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Alcohol Use and Unintended Sexual Consequences among Women Attending an Urban Sexually Transmitted Infections Clinic

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A B S T R A C T

Background: Although alcohol use has been linked with a variety of sexual behaviors, we lack an understanding of what precise events occur when women drink that may lead to emotional or physical harms.
Methods: To fill this gap, we qualitatively explored the unintended sexual events occurring while drinking among a particularly at-risk clinic population: urban women attending a public sexually transmitted infections (STI) clinic. This was a secondary data analysis of 20 semistructured, in-depth interviews conducted between December 2009 and August 2010 with 20 sexually active adult women attending the Baltimore City Health Department STI Clinic. We purposively sampled women presenting for care in the STI clinic who reported either binge drinking in the past 6 months or engaging in vaginal or anal intercourse while under the influence of alcohol. Interviews were analyzed using a grounded theory approach.
Results: Five major unintended sexual events emerged: sex with new partners; alternative sexual activities, including anal sex and "rough" sex; unprotected sex; blacked out sex or sex occurring during alcohol-related amnesia; and rape. Themes often overlapped, and sexual victimization was a common thread throughout multiple themes. An additional theme, alcohol and prey, largely occurring in bars and nightclubs, emerged as an important precursor to many of the unintended events described.
Conclusions: Alcohol use was associated with a variety of—often dangerous—unintended sexual events. Our results highlight the link between alcohol use and sexual victimization and the need for intervention development to reduce the emotional and physical harms resulting from the unintended consequences of alcohol use.

Alcohol use has been linked to a variety of risky sexual behaviors (Corte, 2005; Logan, Cole, & Leukefeld, 2002). Women who drink alcohol are more likely to have sex with multiple or casual sex partners (Cooper, 2002), engage more frequently in anal intercourse (Hutton, McCaul, Santora, & Erbelding, 2008), may be less likely to use condoms, and are more likely to be victims of sexual assault (Testa & Livingston, 2009). Women attending sexually transmitted infection (STI) clinics may be particularly vulnerable to the sexual consequences associated with drinking, as they report higher levels of hazardous alcohol use, increased frequency of risky sexual behaviors, and are connected to higher risk sexual networks (Hutton, McCaul, Santora, & Erbelding, 2008; Scott-Sheldon, Senn, Carey, Urban, & Carey, 2013). This illustrates the importance of understanding the link between alcohol use and sexual activity among this clinic population.

Qualitative analyses among adolescents, men who have sex with men (MSM), and college students have provided important insight into the complex relationship between alcohol use and sexual behavior. Such qualitative explorations inform our understanding of how individuals experience and perceive the sexual consequences of drinking and the broader contexts in which these events occur. These studies illustrate that alcohol is perceived by adolescents as having a variety of roles in sexual consequences, ranging from impaired assessment of a person's

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attractiveness to complete loss of control and alcohol related amnesia (Coleman & Cater, 2005). Adolescents view alcohol as facilitating and excusing desired sexual interactions, while also impairing decision making and increasing vulnerability to unwanted sexual advances (Livingston, Bay-Cheng, Hequembourg, Testa, & Downs, 2013). Meanwhile, qualitative studies among MSM have found that alcohol use facilitates engaging in stigmatized sexual behaviors (Parsons et al., 2004), and may be a barrier to discussing pre-exposure prophylaxis (PrEP) with casual partners (Mimiaga, Closson, Kothary, & Mitty, 2014). Among college students, qualitative studies focused on the role of alcohol in sexual violence illustrate how alcohol use interacts with gender norms to facilitate sexual victimization (Cowley, 2014).

Although past qualitative analyses have shed light on the complex relationship between sexual health and alcohol use, qualitative explorations of this link among adult urban women are sparse. Our prior qualitative work among women attending an urban STI clinic specifically focused on sex-related alcohol expectancies and illuminated reasons why women drink, including to increase sexual desire and sexual power (Hutton et al., 2014). The next step in this work is to examine what precise sexual events occur when women drink that may lead to emotional or physical harms. The purpose of this study was to qualitatively explore the subjective experiences of unintended sexual events occurring while drinking among urban women attending a public STI clinic. Further insight into alcohol use and its perceived role in these events is an essential step to informing both quantitative analyses and future interventions seeking to reduce the harm associated with drinking.

Methods

Study Design, Setting, and Participants

We performed a secondary data analysis of 20 semi-structured, face-to-face, in-depth interviews conducted between December 2009 and August 2010 with 20 sexually active adult women attending a Baltimore City Health Department STI Clinic.

We purposively sampled women age 18 or older, presenting for care in the STI clinic, whom reported either binge drinking (four or more drinks on one occasion) in the past 6 months or engaging in vaginal or anal intercourse while under the influence of alcohol. Providers at the clinic were provided with inclusion criteria, and all participants were recruited through provider referral. No participants were excluded from the study. Informed consent was obtained in a private room by a research coordinator. Participants were told that the purpose of the study was to understand the reasons they may drink alcohol before or during social situations or situations with a sexual partner and how alcohol affects their decisions in risky situations. The study purpose, procedures and risks were reviewed with participants as described in the informed consent form. Their understanding of study purpose, procedures, and risks was then assessed through a predetermined set of standard questions.

Participants received $35.00 for their time and transportation. No woman refused to participate in the study. We collected demographic information and administered the Alcohol Use Disorders Identification Test-C (AUDIT-C; Reinert & Allen, 2007). Interviews were conducted by a female clinical psychologist or a female physician. Interviews were conducted using a semistructured guide, which allowed for probing and clarification regarding alcohol and sexual activity (Bernard, 2010). Interviews lasted on average 1 hour. The guide queried situations or moods that increased the likelihood of drinking alcohol, alcohol and sexual risk behaviors, condom and sex partners, and consequences of alcohol use. Participants were enrolled continuously until thematic saturation was obtained for the primary research question. Saturation was defined as the point at which no new information or themes were observed in the data (Greg Guest, 2006). The study was approved by the Johns Hopkins University School of Medicine Institutional Review Board and the Baltimore City Health Department.

Data Analysis

Interviews were audio-recorded and transcribed verbatim. Transcribed interviews were reviewed and coded iteratively until saturation was reached using a grounded theory approach (Charmaz, 2006). Data were initially organized in ATLAS-ti (2010) qualitative software. Two graduate-level research assistants with advanced training in qualitative interviewing coded the data. Concepts were viewed as grounded in the data, leading successive phases of analysis to identify themes as they emerged through a process of coding.

On secondary analysis, a medical student with previous qualitative experience and a nurse practitioner queried codes-related events occurring while drinking (including sexual, social, and violent events). These events were used to guide the creation of a second codebook. Codes in the first five interviews were categorized, collapsed, and reordered to create a secondary, agreed upon codebook. Memos were created and shared, further informing the codebook and the themes that emerged. Codes fell into one of four categories: perceived physiological effects of alcohol (termed “states”), including alcohol’s effect on moods, awareness, and judgment; individual events occurring while drinking (termed “events”), including sexual, violent, and social events; longer term consequences of these events (termed “outcomes”), including emotional, legal, and health consequences; and factors other than alcohol consumption that played a role in events (termed “influences”), including environmental factors and the actions of others. Remaining interviews were coded iteratively, whereby new domains that emerged across interviews subsequent to the development of codebook led to additions and alterations to the codebook that was then reapplied to interviews. Data were managed in Microsoft Excel (Microsoft, Inc, Redmond, WA). All discrepancies were resolved by consensus.

The research team then analyzed all events and selected those that had potential sexual health consequences, including STIs, unintended pregnancy, and sexual trauma. Outcomes codes from the interviews guided this selection, and there was consensus among researchers as to which events had immediate relevance to sexual health. Individual events were then analyzed as to whether they were desired or undesired, and intended or unintended. Ambiguous codes were labeled as such. Sexual events that were both undesired and unintended were used to generate themes. Accounts of violent rape were coded and analyzed separately.

In the final phase, the themes that emerged were linked with corresponding states and outcomes codes to allow for more in-depth exploration of the themes. An additional theme arose from the influence code, which we have included in our analysis owing to its ubiquity and relevance to the identified themes. Overall intercoder agreement was 85%.