Healthcare Needs & Experiences of Consensually non-monogamous adults: Results of a focus group project

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Disclosure

The presenters have no commercial interests to disclose at this time.
Overview

- CNM Terms & Concepts
- Sexual stigma & Healthcare
- The present study
  - Methods & Participants
  - Results
    - Themes/ Subthemes
  - Discussion & Implications
  - Further Resources
CNM Terms & Concepts

- Consent, Multiple romantic/sexual partners
  - Polyamory
  - Open relationships
  - Relationship agreements
  - Swingers, Relationship Anarchy
- 1 in 5 in a CNM relationship (Haupert et al. 2016)
- 3.5 - 5% identify as poly, open, or swingers (Conley et al. 2013)
CNM Health Issues

CNM relationships

CNM Sexual health & risks
CNM relationships

- Up to 20% lifetime (Haupert et al. 2016; Moore, 2015)
  - 5% currently (Conley et al. 2013)
    - vs. Non-Monogamy (without consent)
      - 25-72% (e.g. Hite, 1981, 2003; Weiderman & Hurd, 1999)
- Demographics
  - Disproportionately LGBTQ+ (Brewster & Moradi, 2010; LaSala, 2005; Moors et al. 2014; Schechinger, 2015; Taramino, 2008)
CNM Sexual health & risks

- More sexual partners (Lehmiller, 2015)
  - Safer sex & more testing vs. "monogamous"
    - (Conley et al. 2012; Michael et al. 1994; Weitzman, 2007)
- Similar or lower rates of STIs
  - (Conley et al.; Michael, et al. 1994; Weitzman, 2007),
Sexual Stigma

- Pervasive negative associations
  - Personality/Adjustment, Relationships, Sexuality
  - No evidence to support
    - (Conley et al. 2017; Rubel & Bogaert, 2015)
- Sexual risks are judged more harshly
  - (Conley, et al. 2015)
Stigma & Health Care

- Challenges with inclusive, respectful health care
  - LGBT+ people
    - (Acker, 2017; Sabin et al. 2015)
  - Kink/BDSM
    - Anticipated stigma & concealment (Waldura et al. 2016)
- CNM women sex workers more stigmatized in private practice (McCrosky, 2015)
- Therapy with CNM people (Schechinger, 2015)
  - Mononormativity & Pathologization
  - Lack of Knowledge
- Avoidance of patients with stigmatized identities to avoid stigma (Goffman, 1963).
Methods

- CNM Adults (18+) recruited from PolyColumbus
- Demographics form + Qualitative data
- Focus group questions
  - What are your healthcare needs as a CNM individual & how/where do you get your needs met?
  - What are your healthcare experiences as a CNM individual?
  - What are the factors that have/would influence whether or not you’d disclose your CNM status to healthcare providers?
  - What do healthcare providers need to know/do to better serve CNM patients?
Demographics

- N= 20, Age: 19-60, Mean = 36.15
- 40% Male, 45% Female, 10% Trans Women, 5% Genderqueer/ Gender nonconforming
- 85% Polyamorous, 10% Relationship/Sexual Agreement, 5% Swinger
- 10% Lesbian, 10% Gay, 10% Queer, 5% Sexually Fluid, 25% Bisexual, 10% Asexual or Greysexual, 25% Pan or Omnisexual, 30% Heterosexual or Straight.
- Mostly white, single or married
- Most received a Bachelor’s degree
Coding Process

Thematic Analysis (Braun & Clarke, 2006)
- Identifying, analyzing, and reporting patterns, or themes within data.

Themes
- Reflect an important, repeated aspect about the data in relation to the research question

Coding
- Independent identification of themes and quotes
  - Reconciliation via consensus
Results

Major Themes
  Stigma
  Coping
  Needs & Wants
  Respect From Providers
Stigma: Mononormativity

. . one year she [gynecologist] was like, ‘Oh you’re in a monogamous relationship with your husband, you know we don’t really need to give you this, this, and this.’ And I was like, ‘Oh. You just assumed that.’

   --Mara, Married, bisexual, cisgender, polyamorous woman

Stigma: Judgment

I’m in a healthcare field, I’ve had coworkers that come out of the room and be like, “Oh my God. Her boyfriend and her husband are in there. Oh my God.” And, you know, just talking about it like they are the oddest person in the world.

   -- Mara, Married, bisexual, cisgender, polyamorous woman
Stigma: Overestimating Risks

The other thing I would say is I think there’s sort of this idea that if you’re having multiple sex partners, you must not be being safe. And maybe if instead they find out you have multiple sex partners and then say, “Oh, what are your safer sex practices?” or “How many times do you have unprotected sex in a month?” or something like that, then maybe we could get more on the same page of what my risk level actually is instead of jumping to this conclusion that I must be being horrible risky because I’m not monogamous.

-- Mischa, Married, white, pan/omni sexual, polyamorous cisgender woman
Coping: Anxiety

It is an awful feeling to think that somehow by disclosing something that is vital to who you are, you are going to receive a lesser degree of care and consideration. And if I feel like by disclosing this I am going to get a second tier of care. Or maybe just be disregarded in my care needs. Why would I ever want to go to the doctor?

-- Duchess, Married, white, heterosexual, polyamorous cisgender man

If I’m really honest, I have high anxiety about going to the doctor now, which is dumb! You should not have high anxiety over seeing your primary care physician! But I totally do! That’s a bunch of emotional labor that I really just don’t need to spend. So seeking care has become this whole thing.

--- Jo, Married, white, bisexual, cisgender, polyamorous woman
Coping: Frustration

I hate having to be the walking Wiki. hat is annoying. Like you were saying, “Oh I gotta explain this to them. I have to explain this to them. I have to explain why it’s okay. I have to explain that I’m not cheating. I have to explain that everybody knows. “Okay here, I’m going to hand you a pamphlet. Fuck. Read. Get back to me in two to five days.

--- Red, Single, white, pan/omnisexual transgender polyamorous woman

Coping: Disclosure Management

“I think definitely I feel more inclined to be willing to go into detail if it’s someone that’s not being judgey about it because if it’s someone that’s already being judgey about it, then I really don’t feel like telling you the details of exactly what I do in my sexual experiences.”

-- Mischa, Married pan/omniexual polyamorous woman
Coping: Provider Screening

Now I’ll call anonymous and say, “I do not live a traditional lifestyle. I need to have somebody that’s open-minded about it. Is your office staff or practitioners fall under that category?” “Well what do you mean by non-traditional?” *click* (hangs up phone) End of conversation. . . “Oh, well let me get back with you on that.” Really?? If you don’t know the answer, then it’s “No.”

- Tess, Married, pan/omnisexual, genderfluid polyamorous person

Needs & Wants: Respect & Trust

Even if you have judgment. . not letting that come out in your actions, not letting that come out in your tone of voice, or even the look that you give because people pick up on things like that. You can really shut a conversation down, like a conversation that needs to happen. . when I go into the doctor I’m putting a certain level of trust in that person.

--- Abigail, Divorced, white, heterosexual, cisgender polyamorous woman
Needs & Wants: Knowledge

Some of them look at us and are like, “Well what does poly even mean? What is it?” “Well actually that’s the short term for polyamorous.” They’re like, “Wait there’s two words?” “Well it’s one word but we shortened it.” Then they look at you like, “What is that?” . . . Some of them, which I’m honestly just surprised, don’t—they look at me and go, “What is fluid bonding?” and I’m like, “Uhh you’re a doctor, you should know this”.

-- Darla, Single white, asexual/greysexual, cisgender polyamorous woman

Needs & Wants: STI Testing

It was difficult to find a healthcare location that I was able to get tested without asking why I needed to be tested again so frequently. A lot of the places, they believe that once a year is sufficient, but if you’re sexually active then once a year may not be the best option.

-- Luna, Single, Black heterosexual, cisgender polyamorous woman
Respect From Providers

I disclosed that I’m poly and she just stopped and she was like, ‘Okay I’m not quite sure what that means. Can you explain it to me?’ And I discussed on how it went, and she was like, ‘Okay. Alright so I’ll want to do this.’ It’s the fact that she paused and asked.

-- Ann, Single, white, queer, polyamorous transgender woman
Discussion

- Who wants to feel stigmatized?
  - Putting yourself in your patients' shoes
- Better practices for CNM patients - KSAs (Bloom, 1965)
  - Awareness
    - Stigma, CNM people/relationships, experiences/needs
  - Knowledge
    - Terms/concepts, Resources, Actual risks
  - Skills
    - Commitment to understanding & recognizing bias
    - Inclusive forms/office practices & Better questions
    - Lifelong learning
- Become "wise" to the struggles of stigmatized patients through exposure (Goffman, 1963).
References


Resources

Training Opportunities
Contact: michelle.vaughan@wright.edu

PolyColumbus.org
Resources - Panels of poly-identified people

Sample polycule

J2
M1
J1
M3
A
M2
B
L
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