

Violence against women and suicide risk: The neglected impact of same-sex sexual behaviour

Brigitte Lhomond, Marie-Josèphe Saurel-Cubizolles*

INSERM, Unit 149, 16 Avenue Paul Vaillant Couturier, 94807, VILLEJUIF Cedex, France

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Abstract

We used data from the National Survey on Violence against Women in France carried out in 2000 on a representative sample of 6970 women to compare the social characteristics of women who had sex with women (WSW) and women who had sex only with men (WSM). The WSW were more likely to be of a high socio-economic level and living in large cities. They were more frequently unmarried, without children, and had a more diverse sexual life, generally beginning younger, with more partners, mainly men. They were also more likely to use tobacco, alcohol and drugs. WSW reported more physical violence in the recent past and more suicide attempts than WSM, despite a lack of difference in psychological distress and stress. These results, in a field little studied in France, are consistent with international findings attesting to the difficulties faced by women in situations involving autonomy and marginality.

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Introduction

Since the middle of the 19th century, the character of the homosexual, man or woman, has been constructed through psychiatry, forensic medicine, and the emerging discipline of sexology. Some scientists considered homosexuality to be a natural phenomenon, equivalent to a “third sex”, whereas most described it as a mental illness, a form of degeneracy, a state of arrested development or a perversion. These constructions are based on an absolute dichotomy in the definition of the sexes, treating men and women as two entirely separate entities, almost as two different species (Lhomond, 1993). The concept of “homosexuality” has since undergone a radical transformation, from a mental disorder to a way of life. Key steps in this ongoing

transformation include the removal of homosexuality from the list of mental disorders by the American Psychiatric Association in 1974 and by the World Health Organisation in 1993. These changes came about as a result of much debate among scientists and strong pressure from the gay and lesbian movements (Bayer, 1987). Research into gay and lesbian mental health has changed considerably as an outcome (Rothblum, 2000b). In western countries, while the search for a genetic or biological basis of homosexuality continues, the view of homosexuality as a mental illness has been replaced for the most part by a concern with the general and mental health of homosexuals. In 2001, the *American Journal of Public Health* published a special issue dedicated to “Lesbian, gay, bisexual and transgender health” (Northridge, 2001). In February 2004, the *British Medical Journal* published a front page editorial entitled “Treating homosexuality as a sickness. One of medicine’s many mistakes” (King, Smith, & Bartlett, 2004; Smith, Bartlett, & King, 2004).

*Corresponding author. Tel.: +33 1 45 59 50 91.

E-mail addresses: lhomond@univ-lyon1.fr (B. Lhomond), saurel@vjf.inserm.fr (M.-J. Saurel-Cubizolles).

The number of publications on homosexuality, mainly from the United States, has increased in recent years, but few quantitative studies have focused on lesbians, bisexuals or women who have sex with women. Many of these studies are based on non-random samples, with participants recruited via community groups, commercial venues, and from newspaper readers. This limits the extent to which the results may be generalised, even if they provide useful information. Studies comparing such women with heterosexual women are even rare, with almost no data available for France. Large quantitative surveys, unless focusing on sexuality, rarely ask questions about same-sex behaviour. The HIV epidemic has brought the topic of homosexual behaviour to the fore, but mostly as concerns gay men and the risk of HIV transmission. This topic is also not explored in surveys focusing on violence against women. National representative surveys on violence against women in Switzerland (Gillioz, De Puy, & Ducret, 1997), Finland (Heiskanen & Piispa, 1998), Canada (Johnson & Rodgers, 1994) and New Zealand (Morris, 1997) did not ask any questions on same-sex behaviour, as if this subject were not relevant for the analysis. Sexual behaviour, especially same-sex behaviour, is not considered to be of sociological interest. Instead, sexuality is treated as separate from social practices and situations. As Gagnon and Simon stated (1973) "Even when such aspects of [a lesbian's daily] life have been considered, they have been used to show the way her sexuality expresses itself in this non-sexual activity. Rarely, for example, has her sexual activity been viewed as something that can be, and is, an expression of other forms of social activity".

The aim of this paper is to use data from a national survey on violence against women in France, based on a large representative sample of adult women, to investigate whether same-sex sexual behaviour, defined as having at least one female sexual partner, was associated with different life histories and with the frequency of violence and suicide attempts.

Methods

The Enveff¹ (*Enquête nationale sur la violence envers les femmes en France*, National Survey on Violence against Women in France) survey was conducted by telephone between March and July 2000, on a representative sample of 6970 women aged 20–59, living in France. Data were collected by trained female inter-

viewers, using the computer-assisted telephone interviewing method. Among eligible women, the refusal rate was estimated at 18%. Comparison of this sample with the general French female population of the same age, as described in the employment census (INSEE, 1999), showed only small distortions in terms of age, marital status and occupational group structure; we therefore applied a weighting factor to all figures (Jaspard et al., 2003).

Interviews lasted 45 min on average and were based on a three-part questionnaire. The first part concerned socio-demographic, biographical and health information. The second part assessed exposure to violence in the last 12 months in public space, the workplace, the couple, and among family and friends. The third part dealt with physical violence since the age of 18 and sexual violence since childhood. All questions about violence, whether perpetrated by men or women, were phrased in terms of specific acts. For example, physical and sexual violence were described as "having been slapped" or "having been forced to have sexual intercourse against one's will". The terms "violence" and "aggression" were not used in the questionnaire.

Despite instructions to the contrary, one third of the interviews were conducted in the presence of a third party: 15% with the spouse, 13% with children and 5% with another person.

Indicator of sexual behaviour

Sexual behaviour was identified based on responses to the following questions: "In your life, with how many different partners have you had sex? Were they: only men; only women; men and women? How many men? How many women?" Women who had had sex with at least one woman in their lifetime were classified as women who had sex with women (WSW, $n = 78$). They were compared with women who had sex only with men (WSM, $n = 6332$). The WSW group therefore contained women who had only had sex with women and women who had had sex with both men and women.

For this study, we did not analyse responses to a question about sexual attraction. In this survey, 4% of women declared that they were attracted to women, to various degrees. Most WSW (91%) declared being attracted to women, but two thirds of these women said they were predominantly attracted to men. Their sex lives were mostly heterosexual, including during the last 12 months. We therefore felt it was inaccurate and excessive to refer to all WSW as lesbians, homosexuals or even bisexuals. The numbers of women in our sample who were living with another woman at the time of the survey ($n = 8$), or who had only ever had female partners ($n = 3$) or who had had sex with women in the last 12 months ($n = 5$) were so small that these women could not be treated as a distinct subgroup.

¹Enveff team members : Maryse Jaspard, Elizabeth Brown, Stéphanie Condon, Jean-Marie Firdion, Annik Houel, Dominique Fougeyrollas-Schwebel, Brigitte Lhomond, Florence Maillouchon, Marie-Josèphe Saurel-Cubizolles, Marie-Ange Schiltz.

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