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ORIGINAL ARTICLE

The measurement of sexual orientation: Historical background and current practices☆

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Summary A growing number of studies show that sexual orientation plays an important role as a predictor of health and social exclusion (e.g., National Research Council, 2011). Consequently, this question gradually became a relevant issue both in public and individual health. The main purpose of this paper is to present a review of current practices from a sociohistorical perspective and to suggest best practices both for a survey design context and for situations of knowledge transfer and use. Before the 19th century, the religio-legal discourse forbidding sodomy focused on the behavioral aspect of sexual orientation. This discourse was replaced by two discourses supporting an identity-based and categorical conceptualization: the emerging medical discourse and the discourse of the first gay-rights movements. During the second half of the 20th century, research and the emergence of the queer discourse questioned the categorical conceptualization and underlined the multidimensional aspect of the construct. The current consensus suggests defining and measuring sexual orientation according to three main components: attractions, behaviors and self-identification (National Research Council, 2011). The proportion of sexual minorities tends to vary according to the specific component being measured, which suggests that these measures target partially exclusive groups. Recent studies showed the importance of systematically taking into account the component of sexual orientation measured in a study and the specific populations that were compared to avoid generalizing conclusions from a component to the other and applying knowledge to the wrong populations. Furthermore, a growing number of studies show the importance of using multiple measures to capture the heterogeneity of the populations identified as sexual minorities. Globally, current best practices in the measurement of sexual orientation mainly underline the need to recognize and assess the diversity of the populations labeled as sexual minorities.

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Social relevance of sexual orientation

An increasing number of studies show that sexual orientation plays an important role as a predictor of sexual, mental and physical health, and as a basis for discrimination and social exclusion (e.g., National Research Council, 2011). Consequently, this question gradually became a relevant issue both in public and individual health. A diversity of measures is now used to assess this aspect of individual experience. However, the differences between these measures are generally not taken into account. The main purpose of this paper is to present a review of current practices in the measurement of sexual orientation, and to demonstrate the importance of taking into account the different aspects of this construct both in a survey design context and in situations of knowledge transfer and use. This review of current practices will be preceded by a short historical review of the concept of sexual orientation to help put into perspective current measurement practices.

A brief history of sexual orientation

There is presently a strong consensus in the scientific community to define sexual orientation as a concept including three main components: sexual attraction, behavior and self-identification (National Research Council, 2011). However, the way sexual orientation was socially understood gradually changed throughout history before arriving to the current consensus.

Same-sex sexual and romantic attractions and behaviors have been acknowledged since thousands of years. They are mentioned, for example, in Sappho's poems (around 650 BCE), Plato's Symposium (380 BCE) and the Kama Sutra (around 700 CE). However, the identity component of sexual orientation seems to have emerged around the 19th century, at least in the Western world (Greenberg, 1988).

From the Middle Ages to the 19th century, harsh anti-sodomy laws were enforced throughout the Judeo-Christian Europe. The concept of sodomy was referring to a list of sexual acts, including sex between men, considered to be ''against nature'', thus both sinful and criminal. Sodomites were understood as act-defined, they were not defined by their nature or by their desires (Greenberg, 1988).

Beginning in the 19th century, the criminalization of sodomy was losing ground in many countries, a part due to the influence of the Napoleonic code (Pickett, 2011). This religio-legal discourse will gradually be replaced by two emerging discourses: a medical discourse that conceptualized same-sex attraction as a pathological mental state, and a sociopolitical discourse for the rights of people with same-sex attraction. The terms ''homosexuality'' and ''heterosexuality'' were first coined in 1868 by Kertbeny (Takács, 2004) in a context of gay rights. They were later popularized through their use in *Psychopathia Sexualis*, a medical handbook (Krafft-Ebing, 1886). It is this semantic transition from the sodomite act to the homosexual nature that is recognized by many as the period during which sexual orientation became mainly defined as an identity (e.g., Foucault, 1976).

Globally, the first half of the 20th century was marked by this essentialist and categorical vision of sexual orientation: some people had a homosexual nature, while others did not (Greenberg, 1988). The Kinsey report (Kinsey et al., 1948) became a significant milestone by designing a scale that demonstrated that the diversity of sexual orientations was better represented by a continuum from exclusively heterosexual to homosexual than by a dichotomous categorization.

This conceptualization of sexual orientation stayed predominant until the 1990s. Afterwards, the emergence of queer theories, which were questioning categories of gender and sexual orientation (e.g., Butler, 1990), emphasized the multidimensional and dynamic aspects of sexual orientation. Klein's sexual orientation grid (Klein et al., 1985) probably best represents this period. This grid measures sexual orientation via seven items, each one assessing a distinct component of sexual orientation on a 7-point scale (sexual attractions, sexual behaviors, sexual fantasies, emotional preferences, lifestyle/community, and self-identification). Other measures were developed with the same multidimensional assumptions (e.g., Diamond, 1998). However, these complex measures did not become popular among researchers and they were criticized for their excessive complexity (e.g., Laumann et al., 1994; Weinrich et al., 1993). The Klein grid still stayed popular for education purposes and to question categories.

After this process of theoretical deconstruction, the scientific community arrived at a consensus by defining sexual orientation according to three main components: attractions, behaviors and self-identification (National Research Council, 2011).

Sexual attraction refers to attraction toward one sex or the desire to have sexual relations or to be in a primary loving, sexual relationship with one or both sexes (Savin-Williams, 2006). This component is the central element of most definitions of sexual orientation since the end of the 19th century (Sell, 1997). However, it the less frequently used component in population surveys (Bauer and Jairam, 2008).

Sexual behaviors refer to any mutually voluntary activity with another person that involves genital contact and sexual excitement or arousal, that is, feeling really turned on, even if intercourse or orgasm did not occur (Laumann et al., 1994). Thus, measures of sexual behavior ask to identify the sex of the respondent's sex partners for a specific period of time.

Sexual self-identification refers to the individual's social identity, i.e., the self-recognition as heterosexual, homosexual/gay/lesbian, bisexual or other (Cass, 1990). Measures of self-identification tend to use only the three main categories. However, other categories are sometimes added (e.g., questioning).

Studies in which more than one component of sexual orientation was assessed (e.g., Amestoy, 2001; Laumann et al., 1994; Midanik et al., 2007) show that the proportion of sexual minorities varies according to the specific component being measured, which suggests that these measures target partially exclusive groups. Measures of attraction tend to categorize a higher proportion of individuals as sexual minorities, then behavioral measures. Moreover, behavioral measures tend to categorize a higher proportion of individuals as sexual minorities, then measures of self-identification. We can thus conclude that measures of attraction are