



5.5 Lesbian, gay, bisexual, transgender and intersex people

The abbreviation LGBTI, often used to refer to people of diverse sex, gender and sexual orientation, stands for lesbian, gay, bisexual, transgender, or intersex. However, the limitations of this term when trying to describe the full extent of people's genders, relationships, sexualities and lived experiences should be acknowledged.

Part of the challenge in identifying and reporting on the health of the LGBTI population stems from the lack of data sources that include information on diverse sex, gender and sexual orientation—both administrative data collections and population-based surveys. This snapshot presents information from those few known data sources that do include such information. It refers primarily to people who identify as homosexual, bisexual, heterosexual, or other sexual orientation.

Who are LGBTI people?

Collectively, LGBTI people are recognised as a specific minority population group. Individually, they come from all walks of life and are part of all other population groups. How LGBTI people identify themselves is influenced by many factors, including their age, ethnicity, socioeconomic position and their lived experiences and relationships with others. The 2016 National Drug Strategy Household Survey estimates that 3.2% of adults identify as homosexual or bisexual and 2.4% as not sure/other orientation. Based on the Australian Bureau of Statistics 2014 General Social Survey, 3.0% of adults identified as gay, lesbian or as having an 'other' sexual orientation (ABS 2015).

In a survey of 1,168 students aged 12–17 from rural areas of Australia, 89% were attracted only to people of the opposite sex. Of the remaining 11%, 6% were unsure, 2% were attracted to both sexes and 3% were attracted only to people of the same sex (Hillier et al. 1996).

Analysis of the 2016 Census of Population and Housing shows that the number of same-sex couples in Australia represents around 1 in 100 (0.9%) of all couple families (either with or without children) (ABS 2017). Just under half of same-sex couples are female (49%), and one-quarter (25%) of female same-sex couples have children. Despite there being slightly more male same-sex couples, a considerably smaller proportion of male same-sex couples have children (4.5%). People in same-sex couples tend to be younger than people in opposite-sex couples (median ages of 40 and 48, respectively) (ABS 2017).

People in same-sex couples are more likely to live in capital cities, tend to be more highly educated, have higher labour force participation rates and earn higher incomes than people in opposite-sex couples (ABS 2017).



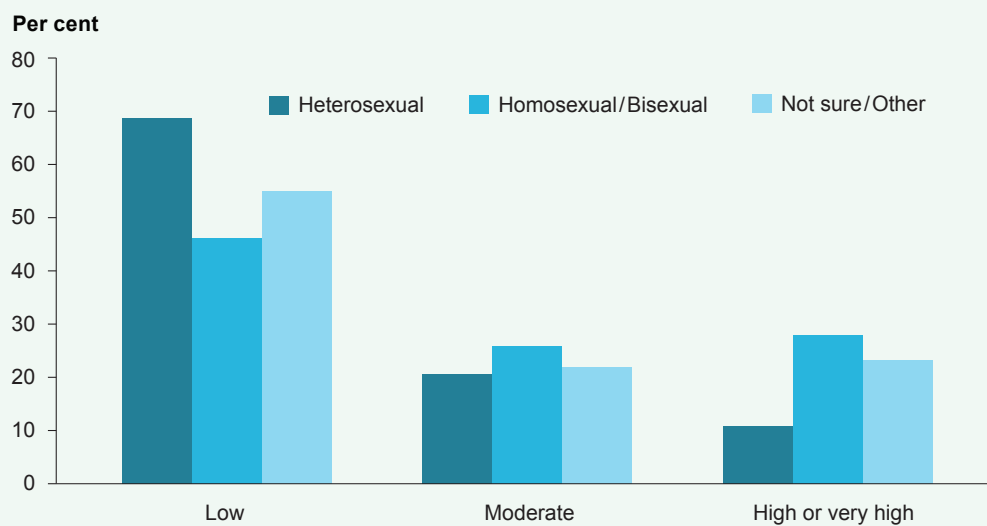


How healthy are LGBTI people?

Evidence from small-scale LGBTI targeted studies, and some larger population-based surveys, indicate that LGBTI people face disparities in terms of their mental health (ABS 2008), sexual health (KI 2017) and rates of substance use.

The 2016 National Drug Strategy Household Survey found that adults who identified as homosexual or bisexual or not sure/other sexual orientation reported higher levels of psychological distress than heterosexual adults. Figure 5.5.1 shows that experiencing high or very high psychological distress was more likely to be reported for homosexual or bisexual people (28%) and people who were not sure/other (23%) compared with heterosexuals (11%).

Figure 5.5.1: Level of psychological distress^(a), people aged 18 and over, by sexual orientation, 2016



(a) Reported low, moderate, high or very high psychological distress on the Kessler Psychological Distress Scale (K10).

Source: National Drug Strategy Household Survey; Table S5.5.1.

The most recent National Survey of Mental Health and Wellbeing estimated that almost 1 in 3 (32%) homosexual/bisexual people aged 16 and over in Australia met the criteria for an anxiety disorder in the previous 12 months, compared with 1 in 7 (14%) heterosexual people (ABS 2008). Similarly, almost 1 in 5 (19%) homosexual/bisexual people met the criteria for an affective disorder in the previous 12 months compared with 1 in 17 (6.0%) heterosexual people.

While national suicide data by diverse sex, gender and sexual orientation are not available, there is evidence that LGBTI people are at a higher risk of suicidal behaviours (Skerrett et al. 2015) and have the highest rates of suicidality compared with any population in Australia (see Glossary) (Rosenstreich 2013).





The 2016 National Drug Strategy Household Survey found that illicit drug use in the last 12 months was more common among people who identified as homosexual or bisexual (42%) than among heterosexual people (14%). This pattern was seen across all age groups. Considering only those people with high or very high psychological distress, homosexual or bisexual people were more likely to smoke cigarettes (35%), consume an average of more than 2 standard alcohol drinks per day (28%) and engage in illicit drug use (51%) than heterosexual people (29%, 22%, and 27%, respectively). It has been suggested that many LGBTI people use these substances to cope with the discrimination and difficulties that LGBTI people regularly experience, that there may be a normalisation of substance use in some LGBTI social settings, and that people who identify as being homosexual or bisexual are generally more accepting of regular adult use of drugs than people who are heterosexual (Leonard et al. 2015).

Research undertaken by the Kirby Institute shows that the proportion of gay and bisexual men reporting condomless intercourse with casual male partners in the past 6 months increased from 38% in 2012 to 44% in 2016 (Kirby Institute 2017). The Gay Community Periodic Surveys estimate that among gay and bisexual men who had intercourse with casual male partners in the previous 6 months, 40% reported consistent condom use in 2016 and 44% in 2013 (Mao et al. 2017). By comparison, the most recent Australian Study of Health and Relationships 2012–2013 estimates that, of people who had casual sex in the previous 6 months, 49% of people who had vaginal intercourse and 48% of heterosexual men always used a condom (Kirby Institute 2017; Richters et al. 2014).

Male-to-male sex continues to be the major HIV risk exposure in Australia, with 70% of new HIV diagnoses in 2016 attributed to male-to-male sex (Kirby Institute 2017). From 2014, pre-exposure prophylaxis for HIV prevention (PrEP) became available in Australia and, from 2016, large state-funded PrEP programs were implemented in some states. This has resulted in an increase in the uptake of PrEP among non-HIV-positive gay and bisexual men—from 1.9% who reported PrEP use in the previous 6 months in 2015 to 4.9% in 2016—according to the Gay Community Periodic Surveys (Kirby Institute 2017).

What is missing from the picture?

As outlined in this snapshot, there are known data limitations in reporting on sex- and gender-diverse populations in Australia. Also, the available information reported here is limited to gay, lesbian and bisexual people. It is currently not possible to accurately describe the health of LGBTI people in Australia due to the lack of national population-based data collections that include relevant data items. This situation could be dealt with by developing a nationally agreed set of LGBTI data items for inclusion in population based-surveys and administrative data sets, where relevant.

The Australian Bureau of Statistics has released the Standard for Sex and Gender Variables (ABS 2016), which defines standard classification categories for capturing information about sex and gender in data collections. It is expected that, over time, the new standard will result in improved data about sex and gender diversity in Australian health data collections.





Where do I go for more information?

For more information on the health of LGBTI people in Australia see the National LGBTI Health Alliance website <www.lgbtihealth.org.au>. It provides information on LGBTI health-related programs, services and research, focused on LGBTI and other sexuality- and gender-diverse people and communities.

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