

Research Matters: How many people are LGBTIQ?

A fact sheet by
Rainbow Health Victoria

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1. Introduction

Accurately estimating the number of people who are lesbian, gay, bisexual, trans and gender diverse and intersex (LGBTIQ*) in Australia is a critical gap in research. The lack of current population-level data limits understanding of health and wellbeing needs of LGBTIQ people, and the development of policy and programs for LGBTIQ communities.

Population numbers can be a powerful advocacy tool when arguing for greater focus and priority attention to be given to a particular group. However, there are also significant problems with a paradigm that places value on a group of people based on its number, rather than valuing the wellbeing and rights of diverse communities, regardless of their size.¹

Nevertheless, there is compelling international and Australian evidence of disparities in health, particularly mental health, experienced by LGBTIQ communities compared to the overall Australian population. This requires a concerted and sustained response by communities, policy makers, service providers and organisations, to promote change for equity and inclusion.

2. Research summary and limitations

The lack of robust data on population size has three main causes.

1. In large population-based surveys, there is an absence of adequate questions around sex, gender and sexuality that allow for quantifying population size. Sexual orientation data was collected by the Australian Bureau of Statistics for the first time in the 2007 Survey of Mental Health and Wellbeing² and in the 2014 General Social Survey.³ However, the Australian National Census only captures same-gender relationships where respondents are co-habiting. In 2016, the Census piloted

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Rainbow Health Victoria is a program that supports lesbian, gay, bisexual, trans and gender diverse, intersex and queer (LGBTIQ) health and wellbeing through research and knowledge translation, training, resources, policy advice and service accreditation through the Rainbow Tick. We're located within the Australian Research Centre in Sex, Health and Society at La Trobe University and are funded by the Victorian government.

Research Matters is a series of information resources produced by Rainbow Health Victoria that:

- ▶ draws together the latest research on LGBTIQ health and wellbeing
- ▶ promotes knowledge on the key issues involved in LGBTIQ inclusion
- ▶ assists communities, organisations, service providers and government in implementing policies and programs to improve health, wellbeing and inclusion

This issue outlines the research base for current estimates of how many people are LGBTIQ in Australia.

- response options on the online form including 'male', 'female' or 'other — (please specify)'.⁴ The ABS acknowledged that the responses were unlikely to be representative of those who are sex or gender-diverse, but it is unlikely that these will be revised in the 2021 Census.
2. Most studies that have sought to develop population size estimates for LGBTIQ communities have been focussed only on gay, lesbian and bisexual identities. A smaller number of international studies have investigated the size of the population with 'transgender'

* Variations of the acronym LGBTIQ will be used throughout, depending on which communities are included in particular studies or discussions.

identities. Research on the number people with intersex variations is very limited.

3. The continuous evolution of the terminology for identity relating to sex, gender and sexuality means that people are choosing to describe themselves in different ways over time. For instance, some studies of LGBTIQ people in Australia have found that many use the identities 'queer', 'pansexual', 'asexual' and 'non-binary'.⁵⁻⁶ There are no population level studies that have included questions including these identities. Changing and overlapping terminologies also present difficulties in comparing results across studies and over time, or combining figures, in order to estimate population size.

What we can say in summary, based on the limited population-level research outlined in this paper is that:

- ▶ In international and Australian research, 3–4% of the population have reported identifying as gay, lesbian or bisexual. This figure is higher among people younger than 25 in Australia — rising to 4% for male participants and around 7% for female.
- ▶ A significant percentage of Australians have reported same gender attraction and behaviour — approximately 9% for male participants and 19% for female.
- ▶ Other identities like 'queer', 'pansexual' or 'asexual' have not been included in existing research looking at population size.
- ▶ International studies have found that approximately 1% of people have reported identifying as 'transgender', though again this is higher for young people. Questions that would capture broader experiences of trans and gender diverse identity and expression have not been included in existing studies.
- ▶ Despite limited data, it is estimated that 1.7% of live births are people with an intersex variation.

This research will be presented below, specific to particular communities.

Data collection to estimate population size

Population-level data is produced using research methods that aim for samples to be representative of a population as a whole. The strongest population-level data is produced when everyone in a given population is included in the sample. The national census, for instance, includes every household in Australia. Other methods used by population-level studies include collecting data from large random samples (either households or individuals), which are most likely to be representative of the population as a whole.

Non-random or 'convenience' sampling can be used in national surveys of particular groups, like LGBTIQ people. These produce results that are important in understanding the health and wellbeing, but do not assist in estimating population size. These samples can be made more 'representative' by aligning them with census data (a process known as 'weighting') or results can be analysed in comparison to population-level data for other groups.

3. Lesbian, gay and bisexual

A key point here is defining the difference between attraction, behaviour and identity. These are distinct but overlapping dimensions of sexuality, and can change over time for individuals. A number of studies have found that a relatively large group of people have felt attraction to people or persons of the same gender at some point in their lives; a smaller group have engaged in same gender sexual activity; and a smaller group again identifies as being lesbian, gay or bisexual.⁷ Depending on research design, studies may not capture all three dimensions of sexuality, or may only capture current rather than past attraction, behaviour or identity.

The bulk of existing research into LGB population size has been conducted in the United States and, to a lesser degree, the United Kingdom and Canada — generally finding that around 3% of people identify as LGB.⁸⁻¹⁰ Gates¹¹ argues that in the US that the population is growing rapidly — particularly amongst young people, women, and racial and ethnic minorities. In the US General Social Survey, LGB identification doubled from 2.7% in 2008 to 5.4% in 2016.

While the research base is smaller in Australia, a number of population-based studies have focussed on or included questions about sexuality. However, the range of different definitions and methodologies used to measure and ask about sexuality limits comparison across studies.

The limitations of Census data in Australia are especially evident here. In 2016, the census recorded 46,800 ‘same-sex’ couples in Australia, which was 0.9% of all Australian couples.¹² This figure alone is a significant under-estimation of the Australian LGB population, as it excludes people who are single or not cohabiting with their partner, as well as bisexual people whose sexual identity might be obscured by their current relationship status.

Recent work has sought to improve on Census data to generate population estimates by combining census data on same-gender cohabiting couples with research quantifying the overall proportion of gay men and lesbians who cohabit with partners.¹³ The authors found that an estimated 1.2% of Australia’s adult population in 2016 were gay or lesbian. However, this figure did not include those under 18, or those who identify as bisexual, pansexual or queer.

Elsewhere, Wilson and Shalley⁷ combined findings from three population-based studies — the General Social Survey conducted by the ABS in 2014, the Second Australian Study of Health and Relationships (ASHR), and the Household Income and Labour Dynamics in Australia (HILDA) study Wave 12. They estimated that 3.2% of the Australian adult population identified as LGB. This is, incidentally, the same

figure arrived at by the 2016 National Drug Strategy Household Survey.¹⁴

ASHR — the largest national study specifically focussed on questions including sex, gender and sexuality — included broader questions around attraction and behaviour as well as identity, finding that 9% of men and 19% of women reported a history of same-gender experience or attraction irrespective of their sexual identity.¹⁵

A number of researchers have made the point that these figures only include those willing to identify as LGB or disclose attraction and behaviour.^{7,15} Several factors may influence people’s willingness to disclose sexuality in a survey. This may include the broader social and legal environment, how people understand their sexuality and the terminology they use, and their confidence that survey responses will remain confidential. Some authors have suggested that methodologies may influence reporting, with online surveys potentially being perceived as more confidential or anonymous.^{8,13}

There is also some evidence in Australia that reporting of LGB identity, attraction and behaviour may be growing. In the decade between the first and second ASHR studies (2002 to 2012), there was a small increase in the percentage of people who identified as gay or lesbian while the figure for experiences of same gender attraction and experience for women increased from 15–19%.¹⁵ This is likely driven by generational change and an expansion of cultural acceptance of diverse sexualities. Wilson and Shalley⁷ found significantly more younger adults identified as ‘non-heterosexual’ (4% of males and 6.8% of females aged 18–24), with the proportion dropping steadily in older age groups.

Other population-based studies have found higher numbers. In the Australian Longitudinal Study on Women’s Health, 38% of a sample of 22–28 year-old women fell into a category for identity other than ‘exclusively heterosexual’. However, this figure

drops to 12% if the response option for ‘mostly heterosexual’ is removed.¹⁶

A recent analysis of the Victoria Population Health Survey has found that 5.2% of adults identified as LGB, queer, pansexual, asexual or ‘other’. An additional 0.4% identified as trans and gender diverse or intersex — though this is much smaller than international estimates (see sections below).¹⁷ The percentage of those with an LGBTIQ identity rose to 12.2% of those aged 18–24, and around 10% in some inner city and selected regional areas.

In 2019, the National Secondary Students and Sexual Health survey reported that a growing number of young people identify as bisexual — 11% of male participants and 20% of female.¹⁸

However, this was an online survey with convenience sampling aimed at a younger age group, so cannot be taken as a representative population estimate.

Of further note is that in some studies a sizeable proportion of respondents did not answer questions on sex or sexuality, or chose the ‘other’ or ‘don’t know’ response options. These cannot be collapsed into LGB categories, but may reflect an under-reporting of diverse sexual identities.

The table below summarises the range of population-level studies that have been conducted to date in Australia.

DATA SOURCE	SAMPLE	SAMPLE SIZE	MEASURE	PREVALENCE OF LGB	
The General Social Survey by the Australian Bureau of Statistics (2014) ³	Probability sample of participants aged 15+ (Sexual identity question only asked for those 18+)	12,932 dwellings/ households	Identity	3.0%	Which of the following options best describes how you think of yourself? 1. Straight (Heterosexual); 2. Gay or Lesbian; 3. Bisexual; 4. Other; 5. Don’t Know’
The Household Income and Labour Dynamics in Australia survey (HILDA Wave 16) ¹⁹	Household longitudinal survey of participants aged 15+	17,694 participants	Identity	3.9% of women 2.9% of men	Which best describes how you think of yourself? Heterosexual or Straight; Gay or Lesbian; Bisexual
The Second Australian Study of Health and Relationships (ASHR2) ¹⁵	Probability sample of participants aged 16–69 years	20,094 participants	Identity	3.8% of women 3.2% of men	Do you think of yourself as: 1. Heterosexual or straight; 2. Homosexual (gay [asked of males]; lesbian [asked of females]); 3. Bisexual’
			Attraction and/or experience	8.9% of men 19.2% of women	Choice of six statements that best describes attraction and six statements that describe the kind of contact with another person that was sexual
The 2016 National Drug Strategy Household Survey ¹⁴	Household sample of participants aged 12+ years	23,722	Identity	3.2%	Do you think of yourself as...? Heterosexual or straight, Homosexual (gay or lesbian), Bisexual

4. Trans and gender diverse

The term 'trans and gender diverse' collectively refers to individuals whose gender identity does not align with the social expectations of the sex they were assigned at birth, whose gender identity is fluid, and those who identify outside of gender norms entirely. In Australia, there is no population-level data on the number of trans and gender diverse people nationally.

Overall, a key concern is that existing studies have focussed on 'transgender' identity as an umbrella term, but do not capture the experiences of those who identify as gender diverse or gender non-conforming.²⁰ The most robust estimates come from studies in the US and suggest that 0.4% to 0.6% of people identify as 'transgender'.^{20,21} These figures are based on a meta-analysis of 12 population-based surveys and an analysis of data from the Centres for Disease Control Behavioral Risk Factor Surveillance System that included an optional question on 'transgender' identity.

Meanwhile, other population-level studies in the US and Europe have found higher figures ranging from 0.5–1.2%.²² Also, young people aged 18–24 in the US were more likely to identify as transgender.²¹ One study in New Zealand reported an overall figure of 1.2% amongst a much younger sample of secondary school students.²³

The different estimates can, in part, be explained by different ways of asking about gender. Most population-level studies have focussed on 'transgender identity', while other smaller studies have asked about gender expression and experiences of non-conformity or 'transition' regardless of how individuals identify or describe themselves.⁸ Some authors have addressed the need for better guidance in how to ask questions around gender identity in population-level surveys.^{20,24}

5. People with an intersex variation

There is a lack of evidence on the proportion of people born with variations in sex characteristics. Intersex advocacy groups have identified important issues with data collection, including the variety of ways in which intersex people understand and report on their bodies and identities, experiences of stigmatisation and concealment of diagnoses, and also that diagnoses are not always made until later in life.²⁵ Research in this area, historically, has been questionable, and based on a range of problematic definitions.

A systematic review of medical literature in 2000 estimated that 1.7% of live births are people with intersex variations.²⁶ Intersex advocacy groups have argued for using this as the best available estimate, in the absence of better data.²⁵

6. Knowledge gaps

Accurate estimates of the number of people who are LGBTIQ rely on population-based surveys asking the right questions and adapting methodologies to capture diverse and changing populations. Ongoing research is required in order to capture the size, composition and diversity of LGBTIQ communities, as well as how these factors interact with health and wellbeing outcomes. Effective data collection will require engagement with LGBTIQ communities, involving consultation and exchange with researchers to hone the right questions and methodologies.

Overall, the lack of robust estimates of LGBTIQ population size is most likely a reflection of the marginalisation of these communities within society. A research focus on LGBTIQ communities, their lives and experiences, is relatively new and has historically been under-resourced. Population-level studies are expensive and resource-intensive, and advocacy is required to ensure prioritisation of nationally-representative data collection for LGBTIQ communities.

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