

'It made me feel judged': Why it's harder to get sexual health care if you practice consensual non-monogamy

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Consensual non-monogamy is a surprisingly popular relationship style. Some research from North America suggests as many as [one in 20](#)

[people](#) may be in a polyamorous, swinging or open relationship—with one in five saying they'd like to try it.

Although multiple [sexual partners](#) potentially brings increased exposure to sexually transmitted infections, research has shown that consensually non-monogamous people are very good at practicing [safer sex](#).

They're more likely to [discuss safer sex](#) with their multiple partners. And, they [test for sexually transmitted infections](#) at significantly higher rates than monogamous people do.

Being able to access sexual health care is of great importance for consensually non-monogamous people. But many continue to [face barriers](#) when accessing [sexual health services](#), as our [research](#) has shown.

In line with [other research](#), we found stereotypes, myths and a general [lack of understanding](#) about consensual non-monogamy all act as potential barriers to health care.

For instance, when they go to their GP or clinic for testing, it's not unusual for them to be met by doctors and nurses who either don't understand their relationships or who actively stigmatize them. Approximately a third of our participants either never, or only sometimes, revealed their [relationship](#) style to medical professionals.

Assumptions might be made about their relationship, with one participant saying: "I was not asked 'Do you have multiple partners?' but 'do you have a boyfriend?', which was a confusing question full of assumptions."

Or they might be treated with outright hostility, with another participant sharing, "One [doctor] considered it a form of cheating and intimate

partner violence."

In the UK only [85% of medical students](#) report having received training on working with patients who have diverse gender identities and sexualities. To our knowledge, no medical students are being trained on how to work with consensually non-monogamous patients.

This has serious implications, as a lack of understanding around consensual non-monogamy can create barriers to patients receiving appropriate health care and building trust with their providers.

Many patients even told us about the frustrating interactions they'd had as a result of this lack of knowledge and understanding.

"I told the doctor (a woman in her 50s) that at the moment I had one regular partner and we are polyamorous, so he also has other people, and sometimes I also have other partners. She reacted saying 'Oh! How modern! And ... are you OK with that?' This wasn't great as it made me feel judged and she stepped into feeding her curiosity."

Sometimes, stigma can even result in not receiving the care they need. One participant reported going to their GP for birth control but being denied: "The GP immediately said I would have [sexually transmitted diseases] because of my 'lifestyle choices' and they could not prescribe [birth control](#) without doing STD testing."

It's not surprising that participants had significantly lower trust in health care providers than the general population. Nor is it surprising that consensually non-monogamous people are often quite picky about [where they seek out sexual health care](#), as we found in our most recent study.

Many of our study's participants reported feeling more trusting and at ease in sexual health clinics that were accustomed to helping people

from diverse sexual backgrounds. One participant even revealed: "It has only been in LGBT spaces where I have not experienced judgment."

For others, however, a lack of services means they have to simply engage with what's available—sometimes lying to ensure a smoother ride. One participant revealed: "I always say 'my [partner](#) is an asshole and cheats on me' then I get tested without an issue (maybe sympathy) rather than judgment of being poly."

Removing barriers

To remove these barriers, it's vital doctors and nurses develop a better understanding of consensual non-monogamy and the unique health care needs this group has. But this change needs to come from within institutions. Many who are consensually non-monogamous do not wish to take on the role of relationship educators—especially given the potential risks for stigma.

As time goes on, general awareness and exposure to realistic depictions of consensual non-monogamy will probably [continue to increase](#). We may even one day see it taught as standard in relationship, sex and [health education](#) (although [current trends](#) in sex education suggest this is [probably a long way off](#)).

But until a time when the myths and stigma around consensual non-monogamy have been dispelled, the onus is on institutions to make sure their services are inclusive.

This might include using inclusive language, not making assumptions about relationship structures or getting familiar with terminology and practices within communities. These practices can help build and maintain trust between doctors and patients—and make it more likely that patients will receive the treatment they need.

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