



Minority stress, substance use, and intimate partner violence among sexual minority women

Robin J. Lewis^{*}, Robert J. Milletich, Michelle L. Kelley, Alex Woody

Department of Psychology, Old Dominion University, United States

ARTICLE INFO

Article history:

Received 17 December 2011
Received in revised form 14 February 2012
Accepted 15 February 2012
Available online 22 February 2012

Keywords:

Minority stress
Sexual minority health
Intimate partner violence
Substance use

ABSTRACT

Compared to the research literature on intimate partner violence (IPV) in heterosexual relationships, our understanding of IPV among sexual minority women (SMW) lags far behind. This paper reviews the literature regarding the prevalence of IPV among SMW and discusses disparities between SMW and heterosexual women. Methodological issues in this area are also discussed. Moreover, we review associations among substance use, sexual minority stress, and IPV in this population. Finally, potential protective factors, such as social and community support, identity, mastery, and coping, are examined. As researchers and clinicians work to improve the health of SMW it is important to consider the associations among relationship violence, substance use, and minority stress. Moreover, it is essential to understand what factors may promote adjustment among SMW.

© 2012 Elsevier Ltd. All rights reserved.

Contents

1. Introduction	247
2. IPV among sexual minority women	248
2.1. Prevalence of IPV among sexual minority women	248
2.2. Types of IPV	248
3. Methodological issues in studying IPV among sexual minority women	249
4. IPV and substance abuse	250
4.1. Alcohol use in sexual minority women	250
4.2. Drug use in sexual minority women	250
4.3. Substance use and IPV	250
5. Minority stress, substance use, and IPV	251
5.1. Minority stress and substance use	251
5.2. Minority stress, relationship factors, and IPV	252
6. Protective factors	252
6.1. Social and community support	252
6.2. Identity	253
6.3. Mastery	253
7. Directions for future research	253
References	254

1. Introduction

In 1999, the Institute of Medicine (IOM) issued its first report that specifically addressed sexual minority women's health. This report

highlighted the needs of this underserved population and set forth a research agenda to investigate and ultimately address health disparities that result from sexual orientation. The most recent IOM report (2011) on the health of sexual minorities emphasized that sexual minorities continue to experience unique health disparities. In particular, compared to heterosexuals, lesbian, gay, and bisexual (LGB) youth and adults have higher rates of substance use and alcohol consumption and experience more violence and discrimination. In order to obtain a more complete understanding of LGB health, the IOM recommended

^{*} Corresponding author at: Department of Psychology, Old Dominion University, Norfolk, VA 23529-0267, United States.

E-mail address: rlewis@odu.edu (R.J. Lewis).

that researchers use “cross-cutting perspectives” that include: 1) minority stress, 2) life course, 3) intersectionality, and 4) social ecology. The report further suggests that additional research is needed in the areas of intimate partner violence (IPV) and substance use among sexual minority women (IOM, 2011).

Consistent with the IOM (2011) recommendations, in the present paper, we use the perspectives of minority stress and social ecology (e.g., social and community support) and consider the relationship between substance use and IPV. First, we review the literature on IPV in women's same-sex relationships. Second, we consider substance use in sexual minority women (SMW) and its relationship to IPV. Third, we examine the relationship between minority stress and both substance use and IPV. Although it is clear that SMW experience unique stressors related to their sexual orientation, the majority of these women do not have significant substance problems (e.g., McCabe, Hughes, Bostwick, West, & Boyd, 2009) or experience violence in their relationships (e.g., Matte & LaFontaine, 2011). Therefore, we also consider how social and community support as well individual resources related to identity, coping and mastery may help SMW deal with minority stress, in turn decreasing negative outcomes. Finally, we present directions for future research.

2. IPV among sexual minority women

Intimate partner violence (IPV) is a term that encompasses any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship (Harvey, Garcia-Moreno, & Butchart, 2007; Heise & Garcia-Moreno, 2002). According to the Centers for Disease Control and Prevention (CDC), IPV includes four types of behaviors: physical violence, sexual violence, threats, and emotional abuse (CDC, 2011). Physical violence consists of acts such as hitting, kicking, grabbing, assaulting with a weapon, and other forms of physical force that are intended to inflict physical harm against an intimate partner. Sexual violence includes verbal and physical behaviors that are used to force a partner to take part in a sexual act against their consent. Threats are a form of emotional abuse that include the use of words, gestures, weapons, and other behaviors to communicate the intent to cause harm against an intimate partner. Emotional abuse describes both verbal and nonverbal behaviors that are intended to denigrate, humiliate, isolate, and control one's partner. For the purposes of this review, the terms IPV, partner abuse, and partner violence will be used interchangeably.

Despite significant changes in scope, focus, and treatment practices for perpetrators and victims of IPV over the past several decades (e.g., see Barner & Carney, 2011 for a review), violence against women remains a significant public health problem in the United States. Data from the Bureau of Justice Statistics estimated that in 2008, females aged 12 and older experienced approximately 552,000 nonfatal violent victimizations (defined as rape or sexual assault, robbery, or aggravated or simple assault) by a current or former spouse, boyfriend, or girlfriend (Bureau of Justice Statistics, 2009). Further, females comprised 70% of the total estimated number of intimate partner homicide victims in 2007. The costs of IPV associated with medical care for treating injuries, mental health services for rehabilitating batterers and victims, and lost time in productivity are approximated to be over \$8 billion (CDC, 2011). Clearly, these data indicate that IPV is an irrefutable problem that poses serious health consequences for women. Yet, when examining the extant IPV literature, it becomes clear that the majority of studies have focused on violence that occurs in heterosexual dyads.

2.1. Prevalence of IPV among sexual minority women

Given that IPV is a multifaceted construct, rather than focus on all types of violent behaviors, researchers have focused on specific types of aggression. In particular, given the potential life-threatening consequences, the most widely researched type of IPV is physical aggression.

Estimates of physical aggression among women in same-sex relationships echo those reported in heterosexual relationships. Early work by Brand and Kidd (1986) found that the prevalence of physical abuse by an intimate partner was 25% for lesbians and 27% for heterosexual women. Other research using data from the National Violence Against Women Survey (NVAWS) found that men and women with a history of same-sex relationships reported more IPV than those with a history of only heterosexual relationships (Tjaden & Thoennes, 2000; Tjaden, Thoennes, & Allison, 1999). Among the 7178 opposite-sex female cohabitants, 21.7% had experienced lifetime intimate partner violence (operationalized as rape, physical assault, or stalking). Among the 79 women who had lived with a same-sex partner during their lifetime, 39.2% reported lifetime intimate partner violence (Tjaden & Thoennes, 2000). However, closer inspection of these findings revealed that among same-sex cohabiting women who had experienced lifetime partner violence, approximately 30% reported being victimized by a man, compared to 11% who reported being victimized by a woman. It is difficult to interpret these findings as it appears that women with a history of same-sex relationships were more likely to be victimized by a man. Also, the NVAWS did not ask participants to identify as gay, lesbian, bisexual, or heterosexual. Rather, sexual orientation was determined based on whether individuals resided with a same-sex partner. More recent studies have found estimates of physical abuse ranging from 15% to 46% for lesbian and bisexual (LB) women (Burke, Jordan, & Owen, 2002; Eaton et al., 2008; Matte & LaFontaine, 2011; Messinger, 2011; Miller, Greene, Causby, White, & Lockhart, 2001; Telesco, 2003).

A recent paper based on the same NVAWS dataset employed multivariate techniques to control for important demographic variables such as education, income, age, and race/ethnicity. Again, using a nationally representative probability sample, men and women with a history of same-sex relationships were more likely than heterosexuals to experience IPV (Messinger, 2011). Specifically, Messinger examined four types of IPV: verbal aggression (i.e., verbal tactics that humiliate, hurt, or isolate a partner), controlling behaviors (i.e., attempts to control one's partner's behaviors and thoughts), physical aggression (i.e., physical threats, attacks), and sexual aggression (i.e., attempt or completion of sexual penetration by use of force). Although Messinger refers to participants as “GLB,” they were categorized as GLB based on whether they had ever been in a cohabitating same-sex relationship. Even with that limitation, individuals with a history of same-sex relationships were approximately twice as likely to report all types of IPV.

2.2. Types of IPV

The extant literature suggests that the types of abuse experienced by SMW are analogous to those of heterosexual women. Specifically, SMW are most likely to report psychological abuse. For example, in a sample of 143 women in same-sex relationships, Matte and LaFontaine (2011) reported that rates of psychological abuse perpetration and victimization were 76.2% and 70.2%, respectively, whereas rates of physical abuse perpetration and victimization were substantially lower at 14.7% and 16.1%, respectively. These results are similar to those reported by Messinger (2011) who found women with a history of same-sex relationships were more likely to report experiencing verbal aggression (69%) or controlling behaviors (77%) as compared to physical (36%) and sexual (11%) aggression.

Similar to heterosexual couples, research has documented the co-occurrence of psychological and physical aggression in sexual minority couples (Burke et al., 2002; Lie & Gentilewarrier, 1991; Lockhart, White, Causby, & Isaac, 1994; Renzetti, 1988; Telesco, 2003). Matte and LaFontaine (2011) found that for SMW, reports of physical aggression perpetration and psychological aggression perpetration were highly correlated ($r = .51$). Likewise, reports of physical aggression victimization and psychological aggression victimization were also correlated

Download English Version:

<https://daneshyari.com/en/article/94624>

Download Persian Version:

<https://daneshyari.com/article/94624>

[Daneshyari.com](https://daneshyari.com)