



A descriptive analysis of alcohol behaviors across gender subgroups within a sample of transgender adults



Jennifer M. Staples^{a,*}, Elizabeth C. Neilson^{a,*}, William H. George^a, Brian P. Flaherty^a, Kelly Cue Davis^b

^a University of Washington, Department of Psychology, Box 351525, Seattle, WA 98195, United States

^b College of Nursing and Health Innovation, Arizona State University, 500 N. 3rd Street, Phoenix, AZ 85004, United States

HIGHLIGHTS

- Trans adults report more hazardous alcohol use compared to the general population.
- There were no differences in alcohol use behaviors across different gender identities.
- Gender expression and passing as cisgender were associated with differential alcohol use behaviors.
- The majority of trans adults reported drinking to cope at least some of the time.
- Future work should examine trans adults' experiences with discrimination, coping motives, and alcohol use behaviors.

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ABSTRACT

Objective: Transgender (trans) adults are identified as an at-risk group for problem alcohol use. Descriptive empirical data examining alcohol behaviors among trans adults is limited. The present study investigates alcohol behaviors – quantity, frequency, alcohol-related problems, and drinking to cope motives – across sex assigned at birth, gender expression, and gender identity subgroups within a sample of trans adults.

Method: A total of 317 trans participants were recruited to complete a cross-sectional battery of online measures assessing alcohol use behaviors, alcohol-related problems, and drinking to cope. Gender identity was assessed through two methods: (1) an open-ended question in which participants wrote-in their primary gender identity; and (2) participants rated the extent to which they identified with 14 gender identity categories.

Results: This sample had high rates of alcohol use, alcohol-related problems, and drinking to cope motives relative to the general population. Significant and meaningful differences in drinking frequency, alcohol-related problems and drinking motives were found according to gender expression, but not sex assigned at birth or gender identity.

Conclusions: Future work should examine alcohol behaviors among trans individuals, including investigation of predictors and causal pathways, to inform prevention and intervention work aimed at reducing trans people's risk for alcohol-related problems.

1. Introduction

Transgender (trans) adults are identified as an at-risk group for problem alcohol use and misuse (e.g., Greenwood & Gruskin, 2007). However, basic descriptive information about alcohol related behavior and drinking motives (e.g., drinking to cope) within this population – beyond quantity and frequency – has been scant (Flentje, Bacca, & Cochran, 2015). Further, the existing research combines trans participants with lesbian, gay, and bisexual participants to form the

common acronym LGBT, or combines trans participants into one transgender category (Smalley, Warren, & Barefoot, 2016). Trans adults are a diverse group of individuals who endorse a variety of gender identities (Grant, Mottet, Tanis, Harrison, Herman, & Keisling, 2011), which necessitates research investigations that examine gender identity subgroups. The present study investigates alcohol behaviors – including quantity, frequency, alcohol-related problems, and drinking to cope motives – across gender identity subgroups within a sample of trans adults.

* Corresponding authors.

E-mail addresses: jennmstaples@gmail.com (J.M. Staples), ecneils@uw.edu (E.C. Neilson), bgeorge@uw.edu (W.H. George), bx4@uw.edu (B.P. Flaherty), kelly.cue.davis@asu.edu (K.C. Davis).

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1.1. Definitional issues

Gender identity refers to a person's inherent sense of being a man, a woman, or an alternative gender that may or may not correspond to a person's sex assigned at birth (APA, 2015). Transgender is an umbrella term that has been used to refer to a diverse group of people whose gender identity and/or gender role do not conform to what is typically associated with their sex assigned at birth (APA, 2015). Cisgender is a term used to refer to people whose gender identity and gender expression (including physical appearance, clothing choice, and behaviors that express aspects of gender role; APA, 2015) align with sex assigned at birth (APA, 2015). When a trans individual is perceived as cisgender based on their gender expression, it is referred to as passing. Gender nonconforming is an adjective used to describe people whose gender expression or gender identity differs from gender norms associated with their assigned birth sex (APA, 2015). Gender nonconforming or genderqueer are also identity labels adopted by some trans individuals who do not identify within the gender binary, that is, do not identify as one of two orthogonal gender categories (e.g., male, female). Trans individuals are also diverse in terms of sexual orientation. Sexual orientation refers to a person's sexual and emotional attraction to another person and the behavior and/or social affiliation that may result from this attraction. Trans individuals sometimes identify as sexual minorities (e.g., lesbian, gay, bisexual, queer) and sometimes identify as heterosexual. Research that combines these individuals into one category disregards obvious biological, psychosocial, and cultural differences among these subgroups that may contribute to health-risk behaviors such as alcohol use (Smalley et al., 2016).

1.2. Trans alcohol use

Alcohol misuse is the fifth leading risk factor for premature death and disability within the general population (Lim et al., 2010). Transgender individuals are disproportionately at risk for alcohol use and misuse (for review, Reisner et al., 2016). The Transgender Needs Assessment Survey found that 48% of trans participants report a history of alcohol and/or other substance abuse (Xavier, Bobbin, Singer, & Budd, 2005) in comparison to 6.6% of the general population (National Institute on Drug Abuse (NIDA), 2015). Ten percent of trans individuals report a lifetime substance use disorder treatment history (Keuroghlian, Reisner, White, & Weiss, 2015) in comparison to 1% of the general population (NIDA, 2015), although trans and cisgender individuals entering substance use treatment did not differ on substance use behaviors (Flentje, Heck, & Sorensen, 2014). Research identifies conflicting results regarding disparities in heavy episodic drinking (HED). Transgender students reported HED on more days than cisgender students (Coulter et al., 2015), however cisgender¹ students were more likely to report having engaged HED compared to transgender students (Coulter et al., 2015). Research with MTF trans individuals reports rates of alcohol abuse ranging from 24 to 37% (Wolf & Dew, 2012) and rates of heavy alcohol use² within trans samples during the prior three months to be as high as 50% (Keuroghlian et al., 2015) and in the prior six months to be as high as 60.4% (Nuttbrock et al., 2014; Rowe, Santos, McFarland, & Wilson, 2015). However, gay or bisexual cisgender men have also reported the most frequent overall alcohol use and HED in comparison to trans and gender non-conforming individuals of any sexual orientation (Smalley et al., 2016).

Few studies compare gender identity subgroups, but rather compare trans individuals to cisgender individuals. However, one study found transmasculine (e.g., FTM) individuals were more likely than transfeminine (e.g., MTF) to have engaged in monthly HED, although both

groups were equally likely to report heavy drinking once a week or more (Scheim, Bauer, & Shokoohi, 2016). Furthermore, genderqueer or non-binary individuals may be at a lower risk for alcohol-related risk taking (Smalley et al., 2016). More research is needed to clarify alcohol use across gender subgroups and to specify unique use parameters, such as frequency and quantity of alcohol consumption.

Gender expression has been found to affect alcohol use. In a sample of sexual minority women, women who identified as butch (more masculine expression) used alcohol more frequently and consumed larger quantities of alcohol than women who identified as femme (more feminine expression), suggesting that women who defy typical gender expression may consume alcohol more frequently and in higher quantities than those who do not (Rosario, Schrimshaw, & Hunter, 2008). Conceivably, individuals who are less likely to pass as cisgender are more likely to face discrimination than individuals who are more likely to pass, which may explain increased rates of alcohol use.

1.3. Drinking to cope

Research on drinking motives has found coping motives (e.g., drinking to ease distress; Cooper, 1994) to be related to alcohol use and alcohol-related problems (Kuntsche, Knibbe, Gmel, & Engels, 2006). The National Transgender Discrimination Report (NTDR) found that over 25% of respondents endorsed using drugs or alcohol to cope with mistreatment they faced due to discrimination (e.g., violence, losing a job due to bias; Grant et al., 2011). Furthermore, the more frequently trans respondents were perceived as transgender, the more types of discriminatory events they faced and, in turn, the more likely they were to engage in drug/alcohol abuse (Miller & Grollman, 2015). However, this survey did not inquire about alcohol use independent of drug use, and used a single, dichotomous item to assess engaging in drug/alcohol use, thus limiting conclusions on frequency and quantity of alcohol use. One past study did not find experiences of anti-trans stigma or physical and sexual assault related to being trans to be associated with monthly HED (Scheim et al., 2016), however this study did not explicitly measure drinking to cope. Although a recent review of the literature found that trans individuals may drink to cope with minority stress, few studies have examined this association explicitly (for review, Reisner et al., 2016).

1.4. Present study

Research suggests that trans individuals consume alcohol at higher levels than cisgender individuals. There is limited research explicitly examining gender subgroups. However there are notable differences in the experiences of individuals from different gender identity subgroups (Smalley et al., 2016), including experiences of discrimination and violence (Grant et al., 2011; Schilt, 2006). Further, preliminary research suggests that gender expression may be a powerful indicator of alcohol use behaviors (Rosario et al., 2008). The present study extended previous research's focus on HED (Coulter et al., 2015; Keuroghlian et al., 2015; Nuttbrock et al., 2014; Rowe et al., 2015; Smalley et al., 2016) by also examining the quantity and frequency of alcohol use, alcohol-related problems, and coping motives in a sample of trans adults across three domains: (1) sex assigned at birth, (2) gender identity, and (3) gender expression/passing. Given the descriptive nature of the study and that few studies have explicitly compared gender subgroups (exception, Scheim et al., 2016; Smalley et al., 2016), no a priori hypotheses were made.

2. Methods

2.1. Procedures

Participants were recruited via online advertisements placed on social media; Gender Odyssey, an international transgender conference;

¹ Coulter et al., 2015 use the term “nontransgender” to refer to cisgender individuals.

² More than four drinks per day or 14 drinks per week for natal males and more than three drinks per day and seven drinks per week for natal females.

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