



Full length article

Victimization as a mediator of alcohol use disparities between sexual minority subgroups and sexual majority youth using the 2015 National Youth Risk Behavior Survey



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ABSTRACT

Background: Alcohol use among underage youth is a significant public health concern. According to the National Institute on Alcohol Abuse and Alcoholism, alcohol is the “drug of choice” among adolescents, meaning more youth use and abuse alcohol than any other substance. Prevalence of alcohol use is disproportionately higher among sexual minority youth (SMY) than among their heterosexual peers. We examined sexual identity and sexual behavior disparities in alcohol use, and the mediational role of bullying in a sample of high school students.

Methods: Data from the 2015 National Youth Risk Behavior Survey were used to assess the association between sexual minority status (identity and behavior) and alcohol use with weighted logistic regression. Due to well-documented differences between males and females, we stratified models by gender. Physical and cyberbullying were examined as mediators of the relationship between sexual minority status and alcohol use.

Results: We detected associations between certain subgroups of sexual minority youth and alcohol use across all four drinking variables (ever drank alcohol, age at first drink, current alcohol use, and binge drinking). Most of these associations were found among bisexual-identified youth and students with both male and female sexual partners; these individuals had up to twice the odds of engaging in alcohol use behaviors when compared with sexual majority students. Associations were strongest among females. Bullying mediated sexual minority status and alcohol use only among bisexual females.

Conclusions: As disparities in alcohol use differ by gender, sexual identity, and sexual behavior, interventions should be targeted accordingly.

1. Introduction

Alcohol use among underage youth is a significant public health concern. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), alcohol is the “drug of choice” among adolescents, meaning more youth use and abuse alcohol than any other substance (National Institute on Alcohol Abuse and Alcoholism, 2005). The 2015 National Youth Risk Behavior Survey (YRBS) found that 63.2% of high school students in the United States reported drinking alcohol in their lives (Kann et al., 2016a). Nearly one-third (32.8%) had at least one drink in the thirty days prior to the survey, and 20.8% reported binge drinking during the same time period (Kann et al., 2016a). The 2014 National Survey on Drug Use and Health (NSDUH) reported lower, but still substantial proportions of people aged 12–20 years who had drunk

alcohol in the prior month (22.8%), reported binge drinking (13.8%), and were classified as heavy drinkers (3.4%) (Center for Behavioral Health Statistics and Quality, 2015).

Deleterious health outcomes in youth are significantly associated with alcohol use. Individuals who initiate drinking prior to the age of 14 years are five times more likely to abuse alcohol or become dependent on alcohol later in their lives than those who start drinking at age 21 years or later (Hingson et al., 2006). Hingson et al. also found that the earlier the age of alcohol use initiation, the greater the likelihood that an individual will use other substances (Hingson et al., 2006). As brain development continues through the mid-20s, alcohol use in adolescence can have significant long-term effects on neurological functioning, including decreases in memory and cognition (Denoth et al., 2011). Further, alcohol use increases risk of depression

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(Armstrong and Costello, 2002), anxiety disorders (Armstrong and Costello, 2002), and attempting suicide (Wu et al., 2004), and negatively influences academic performance, which can seriously affect youths' life trajectories. Underage drinking, particularly binge drinking, decreases the likelihood that youth will complete high school (DuPont et al., 2013) and is correlated with low grade point averages (Pascarella et al., 2007) and with missing classes (Wechsler et al., 1998).

Prevalence of alcohol use is disproportionately higher among sexual minority youth (SMY) than among their heterosexual peers (Kann et al., 2016b; Zaza et al., 2016). The Growing Up Today Study (GUTS), a cohort study of youths conducted between 1996 and 2003, found that SMY began drinking at earlier ages and had a greater risk of binge drinking than heterosexual youth (Corliss et al., 2008). A meta-analysis of studies of adolescent substance use found that lesbian, gay, and bisexual youth had 2.55 times the odds of recent alcohol use compared to heterosexual youth (Marshal et al., 2008). Additionally, pooled 2005 and 2007 YRBS data from 14 jurisdictions indicated SMY were more likely to report prior month drinking and heavy episodic drinking than their heterosexual counterparts (Talley et al., 2014).

Alcohol use differs not only by sexual orientation, but also by other demographic characteristics, including race, ethnicity, age, and sex. Data on 12–17 year olds from NSDUH found that past-year alcohol use varied widely from 37.0% of Native American adolescents to 2.5% of Asian/Pacific Islander adolescents (Center for Behavioral Health Statistics and Quality, 2015). In the 2015 National YRBS, current alcohol use was higher among White and Hispanic students (35.2% and 34.4%, respectively) than among Black students (23.8%) (Kann et al., 2016a). The prevalence of current alcohol use within the 2015 National YRBS also followed a linear trend by grade (9th grade: 23.4%; 10th grade: 29.0%; 11th grade: 38.0%; 12th grade: 42.4%). When looking exclusively at SMY, similar sex, race, and age differences have been found (Talley et al., 2014).

Victimization has been posited as potentially mediating the association between sexual minority youth and substance use. SMY report more serious and frequent experiences with harassment, particularly bullying, than their heterosexual peers, primarily due to contextual factors such as prejudice and social isolation (Kosciw et al., 2012). According to the 2015 National YRBS, 34.2% of LGB students reported past-year bullying on school property, compared to 18.8% of heterosexuals (Kann, 2016). Similarly, a meta-analysis of 26 North American school-based studies found that sexual minority adolescents were, on average, 1.7 times more likely than heterosexual peers to report assault by peers at school (Friedman et al., 2011). Furthermore, experiences of bullying are associated with alcohol use, especially among middle and high school students (Carlyle and Steinman, 2007; Nansel et al., 2004; Peleg-Oren et al., 2010; Radliff et al., 2012; Tharp-Taylor et al., 2009). A study of over 13,000 high school students in the Midwest found that a single-item assessing homophobic teasing was associated with alcohol use among all students, independent of sexual orientation; however, the association was strongest for sexual minority and “questioning” students (Espelage et al., 2008). Due to the clear interconnectedness of these factors, there is some empirical evidence for the role of victimization and bullying as a mediator. For instance, a study using Massachusetts and Vermont YRBS data from 1995 found that disparities in substance use across sexual orientation groups were partially explained by victimization in school (Bontempo and d'Augelli, 2002).

Additionally, the relationship between in-person, school-based bullying and cyberbullying has become increasingly relevant. While there is considerable overlap in who is victimized by these forms of bullying, recent studies have shown that electronic bullying and in-person bullying remain distinct experiences (Schneider et al., 2012). Cyberbullying has an aspect of perceived anonymity for its perpetrators, which results in deindividuation and reduced opportunities for sympathy and remorse (Kowalski et al., 2014; Postmes and Spears, 1998). Moreover, as young people become more increasingly accessible through online and mobile communications, perpetrators gain

unbounded access to their victims, whereas school-based bullying is limited to interactions that occur during the school day (Kowalski et al., 2014). However, relationships between cyberbullying, gender, and sexuality remain under investigated. For example, some studies have shown that male adolescents often bully each other on the basis of perceived sexual minority status, and that there are gendered differences to perceptions of cyberbullying (Doucette, 2013; Notar et al., 2013). However, studies have been inconsistent or inconclusive on which genders or sexualities are more likely to experience victimization from cyberbullying (Erdur-Baker, 2010; Schneider et al., 2012). Thus, this study has the potential to fill the gap in the literature by examining relationships between school bullying and cyberbullying among SMY.

Methodological limitations in earlier studies have hampered researchers' ability to determine the magnitude of sexual orientation disparities in alcohol use among youth, and to identify correlates of these disparities. In particular, research on alcohol use among SMY has primarily come from nonprobability samples (Institute of Medicine, 2011). While such studies have been crucial for identifying health issues, their developmental course, and risk and protective factors, such designs are less suited to describing health disparities. The primary limitation is the inability to ensure that SMY are drawn from non-biased populations comparable to non-SMY. Only recently have measures of sexual orientation been included within large national health surveillance systems (Institute of Medicine, 2011), such as the YRBS (Zaza et al., 2016), but these studies have been limited in the number of jurisdictions that assess sexual orientation status. The availability of information on sexual identity and sexual contact among youth within a national probability sample therefore provides an unprecedented ability to investigate disparities between SMY and heterosexual youth.

In the current study, we are using data from the 2015 National YRBS to examine the associations between four alcohol use variables and sexual minority status, measured both by reported sexual identity and sex of sexual contacts. This expands upon the previously cited work by including a nationally representative sample of high school students, investigating the differences between sexual minority definitions (identity vs. behavior), considering differences between sexual minority subgroups (e.g. gay vs. bisexual), and adding female youth to the study sample. Having a better understanding of the differences between sexual minority definitions and subgroups could be extremely beneficial for future research and interventions that may only focus on one aspect of sexuality. In addition, we assessed whether cyberbullying and in-school bullying mediate the association between sexual identity/contact and alcohol use.

2. Material and methods

2.1. Sample

Data were gathered from high school students in the United States in 2015 as part of the National Youth Risk Behavior Surveillance Survey (YRBSS) conducted by the Centers for Disease Control and Prevention (CDC). The 2015 National Survey utilized a 3-stage cluster design to generate a nationally representative sample of public and private school students in grades 9–12 in all 50 states and the District of Columbia (CDC et al., 2013; Kann et al., 2016a). Students in participating high schools completed self-report surveys assessing sexual identity, sexual contacts, demographic characteristics, and health-related behaviors and exposures. Surveys were completed by 15,624 youths across the United States.

2.2. Measures

2.2.1. Sexual identity

Sexual identity was assessed by a question asking, “Which of the following best describes you?” Response options for this question were “Heterosexual (straight),” “Gay or lesbian,” “Bisexual,” and “Not sure.”

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