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Sexual Minority Women and Alcohol: Intersections between drinking, relational contexts, stress, and coping

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Sexual Minority Women and Alcohol:
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Abstract:

Few studies explore sexual minority women's experiences and perceptions of alcohol. Qualitative interviews were conducted with six sexual minority women who reported having sought help for alcohol problems in the past and six who did not. Themes emerged in two broad areas: stressors that contributed to heavy or problem drinking and factors that enhanced coping and reduced both stress and problem use. Alcohol use across groups was framed in terms of social context (e.g., bar patronage), stress management, and addiction. The findings of the study underscore the importance of considering the role of alcohol in coping with stress as well mediating factors that may inform social service interventions.

Introduction

Research from national population-based studies have generally found that risks of hazardous drinking, alcohol dependence, or other alcohol-related problems are greater among sexual minority women compared to heterosexual women (Cochran, Ackerman, Mays, & Ross, 2004; Cochran, Keenan, Schober, & Mays, 2000; Cochran & Mays, 2000; Drabble, Trocki, & Midanik; Midanik, Drabble, Trocki, & Sell, 2006). Other national studies found elevated rates of substance use disorders (Cochran, Mays, & Sullivan, 2003; Gilman, et al., 2001) or little difference in alcohol dependence but greater odds for drug abuse dependency among sexual minority women (Cochran, Mays, Ortega, Alegria, & Takeuchi, 2007). Population-based studies also have found that sexual minority women appear to be more likely to report having received treatment or sought help for alcohol-related problems (Bloomfield, 1993; Cochran & Mays; Drabble & Trocki, 2005; Drabble, et al., 2005). Regional population-based studies and other studies using a broad cross-section of lesbian and bisexual women also generally suggest greater risks for alcohol abuse among sexual minority women (Aaron, et al., 2001; Bergmark, 1999; Brandenburg, Matthews, Johnson, & Hughes, 2007; Sarah A Burgard, Susan D Cochran, & Vickie M Mays, 2005; Case, et al., 2004; Diamant, Wold, Spritzer, & Gelberg, 2000; Grindel, McGehee, Patsdaughter, & Roberts, 2006; E. P. Gruskin, Hart, Gordon, & Ackerson, 2001; T. L. Hughes, 2003; T. L. Hughes, et al.,

2006; King, et al., 2003; McCabe, Boyd, Hughes, & d'Arcy, 2003; Scheer, et al., 2003; Skinner & Otis, 1996) .

Despite the growing body of research that has identified sexual minority women as being at higher risk for alcohol problems, a limited number of studies have sought to understand why this disparity exists. Sexual minority women may be disproportionately impacted by risk factors that are known to correlate with alcohol consumption among women, including underemployment, job discrimination, stressors related to multiple roles and family conflict, and traumatic experiences such as early childhood sexual abuse (T. L. Hughes & Eliason, 2002; T. L. Hughes, Johnson, Wilsnack, & Szalacha, 2007; T.L. Hughes & Wilsnack, 1997). Patronizing bars or participating in other social contexts that center around alcohol consumption, which offer opportunities for developing social networks and entrée into LGBT communities, may also influence drinking behavior (E. Gruskin, Byrne, Kools, & Altschuler, 2006; Heffernan, 1998; C. A. Parks, 1999b; K. Trocki, L. Drabble, & L. T. Midanik, 2005). Beyond the social expectation and availability of alcohol in alcohol-centered social contexts, several studies have also suggested that use of alcohol or other drugs for reasons of mood moderation may be contribute to risks for problems among sexual minority women (E. Gruskin, et al., 2006; Trocki & Drabble, 2008a).

Minority stress, or stressors associated with stigma and discrimination, may be particularly salient to understanding increased risks for alcohol-related problems among sexual minority women resulting from use of alcohol to cope with the stress of marginalization in society (Amadio, 2006; Hatzenbuehler, Keyes, & Hasin, 2009; Hatzenbuehler, McLaughlin, Keyes, & Hasin, 2010; C. A. Parks, 1999b) and with identity conflict (C. A. Parks, 1999a). Minority stress has several components, including environmental stressors, internalization of negative societal attitudes, and the impact of remaining vigilant or constructing protections in response to possible threats, such as concealing one's sexual orientation (Meyer, 2003). One common environmental stressor is rejection from one's family, as youth who disclose their orientation to their families often suffer verbal and/or physical abuse as a result (D'Augelli, Hershberger, & Pilkington, 1998). Youth who have experienced more family rejection also experience

higher levels of mental health problems and substance use (Ryan, Huebner, Diaz, & Sanches, 2009). Some studies suggest that internalized homophobia may be related to heavy drinking or substance abuse among sexual minority women (Austin & Irwin, 2010; Lehavot & Simoni, 2011). Minority stress may also be related to use of drinking contexts. For example, a qualitative study found that sexual minority women who were not sober that reported the support of the LGB community helped them cope with minority stress, and that they most often accessed this community in bars (Hequembourg and Brallier 2009).

Qualitative studies that explore lesbian experiences with alcohol, the role of alcohol in creating community and developing identity, and meanings associated with use of alcohol and social contexts that are alcohol-centered are particularly useful in examining the complex factors that contribute to disparities in risk for alcohol problems among sexual minority women (C. A. Parks, 1999b; Parks & Hughes, 2004, 2005, 2007; Parks, Hughes, & Kinnison, 2007). Several qualitative studies have noted the prevalence of the lesbian bar as a meeting place for sexual minority women (E. Gruskin, et al., 2006; Hequembourg & Brallier, 2009; Cheryl A. Parks, 1999). For example, one study based on interviews with 35 lesbian or bisexual women in the San Francisco Bay area about their relationship to lesbian bars found that participants described positive aspects of lesbian bars, such as safety and community support, and at the same time, articulated several problems related to bar patronage, such as feeling pressured to drink, and drinking to self-medicate or cope with feeling self-conscious (E. Gruskin, et al., 2006). Another study conducted qualitative interviews with 31 lesbian women from non-urban areas who identified as social drinkers and found that more than a third of the women in the study who had experienced drinking problems believed that there was a connection between their drinking and their need to accept their identity (Cheryl A. Parks, 1999). “None believed that she drank because she was lesbian, but because she felt alone and frightened by what it might mean” (p. 147). This study found that lesbian women were most likely to note problems with drug or alcohol use in two time periods: first, when they were

becoming aware of their attraction to women, but had not yet become involved in the lesbian community, and second, as they began to immerse themselves in the lesbian community.

Despite progress that has been made in exploring reasons for disparities in risk for alcohol related problems among sexual minority women, there is still a need for research that examines how sexual minority women, with and without alcohol problems, perceive the role of alcohol in their lives and how their life experiences intersect with alcohol use.

The current study used both identity and behavior measures for sexual orientation, and utilized qualitative methods to explore sexual minority women's experiences with alcohol. Through in-depth qualitative interviews, the current study explored several research questions, which were: 1) How do sexual minority women describe their life experiences in relation to family, friends, identity, stressful events, and substance use? 2) How do sexual minority women describe the role of alcohol in their lives? 3) How do narratives about life experiences differ between sexual minority women who have a prior history of problems with drinking and those who do not?

Methods

An exploratory qualitative design was used to examine how sexual minority women (including sexual minority women who reported seeking help in the past for drinking and women who did not) perceived the role of alcohol in their lives.

Sample and Procedures

Purposive sampling was used to recruit for interviews six women who had previously sought treatment or help for alcohol-related problems and six sexual minority women who did not report prior problems with alcohol, but who were current or past drinkers. These interviews were conducted as part of a pilot phase of a larger study. Participants were recruited via postings

on a San Francisco Bay Area email list serve for lesbian women and the personals section (for women who are interested in women) of a San Francisco Bay Area website (Craigslist). Notices for women with a history of prior problems with alcohol were also posted with permission at two local gay and lesbian service agencies. Twelve women who met the study criteria were included in the study.

In terms of sexual orientation, the participants identified in many different ways (queer, lesbian, gay, bisexual, pansexual, butch, and heterosexual with significant same-sex relationships). Age of participants ranged from 25-63 years of age. All participants had at least one year of college and nearly half had completed graduate-level education. Half of the participants identified as White or Caucasian and the other half described diverse or mixed race ethnic identities (including African American, Native American, Asian American, half-Peruvian, and half-Japanese).

In the subsample of six women who reported previously seeking help for alcohol problems, five sought support from Alcoholics Anonymous and four of them were still regularly attending meetings. All five of these women were sober, and the length of time sober ranged from 2 months to 28 years. The other woman in this subsample had sought help from a therapist for alcohol use in the past, but was currently drinking about once a week. Five women in this subsample also reported drug use in the past. Of the sample of women who are current drinkers, the frequency of drinking varied from three to four times a week to once a year.

The majority of interviews for this study were conducted by telephone. Three were conducted in person. In person and phone interviews were planned to accommodate the schedules of prospective interviewees and to test the differences in quality of information between phone and in person interviews. Interviews were carried out by two interviewers and

lasted between 40 to 120 minutes (with most interviews lasting approximately one hour).

Informed consent was obtained prior to the interview and consents were collected in person or by email. Women were asked open-ended questions using an interview guide with eight primary questions and probes related to study participants' perception of alcohol and life experiences in several areas including family, friendships, identity, substance use, intimate relationships, trauma, and management of mood. Interviews were audio taped and transcribed verbatim.

Analysis

A content analysis of each subset of interviews (those who reported having sought help for alcohol problems and those who did not) was conducted to identify key themes across interviews and qualitative data were managed with the assistance of qualitative software programs. Initial open coding to conceptualize, compare, and categorize data was followed by an iterative process to further define and identify connections between categories in the data (Strauss, 1987; Strauss & Corbin, 1990). Narrative data for the two subsets were coded separately. Subsequently, researchers who coded the two subsets met and came to consensus about coding methods and categories, before merging the two data sets. The majority of categories created for each subset were similar; however each subset had several unique themes or subthemes that differed in comparison to the other subset. To ensure that the final analysis was inclusive of all themes, each subset of interviews was integrated, reviewed, and coded again for any categories that were not previously coded. Finally, to ensure reliability of coded data, themes were reviewed, discussed, and refined by three researchers (M.C., K.K. and L.D).

Results

Experiences with Alcohol

In regards to the first research question, participants in this study spoke about a multitude of experiences with alcohol and life experiences. Throughout the interviews, the respondents spoke about different stressors and coping factors that affected their drinking and themes were organized in the context of these two over-arching constructs. Table one describes six themes and related subthemes related to stressors and coping factors.

Stressors. Participants identified many stressors in their lives, which related to or affected their alcohol use, including: families, relationships, violence and trauma.

Family. There are three main ways that respondents' families were a source of stress. The first was their family's response when they came out to them, the second was due to alcoholism in the family, and the third was abuse or criticism from parents.

Response to Sexual Orientation. An important element of the respondents' relationships with their families involved their family's response to their sexual orientation. A majority of the women reported that their families were not supportive when they came out. Several described the response of their families as traumatic. One woman's parents found out that she was gay without her telling them.

My father was kind of in my doorway and he was like, "We're really disappointed in the way you've turned out." They had read my diary and found out I was gay and so then it was this whole traumatizing experience because I had been through sort of a pressure cooker in high school working really hard to get into school and once I got to school I did pretty well, I think, that first term, considering. It was just like a traumatizing experience. Like everything kind of fell apart for me emotionally at that juncture because regardless of how hard I tried it was sort of like I was never going to please them on account, I guess, on account of being gay...

Another woman was kicked out of her parents' house at 15 when they found out she was gay, and she noted how the experience affected her alcohol use: "when I first got kicked out, I was drinking every day a lot, a lot. You know, just chasing after highs and all that." Several

participants mentioned ongoing struggles with their families over their sexual orientation. One woman said, “but it's just been really hard. When I came out, they weren't really supportive, but now they're all right, but I still feel very, like, strained from them.” One spoke about feeling that her parents are “ashamed” of her and said that they do not want her to come back to their hometown because of fears that she will hurt their reputation.

Several women talked about their sexual orientation being known by their family, but not talked about. One described it as “silent but inclusive:”

It's a little bit like ‘don't ask, don't tell’ in some sense, you know, where people know and I've even brought people home but it's not spoken in the same way or it's not presented as like my girlfriend, represented as like a friend, maybe.

For another, the silence was quite different:

And basically all through college, I never talked to them about it and really haven't really talked about it to them since. I sort of went back in the closet. I'm 37 years old and I went back in the closet with them even though they know, it's just something we don't talk about.

This respondent went on to describe the way she is treated as a “nonsexual person” when she is with her parents. This participant elaborated on how her parent's negative beliefs may impact her own self-perception noting, “they don't think of me as someone who would ever have any other significant person in their life, and it's turning out to be true.”

Some respondents described how sexual orientation identity interacted with both relationships with family and alcohol use, which is illustrated by the narrative of one woman from the subsample that did not report seeking help for alcohol problems. She identifies as queer, saying, “it totally defines me. It's who I am.” On the topic of family, she said, “my family is my life,” but also shared that they were not supportive of her when she came out, which led her to leave her family and move across the country, an experience she describes as “painful.” In

addition to family and sexual orientation, she identified drinking as an important part of who she is, and who her friends are, “I know a couple of people that are sober, but all my friends drink, all my friends party, all my friends-- it's part of-- that's who we are, you know.” This study participant reported drinking regularly and shared multiple experiences where her drinking had negative outcomes in her relationships.

Alcoholism in family. A majority of the participants spoke about having alcoholism in their family. Several identified specific individuals in their family as alcoholics, for many it was their father, and for others their grandparents or other family members.

So my father was definitely an alcoholic. My grandparents, his parents, are alcoholics, as well. Actually, my grandfather died a couple years ago, but my grandmother still has to have her scotch every day, and this woman is late eighties. I'm sure that it interacts with her medication, but that's okay. She still has to have her scotch every day.

One woman from the sample who had never sought help for alcohol use (hereafter referred to as the general sample) spoke about her family being in recovery and the impact that had on her:

I mean thankfully I'm really blessed because the people in my family it's like more in recovery than actively alcoholic and there's obviously a real difference on the impact that that has in one's life. And so that's a really big blessing that I have people who have years and years of being sober and that's great. But I think that because a lot of that stuff is— there's the heredity aspect of it, it does put me a little bit on guard or make me conscious of thinking about that kind of stuff or looking for patterns or having a lower tolerance for my friends knocking on my door in the middle of the night totally wasted, like that sort of stuff.

Abuse/criticism from parents. The majority of participants in the help-seeking sample spoke about having a strained relationship with their parents, or being criticized or abused in childhood (and beyond). Many of the participants in this subsample talked about the strain with their parents in relation to their not conforming to gender expectations: refusing to wear dresses,

being a tomboy, liking to do things that weren't thought of as appropriate for girls, not being "girly" enough. Two talked about their fathers wanting or expecting a boy.

I was my dad's child, so he decided he was going to kind of raise me as a boy anyway. I did everything with my dad, until about the time that I was 12, 13, something like that, right around puberty. He suddenly decided that I was a girl, because I guess I looked more like one or something to him, and he sort of cut off our relationship, like, "Okay, you're not my boy anymore. Now you need to grow up and wear dresses and be like your mom."

Several other participants from both samples spoke about their fathers abusing them physically and/or emotionally. Most of them explicitly tied this abuse to their father's drinking: "The alcohol usage of my father led to the abuse that he did to me and that's had a reverberating effect on me throughout my life."

Relationships. A common theme throughout the interviews was the depression participants faced during or following break-ups. "I was really depressed. I was suicidal. Yeah, kind of not doing so well this year because she broke up with me. We lived together for eight and a half years, and she broke up with me very suddenly." Several women also spoke specifically about using drugs or alcohol as a way to cope with breakups or with encounters with exes.

I'm anxious all the time when I run into my one ex. We have a lot of drama at the club, at the bars, and that makes me really anxious. [...] I think that again that's when a lot of the times that I'm like, 'Let me get a drink.'

Conversely, one woman in the group who had sought help felt that her own using was the reason for more than one of her break-ups: "I was in the relationship and then it ended on account-- I think on account of like the fact that I was just a vicious drunk." This same participant also mentioned using prior to her first relationship, while "pining after women."

One woman in the help-seeking population spoke about having to break up with two different partners because she herself had stopped using, but they would not stop using:

I was really happy to not be doing drugs and alcohol anymore, and I had really good support, and the only problem was that my girlfriend didn't want to stop drinking. [She] had no desire to stop drinking, and I couldn't stay in the relationship with her. It was just too hard.

Trauma/violence/discrimination. In addition to the trauma of abuse they experienced within their families, the women who participated in this study reported a multitude of other experiences that they described as traumatic or violent. One woman, who was African American, spoke at length about racial incidents that were traumatic – both that happened to her and in the world, “just a lot of different incidents-- being afraid, not being able to trust people.” She spoke about using drugs or alcohol to cope with the anxiety and depression that resulted from these experiences. Several other participants spoke about times when they were treated differently because of their racial or ethnic background.

Two women spoke about being harassed about sexual orientation, one of whom had a partner who had been attacked and another who was herself “gay-bashed.” She spoke at length about the effect this had on her and the lack of support she had afterwards:

I went like, kind of off the deep end. I was drinking hard, I wasn't taking care of business, I was just-- starting to showing up late to work [...] totally hung over, on the verge of still being drunk. [...] It was bad. And I didn't give a shit about anything. It was like, whatever, bill collector, whatever, rent, like, just if I'm drinking. And then I don't know, nothing-- no one stepped in and said, "Hey, you better watch it," but a lot of people said, "Well, gee, you're really hitting it hard."

Several women spoke about how people's reactions to their gender presentation have negatively affected them.

I come across as, like, butch. And so my gender presentation has definitely excluded me, for certain social situations where women haven't wanted to talk to me as much, particularly in AA meetings. It's been harder to connect with women, and you're always

told you're supposed to talk with women. I feel like it's hurt my job prospects and just my general ability to fit in in the world.

One participant detailed the difficulties she felt after her partner's death due to the lack of societal validation and legal protection of their relationship:

I think that one of the most powerful things that affected me was [my partner's] death and being told over and over how sorry people were that I had lost my friend and not realizing the importance of that relationship or having that relationship being invalidated and then going through the process of everything around losing a partner when you don't have the paperwork necessarily in place to protect the property that is both of yours and having her family take everything basically that was ours and make it theirs and having little choice and having to concede in the obituary to being recognized as a special friend and not as a life partner so that was pretty hard.

The participants in this study identified many other traumatic experiences in their lives including car accidents, sexual violence, child abuse, domestic violence, and the death of family members.

Coping factors. Throughout the interviews, there were several common factors that enhanced coping and reduced the impact of stressors described by participants. These included: supportive family members and friends, who were often considered family. Participants also spoke about queer community support, activism, and self-acceptance as being important to their coping. Those in the help-seeking subsample also identified AA as a source of support.

Supportive family members.

Family Unity. A few women talked about being close to their families as children and related positive memories:

And we were very close to my father's family. [...] they had a really strong zest for life. Their attitude was, as long as we have our health and each other, everything is good, and they were just a lot of fun to be around. And they had what they called a family circle, and we celebrated all the holidays together.

Despite the strain within family relationships reported by some participants, many respondents spoke about having a good relationship with at least one member of their family. One woman described her father's support of her and her butch partners: "here's my parents who not only have accepted my lesbianism pretty well, but then I bring home these butch women and my father doesn't blink an eye and just takes her in."

Grandmothers. Several respondents, particularly respondents in the help-seeking subsample, spoke explicitly about their grandmother as a very important person in their life. One participant's grandmother was key in her decision to stop drinking. She was drunk one night, and was with her grandmother, who told her,

"You're becoming just like your dad." And ta-da, moment of clarity, oh my God, that is exactly who I did not want to become like so that was my "hey, stop drinking right now because this is the person you're becoming right now and you don't want to become this person."

Adult siblings. Several women (all but one of whom were in the help-seeking group) also spoke about having a close relationship with at least one of their siblings in adulthood. They identified their sibling as a source of support both in terms of accepting their sexual orientation and in general, and described a sense of closeness. Several women detailed the critical ways their siblings had supported them through hard times, such as break-ups:

And then as I opened up to my friends and my sisters, they've basically been helping me through this whole year, like really letting me know that I was actually in an emotionally abusive relationship, and I just didn't realize it.

Friends as family. All respondents talked about their friendships with other lesbian/gay/bisexual (LGB) or queer people. Several spoke about most of their friends being LGB too. "I've always had my closest friendships, ever since I came out, have always been with lesbians." Most participants spoke about friends who they consider to be family. Several of the

participants used family language (such as sister) to refer to their friends, and several women distinguished between “blood family” and “chosen family.”

I love my friends. I feel like my friends are my other family in a really, really real way and I think that that to me is like one of the best things about being queer is that the whole like making familia from scratch thing, right, where there’s this connection and there’s this reason why you have almost this other family who can understand parts of you that maybe your blood family can’t understand.

Two participants spoke about their surprise and gratitude for their friends’ dedication.

Speaking about one particular friend, one participant from the sample who had sought treatment said about her friend, “So he was really there for me, in an amazing capacity.” She explained how this friend supported her through her early recovery from cocaine use, and how when he died, told her she had to stay sober.

I feel like I’m still alive today because of the energy that he put into helping me. [...] I mean everyone was afraid that I was going to pick up when he died, that I was going to start using again, and I felt that that would have been such a degradation to his memory.

Another woman shared that a friend of hers came to help her when she was suicidal. “She dropped everything that she was doing, and she flew out to be with me and to help me get through things.” This participant explained that simply talking to her friends and sisters helps her cope: “Just when I talk to them, I kind of distract myself and kind of maybe I’m able to get over the worst part of that despair at that moment.”

Community support and connection.

Queer friendly social networks and community environments. Participants’ current involvement in the LGBT/Queer community extended beyond friendships to working at and volunteering with queer organizations, participating in social groups, and being part of online communities and relationships. One participant stated that she moved to San Francisco because she “wanted to really be around gay people.” Another participant spoke at length about the value

of living in cities that are queer-friendly. One of the older participants touched on the way that LGBT-friendly spaces are especially important for younger women who are lesbian or bisexual. “Especially when you’re younger, when it becomes a part of your identity that you feel like you need a lot more support or that you always have to be around people that are the same as you.” She also acknowledged how it has changed for her over time.

But I think as I’ve grown older, though I still do a fair amount of socializing and activities within the context of the queer community, it’s not as important to me as it was. I actually like having some friends that are actually outside of that and I find that I have a lot of things in common with people aside from that part of my identity.

There were four participants (two in each group) who described having particularly strong social networks and who, in general, described their lives in positive terms.

I’ve always been fortunate in that I’ve-- for the most part I’ve lived places where there was [...] a large lesbian community [...] So I never really had to live somewhere where I didn’t have that kind of community. Even within the recovery community in New York City. You could go to a lesbian and gay meeting almost every night of the week if you wanted to. I’ve always been fortunate as far as that goes.

Although connection with community was described as an asset, the size of the community and the alcohol-centric nature of many community activities were described as challenging. Several respondents observed that the queer community is “pretty small” or “super tiny.” In talking about how she has met her friends, one woman said, “You kind of keep running into the same people. You tend to run in the same circles. Out here it’s kind of a small world.” Another noted that, “now that there’s Facebook it’s even tinier.” Two women talked about how the small community and limited number of community spaces means that “you can’t avoid people,” specifically exes. Several of the respondents talked about the fact that many queer events happen at bars.

In terms of like group and community spaces, I do think that more of the queer community spaces are about alcohol. There’s not very many spaces period and there’s

not very many spaces that aren't about that and especially if you think about the women's community.

This woman also acknowledged the repercussions of the small size of the community and how this interacted with the presence of alcohol:

I really truly do think that the fact that [...] everybody goes to the same bars and the same clubs and that re-encountering with one's exes, I think that has a really huge effect on people and I think it is really like interesting that it happens in bars and there's the whole alcohol and there's the whole anxiety end, right? Alcohol is supposed to make it better.

Queer-friendly support. Many of the respondents described benefiting from attending therapy or support groups. They all spoke about therapy as a source of support as they coped with life's challenges. Several participants in the help-seeking group spoke explicitly about the resources tailored to the LGBT/Queer community that were helpful to them, and discussed their involvement in LGBT community activities, especially when they were younger. These ranged from getting therapy at a "gay-friendly community center," to going to a group for young lesbians, to attending lesbian/gay AA meetings, to simply living and working in places that were accepting of LGBT people. Of the subsample of 6 women who reported previously seeking help for alcohol use, 5 identified as being in recovery. The majority of the women in the help-seeking subsample spoke about attending Alcoholics Anonymous meetings, and/or using ideas they learned there as a way that they coped.

I don't really have a fear of taking up drugs or drinking again but the whole thing about alcoholism and drug addiction, I really believe it's like a disease of your mind, of your thinking, and I just find it really helpful just to continue to have that kind of support with other people who are sharing the same kind of day-to-day struggle. It's like about living with yourself and your behaviors and how you react to things that are going on around you.

Half of the women in the help-seeking subsample also talked about having friends who are sober, or who they know from AA. Also, one of the women who did not identify herself as

having a problem with alcohol noted that she attended Al-Anon to help her deal with co-dependence and found it very helpful. “I got a big dose of two years with Al-Anon that you can’t change somebody else in your happiness. It has to come from inside.”

Activism. Several women, when talking about traumatic experiences they’ve had, mentioned activism as a way they have coped. One talked about “getting involved in activism, trying to change things.” Another, when speaking about violence perpetrated against her partner, said:

That’s also one of the reasons why I would act to combat homophobia and do all these things. And also violence against women in general. I’ve done different things like organized with student groups to bring in self-defense and definitely go to community vigils and actions whenever there’s stuff that happens around somebody getting murdered or beat up, because that’s all you can really do.

Self-acceptance. Many participants talked about one (or more) of their coping strategies relating to accepting their feelings and themselves. They did this in a variety of ways: through mindfulness, meditation, or yoga, some through therapy, and others through writing and art.

Recently I’ve been starting to do meditation and I think that that does help but it’s not so much about trying to change it as it is trying to be conscious of what’s actually going on and just noticing and being compassionate with one’s self.

Several participants in the general sample spoke about exercise as a coping strategy, explaining that they liked to take long walks or bike rides.

Role of Alcohol

When examining the purposes alcohol served for sexual minority women, there were three main ways that respondents conceptualized their drinking: as normative and related to the social context, as a way to cope with stressors in their lives, and as addiction.

Social contexts of drinking. All participants in the study spoke about drinking or doing drugs with friends who were also using. One woman talked about the prevalence of drinking in

one town where she lived as a young adult, and that when she went back to visit, she realized that all of her friends were drinking.

Everyone's at bars-- there are so many bars there. It's a really small town and there's bars everywhere and everybody, all everyone is doing is drinking. Even in the cafes they're drinking. I mean, really good microbrews and stuff, but they're just drunk.

Similarly, another woman spoke about the prevalence of drug use during her adolescence. She reports that she started smoking pot with friends at age 14. "So I don't know why I started doing drugs or-- I honestly don't know. It just-- it was so prevalent when I was a teenager. You know, it was in the '60s."

Coping with stress. The majority of participants in this study talked about drinking as a way of coping with the various stressors in their lives. One woman from the sub-sample who did not report prior problems with alcohol, but who were current or past drinkers summed it up, "Well, I was drinking to cope. I don't know; I think that's normal, to me." Another participant in the same sub-sample shared, "There's been times when it's been like drinking to, I don't know, wash down something, or escape something, or what, but it's always been in and out of my life. I've never gone more than ten days without a drink." One woman of color spoke about drinking and using drugs as a way of coping with the racial violence she observed and experienced. As previously mentioned, several women talked about drinking and using drugs as a way of coping with their family's rejection of them as lesbian or bisexual women. One participant described witnessing the negative impact of alcohol use as a reason for being cautious about alcohol use as a strategy for coping with stress:

And I see abuse of drugs and alcohol mostly by people who have had it hard and they need an escape and I've just been so fortunate. I did my experimenting with grass in college that I just- it just felt like I was wasting my energy. With [playing] pool most people drink and I've dabbled with having a drink and I've gotten just a tiny bit tipsy and I just have no interest in that because I really like being in control of myself. I guess I-

you know, one of the things in my life has been feeling able to direct my life and control my life and choose, make choices and it all comes from needing to be very conscious and whether it's being stoned or being drunk, it makes me feel extremely uneasy.

Addiction. Respondents, particularly those who had sought help for alcohol-related problems, also described alcohol in terms of addiction. For example, two women from the group who had sought help for alcohol use spoke about how difficult it was for them not to drink or use. One said that, even after deciding she was going to quit drinking, she was unable to stop buying a six-pack every evening. Another spoke about walking around New York City late at night with a friend screaming, "I can't take it anymore! I want to get high!"

Between Group Differences

The third research question explored differences between the experiences of sexual minority women who have a prior history of problems with drinking and those who do not. As described above, respondents who sought help for alcohol or drug problems in the past were particularly likely to describe alcohol use in terms of addiction and to have described past abusive experiences from families. In addition, several themes emerged that were notably different between the subsamples.

Impact of alcohol-oriented social contexts. An additional difference between the interviews with each group of women is that several women who had sought help for alcohol-related problems reflected on how the frequent pairing of LGBT events and alcohol affects them. Two participants who are sober discussed sometimes going to events at bars, or places where they know alcohol will be present, but going with an explicit purpose. "Generally speaking I don't have any problem not drinking in bars. I'm there for the entertainment." One distinguished, "I don't really go to places where drinking or using is the focus of the activity. I don't avoid places, if I have a good reason to be there, where there's alcohol."

History of alcohol use. Another notable difference is that half of the women in the group who had sought help spoke about starting to drink alcohol as children. Of the subsample who had sought help for alcohol use, all participants began drinking by high school, but three started as children. One participant said:

My parents had the idea that if they allowed me to have alcohol as a child, then I certainly wouldn't become an alcoholic when I was grown up, because I'd had access to it. [...] So I actually grew up drinking plenty of alcohol from the time I was three or four years old.

On the other end of the spectrum, one participant who had sought help for an alcohol problem said that her parents had a very strict anti-alcohol policy, which she thinks influenced her to drink in "blitz form" when she was in high school.

By contrast, participants from the general sample who spoke explicitly about when they began drinking or using drugs stated that it was during high school or college. One woman explicitly noted how she was glad she didn't start using when she was younger.

So I used dope for the first time when I was in college and LSD. I wouldn't have wanted to be younger to have to deal with smoking grass when I was in high school. It's sort of like the devil smoking grass took over the nation in the late '60s, and I was old enough to more or less cope.

Sources of support. When examining the factors that helped to reduce stress and increase capacity for coping, there were several differences observed between the general sample and the subsample who had sought help for problems with alcohol. These differences were primarily in terms of the types of support available to them. There were differences in the experiences of women in the subsample who had treatment experience and the general sample in regards to friendship. At least half of the women in the general sample spoke about being dissatisfied with the quantity and/or quality of friends they had, and talked about wanting more. One shared that although she knows many people, "there's not really that many people there for

me.” One of these women also described her sense of isolation following a break-up: “This past year when I was unusually depressed to the point of being suicidal was because of the break-up and because of the fact that I felt like I was completely without any community.” Five out of six women in the general sample spoke about struggling with thoughts of suicide in the past and one described an attempt while only one person in the group who had sought help for problems with alcohol mentioned past thoughts of suicide.

By contrast, a majority of the women in the help-seeking group spoke about close friendships as a positive aspect of their lives. One described having “really intense relationships,” and another said that her relationships with friends were built on “unconditional love” and the absence of judgment. In their responses to the question about intimate relationships, many women in the help-seeking subsample alluded to the fact that they see intimacy as existing outside of their romantic or sexual relationships as well. One woman said, “I’m definitely comfortable with like quite a bit of just day-to-day intimacy with my friends.” Another acknowledged the importance of her friendships, along with romantic relationships:

I think that it’s foolish just to rely on or think that one person, if you’re romantically involved even, is going to be able to fulfill all your needs. So, I’ve always felt that my friendships were just as important as being involved in a romantic intimate relationship with someone.

Discussion

This study provided considerable insight into how sexual minority women’s experiences with alcohol relate to their experiences with their families, friends, partners, and with violence and trauma. Many of the findings of this study are consistent with other research related to alcohol consumption and alcohol-related problems among sexual minority women. For example, other studies have linked sexual minority women’s alcohol consumption with both individual

and environmental influences such as abuse and alcoholism in the family of origin (T. L. Hughes, et al., 2007; C. A. Parks, 1999b) and the influence of patronizing bars and participating in other alcohol-oriented drinking contexts in the process of coming out and creating community (Heffernan, 1998; Hequembourg & Brallier, 2009; Parks & Hughes, 2004, 2005, 2007; Parks, et al., 2007). The degree to which family members were supportive or judgmental about the respondents' sexual identity was consistently identified as having had a significant impact, both in adolescence and adulthood; this finding is consistent with literature suggesting that parental support has an important impact on health outcomes for sexual minority women and men (Needham & Austin, 2010; Ryan, et al., 2009).

Across both sub-samples (women who sought help in the past for an alcohol problem and women who did not), women often described a connection between drinking and seeking, or recovering from the break-up of, a romantic relationship. This finding is consistent with a handful of other studies suggesting that sexual minority women tended to spend more time at lesbian bars when they were single (E. Gruskin, et al., 2006) and that seeking or ending a relationship was the most important factor influencing their substance use (Cheryl A. Parks, 1999). This finding is also consistent with a quantitative study, which found that not being in a relationship was associated with self-reporting alcohol dependence symptoms (Bostwick, Hughes, & Johnson, 2005) and a qualitative study that found that the ending of relationships within the lesbian community increases conflict, or "drama," as several participants called it, and that this is exacerbated by the small size of the community (Hequembourg & Brallier, 2009).

The findings of the study also serve to extend research on alcohol and alcohol-related problems among sexual minority women, particularly in relation to understanding sources of stress, coping with stress, and how both of these intersect with alcohol use. The study appears to

lend support to Minority Stress Theory (Meyer, 2003). Specifically, respondents articulated multiple stressors in narratives about their life experiences as sexual minority women and many described alcohol use in the context of regulating stress. Consistent with the model described by Meyer, respondents described minority stress in relation to “internalization of negative societal attitudes” (p. 676) and an expectation that external stressful events and threats would be likely. In terms of the role of alcohol in their lives, many respondents in this study cited the use of alcohol or drugs as a way that they coped with stressors such as break-ups, trauma, stress about family, racism, and other life stressors.

Of particular note were themes from the study pointing to a number of key factors described as critical in coping with stress, building resilience, and reducing risk for alcohol related problems. Factors related to coping with stress that emerged in the study included finding support within the family of origin, cultivating support from friends, and seeking both connection and support in the broader community. Overall, many women in the study identified a family member, often a sibling, who was supportive, at least in adulthood. This finding points to the important role of siblings, grandparents, and other family members, especially in circumstances where the parents are not supportive of their LGB child. It also highlights the protective effect of one supportive parent, even when the other is initially not accepting.

Another salient theme that emerged from the interviews was the importance of friendships. Many participants used language that likened their friends to family members, and some participants from the help-seeking subsample discussed valuing their friendships and the intimacy they share with friends as much as they value their romantic relationships. This study also shed considerable light on the subject of coping strategies employed by sexual minority women. Participants identified many coping strategies, from attending AA meetings, to relying

on supportive friends, to utilizing methods such as yoga, meditation, or therapy to increase their acceptance of themselves.

The life experiences of participants in both groups shared many commonalities. All women in the study except for one had used drugs in addition to alcohol. Most of the participants had experienced some sort of challenges or traumas related to their sexual orientation in addition to other traumas that were not necessarily related. Most participants had a hard time when their families found out about their sexual orientation. The differences that emerged between the two groups (those who had sought help for alcohol-related problems and those who had not) seemed to be primarily related to the amount and types of support from family and friends that participants had. More women in the group who had sought help also reported having a close relationship with a sibling as an adult, having meaningful close friendships, and having utilized LGB resources as a young person. There are several possible explanations for the differences between the groups in terms of social support. Since five out of six of the participants in the group who had sought help for alcohol problems had gone to AA, it is possible that the differences emerging between the two groups are due to the effect of AA. For example, participation in AA appears to increase social support and buffer stress (Laudet, Morgen, & White, 2006). Another possibility is that AA's emphasis on self-reflection and on making amends encourages people to repair relationships with family members, explaining why more in the help-seeking group reported having a close relationship with a family member.

This study has a number of limitations. First, the findings from this study cannot be generalized to the broader lesbian, gay, bisexual population because of the small sampling size and purposive sampling method. Second, this study had only one participant who identified as bisexual and one who identified as heterosexual, but had sexual relationships with women.

Previous studies have found differences in risk among subgroups of sexual minority women (Sarah A. Burgard, Susan D. Cochran, & Vickie M. Mays, 2005; Trocki & Drabble, 2008b; K. F. Trocki, L. Drabble, & L. Midanik, 2005). Future studies should use methods that ensure that bisexual women and heterosexual women with same-sex partners are well-represented. Third, although some interesting patterns were observed, the sample is too small to find possible correlations between, for example, how participants perceive their lives and other variables such as social support.

Implications for Practice and Research

The findings of this study provide further insight into the lived experiences of lesbian or queer women, specifically as they relate to alcohol use. Despite the current study's limitations, it identifies some experiences that are common to many members of this community, such as trauma experienced as a result of family rejection, the strength of friendships (which are often referred to as family relationships), and the implications of a small community. The findings from this study about ways that lesbians coped may also be of use to practitioners whose goal is to address the needs of this marginalized population. Recognizing that family members other than parents can provide a pivotal role in terms of supporting sexual minority women, and acknowledging that sexual minority women's families may include people who are not "blood relatives" are both important steps for those who are providing direct service to LGB women.

One theme that emerged from this study is that sexual minority women who identified as butch often spoke about discrimination based on gender presentation as an additional stressor. This finding supports previous research which found butch identity was associated with more experiences of discrimination and prejudice, and those experiences were associated with increased substance use (Lehavot & Simoni, 2011) and that butch identity was associated with greater alcohol use (Rosario,

Schrimshaw, & Hunter, 2008) Future research on substance abuse and mental health with sexual minority women should continue to explore the impact of marginalization related to non-conforming gender presentation as well as effective ways to help mitigate related stressors. Our findings also point to the importance of social support from both family of origin and created family. These findings are consistent with other studies that found support from family members (Padilla, Crisp, & Rew, 2010), peers, and partners (Doty, Willoughby, Lindahl, & Malik, 2010) are important factors in promoting positive outcomes among sexual minorities. Furthermore, our study suggested that relationships with partners was an important source of both stress and support, which is consistent with other research such as a recent study suggesting that inclusion of partners of sexual minority individuals in substance abuse treatment programs may improve success and completion rates (Senreich, 2010). Overall, our findings affirm the importance of advancing future research related to reducing familial rejection, enhancing access to additional social supports such as “chosen family,” and exploring other relational factors that may help cope with minority stress.

Sexual minority women are still an under-researched population. Future research should continue to explore the experiences of this population through both qualitative and quantitative methods, and should also work to draw samples that reflect the incredible diversity of this community in terms of sexual identity (lesbian, bisexual, heterosexual), sexual behavior, gender identity/expression, ethnicity, education level, socio-economic status, immigration status, religion and ability.

Table 1: Themes from qualitative interviews: Stressors and coping factors linked to life experiences and alcohol use

Stressors	Coping Factors
Family <ul style="list-style-type: none"> • Response to sexual orientation • Alcoholism • Criticism/Abuse 	Supportive Family Members <ul style="list-style-type: none"> • Family unity • Grandmothers • Adult Siblings
Relationships <ul style="list-style-type: none"> • Using with a partner • Using to cope with breakups 	Friends as Family <ul style="list-style-type: none"> • Making familia from scratch • Support in difficult times
Traumatic/Violent Experiences <ul style="list-style-type: none"> • Homophobia • Racist incidents • Sexual assault and other trauma 	Community Support and Connection <ul style="list-style-type: none"> • Queer-friendly networks and contexts • Queer-friendly support • Activism • Self-Acceptance

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