chapter with regards to how the queer community is resourced, are starting points to build from. In order to have meaningful wide reaching impacts the understandings and suggestions provided need to be paired with actions to address larger issues, such as systemic racism, misogyny, classism, ableism, heteronormativity, transphobia, and biphobia. A necessary priority of practice and future research is the development of a nuanced understanding of how biphobia interacts with sexism, transphobia, and racism to create increased harm towards oppressed populations, particularly Black trans women (Anderson et al., 2019; Coulter et al., 2017; Flanders et al., 2017).

Colonialism

While this study aimed to be wide-reaching in physical location and does have representation from practitioners in various settings, there were study limitations and delimitations in the form of recruitment barriers to capturing the perspectives of practitioners from notably large areas. Specifically, no territories are reflected in the results. Adjustments to recruitment were made

to allow for the inclusion of agencies that provide sexual violence support but are not designated as stand-alone sexual assault centres. This adjustment was made to account for locations that do not have large enough populations or resources to offer sexual violence specific support services on an agency scale. Unfortunately, the contacted services that were not stand-alone sexual assault centres were strained in capacity and unable to participate. The impact of this is that the current study is lacking the perspectives of practitioners in the territories, and thus, lacking an understanding of how the issue of sexual violence impacts northern bisexual adults, a population that is largely Indigenous. Additionally, none of the practitioners in the study openly disclosed whether they are Indigenous, and no mentioned agencies were identified as being Indigenous agencies. This is a delimitation, as the study was not designed to obtain demographic or agency information. As a result, there is no way to know whether an Indigenous perspective is represented in any part of the current study.

Compounding this lack of Indigenous perspective is the delimitation that the study focuses on sexual assault centres, which are largely non-profit organizations within the settler-colonial social service industry complicit in inflicting colonial violence towards Indigenous populations. This choice to use the system of sexual assault centres was based in convenience, as it is easy to find province and country-wide listings of these organizations online. Community, culturally based forms of support provision were less identifiable with the utilized methods of contact searching, and none were readily known to the Co-Investigator. The delimitation requirement of practitioners to have a qualification to participate further prioritizes the inclusion of perspectives that adhere to a colonial system of academia. There are many forms of healing that exist outside of the colonial model of support provision that are not represented in this study. As this researcher, a white settler-colonial individual, undergoes more learning in the area of research a focus on decolonization of

research practices is pursued. At this point it is accepted that any critiques of this study as upholding colonial practices through both delimitations and limitations in study design are legitimate based on how this research was taken up. This statement is not intended to absolve accountability but rather to validate critiques and document the (un)learning process taking place for this researcher within the thesis process.

Strengths

Despite all of the significant above-mentioned limitations there were strengths in this study worth celebrating. The study recruitment drew practitioners with a great wealth of insider wisdom on this topic from embodied queer perspectives, an abundance of insights from years and even decades of practice, and critical perspectives on various practice contexts. There was a profound willingness of vulnerability to admit gaps in knowledge and low confidence, as well as a general enthusiasm of participants to reflect, engage, and learn more on this topic. It brought this researcher immense joy and validation to hear so many practitioners express their gratitude and legitimize the need for research on the topic of study. An unexpected bonus of practitioners' enthusiasm being the immediate impacts on practice and advocacy where practitioners expressed motivation to learn and do more to create support for bisexual populations. Participants engaged with the researcher through requests for resources to self-educate and followed up to share that they had a rejuvenated motivation to advocate and were beginning to see the results of that advocacy in their practice settings. As a Social Worker who has spent much more time in practice than researching, being privileged with the knowledge that this research process had an immediate positive impact on practice was an invaluable gift the practitioners gave and an absolute highlight of the thesis process.

Application

There are 7 new principles for sexual assault response practice arising from this study:

1. Practitioners need to continuously pursue self-education on how to understand and explore the significance of bisexuality in sexual violence experiences.
2. Bisexual individuals are the ones who should decide how significant their bisexuality is to their experience of sexual violence and their healing process.
3. Agencies should position practitioners as ongoing learners, not just experts, with active spaces given for deconstructing practitioner biases and gaps in knowledge.
4. Agencies should seek to hire bisexual staff, particularly staff that are Queer, Trans, Black, Indigenous, and People of Colour (QTBIPOC).
5. Funding, resourcing, and service delivery should prioritize the creation of nuanced services for bisexual populations, particularly QTBIPOC.
6. De-stigmatization of bisexuality needs to occur at all levels of education to improve disclosure responses and community support for bisexual populations.
7. A queering of consent education needs to take place to support bisexual individuals in navigating sexual and romantic encounters.

Based on the outcomes of this study, practitioners are encouraged to seek out ways to educate themselves beyond what they have been provided in formal education. Resoundingly practitioners did not feel education they had received prepared them to support bisexual populations. Practitioners are heavily encouraged to seek out their own learning about bisexuality and the support needs of bisexual populations in a way that does not place burden on bisexual individuals accessing services to educate their practitioner. Practitioners recommended seeking information on how multicultural counselling approaches apply to their work with bisexual populations. Additional practice orientations that were described as serving practitioners well in

supporting bisexual populations include anti-racist, anti-oppressive, feminist, queer, client-centred, and humanistic lenses. Attention must be paid to whether bisexuality is a relevant component of each individual's experience of sexual violence prior to case conceptualizing around sexual orientation. If deemed relevant, building capacity for community building and deconstructing harmful stigmas about bisexuality are seen to be valuable approaches to addressing the impacts of sexual violence for bisexual individuals.

In order to support practitioners in their endeavors to improve their capacity and confidence, agencies are celebrated for their offering of learning opportunities including formal professional development trainings and more informal staff discussions. Agencies are encouraged to cultivate an environment where practitioners admitting gaps in their knowledge is welcomed and supported with information, rather than seen as a lack of expertise and capability. In order to support practitioner capacity building for working with bisexual populations, meaningful efforts to build longstanding relationships with bisexual communities are deemed crucial. Community building is also seen as a way of reflecting to bisexual people seeking services that an agency is invested in understanding and supporting them. It is anticipated that increasing community presence in meaningful ways may increase the number of bisexual individuals who access services and disclose their sexual orientation while doing so. To ensure that bisexual individuals who access services are met with service offerings that meet their needs, agencies, as well as funders, are encouraged to begin prioritizing bisexual populations as nuanced and at a heightened need of services. Wide-reaching education efforts for both the public and professionals to destigmatize bisexuality is a practitioner suggested way that resources for bisexual populations could be more easily obtained, based on the expectation that education would foster advocacy efforts encouraging funders to increase supports for bisexual populations.

Lastly, a major focus of the recommendations from practitioners centered on the responsibility of educators to increase training at all levels of education and professional development on support needs of bisexual individuals. Educators at the post-secondary level, as well as earlier education and professional development educators, are called to take up efforts to implement more comprehensive learning opportunities about the nuances of how sexual orientation, and specifically bisexuality, impact support provision. Additionally, generalized education to destigmatize bisexuality is needed at all levels of education reaching beyond practitioners in order to improve the informal supports available to bisexual individuals. Education that focuses on deconstructing victim-blaming mindsets is of particular importance for improving responses to bisexual people when disclosing experiences of sexual violence. Consent education tailored to queer sexual and relationship dynamics would further bolster healing by resourcing bisexual people with information to challenge internal and external victim-blame.

These practitioner-provided recommendations are intended to improve sexual violence supports in order to accomplish better healing outcomes for bisexual populations. Many of these actions are already being taken up in various spaces but the hope is to see them collaboratively implemented at all levels in a more consistent and wide-reaching way.

Future Research

An interesting area of future exploration is to determine how the various identities that overlap with or act as alternatives to bisexual identity operate perhaps less as subgroups and more as nuanced populations with their own factors to account for within research and practice. Studies contrasting bisexual participants with related identities were few and more studies of this nature may reveal further complexity and unique needs within the populations being considered collectively in this current study.

As observed in the practitioner confidence section of the findings chapter, only one practitioner did not express any personal connection to the bisexual community. This practitioner also was the only practitioner to describe their confidence in working with bisexual populations as low. It is interesting to consider how their expressed fears of causing harm may be considered in relation to the larger body of counselling practitioners who aren't bisexual not otherwise captured in this study. Of course, a sample size of one does not make these findings generalizable but it does provide a bit of intrigue and legitimacy to pursuing this question of practitioner confidence further with practitioners who do not hold as close ties to bisexuality as the majority of practitioners in the study. Motivating this population to participate in research on bisexuality may continue to be a challenge, as it was for this study. Efforts to increase practitioner awareness of the high rates of sexual violence experienced by bisexual populations are encouraged in order to present a case for practitioners to be invested in increasing support for this population through research and practice. Future efforts to pursue understandings of bisexual experiences of sexual violence must further intersectional understandings by way of pursuing knowledge of power dynamics within support systems.

Conclusion

As stated in the introduction, the aim of this research was to acquire a foundational understanding of practitioner confidence when working with bisexual adults. It was hypothesized that this study would observe gaps in practitioner confidence and knowledge. What was more accurately obtained is an understanding of the depth of awareness practitioners with personal connection to bisexuality, including their own identification as bisexual or queer, bring to their practice.

The significance of these findings can be found in recognizing the capacity for practitioners to acknowledge the limitations of their perspectives and identify ways that practice needs to improve to better support bisexual adults. No existing research was found prior to this study that sought to understand whether the research on bisexual experiences of sexual violence was known, understood, and/or applied by practitioners. Practitioners in this study held ample knowledge and intimate understandings but also resoundingly emphasized that training is needed to build greater awareness within their field of practice. Practitioners' recommendations for practice were upheld by their observations of bisexual individuals returning for sessions with them and sharing vulnerable information in sessions but it is important to remember that generally bisexual individuals are not seen in existing research to be experiencing positive outcomes from accessing formal support services. Further efforts to measure the effectiveness of practitioner practice recommendations are encouraged along with broadening the demographics of practitioners captured in future studies on practitioner effectiveness.

This study provides a starting point that researchers and practitioners can begin to work from to bridge communication between bisexual people accessing services, researchers seeking insights into those experiences, and practitioners building their capacity to provide better support. This study is an effort to build the relationship between lived experience, academia, and practice in order to improve support for bisexual adults accessing sexual violence support services.

Bibliography

- Allen, V. C., Myers, H. F., & Williams, J. K. (2014). Depression among Black bisexual men with early and later life adversities. *Cultural Diversity and Ethnic Minority Psychology, 20*(1), 128–137. <https://doi.org/10.1037/a0034128>
- Anderson, R. E., Tarasoff, L. A., VanKim, N., & Flanders, C. (2019). Differences in Rape Acknowledgment and Mental Health Outcomes Across Transgender, Nonbinary, and Cisgender Bisexual Youth. *Journal of Interpersonal Violence, 34*(1), 128–147. <https://doi.org/10.1177/0886260519829763>
- Armstrong, E. A., Gleckman-Krut, M., & Johnson, L. (2018). Silence, Power, and Inequality: An Intersectional Approach to Sexual Violence. *Annual Review of Sociology, 44*(1), 99–122. <https://doi.org/10.1146/annurev-soc-073117-041410>
- Bailey, M. (2010). *They aren't talking about me....* <http://www.crunkfeministcollective.com/2010/03/14/they-arent-talking-about-me/>
- Bailey, M., & Trudy. (2018). On misogynoir: Citation, erasure, and plagiarism. *Feminist Media Studies, 18*(4), 762–768. <https://doi.org/10.1080/14680777.2018.1447395>
- Balsam, K. F. (2002). Traumatic Victimization in the Lives of Lesbian and Bisexual Women: A Contextual Approach. *Journal of Lesbian Studies, 7*(1), 1–14. https://doi.org/10.1300/J155v07n01_01
- Balsam, K. F., & Rothblum, E. D. (n.d.). *Victimization Over the Life Span: A Comparison of Lesbian, Gay, Bisexual, and Heterosexual Siblings, 73*(3), 477-487. <https://doi.org/10.1037/0022-006X.73.3.477>
- Blayney, J. A., Hequembourg, A., & Livingston, J. A. (2018). Rape Acknowledgment and Sexual Minority Women's Mental Health and Drinking Behaviors. *Journal of Interpersonal Violence, 33*(1), 128–147. <https://doi.org/10.1177/0886260518781800>
- Brewer, S., & Dundes, L. (2018). Concerned, meet terrified: Intersectional feminism and the women's march. *Women's Studies International Forum, 69*, 49-55. <https://doi.org/10.1016/j.wsif.2018.04.008>
- Bruce, D. (2016). *The SAGE Encyclopedia of LGBTQ Studies* (A. E. Goldberg, Ed.; Vol. 1–3, pp. 595–596). SAGE Publications, Inc. <https://doi.org/10.4135/9781483371283>
- Burke, T. & Sreenivasan, H. (2017). The Founder of #MeToo Doesn't Want Us to Forget Victims of Color. PBS Newshour. Retrieved from <https://www.pbs.org/newshour/show/the-founder-of-metoo-doesnt-want-us-to-forget-victims-of-color>
- Campbell, R., Dworkin, E., & Cabral, G. (2009). An Ecological Model of the Impact of Sexual Assault on Women's Mental Health. *Trauma, Violence, & Abuse, 10*(3), 225–246. <https://doi.org/10.1177/1524838009334456>

- Canan, S. N., Jozkowski, K. N., Wiersma-Mosley, J. D., Bradley, M., & Blunt-Vinti, H. (2019). Differences in Lesbian, Bisexual, and Heterosexual Women's Experiences of Sexual Assault and Rape in a National U.S. Sample. *Journal of Interpersonal Violence*. <https://doi.org/10.1177/0886260519863725>
- Centers for Disease Control and Prevention. (2004). *Sexual Violence Prevention: Beginning the Dialogue*. <https://www.cdc.gov/ViolencePrevention/pdf/SVPrevention-a.pdf>
- Cho, S., Crenshaw, K. W., & McCall, L. (2013). Toward a Field of Intersectionality Studies: Theory, Applications, and Praxis. *Signs: Journal of Women in Culture and Society*, 38(4), 785–810. <https://doi.org/10.1086/669608>
- Conroy, S., & Cotter, A. (2014). *Self-reported sexual assault in Canada, 2014*. 85, 34.
- Coulter, R. W. S., Mair, C., Miller, E., Blossnich, J. R., Matthews, D. D., & McCauley, H. L. (2017). Prevalence of Past-Year Sexual Assault Victimization Among Undergraduate Students: Exploring Differences by and Intersections of Gender Identity, Sexual Identity, and Race/Ethnicity. *Prevention Science*, 18(6), 726–736. <https://doi.org/10.1007/s11121-017-0762-8>
- Crenshaw, K. (1989). *Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics*, 1989(1), 139-167. <http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8>
- DeCuir-Gunby, J. T., Marshall, P. L., & McCulloch, A. W. (2011). Developing and Using a Codebook for the Analysis of Interview Data: An Example from a Professional Development Research Project. *Field Methods*, 23(2), 136–155. <https://doi.org/10.1177/1525822X10388468>
- Dickerson-Amaya, N., & Coston, B. M. (2019). Invisibility Is Not Invincibility: The Impact of Intimate Partner Violence on Gay, Bisexual, and Straight Men's Mental Health. *American Journal of Men's Health*, 13(3). <https://doi.org/10.1177/1557988319849734>
- Duryea, D. G., & Frantz, T. T. (2011). An Examination of Drinkers' Consequences by Sexual Orientation. *Journal of American College Health*, 59(7), 649–654. <https://doi.org/10.1080/07448481.2010.521215>
- Eaton, L. A., Pitpitan, E. V., Kalichman, S. C., Sikkema, K. J., Skinner, D., Watt, M. H., & Pieterse, D. (2013). Men Who Report Recent Male and Female Sex Partners in Cape Town, South Africa: An Understudied and Underserved Population. *Archives of Sexual Behavior*, 42(7), 1299–1308. <https://doi.org/10.1007/s10508-013-0077-1>
- Eisenberg, M. E., Lust, K., Mathiason, M. A., & Porta, C. M. (2017). Sexual Assault, Sexual Orientation, and Reporting Among College Students. *Journal of Interpersonal Violence*. <https://doi.org/10.1177/0886260517726414>

- Eisner, S. (2016). *The SAGE Encyclopedia of LGBTQ Studies* (A. E. Goldberg, Ed.; Vol. 1–3, pp. 793–796). SAGE Publications, Inc. <https://doi.org/10.4135/9781483371283>
- Feinstein, B. A. (2016). *The SAGE Encyclopedia of LGBTQ Studies* (A. E. Goldberg, Ed.; Vol. 1–3, pp. 781–785). SAGE Publications, Inc. <https://doi.org/10.4135/9781483371283>
- Flanders, C. E., Ross, L. E., Dobinson, C., & Logie, C. H. (2017). Sexual health among young bisexual women: A qualitative, community-based study. *Psychology & Sexuality*, 8(1–2), 104–117. <https://doi.org/10.1080/19419899.2017.1296486>
- Gail, J. P. (2009). *Evangelical Beliefs and Attributions for Poverty in Southern Alberta*. 1-144.
- Germanos, R., Deacon, R., & Mooney-Somers, J. (2015). The Social and Cultural Significance of Women’s Sexual Identities Should Guide Health Promotion. *LGBT Health*, 2(2), 162–168. <https://doi.org/10.1089/lgbt.2014.0118>
- Gilmour, H. (2019). Sexual orientation and complete mental health. *Health Reports*, 30(11), 3–10. <https://doi.org/10.25318/82-003-X201901100001-ENG>
- Government of Canada, S. C. (2015). *Same-sex couples and sexual orientation... By the numbers*. https://www.statcan.gc.ca/eng/dai/smr08/2015/smr08_203_2015
- Government of Canada, S. C. (2020). *Volunteering in Canada: Challenges and opportunities during the COVID-19 pandemic*. <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00037-eng.htm>
- Graham, J. R., Bradshaw, C., & Trew, J. L. (2009). Adapting Social Work in Working with Muslim Clients. *Social Work Education*, 28(5), 544–561. <https://doi.org/10.1080/02615470802400729>
- Gregg, J., & Saha, S. (2006). Losing Culture on the Way to Competence: The Use and Misuse of Culture in Medical Education: *Academic Medicine*, 81(6), 542–547. <https://doi.org/10.1097/01.ACM.0000225218.15207.30>
- Han, C. W., Orne, J., Smith, J. G., Han, C. W., Smith, J. G., Bartone, M. D., Chaze, F., Crockett, J., Rutledge, S. E., & Del Real, M. (2019). *Home and Community for Queer Men of Color: The Intersection of Race and Sexuality*. Lexington Books. <http://ebookcentral.proquest.com/lib/ubc/detail.action?docID=5990973>
- Hequembourg, A. L., Livingston, J. A., & Parks, K. A. (2013). Sexual Victimization and Associated Risks Among Lesbian and Bisexual Women. *Violence Against Women*, 19(5), 634–657. <https://doi.org/10.1177/1077801213490557>
- Hequembourg, A. L., Parks, K. A., Collins, R. L., & Hughes, T. L. (2015). Sexual Assault Risks Among Gay and Bisexual Men. *The Journal of Sex Research*, 52(3), 282–295. <https://doi.org/10.1080/00224499.2013.856836>

- Hughes, T. L., Johnson, T. P., Steffen, A. D., Wilsnack, S. C., & Everett, B. (2014). Lifetime Victimization, Hazardous Drinking, and Depression Among Heterosexual and Sexual Minority Women. *LGBT Health, 1*(3), 192–203. <https://doi.org/10.1089/lgbt.2014.0014>
- Hughes, T. L., Szalacha, L. A., Johnson, T. P., Kinnison, K. E., Wilsnack, S. C., & Cho, Y. (2010). Sexual victimization and hazardous drinking among heterosexual and sexual minority women. *Addictive Behaviors, 35*(12), 1152–1156. <https://doi.org/10.1016/j.addbeh.2010.07.004>
- Israel, T. (2018). Bisexuality: From margin to center. *Psychology of Sexual Orientation and Gender Diversity, 5*(2), 233–242. <https://doi.org/10.1037/sgd0000294>
- Jeppesen, S. (2016). *The SAGE Encyclopedia of LGBTQ Studies* (A. E. Goldberg, Ed.; Vol. 1–3, pp. 493–496). SAGE Publications, Inc. <https://doi.org/10.4135/9781483371283>
- Johnson, N. L., & Grove, M. (2017). Why Us? Toward an Understanding of Bisexual Women’s Vulnerability for and Negative Consequences of Sexual Violence. *Journal of Bisexuality, 17*(4), 435–450. <https://doi.org/10.1080/15299716.2017.1364201>
- Keenan, E. K., Tsang, A. K. T., Bogo, M., & George, U. (2005). Micro Ruptures and Repairs in the Beginning Phase of Cross-Cultural Psychotherapy. *Clinical Social Work Journal, 33*(3), 271–289. <https://doi.org/10.1007/s10615-005-4944-7>
- Kelley, M. L., Ehlke, S. J., Lewis, R. J., Braitman, A. L., Bostwick, W., Heron, K. E., & Lau-Barraco, C. (2018). Sexual Coercion, Drinking to Cope Motives, and Alcohol-Related Consequences among Self-Identified Bisexual Women. *Substance Use & Misuse, 53*(7), 1146–1157. <https://doi.org/10.1080/10826084.2017.1400565>
- Kuyper, L., & Vanwesenbeeck, I. (2011). Examining Sexual Health Differences between Lesbian, Gay, Bisexual, and Heterosexual Adults: The Role of Sociodemographics, Sexual Behavior Characteristics, and Minority Stress. *Journal of Sex Research, 48*(2–3), 263–274. <https://doi.org/10.1080/00224491003654473>
- Lehavot, K., Molina, Y., & Simoni, J. M. (2012). Childhood Trauma, Adult Sexual Assault, and Adult Gender Expression among Lesbian and Bisexual Women. *Sex Roles, 67*(5–6), 272–284. <https://doi.org/10.1007/s11199-012-0171-1>
- Lim, G., & Hewitt, B. (2018). Discrimination at the Intersections: Experiences of Community and Belonging in Nonmonosexual Persons of Color. *Journal of Bisexuality, 18*(3), 318–352. <https://doi.org/10.1080/15299716.2018.1518182>
- Lohr, S. L. (2009). Multiple Frame Surveys. In D. Pfeffermann & C. R. Rao (Eds.), *Handbook of statistics, sample surveys: Design, methods and applications* (pp. 71-88). Amsterdam, The Netherlands: North-Holland.

- Long, S. M., Ullman, S. E., Long, L. M., Mason, G. E., & Starzynski, L. L. (2007). Women's Experiences of Male-Perpetrated Sexual Assault by Sexual Orientation. *Violence and Victims*, 22(6), 684–701. <https://doi.org/10.1891/088667007782793138>
- MacLeod, M. A. (2014). *Experiences of biphobia, anxiety, and posttraumatic stress symptoms among Ontarian bisexuals: A cross-sectional view of potential moderators*. Electronic Thesis and Dissertation Repository. 2216. <https://ir.lib.uwo.ca/etd/2216>
- Martin, S. L., Fisher, B. S., Warner, T. D., Krebs, C. P., & Lindquist, C. H. (2011). Women's Sexual Orientations and Their Experiences of Sexual Assault Before and During University. *Women's Health Issues*, 21(3), 199–205. <https://doi.org/10.1016/j.whi.2010.12.002>
- McCauley, H. L., Silverman, J. G., Decker, M. R., Agénor, M., Borrero, S., Tancredi, D. J., Zelazny, S., & Miller, E. (2015). Sexual and Reproductive Health Indicators and Intimate Partner Violence Victimization Among Female Family Planning Clinic Patients Who Have Sex with Women and Men. *Journal of Women's Health*, 24(8), 621–628. <https://doi.org/10.1089/jwh.2014.5032>
- McGrath, C., Palmgren, P. J., & Liljedahl, M. (2019). Twelve tips for conducting qualitative research interviews. *Medical Teacher*, 41(9), 1002–1006. <https://doi.org/10.1080/0142159X.2018.1497149>
- McKay, T., Lindquist, C. H., & Misra, S. (2019). Understanding (and Acting On) 20 Years of Research on Violence and LGBTQ + Communities. *Trauma, Violence, & Abuse*, 20(5), 665–678. <https://doi.org/10.1177/1524838017728708>
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>
- Mingus, M. (2019). Transformative Justice: A Brief Description. *Leaving Evidence*. <https://leavingevidence.wordpress.com/2019/01/09/transformative-justice-a-brief-description/>
- Monro, S. (2015). *Bisexuality: Identities, Politics, and Theories*. Palgrave Macmillan Limited. <http://ebookcentral.proquest.com/lib/ubc/detail.action?docID=4000731>
- Morrison, K. E., & Pedersen, C. L. (2020). The Influence of Sexual Orientation on Attributions of Blame Toward Victims of Sexual Assault. *Journal of Homosexuality*, 67(2), 189–205. <https://doi.org/10.1080/00918369.2018.1534412>
- National Institute of Mental Health (2016). Psychotherapies: Overview. Retrieved from <https://www.nimh.nih.gov/health/topics/psychotherapies/index.shtm>
- Poole, N. (2015). *Developing Trauma-Informed Practice Guidelines: A Principle-Based Approach* [PowerPoint Slides]. Retrieved from https://fcssbc.ca/sf-docs/conference/oct_2015_poole.pdf
- Robinson, M. (2017). Two-Spirit and Bisexual People: Different Umbrella, Same Rain. *Journal of Bisexuality*, 17(1), 7–29. <https://doi.org/10.1080/15299716.2016.1261266>

- Rumens, N. (2016). *The SAGE Encyclopedia of LGBTQ Studies* (A. E. Goldberg, Ed.; Vol. 1–3, pp. 497–501). SAGE Publications, Inc. <https://doi.org/10.4135/9781483371283>
- Sackman, H. (1974). *Delphi Assessment: Expert Opinion, Forecasting, and Group Process*. Lexington, Mass: Lexington Books.
- Schwab-Reese, L. M., Currie, D., Mishra, A. A., & Peek-Asa, C. (2018). A Comparison of Violence Victimization and Polyvictimization Experiences Among Sexual Minority and Heterosexual Adolescents and Young Adults. *Journal of Interpersonal Violence*. <https://doi.org/10.1177/0886260518808853>
- Seabrook, R. C., McMahon, S., Duquaine, B. C., Johnson, L., & DeSilva, A. (2018). Sexual Assault Victimization and Perceptions of University Climate Among Bisexual Women. *Journal of Bisexuality*, 18(4), 425–445. <https://doi.org/10.1080/15299716.2018.1485070>
- Sigurvinsdottir, R., & Ullman, S. E. (2016a). Sexual Assault in Bisexual and Heterosexual Women Survivors. *Journal of Bisexuality*, 16(2), 163–180. <https://doi.org/10.1080/15299716.2015.1136254>
- Sigurvinsdottir, R., & Ullman, S. E. (2016b). Sexual Orientation, Race, and Trauma as Predictors of Sexual Assault Recovery. *Journal of Family Violence*, 31(7), 913–921. <https://doi.org/10.1007/s10896-015-9793-8>
- Sigurvinsdottir, R., & Ullman, S. E. (2015). The Role of Sexual Orientation in the Victimization and Recovery of Sexual Assault Survivors. *Violence and Victims*, 30(4), 636–648. <https://doi.org/10.1891/0886-6708.VV-D-13-00066>
- Tasker, F., & Delvoeye, M. (2015). Moving out of the Shadows: Accomplishing Bisexual Motherhood. *Sex Roles*, 73(3–4), 125–140. <https://doi.org/10.1007/s11199-015-0503-z>
- Thorne, S. E. (2016). *Interpretive description: Qualitative research for applied practice* (Second edition). Routledge.
- Trudy (2014). *Explanation Of Misogynoir*. Gradient Lair. <https://www.gradientlair.com/post/84107309247/define-misogynoir-anti-black-misogyny-moya-bailey-coined>
- Washington, P. A. (2001). Disclosure Patterns of Black Female Sexual Assault Survivors. *Violence Against Women*, 7(11), 1254–1283. <https://doi.org/10.1177/10778010122183856>
- Wells, T. C. (2018). *The Benefits to Hiring Individuals with Intellectual Disabilities: Employers' Perspectives*. 1-160.
- Whitfield, D. L., Coulter, R. W. S., Langenderfer-Magruder, L., & Jacobson, D. (2018). Experiences of Intimate Partner Violence Among Lesbian, Gay, Bisexual, and Transgender College Students:

The Intersection of Gender, Race, and Sexual Orientation. *Journal of Interpersonal Violence*.
<https://doi.org/10.1177/0886260518812071>

World Health Organization (2002). Chapter 6: Sexual Violence. In E. G. Krug, L. L. Dahlberg, J. A. Mercy, A. B. Zwi, & R. Lozano (Eds.), *World Report on Violence and Health*. Retrieved from http://apps.who.int/iris/bitstream/handle/10665/42495/9241545615_eng.pdf;jsessionid=B1E4A25CA5BA62936A4DBDDDB95BF9ECA?sequence=1

Worthen, M. G. F. (2017). Rape Myth Acceptance Among Lesbian, Gay, Bisexual, and Mostly Heterosexual College Students. *Journal of Interpersonal Violence*.
<https://doi.org/10.1177/0886260517733282>

Appendices

Appendix A



THE UNIVERSITY OF BRITISH COLUMBIA

Recruitment Letter

Hello,

I am a master's student in the School of Social Work at the University of British Columbia pursuing a thesis with Dr. John Graham as my supervisor. I am conducting research that explores **practitioner confidence when supporting bisexual adults who have experienced adult sexual assault (ASA)**.

I will be interviewing approximately 15 professionals specialized in working with adults who have experienced sexual violence. Based on your employment at a sexual assault centre, you hold expertise in this area. Additionally, in order to respond to the questions, you will need to have knowingly provided sexual assault support services to at least one bisexual client in your practice. Should you agree to participate, you will be interviewed on your understanding of how sexual violence impacts bisexual adults and your confidence in supporting these individuals in your practice. **The interview is expected to take approximately 1 hour of your time.**

If you are interested in participating and want more information regarding the proposed study, please email me at jess.marie@alumni.ubc.ca. If you have someone in mind who might be a candidate to participate in this study, please feel free to provide them with the recruitment letter attached so that they can get in touch with me directly. This study has been approved by the

University of British Columbia Okanagan Behavioural Research Ethics Board (UBC BREB
Number: H18-03089).

Thank you very much for your time.

Kind Regards,

Jess Marie, B.A., B.S.W.

Graduate Student

School of Social Work

Faculty of Health and Social Development

University of British Columbia - Okanagan Campus

Appendix B



THE UNIVERSITY OF BRITISH COLUMBIA

Follow Up Recruitment Email

Hello,

I am following up on the previous email, see below, as a reminder of the pending deadline on [DATE] for expressing interest in the research study that explores practitioner confidence when supporting bisexual adults who have experienced adult sexual assault (ASA).

If you are interested in participating and want more information regarding the proposed study, please email me at jess.marie@alumni.ubc.ca. If you have someone in mind who might be a candidate to participate in this study, please feel free to provide them with the recruitment letter attached so that they can get in touch with me directly.

Thank you again for your time and consideration!

Kind Regards,

Jess Marie, B.A., B.S.W.

Graduate Student

School of Social Work

Faculty of Health and Social Development

University of British Columbia - Okanagan Campus

Appendix C



THE UNIVERSITY OF BRITISH COLUMBIA

Supporting Bisexual Clients Through Experiences of Sexual Violence

Consent Form (Version 3: November 4, 2019)

Study Team

Principal Investigator: Dr. John Graham, Director and Professor, School of Social Work, University of British Columbia Okanagan, 250-864-7118, john.graham@ubc.ca

Co-Investigator/Graduate Student Researcher: Jess Marie, Master's Student, School of Social Work, University of British Columbia Okanagan, 780-718-2917, jess.marie@alumni.ubc.ca

Purpose of the Study

This study is being conducted to learn more about practitioner confidence when supporting bisexual adults who have experienced adult sexual assault (ASA). As a professional who works with adults who have experienced sexual violence, we hope to learn from your professional insight into how confident you feel providing support to bisexual clients.

Study Procedures

If you agree to participate in the study:

- A 1-hour phone, video, or in-person interview will be scheduled;
- The interview will be audio recorded with your permission;
- During the interview you will be asked questions about your understanding of how sexual violence impacts bisexual adults, how this informs your work, and your confidence providing services to bisexual adults;

- The questions will be open-ended, so you will be able to elaborate on your responses as much as you'd like and always have the option to decline questions;
- After the interview you will be emailed the transcript of your responses and you will have two weeks to provide feedback to ensure the information accurately reflects your perspectives. In absence of a response, it will be assumed you have received the email. If no feedback is provided after two weeks, it will be assumed that the transcript is acceptable;

Your response to the following **does not** impact your eligibility to participate in the study.

Please check here if you give permission to the interview being audio recorded.

Study Results

The results of this study will be reported in a graduate thesis, made publicly available on the internet, and may also be published in journal articles. It is possible, though not anticipated, that the data may be utilized in future research, at which point you would be contacted with details for consent to utilize the data you contributed at that point in time. At any point prior to the submission of either a published article or the thesis you are welcome to withdraw your contributed data from the study and it will be destroyed. Upon publication or thesis submission it becomes impractical, though not impossible, to delete the data.

Please check here and provide your email address if you would like to be emailed with the results of the study: _____

Potential Risks and Benefits of the Study

Risks: Conversations about sexual violence have the potential to be emotionally exhausting, upsetting, and traumatic. It is possible that the interview questions or conversation topic may be triggering. The options to take breaks, skip questions, and end

the interview will be present at all times. Location-specific supports will be discussed at the end of the interview.

It is respected that, as a professional in the area of sexual violence and/or clinical practice, the majority of your capacity for discussing sexual violence must be devoted to your work directly with individuals who have experienced sexual violence. A risk of participating in the interview is that it may have an impact on your availability to your clients, both emotionally and logistically by requiring 1 hour of your time. The interviewer will do their best to be respectful of your time and accommodate your schedule to limit impact on clients and financial impacts to your practice.

Benefits: The outcomes of this research are intended to serve as a means of strengthening the resources and therapeutic supports available to the bisexual community in hopes of improving healing outcomes for adults who are bisexual.

The information provided by practitioners, such as yourself, may be utilized to strengthen training and professional development sessions offered to clinical practitioners within post-secondary education programs, volunteer opportunities, workplaces, and private practice. Increased practitioner confidence and competence when working with people who have experienced sexual violence and are bisexual has the potential to make waitlists and workloads more manageable.

Confidentiality

Your confidentiality will be prioritized. Information that discloses your identity will not be released without your consent unless required by law.

All audio recorded materials will be stored on password protected personal electronic devices. All data will be stored and backed up in Canada. All paper materials will be stored

in a locked filing cabinet. Materials containing identifying information will be stored separately from the data. Electronic files will be encrypted, and password protected. The data will be accessible only to the Primary Investigator, the Co-Investigator and the two additional Supervisory Committee Members. Data will be kept by the Primary Investigator at the institution indefinitely, as per UBC Policy #85.

Contacts for Information about the Study:

If you have any questions or desire further information with respect to this study, you may contact the researchers carrying out this study. Contact information is provided above.

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Services toll free at 1-877-822-8598 or the UBC Okanagan Research Services Office at 250-807-8832. It is also possible to contact the Research Complaint Line by email (RSIL@ors.ubc.ca). *Please reference the study number H18-03089 when calling so the Complaint Line staff can better assist you.*

Your participation in this study is entirely voluntary and you may refuse to participate and withdraw from this study at any time.

Your signature below indicates that you have received a copy of this consent form for your own records.

Your signature indicates that you consent to participate in this study.

Participant signature:

Date:

Printed name of the participant signing above:

Appendix D



THE UNIVERSITY OF BRITISH COLUMBIA

Interview Guide

Locating the Researcher

Interest in the Topic: Separate from this research, I currently work as the 2SLGBTQ+ Counselling Group Developer and Facilitator for the Sexual Assault Centre of Edmonton and since 2016 I have worked at this agency primarily in the role of Public Educator facilitating consent education for youth and adults. I identify both as someone who has experienced sexual violence and someone who has supported others through experiences of sexual violence. I also identify within the bisexual community. This research topic arose out of my own experiences receiving sexual violence support services as a bisexual woman.

I am open to additional questions regarding my interest in this topic that you feel are needed to adequately locate me within this research.

Philosophical Approach to Research: My approach to this qualitative research is rooted in Feminist Theories and Queer Theories, both of which originated from social movements. Whenever possible I would like my research to be accessible, in terms of writing style and availability, inclusive, in terms of who is represented, and actionable. There are limits to my perspective as a settler-colonial, white, cis, bisexual, able-bodied, neurotypical woman operating within a colonial institution. I acknowledge the impacts my positionality has on representation within my research and am receptive to critique and criticism in all forms.

Client Confidentiality: During this interview please do not share any identifying information about other individuals in recognition that they have not consented to being identified

within this study. You can skip any questions you don't want to answer, and you can end the interview at any time.

Questions:

1. How would you describe your confidence in your ability to provide services to bisexual adults who have experienced sexual violence?
2. What factors influence your confidence in working with bisexual adults who have experienced sexual violence?
3. Are there unique approaches you utilize for bisexual clients?
4. How does the agency you work within impact/influence your work with bisexual adults who have experienced sexual violence?
5. What barriers do you see existing for bisexual adults accessing services?
6. How can barriers to service for bisexual adults be addressed?

Thank you so much for answering these questions! Are there any final comments you'd like to make or any questions?

A transcript will be sent to you later today that you can edit to ensure it reflects your thoughts best.