

Mental Health Impact of Child Sexual Abuse, Rape, Intimate Partner Violence, and Hate Crimes in the National Lesbian Health Care Survey

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ABSTRACT. The prevalence and mental health sequelae of child sexual abuse, rape, intimate partner violence and hate crimes are examined in a national sample of 1925 lesbians who participated as respondents in the National Lesbian Health Care Survey (1984-1985), the most comprehensive study on U.S. lesbians to date. Multivariate analyses of covariance indicated that, relative to a comparison group, lesbians who had experienced child sexual abuse and intimate partner violence reported significantly more daily stress, depression, and alcohol abuse; those who had been raped reported significantly more depression and alcohol abuse; and those who had experienced hate crimes reported significantly more daily stress, depression and alcohol and drug abuse. Lesbians who experienced a physical hate crime reported significantly more daily stress and drug abuse compared to lesbians who experienced a physical assault that they did not perceive as hate-motivated. MANCOVAs were performed to examine the impact of cumulative violence among lesbians who experienced child sexual abuse and adult violence and showed that lesbians with a history of child sexual abuse and intimate partner violence reported significantly more daily stress and alcohol

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INTRODUCTION

Male violence against women is a significant mental health issue for women in the United States, crossing the social strata of ethnicity, economic status, sexual orientation and age (Coley & Beckett, 1988; Goodman, Koss, & Russo, 1993; Koss, 1988; Straus & Gelles, 1990). In a national survey of child sexual abuse, one in four women reported that they were sexually abused as children (Finkelhor, Hotaling, Lewis, & Smith, 1990). Between 14% and 25% of adult women have been raped (Koss, 1993; Searles & Berger, 1987) and Browne (1993), in her review of the empirical literature on intimate partner violence, reported that between 21% and 34% of women in this country will be physically assaulted by an intimate partner during adulthood. Although there is some variation across individuals, social contexts, and different forms of violence, a review of findings confirms that women who have been victimized tend to manifest significantly more depression, anxiety, self-destructive behavior, and substance abuse (Browne & Finkelhor, 1986; Coley & Beckett, 1988; Goodman et al., 1993; Koss, 1988; Straus & Gelles, 1990).

Although substantial psychological literature documents the high prevalence and often severe psychological impact of various forms of male violence (e.g., child sexual abuse, adult rape, intimate partner violence) on heterosexual women, there is little empirical research on violence in the lives of lesbians. The few studies of intimate partner violence in lesbian relationships are limited by small or specialized samples (Brand & Kidd, 1986; Renzetti, 1992; Schilit, Lie, & Montagne, 1990) and there is very little research on the prevalence and impact of child sexual abuse and adult rape in the lives of lesbians. Although a large amount of literature documents the high prevalence of anti-homosexual hate crimes, few studies disaggregate data by gender (National Gay and Lesbian Task Force (NGLTF), 1984; Com-

stock, 1989), thereby obscuring information about the prevalence and impact of anti-lesbian hate crimes. There is only one published study focused exclusively on the prevalence and impact of anti-lesbian hate crimes (von Schulthess, 1992).

There has been a prevailing opinion in popular folklore, as well as psychological theory, that there is a higher prevalence of male violence in the lives of lesbians and that they choose their sexual orientation as a direct consequence of negative experiences with men (Gundlach, 1977; Herman & Hirschman, 1981; Meiselman, 1978). However, the data indicate that the rate of child sexual abuse and adult sexual assault up to the age of 25 among lesbians (18.7% and 34%, respectively: Bradford & Ryan, 1988) is similar to that among the general female population (16% and 34%, respectively: Russell, 1984). Given the high prevalence of male violence against women in our culture, the prevalence of lesbianism in the general population would be expected to be much higher if lesbianism resulted from the experience of male violence. Indeed, data from the National Lesbian Health Care Survey (NLHCS) (Bradford & Ryan, 1988) indicated that there are many more lesbians without victimization experiences than lesbians with those experiences (i.e., 61% of the survey sample had not experienced any form of violence in their lives at the time of the survey).

Physical and sexual violence against women is an enormous health and mental health issue for women and yet very little is understood about how it affects lesbians, a special population of women who have typically been misunderstood and underserved. Current theory suggests that, in addition to many similarities, there may be important differences in the prevalence and impact of male violence in the lives of lesbians and heterosexual women. For example, because lesbians have fewer intimate relationships with men, lesbians in adulthood may be less affected by violence perpetrated by male intimates. However, lesbians are at risk for being victims of hate crime, a crime type not experienced by heterosexual women.

The relative risk for mental health problems in the event of violence may be different for lesbians and heterosexual women. Lesbians must actively cope with coming to terms with their sexual identity (i.e., coming out) in a world that is hostile toward them. Thus they may cope more effectively, relative to heterosexual women, when faced with other major stressors, such as violence, and thus have fewer mental health sequelae. Conversely, lesbians may be at a relatively

increased risk for poorer psychological outcomes in the event of violence. Regardless of sexual orientation, women who are victimized often encounter difficulty when attempting to access health and mental health care following victimization experiences. Lesbians, however, not only confront barriers created by cultural myths that lead to victim blame, but they also encounter discrimination based on their sexual orientation. This may lead to poorer mental health outcomes for victimized lesbians than for their heterosexual counterparts who are not at risk for discrimination based on sexual orientation.

This research examined the prevalence and mental health impact of violence in a national sample of lesbians, a population of underserved (and seldom researched) women. It was a secondary analysis of the archived NLHCS (Bradford & Ryan, 1988) data set, which comprises the responses of a national sample of nearly 2,000 lesbians to 104 questions about health, mental health, and life experiences. Specifically, this study examined the prevalence and mental health impact of four forms of violence (child sexual abuse, adult rape, intimate partner violence, and hate crimes) experienced by lesbians in the NLHCS (Bradford & Ryan, 1988) sample. Five measures of mental health were examined: daily stress, anxiety, depression, alcohol abuse, and drug abuse.

Findings from the NLHCS have been previously reported in several descriptive reports focused either on all areas explored by the survey (Bradford & Ryan, 1988; Ryan & Bradford, 1988, 1993) or portions of the data set (Bradford & Ryan, 1987, 1991; Bradford, Ryan, & Rothblum, 1994). The findings revealed that the lesbians who participated in the NLHCS were mostly young, well-educated, and professionally employed, though underpaid relative to educational level. There was a high prevalence of life events (e.g., abuse, discrimination) and behaviors (e.g., alcohol use) related to mental health problems as well as a high use of professional mental health services. When compared to mental health statistics on heterosexual women, the lesbians sampled in the NLHCS reported similar levels of depression, suicidal gestures, eating disorders and sexual abuse, but different patterns of alcohol use and a much higher use of counseling.

Research Goals

An integration of the current literature on the psychological impact of various forms of violence indicates that, across forms of violence, women who are victimized tend to manifest significantly higher levels of psychological distress than women who have not been victimized.

These findings are based on research with women not selected for sexual orientation; the current study examined whether this is also true for lesbians. In the absence of empirical data suggesting that the mental health impact of violence is different among lesbians, it was predicted that, for each form of violence, lesbians in the NLHCS who experienced violence would report higher levels of psychological distress than lesbians who did not experience violence. Thus our first hypothesis was that lesbians who had experienced childhood sexual abuse, rape, intimate partner violence or hate crimes would have higher levels of mental health problems than lesbians who had not experienced each of these forms of violence.

Current theory (Garnets, Herek & Levy, 1990) suggests that hate crimes may be associated with more distress than non-hate motivated crimes of similar severity. Findings from Herek, Gillis, Cogan and Glunt (1997) support this theory; These researchers found that respondents who were physically assaulted because of their sexual orientation reported more psychological distress than respondents who were physically assaulted but did not think it was related to their sexual orientation. The second hypothesis was that the lesbians in the NLHCS who experienced a physical assault because they were lesbian would report higher levels of psychological distress than lesbians who were physically assaulted but did not perceive it was related to their identity as lesbian.

Research also shows that previous victimization is associated with more distress and longer recovery following subsequent victimization (Burnam et al., 1988; Kilpatrick, Saunders, Veronen, Best & Vaughn, 1987; Kilpatrick, Resnick, Saunders & Best, in press; Norris & Kaniasty, 1994; Vrana & Lauterbach, 1994). Women first sexually assaulted in childhood are more likely than women first sexually assaulted in adulthood to report later onset of problems with serious depression, anxiety, and substance abuse (Burnam et al., 1988). Among battered women, a history of abuse in childhood predicts greater psychological distress in the aftermath of physical or sexual assault by a partner (Cimino & Dutton, 1991).

Extending these findings to lesbians in the NLHCS (Bradford & Ryan, 1988), our final hypothesis was that among lesbians who reported having experienced rape or intimate partner violence, those who also experienced child sexual abuse would report more psychological distress than those who did not experience child sexual abuse.

It was also predicted that among lesbians who report having experienced a hate crime, those who also experienced child sexual abuse will report more psychological distress than the hate crime victims without a history of childhood victimization.

METHOD

Participants

Bradford and Ryan (1988) distributed 4,600 copies of the NLHCS throughout the United States in 1984 and 1985. The questionnaire was pilot-tested in a series of focus groups in various U.S. cities in order to ensure that the wording of the items was easily understandable and that the content accurately reflected lesbians' experiences. The final version of the questionnaire was sent to regional distributors via a multi-stage distribution method. These regional blocks of questionnaires were numbered and then distributors used a secondary coding method, so that it was possible to keep track of multiple levels of distribution across the country.

A total of 1,925 lesbians returned completed surveys, representing a response rate of 42%. The survey was entitled National Lesbian Health Care Survey, which is probably why only two participants were exclusively heterosexual; The majority were lesbian. The sample is comprised of lesbians from every state and region of the United States. For a detailed summary of subject demographics compared with 1980 United States census data for women in general, see Bradford and Ryan, 1988 and Bradford et al., 1994. The age range of the sample was 17 to 80 years, with 80% between the ages of 25 and 44 years. Eighty-eight percent of the respondents were Caucasian, 6% were African-American and 4% were Latina. Asian Americans and Native Americans comprised approximately two percent of the sample. Nearly 69% had graduated from college and another 16% had at least some college education. As might be predicted by the high educational levels reported, 55% of the sample were employed in professional, managerial or administrative capacities. Two-thirds (67%) of the sample were employed full time at the time of the survey. Despite the high levels of education and employment reported, only 12% earned more than \$30,000 per year and 64% earned less than \$20,000. In summary, when compared to the 1980 U.S. census data, the lesbians in the sample were younger, more highly educated, and more often employed

in professional or managerial occupations than the general adult female population. The percentages of Caucasians, Latinas, Asian Americans and Native Americans in the sample was highly similar to the percentages in the 1980 U.S. census data. In contrast, the percentage of African-Americans in the sample (6%) was only half that within the adult population (12%).

Measure

The NLHCS is a 10 page questionnaire comprised of 104 questions formulated by health and mental health care workers who worked with lesbians and by lesbian consumers of these services. It was designed to provide accurate normative information about the health and health care needs of lesbians. The overriding conceptual framework that guided construction of the survey was one of affirming the legitimacy of lesbian lifestyles, affirming difference rather than deviance and diversity rather than social conformity. In an effort to increase the accessibility of the survey to lesbians of diverse educational, regional, or ethnic backgrounds, the survey was worded using common vernacular. Preliminary versions of the survey were pretested in locations throughout the country. Research team members conducted focus groups in several major cities and elicited written feedback through mailings of early versions to contacts throughout the country. Over one hundred lesbians participated in constructing the instrument and developing distribution strategies. The resulting survey conceptualizes lesbian health as a broad construct comprised of social as well as personal dimensions and includes the following components: demographic information, community and social life, physical and mental health and health care, physical and sexual violence experiences, and general self-care/health behavior.

The National Lesbian Health Care Survey data have been archived at the Henry A. Murray Research Center at Radcliffe College. The proposed research will focus only on the portions of the questionnaire that address experiences of physical and sexual violence (child sexual abuse, adult rape, battering, hate crimes) and mental health (for a copy of the questionnaire, see Bradford & Ryan, 1988).

Definition of Violence Experiences

Childhood sexual abuse. Childhood sexual abuse was defined as having sex with a relative or being raped or sexually attacked by a

non-relative while growing up. This definition does not specify an age limit for sexual abuse to have occurred in childhood or a minimum age discrepancy for sexual activity to be considered abusive. The NLHCS did not ask about noncontact forms of sexual abuse (e.g., showing or viewing of genitals) or sexual abuse that may not be defined by the respondent as "having sex" or being "raped or sexually attacked" (e.g., kissing, fondling, oral sex, penetration with objects). As a result, respondents defined for themselves if the sexual activity they experienced was abusive and whether it occurred "while growing up." Based on the definition of childhood sexual abuse described above, 17.5% ($n = 338$) of the lesbians in the sample reported that they had sex with a relative while growing up and 21% ($n = 400$) reported that they had been raped or sexually attacked while growing up.

Rape. Rape was defined as ever having been raped or sexually attacked, either while growing up or as an adult. Overall, 41% ($n = 794$) of the sample reported that they had been raped or sexually attacked at least once in their lifetime. More lesbians reported that they had been sexually assaulted during childhood (21%; $n = 398$) than adulthood (15%; $n = 295$).

Intimate partner violence. Intimate partner violence was defined as ever having been harshly beaten or physically abused, raped, or sexually attacked by a lover (gender unspecified) or husband. Thus, intimate partner violence was narrowly defined in the NLHCS to include only severe acts of physical and sexual aggression and exclude abusive experiences that involved less severe forms of physical or sexual aggression. Eight percent ($n = 160$) of the sample reported that they had been harshly beaten or physically abused by their lover (gender unspecified) and 2% ($n = 31$) reported that they had been raped or sexually attacked by their lover (gender unspecified). With respect to intimate partner violence perpetrated by husbands, 4% ($n = 83$) reported that they had been harshly beaten or physically abused by their husband, and 1% ($n = 26$) reported that they had been raped or sexually attacked by their husband. These prevalence estimates are low when compared to estimates based on probability samples of heterosexual women that suggest between 21% and 34% of women have been assaulted by an intimate partner during adulthood (Browne, 1993).

Hate crimes. A hate crime was defined as the respondent ever having been verbally or physically attacked, lost her job, discharged from the service, or discriminated against in receiving health care because she was

lesbian. Respondents defined for themselves if these events happened because they were lesbian. Only hate crimes that involved verbal or physical attack were examined in the current study. Overall, 52% (n = 999) of the sample reported that they had been verbally attacked and 6% (n = 116) reported that they had been physically attacked because they were lesbian. An additional 4% had been verbally attacked and 2% had been physically attacked and thought that this was the reason for their attack. The prevalence of hate motivated physical assault in this sample (6%) is slightly lower than that found by the National Gay and Lesbian Task Force in 1984 (10%).

Definition of Mental Health Measures

Daily stress. Daily stress was defined as the number of daily stressors bothering the respondent at the time of the survey. The respondent was asked, "Are any of these bothering you right now?" in reference to a list of 12 potential daily stressors. The 12 items were: "money problems," "legal problems," "worry about your job," "don't like job," "can't find job," "worry about getting sick," "problems with your lover," "problems with your children," "problems with other family members," "too much work/responsibility," "don't feel safe where you live/work," and "afraid someone will find out you're lesbian/gay." Space was provided for the respondent to write in up to two additional daily stressors. For the current study, the degree of daily stress was measured on a 15 point scale that ranges from zero to 14 based on the number of items endorsed by the participant. A high score indicates high daily stress.

Anxiety. Current and past symptoms of anxiety were assessed with three questions. Two of the questions were: "Have you had problems with constant anxiety or fear in the past?" and, "Are you having problems with constant anxiety or fear now?" Both of these items were scored as either present or absent. The third question was: "How often in the past year have you been so worried or nervous that you couldn't get done the things you had to do?" Potential responses included "never," "rarely," "sometimes," or "often." For the present study, anxiety was defined on an eight point scale that ranged from zero to seven with higher scores reflecting greater anxiety.

For the present study, anxiety was defined on an eight point scale that ranged from zero to seven with higher scores reflecting greater anxiety. Zero on the scale was defined as no constant anxiety or fear in

the past or now and never or rarely had difficulty completing tasks in the past year because of worry or nervousness. One on the scale was defined as no constant anxiety or fear in the past or now, but sometimes had difficulty completing tasks in the past year because of worry or nervousness. Two on the scale was defined as constant anxiety or fear in the past or now, and no difficulty or rare difficulty completing tasks in the past year because of worry or nervousness. Three on the scale was defined as constant anxiety or fear in the past or now, and sometimes had difficulty completing tasks in the past year because of worry or nervousness. Four on the scale was defined as constant anxiety or fear in the past and now, but no difficulty or rare difficulty completing tasks in the past year because of worry or nervousness. Five on the scale was defined as constant anxiety or fear in the past and now, and sometimes had difficulty completing tasks in the past year because of worry or nervousness. If the respondent endorsed no constant anxiety or fear in the past or now, but reported that they often had difficulty completing tasks in the past year because of worry or nervousness, they were also given a score of five. Six on the scale was defined as constant anxiety or fear in the past or now, and often had difficulty completing tasks in the past year because of worry or nervousness. And, finally, seven on the scale was defined as constant anxiety or fear in the past and now, and often had difficulty completing tasks in the past year because of worry or nervousness.

Depression. Past and current symptoms of depression were assessed with four questions. Past depressive symptoms were assessed with the following two questions: "Have you had problems with long depression or sadness in the past?" and, "Have you ever actually tried to commit suicide?" Current depressive symptoms were assessed with the following two questions: "Are you having problems with long depression or sadness now?" and, "Do you have suicidal thoughts/think about killing yourself?" Both past depression items and the first current depression item were scored as either present or absent. The second current depression item (i.e., "do you have suicidal thoughts/think about killing yourself?") was scored on a three point scale that ranged from one ("never" or "rarely") to three ("often"). A score of two reflected that the participant has suicidal ideation "sometimes." For the present study, depression was defined on an eight point scale that ranged from zero to seven and reflected various degrees of past

and current depressive symptoms. A high score indicates higher levels of depression.

Alcohol abuse. Alcohol abuse was assessed with the following four questions: "Have you had alcohol problems in the past?"; "Are you having alcohol problems now?"; "Do you use alcohol every day?"; and, "Do you worry you use too much alcohol?" Alcohol abuse was defined on a five point scale that ranged from zero to four based on how many of the four questions listed above the respondent endorsed as positive.

Drug abuse. Drug abuse was assessed with 14 questions. The first two questions were: "Have you had drug problems in the past?"; and, "Are you having drug problems now?" Both of these items were scored as either present or absent. Questions three through eight were: "Do you use marijuana, cocaine, tranquilizers, uppers, heroin or other drugs every day?" Potential responses to questions three through eight included "never," which was coded as zero; "less than once a month," which was coded as one; "more than once a month," which was coded as two; "more than once a week," which was coded as three; and "every day," which was coded as four. Questions nine through 14 were: "Do you worry you use too much marijuana, cocaine, tranquilizers, uppers, heroin or other drugs?" These items were scored as either yes or no. For the current study, drug abuse was measured on a 27 point scale that ranged from zero to 26 based on the respondent's total score on the 14 questions listed above.

RESULTS

Prevalence of Violence Experiences

The relationships of prevalence rates of the four forms of violence to the demographic variables of age cohort and ethnicity were examined via chi-square analysis. Overall, 28.7% ($n = 553$) of the lesbians sampled reported that they had been sexually abused as children. The prevalence of child sexual abuse differed significantly across age cohorts, $\chi^2(4, n = 1,917) = 15.23, p < .005$, and ethnic groups, $\chi^2(2, n = 1,885) = 22.49, p < .0005$. Lesbians in the youngest age cohort (17-24 years) reported the highest prevalence of child sexual abuse (37.9%; $n = 64$), while the oldest cohort (55 and older) of lesbians reported the lowest (20.3%; $n = 15$). With respect to ethnicity, a larger percentage of Black

(45.4%; $n = 49$) and Latina (40%; $n = 32$) lesbians reported child sexual abuse when compared to White lesbians (26.9%; $n = 456$). This finding should be interpreted with caution, however, given the relatively small number of Black and Latina lesbians included in the sample.

About 32% ($n = 619$) of the sample reported that they had been raped at least once in their lifetime. The prevalence of rape differed significantly across age cohorts, $\chi^2(4, n = 1,917) = 9.58, p < .05$, and ethnic groups, $\chi^2(2, n = 1,885) = 9.99, p < .01$. As with the prevalence pattern for child sexual abuse, lesbians in the youngest age cohort reported the highest prevalence of rape (39.1%; $n = 66$), while the oldest cohort of lesbians reported the lowest (20.3%; $n = 15$). A larger percentage of Black lesbians (45.4%; $n = 49$) reported that they had been raped as compared to Latina (35%; $n = 28$) and White lesbians (31%; $n = 526$). Again, given the small number of women of color included in the sample, this finding should be interpreted with caution.

The prevalence of intimate partner violence in the overall sample was 11.4% ($n = 220$). Intimate partner violence prevalence varied significantly by age cohort, $\chi^2(4, n = 1,917) = 12.06, p < .05$, but not by ethnicity. The prevalence pattern of intimate partner violence across age cohorts was opposite of that found for both child sexual abuse and rape; lesbians aged 45 to 54 years reported the highest prevalence of intimate partner violence (16.3%; $n = 22$), while the youngest lesbians reported the lowest prevalence (6.5%; $n = 11$). Latina, Black and White lesbians experienced intimate partner violence at similar rates.

More than half the sample (52.4%; $n = 1,008$) reported that they had experienced a hate crime. The prevalence of hate crimes differed significantly by age cohort, $\chi^2(4, n = 1,917) = 12.06, p < .05$, but not by ethnicity. Hate crimes were most prevalent among the two youngest age cohorts and least prevalent among the oldest cohort. Lesbians aged 17 to 24 years (62%; $n = 98$) and aged 25 to 34 years (62.2%; $n = 548$) experienced hate crimes about twice as often as lesbians aged 55 and older (30.1%; $n = 22$). Latina, Black and White lesbians experienced hate crimes at similar rates.

Mental Health Measures

The mean scores of the five mental health measures were examined separately by age cohort, ethnicity, education, and income via analysis of variance. Post-hoc comparisons were conducted using the Scheffe test with an alpha level of .05. Daily stress differed significantly by age cohort, $F(4,$

1912) = 10.68, $p < .0005$, income, $F(4, 1900) = 60.13$, $p < .0005$, and ethnicity, $F(2, 1882) = 5.04$, $p < .01$, but not by education. Post-hoc comparisons indicated that the oldest age cohort reported significantly less daily stress than the four younger age cohorts. Lesbians who earned less than \$20,000 per year reported significantly more daily stress than lesbians who earned more than \$20,000 per year. Black lesbians reported significantly more daily stress than either Latina or White lesbians.

Levels of depression differed significantly by education, $F(6, 1893) = 3.24$, $p < .005$, and income, $F(4, 1884) = 10.50$, $p < .0005$. With respect to education, post-hoc pairwise comparisons indicated no significant differences in depression at the .05 level for any two educational levels. Examination of mean depression scores across educational levels shows that lesbians with fewer than 16 years of education reported more depression than lesbians with 16 or more years of education. The post-hoc comparisons for income revealed that lesbians who earned less than \$10,000 a year reported significantly more depression than lesbians who earned more than \$10,000 a year. Levels of depression did not vary significantly by age cohort or ethnicity.

Anxiety differed significantly by age cohort, $F(4, 1889) = 6.15$, $p < .0005$, education, $F(6, 1887) = 2.24$, $p < .05$, and income, $F(4, 1879) = 6.09$, $p < .0005$. Anxiety levels did not differ across ethnic groups. Post-hoc comparisons showed that the oldest age cohort reported significantly more anxiety than the four younger age cohorts. With respect to education, post-hoc pairwise comparisons indicated no significant differences in anxiety at the .05 level for any two educational levels. Examination of mean anxiety scores across educational levels shows that lesbians with more than 16 years of education reported higher levels of anxiety than lesbians with 16 or fewer years of education. With respect to income, post-hoc comparisons indicated that lesbians in the highest income bracket (\$40,000 a year or more) reported significantly more anxiety than lesbians in the two lowest income brackets (\$20,000 or less). Further, lesbians who earned between \$20,000 and \$29,000 reported significantly higher levels of anxiety than lesbians who earned less than \$10,000 a year.

Drug abuse differed significantly by age cohort, $F(4, 1606) = 12.77$, $p < .0005$, education, $F(6, 1605) = 7.07$, $p < .0005$, and income, $F(4, 1602) = 3.82$, $p < .005$, but not by ethnicity. Post-hoc comparisons indicated that lesbians aged 17 to 34 reported significantly more drug abuse than lesbians aged 35 and older. Lesbians who graduated high school and those with some college reported similar levels of drug abuse,

both of which were significantly greater than the amount of drug abuse reported by lesbians with fewer than 12 years of education and those with at least 16 years of education. Post-hoc pairwise comparisons of drug abuse by income level indicated no significant differences at the .05 level for any two income levels. Examination of mean drug abuse scores by income level shows that lesbians who earned less than \$20,000 per year reported more drug abuse than those who earned more than \$20,000 per year. Alcohol abuse did not differ significantly by age, education, income or ethnicity.

The Pearson product-moment correlation coefficients among the five mental health measures were analyzed. All correlations were low, with a range from 0 to .14, with the exception of a correlation of .31 between depression and daily stress. Due to the large sample size, even these low correlations were statistically significant.

Hypothesis 1: Forms of Violence and Mental Health Problems

Child sexual abuse. Lesbians who experienced childhood sexual abuse were slightly younger (33.25 vs. 34.66), $F(1, 1908) = 11.20, p < .0005$, had less education (4.60 vs. 5.37 with 4 = some college and 5 = college degree), $F(1, 1914) = 86.85, p < .0005$, and earned lower incomes (2.09 vs. 2.31 with 2 = \$10,000 – \$19,999 and 3 = \$20,000 – \$29,999), $F(1, 1903) = 15.51, p < .0005$, than lesbians who had not experienced childhood sexual abuse.

A two-way factorial multivariate analysis of covariance (MANCOVA), adjusting for age, education and income, was then conducted to explore whether child sexual abuse status, ethnicity or their interaction affected the five dependent measures of daily stress, depression, anxiety, alcohol abuse, and drug abuse. Lesbians with and without a child sexual abuse history differed significantly on the group of mental health symptom variables, $F(5, 1516) = 2.89, p < .05$, even after adjustment for group differences in age, education and income.

Post-hoc univariate comparisons indicated that the groups differed significantly on levels of daily stress, $F(1, 1520) = 3.88, p < .05$, depression, $F(1, 1520) = 10.64, p < .001$, and alcohol abuse, $F(1, 1520) = 4.37, p < .05$. Examination of mean scores on these mental health measures reveals that lesbians sexually abused in childhood reported significantly more daily stress, depression and alcohol abuse than lesbians not sexually abused in childhood. The groups did not differ in their levels of anxiety or drug abuse. There was no main effect for ethnicity and no interaction

effect. The adjusted means of the five dependent variables and the univariate statistics are presented in Table 1.

Rape. Lesbians who experienced rape, as compared to those who did not, were compared on the demographic variables of age, education and income via ANOVA's. The results indicated that the groups were significantly different with respect to age, education, and income, with the lesbians who experienced rape being slightly younger (33.29 vs. 34.71), $F(1, 1908) = 12.17, p < .0005$, having less education (4.77 vs. 5.33), $F(1, 1914) = 45.74, p < .0005$, and earning lower incomes (2.09 vs. 2.32), $F(1, 1903) = 19.49, p < .0005$.

A two-way factorial MANCOVA was then performed to explore whether rape status, ethnicity or their interaction affected the five dependent measures adjusted for significant group demographic differences. The results showed a significant main effect for rape status on the group of mental health symptom variables, $F(5, 1516) = 3.38, p < .005$. There was no main effect for ethnicity and no interaction effect.

Post-hoc univariate comparisons indicated that lesbians who were raped and those who were not differed significantly on levels of depression, $F(1, 1520) = 10.39, p < .001$, and alcohol abuse, $F(1, 1520) = 6.20, p < .05$, even after adjustment for the covariates of age, education and income. An examination of the group means on these mental health measures showed that lesbians who experienced rape reported more depression and alcohol abuse compared to lesbians who were not raped. The groups did not differ in their levels of daily stress, anxiety or drug abuse. The adjusted means on the mental health symptom variables and the univariate statistics are presented in Table 1.

Intimate partner violence. ANOVAs were performed to test for group differences on demographic variables between lesbians who had and those who had not experienced intimate partner violence. The findings showed that the groups were significantly different with respect to age and education, with the victimized group being older (35.77 vs. 34.06), $F(1, 1908) = 68.76, p < .01$, and having less education (4.84 vs. 5.19), $F(1, 1914) = 8.15, p < .01$. The groups did not differ on income.

A one-way MANCOVA, with intimate partner violence status entered as the independent variable and age and education entered as covariates, was conducted to examine whether intimate partner violence affected mental health symptoms. The two groups differed significantly on the group of mental health symptom variables, $F(5, 1563) =$

TABLE 1. Post-hoc Univariate Comparisons of Violence Variables on Mental Health Symptoms Adjusted for Covariates

| Child Sexual Abuse (adjusted for age, education, and income) | | | | | |
|--|-----------------------|--------------------|------------|--------|------|
| Variable | Adjusted Means | | Univariate | | |
| | No child sexual abuse | Child sexual abuse | F | df | p |
| Daily Stress | 2.58 | 3.00 | 3.88 | 1,1520 | .049 |
| Depression | 0.96 | 1.53 | 10.64 | 1,1520 | .001 |
| Anxiety | 1.76 | 1.68 | 0.13 | 1,1520 | .720 |
| Alcohol Abuse | 0.30 | 0.47 | 4.37 | 1,1520 | .037 |
| Drug Abuse | 1.90 | 2.03 | 0.27 | 1,1520 | .602 |

| Rape (adjusted for age, education, and income) | | | | | |
|--|----------------|------|------------|--------|------|
| Variable | Adjusted Means | | Univariate | | |
| | No rape | Rape | F | df | p |
| Daily Stress | 2.61 | 3.00 | 3.62 | 1,1520 | .057 |
| Depression | 0.95 | 1.52 | 10.38 | 1,1520 | .001 |
| Anxiety | 1.74 | 1.60 | 3.38 | 1,1520 | .540 |
| Alcohol Abuse | 0.29 | 0.50 | 6.20 | 1,1520 | .013 |
| Drug Abuse | 1.83 | 2.15 | 1.65 | 1,1520 | .199 |

| Intimate Partner Violence (adjusted for age and education) | | | | | |
|--|------------------------------|---------------------------|------------|--------|------|
| Variable | Adjusted Means | | Univariate | | |
| | No intimate partner violence | Intimate partner violence | F | df | p |
| Daily Stress | 2.39 | 3.04 | 3.88 | 1,1567 | .005 |
| Depression | 1.06 | 1.41 | 8.85 | 1,1567 | .003 |
| Anxiety | 1.84 | 1.60 | 2.50 | 1,1567 | .114 |
| Alcohol Abuse | 0.38 | 0.51 | 7.10 | 1,1567 | .008 |
| Drug Abuse | 1.76 | 1.92 | 1.05 | 1,1567 | .306 |

| Hate Crimes (adjusted for age and income) | | | | | |
|---|----------------|------------|------------|--------|------|
| Variable | Adjusted Means | | Univariate | | |
| | No hate crime | Hate crime | F | df | p |
| Daily Stress | 2.27 | 3.11 | 18.68 | 1,1455 | .005 |
| Depression | 0.91 | 1.41 | 7.80 | 1,1455 | .005 |
| Anxiety | 1.75 | 1.71 | 0.04 | 1,1455 | .848 |
| Alcohol Abuse | 0.25 | 0.48 | 7.41 | 1,1455 | .007 |
| Drug Abuse | 1.43 | 2.30 | 12.29 | 1,1455 | .005 |

6.05, $p < .0005$, adjusted for age and education (see Table 1). Post-hoc univariate analyses revealed that the groups differed significantly on levels of daily stress, $F(1, 1567) = 21.85$, $p < .0005$, depression, $F(1, 1567) = 8.85$, $p < .005$, and alcohol abuse, $F(1, 1567) = 7.09$, $p < .01$. Lesbians who experienced intimate partner violence reported significantly higher levels of daily stress, depression and alcohol abuse. The groups did not differ on levels of anxiety and drug abuse.

Hate crimes. ANOVAs revealed significant group differences on age and income, but not education, among lesbians who had and those who not experienced hate crimes. The victimized group was younger (32.95 vs. 35.97), $F(1, 1822) = 61.52$, $p < .0005$, and earned less money (2.10 vs. 2.42), $F(1, 1817) = 41.62$, $p < .0005$, than the nonvictimized group.

A two-way factorial MANCOVA was performed to examine whether hate crime status, ethnicity or their interaction affected mental health adjusted for age and income. The results showed a main effect for hate crime status on the group of adjusted mental health symptom variables, $F(5, 1451) = 6.77$, $p < .0005$; see Table 1. The main effect for ethnicity and the interaction effect were nonsignificant.

Post-hoc univariate comparisons indicated that the lesbians who experienced a hate crime and those who did not differed on levels of daily stress, $F(1, 1455) = 16.66$, $p < .0005$, depression, $F(1, 1455) = 7.80$, $p < .005$, alcohol abuse, $F(1, 1455) = 7.4$, $p < .01$, and drug abuse, $F(1, 1455) = 12.29$, $p < .0005$. Lesbians who experienced a hate crime reported significantly higher levels of daily stress, depression, and alcohol and drug abuse than lesbians who did not experience a hate crime. The groups did not differ in their levels of anxiety.

Hypothesis 2: Hate Crime Physical Assault vs. Non-Hate Crime Physical Assault and Mental Health Problems

A total of 34% ($n = 658$) of the sample had experienced a physical assault at least once in their lifetime. Of the 658 lesbians who were physically assaulted, 17% ($n = 115$) experienced a physical assault that they perceived was a hate crime and 83% ($n = 543$) experienced a physical assault but did not perceive it as hate-motivated. We predicted that among lesbians who experienced a physical assault, those who experienced a hate-motivated physical assault would report more mental health problems than those who did not experience a hate-motivated physical assault.

In order to examine whether the two groups differed with respect to demographic characteristics, ANOVAs were performed. The results indicated that the groups were significantly different with respect to education, but not age or income. The lesbians who experienced a hate-motivated physical assault had significantly fewer years of education than lesbians who were physically assaulted but did not perceive the assault as an anti-lesbian hate crime (4.4 vs. 4.9), $F(1, 650) = 5.46, p = .05$.

A one-way MANCOVA was conducted to examine whether the two groups differed on mental health symptoms adjusted for education. The results indicated that lesbians who experienced a hate-motivated physical assault and lesbians who experienced a physical assault that was not a hate crime differed significantly on the group of adjusted mental health symptoms, $F(5, 511) = 2.74, p < .05$. These adjusted means are presented in Table 2.

Post-hoc univariate analyses showed that the groups differed significantly on symptoms of daily stress, $F(1, 515) = 5.81, p < .05$, and drug abuse, $F(1, 515) = 6.14, p < .05$. Examination of mean scores on these mental health measures showed that the lesbians who experienced a physical hate crime, when compared to lesbians who experienced a non-hate crime physical assault, reported more daily stress and drug abuse. The groups did not differ on levels of depression, anxiety, or alcohol abuse.

Hypothesis 3: Child Sexual Abuse and Adult Violence vs. Adult Violence Only and Mental Health Problems

We first examined whether lesbians with a history of childhood abuse (28.7%; $n = 553$) would report a higher prevalence of adult rape, intimate partner violence, and hate crimes than lesbians who did not experience childhood sexual abuse (71.3%; $n = 1,372$). This was explored with three chi-square analyses. The first analysis assessed whether adult rape was significantly related to child sexual abuse and revealed a significant relationship, $\chi^2(1, n = 1,925) = 12.15, p < .0005$; 19.9% of the lesbians who experienced child sexual abuse were raped as adults and 13.6% of lesbians without a history of child sexual abuse were raped in adulthood.

The second analysis assessed whether lesbians with a history of child sexual abuse experienced intimate partner violence more often than lesbians without a history of child sexual abuse. The results were significant, $\chi^2(1, n = 1,925) = 13.03, p < .001$; 15.6% of lesbians sexually

TABLE 2. Post-hoc Univariate Comparisons of Hate Crime Physical Assault Status on Mental Health Symptoms Adjusted for Education

| Variable | Adjusted Means | | Univariate | | |
|---------------|-----------------------------|---------------------------------|------------|-------|------|
| | Hate crime physical assault | Non-hate crime physical assault | F | df | p |
| Daily Stress | 3.37 | 2.85 | 5.81 | 1,515 | .016 |
| Depression | 1.37 | 1.47 | 0.31 | 1,515 | .580 |
| Anxiety | 1.84 | 1.85 | 0.01 | 1,515 | .953 |
| Alcohol Abuse | 0.52 | 0.49 | 0.19 | 1,515 | .865 |
| Drug Abuse | 2.53 | 1.90 | 6.14 | 1,515 | .014 |

abused in childhood experienced intimate partner violence compared to 9.8% of lesbians not sexually abused in childhood.

The third chi-square analysis examined whether lesbians sexually abused in childhood experienced hate crimes more often than lesbians not sexually abused in childhood. The results indicated a significant relationship, $\chi^2(1, n = 1,839) = 5.75, p < .05$; 59.2% of lesbians with a history of child sexual abuse experienced a hate crime and 53% of lesbians without a history of child sexual abuse experienced a hate crime.

Our third hypothesis predicted that, among lesbians who experienced violence in adulthood (rape, hate crimes, or intimate partner violence) those who *also* experienced child sexual abuse (37%; $n = 110$) would report higher levels of mental health problems than lesbians who experienced adult violence but not childhood sexual abuse (63%; $n = 186$). To test this hypothesis, we conducted three sets of ANOVAs, as follows.

Rape with or without childhood sexual abuse. ANOVAs showed that the groups differed significantly with respect to education, but not age or income. Lesbians who experienced both adult rape and child sexual abuse had completed fewer years of education than lesbians who experienced adult rape, but not child sexual abuse (4.38 vs. 5.34), $F(1, 291) = 24.46, p < .0005$.

To examine group differences on mental health symptoms adjusted for education, a one-way MANCOVA was conducted with group as the independent variable and education as the covariate. The results indicated that the lesbians who experienced adult rape and child sexual

abuse and the lesbians who experienced adult rape but not child sexual abuse did not report significantly different levels of adjusted daily stress, depression, anxiety, alcohol abuse or drug abuse, $F(5, 233) = 1.71, p = .133$.

Intimate partner violence with or without childhood sexual abuse. Among lesbians who experienced intimate partner violence ($n = 220$), 39% ($n = 86$) also experienced childhood sexual abuse; 69% ($n = 134$) had a history of intimate partner violence but not child sexual abuse. ANOVAs revealed significant group differences with respect to age, education, and income; lesbians who experienced intimate partner violence and child sexual abuse were younger (33.51 vs. 37.22), $F(1, 213) = 11.67, p < .0005$, less educated (4.27 vs. 5.21), $F(1, 215) = 16.19, p < .0005$, and had lower incomes (1.98 vs. 2.33), $F(1, 217) = 5.52, p < .05$.

A one-way MANCOVA was performed to explore group differences on mental health symptoms adjusted for age, education and income. The results indicated that the lesbians who experienced intimate partner violence and child sexual abuse differed significantly on the group of adjusted mental health symptoms from lesbians who experienced intimate partner violence but not child sexual abuse, $F(5, 164) = 2.46, p < .05$.

Post-hoc univariate analyses showed that the groups differed significantly on symptoms of daily stress, $F(1, 168) = 5.83, p < .01$, and alcohol abuse, $F(1, 168) = 5.81, p < .05$. Examination of mean scores on these mental health measures showed that the lesbians who experienced both intimate partner violence and child sexual abuse, when compared to the lesbians who experienced intimate partner violence but not child sexual abuse, reported more daily stress and alcohol abuse. The groups did not differ on levels of depression, anxiety or drug abuse. The adjusted means on the mental health symptom variables and the univariate statistics are presented in Table 3.

Hate crimes with or without child sexual abuse. About 52% ($n = 1008$) of the sample reported that they had experienced a hate crime. Of the 1008 hate crime victims, 31% ($n = 312$) also had a history of childhood sexual abuse. Sixty-nine percent ($n = 696$) of the hate crime victims did not experience child sexual abuse.

ANOVAs revealed significant group differences with respect to education and income. Similar to the findings for the group comparisons on intimate partner and child sexual abuse, lesbians who experi-

TABLE 3. Post-hoc Univariate Comparisons of Violence With or Without Childhood Sexual Abuse Status on Mental Health Symptoms Adjusted for Covariates

| Intimate Partner Violence (adjusted for age, education, and income) | | | | | |
|---|---|---|------------|-------|------|
| Variable | Adjusted Means | | Univariate | | |
| | Intimate partner violence no child sexual abuse | Intimate partner violence plus child sexual abuse | F | df | p |
| Daily Stress | 2.70 | 3.51 | 6.83 | 1,168 | .010 |
| Depression | 1.31 | 1.57 | 0.92 | 1,168 | .339 |
| Anxiety | 1.65 | 1.56 | 0.15 | 1,168 | .689 |
| Alcohol Abuse | 0.41 | 0.69 | 5.81 | 1,168 | .017 |
| Drug Abuse | 1.95 | 1.94 | 0.00 | 1,168 | .967 |

| Hate Crimes (adjusted for education and income) | | | | | |
|---|----------------------------------|------------------------------------|------------|-------|------|
| Variable | Adjusted Means | | Univariate | | |
| | Hate crime no child sexual abuse | Hate crime plus child sexual abuse | F | df | p |
| Daily Stress | 2.61 | 3.13 | 16.43 | 1,835 | .001 |
| Depression | 1.10 | 1.63 | 20.89 | 1,835 | .001 |
| Anxiety | 1.64 | 1.70 | 0.26 | 1,835 | .608 |
| Alcohol Abuse | 0.38 | 0.63 | 8.62 | 1,835 | .003 |
| Drug Abuse | 1.94 | 2.23 | 3.11 | 1,835 | .078 |

enced both a hate crime and child sexual abuse were less educated (4.59 vs. 5.31), $F(1, 999) = 42.84$, $p < .0005$, and had lower incomes (1.95 vs. 2.17), $F(1, 998) = 9.55$, $p < .005$, than lesbians who experienced a hate crime, but not child sexual abuse. The groups were not significantly different in age, however.

A one-way MANCOVA was performed to test for group differences on the mental health symptoms adjusted for education and income. The results indicated that the lesbians who experienced a hate crime and child sexual abuse differed significantly on the group of mental health symptoms from lesbians who experienced a hate crime but not child sexual abuse, $F(5, 831) = 7.29$, $p < .0005$.

Post-hoc univariate analyses showed that the groups differed significantly on symptoms of daily stress, $F(1, 835) = 16.43$, $p < .0005$,

depression, $F(1, 835) = 20.89, p < .0005$, and alcohol abuse, $F(1, 835) = 8.62, p < .005$. Examination of mean scores on these mental health measures showed that the lesbians who experienced both a hate crime and child sexual abuse, when compared to the lesbians who experienced a hate crime but not child sexual abuse, reported more daily stress, depression and alcohol abuse. The groups did not differ in their levels of anxiety or drug abuse. The adjusted means on the mental health symptom variables and the univariate statistics are presented in Table 3.

DISCUSSION

Prevalence of Violence Experiences

Overall, the prevalence of child sexual abuse found in the NLHCS (Bradford & Ryan, 1988) (28.7%) is consistent with prevalence estimates found in research with national samples of women not selected for sexual orientation and therefore presumed largely heterosexual (27%, Finkelhor et al., 1990). Similarly, the lifetime prevalence of attempted and completed rape among the lesbians in the NLHCS (Bradford & Ryan, 1988) (32%) parallels rape rates found in samples of heterosexual women (36%, Kilpatrick et al., 1987; 27%, Koss, Gidycz & Wisniewski, 1987).

Further, the prevalence of child sexual abuse and rape varied significantly by age in patterns consistent with previous research on heterosexual women (e.g., Finkelhor et al., 1990; NVC, 1992; Russell, 1982); younger lesbians experienced more child sexual abuse and rape than older lesbians. Russell (1982) suggested that the higher rates of child sexual abuse and rape found among younger women may reflect real increases in abuse rates over time rather than reporting bias due to recency effects or greater comfort with disclosure. Winfield, George, Schwartz and Blazer (1990) theorized that higher sexual abuse and assault rates among young women are a function of changes in sexual attitudes and women's roles that place younger women at greater risk for assault relative to older women. The empirical question, however, of why younger women, both heterosexual and lesbian, experience higher rates of child sexual abuse and rape relative to older women remains unanswered.

The findings with respect to ethnicity, while preliminary due to the small number of lesbians of color in this sample, run counter to pre-

vious research with heterosexual women. Findings from the NLHCS (Bradford & Ryan, 1988) showed that Black lesbians reported the highest and White lesbians the lowest rates of both child sexual abuse and rape. Latina lesbians experienced child sexual abuse at a rate more similar to Black than White lesbians. The converse is true for rape; Latina lesbians reported a rape rate similar to White lesbians and significantly lower than the rape rate reported by Black lesbians. Previous research with heterosexual women show either no child sexual abuse or rape prevalence differences across ethnic groups (Finkelhor et al., 1990) or that White women report higher rates of these forms of violence than either Black or Latina women (Russell, 1982; Sorenson, Stein, Siegal, Golding & Burnam, 1987; Wyatt, 1985).

As might be predicted, when compared to the prevalence of intimate partner violence documented in studies with heterosexual women (e.g., 17%, Russell, 1982), lesbians in the NLHCS (Bradford & Ryan, 1988) experienced somewhat less intimate partner violence (11.4%). However, lesbians sampled by the NLHCS (Bradford & Ryan, 1988) reported rates of intimate partner violence similar to those reported by lesbians sampled by Lockhart et al. (1994) (11.6%). Because the NLHCS (Bradford & Ryan, 1988) did not ask respondents to specify their partner's gender, it is unclear what portion of the prevalence rate was accounted for by same and opposite gender partner violence. It is likely that some lesbians experienced violence with a male partner in prior heterosexual relationships, while others experienced violence with a female partner. Thus, having fewer sexually intimate relationships with men in adulthood seems to reduce but not eliminate the risk of intimate partner violence among lesbians.

More than half of the lesbians in the NLHCS (Bradford & Ryan, 1988) experienced a verbal hate crime and about one in 20 had been physically assaulted because of her sexual orientation. And, similar to rates of other forms of violence, younger lesbians experienced far more hate crimes than older lesbians. The hate crime prevalence found in the NLHCS (Bradford & Ryan, 1988) is somewhat lower than rates reported by other research that shows about three-fourths of lesbians experience at least one verbal hate crime and about one in 10 report a history of hate-motivated physical assault (Comstock, 1989; Jay & Young, 1977; NGLTF, 1984). It is important to note that anti-lesbian hate crimes are a crime-type not experienced by heterosexual women.

The finding that hate crime rates did not differ by ethnicity is inconsistent with previous research that indicates that Black and Lati-

na lesbians experience higher rates of hate crimes than White lesbians (Bell & Weinberg, 1978; Comstock, 1989). The findings with respect to violence prevalence by ethnicity should be interpreted with caution, however, given the relatively small number of Black (N = 107) and Latina (N = 80) lesbians included in both the NLHCS (Bradford & Ryan, 1988) and the previous research cited above.

Forms of Violence and Mental Health Problems

Lesbians who experienced child sexual abuse, adult rape, intimate partner violence, and hate crimes, when compared to the groups who did not experience these forms of violence, uniformly reported greater psychological distress even after adjustment for group differences in demographic characteristics. Thus our first hypothesis was confirmed. This finding is consistent with literature indicating that heterosexual women who have been victimized experience significantly greater psychological adjustment problems compared to heterosexual women who have not had these experiences (e.g., Browne & Finkelhor, 1986; Goodman et al., 1993; Koss, 1988). Overall, it appears that the prevalence and impact of violence in the lives of lesbians and heterosexual women are far more similar than different.

Hate Crimes as Unique in the Lives of Lesbians versus Heterosexual Women

Despite these similarities, there is one striking difference highlighted by the current study: Lesbians experience hate crimes, a crime type that heterosexual women do not experience, at very high rates and with serious mental health consequences. Relative to child sexual abuse, rape, and intimate partner violence, anti-lesbian hate crimes had a larger negative impact on mental health even though the majority of hate crimes experienced by the lesbians in this sample were verbal. It is not surprising to find that the lesbians who were attacked because of their sexual orientation (whether verbally or physically), were more psychologically distressed. What is perhaps more important is that a verbal assault, which the current literature on the impact of crime would describe as a less serious crime, nevertheless had a strong negative impact on mental health. These results speak to the importance of further research on hate crimes and their impact on lesbian mental health.

Current theory (Garnets et al., 1990) and research (Herek et al., 1997) suggest that hate crimes may be associated with more distress than non-hate motivated crimes of similar severity. Therefore, it was predicted that the lesbians in the NLHCS (Bradford & Ryan, 1988) who experienced a physical assault because they were lesbian would report higher levels of psychological distress than lesbians who were physically assaulted but did not perceive it as related to their identity as lesbians. This hypothesis was also confirmed.

Multiple Victimization

Multiple victimization experiences were common in this sample. Lesbians with a history of child sexual abuse were significantly more likely than lesbians without such a history to experience adult rape, intimate partner violence, and hate crimes. Overall, 28% of lesbians sampled experienced more than one form of interpersonal violence. These findings concur with earlier research on heterosexual women (Kilpatrick et al., in press; Norris & Kaniasty, 1994; Wyatt, Guthrie, & Notgrass, 1992) and lesbians (Lockhart, White, Causby & Isaac, 1994) which shows that a previous history of abuse or assault is a risk factor for subsequent victimization. Not surprisingly, lesbians in the NLHCS who experienced violence in childhood were more likely to experience subsequent violence experiences in adulthood. Thus, lesbians, like heterosexual women, are at risk for repeated exposure to interpersonal violence.

Our final hypothesis, that violence experiences in childhood *and* adulthood would have a substantial cumulative effect on lesbian mental health, was also confirmed. Among lesbians who experienced intimate partner violence, those who also experienced child sexual abuse reported significantly more mental health problems than those who did not experience child sexual abuse. Similarly, survivors of hate crimes who were sexually abused in childhood reported significantly more distress than hate crime survivors who did not experience child sexual abuse.

Implications for Treatment

Given the higher frequency of daily stress, depression, and substance use associated with child sexual abuse and experiences with violence, practitioners who work with lesbian clients should routinely assess for a history of such events. Similarly, clients who present with

depression, anxiety, stress, and/or frequent use of alcohol and drugs should be assessed for a history of child sexual abuse, rape, and anti-gay violence. Providers should assess for negative life events for all clients, but age differences in these findings suggest the need for heightened awareness among younger and older lesbians, in particular. Higher rates of substance use in lesbians who have experienced abuse and violence is not surprising; nevertheless, this finding may explain the higher rates of problem drinking and drug use reported in other studies (e.g., McKirnan & Peterson 1989a; 1989b).

Implications of the Study

The current study was a secondary analysis of the NLHCS (Bradford & Ryan, 1988), the most comprehensive study of U.S. lesbians to date. It sampled nearly 2000 lesbians from every state and region in the country and is the largest study of lesbian health and mental health ever conducted. Lesbians historically have been misunderstood and underserved by the health and mental health community, in part due to the absence of empirical information about their experiences and needs. This study provides important, new empirical information about lesbian mental health.

Several limits of the current study warrant discussion. First, the NLHCS was collected over a decade ago and reflects the perspectives of the original researchers as well as the scientific and cultural themes of the early 1980s. In addition, this secondary analysis was restricted by the wording of the questionnaire items of the NLHCS. The current study is further limited in that the results of the survey cannot be generalized to represent all lesbians in the U.S. Because it was impossible to devise a strategy for reaching a random sample of a hidden population, survey respondents included lesbians who could be reached and who were willing to participate in the project. This sample may not be representative of the population of lesbians in this country.

In conclusion, despite methodological limitations, analysis of the NLHCS (Bradford & Ryan, 1988) data allows, for the first time in the literature, a large scale and comprehensive examination of the prevalence and mental health impact of various forms of interpersonal violence in the lives of lesbians. Physical and sexual violence against women is an enormous health and mental health issue for women and yet, until now, very little has been known about how such violence affects lesbians. This is the largest study to date that examines intimate partner violence among lesbians. No previous research has investi-

gated the mental health impact of child sexual abuse and rape in a national sample of lesbians. Further, this study documents vital information about the mental health impact of hate crimes among lesbians, a crime type of serious consequence and one not experienced by women in the general population.

Thus, because of its scale and breadth, the NLHCS (Bradford & Ryan, 1988) data set represents an important resource for normative information about such experiences. This secondary analysis makes a significant contribution to the development of an empirically based understanding of the experience of violence and its impact in the lives of lesbians. This information is, in turn, vital for the design of informed, effective interventions, responsive social policy, and future research about this special population of women.

REFERENCES

- Bell, A. P., & Weinberg, M. S. (1978). *Homosexualities: A study of diversity among men and women*. New York: Simon and Schuster.
- Bradford, J.B., & Ryan, C. (1987). *National Lesbian Health Care Survey: Mental health implications for lesbians*. Bethesda, MD: National Institute of Mental Health, National Technical Information Service, PB88-201496/AS.
- Bradford, J. B., & Ryan, C. (1988). *National Lesbian Health Care Survey: Final report*. National Lesbian and Gay Health Foundation, Washington, DC.
- Bradford, J.B., & Ryan, C. (1991). Who we are: Health concerns of middle-aged lesbians. In B. Sang, J. Warshaw, & A.J. Smith (Eds.), *Lesbians at midlife: The creative transition* (pp. 147-163). San Francisco, CA: Spinsters Book Company.
- Bradford, J. B., Ryan, C., & Rothblum, E. D. (1994). National Lesbian Health Care Survey: Implications for mental health care. *Journal of Consulting and Clinical Psychology, 62*, 228-242.
- Brand, P. A., & Kidd, A. H. (1986). Frequency of physical aggression in heterosexual and female homosexual dyads. *Psychological Reports, 59*, 1307-1313.
- Browne, A. (1993). Violence against women by male partners: Prevalence, outcomes, and policy implications. *American Psychologist, 48*, 1077-1087.
- Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the literature. *Psychological Bulletin, 99*, 66-77.
- Burnam, M. A., Stein, J. A., Golding, J. M., Siegel, J. M., Sorenson, S. B., Forsythe, A. B., & Telles, C. A. (1988). Sexual assault and mental disorders in a community population. *Journal of Consulting and Clinical Psychology, 56*, 843-850.
- Cimino, J. J., & Dutton, M.A. (August, 1991). *Factors influencing the development of PTSD in battered women*. Paper presented at the 99th annual convention of the American Psychological Association, San Francisco.
- Coley, S. A., & Beckett, J. O. (1988). Black battered women: A review of empirical literature. *Journal of Counseling and Development, 66*, 266-270.

- Comstock, G. D. (1989). Victims of anti-gay/lesbian violence. *Journal of Interpersonal Violence, 4*, 101-106.
- Finkelhor, D., Hotaling, G., Lewis, I. A., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors. *Child Abuse and Neglect, 14*, 19-28.
- Garnets, L., Herek, G. M., & Levy, B. (1990). Violence and victimization of lesbians and gay men: Mental health consequences. *Journal of Interpersonal Violence, 5*, 366-383.
- Goodman, L. A., Koss, M. P., & Russo, N. F. (1993). Violence against women: Physical and mental health effects. Part I: Research Findings. *Applied and Preventive Psychology, 2*, 79-89.
- Gundlach, R. H. (1977). Sexual molestation and rape reported by homosexual and heterosexual women. *Journal of Homosexuality, 2*, 367-384.
- Herek, G. M., Gillis, J. R., Cogan, J. C., & Glunt, E. K. (1997). Hate crime victimization among lesbian, gay, and bisexual adults. *Journal of Interpersonal Violence, 12*, 195-215.
- Herman, J. L., & Hirschman, L. (1981). Families at risk for father-daughter incest. *American Journal of Psychiatry, 138*, 967-970.
- Jay, K., & Young, A. (1977). *The gay report: Lesbians and gay men speak out about sexual experiences and lifestyles*. New York: Summit Books.
- Kilpatrick, D. G., Saunders, B. E., Veronen, J. J., Best, C. L., & Von, J. M. (1987). Criminal victimization: Lifetime prevalence, reporting to police, and psychological impact. *Crime and Delinquency, 33*, 479-489.
- Kilpatrick, D. G., Resnick, H. S., Saunders, B. E., & Best, C. L. (in press). Rape, other violence against women, and posttraumatic stress disorder: Critical issues in assessing the adversity-stress-psychopathology relationship. In B. Dohrenwend (Ed.), *Adversity, stress, and psychopathology*. Washington, DC: American Psychiatric Press.
- Koss, M. P. (1988). Women's mental health research agenda: Violence against women. In *Women's Mental Health Occasional Paper Series*, Washington, DC: National Institute of Mental Health.
- Koss, M. P. (1993). Rape: Scope, impact, interventions, and public policy responses. *American Psychologist, 48*, 1062-1069.
- Koss, M. P., Gidycz, C. A., & Wisniewski, N. (1987). The scope of rape: Incidence and prevalence of sexual aggression and victimization in a national sample of higher education students. *Journal of Consulting and Clinical Psychology, 55*, 162-170.
- Lockhart, L. L., White, B. W., Causby, V., & Isaac, A. (1994). Letting out the secret: Violence in lesbian relationships. *Journal of Interpersonal Violence, 9*, 469-492.
- McKirman, D.J., & Peterson, P.L. (1989a). Alcohol and drug use among homosexual men and women: Epidemiology and population characteristics. *Addictive Behaviors, 14*, 545-553.
- McKirman, D.J., & Peterson, P.L. (1989b). Psychosocial and cultural factors in alcohol and drug abuse: An analysis of a homosexual community. *Addictive Behaviors, 14*, 555-563.
- Meiselman, K. (1978). *Incest*. San Francisco: Jossey-Bass.
- National Gay & Lesbian Task Force (NGLTF). (1984). *Anti-gay/lesbian victimization: A study by the National Gay Task Force in cooperation with gay and lesbian*

- organizations in eight U.S. cities. (Available from the NGLTF, 1734 14th Street, N.W., Washington, DC 20009).
- Norris, F. H., & Kaniasty, K. (1994). Psychological distress following criminal victimization in the general population: Cross-sectional, longitudinal, and prospective analyses. *Journal of Consulting and Clinical Psychology, 62*, 111-123.
- Renzetti, C. (1992). *Violent betrayal: Partner abuse in lesbian relationships*. Newbury Park, CA: Sage.
- Russell, D. E. H. (1982). The prevalence and incidence of forcible rape and attempted rape of females. *Victimology: An International Journal, 7*, 81-93.
- Russell, D. E. H. (1984). *Sexual exploitation: Rape, child sexual abuse, and sexual harassment*. Beverly Hills, CA: Sage.
- Ryan, C., & Bradford, J. B. (1988). The National Lesbian Health Care Survey: An overview. In M. Shernoff & W. Scott (Eds.), *Sourcebook on lesbian and gay health care* (pp. 30-40). Washington, D.C.: National Lesbian and Gay Health Foundation.
- Ryan, C., & Bradford, J. (1993). The National Lesbian Health Care Survey: An Overview. In D. Garnets & D.C. Kimmel (Eds.) *Psychological perspectives on lesbian and gay male experiences*. New York: Columbia University Press.
- Schilit, R., Lie, G., & Montagne, M. (1990). Substance use as a correlate of violence in intimate lesbian relationships. *Journal of Homosexuality, 19*, 51-65.
- Searles, P., & Berger, R. J. (1987). The current status of rape reform legislation: An examination of state statues. *Women's Rights Law Reporter, 10*, 25-43.
- Sorenson, S. B., Stein, J. A., Siegal, J. M., Golding, J. M., & Burnam, M. A. (1987). The prevalence of adult sexual assault: The Los Angeles epidemiologic catchment area project. *American Journal of Epidemiology, 126*, 1154-1164.
- Straus, M. A., & Gelles, R. J. (Eds.). (1990). *Physical violence in American families*. New Brunswick: Transaction Publishers.
- von Schulthess, B. (1992). Violence in the streets: Anti-lesbian assault and harassment in San Francisco. In G. M. Herek & K. T. Berrill (Eds.), *Hate crimes: Confronting violence against lesbians and gay men* (pp. 65-75). Newbury Park, CA: Sage.
- Vrana, S., & Lauterbach, D. (1994). Prevalence of traumatic events and posttraumatic psychological symptoms in a nonclinical sample of college students. *Journal of Traumatic Stress, 7*, 289-302.
- Winfield, L., George, L. K., Schwartz, M., & Blazer, D. G. (1990). Sexual assault and psychiatric disorders among a community sample of women. *American Journal of Psychiatry, 147*, 335-341.
- Wyatt, G. E. (1985). The sexual abuse of Afro-American and White American women in childhood. *Child Abuse and Neglect, 9*, 507-519.
- Wyatt, G. E., Guthrie, D., & Notgrass, C. M. (1992). Differential effects of women's child sexual abuse and subsequent sexual revictimization. *Journal of Consulting and Clinical Psychology, 60*, 167-173.