Binge drinking among gay, and lesbian youths: The role of internalized sexual stigma, self-disclosure, and individuals’ sense of connectedness to the gay community

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ABSTRACT

We examined the prevalence of binge drinking among lesbian and gay (LG) youths, and evaluated whether experiences such as internalized sexual stigma, the experience of “coming out” to family and friends, and the individuals’ sense of “connectedness” to the gay community could be associated with alcohol abuse. The research involved 119 gay (58.9%) and 83 lesbian (41.1%) Italian youths (18 to 24 years old). According to previous research, youths were categorized in non-drinkers, social, binge and heavy drinkers. Results showed that the estimated percentage of binge drinking among gay and lesbian youths is 43.6%. The survey revealed that social, binge, and heavy drinkers differ in terms of some drinking variables, internalized sexual stigma, family and peer self-disclosure, and connectedness gay community. Implications for the prevention of binge drinking in LG youths are currently under discussion even if further investigation is urgently needed.

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1. Introduction

Several research studies have shown that there are high rates of alcohol abuse in lesbian and gay (LG) youths compared with heterosexual individuals (Amadio, 2006; Hagman et al., 2010; Hughes & Eliason, 2002; Wong, Kipke, & Weiss, 2008). According to the Minority Stress Model (MSM; Meyer, 2003; Mayer et al., 2008) many LG youths are at greater risk of alcohol abuse because of stress factors induced by a hostile and homophobic culture (D’Augelli & Hershberger, 1993; Greenwood et al., 2001; Hughes & Eliason, 2002). According to Meyer (2003) (see also APA, 2009), minority stress processes in LG individuals are caused by (a) external objective events and conditions, such as discrimination and violence; (b) expectations of such events, and the vigilance that such expectations bring; and (c) internalization of negative social and cultural attitudes (homonegativity or self-stigma). In this model stress can be considered the mediator in the relationship between social structure/status and addictive behaviors among people who belong to stigmatized minority groups (D’Augelli & Hershberger, 1993; Greenwood et al., 2001; Hatzenbuehler, McLaughlin, Keyes, & Hasin, 2010; Hughes & Eliason, 2002; Laghi, Baiocco, D’Alessio, & Gurrieri, 2009). Stressful life events, including discriminatory experiences, may contribute to the individual’s coping resources, leading to the use of alcohol in an effort to regulate negative effects (Hatzenbuehler, 2009; Reed, Prado, Matsumoto, & Amaro, 2010).

Meyer and Dean (1998) described minority stressors along a continuum from the objective (life events of social prejudice) to the subjective (internalization of sexual stigma). Internalized homophobia, or internalized sexual stigma—which can be defined as the internalization of heterosexist social attitudes and their application to one’s self (Meyer, 2003)—are the most insidious effects of the minority stress processes upon the individual and have a negative impact on LG well-being. Moreover, they are also frequently cited reasons for significant levels of alcohol use or alcohol-related problems among lesbians and gay men (Amadio, 2006; Hughes & Eliason, 2002). The principal aim of the study is to describe the alcohol-use patterns of LG youths and verify if internalized sexual stigma, coming out experiences, and feelings of acceptance by family/friends are potentially influential factors in alcohol abuse. Specific hypotheses for the study were as follows: (1) the percentage of binge drinkers and heavy drinkers is higher among lesbian and gay youths compared to heterosexual youths (in particular, in the lesbian sample); (2) LG youths classified as binge and heavy drinkers spend more time in gay-identified venues, perceive a lower level of acceptance from family and friends, and report higher level of connectedness to the gay community.

2. Methods

2.1. Participants and procedures

We administered a survey to 119 gay (58.9%) and 83 lesbian (41.1%) youths regarding their attitudes towards alcohol consumption. Mean age in the sample was 20.14 (S.D. = 1.89). Subjects were eligible to participate in the study if they were: a) 18 to 24 years old; b) self-identified as gay, or lesbian; c) and self-identified as Italian.
Study participants were recruited from LGB-focused community organizations (65%) and three LGB college student organizations (35%) in Rome (Italy). A total of 87.5% of questionnaires were returned.

2.2. Measurement

2.2.1. Demographics and alcohol use/severity

An Identifying Information Form was used to collect demographic information including sexual identity and sexual attractions. Drinking quantity and frequency were assessed using different questions: a) frequency of alcohol consumption; b) average number of drinks consumed per occasion in the last month; c) age when alcohol was first tried outside the family, age when regular drinking began, and age when first intoxication occurred. Another item yielded information about drinking practices of friends and finally, the amount of regularly drinking friends was calculated. Respondents were categorized as “binge drinkers” or “heavy drinkers”. The specific wording of the question concerning binge drinking was as follows: “Considering all types of alcoholic beverage, did you have 5 or more drinks (4 if you are female) on one single occasion during the past month? How many times in the last month?” Respondents were categorized as “binge drinkers” (1 to 8 binge drinking episodes in a month), and “heavy drinkers” (more than 8 binge drinking episodes in a month) (D’Alessio, Baiocco, & Laghi, 2006; Vik, Tate, & Carrello, 2000).

2.2.2. Measure for Internalized Sexual Stigma for Lesbian and Gay (MISS-LG)

The MISS is a 17-item scale assessing negative attitudes that lesbian and gay persons have towards homosexuality in general and towards such aspects in themselves. A total score derived from the 5-point Likert-type scale ranged from I “agree” to I “disagree”, whereby a higher score indicated greater internalized sexual stigma. Reported alpha for the lesbian and gay version ranged from .77 to .80. A preliminary study using the reduced version of the MISS (Nardelli, Baiocco, & Laghi, 2006) indicated good internal consistencies both in lesbian and gay version.

2.2.2.3. Disclosure of sexual orientation and rejecting reaction to disclosure

Disclosure of sexual orientation was measured using a list in which subjects were asked to indicate the extent to which each individual or group of individuals were aware of their sexual orientation (Vyncke & Julien, 2007). Response choices (D’Augelli & Hershcberger, 1993) included four possibilities from “I’m sure he/she knows and we have talked about it” to “He/she doesn’t know and doesn’t suspect”. The list was divided to create two subscales each composed of 7 items: coming-out to family members (Cronbach’s α = .76) and self-disclosure to friends/members of social network (Cronbach’s α = .81). Higher scores indicated greater self-disclosure in both the subscales. Subjects were also asked to indicate the number of rejecting reactions to disclosure made by individuals who were (or had been) important to them.

2.2.2.4. Connectedness to the gay community

Connectedness to the gay community was assed using a 5-item scale, adapted from a community cohesion scale used in the Urban Men’s Health Study (UMHS), a study of men’s psychological mental health (Mills et al., 2001). Subjects were asked to report how often in the past 3 months they had engaged in gay community activities: reading gay newspapers, seek advice from gay related websites, attending GLTB meetings, frequenting gay pubs or discs. A total score derived from the 5-point Likert-type scale, ranging from “never” to “several times a week or every day”, was used for current analyses, whereby a higher score indicated greater community involvement (Cronbach’s α = .72).

3. Results

3.1. Classification of drinking patterns

According to previous research (D’Alessio et al., 2006; Morawska & Oei, 2005), youths were categorized as non-drinkers (consuming alcohol less than twice per year), social drinkers (drinking ranging from three/four times a year to three/four times per month), binge drinkers (at least one but less or equal to 8 binge drinking episodes in a month), and heavy drinkers (more than eight binge drinking episodes in a month). According to this classification the sample was composed of 4 non-drinkers (2.0%), 88 social drinkers (43.6%), 72 binge drinkers (35.6%), and 38 heavy drinkers (18.8%). The frequency of 2% of non-drinkers is similar to other studies (Baiocco, D’alessio, & Laghi, 2008; Morawska & Oei, 2005) and we did not use the non-drinker sample in further analyses.

3.2. Individual correlates of social, binge and heavy drinkers

Drinking groups of LG youths did not differ according to sex [χ² = (2) = 1.73, n.s.]. Youths not living in their parental home [χ² = (2) = 33.34, P < .001] were more likely to be classified as binge (65.3% living on their own vs. 34.7% living with family) and heavy drinkers (84.2% living on their own vs. 15.8% living with family). Social, binge, and heavy drinkers differed as to the age when they first tried alcohol [F (2,195) = 15.20, P < .001], the age when regular drinking began [F (2,195) = 13.97, P < .001], the age when they became intoxicated for the first time [F (2,195) = 9.01, P < .001], and the number of friends who regularly drink alcohol [F (2,195) = 56.63, P < .001]. Post hoc analyses revealed that heavy drinkers (mean = 12.73; st.dev. = 2.40) and binge drinkers (mean = 12.05; st.dev. = 2.66) were younger than social drinkers (mean = 13.94; st.dev. = 1.61) when they first tried alcohol outside their family context and became regular drinkers (heavy drinkers: mean = 13.81; dev.st. = 2.32; binge drinkers: mean = 13.77; dev. st. = 2.76; social drinkers: mean = 15.45; dev. st. = 1.68) and the intoxicated before the social drinkers (heavy drinkers: mean = 14.79; dev.st. = 2.40; binge drinkers: mean = 14.80; dev. st. = 2.87; social drinkers: mean = 26.26; dev. st. = 1.91). No significant differences were found between heavy and binge drinkers. Heavy drinkers (mean = 14.81; st.dev. = 1.43) appeared to have more friends who drink alcohol on a regular basis than binge drinkers (mean = 4.81; st.dev. = 1.37); social drinkers reported the lowest number of friends (mean = 3.04; st.dev. = 1.36).

3.3. Internalized sexual stigma, self-disclosure, and connectedness to the gay community

Groups differed on internalized sexual stigma [F (2,195) = 40.45, P < .001], family self-disclosure [F (2,195) = 5.82, P < .01], peer self-disclosure [F (2,195) = 3.99, P < .05], the number of negative rejecting reactions to disclosure [F (2,195) = 5.75, P < .01], and connectedness to the gay community [F (2,195) = 13.62, P < .001]. Post hoc analyses revealed that social drinkers showed lower mean scores in the scale of internalized sexual stigma and connectedness to the gay community and higher mean scores on family and peer self-disclosure scales. No significant differences were found between binge and heavy drinkers. Heavy drinkers reported a higher number of negative rejecting reactions to disclosure. No significant differences were found between social and binge drinkers (Table 1).
found a curvilinear relationship between the affiliation with the GLB community and alcohol use, in which high and low (but not moderate) affiliations were associated with heavy alcohol use (Rosario, Schrimshaw, & Hunter, 2004; Stall et al., 2001). This kind of abuse is often considered by LG youths as a normative behavior in gay-identified venues—in particular in pubs or discos—and a way to affirm their sense of belonging to their community (Hagman et al., 2010; Harawa et al., 2008). While the current study is focussed on binge drinking, it seems to give findings on the minority stress model: data supported the hypothesized connection between internalized homophobia and alcohol-related problems (Amadio, 2006). Analysis showed that internalized sexual stigma, and variables concerning self-disclosure in particular regarding to the family context are significant in discriminating the three groups of drinkers. Disclosure has been widely hypothesised to be associated with increased self-esteem, social support, and psychological adjustment among LGB populations (D’Augelli & Herschberger, 1993; Meyer, 2003). In particular our data showed the relevant effect of the number of rejecting reactions to disclosure to predict alcohol abuse. According to Rosario and Schrimshaw (2009) the number of disclosures was not particularly informative of substance use but is the number of perceived rejecting reactions that mattered for at risk behaviour (Tafà & Baiocco, 2009).

5. Conclusion

The study provides further evidence that LG youths are at elevated risk of alcohol abuse. Despite this evidence, Community Programmes and the Health Professions in Italy do not effectively address the specific needs of the lesbian and gay population. An ecological framework for a public health prevention campaign should recognize that health-related behaviours are influenced by personality and individual factors, interpersonal processes, institutional and community factors, as well as by public policies. Community programs need to address not only the relevance of individual LG attitudes, but also environments that can encourage alcohol abuse (Vicary & Karshin, 2002; Wong et al., 2008). Findings presented suggest, for instance, that LG people who frequent gay-identified venues are at an increased risk of binge alcohol use, and health campaigns should be targeted at young LG subjects who frequent these venues. A long-term approach is necessary to modify LG alcohol use patterns, but it is necessary that the Italian National Health System and lesbian and gay associations learn to work together. There are several important limitations to our study. The use of a convenience sample can never truly access a representative sample of lesbian and gay individuals. Another limitation is the fact that in our research we did not consider the role of personality characteristics. Many studies have investigated the relevance of personality-related factors and binge drinking. Extrovert individuals appear to drink more alcohol per occasion and to have a stable pattern of binge drinking in early adulthood (Hatzibelhuehler, 2009). Temperament factors such as impulse control and sensation seeking have been found to be associated with many risk-taking behaviours (D’Alessio et al., 2006). According to Meyer’s minority stress model, stress responses appear to differ according to gender, and personality characteristics, such as sensation seeking, may help to buffer stress. For example, one study on a sample of lesbian adults, found that sensation seeking influences the relationship between stress and drinking behaviors (Park, Armeli, Tennen, 2004). There are currently no studies assessing the role of personality characteristics in mediating the relationship between internalised stigma and binge drinking behaviors in LG youths. Our research interest needs to move in that direction.

Role of funding sources

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Table 1
Means and standard deviations of the scales.

<table>
<thead>
<tr>
<th>Scales</th>
<th>Social drinkers</th>
<th>Binge drinkers</th>
<th>Heavy drinkers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internalized sexual stigma</td>
<td>7.40 (3.82)</td>
<td>12.06 (4.44)</td>
<td>13.37 (3.73)</td>
<td>10.24 (4.78)</td>
</tr>
<tr>
<td>Family self-disclosure</td>
<td>15.56 (5.69)</td>
<td>13.10 (5.53)</td>
<td>12.45 (2.03)</td>
<td>14.07 (5.72)</td>
</tr>
<tr>
<td>Peer self-disclosure</td>
<td>17.65 (4.60)</td>
<td>15.69 (4.64)</td>
<td>15.82 (5.24)</td>
<td>16.59 (4.81)</td>
</tr>
<tr>
<td>No. of negative reactions</td>
<td>2.13 (0.81)</td>
<td>1.93 (0.90)</td>
<td>2.53 (0.95)</td>
<td>2.13 (0.89)</td>
</tr>
<tr>
<td>Connectedness gay community</td>
<td>10.65 (4.60)</td>
<td>13.74 (4.67)</td>
<td>14.82 (5.24)</td>
<td>12.57 (5.05)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scale/variable</th>
<th>Function 1</th>
<th>Function 2</th>
</tr>
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<tbody>
<tr>
<td>Nr of friends who regularly drink alcohol</td>
<td>.45</td>
<td>.03</td>
</tr>
<tr>
<td>Internalized sexual stigma</td>
<td>.40</td>
<td>.02</td>
</tr>
<tr>
<td>Living with the family</td>
<td>−.35</td>
<td>.04</td>
</tr>
<tr>
<td>Connectedness to the gay community</td>
<td>.18</td>
<td>.07</td>
</tr>
<tr>
<td>Age when first intoxication</td>
<td>−.13</td>
<td>.08</td>
</tr>
<tr>
<td>Age when regular drinking began</td>
<td>−.11</td>
<td>.10</td>
</tr>
<tr>
<td>Nr of rejecting reactions to self-disclosure</td>
<td>−.10</td>
<td>.81</td>
</tr>
<tr>
<td>Self-disclosure with the family</td>
<td>−.19</td>
<td>.30</td>
</tr>
<tr>
<td>Self-disclosure with the peers</td>
<td>−.09</td>
<td>.15</td>
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Table 2
Multiple discriminant function: structure matrix.

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Contributors

All authors have materially participated in the research and the manuscript preparation in the same way. Persons listed as authors have contributed substantially to: 1) the conception and design of the study, acquisition of data, or analysis and interpretation of data; 2) drafting the article; and 3) final approval of the version to be published. The corresponding author is responsible for ensuring that all authors have agreed to be authors and have agreed to the manuscript's content and its submission to the journal.

Conflict of interest

The authors state that there are no conflicts of interest.

References


