



Short Communication

Sexual victimization and hazardous drinking among heterosexual and sexual minority women

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ABSTRACT

Aims: Although research shows that sexual minority women report high rates of lifetime sexual victimization and high rates of hazardous drinking, investigators have yet to explore the relationships between sexual victimization and hazardous drinking in this population. In addition, because the rates of these problems may vary within the sexual minority population, we examined and compared relationships between sexual victimization and hazardous drinking in exclusively heterosexual and sexual minority (mostly heterosexual, bisexual, mostly lesbian and exclusively lesbian) women.

Method: Data from 548 participants in the National Study of Health and Life Experiences of Women and 405 participants in the Chicago Health and Life Experiences of Women study were pooled to address these relationships. We compared hazardous drinking, childhood sexual abuse (CSA), adult sexual assault (ASA), and revictimization (both CSA and ASA) across the five sexual identity subgroups. We then fit a multilevel general linear model to examine group differences in the relationships between hazardous drinking and sexual victimization and to test for potential interactions between victimization and identity on hazardous drinking.

Results: Sexual minority women reported higher levels of hazardous drinking and higher rates of CSA and sexual revictimization than did exclusively heterosexual women. Revictimization was the strongest predictor of hazardous drinking among women who identified as mostly heterosexual and mostly lesbian. **Conclusions:** This study extends previous research by examining associations between sexual victimization and hazardous drinking in heterosexual and sexual minority women and by exploring within-group variations in these associations among sexual minority women. Higher rates of lifetime sexual victimization and revictimization may help to explain sexual minority women's heightened risk for hazardous drinking. The findings highlight the need for additional research that examines the meanings of sexual identity labels to more fully understand differences in risk within groups of sexual minority women as well as how sexual identity may affect responses to and interpretations of sexual victimization.

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Abbreviations: ASA, Adult Sexual Assault; CSA, Childhood Sexual Abuse; CHLEW, Chicago Health and Life Experiences of Women; NSHLEW, National Survey of Health and Life Experiences of Women.

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1. Introduction

There is widespread consensus that sexual minority women differ from heterosexual women in regard to their drinking behavior and drinking-related problems. Higher rates of drinking and lower rates of maturing out of heavy drinking with age combine to elevate risk of hazardous drinking among sexual minority women (Drabble, Mid-anik, & Trocki, 2005; Gruskin, Hart, Gordon, & Ackerson, 2001; Hughes, 2006; McCabe, Hughes, Bostwick, West, & Boyd, 2009; McKirnan & Peterson, 1989a; Wilsnack et al., 2008).

Although sexual orientation-related minority stress likely contributes to risk (McKirnan & Peterson, 1989b; Meyer, 2003), research

suggests that childhood sexual abuse (CSA) and adult sexual assault (ASA) may also be important factors in understanding the vulnerability of sexual minority women to hazardous drinking (Austin et al., 2008; Balsam, Rothblum, & Beauchaine, 2005; Hughes, Johnson, & Wilsnack, 2001; Hughes, Johnson, Wilsnack, & Szalacha, 2007).

Evidence indicates that lesbians are more likely than heterosexual women to report CSA (Austin et al., 2008; Balsam et al., 2005; Heidt, Marx, & Gold, 2005; Hughes et al., 2001; Stoddard, Dibble, & Fineman, 2009; Wilsnack et al., 2008). Given that shame and secrecy often surround both CSA and early recognition of same-gender attraction, coping with CSA may be particularly burdensome for sexual minority women (Finkelhor & Browne, 1985). Additionally, women who report CSA are two to three times more likely to be victimized as adults (Classen, Palesh, & Aggarwal, 2005). CSA (Dube, Anda, Felitti, Edwards, & Croft, 2002; Kendler et al., 2000; Wilsnack, Vogeltanz, Klassen, & Harris, 1997; Wilsnack, Wilsnack, Kristjanson, Vogeltanz-Holm, & Harris, 2004), either by itself or especially in the context of revictimization (i.e. sexually victimized in childhood and adulthood) (Messman-Moore & Long, 2003), may increase women's likelihood of hazardous drinking.

1.1. Sexual identity, sexual victimization, and hazardous drinking

Although research shows that women who identify as non-heterosexual have elevated health risks, such risks vary among sexual minority subgroups. In comparisons of lesbian, bisexual and heterosexual women in the National Alcohol Study (Midanik, Drabble, Trocki, & Sell, 2006), bisexual women reported the highest rates of heavy drinking and drinking-related problems. Research has also begun to show that women who self-identify as “mostly heterosexual” are at substantially higher risk than exclusively heterosexual women for physical and mental health problems, including hazardous drinking (Austin, Roberts, Cordliss, & Molnar, 2007; Wilsnack et al., 2008; Ziyadeh et al., 2007). Given these findings it is important to compare hazardous drinking and its relationship to victimization across sexual identity subgroups.

To address this, we examined data from the 2001 National Study of Health and Life Experiences of Women (NSHLEW) and the 2001 Chicago Health and Life Experiences of Women (CHLEW) study. The NSHLEW is 20-year longitudinal study of drinking among women in the U.S. general population (Wilsnack, Klassen, Schur, & Wilsnack, 1991; Wilsnack, Wilsnack, & Klassen, 1984). The CHLEW is a five-year longitudinal study that replicated and extended the NSHLEW with a diverse sample of self-identified lesbians in the greater Chicago metropolitan area (Hughes et al., 2006).

The combined dataset provides a unique opportunity to explore and compare the relationships among sexual identity, sexual victimization, and hazardous drinking across women of varying sexual identities. This study addressed three specific research questions: (1) Does hazardous drinking differ based on sexual identity? (2) Does hazardous drinking differ based on sexual victimization? And (3) does sexual identity interact with sexual victimization to influence hazardous drinking?

2. Materials and methods

2.1. Pooled sample

Following methods used previously (Anstey et al., 2007; Wilsnack et al., 2008), we pooled data from the 2001 NSHLEW and the 2000 CHLEW. To maximize demographic comparability, we selected cases for the pooled sample based on age and area of residence.

The final pooled and weighted sample included 953 respondents aged 21–70 living in large or medium-sized cities or nearby suburbs. Of these 502 (52.7%) identified as exclusively heterosexual; 32 (3.4%) identified as mostly heterosexual; 16 (1.7%) as bisexual; 100 (10.5%) as mostly lesbian; and 303 (31.8%) as exclusively lesbian. The

unweighted *ns* and percentages for the pooled samples were exclusively heterosexual ($n=482$, 50.6%), mostly heterosexual ($n=42$, 4.4%), bisexual ($n=22$, 2.3%), mostly lesbian ($n=111$, 11.6%), and exclusively lesbian ($n=296$, 31.1%).

2.2. Measures

2.2.1. Drinking measures

A *hazardous drinking index* was constructed by combining dichotomous responses to five 12-month indicators of hazardous drinking: heavy drinking, heavy episodic drinking, intoxication, adverse drinking consequences, and symptoms of potential alcohol dependence (range = 0–5). *Heavy drinking* was defined as consuming 1 oz or more of ethanol per day (two standard drinks), taking into account drinking frequency and quantity, size of drinks, and ethanol content. *Heavy episodic drinking* was measured by asking about the frequency in the past 12 months of consuming six or more drinks per day. Subjective *intoxication* was assessed by asking about “drinking enough to feel drunk — where drinking noticeably affected your thinking, talking, and behavior.” Respondents were also asked about their lifetime and past 12-month experience of eight *problem consequences* (e.g. driving a car while high from alcohol) and five symptoms of potential *alcohol dependence* (e.g. blackouts, rapid drinking, and morning drinking). More information about the drinking measures is available elsewhere (Wilsnack et al., 1984; Wilsnack et al., 1991).

2.2.2. Sexual victimization measures

Childhood sexual abuse was measured using eight questions about sexual activities before age 18, with follow-up questions about ages of onset, perpetrators, and respondents' feelings about each experience. Experiences were classified as CSA using criteria developed by Wyatt (1985) and others (Wilsnack et al., 2004). *Adult sexual assault* was measured by asking, “Since you were 18 years old was there a time when someone forced you to have sexual activity that you really did not want?”

Participants were categorized into four groups based on history of *lifetime sexual victimization*: no history of victimization; CSA only; ASA only; and both CSA and ASA (revictimization).

2.2.3. Control variables

Control variables included age (29 years and younger, 30–40, 41–50, 51 and older), race/ethnicity (White, African American, and other), education (high school, some college, bachelor's degree, and graduate/professional degree), total household income (less than \$10,000, \$10,000–\$29,000, \$30,000–\$39,999, \$40,000–\$59,999, \$60,000 or more). In addition, given the well-documented association between early drinking onset (14 years or younger) and victimization and hazardous drinking (Dube et al., 2006; Grant, 1998; Hughes et al., 2007; Parks, Hughes, & Kinnison, 2008), we controlled for this variable in the multivariate models.

2.3. Data analysis

The NSHLEW cases were weighted to reflect selection probabilities and to adjust the standard errors to reflect the survey's complex sample design. Because the distributions of age and education varied between these two samples (data not shown), the CHLEW cases were weighted to reflect the age and education structure of the NSHLEW sample. All of the analyses are based on weighted data and were conducted using Stata SE 10 and SAS 9.1 software. The Rao and Thomas (1989) design-based corrections to the Pearson χ^2 statistic were employed in the analysis of categorical data to correct for potential distortion of significance levels associated with the complex survey design.

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