Age Differences in Lesbian¹ Identity Development and Drinking

CHERYL A. PARKS¹ AND TONDA L. HUGHES²

¹School of Social Work, University of Connecticut, West Hartford, Connecticut, USA

²College of Nursing, University of Illinois at Chicago, Chicago, Illinois, USA

Women who “come out” as lesbian must learn to cope with a stigmatized identity. Stress associated with the sexual identity development process is a commonly posed explanation for the high rates of “heavy drinking” and drinking consumption-related problems within this population. However, relatively little is known about the sexual identity development process in lesbians and even less about lesbians’ drinking patterns during this process. Growing societal tolerance and visibility of sexual minorities over the past 35 years has likely created substantially different environments and experiences of coming out for individuals of different age cohorts. Data from the Chicago Health and Life Experiences of Women study provided the opportunity to examine relationships between variables associated with lesbian identity development and alcohol use–related problems in three age cohorts of self-identified lesbians. The study’s limitations are noted.

Keywords lesbian; sexual minority; sexual identity development; sexual identity milestones; hazardous drinking

Research tells us that lesbian, gay, bisexual and transgender people are more likely to smoke, drink, and use other drugs, than our non-LGBT peers. We’re less likely to abstain and more likely to continue heavy drinking into later life. Does this mean that we have higher rates of addiction and other serious substance abuse problems? Who knows? As an oppressed and often invisible population, we don’t even know how many of us there really are, much less what percentage of us fall into any category. (Quote was attributed to a board member affiliated

This article is based on a paper presented at the 8th annual Middle Eastern Mediterranean Summer Institute on Drug Use, Rome–Florence, Italy, February 13–18, 2004, as part of planning for the “For Whom Is It Permitted, For Whom Is It Forbidden” Exhibit.

Address correspondence to Cheryl A. Parks, School of Social Work, University of Connecticut, 1798 Asylum Ave., West Hartford, CT 06117. E-mail: Cheryl.parks@uconn.edu

¹The reader is asked to consider that taxonomies, whatever their basis, use, and generalizability may suffer from a built-in human frailty; while we increasingly acknowledge the “heterogeneity” of groups, we all too often “homogenize” the very same groups. The limitations of language structure, needed concept availability, and accessibility (William L. Benzon and David G. Hays, The Evolution of Cognition. *Journal of Social and Biological Structures* 13(4): 297–320, 1990) and stakeholder’s agendas are just part of what facilitates this process. Not keeping a necessary awareness of both “identity” and “drinking” as dynamic, complex, multi-dimensional, phase/level structured processes, which are likely to be both nonlinear as well as *bounded* (culture, time, place, age, gender, ethnicity, religiosity, SEC, etc.), can seriously interfere with planning, implementation, and assessment of needed interventions. Editor’s note.

with the National Association of Lesbian and Gay Addictions Professionals in June 2000. U.S. Department of Health and Human Services [USDHHS], Substance Abuse and Mental Health Services Administrations [SAMHSA] National Clearinghouse for Alcohol and Drug Information [NCADI]. Retrieved on October 2004 from www.health.org/features/lgbt/substance.html

Introduction

Lesbians are a population at risk for alcohol consumption-related health problems. This statement is supported by research comparing the alcohol use and alcohol consumption-related problems of lesbians and heterosexual women that dates back to the 1970s. Saghir and Robins (1973) and Fifield, Latham, and Phillips (1977) reported rates of “heavy” or “problematic drinking” among lesbians that were more than three times as high as those of women in the general population. More recent investigators, using less opportunistic samples, have found overall lower rates of heavy drinking among lesbians. However, differences in lesbians’ and heterosexual women’s drinking patterns and rates of drinking-related problems continue to be reported. In general, findings from more recent studies suggest that lesbians are more likely than heterosexual women to drink, and that age-related drinking patterns vary less among lesbians than heterosexual women (see Hughes and Eliason, 2002, for a detailed review; also Diamant, Wold, Spritzer, and Gelberg, 2000; Gruskin, Hart, Gordon, and Ackerson, 2001; Jaffe, Clance, Nichols, and Emshoff, 2000; Valanis et al., 2000).

Stress associated with sexual minority status (internal and external homophobia, discrimination, marginalization) and the centrality of the gay bar to socialization and social support—especially during the early phases of “coming out” (Parks, 1999c)—are two frequently suggested explanations for differences between lesbian’s and heterosexual women’s drinking patterns (Hughes and Eliason, 2002). Yet, only a few studies of lesbians’ alcohol use have assessed sexual identity development (Parks, 1999c), identity-related stress (Heffernan, 1998; McKirnan and Peterson, 1989; Nawyn, Richman, Rospenda, and Hughes, 2000), or bar orientation (Bloomfield, 1993; Heffernan, 1998; McKirnan and Peterson, 1989; Trocki, Drabble, and Midanik, 2005). At different stages or phases in the identity development process, identity-related stressors are apt to change; these stressors may, in turn, affect drinking patterns and drinking-related problems differently. Further, while visibility and societal acceptance of sexual minorities have substantially improved over the last half-century (Rosenfeld, 1999; Rothblum, 2000), the potential effect of these changes on sexual identity development and drinking have not been explored.

A number of theoretical perspectives and models describe the formation of sexual identity and coming out of lesbians and gay men (Cass, 1979; Coleman, 1982; Cox and Gallois, 1996; Fassinger and Miller, 1996; Kitzinger and Wilkinson, 1995; Morris, 1997; Rust, 1993; Sophie, 1985; Troiden, 1989; see Table 1). Most describe sexual identity formation as a linear or sequential developmental process that begins with awareness of same-sex attraction, progresses through stages of testing or exploration, and culminates in personal acceptance and public acknowledgement as gay or lesbian (Cass, 1979; Coleman, 1982; Troiden, 1989). These models consider public acknowledgement, or disclosure, indicative of developmental maturity and a requisite of psychological health. In contrast, social constructivist conceptualizations emphasize the fluidity of sexual identity over time as well as the variability (in timing and context) of sexual identity development between individuals and refute the notion that public disclosure is necessary to healthy

Table 1
Models of lesbian sexual identity development

Theoretical or empirical	Major findings/conclusions	Author
Theoretical (1979); empirical (1984)	Proposed (1979) and provided initial validation (1984) of a six-stage, sequential model of homosexual identity formation. Stages included (1) identity confusion; (2) identity comparison; (3) identity tolerance; (4) identity acceptance; (5) identity pride; and (6) identity synthesis. Gender differences were noted but could not be statistically validated. Introduced in 1984, two instruments to measure stages of identity development, the stage allocation measure (SAM) and the homosexual identity questionnaire (HIQ).	Cass (1979, 1984)
Theoretical	Proposed a five stage, sequential model including (1) pre-coming out; (2) coming out; (3) exploration; (4) first relationships; and (5) identity integration.	Coleman (1982)
Theoretical	Proposed an extension and application of social identity theory to explain the process of sexual identity development. Addresses the social embeddedness of identity development.	Cox and Gallois (1996)
Empirical	First developed based on a study of 38 lesbians, these authors sought to validate a model that described individual sexual identity development and group membership as separate yet reciprocal processes in identity formation. This model proposed two branches (individual identity; group membership)—each with four chronological phases (awareness; exploration; deepening/commitment; and internalization/synthesis). Results support an inclusive model of sexual identity development.	Fassinger and Miller (1996)
Empirical	Provided support for a discursive production of lesbian identities and argued against the essentialist framework of stage-based models of identity development.	Kitzinger and Wilkenson (1995)
Theoretical	Proposed a four dimensional framework (sexual identity formation; disclosure of sexual orientation to others; sexual expression and sexual behavior; lesbian consciousness) for understanding the coming out process. External factors, such as age, historical context, and race/ethnicity are considered as factors that interact with the different dimensions of coming out.	Morris (1997)
Empirical	Concluded that lesbian identity development is not a linear, goal-oriented process; rather it must be reconceptualized as a process of “describing one’s social location within a changing social context.”	Rust (1993)
Empirical	Explored a generalized, four-stage model of identity development including (1) awareness; (2) testing/exploration; (3) identity acceptance; and (4) identity integration. Concluded that identity development generally conforms to a stage-based model, particularly during early stages of development.	Sophie (1985)
Theoretical	Proposed a four-stage, “ideal-typical” model of homosexual identity formation. Stages include: (1) sensitization in childhood; (2) identity confusion in adolescence; (3) identity assumption during or after late adolescence; and (4) commitment in adulthood.	Troiden (1989)

adjustment (Kitzinger and Wilkinson, 1995; Reynolds and Hanjorgiris, 2000; Rust, 1992; Sophie, 1985). Recent multidimensional models emphasize multiple identities and experiences of diverse groups of sexual minorities (Cox and Gallois, 1996; Eliason, 1996; Fassinger and Miller, 1996; Fukuyama and Ferguson, 2000; Morris, 1997). These latter perspectives contend that sexual identity development (a) is a continuous, evolving process, (b) involves both personal and internal processes (awareness, deciding), as well as interpersonal and external expressions (relationship involvement, disclosure, community involvement), and (c) is substantially influenced by the historical and cultural context in which it occurs.

There is some empirical support for models of identity development that describe a generally sequential (but not invariant) progression through predicted stages of awareness, testing/exploration, self-labeling, disclosure, relationship involvement, and involvement in the larger lesbian gay and bisexual community (Cass, 1984; Fassinger and Miller, 1996; Levine, 1997; Rust, 1993; Sophie, 1985). However, reported ages of identity development milestones (e.g., age of first awareness of same-sex attraction, first same-sex relationship) suggest considerable variability between lesbians and gay men (D'Augelli and Hershberger, 1993; Gonsiorek and Rudolph, 1991; Savin-Williams and Diamond, 2000). These developmental events also vary across racial/ethnic groups (Parks, Hughes, and Mathews, 2004; Smith, 1997) and between age groups (Parks, 1999b; Rosenfeld, 1999) in their timing, spacing, and sequence. Better understanding of the trajectories of sexual identity development, particularly the ages at which key identity milestones occur and the time between milestones, may provide important information about the degree of stress encountered (D'Augelli, Hershberger, and Pilkington, 1998) and consequent risk of drinking-related problems during the process of sexual identity development.

Historical context is critical in understanding both identity development and drinking. Just as the social acceptability and patterns of drinking among women have varied over different historical periods (Wilsnack, Wilsnack, and Hiller-Sturmhoefel, 1994), social changes in the United States over the past four to five decades have created increasing levels of social visibility and acceptability of lesbians (and gay men). Lesbians of different age cohorts have experienced different levels of exposure to these social changes, and these differences have likely influenced awareness and perceptions of sexual orientation, as well as willingness to adopt and report a sexual minority identity (Parks, 1999a, 1999c; Rosenfeld, 1999).

In earlier work (Parks, 1999a, 1999c), the first author explored the relationships between sexual identity development and drinking in 31 adult White women who self-identified as lesbian. Study participants, who were 28 to 79 years old, came of age in one of three distinct historical contexts. The oldest cohort was born before 1952 and reached adulthood (age 18) before the 1969 Stonewall riots in New York City that made lesbians and gay men more visible. This cohort (hereafter referred to as "Stonewall") also reached adulthood before homosexuality was removed as a mental disorder from the *Diagnostic and Statistical Manual of Mental Disorders* (Morin and Rothblum, 1992). Living in an era characterized by historians as oppressive to and punitive of homosexuals (Miller, 1995), women in this cohort typically knew few other lesbians and generally safeguarded information about their sexual orientation and romantic interests. The middle group, the "Liberation" cohort, was born between 1952 and 1967 and reached adulthood during an era of heightened political activism and more liberal views about sexuality, women's roles, and women's behaviors. The youngest women, the "Gay Rights" cohort, were born after 1967 and grew up with the specter of HIV/AIDS and with frequent and contentious public debates about the morality and rights of lesbians and gay men. Differences in the sexual identity development process and drinking

behaviors of women in the three cohorts were found. These differences were consistent with the historical contexts in which they lived and “came out” as lesbian. For example, older (Stonewall) lesbians reported relatively few experiences with overt expressions of hostility, homophobia, or rejection attributed to sexual orientation; theirs was an era characterized by silence about nearly all things sexual. In contrast, the middle (Liberation) cohort reported more frequent and overt expressions of hostility and rejection. Women of this cohort also relied more heavily on bars for socialization and were more likely to report problems related to their drinking. While the small, relatively homogeneous sample limited generalizability of results, findings suggested that historical context may have an important influence on lesbian’s drinking.

Methods

Data from the Chicago Health and Life Experiences of Women (CHLEW) study provided an opportunity to further examine the relationships between sexual identity development and alcohol use in a large racial/ethnic and age-diverse sample of lesbians. The CHLEW is a longitudinal study of risk and protective factors for heavy drinking and drinking-related problems among lesbians in Chicago, Illinois. The following questions guided our analysis:

1. Is the timing of lesbian identity development milestones associated with alcohol consumption-related problems? Does this association differ across age cohorts?
2. Is level of sexual orientation disclosure associated with alcohol consumption-related problems? Does this association differ across age cohorts?

Sample Recruitment

Data are from the first wave of the Chicago Health and Life Experiences of Women (CHLEW) study conducted in Chicago in 2000 and 2001. Women were recruited for the study using a variety of recruitment strategies and sources. Advertisements were placed in local newspapers; flyers were posted in churches and bookstores and distributed to formal organizations (such as those serving Latina [e.g., Amigas Latinas] or African American [e.g., Affinity] lesbians). Information about the study was also distributed via formal and informal social events and social networks. Recruitment efforts especially targeted organizations and social groups that serve racial/ethnic minority and other hard-to-reach lesbians (i.e. older lesbians and with lesbians lower incomes). The information provided summarized study eligibility (participants were required to be 18 years old or older, English speaking, and self-identify as lesbian). All participants were recruited and interviews conducted between March 2000 and October 2001, and each was offered \$35 in appreciation for her time. Prior to the interview, the women were asked to read a detailed consent form, ask any questions they had, and indicate their consent to participate by signing the consent form. After obtaining informed consent, face-to-face interviews lasting approximately 90 minutes were conducted by one of eight trained interviewers in private settings. The interviewers were all women; two were African-American, one was Asian-American, two were Hispanic, and three were White. All were graduate students or held graduate degrees in public health, education, or social work and all identified as lesbian, bisexual, or as a lesbian/bisexual “ally.”

Instrument and Measures

The CHLEW used a slightly modified version of the National Study of Health and Life Experiences of Women (NSHLEW) instrument and interview protocol. The NSHLEW questionnaire has been extensively pre-tested and refined over the past 25 years in five

waves of a large longitudinal study of the drinking patterns and drinking-related problems of women. Measures with the greatest reliability and construct validity have been retained (see, e.g., Wilsnack, Klassen, and Wilsnack, 1986; Wilsnack, Wilsnack, Kristjanson, and Harris, 1998; Wilsnack, Klassen, Schur, and Wilsnack, 1991). The CHLEW included more than 400 questions that assessed a broad range of correlates of alcohol consumption. Examples include depression and anxiety, childhood physical and sexual abuse, and adult sexual and physical assault/violence. Questions focusing on sexual identity, behavior, and attraction were developed in two focus groups with lesbians in Chicago. The CHLEW questionnaire was pilot tested in 1997–1998 with 63 lesbians and 57 heterosexual women in Chicago (Hughes, 2003). Based on this pilot work, the wording of some questions was modified to improve sensitivity to, and inclusiveness of, lesbians' experiences. We also added questions specific to lesbians' experiences, such as those related to sexual identity development and coming out. Variables included in our analyses are described below.

Age Cohort. Based on earlier work (Parks, 1999a, 1999c), year of birth was used to assign respondents to one of three generational cohorts that correspond to specific events in United States' history. These events marked significant changes in the visibility and acceptance of lesbians and gay men in the United States. Respondents born before 1952 (ages 49 or older) were included in the Stonewall ($n = 85$) cohort; those born in 1952 through 1967 (ages 33 to 48 years) in the Liberation ($n = 182$) cohort; and those born in 1968 or later (ages 18 to 32 years) were included in the Rights ($n = 159$) cohort.

Sexual Identity Development. Three questions were asked to determine the ages at which respondents recalled first experiencing various identity "milestones." Responses to the questions "At what age did you first wonder whether you might be . . . decide you were . . . tell someone you were . . . lesbian?" provided a trajectory of sexual identity development. Study participants were also asked for a chronological history of committed relationships of at least one year, beginning when they were 18 years old, as well as for the gender of their partner in each of these relationships. Responses were used to determine age of participants' first committed relationship with a woman. Length of time (in years) between identity milestones and length of time since the participant first acknowledged to herself that she was lesbian (came out to self) and first disclosed her lesbian identity (came out to others) were then computed.

Sexual Identity Disclosure. Level of sexual identity disclosure was assessed based on the number of people or groups to whom participants had disclosed their sexual orientation and the relationships of these people or groups to the participant. Participants were asked to rank, on a scale from 0 (None of them) to 9 (All of them), their level of disclosure to each of six groups of people: (a) current heterosexual friends; (b) casual heterosexual acquaintances; (c) coworkers; (d) work supervisors; (e) people at school; and (f) health care providers. They were then asked to indicate if they were out to individual members of their family including their mother, their father, and (if they had siblings) how many sisters and brothers knew about their sexual orientation. Responses were examined separately for each non-family category (range 0–9).

A composite "out to non-family" score (range 0–9) was computed by adding each ranking and dividing by the number of categories applicable to the respondent. A similar composite "out to family" score (range 0–12) was also derived for each respondent. Scores of 1 (out to none), 2 (out to some, not all), or 3 (out to all) were assigned based on level of "outness" to brothers and/or sisters. Because we considered disclosure to a parent as

potentially more psychologically risky, an affirmative response for each parent was assigned a weighted score of 3 (out to parent) versus 0 (not out). Scores for each family member category (mother, father, sisters, brothers) applicable to each respondent were then summed to calculate an overall composite score.

Alcohol Consumption–Related Problems. Several measures were used to assess drinking-related problems. Eight questions regarded adverse drinking consequences, such as driving while drunk or high from alcohol, or drinking-related harm to work (range 0–8). Symptoms of potential alcohol dependence included questions such as those related to memory lapses while drinking (blackouts) and morning drinking (range 0–5). Although adverse drinking consequences and alcohol dependence symptoms were assessed for both lifetime and past 12 months, we focus on lifetime consequences and dependence symptoms in these analyses. Four lifetime problem drinking indicators included a global measure of concern about drinking (“Have you ever wondered at any time if you were developing a drinking problem?”), whether respondents had ever been treated for alcohol consumption–related problems or were in recovery at the time of the interview, as well as a measure of any lifetime heavy drinking. Values for this index ranged from 0 to 4.

Socio-Demographic Characteristics. We included several key demographic variables in our analyses that are known correlates of drinking. These included race/ethnicity (White/non-White), years of education completed (high school or less; some college; bachelor’s degree; graduate or professional degree), annual household income (under \$20,000; \$20–39,999; \$40–74,999; \$75,000+), current relationship status (whether the participant was in a committed relationship), and parental status (any/no children).

Data Analysis

Univariate statistics were used to describe identity development milestones, levels of disclosure, lifetime alcohol consequences and dependence symptoms, and lifetime problem drinking indicators for each age cohort. Differences across age cohorts were assessed using the general linear model (GLM) univariate procedure. Post hoc evaluations to determine which of the groups differed from the others, taking into consideration different group sizes and unequal variances between groups, were conducted. Multiple regression analysis was used to evaluate the relationships between identity development and drinking outcome variables.

Results

Description of the Sample

As reflected in Table 2, the sample is highly diverse in terms of age and racial/ethnic composition. Less than one half (47%) are White, 28% are Black, and 20% are Hispanic (primarily Mexican, Puerto Rican, Cuban). The remainder are Asian/Pacific Islander, Native American, or bi- or multi-racial. Because one of the criteria for participation in the study was fluency in the English language, all of the participants were either born in the United States or had been in the United States for a number of years. No acculturation data were collected. Although like most lesbian samples, CHLEW respondents were well educated overall (56% had a bachelor’s or graduate degree), 14% had a high school education or less. Household income spanned a broader range; about 26% of the sample had annual

Table 2
Demographic characteristics by age cohort

	Stonewall ages 49–83 (n = 85)	Liberation ages 33–48 (n = 182)	Rights ages 18–32 (n = 159)	Total ages 18–83 (n = 426)	P value
Current age: Mean (s.d.)	55.7 (6.05)	40.6 (4.28)	26.6 (4.20)	38.4 (11.64)	<i>a,b,c</i>
	N (%)	N (%)	N (%)		P value
Education					
≤ High school	10 (11.8)	29 (15.9)	19 (11.9)	58 (13.6)	<i>a,b</i>
Some college	10 (11.8)	60 (33.0)	61 (38.4)	131 (30.8)	
Bachelor's degree	25 (29.4)	36 (19.8)	51 (32.1)	112 (26.3)	
Graduate	40 (47.1)	57 (31.3)	28 (17.6)	125 (29.3)	
Annual household income					
Under \$20,000	14 (16.5)	39 (21.4)	57 (35.8)	110 (25.8)	<i>b,c</i>
\$20,000–39,999	18 (21.2)	46 (25.3)	42 (26.4)	106 (24.9)	
\$40,000–74,999	25 (29.4)	54 (29.7)	40 (25.2)	119 (27.9)	
\$75,000 +	28 (32.9)	43 (23.6)	20 (12.6)	91 (21.4)	
Race/ethnicity					
White, non-Hispanic	67 (78.8)	65 (35.7)	69 (43.4)	201 (47.2)	<i>a,b</i>
Black, non-Hispanic	15 (17.6)	64 (35.2)	41 (25.8)	120 (28.2)	
Hispanic	1 (1.2)	47 (25.8)	36 (22.6)	84 (19.7)	
Other	2 (2.4)	6 (3.3)	13 (8.2)	21 (4.9)	
Currently living with/in committed relationship	57 (67.1)	122 (67.0)	107 (67.3)	286 (67.1)	ns
Any children (ever)	37 (43.5)	71 (39.0)	27 (17.0)	135 (31.7)	<i>b,c</i>
Any children (currently)	10 (12.0)	46 (25.7)	30 (19.4)	86 (20.6)	<i>a</i>

^aStonewall and Liberation respondents differ at $p \leq .001$.

^bStonewall and Rights respondents differ at $p \leq .001$.

^cLiberation and Rights respondents differ at $p \leq .001$.

household incomes under \$20,000, whereas 21% had incomes of \$75,000 or more per year. Approximately two thirds (67%) of respondents were in a committed relationship with a female partner and approximately one fifth (21%) had children living with them at the time of the interview. Given the focus of our analyses on the associations between identity development milestones and alcohol use, we excluded respondents who reported lifetime abstinence ($n = 21$; 4.7%).

Lesbian Identity Milestones and Level of Disclosure

Table 3 summarizes the ages of identity milestones, time between milestones, and levels of sexual identity disclosure reported by respondents in each of the three cohorts. Ages at which respondents first questioned or wondered about their sexual orientation ($M = 15.9$ yr), decided they were lesbian ($M = 22.3$ yrs), disclosed their sexual identity to others ($M = 23.8$ yrs), and had their first committed relationship with a woman ($M = 25.5$ yrs) differed significantly across age cohorts ($p < .001$). Length of time between identity milestones and length of time respondents had been out to themselves and out to others differed significantly as well. Older (Stonewall) respondents reached all identity milestones at later ages, experienced longer delays between milestones, and were less likely than

Table 3
Identity milestones, levels of disclosure, and alcohol use outcomes by age cohort

	Stonewall ages 49–83 (n = 85) Mean (sd)	Liberation ages 33–48 (n = 182) Mean (sd)	Rights ages 18–32 (n = 159) Mean (sd)	Total ages 18–83 (n = 426) Mean (sd)	P value
Age respondent first. . .					
Wondered about being lesbian	19.1 (9.9)	15.8 (7.0)	14.4 (5.3)	15.9 (7.3)	<i>a,b</i>
Decided she was lesbian	27.1 (11.4)	22.5 (7.5)	19.5 (4.4)	22.3 (8.1)	<i>a,b,c</i>
Disclosed she was lesbian	29.8 (12.1)	24.0 (7.6)	20.3 (4.3)	23.8 (8.5)	<i>a,b,c</i>
Same-sex relationship (1+ yr)	30.3 (10.8)	25.7 (6.7)	22.0 (3.9)	25.5 (7.7)	<i>a,b,c</i>
Elapsed time (in years) between. . .					
Wondered to decided	8.0 (8.1)	6.8 (7.1)	5.2 (4.3)	6.5 (6.6)	<i>e</i>
Decided to disclosed	2.5 (6.7)	1.4 (3.4)	.78 (2.3)	1.4 (4.0)	<i>e</i>
Decided to current age (time out to self)	28.5 (11.6)	18.0 (8.1)	7.0 (4.4)	16.0 (11.2)	<i>a,b,c</i>
Disclosed to current age (time out to others)	25.8 (11.0)	16.5 (8.1)	6.2 (4.1)	14.5 (10.5)	<i>a,b,c</i>
Current level of disclosure					
Out to non-family (range 0–9)	5.6 (3.0)	6.6 (2.5)	6.3 (2.5)	6.3 (2.6)	<i>d</i>
Out to family (range 0–12)	6.7 (3.6)	8.7 (2.9)	8.0 (3.4)	8.1 (3.3)	<i>a,g</i>
Alcohol use–related problems					
Lifetime behavioral consequences (range 0–8)	1.2 (1.2)	1.8 (1.7)	1.4 (1.5)	1.6 (1.6)	<i>a</i>
Lifetime dependence symptoms (range 0–5)	.98 (1.2)	1.6 (1.6)	1.6 (1.4)	1.5 (1.5)	<i>e,f</i>
Lifetime problem indicators (range 0–4)	1.0 (1.2)	1.4 (1.2)	1.1 (1.0)	1.2 (1.2)	ns

^aStonewall vs. Liberation, $p < .001$.

^bStonewall vs. Rights, $p < .001$.

^cLiberation vs. Rights, $p < .001$.

^dStonewall vs. Liberation, $p < .01$.

^eStonewall vs. Rights, $p < .01$.

^fLiberation vs. Rights, $p < .01$.

^gStonewall vs. Rights, $p < .05$.

Liberation or Rights lesbians to have disclosed their sexual identity to their family members or to non-family groups.

Alcohol Consumption–Related Problems

Overall, almost half of the respondents reported one (32%) or two (15%) lifetime adverse drinking consequences; 30% reported none ($M = 1.6$; range 0–8). Similarly, 34% reported

no lifetime alcohol dependence symptoms ($M = 1.5$, range 0–5), while 24% reported one and 18% reported two symptoms. Just over one half (51%) of respondents reported one (31%) or two (20%) problem-drinking indicators ($M = 1.2$; range 0–4); about one third (34%) reported none of these indicators. Women in the Liberation cohort reported significantly more adverse drinking consequences than did the Stonewall cohort. Both the Liberation and Rights cohorts reported significantly more alcohol dependence symptoms than the Stonewall cohort.

Differences across cohorts in the number of lifetime problem drinking indicators were not significant; however, the prevalence of each individual indicator was quite high for the sample as a whole. More than one half (53%) of all respondents reported any lifetime heavy drinking and 43% indicated that they had wondered at some point in their lifetime if they might be developing a drinking problem. Nearly one fifth (18%) had sought help for a drinking-related problem and 8% were currently in recovery for problems related to their alcohol use. Women in the Liberation cohort (13%) were significantly more likely than the younger Rights respondents (4%) to report being in recovery. Stonewall respondents (37%) were far less likely than the two younger cohorts (Liberation 56%, Rights 58%) to report any lifetime heavy drinking.

Associations between Identity Development and Alcohol Consumption–Related Problem Outcomes

To more closely examine the associations between identity development variables and alcohol consumption–related outcomes we conducted regression analyses with the sample as a whole and with each of three age cohorts separately. Identity (age wondered, age decided, age disclosed, time out to others, level out to family, level out to non-family) variables were regressed on each of the three alcohol outcome measures—lifetime behavioral consequences, lifetime dependence symptoms, and lifetime problem indicators. Demographic characteristics (race, education, income, and ever a parent) were used as control variables. Relationship status was not included as a control variable because differences in the associations between relationship status and drinking outcomes did not differ across age cohorts. Forced entry of demographic variables was followed by forced entry of identity variables in each regression model. Results are presented in Table 4.

After controlling for race, education, income, and parental status, patterns of association between identity development, identity disclosure, and alcohol use–related problems differed across age cohorts, but differences were generally modest. Variances in outcome measures (adjusted R^2) accounted for by demographic characteristics alone ranged from 1 to 27%; changes in R^2 when identity development and disclosure variables were included ranged from 4 to 15%.

Adverse Drinking Consequences. The age at which participants first disclosed their lesbian identity was negatively associated with the number of consequences reported by the sample as a whole. In other words, controlling for demographic characteristics, women who were younger when they came out to others tended to experience more negative consequences of drinking than women who disclosed at later ages (adjusted $R^2 = .06$). However, the effect of early disclosure and other identity variables varied across age cohorts. Early disclosure was associated with a greater number of adverse drinking consequences among Stonewall lesbians, but not among Liberation or Rights lesbians. In the Liberation cohort, the level of disclosure to non-family members was associated with fewer adverse drinking consequences, while in Rights women, a longer period of being out to others was associated with a greater number of drinking consequences.

Table 4
Regression of sexual identity milestones and identity disclosure on alcohol use outcomes of three generational cohorts

Variables	Stonewall cohort B (SE)	Liberation cohort B (SE)	Rights cohort B (SE)	Total B (SE)
Lifetime behavioral consequences (DV)				
Adjusted R ² : regression of race, education, income, & children ever on DV	-.011	.083***	.045*	.034***
Age wondered	.016 (.019)	.003 (.022)	-.042 (.030)	-.002 (.014)
Age decided	.033 (.025)	-.009 (.040)	.088 (.058)	.026 (.022)
Age disclosed	-.054 (.026)	-.001 (.048)	-.031 (.061)	-.051 (.019)
Elapsed time disclosed to current age	.016 (.025)	.036 (.032)	.116 (.039)	.007 (.008)
Level out to family	-.030 (.039)	.032 (.044)	-.033 (.042)	.032 (.024)
Level out to non-family	.001 (.044)	-.118 (.056)	.004 (.055)	-.015 (.031)
R ² change	.146	.050	.091*	.041**
Model F	F(10, 73) = 1.644	F(10, 166) = 2.776**	F(10, 141) = 2.714**	F(10, 402) = 3.674***
Overall adjusted R ²	.072	.103	.102	.061
Lifetime dependence symptoms (DV)				
Adjusted R ² : regression of race, education, income & children ever on DV	.066	.048*	-.006	.029**
Age wondered	.033 (.019)	.006 (.020)	-.090 (.028)	-.013 (.013)
Age decided	.037 (.025)	.007 (.037)	.097 (.054)	.027 (.020)
Age disclosed	-.039 (.026)	-.017 (.044)	-.016 (.057)	-.040 (.018)
Elapsed time disclosed to current age	.001 (.025)	.024 (.029)	.066 (.036)	-.004 (.007)

(Continued on next page)

Table 4
Regression of sexual identity milestones and identity disclosure on alcohol use outcomes of three generational cohorts (*Continued*)

Variables	Stonewall cohort B (SE)	Liberation cohort B (SE)	Rights cohort B (SE)	Total B (SE)
Level out to family	-.033 (.039)	.081 (.040)	-.030 (.039)	.037 (.022)
Level out to non-family	.073 (.044)	-.054 (.051)	.019 (.051)	.025 (.029)
R ² change	.073	.048	.106*	.038*
Model F	F(10, 73) = 1.647	F(10, 166) = 2.218*	F(10, 141) = 2.044*	F(10, 402) = 3.319***
Overall adjusted R ²	.072	.065	.065	.053
Lifetime problem indicators (DV)				
Adjusted R ² : regression of race, education, income & children ever on DV	.274***	.028	.041*	.034***
Age wondered	-.002 (.016)	-.023 (.015)	-.065 (.019)	-.021 (.010)
Age decided	.040 (.021)	.038 (.029)	.108 (.038)	.036 (.016)
Age disclosed	.006 (.022)	-.024 (.034)	-.031 (.040)	-.025 (.014)
Elapsed time disclosed to current age	.044 (.021)	.034 (.022)	.067 (.026)	.012 (.006)
Level out to family	-.085 (.033)	.032 (.031)	-.013 (.027)	.012 (.017)
Level out to non-family	.038 (.037)	.023 (.040)	.012 (.036)	.046 (.022)
R ² change	.115*	.074*	.136***	.047**
Model F	F(10, 73) = 4.649***	F(10, 166) = 2.351*	F(10, 143) = 3.632***	F(10, 404) = 4.000***
Overall adjusted R ²	.305	.071	.147	.068

Note. Variable sets (demographic, identity) in regression models entered sequentially. Initial R² indicates variance explained by demographic variables only.
* $p < .05$; ** $p < .01$; *** $p < .001$.

Alcohol Dependence Symptoms. Early disclosure was also associated with a greater number of alcohol dependence symptoms in the sample overall (adjusted $R^2 = .05$). However, ages of identity milestones and levels of disclosure were not associated with alcohol dependence symptoms in the oldest cohort. Among Liberation women, higher levels of disclosure to family corresponded with more dependence symptoms (adjusted $R^2 = .07$). Rights respondents who were younger when they wondered about or questioned their sexual identity reported more alcohol dependence symptoms (adjusted $R^2 = .07$).

Other Lifetime Problem Drinking Indicators. Identity milestone and disclosure variables were associated with lifetime problem drinking indicators for the sample overall as well as for the Stonewall and Rights cohorts individually. After controlling for demographic characteristics in the sample as a whole, problem-drinking indicators were significantly associated with ages first questioned and first decided about lesbian identity, the length of time “out” to others (both family and non-family), and level of disclosure to non-family (adjusted $R^2 = .07$). Among women in the Rights cohort, earlier questioning, older age when decided, and more years since disclosure were associated with more problem indicators (adjusted $R^2 = .15$). Women in the Stonewall cohort who had been out longer but who were less out to their family also reported more problem indicators ($R^2 = .31$).

Discussion

Researchers have suggested that stress associated with having a stigmatized identity may account, at least in part, for previously reported differences between lesbians’ and heterosexual women’s drinking. We examined sexual identity development—the ages at which lesbian identity development milestones were achieved and levels of identity disclosure to family and non-family groups—as factors potentially associated with lifetime alcohol consumption-related problems.

In general, our results suggest that sexual identity development may provide a partial explanation for higher rates of alcohol consumption-related problems reported by lesbians. While the associations between lesbian identity development and alcohol use outcomes found in this sample are not large, they are noteworthy. Developmental milestones and levels of identity disclosure accounted for 4 to 15% of the variance in outcomes measured. Further, differences in patterns of associations across cohorts suggest an effect of historical context on both identity development and drinking outcomes.

Average ages of first awareness or questioning of sexual identity among women range from age 10 (Savin-Williams and Diamond, 2000) to age 18 (Morris, Waldo, and Rothblum, 2001). Self-acknowledgement of lesbian sexual orientation has been reported to occur between ages 17 to 23, on average, with disclosure typically reported one to two years later. Our results are well within these ranges and, as such, may be interpreted as generally supportive of the literature suggesting a linear, stage-based model of lesbian identity development. Nevertheless, we believe that our findings (and other similar findings) should be interpreted with caution. Like many (or most) of these other studies, our findings were likely influenced by the questions asked and the order in which the questions were posed. We asked about age “wondered,” then age “acknowledged,” followed by age “disclosed.” Asking these questions in this order likely discouraged participants from reporting experiences that did not fit a linear sequence. Further, we were unable to assess age of first same-gender sexual experience (the CHLEW asked only about age of first committed relationship). Many lesbian, gay, and bisexual individuals have same-gender sexual experiences before they question their sexual orientation (Saewyc et al., 2004). These experiences may result in either a truncated,

but still linear sexual identity development trajectory, or they may substantially alter the sequence of this process (Floyd and Stein, 2002). Further, respondents were not given the opportunity to report subsequent questioning or changes in identity that may have occurred after initial milestones were achieved.

In the present study both younger age “first wondered” and an older age “first decided” were associated with greater alcohol consumption—related problem outcomes—but only among the youngest (Rights cohort) respondents. This finding supports earlier research suggesting that time between identity milestones is an indicator of stress experienced during the sexual identity development process (D’Augelli, et al., 1998; Parks, 1999a) and suggests that longer periods between milestones may be a particularly important risk factor among young women.

Several findings related to the age of identity disclosure versus level of disclosure are relevant to the debate about the importance of sexual identity disclosure to healthy adjustment as lesbian. Earlier age of identity disclosure and a longer period of time since disclosure were associated with more alcohol consumption—related problems in the oldest (Stonewall) and youngest (Rights), but not the middle (Liberation) cohort. For women in the Liberation cohort, level of identity disclosure had a stronger association with number of alcohol consumption—related problems. Differences in the effect of age of disclosure across cohorts may reflect, in part, the different social norms and avenues for socialization available to women of different generations. Women over 50 years old, who identified as lesbian when they were young and had few alternatives to gay/lesbian bars, were much more likely than their heterosexual counterparts to have been drinkers and to have heavy drinking peers when they were young (Faderman, 1991). This may explain, in part, the greater risk of alcohol consumption—related problem outcomes reported among those out the longest.

The association between length of time out to others and negative alcohol consumption—related outcomes among Rights respondents requires a different interpretation. Although they have likely benefited from the shift toward more tolerant attitudes, women in the Rights cohort have been out for a shorter period of time. In addition, Rights women were most likely to report they first disclosed as adolescents. For women who have grown up within the heterosexist majority culture, part of coming out as lesbian entails the acquisition of knowledge and skills to function effectively as members of a (sexual) minority subculture. The process of achieving this “bicultural identity” (Lukes and Land, 1990) and acquiring skills or competencies to function within two or more cultures simultaneously (LaFromboise, Coleman, and Gerton, 1993) is believed to influence alcohol use and alcohol consumption—related problems (Parks, 1999a; Schinke et al., 1988). Adolescents, who must negotiate a developmental stage that is often highly tumultuous, may be at particularly high risk when grappling with issues related to sexual identity. Risks associated with disclosure, including rejection by family and peers, harassment, and violence add additional strain on adolescent well-being (D’Augelli et al., 1998). Acquisition of the skills and competencies needed to manage identity-related stress (and potentially reduce the incidence of alcohol consumption—related problems) can take several years, particularly among women who come out during adolescence.

Greater levels of identity disclosure, or being out to a larger proportion of family and social groups, increases the potential availability of family, community, and other social supports (Jordan and Deluty, 1998; Morris et al., 2001). Yet disclosure is also associated with risks of negative social sanctions. These two competing possibilities and their association with alcohol consumption—related problems may explain differences in findings across cohorts. Thus, understanding the effect of disclosure on alcohol consumption—related problems, or on mental health outcomes more generally, requires a much more

contextualized analysis, one that considers not only the fact of disclosure but also the who, when, and why in which it occurred.

Study's Strengths and Limitations

Several important limitations should be considered in interpretation of our findings. The study used non-probability sampling methods and was restricted geographically to the Chicago metropolitan area. Although the diversity of the sample suggests that it is more representative of lesbians than many earlier studies, we cannot evaluate how well our sample represents lesbians as a whole or, in particular, lesbians of color or non-urban lesbians. At best, women in the CHLEW represent lesbians who are out enough to participate in an in-person interview about lesbian health.

Although use of an instrument that has been extensively tested is a strength of the study, the instrument has some limitations with reference to this set of analyses. Because the study was designed primarily to investigate drinking behavior and drinking-related problems, questions about sexual identity development are limited. We were unable to assess level of stress associated with identity milestones, which limits interpretation of many of the associations found between the sexual identity milestones and drinking outcomes. In addition, the data are cross-sectional, which further complicates interpretation of findings. Prospective studies or retrospective data that capture the temporal order of sexual identity development milestones and changes in drinking patterns and problems are needed.

Finally, all data were collected using self-report measures that are subject to recall bias. This potential bias is greatest in the oldest cohorts. Thus, differences in recall bias across cohorts should be considered when interpreting inter-cohort comparisons.

Conclusions

Sexual identity disclosure, including age of disclosure and level of disclosure, appears to have a modest yet robust association with alcohol consumption-related problems. Among women in the youngest cohort, ages of first wondering and deciding about sexual identity also had significant associations with drinking outcomes. Cohort differences in the relationships between alcohol outcomes, early disclosure, and levels of disclosure to family versus non-family members suggest that levels of risk may vary for women of different social eras. Among younger women, the potential for negative alcohol use outcomes appears to be greatest in the early phases of lesbian identity development, indicating a need for accessible information, social support, and non-alcoholic "safe havens" within which these women may safely explore this new identity. Such recommendations are also relevant to women of any age who are in the early phases of coming out. Variability in the effect of levels of disclosure on alcohol consumption-related outcomes suggests the importance of individualized support for lesbians as they decide whether or not to disclose that identity to family and friends.

Further analyses of retrospective measures of alcohol use and identity development, using more advanced analytic techniques, will help to clarify actual and/or potential periods of risk for problem drinking among lesbians.

Responses of CHLEW study participants have been overwhelmingly positive. Although there were no direct benefits to them for participating in the study, they uniformly expressed appreciation for the opportunity to talk about their life experiences and contribute to potentially greater understanding of lesbians' lives and lesbians' health.

Acknowledgments

The CHLEW study was funded by the National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism #AA0026. Data analyses and preparation of this article was also supported by funding from NIAAA (AA13328, Hughes) and (AA01437, Parks).

RÉSUMÉ

Les femmes “qui débutent” comme lesbiennes doivent apprendre à faire face à une identité stigmatisée. La tension associée au processus de développement de l’identité sexuel est une explication généralement donnée pour les taux élevés de la haute consommation d’alcool et les problèmes en liés dans cette population. Pourtant, il est relativement peu connu du processus de développement de l’identité sexuel dans les lesbiennes et même moins des modes de boire des lesbiennes au cours de ce processus. La croissance de la tolérance sociétale et de la visibilité des minorités sexuelles pendant les 35 ans passés a probablement créé des environnements et expériences de “faire le début” assez différents pour les individus des différentes cohortes d’âge. Les données de l’Etude des expériences de vie et de santé des femmes de Chicago ont fourni l’opportunité d’examiner les rapports entre les variables associées au développement de l’identité lesbienne et les problèmes liés à la consommation d’alcool en trois cohortes d’âge des lesbiennes identifiées par elles-mêmes.

RESUMEN

Las mujeres quienes se declaran como lesbianas necesitan aprender como hacerle frente al estigma asociado con esta identificación. El alto índice de beber alcohol en gran escala y los problemas relacionados con la bebida, usualmente son atribuidos a la tensión nerviosa asociada con el proceso del desarrollo de la identidad sexual en esta población. Sin embargo, relativamente se conoce muy poco sobre el desarrollo de la identidad sexual en lesbianas y mucho menos sobre los patrones de bebida que esta población sigue durante este proceso. El aumento en la tolerancia social y la visibilidad de las minorías sexuales a través de los pasados 35 años probablemente ha creado diferencias substanciales en diferentes ambientes y en las experiencias que subgrupos diferenciados por su edad han tenido al declarar su identidad sexual. Información obtenida a través del Chicago Health and Life Experiences of Women provee la oportunidad de examinar la relación entre las variables asociadas con el desarrollo de la identidad lesbiana y problemas relacionados con el uso de alcohol en tres subgrupos diferenciados por la edad de mujeres quienes se identificaron así mismas como lesbianas.

THE AUTHORS

Cheryl A. Parks, Ph.D., MSW, associate professor, School of Social Work, University of Connecticut, is a researcher and author of numerous publications related to lesbian identity and alcohol use. She was awarded an NIAAA K grant in 2003 to further her examination of cohort and racial/ethnic differences in sexual identity development and drinking. Areas of research interest include issues related to lesbian identity and alcohol use, lesbian parenting, and gender differences in alcohol use patterns and problems across diverse populations.

Tonda L. Hughes, RN, Ph.D., FAAN (United States), is a full professor, University of Illinois at Chicago; researcher; and author of more than 50 publications related to substance use among women, including *Addiction in the Nursing Profession*. She also was the principal investigator of the first federally funded study in the United States to focus on lesbians' use of alcohol, is a consultant or advisor to numerous local, state, and national agencies, and was recently inducted into the American Academy of Nurses (the nursing profession's highest honor). She is a member of the editorial board of *Substance Use & Misuse* and a faculty member of the Middle Eastern Summer Institute on Drug Use (MEMSIDU). Primary areas of

expertise and interest focus on lesbians' mental health and alcohol use.

Glossary

Alcohol Use–Related Problems: includes three lifetime measures: adverse drinking consequences (range 0–8); dependence symptoms (range 0–5); and a composite index indicating any lifetime heavy drinking or concerns about alcohol consumption–related problems (range 0–4).

Gay Liberation Movement of the 1970s and Early 1980s: within the United States, an era that began with the Stonewall riots and ended with the onset of the AIDS epidemic, that is characterized by heightened political activism and more liberal views about sexuality, women's roles, and women's behaviors.

Gay Rights Movement: a period following the advent of AIDS to the present that may be characterized by frequent and contentious public debates about the morality and rights of lesbians and gay men.

Identity Milestones: stages of identity development typically characterized by ages at which individuals first become aware of or question a non-heterosexual identity, decide they are gay/lesbian, and disclose that identity to others.

Lesbian Identity: in this study, refers to women who self-identify as lesbian or gay

Sexual Minority: a term used to refer to individuals who identify as lesbian, gay or bisexual; recently the term has been expanded to include persons who identify as transsexual.

Stonewall Riots in 1969: often characterized as the beginning of the gay liberation movement in the United States, the Stonewall riots marked a very public resistance on the part of male patrons of the Stonewall Inn in Greenwich Village to the routine and sanctioned patterns of arrests and police harassment inflicted on gay individuals across the United States.

References

- Bloomfield, K. (1993). A comparison of alcohol consumption between lesbians and heterosexual women in an urban population. *Drug and Alcohol Dependence* 33(3):257–269.
- Cass, V. (1979). Homosexual identity formation: A theoretical model. *Journal of Homosexuality* 4(3):219–235.
- Cass, V. (1984). Homosexual identity formation: Testing a theoretical model. *The Journal of Sex Research* 20(2):143–167.

- Coleman, E. (1982). Developmental stages in the coming-out process. In W. Paul, J. D. Weinrich, J. C. Gonsiorek, M. E. Hotvedt (Eds.), *Homosexuality: Social, psychological, and biological issues* (pp. 149–158). Beverly Hills: Sage.
- Cox, S., Gallois, C. (1996). Gay and lesbian identity development: A social identity perspective. *Journal of Homosexuality* 30(4):1–30.
- D'Augelli, A. R., Hershberger, S. L. (1993). Lesbian, gay, and bisexual youth in community settings: Personal challenges and mental health problems. *American Journal of Community Psychology* 21(4):421–448.
- D'Augelli, A. R., Hershberger, S. L., Pilkington, N. W. (1998). Lesbian, gay and bisexual youth and their families: Disclosure of sexual orientation and its consequences. *American Journal of Orthopsychiatry* 68(3):361–371.
- Diamant, A. L., Wold, C., Spritzer, K., Gelberg, L. (2000). Health behaviors, health status, and access to and use of health care: A population-based study of lesbian, bisexual, and heterosexual women. *Archives of Family Medicine* 9:1043–1051.
- Eliason, M. J. (1996). Identity formation for lesbian, bisexual, and gay persons: Beyond a “minoritizing” view. *Journal of Homosexuality* 30(3):31–58.
- Faderman, L. (1991). *Odd girls and twilight lovers: A history of lesbian life in twentieth-century America*. New York: Columbia University Press.
- Fassinger, R. E., Miller, B. A. (1996). Validation of an inclusive model of sexual minority identity formation on a sample of gay men. *Journal of Homosexuality* 32(2):53–78.
- Fifield, L. H., Latham, J. D., Phillips, C. (1977). *Alcoholism in the gay community: The price of alienation, isolation and oppression (unpublished monograph)*. Los Angeles, CA: Gay Community Services Center.
- Floyd, F. J., Stein, T. S. (2002). Sexual orientation identity formation among gay, lesbian, and bisexual youths: Multiple patterns of milestone experiences. *Journal of Research on Adolescence* 12(2):167–191.
- Fukuyama, M. A., Ferguson, A. D. (2000). Lesbian, gay, and bisexual people of color: Understanding cultural complexity and managing multiple oppressions. In R. M. Perez, K. A. DeBord, K. J. Bieschke (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay and bisexual clients* (pp. 81–105). Washington, DC: American Psychological Association.
- Gonsiorek, J. C., Rudolph, J. R. (1991). Homosexual identity: Coming out and other developmental events. In J. C. Gonsiorek J. D. Weinrich (Eds.), *Homosexuality: Research implications for public policy* (pp. 161–176). Newbury Park, CA: Sage.
- Gruskin, E. P., Hart, S., Gordon, N., Ackerson, L. (2001). Patterns of cigarette smoking and alcohol use among lesbians and bisexual women enrolled in a large health maintenance organization. *American Journal of Public Health* 91(6):976–979.
- Heffernan, K. (1998). The nature and predictors of substance use among lesbians. *Addictive Behaviors* 23(4):517–528.
- Hughes, T. L. (2003). Lesbians' drinking patterns: Beyond the data. *Substance Use & Misuse* 38(11–13):1739–1758.
- Hughes, T. L., Eliason, M. (2002). Substance use and abuse in lesbian, gay, bisexual and transgender populations. *The Journal of Primary Prevention* 22(3):263–298.
- Jaffe, C., Clance, P. R., Nichols, M. F., Emshoff, J. G. (2000). The prevalence of alcoholism and feelings of alienation in lesbian and heterosexual women. *Journal of Gay and Lesbian Psychotherapy* 3(3/4):25–35.
- Jordan, K. M., Deluty, R. H. (1998). Coming out for lesbian women: Its relation to anxiety, positive affectivity, self-esteem and social support. *Journal of Homosexuality* 35(2):41–63.
- Kitzinger, C., Wilkinson, S. (1995). Transitions from heterosexuality to lesbianism: The discursive production of lesbian identities. *Developmental Psychology* 31(1):95–104.
- LaFromboise, T., Coleman, H. L. K., Gerton, J. (1993). Psychological impact of biculturalism: Evidence and theory. *Psychological Bulletin* 114(3):395–412.
- Levine, H. (1997). A further exploration of the lesbian identity development process and its measurement. *Journal of Homosexuality* 34(2):67–78.

- Lukes, C. A., Land, H. (1990). Biculturality and homosexuality. *Social Work* 35(2):155–161.
- McKirnan, D. J., Peterson, P. L. (1989). Psychosocial and cultural factors in alcohol and drug abuse: An analysis of a homosexual community. *Addictive Behaviors* 14(5):555–563.
- Miller, N. (1995). *Out of the past: Gay and lesbian history from 1869 to the present*. New York: Vintage Books.
- Morin, S. F., Rothblum, E. D. (1992). Removing the stigma: Fifteen years of progress. *American Psychologist* 46(9):947–949.
- Morris, J. F. (1997). Lesbian coming out as a multidimensional process. *Journal of Homosexuality* 33(2):1–22.
- Morris, J. F., Waldo, C. R., Rothblum, E. D. (2001). A model of predictors and outcomes of outness among lesbian and bisexual women. *American Journal of Orthopsychiatry* 71(1):61–71.
- Nawyn, S. J., Richman, J. A., Rospenda, K. M., Hughes, T. L. (2000). Sexual identity and alcohol-related outcomes: Contributions of workplace harassment. *Journal of Substance Abuse* 11(3):289–304.
- Parks, C. A. (1999a). Bicultural competence: A mediating factor affecting alcohol use practices and problems among lesbian social drinkers. *Journal of Drug Issues* 29(1):135–154.
- Parks, C. A. (1999b). Lesbian identity development: An examination of differences across generations. *American Journal of Orthopsychiatry* 69(3):347–361.
- Parks, C. A. (1999c). Lesbian social drinking: The role of alcohol in growing up and living as lesbian. *Contemporary Drug Problems* 26(1):75–129.
- Parks, C. A., Hughes, T. L., Mathews, A. K. (2004). Race/ethnicity and sexual orientation: Intersecting identities. *Cultural Diversity & Ethnic Minority Psychology* 10(3):241–254.
- Reynolds, A. L., Hanjorgiris, W. F. (2000). Coming out: Lesbian, gay and bisexual identity development. In R. M. Perez, K. A. DeBord, K. J. Bieschke (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay and bisexual clients* (pp. 35–55). Washington, DC: American Psychological Association.
- Rosenfeld, D. (1999). Identity work among lesbian and gay elderly. *Journal of Aging Studies* 13(2):121–144.
- Rothblum, E. D. (2000). “Somewhere in Des Moines or San Antonio”: Historical perspectives on lesbian, gay, and bisexual mental health. In R. M. Perez, K. A. DeBord, K. J. Bieschke (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay and bisexual clients* (pp. 57–79). Washington, DC: American Psychological Association.
- Rust, P. C. (1992). The politics of sexual identity: Sexual attraction and behavior among lesbian and bisexual women. *Social Problems* 39(4):366–386.
- Rust, P. C. (1993). “Coming out” in the age of social constructionism: Sexual identity formation among lesbian and bisexual women. *Gender & Society* 7(1):50–77.
- Saewyc, E. M., Bauer, G. R., Skay, C. L., Bearinger, L. H., Resnick, M. D., Reis, E., et al. (2004). Measuring sexual orientation in adolescent health surveys: Evaluation of eight school-based surveys. *Journal of Adolescent Health* 35(3):345e1–345e15.
- Saghir, M. T., Robins, E. (1973). *Male and female homosexuality: A comprehensive investigation*. Baltimore: Williams & Wilkins.
- Savin-Williams, R. C., Diamond, L. M. (2000). Sexual identity trajectories among sexual-minority youths: Gender comparisons. *Archives of Sexual Behavior* 29(6):607.
- Schinke, S. P., Botvin, G., Trimble, J. E., Orlandi, M. A., Gilchrist, L. D., Locklear, V. S. (1988). Preventing substance abuse among American-Indian adolescents: A bicultural competence skills approach. *Journal of Counseling Psychology* (35)1:87–90.
- Smith, A. (1997). Cultural diversity and the coming-out process: Implications for clinical practice. In B. Greene (Ed.), *Ethnic and cultural diversity among lesbians and gay men* (pp. 279–301). Thousand Oaks, CA: Sage.
- Sophie, J. (1985). A critical examination of stage theories of lesbian identity development. *Journal of Homosexuality* 12(2):39–51.

- Trocki, K. F., Drabble, L., Midanik, L. (2005). Use of heavier drinking among heterosexuals, homosexuals, and bisexuals: Results from a national household probability survey. *Journal of Studies on Alcohol*, Vol. 66, pp. 105–110.
- Troiden, R. R. (1989). The formation of homosexual identities. *Journal of Homosexuality* 17(1/2):43–73.
- U.S. Dept. of Health and Human Services (USDHHS) Substance Abuse and Mental Health Services Administration (SAMHSA) National Clearinghouse for Alcohol and Drug Information (NCADI) Retrieved October 2004 from www.health.org/features/lgbt/substance.html.
- Valanis, B. G., Bowen, D. J., Bassford, T., Whitlock, E., Charney, P., Carter, R. A. (2000). Sexual orientation and health. *Archives of Family Medicine* 9(9):843–853.
- Wilsnack, R. W., Klassen, A. D., Wilsnack, S. C. (1986). Retrospective analysis of lifetime changes in women's drinking behavior. *Advances in Alcohol and Substance Abuse* 5(3):9–28.
- Wilsnack, R. W., Wilsnack, S. C., Kristjanson, A. F., Harris, T. R. (1998). Ten-year prediction of women's drinking behavior in a nationally representative sample. *Women's Health: Research on Gender, Behavior and Policy* 4:199–230.
- Wilsnack, S. C., Klassen, A. D., Schur, B. E., Wilsnack, R. W. (1991). Predicting onset and chronicity of women's problem drinking: A five-year longitudinal analysis. *American Journal of Public Health* 81(3):305–318.
- Wilsnack, S. C., Wilsnack, R. W., Hiller-Sturmhoefel, S. (1994). How women drink: Epidemiology of women's drinking and problem drinking. *Alcohol Health & Research World* 18(3):173–181.

Copyright of *Substance Use & Misuse* is the property of Taylor & Francis Ltd and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.