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Social Identity and Substance Abuse in the Lesbian Community

Molly Kerby
Western Kentucky University

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SOCIAL IDENTITY AND SUBSTANCE ABUSE
IN THE LESBIAN COMMUNITY

A Thesis
Presented to
the Faculty of the Department of Public Health
Western Kentucky University
Bowling Green, Kentucky

In Partial Fulfillment
of the requirements for the Degree
Master of Public Health

by
Molly B. Kerby
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SOCIAL IDENTITY AND SUBSTANCE ABUSE
IN THE LESBIAN COMMUNITY

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Director of Thesis

Director of Graduate Studies Date
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The author would like to express her appreciation to Dr. Tom Nicholson and Dr. John White for their advice and support of this work on such short notice, and to Dr. Jimmie Price, Dr. Brent Tuthill, and Dr. Stephen Groce for providing expertise from their respective fields to get this project off the ground. She is also especially indebted to Dr. Richard Wilson for maintaining stability in carrying out this project under adverse circumstances.
The purpose of this study was to determine the degree of substance use (alcohol, tobacco, and other drugs) among members of the lesbian community. Additionally, the investigator attempted to determine if there was a relationship between negative social identity and low self-esteem that is reflected in higher rates of substance abuse. The data collection method employed in this study was a type of nonprobability sampling procedure referred to as a purposive sample. The questionnaire was derived from instruments used by other researchers and validated by an expert panel. In order to select respondents from the lesbian population to be included in the sample, the survey was placed on a web page and posted on the Internet. Data were collected on 76 lesbian and bisexual female respondents during a seven-month period. Results from a Pearson's Correlation, one-tailed test of significance
determined that there was a significant, positive relationship (p<.0001) between social identity and self-esteem. Though no significant relationship existed between social identity and substance abuse, respondents with higher levels of self-esteem reported significant uses of sedatives (p<.05), tranquilizers (p<.05), speed (p<.01), and inhalants (p<.05).
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CHAPTER 1

Introduction

Current knowledge is somewhat limited in the area of lesbian health problems. Modern medicine has often failed to include women at all in medical research. Clinical research, diagnostic methods, and treatments have been flawed by an androcentric bias, or what is more commonly referred to as the male perspective (Rosser, 1994). Obstetrics/gynecology has been the only medical area dedicated exclusively to women's health, but clinical trials, or protocols, in this area are limited to Caucasian women. The diverse social characteristics of women of color, older women, and especially lesbians lead to unique health needs within these female communities. Additionally, the psychosocial effects of racism, ageism, and homophobia are virtually untouched as a topic for health science research. As a result, negative stereotypes and prejudices are considered as the norm rather than conclusions based on sound statistical data. Unfortunately, due to a lack of adequate representation of women in medical protocols, especially minorities, very little is known about their health problems or how to treat them.
Substance abuse among women tends to be highly stigmatized in the American culture. Being both a lesbian and a substance abuser dramatically increases that degree of stigmatization. Clinicians, researchers, and the lesbian community all suspect that substance abuse is more prevalent and more severe in the lesbian community than in the general population. However, obtaining accurate statistical information concerning the prevalence of substance abuse in the lesbian community is generally very difficult because that population is, for the most part, "hidden" from society (Stern, 1993).

Though there have been only a small number of studies conducted on the prevalence of substance abuse in the gay and lesbian community, it is evident that lesbians constitute a part of the high-risk population. A more perplexing question, however, is why does this risk status exist?

Women in the American culture are still victims of oppression in virtually all aspects of their lives. Being a lesbian magnifies the already inherent complications of dominance and persecution. Fear of "coming out," or of sexual orientation being discovered by close friends, family, colleagues, and others can produce stress, cause emotional pain, and inhibit expressions of intimacy.
Internalizing society’s negativity can lead to self-hatred that can result in feelings of alienation, low self-esteem, and self-destructive behavior such as substance abuse.

**Purpose of the Study**

This researcher attempted to determine the existence of a relationship between negative social identity and low self-esteem that is reflected in higher levels of substance abuse in the lesbian community. The investigator will compare data among these three variables and determine how they relate to specific demographic information. A second intent of this study is to explore the use of the Internet as a research method for accessing hard-to-reach populations. A similar study using the Internet as a tool for collecting data on the prevalence of recreational illicit drug use is currently being conducted and is entitled Drugnet (Nicholson, White, and Duncan, 1998).

**Definition of Terms**

In reality sexual orientation is not necessarily a dichotomous variable. Some women who consider themselves to be lesbians have sexual relationships with both men and women. The interplay between sexual behavior and sexual orientation is extremely complex and tends to be shaped by social contexts rather than personal preference. However,
for purposes of this research, the following definitions will be adapted: (Norman, et al., 1996).

Lesbian - a woman who has exclusive interest in relationships, including those related to sexual desires, with other women.

Bisexual - a woman who has interest in relationships, including those related to sexual desires, with both women and men.

Self-esteem - the level of belief and self-respect individuals have for themselves.

Social identity - the level of an individual’s perception of favorable acceptance by society.

"Coming-out" - acceptance of one’s sexual orientation either through personal realization or through sharing one’s sexual identity with friends and family.

Need for the Study

"Gay" bars have traditionally provided a safe place for socialization for members of the lesbian community. These bars create an accepting collective away from the prejudices of society. Unfortunately, they also promote the use of alcohol and other substances. In the past, many gay bars even sold inhalants such as "poppers." Therefore, breaking away from the security of the bar presents threats of isolation to many lesbians that are not found in the
heterosexual community. As a result, for those who are chemically dependent, recovery is not only the process of overcoming an addiction but a rebuilding of social networks as well. Severing codependent relationships is often necessary for all recovering addicts, though their social networks are not so centered on sexual identity. Since most twelve-step recovery programs are centered on the notion of empowerment, many lesbians oppose them because they feel that such programs are hypocritical in that they are a product of the white, male, Christian, middle-class culture that serve as the oppressor (Stern, 1993).

For these reasons, there is a pressing need for intervention and treatment programs that address the specific needs of the lesbian community. The issue of alcohol and other drug (AOD) use in the lesbian community is complex, and simply approaching only the issue of addiction is ineffectual. Programs designed for this community must incorporate the multiple causes of AOD use and be tailored according to these unique characteristics.

**Theoretical Considerations**

Cultural and political changes have marked several "generations" in the gay community since the late 1960s. Historical episodes such as the Stonewall riots, lesbian-feminism (1973-1980), the anti-pornography debates (1978-
1984), and the advent of AIDS (probably the most significant) have prompted several paradigms in lesbian and gay studies (Escoffier, 1992). In his outline, Generations and Paradigms: Mainstreams in Lesbian and Gay Studies, Escoffier discusses the search for authenticity (1969-1976), the social construction of identity (1976-present), essential identity (1975-present), difference and race (1979-present), and cultural studies as the five post-Stonewall paradigms that receive continued support.

One of the most prominent and studied paradigms in lesbian and gay studies is the social construction of identity. The ideology surrounding social construction of identity is that homosexual identity is developed separately from sexual preference identity. In other words, it is the development of an individual's identity as "who I am." In a prominent work, Cass (1990) describes this complex process as six stages of development: **Stage 1:** Identity Confusion; **Stage 2:** Identity Comparison; **Stage 3:** Identity Tolerance; **Stage 4:** Identity Acceptance; **Stage 5:** Identity Pride; and **Stage 6:** Identity Synthesis. Stages 1 through 3 describe the psychological processes involved in identity development from defining homosexual thoughts, emotions, and/or actions ("I may be gay.") to accepting these thoughts, emotions, and/or actions as homosexual ("I
am gay.

Stages 4 through 6 describe the psychosocial aspects of identity development. These are the stages in which identity is defined through the individual's perception of social expectations ranging from fear of family and friends discovering one's sexual orientation to being an integrated part of the heterosexual society. The latter three stages are actually the "social identity" development stages. At this point, individual identities are categorized by membership in the gay as well as the heterosexual community.

Social identity theory was formulated in the late 1970s by Tajfel and is one of the major social psychological theories of intergroup relations and group processes. Central to social identity theory is the tenet that individuals are connected to social structures through self-definitions as members of certain social categories. There is no implication of right or wrong ideologies within these social structures, just a conception of the social structure that forms individual social identities as a member of particular social categories (Abrams & Hogg, 1990).

Social identity theory is based on two underlying processes: categorization and self-enhancement. Categorization, as in symbolic interactionism, is the
cognitive process that assigns subjective meaning to stereotypes and norms in a group, or category, and allows for individual interpretation. Stereotypical perceptions of a particular group are an individual’s image of certain sets of characteristics, either favorable or unfavorable, that define that entire group. Normative perceptions, on the other hand, are an individual’s definition of acceptable behavior in specific situations. Self-enhancement guides the social categorization process so that these perceived norms and stereotypes are favorable (Robinson, 1996). In other words, it is assumed that an individual’s membership in a particular group is a categorization of positive stereotypes and normative beliefs. However, assumptions may differ depending on the status of the individual. For example, it is well known that all people have multiple identities (i.e., mother, wife, daughter, chemist, professor, etc.). These identities can also be dominant (i.e., white, male, heterosexual, Protestant, etc.), or they can be "minority" identities (i.e., Asian, female, homosexual, Hindu, etc.) (Cox & Gallois, 1996). Dominant identities would tend to carry positive stereotypes and norms as stated in the context of social identity theory while minority identities would be associated with negative stereotypes and norms.
The development of the lesbian social identity is a complex matter. Adoption of the last three stages of Cass's (1990) model is stifled by the negative connotations involved in the stereotypes and norms of multiple minority identities. In turn, the formation of negative identity labels can be internalized resulting in low self-esteem, self-destructive behavior, and social isolation.

**Research Hypothesis**

Negative social identity within the lesbian community leads to low self-esteem that is reflected in higher rates of substance abuse.

**Basic Assumptions**

The assumptions of this study are as follows:

1. All respondents will answer the questionnaire honestly and correctly.
2. At least some of the members of the target population use the Internet as a resource.

**Limitations**

1. The unique surveying method of the research project does not allow for a random sample.
2. Using the Internet to facilitate the data collection does not allow for control of any external variables (for example, age and ethnicity) pertaining to the respondents. The researcher can only assume that the
respondents are of the specified age group, ethnic group, etc.

3. Due to the sensitivity of the questionnaire, respondents may be reluctant to participate due to a fear of their sexual identity and/or substance abuse problem being made public.

4. Using the Internet will exclude those who do not have access to the Internet.
CHAPTER 2

Review of Literature

The only available comprehensive study on lesbians and substance use (Bradford, Ryan, and Rothblum, 1994) was based on a national convenience (nonrandom) sample (n=1,925). Table 1 shows the percentages of subjects who abused specific substances by frequency of use. Table 2 shows the percentages of the subjects' use of tobacco by frequency of use, their age, and their race/ethnicity. And Table 3 shows the percentages of the subjects' use of alcohol by frequency of use, age, and ethnicity. In addition to these findings, an unusually high number (14%) of the respondents were worried about their consumption of alcohol. Another discovery in the study was that daily consumption of alcohol increased with age (10% for those aged 45-54 and 21% among those 55 and older). Middle-aged (36%) and older lesbians (38%) were also more frequent daily smokers than younger lesbians, and African-American lesbians reported higher percentages (49%) of daily tobacco use. Although the Bradford, Ryan, and Rothblum study is the only known investigation based solely on the lesbian population, it is quite apparent that the patterns of
substance abuse are different even between the subgroups of the community itself.

Another significant study, the Trilogy Project, consisted of a longitudinal study of lesbians and gays living in and around two southern metropolitan areas. The authors examined epidemiological data on lifetime, past year, and past month prevalence rates for the use of 6 illicit, 4 psychotherapeutic, and 2 licit drugs and comparative data from the National Household Survey on Drug Abuse (NHSDA). The authors collected self-reported data from 1,067 respondents from the lesbian and gay community. They found that the respondents used significantly more marijuana (34.6%) than reports showed for the general population (6%). Inhalant use was also greater among the respondents (4.5%) in this study than reported use in the general population (.7%). And the use of alcohol in the past year (87.1%) was higher in the gay and lesbian community than in the general public (60.2%) (Skinner and Otis, 1996).

In an ethnographic interview study, 35 lesbians living in the San Francisco Bay Area in recovery from alcohol problems were interviewed. All 35 women reported using alcohol, and 91% reported abusing other drugs as well. Many also reported difficulties with other compulsive behaviors concerning food (34%), codependency (23%), sexual
activity (11%) or money (6%). Length of time in recovery ranged from 1 to 25 years (mean=6). Seventy-four percent of the participants were actively involved in Alcoholics Anonymous (AA), and the 26% who did not participate in AA were familiar with the program (Stern, 1993). Through this study it becomes apparent that AOD abuse in the lesbian community is a complicated issue.

The majority of current research involving the lesbian population concentrates on the process of "coming out." For most women, "coming out of the closet," so to speak, can be defined as a process of going through several periods of development that integrate their lesbianism into a healthy concept; however, this journey can be an extremely painful and difficult one. When a woman connects her sense of being different with same-sex feelings, a time of dissonance and inner turmoil begins. She faces conflict between the traditional views of socialization, which teaches that marriage and children are necessary for fulfillment, and her feelings. She is also faced with value conflicts and cultural expectation that produce anxiety and shame (Lewis, 1984). Within the context of the heterosexual community, lesbians form a negatively valued group. Therefore, an important part of the coming out process is making contact with other lesbians to alleviate
Table 1

Use of Drugs in a Lesbians Sample by Frequency of Use, 1994, (n=1924), in percents

<table>
<thead>
<tr>
<th></th>
<th>Daily</th>
<th>&gt;1/week</th>
<th>&gt;1/month</th>
<th>&lt;1/month</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>30</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>58</td>
</tr>
<tr>
<td>Alcohol</td>
<td>6</td>
<td>25</td>
<td>30</td>
<td>23</td>
<td>17</td>
</tr>
<tr>
<td>Marijuana</td>
<td>5</td>
<td>9</td>
<td>8</td>
<td>25</td>
<td>53</td>
</tr>
<tr>
<td>Cocaine</td>
<td>--</td>
<td>1</td>
<td>2</td>
<td>16</td>
<td>81</td>
</tr>
<tr>
<td>Tranquilizers</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>89</td>
</tr>
<tr>
<td>Stimulants</td>
<td>--</td>
<td>--</td>
<td>2</td>
<td>6</td>
<td>92</td>
</tr>
<tr>
<td>Heroin</td>
<td>0</td>
<td>0</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

Note. Dashes indicate that percentages fell below one.

(Bradford, Ryan, and Rothblum, 1994).
Table 2

**Use of Tobacco in a Lesbian Sample by Frequency of Use, Age, and Race/Ethnicity, 1994 (n=1791), in percents**

<table>
<thead>
<tr>
<th></th>
<th>Daily</th>
<th>&gt;1/week</th>
<th>&gt;1/month</th>
<th>&lt;1/month</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>30</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>58</td>
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<tr>
<td><strong>Age (years)</strong></td>
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<tr>
<td>17-24</td>
<td>32</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>54</td>
</tr>
<tr>
<td>24-34</td>
<td>28</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>59</td>
</tr>
<tr>
<td>35-44</td>
<td>30</td>
<td>4</td>
<td>2</td>
<td>5</td>
<td>59</td>
</tr>
<tr>
<td>45-54</td>
<td>36</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>60</td>
</tr>
<tr>
<td>55 or older</td>
<td>38</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>60</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latina</td>
<td>31</td>
<td>8</td>
<td>1</td>
<td>8</td>
<td>51</td>
</tr>
<tr>
<td>African-American</td>
<td>49</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>39</td>
</tr>
<tr>
<td>White</td>
<td>29</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>60</td>
</tr>
</tbody>
</table>
Table 3

Use of Alcohol in a Lesbian Sample by Frequency of Use, Age, and Race/Ethnicity, 1994 (n=1852), in percents

<table>
<thead>
<tr>
<th></th>
<th>Daily</th>
<th>&gt;1/week</th>
<th>&gt;1/month</th>
<th>&lt;1/month</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>6</td>
<td>24</td>
<td>30</td>
<td>23</td>
<td>17</td>
</tr>
<tr>
<td>Age (years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17-24</td>
<td>3</td>
<td>29</td>
<td>40</td>
<td>17</td>
<td>11</td>
</tr>
<tr>
<td>24-34</td>
<td>3</td>
<td>25</td>
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<td>35-44</td>
<td>7</td>
<td>24</td>
<td>26</td>
<td>24</td>
<td>18</td>
</tr>
<tr>
<td>45-54</td>
<td>10</td>
<td>24</td>
<td>24</td>
<td>25</td>
<td>17</td>
</tr>
<tr>
<td>55 or older</td>
<td>21</td>
<td>19</td>
<td>19</td>
<td>23</td>
<td>18</td>
</tr>
</tbody>
</table>

| Race/Ethnicity     |       |         |          |          |       |
| Latina             | 5     | 33      | 28       | 20       | 13    |
| African-American   | 3     | 25      | 30       | 19       | 23    |
| White              | 6     | 25      | 29       | 24       | 26    |
feelings of isolation. Once contact is made with the community, positive reinforcement for lesbian identity occurs through interdependence (Turner, 1984). Unfortunately, the support group largely shapes social identity. If the particular group associates itself with negative social identity, this conceptualization can be internalized in the individual resulting in low self-esteem (Cox and Gallois, 1996).

In a study conducted by Sorensen and Roberts (1997) concerning the use of mental health services by lesbians, only 15.1% identified themselves as alcoholics. However, many more (29.1%) had attended AA meetings. Almost a quarter (24.4%) reported drinking two or more drinks per day, though a quarter reported abstaining from alcohol use altogether. Of the lesbians that reported drinking alcohol, 65.5% considered themselves normal drinkers. Although only 28% of the women reported seeking therapy for depression, 67% reported having suicidal thoughts at some point in their lives and 18% stated that they had made an actual suicide attempt. It is significant to note that more than 50% of these attempts were made before the age of 18, and the most common method of attempted suicide (47.7%) was by drug overdose. Though research is limited, it appears that AOD use rates are higher among lesbian women.
than among heterosexual women. Some studies suggest that drinking patterns of lesbians are more consistent with national norms for male drinkers than for female drinkers (Rosser, 1994). It is important to note that the unique causes of AOD abuse must be identified before appropriate and effective treatment programs can be designed.
CHAPTER 3

Methods and Procedures

Research Hypothesis

Negative social identity within the lesbian community leads to low self-esteem that is reflected in higher rates of substance abuse. The researcher using information from available literature and the recommendations of a panel of experts selected all variables thought to be relevant to the outcome of the study.

Research Design

The data collection method employed in this study will be a type of nonprobability sampling procedure referred to as a purposive sample. The data were collected using a type of survey frequently employed in collecting social data. The survey consisted of four separate components: 1) factual questions designed to elicit demographic information, 2) subjective information designed to elicit the respondents' perception of how well they "fit" in the heterosexual community, 3) behavioral information involving alcohol and drug use habits, and 4) subjective questions.
examining the respondents' perception of their substance use.

In order to select respondents from the lesbian population to be included in the sample, the survey was placed on a web page and posted on the Internet. The "Home Page" and the "Form Page" were constructed using Geocities' Hypertext Markup Language (HTML) editors, a free web-based service (Appendix A). The Home Page contains information about women's health and the researcher. The Form Page hosted the questionnaire, an age disclaimer, an explanation of the research project, assurance of anonymity, and a statement of informed consent (Appendix B). The respondents were also given the option to print a mail-in consent form from another page and mail it to the researcher (Appendix C). Colors and graphics were carefully chosen to encourage readers to continue the survey process, yet conform to professional ethics. The Form Page includes a FORMS tag that specifies a fill-out form. The FORM was set up with a SEND and RESET button only (no request for e-mail addresses was made). The method used for set up was FORM METHOD=POST. This method sent the fill-out form's contents in a data body rather than part of URL. The results were submitted via e-mail from the Form Page HTML and forwarded to the researcher's
e-mail address. The respondents’ e-mail addresses were not transmitted through the Internet. The researcher’s e-mail address was included in the event participants wanted to add comments or ask questions about the study. However, the participants were advised that responding in this manner would forfeit anonymity.

**Sampling Design**

The Home Page was placed in one of GeoCities "neighborhoods." GeoCities has arranged its websites in specific areas of interest such as entertainment, health, women’s issues, etc. This particular web page was included in the WestHollywood/Stonewall Neighborhood (an Internet community based on gay, lesbian, bisexual, and transgendered lifestyles) and was added to an appropriate web ring in that community. A web ring is an Internet site managed by a group or an individual that connects or links a series of related web pages together, thus enabling users to view web sites of the same nature without searching through lists of topics. The site was registered with all available search engines and indexed only through 5 key words to aid in limiting uninterested visitors to the site. In addition to the survey itself, other links to various lesbian and gay organizations involved in Internet interactions such as the National Gay and Lesbian Task
Force, Lesbian Resource Project, and the National Lesbian Political Action Committee were added to the Form Page. The site was also incorporated into the Lesbian Health and Women Loving Women web rings.

Sample Size

The size of the sample depended upon the number of willing respondents in the lesbian community. Therefore, sample size could not be determined in advance of collecting the data. However, the goal was to obtain the largest sample possible in order to keep sampling error at a minimum. Predicting the outcome of participation in this study based on precedence was extremely difficult due to the unique method of data collection. The method of data collection used in the study was purposive or convenience sampling.

Instrumentation

The researcher designed a 44-item questionnaire applying several scaling techniques. The first section of the survey contains the following independent variables as fully described in Appendix D: sexual orientation, race, age, age of "coming out," relationship status, employment status, education, and religious preference. These variables represent demographic information that could have an effect on both the respondents’ level of social identity
and alcohol and drug use behavior. The second section of
the survey was a series of subjective experience questions
(i.e., subjective definition of reality) both positively
and negatively worded, regarding social identity. These
dependent variable items were based on a forced-answer, two
category set of responses. Each item called for answering
either of the fixed-alternative expressions "T" (signifying
true) or "F" (signifying false). For this response
dichotomy, numerical weights of 0 and 1 were assigned to
the positively worded questions. The order was reversed, 1
and 0, for the negatively worded questions. This method of
reverse coding is used to assess internal validity. A
total score for each respondent was calculated by summing
the value of each item answered. The range of possible
scores was divided in half to obtain an intermediate score
value. Scores above the intermediate values were
identified as the "positive social identity category," and
scores below were the "negative social identity category."
The dependent variable of social identity was therefore
dichotomous (consisting of two categories only).

The dependent questions concerning substance (alcohol
and drug) use were taken from the National Household Drug
Survey (1996). Only questions involving the frequencies of
use were utilized for this study.
The last four subjectively oriented true or false questions involved the respondents' perception of their behavior: a) I do not have a problem with alcohol or drugs of any kind, b) I am worried about my alcohol and/or drug use, c) I am currently seeking help for my alcohol and/or drug problem, and d) I should seek professional help for my alcohol and/or drug problem.

To reduce researcher bias, a trial questionnaire was given to a convenience sample (n=50) using clientele from a fall retreat/workshop for lesbians at a bed and breakfast in northern Ohio. The survey process was completed through direct administration rather than on the Internet. Respondents were selected on voluntary bases and will remain anonymous. Respondents were also asked for suggestions on improving the questionnaire. Cronbach’s alpha was used to measure the internal reliability of the multi-item indices and evaluate the validity and reliability of the questionnaire. As a result of this trial data collection, several survey changes were made before administering it to the target population.
CHAPTER 4

Results

Analysis of Data

After the collection process was completed, the researcher prepared the data for analysis by the researcher and processed it using SPSS 8.0 (WINDOWS). Simple frequency distributions were initially run to insure that the data were properly entered.

The data analysis consists of two parts: simple frequency distributions describing the sample population and a multiple regression analysis. Since the research hypothesis indicates direction, a one-tailed test of statistical significance was utilized throughout.

Demographics

Seventy-six respondents from the lesbian and bisexual community (n=76) used for the final analysis. All data were collected from the Internet during 1998 and 1999. The results in Table 4 indicate that 77.6% of the respondents considered themselves to be Lesbian, and 21.1% considered themselves to be bisexual.
Table 5 indicates that the majority (60%) of the respondents were between the ages of 18 and 34, and that 82.7% were under the age of 45. Only 17% of the respondents reported that they were over the age of 45. Table 6 shows that 93% of the respondents had some education beyond high school. Twenty eight percent had graduated either from college or a post-secondary institution.

Table 7 illustrates that an overwhelming majority (81.1%) of the respondents were employed at least part-time and the majority (60.8) were employed full-time. Only one person indicated that she was unemployed and 13 women reported some other employment status.

Table 8 shows that 40.8% of the respondents reported that they were single -- or not in any type of relationship -- and 59.2% reported they were currently in some sort of a relationship.

Table 9 illustrates the majority (78.3%) of the respondents were White. Approximately one fifth of the respondents were nonwhite.

In Table 10, only 33.4% of the respondents indicate that they associate themselves with one of the three predominant categories of organized religion in the United States. And, 66.7% either practice some other form of
Table 4

Respondents’ Reported Sexual Orientation (n=76)

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesbian</td>
<td>59</td>
<td>77.6</td>
</tr>
<tr>
<td>Bisexual</td>
<td>16</td>
<td>21.1</td>
</tr>
<tr>
<td>Neither</td>
<td>1</td>
<td>1.3</td>
</tr>
</tbody>
</table>

Total                76        100.0

Note. Respondents replying "Neither" were instructed to exit the page.
Table 5

*Age of Respondents (n=76)*

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24 years old</td>
<td>24</td>
<td>32.0</td>
</tr>
<tr>
<td>25-34 years old</td>
<td>21</td>
<td>28.0</td>
</tr>
<tr>
<td>35-44 years old</td>
<td>17</td>
<td>22.7</td>
</tr>
<tr>
<td>45-54 years old</td>
<td>7</td>
<td>9.3</td>
</tr>
<tr>
<td>55-64</td>
<td>5</td>
<td>6.7</td>
</tr>
<tr>
<td>65+</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>76</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
### Respondents' Highest Level of Education (n=76)

<table>
<thead>
<tr>
<th>Highest Level of Education</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Graduate/GED</td>
<td>5</td>
<td>6.7</td>
</tr>
<tr>
<td>Some College or Post Secondary School</td>
<td>28</td>
<td>37.3</td>
</tr>
<tr>
<td>College or Post Secondary Graduate</td>
<td>21</td>
<td>28.0</td>
</tr>
<tr>
<td>Some Graduate Work</td>
<td>9</td>
<td>12.0</td>
</tr>
<tr>
<td>Graduate or Professional Degree</td>
<td>12</td>
<td>16.0</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**Total** 76 100.0
Table 7

Respondents’ Employment Status (n=76)

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
<td>45</td>
<td>60.8</td>
</tr>
<tr>
<td>Part-time</td>
<td>15</td>
<td>20.3</td>
</tr>
<tr>
<td>Unemployed (non disabled)</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
<td>17.6</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>76</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Relationship Status</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single (no significant other)</td>
<td>31</td>
<td>40.8</td>
</tr>
<tr>
<td>Not Co-habitating (but have significant other)</td>
<td>18</td>
<td>23.7</td>
</tr>
<tr>
<td>Co-habitating w/same sex partner</td>
<td>17</td>
<td>22.4</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>13.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>76</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
Table 9

**Race of Respondent (n=76)**

<table>
<thead>
<tr>
<th>Race</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-White</td>
<td>15</td>
<td>21.7</td>
</tr>
<tr>
<td>White</td>
<td>54</td>
<td>78.3</td>
</tr>
<tr>
<td>missing</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>76</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 10

Respondents' Religious Preference (n=76)

<table>
<thead>
<tr>
<th>Religious Preference</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic</td>
<td>12</td>
<td>16.0</td>
</tr>
<tr>
<td>Protestant</td>
<td>11</td>
<td>14.7</td>
</tr>
<tr>
<td>Jewish</td>
<td>2</td>
<td>2.7</td>
</tr>
<tr>
<td>Other</td>
<td>26</td>
<td>34.7</td>
</tr>
<tr>
<td>None</td>
<td>24</td>
<td>32.0</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Total 76 100.0
religion or do not affiliate themselves with any religious practice.

Correlation Analysis

The subjective questions were identified as either dealing with self-esteem or social identity. Numerical weights of 0 and 1 were assigned to the positively worded questions in each category. The order was reversed, 1 and 0, for the negatively worded questions. A total score for each respondent was calculated by summing the value of each item answered. For social identity questions, the range of possible scores was divided in half to obtain an intermediate score value. Scores above the intermediate values were identified as the positive social identity category, and scores below were described as the negative social identity category. The same method was applied to questions dealing with self-esteem. The Correlation Matrix illustrated in Table 11 Shows that the respondents social identity and self-esteem were positively correlated (p<.0001). A statistically significant relationship between self-esteem and the use of sedatives (p<.05), tranquilizers (p<.05), speed (p<.01), and inhalants or "rush" (p<.05) also existed. A distribution describing the respondents' frequency of use of particular substances is shown in Table 12.
Test of Hypothesis

Table 11 shows that there was a significant relationship between social identity and self-esteem among the respondents who completed the survey. However, there was no significant relationship between social identity and ATOD use. The correlation analysis did show that there was a positive relationship between higher self-esteem and the use of sedatives, tranquilizers, amphetamines, and inhalants or "rush." Though the use of several specific drugs seems to be related to self-esteem, social identity did not prove to be a significant factor in the relationship among the three constructs.

Discussion

The lack of correlation among the variables may be a result of the small sample size (n=76). According to Nachmias and Nachmias (1992), the size of the sample inherently produces the standard error. Therefore, the smaller the sample, the higher the potential for error. A larger, random sample from the entire population would have provided greater opportunity for determining correlation among the variables. Since this sample was not a random one, drawing conclusions about the behaviors of lesbians in the general population is limited (Bohrnstedt and Knoke, 1994).
Table 11

Correlation Matrix of Substance Use Behaviors of the Respondents

Regressed on Social Identity and Self-esteem (Pearson Correlation - Sig. (one-tailed))

<table>
<thead>
<tr>
<th></th>
<th>SI</th>
<th>SE</th>
<th>How Often Drunk</th>
<th>Gotten Very High or Drunk</th>
<th>Use of Sedatives</th>
<th>Use of Tranquilizers</th>
</tr>
</thead>
<tbody>
<tr>
<td>SI</td>
<td>1.000</td>
<td>**.483</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td>SE</td>
<td>**.483</td>
<td>1.000</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td>How Often Consumed Alcoholic Beverage</td>
<td>.157</td>
<td>.080</td>
<td>.276</td>
<td>.022</td>
<td>.022</td>
<td>.022</td>
</tr>
<tr>
<td>Gotten Very High or Drunk</td>
<td>.147</td>
<td>.190</td>
<td>**.703</td>
<td>x=2.140</td>
<td>.159</td>
<td>**.903</td>
</tr>
<tr>
<td>Use of Sedatives</td>
<td>.006</td>
<td>* .242</td>
<td>**.308</td>
<td>* .268</td>
<td>x=1.316</td>
<td>x=1.263</td>
</tr>
<tr>
<td>Use of Tranquilizers</td>
<td>-.048</td>
<td>* .242</td>
<td>**.228</td>
<td>.159</td>
<td>**.903</td>
<td>x=1.263</td>
</tr>
<tr>
<td>Use of Amphetamines</td>
<td>.100</td>
<td>* .325</td>
<td>**.409</td>
<td>**.422</td>
<td>**.678</td>
<td>**.629</td>
</tr>
<tr>
<td>Use of Narcotics</td>
<td>.230</td>
<td>.007</td>
<td>.001</td>
<td>.001</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td>Use of Marijuana</td>
<td>-.040</td>
<td>.047</td>
<td>* .238</td>
<td>.139</td>
<td>**.416</td>
<td>**.481</td>
</tr>
<tr>
<td>Use of Marijuana</td>
<td>.348</td>
<td>.364</td>
<td>.037</td>
<td>.151</td>
<td>.001</td>
<td>.000</td>
</tr>
<tr>
<td>Use of Inhalants</td>
<td>-.142</td>
<td>.008</td>
<td>**.333</td>
<td>**.395</td>
<td>* .257</td>
<td>.157</td>
</tr>
<tr>
<td>Use of &quot;coke&quot;</td>
<td>.127</td>
<td>* .246</td>
<td>.099</td>
<td>* .239</td>
<td>**.427</td>
<td>**.411</td>
</tr>
<tr>
<td>Use of &quot;coke&quot;</td>
<td>.173</td>
<td>.032</td>
<td>.232</td>
<td>.036</td>
<td>.000</td>
<td>.001</td>
</tr>
<tr>
<td>Use of Tobacco</td>
<td>.218</td>
<td>.171</td>
<td>.279</td>
<td>.209</td>
<td>.206</td>
<td>.141</td>
</tr>
<tr>
<td>Smoke Cigarettes</td>
<td>.051</td>
<td>.102</td>
<td>.018</td>
<td>.059</td>
<td>.062</td>
<td>.148</td>
</tr>
</tbody>
</table>
Table 11 (continued)

<table>
<thead>
<tr>
<th></th>
<th>Use of Amphetamines</th>
<th>Use of Narcotics</th>
<th>Use of Marijuana</th>
<th>Use of Inhalants</th>
<th>Use of &quot;coke&quot;</th>
<th>Smoke Cigarettes</th>
</tr>
</thead>
<tbody>
<tr>
<td>SI</td>
<td>1.280</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How Often Drunk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gotten Very High or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drunk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of Sedatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of Tranquilizers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of Amphetamines</td>
<td>1.280</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>.726</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of Narcotics</td>
<td>.237</td>
<td>1.280</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>.038</td>
<td>.675</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of Marijuana</td>
<td>.214</td>
<td>.229</td>
<td>1.965</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>.056</td>
<td>.043</td>
<td>.133</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of Inhalants</td>
<td>**.323</td>
<td>.205</td>
<td>.005</td>
<td>1.035</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>.007</td>
<td>.063</td>
<td>.485</td>
<td>.133</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of &quot;coke&quot;</td>
<td>**.601</td>
<td>**.343</td>
<td>**.337</td>
<td>**.569</td>
<td>1.193</td>
<td></td>
</tr>
<tr>
<td></td>
<td>.000</td>
<td>.005</td>
<td>.005</td>
<td>.000</td>
<td>.186</td>
<td></td>
</tr>
<tr>
<td>Smoke Cigarettes</td>
<td>**.382</td>
<td>.116</td>
<td>**.239</td>
<td>.014</td>
<td>.151</td>
<td>2.860</td>
</tr>
<tr>
<td></td>
<td>.002</td>
<td>.196</td>
<td>.037</td>
<td>.485</td>
<td>.257</td>
<td>1.88</td>
</tr>
</tbody>
</table>

** Indicates p<.001.  *Indicates p<.05.
### Table 12

**Respondents’ Reported Use of Particular Substances (n=76)**

<table>
<thead>
<tr>
<th>Substance</th>
<th>How often Consumed Alcohol</th>
<th>Gotten very high or drunk</th>
<th>Used Sedatives</th>
<th>Used Tranquilizers</th>
<th>Used Amphetamine</th>
<th>Used Narcotics</th>
<th>Used Marijuana</th>
<th>Used Inhalants</th>
<th>Used Cocaine</th>
<th>Smoked Cigarettes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Daily</td>
<td>Frequently</td>
<td>Times a week</td>
<td>A few times in the last 12 months</td>
<td>Have not Used in the last 12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>13.9</td>
<td>26.4</td>
<td>19.4</td>
<td>25.0</td>
<td>15.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gotten very high or drunk</td>
<td>7.1</td>
<td>12.9</td>
<td>14.3</td>
<td>40.0</td>
<td>25.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used Sedatives</td>
<td>1.4</td>
<td>1.4</td>
<td>2.8</td>
<td>14.1</td>
<td>80.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used Tranquilizers</td>
<td>2.8</td>
<td>--</td>
<td>1.4</td>
<td>9.9</td>
<td>85.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used Amphetamines</td>
<td>--</td>
<td>4.3</td>
<td>1.4</td>
<td>17.1</td>
<td>77.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used Narcotics</td>
<td>--</td>
<td>2.7</td>
<td>1.4</td>
<td>19.2</td>
<td>76.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used Marijuana</td>
<td>8.7</td>
<td>10.1</td>
<td>8.7</td>
<td>17.4</td>
<td>55.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used Inhalants</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>5.5</td>
<td>94.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used Cocaine</td>
<td>1.4</td>
<td>--</td>
<td>1.4</td>
<td>13.9</td>
<td>83.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoked Cigarettes</td>
<td>44.4</td>
<td>2.8</td>
<td>1.4</td>
<td>9.7</td>
<td>41.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note.** Dashes indicate that percentages fell below 1%. 
CHAPTER 5

Conclusions

A correlation analysis was used to determine if negative social identity within the lesbian community leads to low self-esteem that is reflected in higher rates of substance abuse. Though a positive relationship between social identity and self-esteem was determined, no significant correlation between negative social identity, low self-esteem, and substance use was determined. However, it is important to consider that respondents with higher levels of self-esteem reported more frequent use of sedatives, tranquilizers, speed, and inhalants because that outcome in itself is an implication for further investigation. The reader should note that the demographic information collected in this study is not typical of the whole lesbian population but is a reflection of the characteristics of women most active in the lesbian community via Internet communications.

Though it is widely believed that low self-esteem is associated with greater substance use, research has not consistently supported this relationship. As a matter of
fact, most research indicates that there is no correlation. However, there is little conclusive research concerning specific behavior that deviates from societal norms using self-esteem as a construct in the predication of ATOD use. According to proponents of The Social Deviance Model, a model for measuring self-esteem, previous failure involving sexual behavior research to obtain positive correlation between self-esteem and ATOD use may have been due to a statistical "wash out" because cultural context was not considered (Moore, Laflin, and Weis, 1996). The indications is that a statistical correlation may have existed if culturally related variables such as sexual orientation had been considered.

The outcome of this particular study may have been different if another sampling design was chosen. Using the Internet for data collection is extremely time consuming because the researcher has no means of directly approaching respondents. Success depends solely on that percentage of individuals who "surf" the Internet.

Weaknesses

In this research, another important barrier was the unavailability of well-designed existing scales for measuring social identity. Since social identity is a concept based on individual perception, determining what
constitutes negative and positive attributes is problematic.

The study was also limited by subject matter. Though the concept is rapidly changing, the Internet has been consistently viewed as a source of entertainment not as a means for education and data collection. This particular web site had 419 visitors, yet only 76 of those completed the survey.

Recommendations

The findings in this study should not deter continued research in this area. Efforts should be made to develop scales that will more accurately measure social identity and self-esteem. It would also be interesting to explore the relationship discovered between high self-esteem and the use of sedative, tranquilizers, speed, and inhalants because these drugs, as well as others, have been associated with the "bar" culture.

The survey was also restricted to lesbians and bisexual women 18 years of age and older. Of the 76 respondents, 33.8% of these indicated that they had a history of substance use (Table 13), and 14% were in some type of recovery program (Table 14). It would be interesting to examine the patterns of substance use in lesbian and bisexual young women under the age of 18.
Using the Internet as a survey method has great implications for the future. It will provide an opportunity to reach those populations that would otherwise be unavailable for study.

Though these data were collected for the purpose of this thesis, the data collection should continue in order to increase the sample size. It would also be beneficial to combine this project with existing research to strengthen the use of this methodology.
Table 13

Respondents Reporting a History of Substance Use (n=76)

<table>
<thead>
<tr>
<th>History of Substance Use</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>True</td>
<td>24</td>
<td>33.8</td>
</tr>
<tr>
<td>False</td>
<td>47</td>
<td>66.2</td>
</tr>
<tr>
<td>Missing</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>76</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
Table 14

Respondents Reporting They Were in Recovery (n=76)

<table>
<thead>
<tr>
<th>Respondents in Recovery</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>True</td>
<td>10</td>
<td>14.1</td>
</tr>
<tr>
<td>False</td>
<td>61</td>
<td>85.9</td>
</tr>
<tr>
<td>Missing</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>76</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>


Women's health is a relatively new area of study. For many reasons, the unique health concerns and issues of women have been overlooked in virtually every aspect of clinical trials and scientific research. Unfortunately, women of all ages, color, and sexual orientation pay the price for being underserved by the medical community.

The good news is that thousands of women from every walk of life and every profession are fighting back by working toward a common goal -- improving the status of women's health in the United States!

I am a doctorate student in a cooperative program with Western Kentucky University and the University of Louisville, and I am also interested in improving the status of women's health in the United States. I am conducting research concerning the use of drugs and alcohol in the lesbian community. Please, complete this survey and pass the word on to others.

Molly B. Kerby
Western Kentucky University
Department of Public Health
1 Big Red Way
Appendix B

Substance Use Survey

The survey will take approximately 5 minutes to complete. Your cooperation is strictly voluntary, and you may stop at any time! After you have completed the survey, click "SUBMIT." Your e-mail address will not be transmitted to me or anyone else - your responses are ANONYMOUS! All data will be downloaded daily and used only in group averages. No individual information will be recorded.

Submitting the completed survey will serve as your informed consent form. However, if you would like to submit a formal informed consent form, you may submit an electronic form. If you still have questions, feel free to e-mail me.

Again, I would like to remind you that some of the questions are extremely personal and may be difficult for you to answer, so please feel free to stop at any time. Clicking "CLEAR" will erase the form, or you may simply exit the page.

If at any time you would like to review the progress of this research project, please e-mail me and I will be happy to answer your questions or e-mail you a copy of the project! Just a reminded though, this will forfeit your ANONYMITY!

Thank you for your help!

Molly Kerby
Department of Educational Leadership
Educational Administration
Western Kentucky University
1 Big Red Way
Bowling Green, KY 42101
Survey

Please choose the answer that best describes you or your situation:

1. What is your sexual preference?
   - Lesbian
   - Bisexual
   - Neither [if "Neither," please exit this page]

2. What is your race/ethnicity?
   - Non-white
   - White

3. What is your relationship status?
   - Single (No significant other)
   - Not co-habitating, but have "significant other"
   - Co-habitating with same sex partner
   - Other

4. What is your employment status?
   - Full-time
   - Part-time
   - Unemployed, nondisabled
   - Disabled
5. What is your highest level of education?
   - Less than high school
   - High school diploma or GED
   - Some college or post-secondary training
   - College or post-secondary graduate
   - Some graduate work
   - Graduate or professional degree

6. What is your religious preference?
   - Catholic
   - Protestant
   - Jewish
   - Other
   - None

7. Do you live in the United States?
   - Yes
   - No

8. What is your age category?
   - 18-24
   - 25-34
   - 35-44
   - 45-54
   - 55-64
   - 65+

9. Around what age did you "come out?"
   - Under 18
   - 18-24
Please select either T (true) or F (false) for the following statements. These statements concern only your attitudes and/or personal beliefs. Read each one carefully before you respond:

10. My lesbianism is a private issue that I do not want made public.
   O T O F

11. I generally feel comfortable being the only gay person in a group of heterosexuals.
   O T O F

12. I live a gay lifestyle at home, while at work/school I do not want others to know.
   O T O F

13. I have not told most of my friends that I am a lesbian.
   O T O F

14. I have not told my family that I am a lesbian.
   O T O F

15. As a rule, I do not want most people to know that I am a lesbian.
   O T O F

16. I do not have much contact with heterosexuals in my private life.
   O T O F

17. I am openly gay around heterosexuals.
   O T O F
18. I have accepted the fact that I am gay.
   ○ T ○ F

19. "Coming out" to friends and family did not change the way they felt about me.
   ○ T ○ F

20. I am not proud of the fact that I am a lesbian.
   ○ T ○ F

21. In general, I am comfortable with the fact that I am gay.
   ○ T ○ F

22. I frequently have trouble emotionally dealing with the fact that I am a lesbian.
   ○ T ○ F

23. I feel like I "fit in" with heterosexuals.
   ○ T ○ F

24. I am most comfortable when I am around other gay people.
   ○ T ○ F

25. I feel that I am "different" because I am a lesbian.
   ○ T ○ F

26. I often feel angry because I am a lesbian.
   ○ T ○ F

27. I do not feel that being a lesbian will hurt my career.
   ○ T ○ F

28. Being a lesbian is not the major focus of my life.
   ○ T ○ F
29. I would not change the fact that I am gay even if I could.

○ T ○ F

The following questions concern your behavior in the last year. Please try to answer the questions to the best of your ability:

30. On the average, how often in the last 12 months have you had any alcoholic beverage; that is beer, wine, or liquor?

○ Daily
○ Frequently (1 or 2 days a week)
○ Several times a month
○ A few times in the last 12 months
○ Have not used in the last 12 months

31. How many times in the past 12 months have you gotten very high or drunk on alcohol?

○ Daily
○ Frequently (1 or 2 days a week)
○ Several times a month
○ A few times in the last 12 months
○ Have not used in the last 12 months

*NOTE: In the following four questions, the term nonmedical refers to taking a drug without a prescription OR in greater amounts OR more often than prescribed OR for a reason other than a doctor said you should take them.

32. How often in the last 12 months have you take any sedative for a nonmedical reason? (NOTE: Sedative refers to drugs such as placidyl, seconal, dalmame, quaalude, etc.).

○ Daily
○ Frequently (1 or 2 days a week)
○ Several times a month
○ A few times in the last 12 months
○ Have not used in the last 12 months
33. How often in the last 12 months have you taken any **tranquilizer** for a nonmedical reason? (NOTE: **Tranquilizer** refers to drugs such as valium, librium,xanx, diazepam, etc.).
   - Daily
   - Frequently (1 or 2 days a week)
   - Several times a month
   - A few times in the last 12 months
   - Have not used in the last 12 months

34. How often in the last 12 months have you taken any **stimulant** for a nonmedical reason? (NOTE: **Stimulant** refers to drugs such as "speed," crank," "white-crosses/max-alert," bezedrine, fastin, etc.).
   - Daily
   - Frequently (1 or 2 days a week)
   - Several times a month
   - A few times in the last 12 months
   - Have not used in the last 12 months

35. How often in the last 12 months have you taken any **prescription analgesic** for a nonmedical reason? (NOTE: **Analgesic** refers to drugs such as darvon, percodan, demerol,dilaudid, tylenol with codiene, lortab, talwin, etc.).
   - Daily
   - Frequently (1 or 2 days a week)
   - Several times a month
   - A few times in the last 12 months
   - Have not used in the last twelve months

36. How often in the last 12 months have you used **marijuana**?
   - Daily
   - Frequently (1 or 2 days a week)
   - Several times a month
   - A few times in the last 12 months
   - Have not used in the last 12 months

37. How often in the last 12 months have you inhaled or sniffed any substance to get high? (Note: This includes
"poppers," "rush," "whippets," gasoline, glue, or any aerosol product).

○ Daily
○ Frequently (1 or 2 days a week)
○ Several times a month
○ A few times in the last 12 months
○ Have not used in the last 12 months

38. How often in the last 12 months have you used cocaine in any form?

○ Daily
○ Frequently (1 or 2 days a week)
○ Several times a month
○ A few times in the last 12 months
○ Have not used in the last 12 months

39. How often have you used tobacco products in the last 12 months?

○ Daily
○ Frequently (1 or 2 days a week)
○ Several times a month
○ A few times in the last 12 months
○ Have not used in the last 12 months

Pleas choose either T (true) or F (false) for the following questions:

40. I do not have any problem with alcohol or drugs of any kind.

○ T ○ F

41. I am worried about my alcohol and/or drug use.

○ T ○ F

42. I have a history of drug and/or alcohol abuse.

○ T ○ F

43. I am in a recovery program (ie. 12-step program).
44. I should seek professional help for my alcohol and/or drug problem.

○ T ○ F

(If you answered "T" (true) to #43, skip #44).
Informed Consent

Name: ____________________________

Address: __________________________

City: ____________________________

State: __________

Zip: __________

I have read all of the information pertaining to this study, and I realize that I may terminate my participation at any time by clearing or exiting the page:

☐ I accept these terms

☐ I do not accept these terms

Submit  Reset
Appendix D

SURVEY

For the following, please, choose only one answer:

1. What is your sexual orientation?
   ___ Lesbian
   ___ Bisexual
   ___ Neither [If "neither," please exit page]

2. What is your race/ethnicity?
   ___ Non-white
   ___ White

3. What is your relationship status?
   ___ Single no "significant other"
   ___ Non co-habitating, but have a "significant other"
   ___ Co-habitating with same sex partner
   ___ Other

4. What is your employment status?
   ___ Full-time
   ___ Part-time
   ___ Unemployed, nondisabled
   ___ Disabled
   ___ Other

5. What is your highest level of education?
   ___ Less than high school
   ___ High school diploma or GED
   ___ Some college or post-secondary training
   ___ College or post-secondary graduate
   ___ Some graduate work
   ___ Graduate or professional degree

6. What is your religious preference?
   ___ Catholic
   ___ Protestant
   ___ Jewish
   ___ Other
   ___ None

7. Do you live in the United States?
   ___ Yes
   ___ No

8. What is your age category?
9. Around what age did you "come out?"

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

Please select either T (true) or F (false) for the following statements. These statements concern only your feelings. Read each one carefully before you respond:

10. My lesbianism is a private issue that I do not want made public.
   T   F

11. I generally feel comfortable being the only gay person in a group of heterosexuals.
   T   F

12. I live a gay lifestyle at home, while at work/school I do not want others to know.
   T   F

13. I have told most of my friends that I am a lesbian.
   T   F

14. I have not told my family that I am a lesbian.
   T   F

15. As a rule, I do not want most people to know that I am a lesbian.
   T   F

16. I do not have much contact with heterosexuals in my private life.
17. I am openly gay around heterosexuals.
T   F

18. I have accepted the fact that I am gay.
T   F

19. "Coming out" to friends and family did not change the way they felt about me.
T   F

20. I am not proud of the fact that I am a lesbian.
T   F

21. In general, I am comfortable with the fact I am gay.
T   F

22. I frequently have trouble emotionally dealing with the fact that I am a lesbian.
T   F

24. I feel like I "fit in" with heterosexuals.
T   F

25. I am most comfortable when I am around other gay people.
T   F

26. I feel that I am "different" from other people because I am a lesbian.
T   F

27. I often feel angry because I am a lesbian.
T   F

28. I do not feel that being a lesbian will hurt my career.
T   F

29. Being a lesbian is not the major focus of my life.
T   F

30. I would not change the fact that I am gay even if I could.
T   F
The following questions concern your behavior in the last year. Please try to answer the question to the best of your ability:

31. On the average, how often in the last 12 months have you had any alcoholic beverage, that is beer, wine, or liquor?
   - Daily
   - Frequently (1 or 2 days a week)
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   - Have not used in the last 12 months

32. How many times in the past 12 months have you gotten very high or drunk on alcohol?
   - Daily
   - Frequently (1 or 2 days a week)
   - Several times a month
   - A few times in the last 12 months
   - Have not used in the last 12 months

*NOTE: In the following four questions, the term "nonmedical" refers to taking a drug without a prescription OR in greater amounts or more often than prescribed OR for a reason other than a doctor said you should take them.

33. How often in the last 12 months have you taken any sedative for a nonmedical reason? (NOTE: Sedative refers to drugs such as placidyl, seconal, dalmane, quaalude, etc.).
   - Daily
   - Frequently (1 or 2 days a week)
   - Several times a month
   - A few times in the last 12 months
   - Have not used in the last 12 months

34. How often in the last 12 months have you taken any tranquilizer for a nonmedical reason? (NOTE: Tranquilizer refers to drugs such as valium, librium, xanax, diazepam, etc.).
   - Daily
35. How often in the last 12 months have you taken any stimulant for a nonmedical reason? (NOTE: Stimulant refers to drugs such as "speed," "crank," "white-crosses," benzedrine, fastin, etc.).

- Daily
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36. How often in the last 12 months have you taken any prescription analgesic for a nonmedical reason? (NOTE: Analgesic refers to drugs such as darvon, percodan, demerol, dilaudid, tylenol with codiene, lortab, talwin, etc.).

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37. How often in the last 12 months have you used marijuana?

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38. How often in the last 12 months have you inhaled or sniffed any substance to get high? (NOTE: This includes "poppers," "rush," gasoline, glue, "whippets," or any aerosol product).

- Daily
- Frequently (1 or 2 days a week)
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- A few times in the last 12 months
- Have not used in the last 12 months

39. How often in the last 12 months have you used cocaine in any form?
40. How often have you smoked tobacco products in the last 12 months?

- Daily
- Frequently (1 or 2 days a week)
- Several times a month
- A few times in the last 12 months
- Have not used in the last 12 months

Please choose either T (true) or F (false) for the following questions:

41. I do not have a problem with alcohol or drugs of any kind.
T  F

42. I have a history of drug and/or alcohol abuse.
T  F

43. I am worried about my alcohol and/or drug use.
T  F

44. I am currently seeking help for my alcohol and/or drug problem.
T  F

[If "false" answer #44, if "true" skip #44].

45. I have been involved in a recovery program.
T  F

46. I should seek professional help for my alcohol and/or drug problem.
T  F