

Minority Stress and Drinking: Connecting Race, Gender Identity and Sexual Orientation

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Abstract

We carried out a constructivist grounded theory-based qualitative exploration on the relations between intersectional minority stress and drinking among a community sample of 20 Latinx and African American sexual minority, gender expansive women. Our overarching goal was to illuminate the nuanced ways in which participants' lived experiences; in relation to race and ethnicity, gender identity, and sexual orientation, intersected to create complex forms of minority stress rarely captured in the research literature. Semi-structured interviews and lifeline methodology were employed to assess participants' major life stressors and drinking history; particularly, when and how drinking became a regular part of participants' lives. Our findings indicated that drinking was primarily connected to same-sex romantic partnerships, cultural and familial ties to alcohol, social norms within queer spaces, familial rejection and loss of racial and ethnic community, and chronic stress. Recommendations for research, practice, advocacy, education, and training are discussed.

Keywords

minority stress, drinking, latinx, african american, sexual minority

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Significance of the Scholarship to the Public

In this qualitative study, we explored the use of drinking as a coping mechanism to combat stress in relation to multiple minority status in a sample of Latinx and African American sexual minority, gender expansive women. Our findings indicated that drinking was primarily connected to same-sex romantic partnerships, cultural and familial ties to alcohol, social norms within queer spaces, familial rejection and loss of racial and ethnic community, and chronic stress.

Introduction

Researchers have made clear the maladaptive role of minority stress (Meyer, 1995; 2003) in sexual minority women's drinking patterns. As described by Hatzenbuehler's (2009) psychological mediation framework to explain elevated drinking rates in sexual minorities, "stress is associated with stronger coping motives for drinking, which in turn account for the relationship between stress and increased alcohol consumption" (p. 16). Thus, women use alcohol to combat psychological distress associated with bias and discrimination they routinely face in relation to their sexual orientation (McNair et al., 2016). In fact, sexual minority women are more likely to be current alcohol users, binge drinkers (for women, drinking four or more drinks on an occasion on at least 1 day in the past 30 days), and heavy drinkers (binge drinking on 5 or more days in the past 30 days) than heterosexual women (Medley, Lipari, Bose, & Cribb, 2016), and are 11 times more likely to meet the threshold for alcohol dependence than heterosexual women (McCabe, Bostwick, Hughes, West, & Boyd, 2010).

Sexual minority women consistently report higher rates of alcohol use and alcohol related problems (e.g. drunk driving, loss of employment) than heterosexual women (Drabble, Midanik, & Trocki, 2005; Hughes, 2011; Marshal et al., 2008). However, only a handful of studies specifically address this trend among sexual minority women of color (SMWOC). In response to this gap in the research literature, our overarching goal was to explore how alcohol is used to combat psychological distress caused by minority stress among SMWOC. We focused our work on Latinx and African American women, given the myriad of similar challenges these communities face in health outcomes and health treatment. Across gender, Latinx and African American patients regularly report racial discrimination as a significant barrier to health treatment (Nguyen, Vable, Glymour, & Nuru-Jeter, 2018). In an examination of health outcomes by race and gender in California, Zahnd and Wyn (2014) found that, compared to European American and Asian American women,

Latina and African American women experienced the highest rates of negative health outcomes as well as the lowest health care coverage. Given that our study was centrally focused on minority stress and conducted on the West Coast of the United States, it was imperative that we follow health trends for SMWOC in this region (LaVaccare et al., 2018; Nguyen et al., 2018).

Conceptual Framework

Although scholars have made clear the negative effects of stigma and discrimination on the social and health outcomes of sexual minorities (King et al., 2008), women (Borrell et al., 2011), and persons of color (Reid, 2015), few have explored the effects of multiple, intersectional forms of stigma and discrimination on health outcomes among SMWOC. Intersectionality, as a theoretical construct, has gained widespread consideration by scholars in the psychology and health fields (see Else-Quest & Hyde, 2016a; 2016b). In the realm of research with sexual minorities, intersectionality has been considered in the context of illuminating and expanding on minority stress theory (Meyer, 1995) to better understand how individuals with multiple marginalized social identities face stress in relation to each of their social identities as well as the ways these social identities intersect to create new, dynamic experiences of stress (see Calabrese, Meyer, Overstreet, Haile, & Hansen, 2015).

Researchers have chronicled the challenges involved in carrying out intersectional research (Else-Quest & Hyde, 2016a; 2016b). A special journal issue on intersectional methodologies by Parent, DeBlaere, and Moradi (2013) discussed recommendations for tackling these challenges, which included taking a “within-group perspective that attends to the phenomenological experiences of the population of focus throughout the research process—for example, generating hypotheses or research questions that attend to the needs of the population, operationalizing constructs in ways that reflect and capture the unique experiences of the population, and analyzing data with attention to within group diversity” (p. 643). In line with these recommendations, we utilized semi-structured individual interviews that incorporated lifeline methodology (Gambling & Carr, 2004) as a way to collect rich data that was grounded in participants’ personal definitions of cultural identity, stress, and coping practices; namely, alcohol consumption. Our overarching goal was to carry out a deep level exploration of the relation between intersectional minority stress and drinking.

Alcohol Use Among Sexual Minority Women

Researchers have made direct links between minority stress (Hatzenbuehler, 2009; Meyer, 1995; 2003) and alcohol use, noting how drinking is used to

combat the “prejudice, discrimination and attendant hostility from the social environment” that sexual minorities regularly face in relation to their minority status (Moritsugu & Sue, 1983, p. 164). Alcohol Use Disorders (AUD), as a clinical diagnosis, was introduced in the Diagnostic and Statistical Manual-V (DSM-V; American Psychiatric Association DSM-5 Task Force, 2013) to replace alcohol abuse and alcohol dependence (see DSM-IV; American Psychiatric Association, 2000). Specifically, this shift involved no longer separating criteria for abuse and dependence, and instead assessing for AUD from a list of 11 symptoms. AUD is defined as the endorsement of two symptoms (e.g. “Had times when you ended up drinking more, or longer, than you intended”) with severity levels defined as mild (endorsement of 2-3 symptoms), moderate (endorsement of 4-5 symptoms), or severe (endorsement of 6+ symptoms). When examining the health consequences of AUD, scholars often discuss alcohol related problems, an umbrella term used to describe social consequences in five problem areas: legal/accidents, health, work, fights, and relationship problems (Midanik & Clark, 1995).

Although disparate rates of alcohol use between sexual minority and heterosexual women have been well established, only a handful of researchers have focused on Latinx and African American women (Cerezo, 2016; Lewis, Mason, Winstead, Gaskins, & Irons, 2016). In a racially diverse Chicago sample of sexual minority women, Jeong, Veldhuis, Aranda, and Hughes (2016) found that Latinas and African American women had significantly higher rates of 12-month alcohol dependence than White women. As noted by the Jeong et al., Latina and African American heterosexual women regularly reported lower rates of alcohol dependence than their White counterparts; an increase in alcohol dependence among Latinas and African American women in their study may be attributable to the impact of discrimination and bias they faced as sexual minority women. In the realm of hazardous drinking (defined as a quantity or pattern of alcohol consumption that places individuals at risk for adverse health events like drunk driving), Lewis et al. (2016) found that hazardous drinking among Black lesbians occurred via sequential mediators of rumination, psychological distress, and drinking to cope. Thus, Black lesbians engaged in hazardous drinking as a way to offset challenging emotional experiences. Lewis et al. (2016) did not report this finding for the non-Hispanic White lesbian sample.

Trends in the research literature highlight that SMWOC face disproportionate risk for alcohol use and related problems (Cerezo, 2016; Jeong et al., 2016; Lewis et al., 2016; Masked Author, 2016) while also contending with barriers to health treatment (LaVaccare et al., 2018; Nguyen et al., 2018). At the same time, there is a severe lack of empirical research that speaks to the unique stressors faced by this community as well as their health outcomes.

Our purpose in this study was to (a) illuminate the nuanced ways in which participants' lived experiences in relation to race and ethnicity, gender identity, and sexual orientation intersected to create complex forms of minority stress, and (b) explore how drinking is used as a coping mechanism to combat minority stress.

Method

Participants

Our recruitment efforts resulted in a final sample of 20 participants. Mean age was 30.8 years old (range: 21–61 years; $SD = 8.19$ years). Consistent with our recruitment advertisements, all of the participants self-identified as Latinx and/or African American descent and as sexual minority women. Eight participants identified as Latinx (indigenous Mexican, Mexican-American, Guatemalan, and Salvadorian), six participants identified as Black or African American, and six identified as Mixed with descriptors that included, "White and Black" and "Mexican and Filipina." For sexual orientation, 12 participants identified as queer, four as lesbian, three as pansexual, two as bisexual, and one as gay (total is greater than twenty; some participants used more than one descriptor). With respect to gender identity, each participant identified with the term woman while six participants identified as both woman and nonbinary, using descriptors that included "gender queer" and "gender nonconforming." The majority of the sample ($n = 12$) identified as working class and working poor with occupations that included customer service, childcare, and working at a nonprofit organization. The remaining participants identified as poor ($n = 4$) or middle class ($n = 4$). Over half ($n = 12$) of the participants completed a bachelor's degree, two completed a master's degree, and six completed no college or some college. It should be noted that education level did not appear to impact participants' social class identification. Several participants with bachelor's degrees, and one participant with a master's degree, identified as working poor.

We approached gender identity in an open manner, allowing participants to self-identify in accordance with cultural and linguistic factors that influenced how they understood their gender identity, assuming the term woman would be gender expansive and include a range of gendered experiences (American Psychological Association, 2015). We hypothesized that participants' gender identities would be impacted by their intersectional experiences and might fall outside the typical gender descriptors used by heterosexual Latinx and African American communities and/or White sexual and gender minorities (Burnes & Chen, 2012; Cerezo, Morales, Quintero, & Rothman, 2014).

Regarding alcohol use, we hypothesized that requiring a minimum threshold of three days a week of drinking would result in the recruitment of participants that were more likely to meet the criteria for AUD. We hypothesized that regular drinking would provide ample opportunities for participants to reflect on how minority stress was linked to alcohol use in chronic, sometimes daily events. This was especially important given the high rates of alcohol use reported among sexual minority women (McCabe et al., 2010). We wanted to ensure that participants were not solely reporting social drinking (see Boyle, LaBrie, & Witkovic, 2016).

Recruitment

The great majority of recruitment occurred online via social media in the greater San Francisco Bay and Sacramento areas. We chose these regions due to their proximity to the research team as well as the ethnic and racial diversity common to these areas. Furthermore, we chose these two separate areas due to their differing economic climates. The median household income is \$78,378 for San Francisco county and \$55,615 for Sacramento county (U.S. Census Bureau, 2015). Although San Francisco is a major hub for queer life, we wanted to ensure that women's lived experiences were understood in the context of the economic landscape associated with where they resided. We thus expanded recruitment to the Sacramento area.

We placed advertisements in several queer online group chatrooms that included a brief description of the study (as approved by the Institutional Review Board at of the host university) and the contact information of the first author. We also placed physical fliers at queer designated businesses and cafes in the greater Bay Area. As reported by the participants, approximately two women learned of the study from physical fliers while the remaining eighteen participants learned of the study from social media postings.

We assessed eligibility for participation through an initial phone screening during which we asked potential participants whether they self-identified their sexual orientation as queer, gay, bisexual, or nonheterosexual; race and/or ethnicity as Latinx and/or African American or Black descent; gender identity as woman; and, whether they drank a minimum of three days per week. After we established eligibility, we told potential participants about the details of the study, which included potential risks with discussing sensitive material, procedures taken to ensure their confidentiality, and compensation of a \$50 visa debit card. We then scheduled interviews. Fourteen participants completed in-person interviews, five completed a Skype interview and one completed a phone interview. No differences were found with respect to length of interview or depth of data collected across the interview administration formats.

The phone interview was not planned. The participant revealed two hours before the scheduled interview time that she did not have the economic means to meet in-person or internet access to conduct a Skype interview. Interviews were an average of 66 minutes in duration (range: 42–99 min).

Interviews were transcribed verbatim via a transcription service. The transcription company sent each transcribed interview to the first author via email. Transcripts were downloaded and placed into secure data storage that was solely shared with the research team. The first author checked each transcript and found no inconsistencies with the audio recordings. The email containing the transcript was then deleted by the first author.

Research Team

The first author is a Latinx cisgender queer woman, the second author is an African American cisgender heterosexual woman, the third author is a White cisgender heterosexual woman, the fourth author is an Asian American queer cisgender male, and the fifth author is a mixed race pansexual nonbinary individual. Authors 3, 4 and 5 were enrolled at a university at the time of the study; authors 3 and 4 were undergraduate students in sociology, and author 5 was a doctoral student in clinical psychology. Author 2 graduated from a master's in counseling program at the start of data analysis. Author 1 is a professor, the principal investigator of the study, and trained authors 2-5 in qualitative methodology.

Data Collection

Demographic questionnaire. The demographic questionnaire contained two main sections: direct questions about participants' backgrounds and open-ended questions to explore participants' cultural identities (see Supplemental Appendix A, available online at <https://journals.sagepub.com/doi/suppl/10.1177/0011000019887493>). For the first section, we asked participants about their age, the country in which they were born, highest level of educational attainment, employment status, average annual income, number of years and/or months they have lived in the United States, and whether they were in a romantic relationship at the time of participation. If the participant responded that they were in a romantic relationship, we asked about the gender of their romantic partner(s) and length of the relationship(s). For the second section of the demographic questionnaire, we asked open-ended questions about participants' gender identity, racial and/or ethnic identity, sexual orientation, and social class identity.

Interviews. The interviewers (authors 1 and 2) used semi-structured interview scripts that were focused on four main sections: (a) participants' identity development processes, specifically regarding use and meaning of cultural identity descriptors, (b) how participants understood the ways that race and ethnicity, gender identity, and sexual orientation intersected in their lives, namely with respect to how their identities impacted their relationships with others and experiences in the world, (c) an exploration of perceived discrimination experienced by participants in relation to their cultural identities, and (d) participants' initiated use of alcohol as well as the mechanisms by which drinking became regularly used (defined in this study as 3 or more times per week).

In their recommendations for developing intersectional methods, Else-Quest and Hyde (2016a) describe the importance of "gathering a thick description and then quantifying key themes and elements of the experiences or definitions offered by participants" (p. 165). We followed this recommendation. In the first section of the interview, our goal was to call attention to the fluidity of identity so that all aspects of participants' lived experiences were present throughout the interview. Specifically, we asked participants to describe (a) their social identities, (b) how they came to embrace the titles and/or descriptions of their social identities, and (c) the ways their social identities intersected (see Supplemental Appendix A).

We modified a section in the interview protocol where we asked the participants to reflect on their lifeline (discussed in the next section) prior to describing their personal definition of resilience. We introduced this prompt following the third interview when we realized that participants did not regard certain life events as stressful although we, the interviewers, regarded such events as highly stressful (e.g., domestic violence). In interviews 1 to 3, we prompted participants to discuss resilience in a general sense. Beginning with interview 4, we incorporated a two-prong question for resilience. First, we asked participants to review their lifeline and secondly asked whether they perceived themselves to be resilient, as well as their personal definition of resilience. We agreed that these prompts fostered participants' ability to share richer data about their life experiences.

The Lifeline approach. The lifeline approach is a methodological technique used for visually depicting life events and major life transitions over the course of a person's lifetime (Gambling & Carr, 2004). As part of the semi-structured interview, we asked participants to create a visual lifeline to trace major stressors in their lives and their drinking history, which included the point at when they began drinking as well as when drinking became a regular part of their daily life. We asked participants to use a red marker to note major life stressors. There was no minimum or maximum

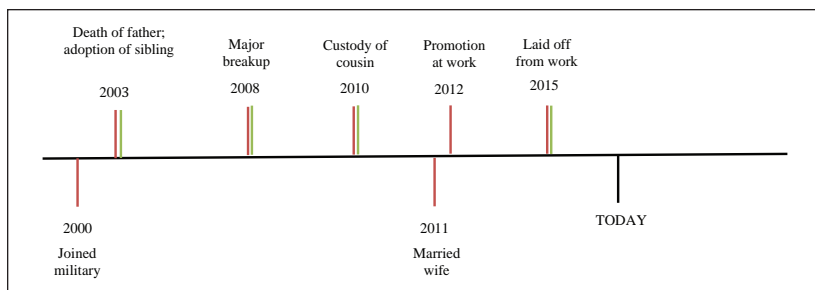


Figure 1. Participant timeline.

Note. Participant timeline where major life events were drawn on the timeline by the participant. Red lines indicate major life stressors; green lines indicate incidents that prompted heavier period of drinking in the participant's life (see online version of the article for color). Participant was a 36-year old woman (pronouns: she/her/hers) of Mexican descent. The participant identified as masculine of center, queer and had attained some college. (Some details have been changed to maintain participant's anonymity.)

number of stressors requested. Next, participants used a green marker to note their drinking history and patterns. Specifically, we asked them to note when they began drinking and when alcohol became a more regular part of their lives (see Figure 1).

Analysis

Constructivist Grounded Theory (Charmaz, 2008; 2014) guided data analysis for this project. Constructivist Grounded Theory is a qualitative approach rooted in an interactive process wherein the researcher and participant construct a shared reality. Our interview process encompassed two forms of data collection: prompts to ascertain participants' conceptualizations of identity development, particularly the intersectional nature of being a SMWOC, and the construction of a timeline (Gambling & Carr, 2004) to trace participants' experiences of stress and alcohol use across their life course.

Guided by Constructivist Grounded Theory (Charmaz, 2008; 2014), interviewers and participants came to a shared understanding of the process by which participants arrived to their self-identified labels (e.g. Black, Queer) as well as the intersectional nature of those identities. In addition to Constructivist Grounded Theory, we also relied on McCall's (2005) "configuration of inequality" to assess the intersectional nature of discrimination. Based on our previous research (Cerezo, 2016; Cerezo et al., 2014), we assumed that first, participants' experiences of discrimination were rooted in how they faced

discrimination in relation to race and ethnicity, gender identity, and sexuality, which included barriers to supports (e.g. social support, health care) for coping with discrimination. Second, that discriminatory experiences, and lack of access to supports, prompted participants to rely on maladaptive coping mechanisms, such as drinking, to cope with stress. To foster a reflexive process, two research team members (authors 1 and 2) conducted the interviews and five research team members carried out analyses (authors 1 to 5). Our goal was to ensure an open, transparent process for data collection and analysis. Throughout the analyses process, we discussed how our various identities impacted our understanding of the participant narratives. No major issues were raised during the coding process based upon the various perspectives of the research team.

We used thematic analysis to identify and code major themes across the data. We maintained a weekly analysis plan to ensure a careful, consistent review of the data. Authors 1 through 5 analyzed the first three interviews independently and then came to the weekly team meetings to discuss their findings; we completed one interview per week. Each of the research team members established an exhaustive list of themes for the first three interviews. We then worked independently to re-review themes across the first three interviews to identify shared themes amongst participants as well as any noteworthy data that had the potential to impact our understanding of the data. After our fourth meeting, we created an interview guide for the remaining interviews so that major themes would begin to emerge more clearly, while minor yet noteworthy data would be identified. We began a careful review of data related to resilience that accounted for the modification in the interview prompt following the third interview (when participants were asked to review their lifeline in relation to resilience). At that point, we worked on each interview in pairs of two to gain a deeper level of analysis of the data. We all discussed our findings in the weekly team meetings.

We identified 46 unique themes during open coding. Next, we carried out axial coding and identified seven broader categories that captured the unique themes identified in open coding. Together, during our weekly meetings, we created a brief description of each theme in a document that was stored on a shared cloud drive accessible to each member of the research team. Finally, the team used selective coding to determine the final, comprehensive model that captured each of the major themes. We carried out this process by reviewing each interview to ensure a thorough understanding of the major themes and subthemes. In this final stage of analysis, we narrowed our model from seven to five unique themes that captured the relations between intersectional minority stress and alcohol use amongst our sample.

Table 1. Primary Themes and Subthemes

Theme		Subtheme	
1.	Same-sex romantic partnerships	1.1	Impact of cultural elements in same-sex partnerships
		1.2	To cope with abuse within same-sex relationship
2.	Cultural and familial ties to alcohol	2.1	Alcohol abuse and dependence among caretakers
		2.2	Availability of alcohol to participants as youth
3.	Social norms within queer spaces	3.1	Drinking as normative part of “queer coming of age”
4.	Familial rejection; loss of racial and ethnic community	4.1	Rejection in relation to sexual orientation
5.	Chronic stress	5.1	Daily occurrences of stigma and discrimination
		5.2	Economic challenges, including displacement

Results

We found five themes in participants’ patterns of alcohol use: (a) romantic partnerships; (b) cultural and familial ties to alcohol; (c) social norms within queer spaces; (d) familial rejection, loss of racial and ethnic community; and, (e) chronic stress (see Table 1). Our analysis yielded no differences between Latinx and African American participants in patterns of alcohol use. It was our intent to foster an open-ended data collection process wherein participants explored identity development and identified the major stressors in their lives—and how these stressors related to alcohol use—with little to no influence on the part of the interviewers. Thus, each question in the interview was open-ended and the participant themselves directed their identification of major stressors on their lifeline. It is for these reasons that the major themes in our findings cover a range of environmental influences. Furthermore, the major themes that emerged from the data illuminated the overlapping nature of cultural experience, as in ethnic and racial experiences, and sexual minority experiences. For example, participants noted how “queer coming of age” involved frequenting gay bars but also how this experience was uniquely tied to crossing the border to Mexico for shared linguistic and cultural experiences with other queer Latinxs. Thus, it is important that readers to recognize how the themes discussed below are not mutually exclusive but rather inform and build upon one another.

1. Same-Sex Romantic Partnerships

A major theme in our sample involved the impact of participants' partners' drinking habits, particularly when the partner was a heavy drinker. Nine participants noted how alcohol was used in these relationships as a means to cope with various sources of stress that included distal stress from the outside world as well as managing negative and/or abusive dynamics within the relationship. Furthermore, six participants noted how being romantically involved with another woman of color impacted their judgment of alcohol use. Specifically, drinking was not seen as a negative or maladaptive way to cope with stress but rather as a common recreational activity shared between partners. Furthermore, as described by a few participants ($n = 9$), there was a cultural understanding between partners that queer women of color dealt with a high degree of chronic stress which required daily coping outlets, such as moderate to high levels of drinking. This shared understanding normalized heavier drinking as a typical means to deal with a stressful life situation.

1.1 Impact of cultural elements on same-sex partnerships. Participants noted the strong impact that their romantic and sexual partners' consumption of alcohol had on their own drinking habits. In particular, nine participants described how alcohol was commonly used as a way to connect with their partners via easing tensions experienced from the outside world.

Neither one of us could really support each other in a healthy way. . . my immediate processing and coping mechanisms were drinking or smoking cigarettes because it was something that she did. I bonded with her like that.

There's obviously a relationship with toxic relationships and toxic behaviors for me. It's always when a person who is toxic enters my life, that I start to become more toxic with myself and my self-care. I kept dating alcoholics. I kept dating alcoholics. That was the biggest contributor towards my sobriety.

As noted by several participants ($n = 7$), shared regular consumption of alcohol with one's same-sex partner was often tied to the couples' ethnic and cultural ties to alcohol. These women discussed how drinking within the relationship was shaped by both women's cultural experiences and was particularly pronounced when both partners were women of color.

Looking at all of this stuff that I put down, my entire life is influenced by women of color. It's by Black women and by Brown women. I've only dated Black and Brown women. I feel like there's definitely an interesting intersect here because when I've dated Latinas more so, I've been more prone to alcohol.

I know that when I dated Latinas, it was more so because of the way we consumed alcohol. It was more of a ritualistic thing that you did. It wasn't so much like a stigmatized thing to do.

Participants' alcohol consumption was greatly impacted by the drinking patterns of their same-sex romantic partner. For the women in this sample, there was an intersectional connection with race and ethnicity, gender, and sexual orientation, such that each partner (in couples involving two women of color) brought their cultural traditions related to alcohol to the relationship. These traditions tended to prompt regular use of alcohol as part of the relational dynamic.

1.2 To cope with abuse within same-sex relationship. Eight participants shared how drinking was a means to cope with abusive patterns within their same-sex relationship. Namely, participants shared how they had limited access to social supports to deal with stressors within their romantic relationships, and unhealthy relational dynamics were often dismissed by peers because they involved two women.

I realize that I was in a physical and emotionally abusive relationship with my long time queer partner at the time. A lot of folks told me, well, if she's not hitting you, it's not abuse, like women argue all the time. They disagree all the time. Y'all are stubborn. Y'all want to be right.

As noted in the quote above, heavy drinking was used to navigate negative relational dynamics, which was a coping mechanism learned from their family of origin. A challenge described by seven participants was recognizing certain interactions with their same-sex partner as abusive. They did not have clear examples of what constituted a healthy (and unhealthy) same-sex relationship. Furthermore, when they shared concerns about abuse in their romantic relationships to others, these concerns were invalidated by others because abuse was not considered possible between two women.

2. Cultural and Familial Ties to Alcohol

Twelve participants described early exposure to alcohol use and dependence among their family members, particularly parents. This history of alcohol use was described as impacting their beliefs about alcohol consumption, indicated by neutral responses to daily alcohol use to ease life stress, and strong negative associations to parental alcohol use and its connection to abuse and violence within the home.

2.1 Alcohol abuse and dependence among caretakers. Several participants ($n = 12$) shared how alcohol was present in their lives for as long as they could remember. Namely, participants discussed how heavy drinking was a practice shared previously by family members, and shifted their perceptions of alcohol use, setting a high threshold for what was considered problem drinking.

My dad was an alcoholic. My uncles were alcoholics. My mom would only drink when she was angry. My older brothers, they started dropping out of high school because they were drinking, doing drugs and stuff.

I don't classify myself as a drinker because I don't get drunk. I'm not like my family in the same regard that they'll party all night and having that be a natural state of being.

Participants also shared worries about their potential for developing alcoholism given family members' heavy drinking patterns. It should be noted that participants often compared their drinking to that of male relatives, particularly noting how they were exposed to alcohol and drinking culture by fathers, uncles, and older brothers who regularly engaged in alcohol consumption to a degree that negatively impacted important areas of their lives. For a few participants ($n = 3$), being able to join male relatives in heavy drinking functioned as a way to build comradery and gain respect that was not typically granted to women and/or sexual minorities in their home communities.

2.2 Availability of alcohol to participants as youths. In addition to early exposure to heavy drinking, twelve participants shared how alcohol was also available to them at an early age, provided by or permitted by family caretakers. Availability involved lack of supervision when alcohol was in the home, as well as family members making alcohol readily available to youth.

My tia has bottles of Patron that she busts out in her living room with shot glasses ready. She'll spend hella money to upkeep that. I don't feel like for me it's an addiction but at the same time, the accessibility of alcohol in my house has made it a lot easier for me to drink.

I think that alcohol played a big part in my parent's lives. I think that shaped a lot of my relationship to alcohol. Particularly, culturally. I guess I didn't realize until high school that it wasn't normal to have a drink with your parents. Invite my friends over for dinner or whatever and my mom would offer them a drink.

Exposure and access to alcohol within participants' family of origin often shaped their relationship with drinking. A range of early familial connections

to alcohol were discussed including parental drinking being connected to abuse and violence in the home to daily heavy consumption as a normal part of participants' home life when growing up.

3. Social Norms Within Queer Spaces; Drinking as Normative Part of "Queer Coming of Age"

Drinking was described as an entry point for several participants' involvement in the queer women's community. Specifically, eight participants noted how entry to the women's queer scene was centered on gay bars and social events where drinking was highly encouraged. Participants made note of the safety of gay bars, describing the security they felt in knowing that other attendees were also sexual minorities, affirming of sexual minority individuals, or both.

We started going out. I was like, "Well, I'm in a bar, I guess I should have a drink. What do people drink? Can I get like a vodka cranberry or something?" Then we started going out all the time. Honestly, that summer I made all these friends and I was probably drinking nine out of ten nights.

I think I started partying really hard between the ages of 18 and 21 because I had that access to Tijuana, which is the Tijuana clubs. This is also definitely a very pinnacle point in my life where I was still very much questioning my sexual orientation, and the first introduction to gay life was probably going to these clubs in Mexico and going to these gay clubs that me and my friends would go and hang out and like kind of experience gay life in a world that we didn't really know that much of. I think we started seeking out community.

Several participants ($n = 6$) described how their perception of "the gay world" as well as social rules for being a member of the queer community was shaped by early adult experiences at gay bars. Thus, drinking was central to identity development as a sexual minority person and served as a rite of passage to the queer scene. Participants made explicit reference to the way alcohol was accessible but also existed as a social tool that brought sexual minority women together to build community.

I feel like drinking is definitely very much like a social thing. . . it's like everywhere you go you see like alcohol, and most gay events are alcohol sponsored and it's like sometimes hard to get away from, you know?

I would think like, what is the connection with queerness, and booze, and partying? There definitely seems to be like, I don't know if it's just the spaces that we're allowed to have or not.

Thus, the “queer coming of age” for this sample was shaped by both participants’ sexuality as well as their racial and ethnic backgrounds. Namely, the ways these identities intersected to form others’ perceptions of them as members of the queer community. Nine participants shared how they used drinking as a means to overcome nerves to approach and build community with queer women, particularly queer women of color.

4. Familial Rejection; Loss of Racial and Ethnic Community; Rejection in Relation to Sexual Orientation

Thirteen participants spoke to the significant role family rejection played in their identity formation, particularly their ability to remain connected to their primary social support networks. When reviewing participants’ lifelines, there was a clear link between familial rejection and drinking, with consumption becoming heavier when participants were dealing with the social and economic ramifications of familial rejection. It is important to note that the link between familial rejection and alcohol use was both direct and indirect. Participants used alcohol to combat immediate negative feelings as well as to deal with the stress that incurred as a result of losing familial support, such as having to face new social and economic stressors (e.g. being kicked out of one’s home). According to participants’ descriptions, rejection was often rooted in family members’ religious beliefs. There was an assumption by family members that participants could no longer be connected to faith, which the family members perceived as threatening to their own connection to a higher power.

So, my grandparents are very Catholic. . .when I had a girlfriend for a while, they actually wouldn’t talk to me. It hurt my feelings because they were the family that I lived with when I went to live in Mexico and then now they won’t talk to me.

Ten participants discussed how being open about their sexual orientation led to conflicts within the familial unit, with some family members wanting participants to no longer date women or leave the family altogether. This rejection was instrumental in participants’ stress levels, often resulting in dramatic rifts in the family, with the blame placed on participants. Below, a participant shared how her stepmother separated from her father so that her younger siblings would not be exposed to having an older queer sister.

She just decided she wasn’t okay with my sexuality anymore. She wasn’t going to explain to my stepbrothers that it was okay. She was going to raise them thinking what she believed, that it wasn’t okay. It was a sin. I didn’t know this was the reason she stopped talking to me and this was the reason she wasn’t calling me. I thought it was because her and my dad were having problems.

Rejection from family was particularly challenging for participants as it led to reduced social support and impacted critical spheres of their lives, such as housing and connection to younger siblings. Another important element to familial rejection, was the added layer of losing support that was rooted in a shared racial and cultural experience.

5. Chronic Stress

5.1 Daily occurrences of stress and hardship. Fourteen participants openly discussed using alcohol as a coping mechanism to deal with chronic stress that included both minor daily incidents as well as major life changing events. This included knowingly drinking more, to deal with particularly high levels of stress, as opposed to relying on other methods of stress reduction.

It's kind of like I'm drinking because I want to just let go, whether that be a certain, specific type of stress, or just general life stress. I feel like when I drink to get drunk, it's because I just want to have fun and not have to deal with everything else. . .I'm going to drink hard alcohol, and get drunk, and not have to focus on anything else.

I feel especially in the high points of the most emotional turmoil points in my life, definitely it was a crutch for me where I was like, 'Oh, I don't want to deal with these emotions, let me just have a drink and I don't have to feel, you know, I don't have to feel anything and I don't have to deal with it.

As demonstrated in the quotes above, participants used alcohol as an active coping practice, similar to the ways participants also described seeking out therapy or exercising to deal with stress. Furthermore, five participants shared that they used alcohol to reduce mental health symptoms instead of seeking out health supports and/or phytopharmaceuticals, as in the case of reducing racing thoughts or dealing with insomnia.

5.2 Economic challenges, including displacement. Economic hardship was a stressor shared by the majority of our participants. Participants resided in the San Francisco Bay Area and Sacramento regions where the daily cost of living was significantly higher than the national average. As a result, six participants described economic stressors as a shared cultural experience among sexual minorities and persons of color. In the first quote below, a participant shared how she did not rely on proactive coping mechanisms even though it was her job to do this work with her clients. She was employed at a community nonprofit organization that assisted residents with housing issues, the same challenge she was facing that led to heavy bouts of drinking.

It was definitely like I'm super stressed out. I should know how to cope because that's what I do all day long is tell people how to use healthy coping mechanisms but I'm like, I don't want to use healthy coping mechanisms. I just want to get drunk and not think about this.

Another participant shared how her drinking became excessive after her discharge from the Army. As noted by the participant, the stress she experienced was related to having to navigate a new world as a civilian in addition to no longer having a regular salary that she and her partner relied on to live in the San Francisco Bay Area.

When I got out of the Army, because they were doing cutbacks. . . Yeah, I'd say for six months between February and when I moved out here, well, I guess in June, I was drinking pretty heavily, because that was a major transition for me and I didn't know how to handle that except to be social and talk to other soldiers.

There was a shared experience across participants of the role economic hardship played in their lives. This experience served as an anecdotal point of reference that was present throughout the sample. Several participants ($n = 6$) discussed how heavy drinking was directly related to the economic strife they faced, making note of how they were evicted or forced to rely on living conditions that were unsafe and/or stifling to their ability to lead healthy lives that in turn led to alcohol abuse and dependence.

Discussion

Five major themes emerged in our study as influencing participants' alcohol use. We next contextualize our findings in relation to extant research on sexual minority women, making connections to research that also considers women's racial and ethnic identity experience. It should be noted that there is a major gap in available data on SMWOC. We will contextualize our findings to the best available data. The major themes identified in our study were not mutually exclusive. Participants' lived experiences in relation to race and ethnicity, sexual orientation, and gender identity were present throughout each major theme discussed and thus revealed the importance of considering intersectional experience as a constant factor present in the lives of SMWOC.

A consistent theme was the use of alcohol as a coping tool to combat stress, which is consistent with Hatzenbuehler's (2009) psychological mediation model. For our participants, drinking served to reduce the negative feelings associated with (a) daily experiences of discrimination and stigma and (b) indirect, long-term effects of facing discrimination and stigma during

their lifetime. For example, one participant, who resided in a Latinx enclave in the San Francisco Bay Area, shared how her landlord engaged in a campaign to evict her from her home, which she believed was connected to being an openly queer woman. The participant described developing mental health symptoms in relation to this incident which she coped with via heavy drinking. This finding is consistent with previous research on sexual minority Latinas. Cerezo (2016) found that discrimination related to ethnic minority and sexual minority status was a significant predictor of post-traumatic stress disorder and substance use in a sample of immigrant sexual minority Latinas. For example, Lewis et al. (2016) found that, in their sample of young lesbians adults (ages 18-35), Black lesbians' hazardous drinking occurred via sequential mediators of rumination, psychological distress, and drinking to cope. Thus, hazardous drinking was particularly influenced by the need to combat challenging emotional experiences among Black lesbians.

Consistent with Lewis et al. (2016), psychological distress, and drinking to cope, was present among our participants. Participants described how drinking was associated with combating stress in several domains, including dealing with familial rejection, tension, abuse faced in romantic partnerships, and economic hardship. Although we did not compare our sample to that of White sexual minority women or heterosexual women of color, we hypothesize that the intersectional experience of stress faced by our sample was pertinent in the ways they faced major stressors across their lives that in turn prompted drinking as a way to cope with stress.

Hughes, Johnson, Wilsnack, and Szalacha (2007) tested for relationships between childhood risk factors and alcohol abuse in adult lesbians and found that parental drinking problems was directly related to psychological distress, which, in turn, was directly related to lifetime alcohol abuse. Participants in our sample shared how parental drinking was frequently used to reduce stress, a behavior they adopted as adults; also significant was how participants rated the severity of their drinking in comparison to what they were exposed to growing up. Specifically, participants did not assess their drinking as problematic if it did not involve initiating hurtful, abusive behaviors with a partner (where they would be seen as the abuser). However, several participants in our sample were conscious of the hereditary nature of alcoholism and were thus aware of their potential for engaging in severe alcohol use.

Condit, Kitaji, Drabble, and Trocki (2011) found that drinking was linked to both familial rejection and family history of alcohol use in one's family of origin among their sample of sexual minority women. The majority of the participants in Condit et al.'s study reported negative reactions to their coming out, with several women describing this experience as traumatic. Similarly, several participants in our study reported strong, negative reactions

from their family upon coming out. Rejection resulted in loss of socio-emotional support and in some cases being asked to physically remove themselves from the family as to not influence the sexual orientation of other family members.

One of the more important of our findings was the way participants described familial rejection as particularly challenging to them, given their outsider status as women of color in the queer scene. Several participants made note of how family and home community served as the foreground from which they were able to understand their racial and ethnic position in the United States, including how to navigate the world as women of color. Thus, familial rejection resulted in participants losing critical spheres of social support tied to their cultural experience in the world.

Social support has been found by researchers to be a critical factor for maintaining positive socio-emotional outcomes among sexual minority communities. Snapp, Watson, Russell, Diaz, and Ryan (2015) found that, in their sample of White and Latino Lesbian, Gay, Bisexual and Transgender (LGBT) young adults (ages 21-25), social support from one's family, friends, and community were strong predictors of life situation, self-esteem, and esteem related to LGBT identity. Participants in our study also noted the importance of building community to foster the development of their social support network and positive esteem in relation to their sexual identity.

Another theme we identified in our sample was how participants primarily sought out social community in gay bars where alcohol was both available and central in how individuals connected. Reliance on gay bars as a social outlet has been well-established in the research literature (Dworkin, Cadigan, Hughes, Lee, & Kaysen, 2018). However, researchers have also made note of the serious risk associated with this process, including the trend for sexual minorities to perceive their peers as drinking in large amounts, which in turn drives their own drinking habits (Litt, Lewis, Rhew, Hodge, & Kaysen, 2015). Hamilton and Mahalik (2009) found, in their sample of gay men, that the relationship between perceptions of others' health behaviors and the gay men's own health behaviors was contingent on their experiences of minority stress. In other words, gay men were more heavily influenced by their peers' substance use when they faced a higher degree of minority stress. This finding makes clear the danger of building community and forging one's identity as a sexual minority individual in relation to the gay bar scene, in which alcohol use is central and has the potential for misuse.

Participants in our study also used drinking as a tool to combat stress caused by chronic daily experiences of stigma and discrimination and major stressful events such as familial rejection and losing one's residence due to economic hardship. It is important to note how the factors we identified

highlight the intersectional nature of lived experience and minority stress faced by our sample. From romantic partnerships to queer community and family of origin, stress experienced in each of these domains was uniquely impacted by the way participants negotiated their multiple minority statuses. In queer spaces, participants had to consider the ways race and ethnicity dictated their belongingness, while in their families of origin their sexual minority status resulted in loss of familial supports that were central to their lives as women of color. In summary, our findings demonstrate the importance of uncovering the underlying mechanisms that link intersectional minority stress and alcohol use. Although the link has been discovered in previous research, to our knowledge, we are the first to carry out an in-depth qualitative analysis of these issues.

Strengths and Limitations

Our results have several major strengths. First, we employed a methodological design that was rooted in participants' own language and subjective understandings of identity, stress, and alcohol use. We accomplished this via a constructivist grounded theory approach. Secondly, we relied on lifeline methodology (de Vries, 2013) to structure participants' disclosure of the major stressors in their lives and how these stressors were related to their coming out history and relationship to alcohol and drinking. By engaging with us through these methodologies, participants were able to dictate their experiences in ways that allowed them to guide the process themselves.

Another strength of our study was a commitment to utilizing terminology and cultural identifiers that were sensitive to diversity throughout all recruitment materials as well as during data collection. For example, our interviewers prompted participants to disclose their pronouns and employed open-ended questions to explore various aspects of identity formation. Thus, several participants identified as both women and nonbinary, as well as using gender neutral and/or mixed pronouns. There was also great diversity in our sample with respect to age, social class, coming out, and history of alcohol use. This diversity allowed for a wide breadth of culturally lived experiences that we captured in our findings.

A limitation of our study was that participants resided in the San Francisco Bay Area and Sacramento regions during the time of data collection. Thus, their experiences in relation to racial, ethnic, gender identity, and sexual orientation were shaped by a long history of civil rights movements rooted in these areas (e.g. Black Panther Party, Compton Cafeteria Riots). It is likely that participants had greater access to socio-community organizations and health resources than Latinx and African American sexual minority women

residing in other parts of the United States. Access to community supports and health resources likely impacted participants' experiences of stress and consequent responses to stress.

Implications for Research, Practice, Advocacy, and Education/Training

There is a significant gap in the psychology and health-related literature on most aspects of Latinx and African American sexual minority women's lived experiences. Thus, little is known about their unique experiences of identity development, stress, and health, as well as the resources needed to appropriately serve them. We suggest that future researchers explore a wide range of issues beginning with SMWOC's access to key institutions—a critical element in the understanding of minority stress—that include general health and specifically women's health access, mental health supports, and resources related to economic needs (e.g. housing, employment and career needs). Access to these resources may improve women's health while also reducing drinking and other maladaptive coping mechanisms. Furthermore, it is critical that researchers recognize the layered impact of minority stress in relation to race and ethnicity, gender identity, and sexual orientation, and employ methodological tools that speak to intersectional experiences. Several participants noted how the methodological tools we used allowed them to make connections between their cultural identities that had not been made previously. Thus, we recommend that researchers employ lifeline methodology (de Vries, 2013) or similar tools that assist participants with tracing stress across the lifespan. Additionally, simple shifts in data collection can also be affirming to participants, such as open-ended demographic questions that call for participants to consider their process of adopting cultural identifiers as well as how those identifiers interact to create dynamic experiences that accurately reflect the complexity of their lives.

Our results have several implications for clinical practice. First, several participants shared how they consciously engaged in drinking, versus seeking out mental health services, for fear that clinicians would not understand and/or invalidate their lived experiences of stress. It is therefore imperative that practitioners take careful stock of their training experiences and seek out opportunities to learn about stressors faced by sexual minorities, including the unique challenges faced by SMWOC. Furthermore, participants alluded to the high cost of therapy, which made it inaccessible as a proactive coping tool. It is critical that practitioners be cognizant of their regular clientele and do a thorough examination of whether their services are truly accessible to a sexually diverse community.

Our findings highlight important implications for advocacy efforts. Participants discussed the inaccessibility of psychological services, making clear that their lack of access was directly linked to their maladaptive coping practices (i.e. drinking) to deal with stress. Advocacy efforts may include employing open-ended demographic questions in intake paperwork that allow for reporting of the full spectrum of identity and cultural experience. These efforts would help participants feel affirmed from the outset of services. The participants in our study highlighted how gender identity should be considered from an expansive standpoint (Burnes & Chen, 2012; Cerezo et al., 2014), allowing for participants to choose identity labels that correspond to socio-historical (Adames & Chavez-Dueñas, 2017) and linguistic factors born from their cultural backgrounds.

We also suggest that there is a need for training programs to offer coursework and training that adequately represents the broad range of diversity present in sexual minority communities. We have demonstrated the unique intersectional challenges faced by participants in relation to queer community spaces and communities of color. It is therefore critical that trainees be exposed to a broad conceptualization of minority stress and learn ways to connect these stressors to mental health outcomes. Finally, Jackson (2017), who examined graduate students following the Pulse Nightclub Massacre, highlighted the isolation many sexual and gender minority students experience in graduate psychology programs. It is therefore critical that training programs recognize how issues impacting sexual minority communities in the outside world also occur within their own training programs, and provide students with resources that help them feel affirmed and able to seek out proactive coping practices.

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