

A FEMINIST ANALYSIS OF YOUNG WOMEN'S EXPERIENCES OF ALCOHOL  
AND SEXUALITY

by

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A dissertation submitted to the Graduate Faculty in Social-Personality Psychology in  
partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City  
University of New York

2008

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This manuscript has been read and accepted for the  
Graduate Faculty in Social-Personality Psychology in satisfaction of the  
dissertation requirement for the degree of Doctor of Philosophy.

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## Abstract

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by

Brooke E. Wells

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The current research attempts to understand the role of alcohol in women's sexual behaviors, thoughts, and feelings, and the potentially reciprocal role of sexual factors in alcohol consumption. This study is part of a larger study that qualitatively and quantitatively examines club drug use and sexuality among 18-29 year-olds in New York City's club scene. The current study utilized thematic analysis (Braun & Clarke, 2006) from baseline interviews of 60 women (20 lesbian, 20 bisexual, and 20 heterosexual) to examine themes in the relationship between sexuality and alcohol consumption. Additionally, I utilized checklist coding to quantify and statistically compare the most recent narratives of sexual activity that occurred while sober and sexual activity that occurred after drinking alcohol (n = 121).

Women reported that alcohol facilitated sexual activity through a variety of mechanisms, and reported that alcohol consumption changed their sexual behaviors, sometimes leading to risky sexual activity. Alcohol also negatively impacted the physical sexual experience. However, when comparing recent stories in terms of risk behaviors, slightly different findings emerged. In the most recent alcohol stories, women's partners were significantly less risky than in the most recent sober stories. However, this is qualified by the finding that the alcohol stories were significantly more often about first-time partners, whereas sober stories were significantly more likely to be about main

partners. A variety of psychosexual, demographic, and contextual factors, such as race and ethnicity, sexual orientation, age, sexual anxiety, sexual sensation seeking, dose, and partner type, also moderated the relationships between alcohol and sexuality. Finally, women recognized patterns of alcohol consumption and sexual behavior in their lives and experienced regret and pleasure in recognizing these patterns, demonstrating the positive and negative effects of alcohol on their sexuality and sexual behavior.

These findings illustrate the complex relationship between alcohol and sexuality, which may help researchers and educators better understand patterns of combining alcohol and sex and the various factors that impact this combination. Such findings have implications for sexual risk prevention and alcohol abuse/dependence prevention and intervention and demonstrate the role of social factors in the relationship between alcohol consumption and sexual experiences.

## Acknowledgments

First and foremost, I would like to acknowledge the tremendous support of my parents, Susan and David Wells. They provided the intellectual and financial foundation for my academic career, applauded my successes, and picked me up when I failed. Their unconditional love, continued encouragement, and steadfast belief in my abilities nurtured me through this process.

I also want to acknowledge Scott Gould. Through the end of this process, his continued patience, encouragement, and love have meant the world to me.

I am incredibly fortunate to claim a variety of scholars as personal mentors and intellectual inspirations. As an undergraduate at Knox College, Drs. Gary Francois, Heather Hoffman, Frank McAndrew, and Tim Kasser laid the groundwork for and provided the encouragement to pursue an academic career. As a graduate student at San Diego State University, my academic and research intentions were solidified and nurtured by Dr. Jean Twenge, who taught me a great deal about research, social psychology, and academia. Finally, as a graduate student at the Graduate Center of the City University of New York, there are several people who have fostered my academic career. First, special thanks to my committee members, Jeffrey Parsons, Michelle Fine, Sarit Golub, Brian Kelly, and Deborah Tolman. Dr. Fine continually inspires and challenges me to stretch—to stretch my ways of thinking, my writing, and my understandings of gender and sexuality. Dr. Golub has also pushed me to expand my analytical skills and helped me to believe that this expansion is possible.

I owe a huge debt of gratitude to Dr. Jeffrey Parsons, director of the Center for HIV Educational Studies and Training (CHEST). Most importantly, Dr. Parsons believed

in me from the beginning, giving me the opportunity to play an integral role in his research center. Dr. Parsons has employed me, been my mentor, and provided extensive research and career training for the past four years. Under his tutelage, not only have I gained invaluable research experience, but I have also enjoyed Dr. Parsons friendship and continued support of my work and career.

I am so fortunate to have been surrounded by a variety of colleagues at CHEST that have fostered my career and also made this journey more enjoyable. First, I owe a great deal of thanks to Dr. Brian Kelly, who has been an invaluable mentor and friend. Additionally, I owe special thanks to David Bimbi, Christian Grov, and Juline Koken, whose kindness, patience, and encouragement have generally bettered my life. Another debt of gratitude goes out to Julia Tomassilli for her analytical insight and technical assistance.

Finally, I would like to acknowledge the federal funding and the people that made this project possible. The Club Drugs and Health Project was supported by a grant from the National Institute on Drug Abuse (R01-DA014925-02, Jeffrey T. Parsons, Principal Investigator). The author recognizes the contributions of the Club Drug and Health Project team—Michael Adams, Anthony Bamonte, Jessica Colon, Armando Fuentes, Sarit A. Golub, Christian Grov, Chris Hietikko, Eda Inan, Brian C. Kelly, Juline Koken, Jose E. Nanin, Julia Tomassilli, Jon Weiser, and the recruitment team. This dissertation was supported by an individual predoctoral National Research Service Award from the National Institutes of Alcohol Abuse and Alcoholism (F31-AA016705). I am so thankful for this generous award that afforded me the necessary training and the time to complete this project.

## Table of Contents

Abstract .....	iv
Acknowledgements .....	vi
List of Tables .....	ix
Chapter 1: Introduction to Research Surrounding Alcohol and Female Sexuality .....	1
Chapter 2: Methods .....	45
Chapter 3: Gendered Analytical Lens.....	58
Chapter 4: The Relationship Between Alcohol and Sexuality .....	69
Chapter 5: Complex Reflections About the Relationship Between Alcohol and Sexuality .....	111
Chapter 6: Discussion .....	86
Appendix A: Codebook .....	144
Appendix B: Coding Checklist.....	157
Tables 1-11 .....	164
Bibliography .....	187

## List of Tables

Table 1. Demographics .....	164
Table 2. Sample characteristics .....	165
Table 3. Sex story characteristics .....	166
Table 4. Sexual behaviors and experiences according to partner type .....	168
Table 5. Alcohol dose comparisons .....	170
Table 6. Sample characteristic comparisons .....	171
Table 7. Age comparisons.....	174
Table 8. Racial and ethnic differences in sexual behaviors and experiences .....	176
Table 9. Sexual orientation differences in sexual behaviors and experiences .....	178
Table 10. Psychosexual variables and AUDIT scores by sexual behaviors and experiences .....	180
Table 11. Correlations between psychosexual variables and AUDIT scores .....	194

## Chapter 1:

### Introduction to the Research Surrounding Alcohol and Female Sexuality

But after a drink, Venus gets in my thinking,  
For just as true as cold engenders hail  
A thirsty mouth goes with a thirsty tail.  
Drinking destroys a woman's last defense  
As lechers well know from experience.  
—Chaucer, *The Wife of Bath*

Candy is Dandy, but Liquor is Quicker. —Ogden Nash

I like to have a martini  
Two at the very most  
After three I'm under the table  
After four I'm under my host.  
—Dorothy Parker

Throughout history, the relationship between alcohol consumption and female sexual behavior has been rife with cultural assumptions and social consequences. As early as Roman times, women could be punished by death for the crime of imbibing alcohol, as alcohol consumption was thought to increase promiscuity, thus increasing the chances of adultery (Ridlon, 1988; as cited by Plant, 1997). Similarly, the Talmud states: “One glass of wine is becoming to a woman, two are somewhat degrading, and if she has three glasses she solicits coitus, but if she has four, she solicits even an ass in the streets and forgets all decency” (as cited in Leigh, 1995). Though not as extreme as these examples, cultural norms have continued to perpetuate the belief that alcohol consumption leads to sexual promiscuity among women, with drinking women being socially denigrated and often depicted as sexually disinhibited and promiscuous because of their assumed increased desire and vulnerability (Leigh, 1995).

These perceptions of intoxicated women are still ubiquitous in today's society, as evidenced by a recent column in a New York City Newspaper, *The Village Voice*, addressing this very topic. Based on her own experiences and interviews she conducts, Rachel Kramer Busell (2006), author of a weekly column, the Lusty Lady, concludes that the use of alcohol as a sexual (and social) lubricant is very common. According to one man she interviewed, "Sober sex isn't easy to find. It's rare to meet sober women comfortable with casual sex. Many promiscuous men find success through altered states of mind." (p. 135). While these responses clearly indicate social perceptions of drinking and sexual activity, they also illustrate the dominant culture of drinking, dating, and socializing. In Western culture, dating rituals typically involve alcohol consumption of some sort, whether in the form of drinks with dinner, dates that occur or are initiated in bars, or casual sexual encounters that are common after drinking in bars and on college campuses (Ridberg, 2004). In her memoir about her life as a drinking woman, Koren Zailckas (2005) discusses at length the associations between drinking and dating/sexuality in her life, concluding by saying, "Like everyone ordering 'Hot Sex' at the bar, the connection between drinking and dating has been hardwired into my system" (p. 193). As Abel and Plumridge (2004) suggest, society has constructed alcohol as a sexual disinhibitor (and enhancer), defining both the acceptable behavior and the limits of that behavior.

In acknowledgement of this association, the public health sphere has also responded to this relationship. Because of the assumed relationship between alcohol consumption and *risky* sexual behavior that could lead to unplanned pregnancies, sexually transmitted infection (STIs), and HIV transmission, educators have jumped

aboard and developed materials designed to warn adolescents and young adults about the dangers of combining alcohol and sexual activity. According to a brochure distributed on college campuses by the American College Health Association (ACHA, 2004), “Safer sex is smart, healthy, sober sex....Alcohol and other drugs may also make you clumsy and careless in using condoms and lubricants.” At the University of Colorado at Boulder, a public safety message warns women that, “When you’re drunk, you’ll have sex with someone you wouldn’t have lunch with, so bring a condom” (as cited by Zailckas, 2005, p. 183). In this same vein, the role of alcohol in sexual behavior has also become a political issue, with federal guidelines for abstinence only until marriage (AOUM) education including a clause for teaching about how “alcohol and drug use increase vulnerability to sexual advances” (U.S. Department of Health and Human Services, 2003, p. 14, as cited by Fine & McClelland, 2006).

With all of this public dialogue, it is no surprise that research in the past few decades has begun to focus on discerning the nature of the relationship between alcohol consumption and sexual behavior, especially women’s sexual behavior. While the literature does examine the role of alcohol in male sexual behavior (primarily in the context of examining gender differences), the literature tends to focus on female sexuality because of the presumed magnitude of change in women’s sexual behavior associated with alcohol consumption. While men are expected to be sexually assertive and aggressive (both about initiating sexual activity and initiating unsafe sexual activity), women are typically assumed to be passive gatekeepers. Since alcohol is thought to remove or incapacitate this gatekeeping ability, research has typically focused on the role of alcohol in women’s sexual behavior. However, just as the culturally constructed

knowledge about the relationship between alcohol and sexual behavior is rife with cultural assumptions about female sexuality, research surrounding the relationship between alcohol and women's sexual behavior has also been shaped and limited by dominant cultural assumptions about female sexuality and about the relationship between alcohol consumption and female sexual behavior.

Specifically, most research surrounding female sexual behavior and alcohol consumption ignores the role of power in the social construction of sexual behavior and sexual possibilities available to women; positions women as sexual objects lacking agency and desire, thereby denying and ignoring sexual subjectivity (often in contrast to male sexuality, which, as noted above, is agentic, aggressive, and insatiable); ignores the critical role of sexual pleasure in its narrow focus on sexual danger; and overlooks and/or minimizes the complexity inherent in women's sexual lives, in terms of partner type (often assuming male partners and/or ignoring women whose primary partners are not male), sexual feelings (assuming that women are making clear yes or no decisions about sexual activity, without any ambivalence), and the meanings associated with particular behaviors. These limitations in research have impacted the research questions, the methodologies employed to answer those questions, the research findings, and the interpretations and applications of these findings.

To better understand the research surrounding the relationship between alcohol consumption and female sexual behavior and the influence of dominant assumptions of female sexuality on this body of research, I will review the current state of research on alcohol consumption and female sexual behavior and identify the ways in which research design, implementation, and dissemination have been limited by dominant assumptions

about female sexuality. Additionally, I will explore the ways in which the application of a perspective that integrates theory and research in feminist thought, social justice perspectives, public health, and sexuality research might improve our understanding of the interplay between alcohol consumption and female sexual behavior and the role of this relationship in female sexuality, sexual behavior, and alcohol use and abuse.

#### Current Research on Alcohol Consumption and Female Sexual Behavior

While the literature surrounding the relationship between alcohol and sexual behavior addresses both male and female sexual behavior, for several reasons this review (and subsequent research) will only address the literature that examines women. Despite lower rates of alcohol abuse and less frequent and heavy drinking among women (Wilsnack & Wilsnack, 1997), the relationship between alcohol and sexuality is a critical issue in women's lives for several reasons. First, because of the negative consequences that can be associated with risky sexual activity for women (increased chances of contracting an STI, pregnancy, etc.), inasmuch as alcohol increases risky sexual behavior, this relationship becomes essential to understand. Second, because of the increased vulnerability that supposedly accompanies intoxication, it is important to understand the effects of alcohol on experiences of sexual victimization and assault. Third, from a sexual functioning perspective, research has indicated the potential for alcohol-induced sexual difficulties for women, though for reasons that are unclear (Peugh & Belenko, 2001). Additionally, because women (especially non-heterosexually identified women) are so often overlooked (or not specifically targeted) in alcohol interventions or treatment (Wilsnack & Wilsnack, 1997), it is important to understand the ways that alcohol affects women's lives, especially as the sexual associations made with a substance can have

serious impacts on future substance use and abuse (Rawson, Washton, Domier, & Reiber, 2002). Most significantly, though, in light of the various negative factors listed above and the wealth of research addressing these factors, it is increasingly important to understand the lived experiences of these factors and to better understand the various positive aspects of female sexuality and the ways in which research and education can better recognize and address these factors.

In the early years of research attempting to ascertain the relationship between alcohol consumption and sexual activity, survey research dominated the landscape (and still is often the research that makes headlines, typically because of the seemingly concrete, objective, and irrefutable statistics it offers). In the literature, these studies are often termed global or situational association studies, because they typically examine the correlations between drinking patterns and sexual behaviors, without necessarily measuring outcomes at the intersection of the two behaviors (when alcohol consumption and sexual behavior occur at the same time). Somewhat more recently, corresponding to the rise in experimental methods across psychological disciplines, research surrounding the relationship between alcohol consumption and sexual behavior has moved into the laboratory. Today, studies designed to control the social situation, the amount of alcohol administered, and the sexual scenarios involved are quite common, and have been useful in testing the theoretical constructs developed to explain this relationship, as described below. Finally, event-level analyses have more recently begun to populate the research landscape, as these studies account for context and attempt to understand the actual lived experience at the nexus of alcohol consumption and sexual activity. Regardless of methodology, the research typically examines experiences of sexual assault or sexual

victimization, patterns of sexual activity, safer sex practices (i.e., condom use), and/sexual functioning. However, as will be noted throughout, the methodologies employed to answer the proposed research questions certainly influence the research findings and their subsequent practical applications in education and intervention efforts.

### *Sexual Assault and Victimization*

In terms of sexual assault and victimization, the findings are relatively clear and consistent that alcohol is often involved in experiences of sexual victimization. For example, a survey of college students, conducted in 1997, 1999, and again in 2001 found that of the women who experienced rape (4.7% of the total sample of roughly 24,000 students), 72% of those women experienced rape while intoxicated (Mohler-Kuo, Dowdall, Koss, & Wechsler, 2004). A study that moved beyond survey methodology and utilized a diary method found that the odds of women experiencing sexual aggression were 9 times higher on heavy drinking days and 3 times higher on non-heavy drinking days, as compared to days when no drinking occurred (Parks & Fals-Stewart, 2004). Not only are women more likely to experience sexual assault, victimization, or aggression while intoxicated, but men are more likely to perpetrate sexual violence when under the influence of alcohol (Abbey, Zawaki, Buck, Clinton, & McAuslan, 2001).

Additional research attempting to untangle the relationship between alcohol consumption and sexual victimization finds that intoxicated women anticipate less sexual risk and evaluate hypothetical risky sexual situations more positively (Testa, Livingston, & Collins, 2000). In this experimental study, women who had consumed alcohol (experimentally administered) rated a hypothetical aggressive male character more positively, perceived less risk and more benefits from potential sexual activity with said

hypothetical man, and anticipated more involvement in sexual activity with this man. Several other experimental studies have found similar results (i.e., Lannutti & Monahan, 2002; Murphy, Monahan, & Miller, 1998). In a recent experimental study, Norris, George, Stoner, Masters, Zawacki, and Davis (2006) demonstrated the role of the type of relationship, the nature of consent and resistance, and childhood sexual trauma in moderating the relationship between alcohol consumption and responses to sexual aggression among women. In a recent review of the literature, Abbey et al. (2001) review statistics that reveal the extent of alcohol's involvement in sexual assault but also emphasize that the exact relationship between alcohol and sexual assault has yet to be fully explicated. For example, they highlight that subcultures that promote heavy drinking and sexual exploitation of women, such as fraternities, may increase the co-occurrence of these behaviors. They also review a variety of ways in which alcohol may influence sexual assault, such as through personality characteristics, alcohol expectancies, and situational factors, further demonstrating the complexity of this relationship.

### *Sexual Behaviors*

When examining patterns of sexual behaviors, correlational survey results have often indicated a positive relationship between alcohol consumption and participation in sexual activities. To illustrate the general relationship, Hingson, Heeren, Zakocs, Kopstein, & Wechsler (2002) utilized data from the Harvard School of Public Health College Alcohol Survey to estimate that more than 100,000 college students (both male and female) reported having been too intoxicated to know if they consented to having sex at some point in the year prior to the 1999 survey. Additionally, based on national survey results, Santelli, Robin, Brener, and Lowry (2001) found that women who drank alcohol

at last intercourse were more likely to report recent multiple partners. In terms of adolescents (both male and female combined in this analysis), alcohol or other drug use has often been indicated as a risk factor for initiating sexual intercourse while still in middle school (Santelli, Kaiser, Hirsch, Radosh, Simkin, & Middlestadt, 2004). In a recent review of the literature, Cooper (2002) found that, across studies of both men and women, alcohol consumption was strongly related to the decision to have sex and also to having multiple or casual sex partners. Though Cooper posits that this relationship may be related to gender, she concludes that there is not enough evidence to clearly understand the role of gender.

Despite these general findings (typically survey results), more recent research has begun to demonstrate the importance of context in the relationship between alcohol consumption and sexual behaviors and the complexity involved in this relationship. For example, Flanigan (1990) found that sexual life-span (the number of years the woman had been having sex) was closely related to use or non-use of alcohol with intercourse, such that the more years that women had been having sex, the more likely they were to be using alcohol with intercourse. Additionally, MacLatchy-Gaudet and Stewart (2001) demonstrated the importance of context in that women drinking in sexual situations rated their positive sexual expectations higher than women drinking in social or tension situations. This research has also highlighted a number of important factors to consider when studying the relationship between alcohol and female sexuality, such as sexual insecurity (Mooney, 1995).

*Risky (or Safer) Sexual Behaviors*

Alcohol's effects on safer sex practices have been a major focus of research, especially since the beginning of the AIDS epidemic. However, the findings in this area of research are somewhat inconsistent. A recent review of the literature by Weinhardt and Carey (2000) concludes that alcohol consumption, especially problem drinking, and sexual risk-taking behaviors are correlated. However, in a situational analysis of national survey data, Santelli et al. (2001) found that, among both men and women, substance use at last intercourse was not related to condom use at last intercourse. On the other hand, Hingson, Strunin, Berlin, and Heeren (1990) found that 16% of adolescents (both male and female) who drank prior to sexual activity reported less consistent condom use as a result of drinking, although this relationship was moderated by beliefs about susceptibility to HIV transmission and perceptions of the influence of condom use on sexual pleasure.

While even the survey results have been mixed, experimental research has attempted to elucidate the potential mechanisms of the relationship between alcohol consumption and sexual risk behaviors. For example, Monahan, Murphy, and Miller (1999) found that alcohol consumption, and even the belief that one had consumed alcohol (without actually consuming alcohol) increased a woman's confidence that she could detect HIV in a potential sexual partner. Similarly, Maisto, Carey, Carey, Gordon, and Schum (2004) found that women who received a higher dose of alcohol and also had stronger expectations about the positive effects of alcohol on sexual behavior demonstrated more motivation to engage in risky sexual behaviors. However, they found

that perceived intoxication, rather than actual alcohol consumption, best predicted condom use negotiation skills, as measured by a response to a hypothetical situation.

Finally, research is beginning to understand the importance of context in determining the relationship between alcohol consumption and safer sex practices. For example, in a recent meta-analysis, Leigh (2002) found that drinking at first intercourse was associated with decreased condom use but unrelated to condom use in more recent sexual encounters. Similarly, Cooper (2002), in a review of the literature, found that drinking was more strongly associated with risk behaviors among younger individuals and on first intercourse. To further complicate these findings, Dermen and Cooper (2000) found that the amount of alcohol consumed was negatively related to condom use at first intercourse among all participants, though in more recent encounters, alcohol was only related to condom use among individuals who had strong expectations about alcohol's effects on sexual behavior and among individuals who were highly conflicted about their sexual behavior. Research has also demonstrated the importance of the nature and quality of the relationship when examining condom use (Woodrome, Zimet, Orr, & Fortenberry, 2006).

### *Sexual Functioning*

A smaller subset of research has examined the effects of alcohol consumption on sexual functioning and the reverse effects of sexual functioning on alcohol use and abuse, thus demonstrating the complexity of the relationship between alcohol and sexuality. In a longitudinal analysis of women's sexual functioning, sexual dysfunction at time one in the study was the single strongest predictor of problem drinking at time two (S. C. Wilsnack, Klassen, Schur, & Wilsnack, 1991). As Wilsnack and colleagues (S. C.

Wilsnack, Plaud, Wilsnack, & Klassen, 1997) point out, most studies examining alcohol's effects on sexual functioning examined male sexuality (generally noting the negative effects on erectile or ejaculatory function), although the few that have examined female sexuality have also reported that alcohol impairs arousal and orgasmic response. For example, Peugh and Belenko (2001) review evidence that found that arousal and ability to achieve orgasm decreased as blood alcohol content increased. In terms of chronic use, Peugh and Belenko (2001) also review the physiological evidence demonstrating the effects of chronic alcohol use, such as sexual dysfunction and general gynecological problems. On the other hand, another recent study found that among national survey respondents, moderate to heavy drinking was not related to sexual dysfunction, though it is not clear whether this relationship was different for men and women (Laumann, Paik, & Rosen, 1999). Aside from physical functioning, research also supports a link between alcohol abuse and feelings about one's sexual behavior and sexuality. For example, one study found that alcoholic women reported more sexual guilt and less sexual control than matched non-alcoholic women (Pinhas, 1980). Clearly, this relationship is complex, with a variety of factors likely playing a role.

*How do we make sense of these findings?*

In summary, what do we know about the relationship between alcohol consumption and female sexual behavior? Broadly, we know that there is some sort of positive relationship, such that alcohol consumption is often associated with increased likelihood of engaging in sexual activity and also engaging in a range of riskier sexual practices. However, the causal nature of this relationship is still quite tenuous and the role of a variety of factors is increasingly calling the generalizability of this relationship

into question. For example, we know that those who drink, especially in adolescence, are typically riskier sexually (and otherwise), indicating the possibility of some third variable involvement, such as general risk-taking or sensation-seeking (Kalichman, Heckman, & Kelly, 1996). Further, research is increasingly indicating the importance of contextual factors in determining the relationship between alcohol consumption and sexual activity, such as age, dosage (how much alcohol is consumed), relationship status, individual factors, and social situations.

In light of the statistics that generally indicate some sort of relationship between alcohol consumption and sexual assault/victimization, sexual risk behaviors, and negative sexual health outcomes, researchers are focused on understanding the relationship between alcohol and women's sexual behavior. Over the years, various approaches have been taken to understanding this relationship, with different theories moving in and out of favor as our understanding of this relationship grows and changes.

### Theoretical Approaches

*Pharmacological.* The earliest theories designed to explain alcohol's effects on sexual behavior primarily relied on an understanding of alcohol's pharmacological effects, whereby alcohol was thought to influence sexual behavior by lowering inhibitions and cognitive functioning, thereby increasing the likelihood of (risky) sexual behavior. While this assumption has often guided research, empirical tests of the distinct pharmacological effects of alcohol on behavior are methodologically (and ethically and practically) difficult and thus, scarce. Although studies examining the pharmacological effects of alcohol consumption on sexual functioning have indicated negative physiological consequences of drinking (such as decreased arousal and long-term sexual

dysfunction), when compared to men's reports, women often report increased arousal after alcohol consumption (Wilsnack et al., 1997), highlighting the distinction between subjective and physiological measures of sexuality, which may play a role in the differential relationship between sexuality and alcohol for men and women. Similarly, Davis, George, Heiman, and Norris (2006) recently found that alcohol intoxication directly influenced men's sexual risk-taking (experimentally operationalized as likelihood to engage in risky behaviors in response to a hypothetical scenario) while alcohol intoxication only indirectly influenced women's sexual risk taking through its influence on self-reported sexual arousal, indicating distinct pathways of influence for women.

In light of this disjuncture between physiological and psychological experiences for women, it is unfortunate that much of this research has not examined the mechanisms of influence or the distinct nature of the relationship between alcohol, sexuality, and sexual dysfunction or health. In addition to conceptual issues, methodological problems also preclude a better understanding of the relationship between alcohol and female sexuality. For example, the women typically sampled in this research have been heterosexual (or sexual orientation unknown and/or unexamined) women presenting for sexual or gynecological concerns or alcohol dependency, thus researching the relationship between alcohol and sexuality only in its extremes, without considering its potential problematic use in non-problematized samples.

*Psychosocial.* In light of the gap between women's subjective and physiological experiences of alcohol use and sexuality, psychological theories attempting to explain the relationship between alcohol consumption and female sexual behavior have proliferated. Theories that examine the psychological components of alcohol's effects on sexual

behavior can be divided into two distinct but increasingly overlapping camps:

Expectancy Theory and Alcohol Myopia Theory.

Expectancy Theory. Many have speculated that alcohol primarily exerts its sexual effects through the influence of a set of cultural and social expectations about the effects of alcohol on sexual behavior. For example, Klassen and Wilsnack (1986) surveyed 551 women who drank at least occasionally and found that 60% stated that it reduces their sexual inhibitions, 62% said it helps them feel closer to other people, 69% said it helps them be more open with other people, and 45% said that drinking enhances sexual pleasure. An entire body of experimental studies (known as the balanced placebo design) has emerged to test this hypothesis, with mixed results. The balanced placebo design (BPD; Ross, Krugman, Lyerly, & Clyde, 1962; Rohsenow & Marlatt, 1981) yields four cells of individuals, depending on expectations of consuming alcohol and actual alcohol consumption: those who expected to and actually did consume alcohol, those who expected to (and hopefully believed) they consumed alcohol but did not, those who did not expect to consume alcohol but did, and those who did not expect to consume alcohol and, in fact, did not. While some studies utilizing this design have found that one's expectations of the sexual effects of alcohol influence sexual behavior (Dermen & Cooper, 2000), others have found that actual alcohol consumption is more strongly related to sexual behavior (Abbey, Zawacki, & McAuslan, 2000), while still others have asserted that sexual behavior is the result of a combination of the two factors (Monahan et al., 1999). Additionally, this research has indicated gender differences, such that for men, the expectation of receiving alcohol increases arousal, while this same effect is not found in women (Norris, 1994).

Alcohol Myopia. In an attempt to theoretically understand the inconsistent findings concerning the pharmacological and psychological effects of alcohol, Steele and Josephs (1990) developed the theory of alcohol myopia. Alcohol myopia is defined as "a state of shortsightedness in which superficially understood, immediate aspects of experience have a disproportionate influence on behavior and emotion, a state in which we can see the tree, albeit more dimly, but miss the forest altogether" (Steele & Josephs, 1990, p. 923). This theory essentially asserts that alcohol's pharmacological effects on cognitive functioning interact with situational and individual factors to determine actual behavior. This theory rests heavily on the notion of inhibition conflict, which is defined as a situation in which one's potential (or actual) behavior is in conflict with personal sexual inhibitions. When alcohol is involved, it can serve as a catalyst to free "motivated responses from inhibiting cues" (p. 926). For example, if a woman is inhibited about initiating a sexual encounter, alcohol can serve as a catalyst to remove those inhibiting cues and focus her cognitive resources on the motivating cues at hand. Alcohol myopia theory asserts that alcohol will exert its effect most strongly in situations of high inhibition conflict.

The evidence supporting alcohol myopia theory is relatively strong, though also primarily experimental in nature. For example, Stoner, George, Peters, and Norris (2007) found that there was a relationship between alcohol and intentions to engage in risky sex only among those who were high in sexual fear. In a test of their model, Josephs and Steele (1990) concluded that alcohol affects psychological stress and, thus, behavior, through its effects on the attention one pays to stressful thoughts, such as inhibiting cues. Specifically, through increased attention to a task, alcohol's reduction of anxiety

increased, which can be applied to sexual scenarios in which increased attention to the motivating cues at hand (i.e., arousal, relational concerns, etc.) can serve to block or reduce the anxiety one feels surrounding cues that typically may serve to inhibit sexual behaviors.

### *The Current State of Theory and Method*

The empirical evidence concerning the relationship between alcohol consumption and sexual activity as well as the inconsistent support for each of the theoretical attempts to explain this relationship indicates the need for a more theoretically integrated approach to understanding this relationship. While alcohol myopia has received extensive empirical support (MacDonald, Fong, Zanna, & Martineau, 2000), recent evidence illustrates the combined role of alcohol myopia and the expectations one holds concerning alcohol's effects on sexuality, thus demonstrating the need to integrate these two theoretical frameworks (Cooper, 2002; Dermen & Cooper, 2000; Murphy et al., 1998). Additionally, evidence is mounting to indicate the need to integrate contextual factors into any theoretical models.

### A Critique of the Research Surrounding the Relationship between Alcohol Consumption and Female Sexual Behavior

Despite the wealth of research attempting to understand the relationship between alcohol consumption and female sexual behavior, a closer analysis of the research reveals the influences of the underlying understandings of and assumptions surrounding female sexuality and the role of alcohol in female sexual behavior. While a unified understanding of sexuality is likely impossible, I will utilize several feminist ideas about female sexuality, concepts from social justice perspectives, and empirical understandings

of sexual behavior and sexuality stemming from sexuality and public health research to construct my own understanding of female sexuality that will guide a critical analysis of the research surrounding alcohol consumption and female sexuality. Specifically, this critique recognizes the role of power in shaping female sexuality and determining the possibilities for female sexual expression; the social construction of sexuality and the gendered nature of this social construction; female sexual agency and subjectivity; female sexual pleasure; and the rich complexity involved in women's sexual lives, individually and collectively. Utilizing this framework, I will review the ways in which key aspects of female sexuality may influence the relationship between alcohol and female sexual behavior as well as the ways in which a recognition of these factors in the research would change the nature of research and subsequently our knowledge of this relationship.

#### The Role of Power in Female Sexuality

As the role of power is so critical in every aspect of women's lives and sexuality, I will address power first and then again within each of the discussions of the key factors related to female sexuality. When referring to power, I utilize Wingood & DiClemente's (2000) definition in their application of the theory of gender and power to examine HIV-related exposures, risk factors, and interventions: "...power can be defined as having the power to act or change or having power over others" (p. 543). I am referring to power in a variety of domains: social power, economic power, political power, interpersonal power, and the intricate interaction between these various sources of power. Regardless of the type of power (economic, political, or interpersonal, women and girls are often denied power or their power in these realms is significantly limited or reduced (Wingood & DiClemente, 2000). For example, socially, women are expected to occupy more

feminine roles, which Tolman and Porche (2000) argue is a form of oppression.

Interpersonally, women are typically denied power through the various gendered social scripts that influence male-female interpersonal relationships, whether sexual or not, by positioning the male figure as the knowing, agentic actor and the woman as passively responding to and accommodating his desires (Holland, Ramazanoglu, Sharpe, & Thomson, 1998).

These differential distributions of power influence all aspects of women's lives, including (and perhaps most strikingly in) their sexuality. As Foucault said, "It [sexuality] appears rather as an especially dense transfer point for relations of power: between men and women, young people and old people, parents and offspring, teachers and students, priests and laity, an administration and a population" (1978, p. 103). As most feminist writings have recognized, these gendered constructions of power typically privilege men and hold women in a position of disempowerment, suppressing their sexual or erotic power. As Audre Lorde writes (1978):

In order to perpetuate itself, every oppression must corrupt or distort those various sources of power within the culture of the oppressed that can provide energy for change. For women, this has meant a suppression of the erotic as a considered source of power and information within our lives. (p. 166 in Escoffier, 2003)

This suppression has occurred in a variety of ways, though primarily through social means whereby social constructions of femininity and 'normal' (hetero)sexuality determine the gendered limits of sexual expression and the opportunities for securing one's sexual health and safety. In their ground-breaking study of women, risk, power, and sexual health, Holland et al. (1998) illustrate the internalizations of these gendered

power structures, as the ‘male-in-the-head’ that individuals are constantly aware of in their sexual encounters. This ‘male-in-the-head’ has complex and mostly negative effects on women’s sexuality and ability to negotiate their own sexual safety.

Further, a variety of studies have demonstrated the role of power in safer sex practices. For example, Pulerwitz, Gortmaker, and DeJong (2000) found that the amount of control and decision-making power within the relationship was positively associated with consistent condom use. Additionally, Kershaw, Small, Joseph, Theodore, Bateau, and Frederic (2006) found that women who reported less relational power also reported decreased intentions to use condoms as well as decreased actual condom use. Related to (and an inherent part of) relationship power is the social power denied women through the construction of traditional gender roles. According to traditional gendered sexual scripts, women are understood to be the passive partners in heterosexual relationships, always responding to male advances and striving to satisfy male desires (Muehlenhard & Hollabaugh, 1988; O’Sullivan & Byers, 1992; Simon & Gagnon, 1969). In the interest of avoiding conflict over safer sex practices, many women will avoid requesting condom use in a sexual situation for fear of partner reaction (O’Leary, 2000; Tortu, McMahon, Hamid, & Neaigus, 2000).

Because power so intimately influences a variety of factors related to sexual behavior, it likely plays a role in the relationship between alcohol consumption and sexual behavior. As Leigh (1995) points out, one of the reasons that alcohol is often associated with sexuality in women (and why people are so alarmed about this relationship) is its potential to threaten sexual power relations by removing traditional inhibitions on female sexual behavior. In this vein, alcohol may be a factor in sexual

activity because of its potential to decrease women's inhibitions surrounding sexual behavior. For example, women often report being less likely to resist sexual advances (or resist them in more passive ways) after drinking (Norris et al., 2006). Although alcohol may also have the potential to increase women's sexual assertiveness, no research has specifically addressed women's sexual advances, though Phillips (2000) did find some evidence of this in her qualitative study of young women's sexuality. Additionally, as will be evidenced in the following discussions of the various other components of female sexuality, power intimately influences the social construction of female sexuality, sexual subjectivity, and the possibilities for and recognition of sexual pleasure, thus influencing sexual behavior and the meanings associated with sexual behavior. Additionally, power is a critical component in considering women's lives as situated within social, economic, and political contexts.

While a recognition of women's often limited power in sexual situations has been noted as essential for HIV prevention efforts (Few, 1997; Holland et al., 1998), power dynamics are often neglected in research on the relationship between sexual behavior and alcohol consumption. For example, laboratory measurements of women's intentions to engage in sexual behaviors typically provide a hypothetical situation and assume that the male character would respect the woman's decision in that situation, thus ultimately determining the behavioral outcome. Additionally, research typically fails to consider the role of coercion and the various factors that are involved in a woman's consenting to or initiating sexual activity, such as the gender of the partner (e.g., a woman may feel differently about engaging in casual sexual activity with men vs. women), the nature of the relationship (e.g., an unknown first-time partner vs. a known first-time partner), and

the meaning made of engaging in that activity. As many studies have noted, women may be more concerned about relational harmony than men, thus influencing their decisions to engage in sexual behavior (Norris, Masters, & Zawacki, 2004). As discussed further below, studies often ascertain whether sexual activity was consensual or non-consensual, without considering the factors that are involved in consent and whether the behavior was *wanted* or *enjoyed*.

I have begun here with power because of its integral role in the other points I will make about female sexuality. Power is a central factor in the social constructions of female sexuality, female sexual subjectivity, sexual pleasure (and danger), and the various manifestations of these factors in lives that are situated among the forces of gender, race or ethnicity, (dis)ability, sexual identity, and class. Moreover, silences surrounding these issues, as Foucault (1978) points out, operate to exert just as much power as that which is said over women's sexuality. Lorde (1978), in her seminal piece on the power of the erotic in women's lives, asserts that, in order to be utilized, erotic feelings must be recognized. In much this same way, these aspects of women's sexuality, and the central role of power in women's sexual lives, must be recognized and better understood so that we may utilize these factors in understanding the relationship between alcohol consumption and female sexuality and to positively impact women's sexual realities.

### The Social Construction of Female Sexuality

Following from a recognition of the unequal distribution of power and at the heart of many feminist theories is an understanding that female sexuality is socially constructed (Phillips, 2000; Tolman, 2002; Vance, 1984). In other words, women's beliefs,

behaviors, and sexual feelings are not simply inherent and universal (as the biological essentialist perspective positions them), but learned and shaped through complex social learning and interactions. Furthermore, the social construction of sexuality is gendered in its construction such that sexuality is constructed differently for men and women as a result of social and political structures that position men as more powerful and agentic (Phillips, 2000; Tolman, 2002), conferring upon them social, economic, political, and interpersonal power. According to Adrienne Rich's theory of compulsory heterosexuality (1983), the gendered construction of sexuality is the key to women's oppression. Her theory of compulsory heterosexuality established heterosexuality as a political institution that serves to oppress women and limit their possibilities for relational and sexual expression. Tolman (2006) moves this theory a step further in identifying hegemonic femininity as an institution that denies women sexual subjectivity, dictates the ways in which women are expected to feel and behave, and maintains and reproduces the institution of heterosexuality.

This social construction and oppression occurs in a variety of ways—through participation in popular culture, such as reading magazines (Kim & Ward, 2004) or watching television (Ward, 2002), through the transmission of family values and expectations (Hyde & Jaffee, 2000), through sex education in schools (Fine, 1988; Fine & McClelland, 2006), and through interpersonal experiences, both sexual and nonsexual in nature (Hyde & Jaffee, 2000). However, it is important to realize the ambiguity and contradictory nature of many of these sociocultural messages. As Phillips (2000) highlights in her discussion of the competing discourses surrounding female sexuality, these messages are often contradictory and generally impossible to wholly conform to.

Though her presentation of young women's narratives surrounding sexuality and domination, Phillips (2000) illustrates the ways in which women are exposed to and respond to each of these discourses in varying amounts, depending on a complex array of factors.

These gendered social constructions most obviously reveal themselves in the sexual 'double standard'—that women and men are held to different standards of sexual behavior, wherein more permissive sexual behavior is acceptable for men, but not for women (Crawford & Popp, 2003; Holland et al., 1998; Muehlenhard & McCoy, 1991; Tanenbaum, 2000). Because of the unequal power dynamic in society, it can be dangerous, physically, socially, and interpersonally, for women to violate these gender and sexual norms. For example, Tanenbaum's (2000) book, *Slut!*, documents the negative social ramifications (rumors and social rejection) and physical harassment that befall women who have somehow violated (or are even suspected of violating) traditional female sexual norms. Related to the double standard, these gendered constructions of sexuality are evident in the common views of women as passive sexual partners and men as the aggressors; often known as the 'gatekeeper' philosophy, in which women are thought to be only making decisions about whether to accept male sexual advances (O'Sullivan & Byers, 1992). This gendered construction also results in differences in the meanings assigned to certain sexual behaviors. Most commonly, it is assumed that women place much more emotional value on a sexual experience, while men view that experience strictly in sexual terms (Allen, 2003). Behaviors often have distinct social meanings as well, with a woman's behavior having much more social and interpersonal significance in her life than male sexual behavior (Tanenbaum, 2000).

These power structures and subsequent gendered constructions translate into behavioral differences in myriad ways. For example, when internalized and realized in women's lives, sexual scripts that position women as passive responders to male sexual advances have significant influence on sexual behavior (O'Sullivan & Byers, 1992), sexual consent and coercion (Phillips, 2000) and contraceptive use (Holland et al., 1998). Through their analysis of women's narratives surrounding the negotiation of sexual safety, Holland et al. (1998) demonstrate the ways in which gendered expectations of female sexual behavior prevent women from actively asserting their need and desire for sexual safety (condom use, etc.) and sexual pleasure (behaviors other than intercourse, different kinds of intercourse, etc.).

In light of these behavioral and psychological effects, it is clear that an understanding of the social construction of sexuality is essential to the study of the relationship between alcohol consumption and female sexual behavior. Understanding the ways in which social influences impact sexuality and sexual behavior will foster a clearer picture of the role of alcohol in that process. For example, women are often taught to control their behavior and guard against sexual interests and advances from men (Fine, 1988; Phillips, 2000; Tolman, 2002), thus increasing their inhibitions surrounding sexual expression. However, research often shows that women expect alcohol to reduce their sexual inhibitions and cite those decreased inhibitions as a positive aspect of sexual activity after consuming alcohol (Dermen & Cooper, 1994). Additionally, alcohol myopia theory posits (and research has demonstrated) that alcohol will have its biggest effect in situations of high inhibition conflict (Steele & Josephs, 1990). These factors

indicate the need to focus more on the gendered nature of sexual inhibitions and the role of alcohol in changing those inhibitions.

Additionally, thinking about the social construction of sexuality also allows for an examination of the social construction of the relationship between sexual behavior and alcohol consumption. Most anthropological research surrounding alcohol recognizes that many of the behavioral effects of alcohol (and substances, in general) are socially constructed, such that specific cultures dictate that which is normative behavior after consuming alcohol (McDonald, 1997). The social construction of this relationship is also gendered, such that uninhibited sexual behavior is widely believed to be an effect of alcohol on women's behavior, while increased aggressiveness is assumed to be a standard effect of alcohol on men (Leigh, 1995). In examining the specific social construction of sexual disinhibition, Kallmen and Gustafson (1998) review the physiological and pharmacological research surrounding alcohol's effects and demonstrate that there is little evidence for any pharmacological effect of alcohol that causes disinhibition. They conclude, instead, that alcohol's disinhibiting effects are influenced more by norms about acceptable/excusable behavior than by the pharmacological effects of alcohol. Morgan (1983, 1987, as cited in Leigh, 1995) also points out that, in selectively identifying negative sexual consequences of alcohol consumption, this stereotype may serve to maintain male dominance over female sexuality.

Unfortunately, research studying the relationship between alcohol consumption and sexual behavior typically ignores the role of gender and sexual orientation and subsequently the role of gendered sexual norms and constructions, except perhaps to examine behavioral gender differences or differences in sexual outcomes. Additionally,

this research operates under standards or norms of appropriate sexual behavior, often assuming that any sex is a risk factor, regardless of the safety of the behavior. For example, much research will include multiple partners or sexual initiation at an earlier age as risk factors (i.e., Rosenbaum & Kandel, 1990; Thompson, Kao, & Thomas, 2005), regardless of whether the woman protects herself from pregnancy and STI transmission. This research also assumes that sexual behavior (especially intercourse) is likely the result of alcohol consumption, without considering the possibility that women may actually welcome sexual activity, however formal or casual, and thus initiate the activity themselves.

### Sexual Subjectivity

Despite recognition of the social construction of sexuality and the often limiting role of power in shaping female sexuality and sexual possibilities, it is still important to consider the agentic role of women in making their own decisions (from the realm of choices available to her), interpreting social and personal influences in unique ways, and reproducing or resisting dominant cultural conceptions of female sexuality (and of heterosexuality itself). As Phillips (2000) articulates, “Not only are our identities *impacted by* our social contexts, but also we construct our identities *from* those contexts and the competing discourses that circle within them” (p. 16). Recognizing the importance of female sexual embodiment, sexual pleasure, and sexual agency, Tolman (2002) defines sexual subjectivity as “a person’s experience of herself as a sexual being, who feels entitled to sexual pleasure and sexual safety, who makes active sexual choices, and who has an identity as a sexual being” (p. 6). As research is increasingly showing the importance of sexual subjectivity in sexual decision making and sexual health (Holland et

al., 1998; Wingood & DiClemente, 2000), it is increasingly important to recognize and understand female sexual subjectivity.

While conventional research and thought surrounding sexuality posits men as sexual agents, possessing desire and accorded the right to act on these desires, women are often positioned as responsible for controlling or protecting their persons against male sexual desire and often punished for sexual transgressions, regardless of the situation (Phillips, 2000). Although social constructions demand that women are sexual objects (imposing standards of beauty and guidelines for attracting and pleasing men), society completely ignores the very real presence of female sexual desire (Tolman, 2002). This disconnect between external representations of the sexual body and internalized passivity and accommodation (in the face of complex rules and negotiations) results in female disembodiment, leaving women unprepared to become or recognize themselves as sexual beings and rendering them less capable of and in no position to negotiate for their own physical and sexual safety (Holland et al., 1998). Additionally, Tolman (2002) links agency and subjectivity to feelings about sexuality, sexual behaviors, sexual communication, strategies to express desire and protect against harm (physically, mentally, and socially), and general psychological health, thus illustrating the integral role of desire and agency in the lives of young women. For example, the young women in her study were constantly trying to negotiate feelings of desire in their relationships and social situations, and constantly concerned about reputations and social disapproval of sexual behavior. Additionally, Tanenbaum (2000) demonstrates the often devastating consequences of exercising sexual subjectivity (or even being perceived to exercise

sexual subjectivity) in that women are often socially ostracized and sexually or physically harassed for violating gendered sexual norms of female sexual passivity.

Again, research highlights the importance of power and sexual subjectivity by illustrating the negative sexual health consequences of repressing and ignoring women's sexual subjectivity and the positive factors associated with increased sexual subjectivity. More often than not, research addresses some aspect of female sexual subjectivity (typically, decision-making skills or condom negotiation) without actually naming it as such and without realizing the complexity involved in those skills or behaviors. For example, Moore and Davidson (2000) found that women who were more likely to reach independent sexual decisions and set personal sexual goals were also more likely to have sexuality-related discussions with their partners prior to first intercourse. Additionally, research has shown that condom negotiation skills (on the part of the woman) are often significant predictors of actual condom use (Wingood & DiClemente, 1998). The role of the woman in the general and sexual decision-making in the relationship is also noted as a key factor in contraceptive practices (Harvey, Bird, Galavotti, Duncan, & Greenberg, 2002; Wingood & DiClemente, 2000). Demonstrating the complex role of power, Holland et al. (1998) also demonstrate the ways in which gendered constructions that deny and repress female sexual subjectivity result in unsafe sexual behaviors and negative sexual and psychological health outcomes.

Female sexual subjectivity is likely a critical factor in the relationship between alcohol consumption and sexual behavior. In light of all of the inhibiting social pressures concerning appropriate female sexual behavior, the expression of female sexual subjectivity can often be risky, socially and interpersonally. In this way, alcohol may

serve as a strategy that is useful in negotiating and sidestepping gendered expectations of sexual behavior. As Bussell (2006) notes in her column in the Village Voice:

Alcohol grants us the freedom to be our wildest, most wanton selves. For me, showing someone just how much I like him or her, letting filthy words and fantasies come out of my mouth, risking rejection once daylight approaches, is intimidating when sober. It requires setting aside all the bullshit about how I'll be perceived or possibly judged.

In her qualitative study of women's sexuality and domination, Phillips (2000) also found that women instrumentally used alcohol as a way to "be sexual subjects and yet still be pleasing women" (p. 119). For example, one of her participants reported pretending to be drunk so that she could express her sexual desires and also avoid responsibility and the costs associated with expressing her sexual desires.

However, research examining the relationship between alcohol consumption and sexual behaviors has often ignored female sexual subjectivity, thereby reproducing knowledge that continues to objectify women's sexuality and sexual lives. This research typically assumes that a woman's response to sexual advances would automatically be negative if she were sober, but that alcohol increases the chances of her putting up less resistance or no resistance at all to sexual advances. In this way, the research ignores the role of power and social influences, ignores or silences female sexual desire and agency, and denies women sexual subjectivity.

#### Female Sexual Pleasure (and Danger)

Throughout history, we can trace the denials of sexual pleasure. According to Tepper's (2000) excellent historical contextualization of pleasure, we continue to see this

denigration of sexual pleasure in religious, medical, and psychoanalytic thought, up until the work of Kinsey (1948/1953) and Masters and Johnson (1966) began to shed some light on sexual pleasure as a positive and desirable feeling. However, sexual pleasure is still denied as a basic right to all humans, with even greater emphasis on denying and denigrating female sexual pleasure. As Fine (1988) defines it in her ethnography of sexual education in an urban public school, there is a 'missing discourse of desire,' wherein women are primarily (and almost exclusively) taught about the negative and dangerous aspects of sexuality, but not given any information about desire and/or pleasure. Roiphe (1997) works to contextualize this denial of pleasure by placing it in the context of the contemporary focus on and obsession with sexual danger that has occurred in response to the AIDS crisis.

This denial of pleasure is directly linked to power in that to deny pleasure is to deny women a critical source of power. According to Audre Lorde (1978), "Recognizing the power of the erotic within our lives can give us the energy to pursue genuine change within our world..." As Vance (1984) points out, ignoring female sexual agency and pleasure "unwittingly increases the sexual terror and despair in which women live" (p. 1) by serving as a constant reminder of male privilege and power. The young women Tolman (2002) interviewed clearly articulate the negative consequences of this missing discourse of desire in their struggles with understanding desire, managing desire in a society that refuses to recognize and honor female sexual agency, and in their efforts to become sexually healthy young women. Based on their extensive interviews with young women, Holland et al (1998) conclude that one of the keys to empowerment (specifically empowerment to make good sexual health decisions) is the "ability to conceptualize

female desire and value their own pleasure” (p. 8). Echoing this point, Pick, Givaudan, and Kline (2005) point out that the recognition and promotion of sexual pleasure is integral to the promotion and security of sexual health. Scholars are increasingly calling for an inclusion of pleasure in research and sexual education as they view it as an essential piece of safer sex education and as a potential place of empowerment for women.

Some public health officials also recognize the importance of pleasure, as evidenced in the definition of sexual health proposed by former Surgeon General David Satcher in the *U.S. Surgeon General’s Call to Action to Promote Sexual Health and Responsible Sexual Behavior*:

Sexual health is not limited to the absence of disease or dysfunction....It includes the ability to understand and weigh the risks, responsibilities, outcomes and impacts of sexual actions and to practice abstinence when appropriate. It includes freedom from sexual abuse and discrimination and the ability of individuals to integrate their sexuality into their lives, derive pleasure from it, and to reproduce if they so choose. (Satcher, 2001, p. 1)

Though the current U.S. administration has since moved away from this particular stance (Fine & McClelland, 2006), it is not insignificant that some public health officials are beginning to speak out in defense of sexual rights, and including sexual pleasure as a right to be afforded to all human beings.

Sexual pleasure is an important factor to consider in the relationship between alcohol consumption and sexual behavior because of the effects (both immediate and long-term) of alcohol on sexual functioning, because of the role of positive sexual

associations in alcohol abuse, and because of the influence of sexual pleasure on sexual behaviors, especially protective behaviors. For example, after consuming alcohol, many women often report increased sexual arousal, although physiological markers of arousal (lubrication, skin galvanization, etc.) do not indicate arousal (Peugh & Belenko, 2001). Women also often report that alcohol negatively impacts the ability to achieve orgasm (Peugh & Belenko, 2001). However, it is important to consider the positive sexual effects women expect to (and often do) experience during sexual activity after consuming alcohol, as these factors may motivate additional drinking, which could then move into dependence upon alcohol for those sexual effects. As Rawson et al. (2002) demonstrates, positive sexual expectations of a substance are often a key (and typically overlooked) aspect of substance use, abuse, and dependence. Concerns about negatively impacting sexual pleasure (especially male pleasure, which is often a key concern for women) are also significant factors in determining condom use (Holland et al., 1998), which may mediate the relationship between condom use and alcohol consumption. Finally, recognizing female sexual pleasure is also important to consider simply because it is a very real component of women's sexuality and to ignore it denies its existence and its power in women's lives.

However, the literature surrounding alcohol and female sexual behavior is almost primarily driven by concerns over the dangerous aspects of women's sexual lives. The majority of the contemporary literature is focused on unsafe sexual behavior, such as unprotected sex, or experiences of sexual victimization and assault. The literature that has attempted to examine sexual pleasure has often moved into a discussion of pleasure through an analysis of sexual (dys)function. The studies that examine sexual functioning

(as well as the clinical markers of “dysfunction”; DSM-IV-TR, 2000) utilize the four-phase stage model of female sexual response, as defined by Masters and Johnson (1966) in which a woman (having heterosexual intercourse) experiences desire (libido), excitement (arousal), orgasm (climax), and resolution (DSM-IV-TR, 2000; Masters & Johnson, 1966). As Tepper (2000) points out in his historical account of sexual pleasure, by medicalizing and normalizing sexual pleasure (in defining the appropriate kinds and amounts of pleasure that are normative), these dominant conceptions of sexual pleasure have served to further alienate women, whose experiences of pleasure are often much more complex than a series of physiological responses. Additionally, these conceptions of dysfunction and pleasure have often utilized a heterosexual model of sexual behavior and appropriate forms of sexual pleasure (e.g., focusing on penetration, lubrication, etc.). Alternatively, Leonore Tiefer, of the Working Group for a New View of Women’s Sexual Problems (2001) utilizes the term, “dissatisfaction,” and defines it as “discontent or dissatisfaction with any emotional, physical, or relational aspects of sexual experience.”

### The Complexity of Female Sexuality

In addition to recognizing the gendered construction of sexuality, scholars today are striving to recognize and incorporate the complexity of women’s sexuality, both in terms of behavior and in terms of intersectionality—that all women are situated in terms of race and ethnicity, socioeconomic status (SES) or class, religion, sexual identity, etc. A great deal of feminist literature has addressed intersectionality in a more complex way, while much mainstream literature has continued attempts to explicate the ways in which different ethnic, racial, or sexually-identified groups are different from each other (or

more often, from the white, male, middle-class norm). More recently, the study of behavioral ambiguity is also gaining attention, with researchers realizing that sexual decisions are not as simple as a yes or a no; that is, sexual activity may not always be entirely wanted or unwanted, regardless of whether that behavior is consensual (Muehlenhard & Peterson, 2005).

### Intersectionality

As Foucault (1978) proposes in his analysis of the role of power in sexuality, no one group (i.e., white men) *own* power; rather, individuals are all situated differently within existing power structures and these individuals collectively and individually reproduce and resist dominant cultural constructions of (hetero)sexuality. Modern theorists often think about individuals situated within power structures in terms of intersectionality—considering persons at the intersections of these various power structures. Crenshaw (1992) defines and expounds upon the theory of intersectionality in considering how “the experiences of women of color are frequently the product of intersecting patterns of racism and sexism” and reminding us of the importance to “account for multiple grounds of identity when considering how the social world is constructed” (p. 358). Key to an understanding of intersectionality is the recognition that these intersecting roles are not necessarily equal layers through which to understand heterosexuality, but rather intersecting factors, each with their own histories and effects (Holland et al., 1998). Primarily, scholars have located understandings of intersectionality in analyses of power (i.e., Greene, 2000; Holland et al., 1998; Hurtado, 1989) while others have also addressed the complementary role of culture (i.e., Zavella, 2003) in influencing behaviors and also determining power.

While much theory and research has addressed the specific social and psychological experiences of women at the intersection of race, ethnicity, sexual identity, class, and disability (to name a few), increasingly, scholars are addressing the role of intersectionality in female sexuality (in both its positive and negative manifestations). For example, racial and ethnic sexual stereotypes are still pervasive, with social representations of Black or Latina female sexuality depicting women who are exotic in their appearance and in their hyper(hetero)sexuality (Collins, 2004). In line with this view, Crenshaw (1992) reviews the statistics surrounding rape and finds that African-American victims of rape are the least likely to be believed and that men convicted of raping black women serve shorter prison sentences than those convicted of raping white women. Fine and McClelland (2006) discuss the differential options for maintaining sexual health that are available to white teenaged girls and teenaged girls of color, such as abortion, contraception, and healthcare, which can result in more serious (and often negative) sexual outcomes for young women of color. On the other hand, Fine and McClelland (2006) also discuss the ways in which African-American mothers are often more involved in their daughters' sexual health, typically supporting them through experiences of abortion, even when they oppose the young woman's decision. Additionally, Soet, Dudley, and DiIorio (1999) found that African-American women more frequently reported that they were the dominant partners in their heterosexual relationships (when compared to white women) and that they reported higher self-efficacy for discussion of safer sex as compared to white women. As a caveat, here, though, it is important to avoid anti-essentialism (Crenshaw, 1992) by understanding that these identity categories (black, lesbian, etc.) do not have one definition for all time and

across all women. Despite their flexibility, it is still critical to understand the social and political significance of these categories as they work to shape the social realities of individual lives (Weis & Fine, 2004).

While intersectionality is clearly a critical factor in understanding women's sexuality, intersectionality is also an important factor to consider in the relationship between female sexual behavior and alcohol consumption. For example, in terms of sexual identity, many researchers have identified the various stresses associated with coming to terms with a minority sexual identity and that alcohol and other drugs are often a coping mechanism for individuals moving through this process (Wright & Perry, 2006). Additionally, in light of stigma faced in heterosexual society and the difficulty involved in creating safe spaces for sexual expression (Ussher, 2005), gay, lesbian, and bisexual (GLB) individuals have often created their own safe spaces in which to socialize with other GLB community members and these have often been bars or clubs, in which a drinking culture is already pervasive. In this way (or in other ways), GLB communities may develop more permissive attitudes towards alcohol use. In terms of racial or ethnic identities, several factors may stand alone and/or intersect with sexual identity, class, etc. to impact the relationship between alcohol consumption and sexual behavior. First, there may be various differences in sociocultural norms surrounding both alcohol consumption and sexual behavior (and their combination) among different racial or ethnic groups, which would necessarily influence the relationship between the two. For example, research has shown that African American young adults abuse alcohol at lower rates than white young adults (O'Malley & Johnston, 2002) and that African American youth are less likely to use alcohol in potentially sexual situations (Cooper, Peirce, & Huselid,

1994; Leigh et al., 1995). Secondly, there may be differences in the sexual socialization of women of different ethnicities, such that the factors that influence the relationship between alcohol and sexual behavior may not be the same for all women. These socialization differences may also influence the perceived and actual power women have in sexual relationships, such that condom negotiation and negotiation of sexual behaviors may be different among women of different ethnicities. A myriad of other factors, such as geographical location and religion likely also play a role in the relationship between alcohol consumption and female sexual behavior.

In contrast, though, the literature surrounding the relationship between alcohol consumption and sexual behavior has all but ignored the situated nature of women's lives. In most cases, when researchers have considered anything other than gender differences, they have often considered racial or ethnic differences or differences in substance use and abuse (and its confluence with sexual behaviors) and/or differences according to sexual identity. In terms of sexual orientation/identity, on the occasions when research even bothers to recognize the possibility of a sexual identity other than heterosexual, it is typically only to report research findings according to categories based on either self-reported sexual identity or behavioral indices of sexual identity, without considering the role of both self-identity and behavior in women's sexual behaviors and sexual identities. Additionally, because of the decreased risk of HIV transmission for lesbian-identified women, sexual behaviors among this group are often a neglected research topic. When this body of research has addressed race or ethnicity, it often examines samples of women who are urban, living in poverty, and/or in some sort of substance abuse treatment as high-risk populations in which this relationship may be even

more detrimental to sexual health (i.e., Sly, Quadagno, Harrison, Eberstein, & Riehman, 1997). Additionally, this research has often simply examined differences, without any real attempts at understanding the meaning or underlying reasons for those differences. Clearly, an examination of intersectionality in the relationship between alcohol consumption and female sexual behavior may tell us a great deal about the socialization of sexuality for women of color, the role of power in sexuality, and the place of alcohol in the sexual lives of various groups of women.

### Behavioral Complexity

While many literatures surrounding female sexual behavior and unwanted sexual experiences (including rape and sexual assault) portray women's sexual behaviors as relatively straightforward (they either consent/want or do not consent/want to engage in sexual activity), more recent research highlights the ambivalence involved in women's sexual decisions and experiences. As Muehlenhard and Peterson (2005) illustrate, there is a "missing discourse of ambivalence" (p. 15), wherein researchers impose a dichotomous decisional structure on an event that is rife with ambiguity. In this vein, researchers are also beginning to examine 'unwanted consensual sex,' in which a woman consents to sexual activity, although that activity may actually be unwanted, or at least not entirely wanted (Houts, 2005; O'Sullivan & Allgeier, 1998). Among the women O'Sullivan and Allgeier (1998) interviewed, the most common reasons for consenting to unwanted sexual activity were relational—to satisfy the partner's needs, increase intimacy, and to avoid conflict or tension in the relationship. On the flip side of consenting to unwanted sex is 'token resistance' to sex, which involves saying no when sexual activity is actually wanted and/or intended. Muehlenhard and Hollabaugh (1988)

found that almost 40% of their sample reported engaging in token resistance to sex, for a variety of reasons. Later, Muehlenhard and Rodgers (1998) found that nearly 70% of their sample reported engaging in token resistance in at least one situation. However, narratives describing the situation indicated that this percentage is likely inflated.

Women often reported sexual situations in which they wanted to engage in sexual activity but did not intend to do so or initially indicated no, but changed their minds. Similarly, Phillips (2000) also found that some women merged coercion and consent, such that some women only consented when it appeared that they had been coerced, so as to allow themselves pleasure while still avoiding the guilt that often accompanies sexual pleasure. This research highlights the complexity of sexual decisions and behaviors and also illustrates the need for research methods that allow a view of this behavioral complexity and the meaning associated with sexual activity.

This discourse of ambivalence may be especially important in understanding the relationship between alcohol consumption and sexual behavior, as much of the research (and popular conceptions of the relationship as well) assume that women imbibe to reduce inhibitions or ambivalence surrounding sexual activity. Additionally, consenting to (and initiating and resisting) sexual activity may be dependent on alcohol consumption. For example, research finds that intoxicated women are more likely to consent to unwanted sexual advances (Davis, George, & Norris, 2004) and that alcohol interacts with the type of sexual request (i.e., persistence) to determine the nature of the sexual refusal (Lannutti & Monahan, 2004). Additionally, sexual negotiation may occur such that some sexual activity occurs, while sexual intercourse (traditionally understood as penetration of the female) may not. In this vein, it is important to understand the

various other sexual behaviors and activities that may occur, both to gain a more complete understanding of the relationship and situation and also to avoid favoring the traditional, male-centered outcome of male ejaculation through penile-vaginal contact (Holland et al., 1998).

However, research has typically focused on behavioral outcomes (primarily looking at vaginal-penile intercourse and the safety precautions surrounding that behavior) and epidemiological indicators (pregnancy and STD/HIV transmission), rather than the emotional significance of the sexual activity. In focusing on these variables and assuming the clear-cut nature of the sexual decision for women, research has typically relied on quantitative surveys and dichotomous behavioral outcomes. In questioning the motivations, benefits, and negative aspects of combining alcohol and sexual activity, this research could also gain a better understanding of the factors involved in making a sexual decision, both under the influence of alcohol and sober. An examination of ambivalence would also open the research to a further examination of the complexity that surrounds the experience at the nexus of alcohol and sexual behavior.

#### Integrating a New Paradigm to Transform Research and Women's Realities

Despite extensive knowledge concerning the relationship between alcohol consumption and female sexual behavior, a review of this literature highlights the myriad ways in which assumptions about female sexuality limit our knowledge about this relationship by limiting the research that is conducted and, consequently, stunting the goals of prevention and intervention work. Though a unified theory of female sexuality that is agreeable to all is likely impossible, I have outlined several points that I consider critical for understanding female sexuality, though often ignored in this body of research.

Specifically, I have outlined the ways in which power, the social constructions of sexuality, female sexual subjectivity, sexual pleasure, and the complexity of female sexuality may impact the relationship between alcohol consumption and female sexual behavior.

While an understanding of the ways in which dominant cultural assumptions about female sexuality and about the relationship between alcohol consumption and female sexual behavior is critical, it is also important at this juncture to integrate this knowledge into research. Thus, the current project aims to address these factors and understand their role in alcohol use and abuse and in the relationship between alcohol consumption and sexuality. As this shift in focus increases the complexity of research questions, this research demands research methodologies that are capable of answering these questions. Because so little is known about the ways in which the relationship between alcohol and sexuality is experienced in women's lives, this project will utilize qualitative methods, as these methods give insight into the meanings ascribed to behaviors (Denzin & Lincoln, 2000) and the ways in which individuals cognitively make sense of their experiences (Taylor & Fiske, 1981). Mixed-method analyses will also be used so that they can highlight the meanings associated with behaviors and also speak back to dominant social and political ideologies in their own quantitative language. Additionally, with a recognition of the complexity involved in sexual decision-making and the ambiguity of sexual behaviors, this research will move beyond simple behavioral and epidemiological outcomes (i.e., consent vs. rape; pregnancy and abortion, STI and HIV transmission, etc.) to explode the categories of consent and coercion, of wantedness and resistance, of love and sex.

In undertaking this research, I aim to positively impact women's lives. A recognition and better understanding of the complexity involved in women's lives and sexual behaviors will move us (researchers, educators, parents, friends, etc.) into a stronger position from which to educate and assist young (and not-so-young) women to achieve sexual health and subjectivity and find power and pleasure in the erotic. Ideally, this research could also inform policy that affects women's sexual lives and health, such that women would be afforded more opportunities and outlets for controlling their own sexual bodies and health and asserting themselves as sexually powerful and healthy women.

### The Present Study

In light of the inconsistencies in research, the traditional inattention to the gendered nature of the relationship between alcohol and sexuality, and the critical nature of this relationship in understanding women's sexuality and sexual health, the proposed research utilized mixed-method analyses and a gendered framework to answer the following two research questions: 1) What is the relationship between alcohol and sexuality among urban club drug using 18-29 year old women?; and 2) What are the individual and contextual factors that moderate this relationship (specifically looking at age, partner type, alcohol dose, sexual orientation, sexual anxiety, satisfaction, and esteem, and indicators of problem drinking behavior)?

### *Theoretical Framework*

In response to current theoretical approaches and empirical support of these approaches, I have approached this research with an integrated theoretical model that considers: (a) the role of expectations of sexuality under the influence of alcohol

(expectancy theory), (b) other individual psychological and psychosexual factors (i.e., inhibitions as per alcohol myopia theory), (c) the context of the sexual encounter (relationship, amount of alcohol consumption, etc., including inhibition conflict via alcohol myopia theory), and (d) the role of gender in expectations, inhibitions, interpersonal factors, alcohol consumption, and the role of gendered sexuality in the relationship between alcohol and sexual activity. Additionally, this theoretical approach considers a variety of sexual activities as sexual outcomes, including the type of activity that occurred, the risk involved in that activity, and the woman's personal understanding of that event.

Because of the complexity held within this integrated theoretical framework, mixed method analyses were utilized to adequately address the proposed theoretically driven research questions, which are outlined below, along with the proposed comparisons and appropriate analytical strategy that will be utilized to answer each question. These analyses involved examining emerging themes in the qualitative data to understand their relevance to each aspect of this theory—inhibitions, conflict surrounding the activity and inhibitions, personal feelings about that experience (negative and positive), gendered sexual norms and behaviors, perceptions of risk involved, etc. Analyses also involved the use of several established psychosocial scales as well as demographic measures. Finally, mixed-method analyses utilized strategies designed to quantify qualitative data (frequency counts of themes, etc.) so that these data could be subjected to quantitative analysis to answer several of the more complex research questions.

### *Methodological Considerations*

Because a more complex understanding of the relationship between alcohol consumption and female sexuality is necessary, the current research utilized mixed-method design and analyses to examine the interface between these two activities in the lives of young women participating in a larger study of club drug use in New York City nightclubs. The dataset includes women participating in a study of club drug use (including Ecstasy, Ketamine, Cocaine, Crystal Methamphetamine, LSD, and GHB). Although the participants were recruited for a study of club drug use, preliminary analyses of some of the interviews highlighted the integral role of alcohol in these young adults' lives and sexuality. Specifically, the pilot phase of this project asked participants to relate a narrative of their most recent sober sexual experiences and sexual experiences under the influence of each of the drugs they reported using, if that had occurred. The qualitative protocol also asked participants to reflect broadly on the role of substance use in their sexuality. It quickly became clear that, while club drugs certainly played some role in their sexuality, alcohol was a significant component in the sexual behaviors of young women in the study (and conversely that sexuality was a significant component of their alcohol use). For example, female participants often would relate stories of unwanted or risky sexual experiences while under the influence of alcohol or compare alcohol's sexual effects to the effects of other drugs (typically perceiving alcohol to be more dangerous), despite the fact that this information was not specifically requested. Consequently, the research team decided to add questions that asked participants to relate their most recent experience of sexual activity under the influence of alcohol and to reflect broadly on the role of alcohol in their lives overall and in their sexuality.

Participants were also asked if alcohol had ever caused them to take any sexual risks and, if so, to relate a narrative of a time when that had occurred. In short, then, this research is an analysis of the role of alcohol in the lives and sexual activity of these 18-29 year old club-going women in New York City.

Analytical strategies included qualitative, quantitative, and mixed-method analyses specifically tailored to appropriately answer each research question. Especially since reviews of the research have demonstrated the context-specificity of the relationship between alcohol and sexual behaviors (Leigh, 2002; Weinhardt & Carey, 2000), mixed-method work was necessary to better understand the moderating role of context in the relationship between alcohol consumption and sexual activity.

Additionally, the use of qualitative and mixed-method analyses foster an examination of the complexity involved as well as the meaning made of a situation, which, as Phillips (2000) pointed out, is often very different from the objective reality of the situation and integral in a full analysis of the experience (Weis & Fine, 2004). This approach has the additional advantage of stimulating the generation of new ideas while also contextualizing and extending the current understandings of the relationship between alcohol consumption and sexual activity, thus extending and informing theoretical approaches.

## Chapter 2:

### Methods

The participants in this project were all part of an ongoing study, The Club Drugs and Health Project, which is funded by NIDA (DA014925). Participants are club-going young adults (ages 18-29) in New York City (NYC). As part of this larger longitudinal project (Kelly, Parsons, & Wells, 2006; Parsons, Kelly, & Wells, 2006; Parsons, Grov, & Kelly, in press), participants completed qualitative and quantitative interviews at baseline and then every four months over the course of a year (four times total). Consequently, I will describe the recruitment strategy, eligibility requirements, and procedure for this project.

#### *Recruitment and Enrollment*

The Club Drugs and Health Study utilized a targeted, context-based sampling strategy (Watters & Biernacki, 1989), time space sampling, which is considered more effective than convenience sampling (Booth & Wiebel, 1992; Coyle, 1991; Metsch, McCoy, Lai, & Miles, 1998) and intended to obtain a more representative sample of club-going youth. In this sampling strategy, potential participants were actively approached at clubs in NYC, screened for eligibility, and solicited for participation in the project. The venue (club or lounge) was randomly selected from a list of previously enumerated possible venues, as was the day and time of recruitment. Teams of two trained recruiters then attended the venue and screened potential participants. Recruiters stood very close to the entrance (or line) and approached patrons as they entered or exited. If patrons consented to screening, recruiters used a palm pilot (furnished with Handiworx software) to determine eligibility by asking a series of questions (see eligibility requirements

below). If patrons were screened eligible, recruiters verbally described the study and asked if they were interested in participating. If interested, recruiters collected contact information (phone and/or e-mail) and distributed printed materials listing study and contact information. If they were not interested, they were given printed materials about the project in the event they should change their mind. Patrons were eligible for participation if they were between the ages of 18-29, reported using club drugs at least six times in the last year, and reported using any of the club drugs at least once in the last three months (to ensure the recruitment of active users). Recruitment and enrollment efforts enrolled 400 participants, 100 to each of the following demographically defined cells: Lesbian/Bisexual Women, Gay/Bisexual Men, Heterosexual Women, and Heterosexual Men. However, due to the sheer amount of data produced and preliminary analyses indicating that saturation in the qualitative data had been achieved, qualitative interviews concluded early, yielding a final sample of 121 women who have completed both qualitative and quantitative interviews (with the remaining only completing quantitative assessments).

### *Procedure*

After the recruitment shift, the assistant project director contacted potential participants (either via phone or e-mail) to describe the project in full and schedule interested participants for their baseline appointment. Upon completing the baseline interview (described below), participants were compensated and told they will be contacted in three months to schedule the next follow-up interview.

Baseline Interviews. Baseline interviews consisted of both a qualitative and a quantitative component. The quantitative component mostly focused on club drug use,

sexual behaviors, various psychosocial and psychological factors (social desirability, anxiety, peer group dependence, etc.), and markers of problem substance use.

Measures. Several sexuality and alcohol related measures were utilized in the present work, primarily based on literature indicating their role in either alcohol use/abuse or sexual behavior. First, I utilized the sexual anxiety, sexual esteem, and sexual satisfaction subscales from the Multidimensional Sexual Self-Concept Questionnaire (Snell, 1995), which consisted of items that participants responded to on a five-point Likert scale of (1) Not at all characteristic of me to (5) Very characteristic of me. The sexual anxiety subscale consists of four items, with such items as, “I feel anxious when I think about the sexual aspects of my life.” The sexual esteem subscale consists of five items, with such statements as, “I am pleased with how I handle my own sexual tendencies and behaviors.” Finally, the sexual satisfaction subscale also consists of five items, with statements such as, “I am satisfied with the sexual aspects of my life.” I also utilized the Sexual Sensation Seeking scale (Kalichman & Rompa, 1995), an 11-item measure which included items such as, “I am interested in trying out new sexual experiences.” As an additional measure of sexual factors, I utilized the Sexual Compulsivity Scale (Kalichman & Rompa, 1995), which included items such as, “My desires to have sex have disrupted my daily life.” The latter two scales designed by Kalichman and Rompa (1995) utilized a four-point Likert scale response format, with possible responses ranging from (1) Not at all like me to (4) Very much like me. Finally, I utilized the Alcohol Use Disorders Identification Test (AUDIT), which utilizes a threshold score of 8 to indicate a strong likelihood of hazardous or harmful alcohol consumption (Saunders, Aasland, Bebor, De La Fuente, & Grant, 1993). In addition to

questions about frequency and amount of alcohol consumption, this scale includes items such as, “How often in the last four months have you found that you were not able to stop drinking once you had started?” In addition, age, ethnicity, and sexual orientation were also utilized in these analyses. The qualitative components utilized for this project included critical incident measures (Ross, Wodak, Miller, & Gold, 1993) combined with guided probing to obtain narratives of alcohol use and sexual experiences and sober sexual experiences. Specifically, participants were asked to tell the story of the last time they had sober sex, the last time they had sex after having consumed alcohol, and when relevant, a narrative of a risky sexual encounter while under the influence of alcohol. Prompts were utilized to ensure the inclusion of information concerning the context (location, partner type, current situation, etc.), the sexual activity (including the safety or risk involved), the ways in which alcohol influenced the activity and the situation, and the meaning they make of it (how do they feel about it now, what assumptions they made about their partner, etc.). Interviews were conducted by interviewers trained to probe and gather enough information so that a “picture” of the event emerges. Additionally, interviewers asked more generally about the role of alcohol in the sexual lives of the participants.

### *Participants*

As outlined above, while 200 women completed baseline assessments, the final sample includes 121 women who completed both the baseline qualitative and quantitative interviews. When comparing these 121 women to the 79 women who completed only the baseline quantitative portion of the assessment (after qualitative interviewing had ended), few differences emerged. The quantitative-only sample was significantly younger than

the sample of women who completed both qualitative and quantitative assessments, though only by about a year (24.3 vs. 22.8,  $t(198) = 4.06, p < .001$ ). Additionally, the quantitative-only sample reported significantly more male partners than the women who completed both quantitative and qualitative assessments, though, again, this was not a huge difference (an average of 2.27 vs. 3.18,  $t(116) = -2.27, p = .025$ ). Otherwise, no other demographic, psychosocial, or behavioral differences emerged. Thus, I will only report demographics for the sub-sample of 121 women included in final analyses (See Table 1 for sample demographics).

The average age of the sample was 24.25 (SD = 2.78), ranging from 18-29. Overall, the sample was primarily white (64.5%) with slightly more than half of the women reporting lesbian or bisexual as their sexual identity (56.2%). Most reported having grown up in a middle to upper middle class family (83.5%) with a large range of current income levels, depending in part on educational status (student vs. non-student, with over 20% still enrolled in college). The majority of the sample reported being single (58.7%). The majority had some college education or were currently enrolled in college. There were no relationships noted between age, race or ethnicity, and sexual orientation (i.e., no age differences in t-tests comparing white women to women of color, no age differences in an ANOVA comparing bisexual, lesbian, and straight women, and no differences on a chi-square test of the proportion of women in each sexual orientation group that identified as white or women of color). As a whole, the sample scored in the higher range on the AUDIT, reported alcohol consumption on about 40% of the days in the four months preceding their baseline interviews, and had used an average of 3.5

different club drugs in their lifetimes. Their scores on the psychosexual scales ranged considerably (See table 2 for sample characteristics).

For qualitative analyses, I randomly selected (from the sample of 121) a subsample of 60 women, stratified by sexual identity such that 20 of the women identified as lesbian, 20 as bisexual, and 20 as heterosexual. When comparing these 60 women with the 61 women whose interviews I did not qualitatively analyze, few differences emerged. The smaller sub-sample was, on average, one category higher in income than the rest of the sample,  $t(118) = -2.93, p = .004$ . Additionally, the sub-sample had a significantly lower average sexual anxiety scores than the sample not chosen for qualitative analysis,  $t(118) = 2.33, p = .021$  (9.65 vs. 8.07). Finally, my sub-sample was actually more racially and ethnically balanced than the sample not chosen for qualitative analysis,  $\chi^2 = 4.65, p = .024$  (sub-sample was 55% white and 45% persons of color, while the full sample was 64.5% white and 35.5% persons of color). No other differences emerged on the demographics, scale scores, or behavioral measures when comparing the randomly selected sub-sample of interviews to be qualitatively analyzed with those that were not randomly selected for the qualitative analysis.

The average age of the qualitative subsample was 24.40 (SD = 2.64), with the majority of the sample having grown up in a middle to upper middle class family (86.7%) with, again, a range of current income categories, partially depending on educational status (35% have completed some college or currently enrolled in college). The majority of participants were single (60%). See Table 1 for demographics for the full sample of 121 women and the subsample of 60 women. See Table 2 for sample characteristics of both the full sample and the qualitative subsample.

### *Data Analysis*

The current research utilized qualitative, quantitative, and mixed-method analyses to examine the variability within stories of sexual activity after drinking alcohol and to compare narratives of sober sex with narratives of sex after drinking alcohol for each woman. Because qualitative data is often rich, and qualitative and mixed-method analyses do not come with an established technique, it is necessary to develop some system for analysis, as well as tools with which to analyze the data. Based on my current knowledge of qualitative, quantitative, and mixed-methods approaches, the use of several qualitative data analysis primers (Auerbach & Silverstein, 2003; Miles & Huberman, 1994; Strauss & Corbin, 1998; Weber, 1990), as well as the guidance and mentorship of my advisors, I followed the following steps in conducting these analyses. The qualitative analysis occurred in two phases and utilized NVIVO7 to manage and code the data. The first phase prepared the data for analyses by cleaning and conducting basic coding of the data, while the second phase addresses the previously outlined research questions.

#### Phase 1: Data Cleaning and Coding

Phase 1a. Data cleaning and preparation for coding. Prior to any coding or analytic work, I read through each interview in its entirety and isolated the relevant narratives (sex with alcohol and sober sex) as well as any other information about alcohol use or abuse (i.e., frequency of use, problem recognition, etc.), sexuality (i.e., information about one's sexuality, sexual history, etc.), and any other potentially relevant information. I then designed SPSS and NVIVO7 databases that set the framework for coding and later analyses. At this point, the SPSS file was set up to include all of the quantitative

information for all participants, including demographic information and psychological/psychosocial data.

Phase 1b. Development of an initial coding scheme. Through a close reading of the first 20 transcripts, I identified repeating ideas that spoke to the original research questions (presented below) as well as previously unidentified concepts or ideas. Through this reading, I then defined and operationalized these ideas and concepts to facilitate the identification of larger themes. See Appendix A for a list of the initial codes and their evolution through the rounds of coding (outlined below).

Phase 1c. Testing and revising the initial coding scheme. Utilizing a second set of interviews (the next 20), I tested the applicability of the current coding scheme on these interviews, using analytic induction (LeCompte & Schensul, 1999) to identify disconfirming cases that may call for a revision of the coding scheme (i.e., revision of a definition or operationalization of a code, combination of two codes, elimination/renaming of codes, etc.). Through this process, I developed a revised coding scheme that incorporated the revisions and additions. Utilizing the final set of 20 interviews, I repeated this process. Through this process, the coding scheme was tested and revised based on a reading of all of the interviews to ensure that all concepts were well defined, refined, and applicable to the entire sample of interviews. Through this recursive process, I developed a final coding scheme and accompanying codebook, which clearly defined and operationalized all codes, as well as outlined clear rules as to when a particular code should (and should not) be applied.

Phase 1d. Applying the final coding scheme to the entire set of interviews. This last coding phase involved the application of the final coding scheme to the full set of interviews so that all interviews were fully coded according to the final scheme.

Phase 1e. In developing the checklist for contextual and behavioral information, I utilized a working knowledge of the data necessary for the proposed analyses and also included any information that I found to be potentially relevant after conducting the qualitative analyses. Separate checklists were eventually developed for each experience (most recent sex under the influence of alcohol and most recent sober sex), which facilitated later comparison of contextual factors. I developed an initial coding checklist and used it to code three separate interviews. Based on that round of coding, I updated the coding checklist and re-coded those three interviews. I again updated the checklist and coded three separate interviews; I subsequently updated the checklist and repeated this process again. In total, the checklist went through four rounds (and 12 separate interview transcripts) of initial revisions before going through the first round of outside review. Three new coders (trained by me) individually coded five separate interview transcripts, and also provided their feedback on the coding checklist. The checklist was again revised after this round of coding. The three interviewers then coded a second set of five interviews and the checklist was revised according to their feedback. Because I used these coders in the development of this codebook, but not the final coding, I did not conduct inter-rater reliability for their ratings. Finally, after extensive feedback, I coded one more round of ten narratives to ensure finality of the coding checklist. Small revisions to the coding checklist were made, and, at this point, the checklist was considered final (See Appendix B for the final coding checklist). At this point, I utilized

the final coding checklist to code all 121 narratives. Similar coding checklists have been successfully used in a variety of other projects (Clutterbuck, Gorman, McMillan, Lewis, & Macintyre, 2001; Leonard & Ross, 1997; Parsons, Koken, & Bimbi, 2004; Vicioso, Parsons, Nanin, Purcell, & Woods, 2005; Taylor, Fulop, & Green, 1999).

### Phase 2: Data Analysis: Addressing research questions.

Phase 2a. Completing Databases. Quantified qualitative information was then incorporated into the existing SPSS Database and into the NVIVO 7 database, thus finalizing both databases.

Phase 2b. Conducting Analyses. Utilizing analyses available through NVIVO 7 and SPSS, this step involved conducting all analyses associated with the a priori research questions, as outlined below.

### Research Questions and Subsequent Analyses

The following section will outline the research questions and the analyses proposed to answer those questions.

Research Question #1: What is the relationship between alcohol consumption and sexuality (thoughts, feelings, experiences, etc.)?

Qualitative and Mixed-Method Analyses: Utilizing the principles of thematic analysis as outlined by Auerbach and Silverstein (2000) and Braun and Clarke (2006), I explicated themes that emerged concerning the ways in which alcohol influences sexual behavior, the sexual experience, and feelings surrounding those experiences. Comparing the sober sex story with the alcohol and sex story, I utilized the quantified information from the narratives to examine differences in sexual behavior, including partner type, partner gender, and condom (or other contraceptive or barrier method) use.

Research Question #2: What are the individual and contextual factors that moderate and/or mediate the relationship between sexual activity and alcohol consumption?

Mixed-Method Analysis: Analyses were conducted using the quantified contextual and outcome variables as well as demographic information and psychosocial/psychosexual scales to determine demographic, psychosocial, and contextual moderators of the relationship between alcohol consumption and sexual activity. Using between-subjects analyses (ANOVAs, t-tests, and chi-square tests), I examined demographic, psychosocial, and contextual differences in the specific patterns that describe the relationship between alcohol consumption and sexual activity (i.e., condom use, specific sexual activity, etc.). Utilizing conceptually clustered matrices (Miles & Huberman, 1994), qualitative analyses functioned to inform an understanding of the nature of these contextual or individual factors as well as explicate moderating factors that did not emerge in the quantitative data.

### Chapter 3:

#### Gendered Analytical Lens

Because of the necessity of establishing an interpretive framework, I will first present the gendered framework that guided my analyses. This framework is based both on the literature and on the ways in which the current data illustrate the themes noted in the literature. In the second chapter, I will present the findings, both qualitative and quantitative, to illustrate the ways in which alcohol and sexuality interact and the myriad ways in which gendered factors play a role in this relationship. Finally, in the third results chapter, I will use women's stories to demonstrate the complex ways in which they make sense of the relationship between alcohol and sexuality in their lives and the role of gender in these reflections.

#### Gendered Analytical Lens

In the initial inception of this project, I began with the two research questions now noted above, but also had a third question that asked about the specific role of gender in this relationship. As I began conducting the analyses, I realized that gender infused every aspect of the answers to the first two questions, thus rendering the third question redundant. In this way, I realized that I was not asking a specific question about gender, but conducting a gendered analysis, asking less about the specific role of gender and more about the ways in which gender is present (or not) in the relationship between alcohol and sexuality. Based on what I already know about the integral role of gender in sexual behavior and in alcohol consumption (and the limited and inconsistent findings about gendered differences in the relationship between the two), I know that gender likely

plays a critical role. Thus, this analysis presumes a central role of gender and aims to interrogate this role in the relationship between alcohol and sexuality.

In light of this assumption and focus, it was necessary to establish an interpretive framework to guide my gendered analysis. In this aim, I have utilized the literature to understand the most dominant sexual issues in young women's lives, which I present below. After using the themes noted in the literature to outline the various aspects of the narratives I should attend to (also realizing there might be other and/or unexpected aspects), I then read through the transcripts and coded for the underlying discourses of gender and sexuality, which I have also presented below. Through this dual process examination, I identified the various ways in which socio-sexual expectations weave their way into women's psyches and behavior and the strategies they utilize to integrate and resist against these expectations. I later used this analysis to better understand the gendered nature of the relationship between alcohol consumption and sexuality.

First, a review of the literature surrounding women's sexuality highlights the complexity of women's sexuality—their sexual thoughts, feelings, and behaviors. As Carole Vance notes in her seminal piece on pleasure and danger, “The hallmark of sexuality is its complexity” (Vance, 1984, p. 5). In working to identify the roots of this complexity, Lynn Phillips (2002) begins her book, “Flirting with Danger,” by articulating the various discrepant and overlapping discourses of femininity and sexuality that are available to women. Utilizing the data she collected through interviews with 30 young women, Phillips describes several dominant discourses, “about ‘good’ womanhood, ‘normal’ male sexuality, and ‘typical’ hetero-relationships” (2000, p. 37). Within the discourse about being a “good woman,” women are faced with the dilemma of either

being a “pleasing woman” or a “together woman,” both of which are appealing, but somewhat mutually exclusive. A pleasing woman has “the desire and ability to be pleasant, feminine, and subordinate to men” (p. 39), and is expected to be passive, attractive, modest, and in control of their sexual desire (mainly by ignoring and not acting upon their desire). The more contemporary “together woman discourse,” on the other hand, “promotes the notion that a ‘together’ woman is free, sexually sophisticated, and entitled to accept nothing less than full equality and satisfaction in her sexual encounters and romantic relationships” (p. 47). The ‘together’ woman is “discriminating and ‘together’ enough to find sexual satisfaction without appearing desperate” (p. 48) and is distinguished by her sexiness, sassiness, mystery, and flirtatiousness. Next, women articulated a discourse about what constitutes “normal” male heterosexuality, in which women learn that “aggressive male behavior is a normal and inevitable component of their sexualities” (p. 52). Further, women are taught that male sexual aggression is normal and can be provoked by girls and young women (thereby being warned, “Don’t start what you’re not willing to finish”, p. 58). The women Phillips interviewed also articulated the various discourses surrounding the nature of heterosexual relationships. Through these discourses, women learned that, on the one hand, men inevitably hurt them, either physically, psychologically, or emotionally, while on the other hand, women learned that heterosexual relationships are central to well-being and personal fulfillment and, as such, desirable.

Phillips’ interviews illustrate the various dilemmas that are created by these contradictory discourses and the very real consequences of these dilemmas in women’s lives. For example, women who had experienced what most would name as rape often

did not identify it as such because the behavior could be excused through an invocation of the inevitably aggressive nature of male sexuality and/or their own behavioral transgressions that provoked this aggressive male sexual behavior. As noted by many other feminist scholars (i.e., Fine, 1988; Muehlenhard & Peterson, 2005; Tolman, 2002) these tensions create ambivalence, conflict, guilt, disengagement, disembodiment, and disempowerment. As others have noted, these feelings or experiences can have very real consequences for women's sexual health and relationships in terms of their ability to make decisions about sexual health, safety, and pleasure as well as control the sexual aspects of their lives (Holland, Ramazanoglu, Scott, Sharpe, & Thomson, 1990).

In recognizing the myriad influences on and complexities surrounding women's sexuality, I aimed, in my reading of their narratives, to attend to both the positive and negative aspects of sexuality and also to the strategies that women utilized to move through these complexities, make decisions in the face of ambivalence, resolve the conflict sometimes associated with women's sexuality, and ultimately to find pleasure. Throughout this analysis, I attended to these strategies and listened for ways in which these strategies were both successes and failures.

In reading the current narratives for aspects of these themes or other factors I recognized as potentially gendered in nature, I noticed that women experienced and expressed great ambivalence and conflict in terms of their sexual feelings and their guilt (and sometimes pleasure) over transgressing gendered socio-sexual norms, highlighting the difficulty women experienced in integrating the myriad contradictory and overlapping sexual messages into a stable and healthy (physically and psychologically) sexual self. Through their narratives, it became clear that these women had clear expectations of

female sexual behavior (both for themselves and other women); they often held restraint, passivity, beauty, femininity, and heterosexuality as standards for a “good” woman. For example, in discussing the sexual release that ecstasy provided, Hilary<sup>1</sup> (21, Latina/Mixed, Straight) said, “I’m kind of a perfectionist, so I want this guy to know I’m smart, that I’m good in bed. You know, I kind of just try to prove myself in all ways I can and being on ecstasy—forget about it. It was fun!” These norms were most evident when the women discussed the restraint necessary to maintain these norms. For example, Fran (23, marked ‘Other’ for ethnicity, Bisexual), in explaining her decisions not to engage in sexual activity with casual partners, said, “I’ll be like, yeah, I don’t want to sleep with anymore people. I’m sorry. I don’t want my number to be that high.” Michelle (23, White, Lesbian) talked about her comfort in transgressing these norms in saying, “I feel like I’m pretty comfortable with the fact that I like sex...ya know, I don’t really feel that much embarrassment about being a woman who likes sex.” They also judged other women’s behaviors, identifying other women as ‘whores’ or holding their own behavior morally or socially above that of other women.

Often, they juxtaposed these expectations with expectancies about normal male sexuality, which, as the women in Phillips study noted, is aggressive and insatiable. For example, Maria (27, Straight, Latina) said, “I think about it [sex] a lot, obviously. Probably not as much as men do (laughing), but, you know, pretty close to it.” Sometimes, assuming that men always want sex, some of the women were surprised and hurt when men either did not return their sexual advances or denied them sexual activity.

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<sup>1</sup> In the presentation of women’s narratives, I have utilized pseudonyms. The demographic characteristics of each woman are presented alongside their words.

Jessica (25, White, Straight), in relating a story of sexual activity with a first-time partner said, “I was upset that he didn’t want to have sex again. I felt like he didn’t have a good time. ... I was hurt.” Women were also acutely aware of the potential for danger as a result of men’s sexuality. Sometimes in conjunction with their discussions of the dangers of male sexuality, women spoke about the dangers of sexual activity more generally. Aside from the social and relational risks discussed above, many women discussed being terrified of contracting a STI, of becoming pregnant, or of being sexually assaulted. For example, in discussing a sexual experience with a first-time partner, Leslie (27, White, Lesbian) said:

At one point he asked me if I wanted to be tied up and I freaked out on him. I was like, “Get the fuck away from me, maniac!” And the next morning, he was like, “Why didn’t you want me to tie you up?” And I was like, “Because I don’t know you and I like, I watch Law and Order SVU [Special Victims Unit about sex crimes]. I’m unemployed. Like, I see what happens, ok?”

In relating a story of a scare about a potential STI, Isabel (20, White, Straight) said, “I was freaked out, even though we had used a condom. Just freaked out that I was going to be one of those malfunctioning people who could never have a normal sex life and always gonna have to worry about that sort of thing.” Women who only or primarily had female partners less often noted these aspects of sexuality, though some of them had experienced these dangerous aspects in past experiences with men or in considering the sexual safety of engaging in sexual activity with other women who may be sexually active with men. Some of the lesbians also discussed negotiating refusal of male sexual

advances and the concern about male sexual aggressions (or coercion) involved in those refusals.

Finally, their narratives revealed the desirability of attaining and sustaining a long-term heterosexual relationship and the scripted nature of these relationships. This theme was most often articulated when women discussed coming to terms with their lesbian sexual identities. For example, in talking about coming to terms with her lesbian sexual identity and being a single lesbian woman for the first time, Lexie (26, White, Lesbian) said:

It is really exciting...but...it is scary too. I mean, you think your life is going to be a certain way your entire life and then the definition of happiness changes. Which is not to say that I think I wouldn't be able to find happiness as a gay person. I think in ways, I am happier. But now I have to deal with all those questions about, you know, what is going to happen to me. I mean, I definitely grew up, like, "I am going to get married and have a kid and, you know, a dog, and fit into mainstream society." You know? And I never questioned that. It's not like I always felt something was missing. That's what's weird. I was sleeping with guys and I was like, "This is fine." But I was still looking at girls, thinking about girls. ...So it's been a lot of self-realization.

Despite these negative and/or confusing aspects of sexuality and sexual relationships, many women still identified the positive aspects of sexuality, the pleasure they found in transgressing gendered sexual boundaries, and the strategies they employed to find pleasure and freedom of sexual expression. In response to an initial open-ended question regarding their thoughts about sexuality, many of the women began with

positive answers revealing their belief in sex as a basic human need. For example, Maria (27, Straight, Latina) said, “Sex is important cause I think it, um, it fulfills a need. Just like, obviously, not a need for survival, but I think it fulfills a need for happiness and fulfillment to a certain degree.” Rose (23, Latina, Lesbian) said, “I think it’s [sex] great! ... It’s a very powerful thing. ... I mean, who doesn’t like it?” Women also identified sexual activity as very personally satisfying—helping them to feel desired and good about themselves. For example, Lauren (19, White, Bisexual) said:

Sex with men can—well, there’s two facets of it for me. Like, on the one hand, it’s, it can be a really cool thing to do, it can be a very intimate experience. But on the other hand, sometimes it’s just about getting the guy, just feeling good about yourself. Yes! He wants to sleep with me! Alright, cool! You know, like, Yes—I was the best fuck of his life!

Though sometimes, women identified feeling bad about finding this sort of satisfaction through sexuality, distinguishing between their intellectual thoughts and emotional feelings. In this vein, Michelle (23, White, Lesbian) said:

Not to be lame, but I feel like I had, especially growing up, I had a lot of self esteem issues with how I looked. And so when I started having sex, I just liked the physical attention. It felt really important to me. ... I feel like sometimes I’ve gotten over it, sometimes I feel like, no, I haven’t gotten over it at all. Like, I’m still entirely insecure about my appearance and I still just have sex because it, like, makes me feel better about myself. It makes me feel wanted or something, which I feel I should be over, just like intellectually, I feel like I should have gotten over that, but sometimes, I’m not really sure that I have.

In discussing the gendered norms and their transgressions of these norms, many women took pleasure in these transgressions and/or found them liberating. In discussing a sexual experience with a first-time partner, Jessica (25, White, Straight) said, “I was very proud of myself. I was on vacation and it was uncharacteristic of me, so I felt like I was being more adventurous.” Megan (29, White, Lesbian) said, in talking about coming to terms with her lesbian identity, “I thought I was really comfortable with it, but I think I am just getting comfortable with it now. And I’m, like, having really great sex and not trying to be, like, such a good girl.” In response to a question about what she enjoys about sex, Hilary (21, Latina/Mixed, Straight) said, “What do I like about sex? Everything. I mean, the way it feels—you know, almost that feeling like I’m bad. I don’t know, I still get that feeling.” In discussing the changes that lead to her newfound ability to achieve orgasm with a partner, Michelle (23, White, Lesbian) said:

Just about giving direction or, like, telling people what I want. To be totally blunt, I just faked it a lot when I first started, so, like then, the problem with that is once you start, you feel obligated to keep going. So I think I’m more confident now and I’m able to say, like, “Hey, why don’t you try this?” So that helps. Or, ya know, not lying. It goes a long way.

Through their narratives, it was clear that women employed various strategies or found places to experience pleasure. For some women, emotionally disengaging from the experience of sexuality was a way to find physical pleasure without the negative emotional aspects sometimes associated with sex with casual partners. For example, in discussing her ability to engage in sexual activity with casual partners, Lindsey (28, White, Straight) said, “I can do it because I can just detach myself emotionally. Like, I

know this is just to get me off. That's all it is. I have no fantasies that this is the father of my children, that this is the guy I'm gonna marry." Similarly, Rose (23, Latina, Lesbian) said, "My outlook on sex is kind of 'that's what it is.' It's that. And I think when it comes to relationships or anything like that, those are two different things." Women also discussed finding pleasure in the intimacy and comfort of long-term (sometimes monogamous) relationships. For example, in discussing sexual satisfaction, Amy (24, Mixed ethnicity, Bisexual) reported that, in the past she had not experienced pleasure: "In the beginning, not with me not saying anything, basically because of my own issues with myself. But, um, we talked. And the more we talk, the more comfortable we both are."

Through this analysis, it is clear that women experience a variety of conflicts in reconciling their desires with social and interpersonal expectations. Throughout this analysis, I did not find any noticeable sexual orientation, age, or race and ethnicity distinctions in the narratives. Though I expected to hear more differences according to sexual orientation in the conflicts and pleasures that women experienced, these may not have been evident because of the fluidity of sexual behavior and sexual identity within this sample (i.e., that sexual behavior did not match sexual identity, as I will discuss more later). Despite the conflicts women experienced (and sometimes because of their transgressions of gendered sexual norms), women also found spaces and strategies for sexual expression and pleasure. As we will see below, for many of these women, alcohol was also a strategy employed to be able to express sexuality and desires in a more socially acceptable fashion (i.e., transgressing gendered sexual norms is somewhat more acceptable when an individual can blame the effects of alcohol rather than their own sexual desires), though this freedom comes at a cost.

## Chapter 4:

### The Relationship Between Alcohol and Sexuality

As an overview and a roadmap of the following sections, I will outline the main findings that I will move on to discuss in more detail. Most notably, the themes reveal the role of alcohol in tipping sexual ambivalence towards sexual action vs. sexual inaction and in resolving sexual conflict, at least during the sexual situation. Specifically, alcohol reduced the inhibitions that often created ambivalence and turned off that ambivalent inner voice in their decision-making processes, which sometimes helped them to relax and feel more comfortable in sexual situations and other times increased their discomfort when they felt they were transgressing social or personal boundaries. Because of the integral role of ambivalence throughout these results, I will not dedicate a section specifically devoted to discussing ambivalence but will rather note and contextualize (tipped) ambivalence throughout my presentation of the larger themes.

Generally, women reported that alcohol facilitated sexual experiences (precipitated their engaging in sexual activity at all) by increasing their desire for sexual activity, decreasing their inhibitions surrounding sexual activity, and by increasing their agreement to sexual advances. Women reported that alcohol also changed their sexual behaviors, both leading up to and once in a sexual situation. Changes in sexual behaviors included atypical partners, atypical behaviors, and, for some women, sexual risk taking, though women defined risk in a variety of ways. Further, alcohol often changed the sexual experience—by interfering with the ability to achieve orgasm, making sex “sloppy,” and generally dulling the physical sensations of sex. Simultaneously, though, many women reported that alcohol helped them to relax during the sexual experience.

In their most recent sexual experiences, alcohol stories were more likely to involve a first-time partner and less likely to involve a main partner than sober sexual stories. Additionally, women (whose most recent sexual stories were with men) were more likely to report condom use and less sexual risk overall in their most recent stories of sexual activity after drinking alcohol than in their most recent sober stories, though, as I will discuss later, this finding is likely related to differences in partner type between the stories. Additionally, women were more likely to receive oral sex when they were sober than when they had been drinking. Many of the effects noted were moderated by a variety of factors, including dose, relationship/partner type, race and ethnicity, age, psychosexual factors, and sexual orientation as I will note throughout and discuss later in more detail. Finally, women often reflected on these experiences in complex ways—both positively and negatively—that further exemplified the role of gender in sexuality and the role of alcohol in moving around gendered norms and resolving the ambivalence surrounding sexuality. In discussing each of these effects, it will be clear in my presentations of the themes and in the quotes utilized to illustrate each theme that each of these themes are overlapping and intricately tied to the other components of this relationship. Whenever possible, I will discuss these links, though I will reserve a more detailed examination of these relationships for the discussion section, wherein I will attempt to make sense of this incredibly complicated relationship.

#### Alcohol Facilitated Sexual Activity

When reflecting more broadly on the role of alcohol in their sexual lives, women often reported that alcohol facilitated sexual activity, which is often a finding in the quantitative literature. Women identified a trio of ways in which this facilitation

occurred: through increasing desire, through decreasing inhibitions, and through increasing agreement to sexual advances. As I will demonstrate later, these mechanisms influenced their sexual behaviors and also the meaning that they made of these behaviors. These themes all demonstrate the ambivalence women often feel surrounding expressing and controlling their desire and negotiating sexual activity and safety in a relational context. Further, as I will discuss later, women identified dose (how much alcohol they drank) as playing a role in these facilitation factors.

In terms of desire, many women said that drinking increased their desire so much that it led them to initiate or engage in sexual experience. For example, Angela (26, Latina, Lesbian) said, “It makes you crave it when you’re drunk, you know? Yeah. It makes you crave it definitely. I think alcohol’s the biggest pusher of sex—more than any other thing in the world.” This was often seen in a relatively positive light, as illustrated by Lauren (19, White, Bisexual) who said, “I get really, really, really horny when I’m drunk. Really easily. I’ll hook up with a lot of different people (laughs) and I really like it.” Similarly, Connie (21, White, Bisexual) said, “Oh my God! I love it! It just increases everything. I love it! That’s my drug of choice—alcohol, yeah, on sex. Desire, passion, need, want, everything. It’s just, like, 100% more.” Both in the ease with which they discussed this effect and the direct statements they made, it was clear that women felt increased desire was a somewhat universal effect of alcohol. For example, Laura (27, White, Lesbian) says, in talking about alcohol increasing her desire, “I think most people get horny on alcohol.”

Sometimes in tandem with and at other times distinct from increased desire, women reported that alcohol decreased their inhibitions surrounding sexuality—

surrounding sexual experiences in general, or more specifically surrounding the initiation of a sexual experience or the expression of sexual desire once in a sexual situation. Many women also said very generally that alcohol decreased their inhibitions, though this inhibition theme seemed most prominent among women who were high in sexual anxiety and low in sexual esteem and among white women, as I will discuss later. For example, Leslie (27, White, Lesbian) said, “I mean, obviously, like, I’m less inhibited, um, when I have a couple of drinks in me—or six or seven.” Demonstrating the juxtaposition of increased desire and decreased inhibitions, and the sometimes desirable nature of that state, Lauren (19, White, Bisexual) says, “Being drunk, I think, is ideal because you’re not very drunk but just drunk enough where you’re really fucking horny and you’re just beyond that border of inhibitions.”

Often, though, these inhibitions were specifically related to initiating the sexual experience. For example, demonstrating the noted role of sexual anxiety in this relationship, Krystal (26, African-American, Straight) said:

Um, it used to be something where it was easier for me to be—like, I’m very kind of like an anxious and stressed out person too—so it’d always be, it’d make things like the initiation easier, like, you know? Or like actually getting into it and, um, so yeah, in that way, that’s, alcohol used to play a really big part, not really actually in the sex, but just the getting things rolling.

Julia (24, White, Lesbian) said, “But I think I’m more inclined to initiate sex when I’m drunk than I am, than sometimes I would when I’m sober because it’s easier to be—you can sort of be *laissez-faire* about it.” For several women, alcohol gave them the confidence to initiate a sexual experience. For instance, Bethany (23, Latina/Mixed,

Straight) said, “It’s always the guys, I guess [who initiate]. I guess because I’m kind of a chicken. I would never like initiate something unless I’m, like, really drunk or something, but sober I would never do it.” Similarly, in telling a story about alcohol’s effects on a recent experience of bringing a guy home from the bar with her, Doris (21, Asian, Lesbian) said, “Oh, if I wasn’t drunk, I would have been like—me, I’m too shy. I don’t have the balls to go ask them if they want to leave with me. ... If I’m drunk, I really don’t care.”

Finally, women reported that alcohol decreased their inhibitions about expressing their desires or being more assertive about having their partner satisfy their desires once they were in a sexual situation. It was clear in these narratives that women were experiencing ambivalence and conflict internally (often expressed as a conversation they were having with themselves), and that alcohol often reduced their ambivalence about expressing sexual desire. For example, in response to a question about whether alcohol causes her to take sexual risks, Allison responded:

Not really. I mean, it’s funny to think about these things causing me to take a risk. It’s more like something I would have done if I was sober or something that I would have been thinking of wanting to do and maybe just being in that context with a certain person kind of lowered those inhibitions to be like, “Hey, have you ever tried this? Do you wanna do this?” So it’s not so much that it’s changed my thought process. The thoughts were already there.

Similarly, Amy (24, Mixed ethnicity, Bisexual) said, in talking about her increased number of sexual partners:

I don't think it was necessarily the alcohol. I think the alcohol just made it easier for me to do what was in my head already. I don't think it made me do something I didn't want to do or, you know, didn't cause me to be forced to do something, or, you know, put me in an awkward position. I guess I put myself there.

Also citing alcohol's ability to release inhibitions surrounding specific desires, Rose (23, Latina, Lesbian), also in response to a question about risk, said:

Like, it has led me to experiment, you know, I found myself with, like, two guys, which is something that I probably wouldn't have done sober. But it was an experience that I was curious about anyways and alcohol allowed me to not be so afraid of it and to embrace it and to enjoy it. You know what I mean? Not even to—alcohol didn't help me to enjoy it, it helped me allow it and then I allowed myself to enjoy it kind of a thing.

Somewhat differently, Laura (27, White, Lesbian) talked about how she would be more assertive in having her needs met: "Like I would be a lot more aggressive. Generally, like, when I give, you know, to make the other person happy without taking what I want, I would be more likely to take what I want."

Again sometimes related to increased desire or decreased inhibitions (or other factors), women often spoke more generally about alcohol as increasing their agreeability to engage in sexual behavior. This sometimes seemed to be a conversation about consent, though I hesitate to name it as such because of the legal connotations of consent. Other times, this seemed to be a conversation about increasing their ability to tolerate unwanted but consensual sex. Regardless, though, these narratives illustrated women's ambivalence surrounding sexual behavior and alcohol's role in tipping that ambivalence

such that sexual activity would occur (rather than not). For example, Lindsey (28, White, Straight) said:

[Alcohol] makes me a little loose, which is like—for me, it's easier to say yes to sex when I'm drinking... So that's how it works for me. So I noticed that every time I drink—not every time, but like, when I'm on drugs, I'm more restrained. But when I am on alcohol, I kinda say, “Oh what the hell? I want it so let's go.” I look at it as like—and you gotta look at it like, you know, “Oh, you know, he looks good. Why not? I'm young, I'm single, I'm having fun.” Nothing to it.

Similarly, Samantha (21, White, Bisexual) said, “I guess it makes it a lot easier for somebody to convince me in a sense—like not in the sense that, like, ‘Oh, c'mon, c'mon.’ Not like that, but through their actions, it makes it easier.” Cameron (21, Latina/Mixed, Straight), in response to a question about how alcohol changes sex for her, said:

Well, you're more willing. Like, you're just more willing to put up with, like, “Oh, can I give you a massage?” Like, okay. It's really, like, you know, “Can I touch you?” And yeah, your senses, your guards are down. That's what I'm trying to say.

Distinguishing between consent and desire, Karen (25, Mixed ethnicity, Straight) said, “It [alcohol] doesn't make me want sex, but it makes me more agreeable to have sex.” As I will demonstrate next, this tipped ambivalence in terms of agreeing to engage in sexual activity with specific partners or engage in specific behaviors plays a role in behaviors that women identify as atypical for them.

### Alcohol Influenced Sexual Behavior

Sometimes because of the juxtaposition of these forces—increased desire, decreased inhibitions, and increased agreement—and sometimes because of their individual forces, women indicated that alcohol changed their sexual behaviors. Primarily, women reported that alcohol led them to engage in atypical behaviors, which were most often engaging in sexual activity with partners that they would otherwise not have been involved with or participating in sexual behaviors that they would otherwise not have participated in. As I will discuss in more detail later, this theme seemed to be most prominent or distinct among women high in anxiety, low in sexual esteem, and low in sexual satisfaction. As will become clear through this discussion, lesbian identified women also noted that sex with men was an atypical partner choice they sometimes made after drinking. Additionally, a majority of the women reported that alcohol had, at some point in their lives, increased their risky sexual behaviors, though risk was defined broadly by these women and included physical and health risk (such as unprotected sex), but also included personal or social risks (such as jeopardizing their reputations or relationships). As I will discuss in more detail later, perceptions of risk were influenced by a variety of factors, including dose, partner type, sexual compulsivity, sexual satisfaction, sexual sensation seeking, race and ethnicity, and sexual orientation.

Atypical Behaviors. In terms of atypical behaviors, women identified engaging in sexual activity with partners that they would otherwise not have been involved with (most commonly one-night stands they did not know, friends that they had never been intimate with prior, or, for women who identified as lesbians, sexual activity with men) and also engaging in specific sexual behaviors (most commonly being anal sex or

multiple sexual partners) that they would not otherwise have engaged in. These two atypicalities sometimes, though not necessarily, occurred in tandem and many women identified having had both events occur in their lives. Women often explained these events by invoking alcohol's disinhibiting effects or the overwhelming effects of the increased desire they experienced after drinking alcohol. For example, Paige (29, White, Straight) said, in response to a question about how alcohol affects sex, "I'm much more uninhibited. There's a lot of things I wouldn't do if I wasn't drunk first." Bethany (23, Latina/Mixed, Straight) said, "I mean, I guess I get hornier after I drink, so I do things I normally wouldn't do if I was sober." Several women reported wanting and engaging in sexual experiences that were less intimate and rougher. Julia (24, White, Lesbian), for example, said: "I think I want less intimate experiences, emotional experiences with someone when I'm drunk than I do when I'm sober." Hilary (21, Latina/Mixed, Straight) said, "You know I was louder, a little crazier, he'll pull my hair a little bit more. Just a little bit more rough, I think, when we're drunk." In describing a story about unwanted but consensual anal sex with her girlfriend, Kayla (21, marked 'Other' for ethnicity, Lesbian) demonstrated her ambivalence surrounding the behavior (on the one hand, wanting to please her partner, and, on the other, not wanting to engage in anal sex):

She really likes me having a strap-on and having anal sex with her and she really wanted to give it to me. And I kept refusing and I was like, "No, I don't think it's for me. Like, I just don't like it." And then we got drunk one night and she was like, "Let's try it please." And I was like, "Alright, okay, okay, we'll try it." And it was just terrible. It felt terrible. I hated it. And I really wanted to make her happy, but I just couldn't. I was like, you have to stop.

In discussing a recent sexual encounter with a man and demonstrating the sometimes gendered nature of partner choice, Katie (22, White, Bisexual) explained that it wasn't something she would typically do: "I wouldn't have had some random sex with a random guy. Yeah, it just—my judgment just was out the door. Wouldn't have done it. Usually if I have sex with a guy, it's because I'm very attracted to them and they're a cool person cause it's not often that I have sex with men, at all, really." In some cases, alcohol was used somewhat intentionally to resolve ambivalence surrounding sexual behavior or partners. For example, Paige (29, White, Straight), in telling a story about sexual activity while on vacation:

But there were times I—after a few days, I decided I didn't like him too much. But I was stuck there for seven [days]. So I just kept drinking, kept that buzz going. He was fine after a few drinks. ... Sometimes, you know, in the bright light of day, things weren't so—things aren't so attractive. After a bottle and a half of wine, we started to get used to each other.

In the same vein, Nicole (29, marked 'Other' for ethnicity, Bisexual) also reported that alcohol helped her resolve her ambivalence surrounding engaging in sexual activity with a particular partner:

It [alcohol] probably made things easier because I thought there were certain aspects of his personality that I didn't like very much at all, so, um, I think I might have enjoyed his companionship more. ... I think in this situation, it's [alcohol] kind of an extenuating circumstance. I wouldn't have had sex with him if I wasn't drinking, and I knew I was going to have sex, so I drank.

As I will demonstrate later, women make sense of these incidents in complex ways—both positively and negatively.

Risky Sexual Behavior. The majority of the women in the study were specifically asked if alcohol had ever caused them to engage in risky sexual behaviors (53 women of the 60 were asked about risk). In response to this question, 37 (69.8%) women said that alcohol had, at some point in their lives, caused them to engage in risky sexual behaviors, while 16 (30.2%) said that alcohol was not related to sexual risk behaviors. Most notably, though, women gave varied responses when describing the kinds of risk that alcohol precipitated. Generally, women reported risks that were either physical or health risks (such as unprotected sex) or risks that were social, interpersonal, or psychological risks (risks to their relationships, reputations, or their subjective assessments of themselves as sexual beings). These risks were not mutually exclusive and some women had experienced both, either in tandem or separately. For many women, having unprotected sex was both a health risk and a risk to their subjective assessments of themselves as responsible sexual women. As I will discuss in more detail below, there were a few factors that impacted the relationship between alcohol and sexual risk behaviors, including partner type (either not risky because of a pre-existing relationship or risky because of a partner choice that was later perceived to be dangerous), ethnicity (with the white women being more likely than women of color to report that alcohol played a role in their sexual risk behaviors), sexual identity (with heterosexual and bisexual women being more likely than lesbian women to report that alcohol played a role in their sexual risk behaviors), sexual compulsivity (with the women reporting a risk effect scoring higher in sexual compulsivity than those who reported no risk effect), and

sexual sensation seeking (with women scoring lower in sexual sensation seeking being more likely than women scoring higher to report that alcohol had played a role in their sexual risk behaviors).

In terms of physical or health risks, women most typically cited having unprotected sex or going home with unknown partners, which ended up not resulting in physical harm, but in retrospect, women recognized the potential for danger in those situations. Demonstrating the role of partner gender, Lexie (26, White, Lesbian) said:

There were times when I was really drunk and I would like, you know, let them pull out or whatever bullshit. But not—I mean, I don't think that sex with women is as risky in general. I was like, I was sleeping with a couple for awhile, which was really stupid because they were obviously like very high risk. And I didn't have intercourse with the man, but I was sharing sex toys with the woman and that was just dumb.

Similarly, Brittney (26, White, Lesbian) said:

I probably—in my head, I would be like, “Okay, I can have sex without a condom just this one time.” You know, just—it's happened to me. I have been drunk and we just, like, said, “Okay, just this one time, just for a second.” You know, you just don't—you just don't have the capacity to make that decision and stick to it because things feel so good that you just, like, “Oh, I forgot, fine just forget—let's just—we don't have a condom but we want to have sex so let's just do it.” You tend to just, you know, not really think about the consequences and, again, which cases you to make bad decisions.

Referring to potential physical risk, Lisa (27, White, Straight) said, in response to a question of whether alcohol has ever caused her to take sexual risks, “Yeah. Definitely gone home with random guys on it. Very dangerous in all sorts of ways—sexually and physically. ... Yeah, like, who are—I can’t believe I put myself in this situation.”

In terms of social, interpersonal, or psychological risks, women often identified behaviors that transgressed their personal sexual boundaries, which caused them psychological distress, or behaviors that impacted (or could have impacted) their relationships or reputations. There is some overlap here with the atypical behaviors theme, as some women viewed some atypical behaviors so negatively that they considered them personally risky. This theme was especially prominent among women low in sexual sensation seeking. Demonstrating the risk associated with transgressing personal boundaries, Kayla (21, marked ‘Other’ for ethnicity, Lesbian) said, again in response to the risk question:

Yeah, I think so. I definitely have different experiences with anal sex when I’m drunk that I don’t think I would have had when I’m sober. I’m not really into the anal thing. ...like I think I definitely have taken risk with it when I’m drunk and I think I definitely know when I don’t wanna.

Speaking of interpersonal risks, Darcy (28, White, Bisexual) said:

Yeah, because I’ve given more blowjobs and I just—I mean also, like, on the survey [referring to the ACASI survey she completed prior to the qualitative interview] I was thinking about emotional risks too. Like I’ve hurt people emotionally when I’ve been drinking. ...Because I’ve, you know, I get more emotional when I’m drunk, so—and also I get a little bit more callus, I think, in

other ways. I don't care as much about what other people think. Like just drinking when I—in front of my ex when we were like, we were over a break-up holiday—we were kind of dating but kind of not. Like I kissed another girl and it was in front of her and that I would not have done if I was sober.

Making a distinction between the two types of risk, Sarah (23, White, Bisexual) said, in response to the risk question:

Probably. I definitely went through a phase where I drank a whole lot and went home with people a lot. So yes, in that way, it's probably kind of risky having a bunch of random partners...but it was all protected, so I think there was a consideration for self-preservation...

Three of the lesbian identified women specifically discussed alcohol's role in engaging in sexual activity with men (though 5 of the lesbian identified women reported that their most recent sexual activity after drinking was with men).<sup>2</sup> For example, Denise said, in

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<sup>2</sup> Sexual identity and sexual behaviors did not always match in this sample, which was an interesting finding. In the full sample of 121, 13 of the 33 lesbian identified women reported recent (last four months) sex with men (3 had only been with men recently and 10 had been with both men and women recently), and 1 of the 53 straight women reported recent sex with women. Of the 35 bisexual women in the full sample, 11 reported sex with men only, 7 reported sex with women only, and 13 reported recent sex with both men and women (1 reported no recent sex and 3 had missing data). In their most recent sexual stories, 5 women in the alcohol stories and 4 women in the sober stories reported that these most recent events were with men. As Diamond (2005) also found, women reported flexibility in their sexual identities and behaviors, not always

response to the risk question, “Yes, sleeping with men. Um, in the last, I’d say, year and a half, I’ve slept with three men. (laughs) But I was drunk each time. I mean, like, really drunk.” She went on to distinguish between health risks and personal risks, though, in saying, “Even with men, even though I was drunk and the fact that I had sex with them, I did use condoms. No, I’m not that fucking drunk.”

Of the women who reported that alcohol did not influence their sexual risk behaviors, most cited that alcohol did not cause either of these types of risks or that alcohol had not caused physical or health risks, negating the personal transgressions in their sexual lives as risk behaviors. For example, in response to the question of risk, Lucy (26, Asian, Lesbian) said, “I don’t think so. I mean, I think that’s my area that I have under control for myself. I don’t do things—I’ve had sex with people that I wouldn’t have when I was sober but I haven’t done anything differently.” Women often cited their personality (i.e., Rose (23, Latina, Lesbian) said, “No, I’m not much of a little risk-taker.”) as the factor that kept them from taking risks, even after drinking alcohol. Women also cited situational factors, namely being in a long-term relationship or having sex only with women, as factors that minimized their risk, regardless of their alcohol consumption. For example, Eva (24, Latina, Lesbian) said, in response to the risk question, “I don’t think there’s that many risks when you’re having, like, lesbian sex. Especially when you have, like, just one partner.”

Women’s responses to the risk questions demonstrated the ambivalence many women experienced surrounding risky sexual behaviors and also illustrated the internal

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defining their identities according to their behaviors and sometimes struggling with naming a sexual identity that would accurately reflect their sexual and emotional selves.

dialogues they were having in their struggles to reconcile social and personal boundaries in interpersonal contexts. For example, many women talked about alcohol's ability to turn off their internal voice that would have told them to be safer or how alcohol limited their ability to think about the potential risks of a situation, focusing instead on the immediate motivating factors, which is consistent with alcohol myopia theory's predictions. Jessica (25, White, Straight) told a very articulate story of this effect, when answering the question about alcohol's effects on sexual risk:

Probably. ...in the past, I have had unprotected sex because I was drunk.

[Interviewer prompts for a specific story] Umm, I was in Puerto Rico and I met some guy and he came back to my motel room and we were drinking in the hotel room and we ended up having sex and I just didn't think to say anything. It just wasn't what was in my mind. But I think that if I had been sober, I probably wouldn't have had unprotected sex with some guy. [ Interviewer: So you think it was the alcohol that kind of?] That led to the unprotected sex, not to the sex itself.

[I: Okay, so you think the sex stuff would have happened anyway but being unprotected was caused by the alcohol?] Yeah, I'd like to assure you that it is, because I'm much more likely to think of something like that. We were in my hotel room and I didn't have any condoms and I didn't know that he had condoms on him so it just really didn't come to my mind, but I probably didn't want to bring it up either because I was afraid that he didn't have any and then we wouldn't have had sex and I really wanted to have sex so.

Lexie (26, White, Lesbian), in identifying alcohol's role in past risky sexual activities, distinguishes between her sober voice and her drunk voice: "I think I would definitely

wake up and be like, ‘okay, starting now, I am going to be smart.’ You know that sober voice that’s like, ‘you’re not going to do that again.’ And then you get drunk and that voice goes away.”

Conversely (and more in terms of personal risks women identified), many women talked about alcohol’s role in removing their control over their behavior and silencing their internal voice or ability to refuse sexual advances (in these situations, it seemed that external motivating factors, such as the partner, were the most immediate concern, rather than inhibiting factors, such as their lack of desire, which is still consistent with alcohol myopia theory). For example, in response to the question of whether alcohol caused sexual risk behaviors, Catherine (28, White, Bisexual) described a story of unwanted consensual sex in her response: “Well, I’m actually thinking about the time—a time that I had sex with somebody that I didn’t want to have sex with but I did it anyway because I was drunk. I think that’s risky. We were safe—we used protection and stuff.” In another story, Paige (29, White, Straight) told another interesting story of a time when she experienced a discrepancy between her internal desires and her behavior:

When I’m drunk...I don’t drive, um, the situation. I sometimes lose control of things. Like there was one night I went home with this guy that I was seeing and we ended up having sex for, like, three hours. And the whole time, I was like, “Yea! Yea! This is great!,” thinking to myself, “Jesus, just hurry up and finish already.” But I let it go on and on and on. I never would have let that happen if I was sober.

Their stories also highlighted their need for constant vigilance and situations in which they lacked the power to influence their safer sex practices. For example, Michelle

(23, White, Lesbian) told a story about a previous partner that demonstrated the situational nature of relational power:

Well, when I was conscious yes, like I insisted on it [using protection]. But there were—actually this started to be a huge problem where I would be passed out from drinking or doing drugs and I would wake up and he would be having sex with me without a condom, which—I just was really, really scared of STD's—I really hate them, or the idea of them, or getting pregnant, like aren't on my list of things to do. So, so when I was like in any way, shape, or form able to say we need to have protection, but not able to when unconscious, so. [I: Did you talk to him at all about that at any point?] Yeah, but he was so easy going that he would be like, "Oh, I'm sorry, blah, blah, blah, like next time, all right." And I just let it slide because I didn't feel that our relationship was that serious and so it's almost harder to argue with someone when you're not—when you don't really feel like you have the—like, you can't play the card of, like, "Well, I'll break up with you." We're sort of not really together so. I mean I definitely let it go more than I should have, but yeah.

Similarly, Lauren (19, White, Bisexual) said:

Once I had unprotected sex because I was ridiculously stoned and drunk. Umm and just kind of, like, had sex with this guy, my friend whom I sleep with occasionally. First time we ever had sex, we were, like, really, really fucked up. We had sex and didn't even think about it. Five minutes into it, I kind of thought, like, "Wait—didn't we skip a step?" But I didn't feel comfortable enough to bring

it up. And then, like, I told him the next morning, like, “I fucking hate you! Don’t ever do that to me again!”

To demonstrate her need for constant vigilance, Hilary (21, Latina/Mixed, Straight) talked about how her casual partner often pushed for unprotected sex: “He was always about not using, you know, and I was like, ‘no you’re going to use it.’ But when I was drunk—whatever.”

### Sexual Experience

Finally, once in a sexual situation, women reported that alcohol consumption changed their physical experience, often negatively, by impairing the ability to achieve orgasm, generally leading to physical and emotional desensitization, and making sex “sloppy.” Again, there were a variety of factors that moderated these relationships, as I will discuss in more detail below. Specifically, women who cited sex as “sloppy” tended to be lower in both sexual esteem and sexual satisfaction. Additionally, there was some distinction based on sexual orientation in the importance of and meaning associated with having an orgasm, such that a few of the lesbian identified women viewed having an orgasm as less central to the experience, secondary to pleasing their partners or having an intimate experience.

Several women reported that alcohol impaired their ability to achieve orgasm and numbed their bodies such that the physical sensations of sexual activity were less intense or pleasurable. In talking about decreased sensitivity, Hannah (25, White, Lesbian) said:

Much less sensitivity. Yeah, I mean like—that I’m actually asking for it to be harder. I mean it’s hard for me to—because the first time that I had sex with a guy, I distinctly remember how much it hurt. And the second time ... It really,

really, really hurt. So but with this person in January, it didn't, just because I was fucking gone and I was like, "Do it." It relaxes my muscles, I guess.

Some women reported that alcohol-induced nausea interfered with sexual activity. For example, Bethany (23, Latina/Mixed, Straight) said:

I was feeling sick at one point but I didn't want to tell him because I didn't want to embarrass him. That sucks ... because I don't want to come up to that point where I just throw up on someone. That I actually have done so that's not good. ... If I'm feeling kind of sick and nauseous, I can't concentrate. I can't have a good time.

In light of this physical desensitization, many women also reported that alcohol impaired their ability to achieve orgasm, either preventing it altogether or extending the amount of time or work necessary to achieve orgasm. For example, Cindy (27, White, Bisexual) said, in response to a question about how alcohol affects the sexual experience:

I feel like probably the only difference is that, and this doesn't happen all the time but it definitely happens more, so you know, like if I am drinking is that, you know, I won't have an orgasm. I can't, you know, but it doesn't happen all the time, but, um, I feel like sometimes it can be harder when I'm drunk. I've heard that from other girls before too. That's probably the only difference. But I can still have a good time and it's, like, fine and whatever, and it'll feel good, but, you know, it won't get to that point.

Conversely, though, a few women reported that alcohol (especially if in small amounts only) helped them to relax and enjoy the sexual experience more than they would have if

they were sober. For example, Brittney (26, White, Lesbian) said, “It could make you cum easier because you’re so, you’re relaxed. It’s not like you’re tense or anything.”

One of the most significant physical/behavioral effects women reported was that alcohol made sexual activity “sloppy,” which women articulated in interesting ways. Carla (28, White, Straight) described sloppy in the following way, reflecting the scripting of sexual behavior in her relationship:

I mean my role when we have sex, I mean his role too, you know, is to be sexy. But I think I turn him on because I have certain control over myself and it’s hot to him for me to kind of—either I am being aggressive or I am letting him be aggressive—either one it takes, kind of it takes some thought to do. And when you’re under the influence of alcohol, especially when you’ve had a lot of it, these thoughts just go out the window. So it’s like sloppy in the sense that it’s not like, you know, “Oh baby,” it’s like, “Ouh Baba,” you know. It just like, it changes it. It makes it almost trashy, kind of. I don’t want to label it that, but it’s just sloppy, you know.

Lauren (19, White, Bisexual) described sloppy in a similar, but slightly different way:

Sloppy is like, like, you just don’t care, you know? Like, there’s not even—finesse is not important. Things are happening fast and you know, it’s really about just, like, like penetration. That’s like what’s happening and you don’t care about, like, whether the position you’re in makes you look ridiculous or whether your ass is six feet up in the air or like what is going on. You just don’t give a shit. Often you get bruises. You bump into things and um, I don’t know, sloppy is just kind

of like, you don't, I just don't care. I just want to have sex. I just want to get fucked.

In general, most women reported that sloppy indicated clumsiness and lack of skill in terms of sexual activity.

Many women reflected on these physical effects by juxtaposing this with increased desire (and recognizing the irony of this juxtaposition). For example, Maria (27, Latina, Straight) said:

Interestingly enough, even though I have that desire, and that desire is heightened when I'm drunk, it [alcohol] just desensitizes me a little bit in terms of sexual intercourse. I feel like, you know, I'm just not getting off. ... It does make me want sex. That's the funny thing about it, it's just, when I'm, you know, when I get drunk, it's like, "Oh, I'd love to have sex right now, that'd be great!" So I do want that, I do have that desire. But then when it comes to actually having the sex, it's like, "Oh wow, I would feel a lot more if I were sober."

#### Comparing Recent Sober and Alcohol Stories

Because women reported that alcohol changed their sexual behaviors and experiences, I quantified the information they reported in the semi-structured interviews of their most recent stories of engaging in sober sex and sex after drinking alcohol (we defined sex broadly as any activity with another person that could potentially lead to orgasm). Of the 121 women with qualitative data, 96 women told stories of sexual activity after drinking alcohol and 107 women told stories of sexual activity that occurred while sober. Those stories ranged in partner type as well as in the type and nature of behavior (See Table three for story descriptives). When comparing the two stories, a few

notable differences emerged. First, the stories of sexual activity after drinking alcohol were more likely to be with first-time partners and less likely to be with main partners than the sober sex stories (though this could not be statistically tested because of small cell sizes, which violates the assumptions associated with chi-square tests). Casual partners were equally as likely in each story, though casual partner is a category that is varied in the nature of the partner (ranging from acquaintances with whom they are sexually active to ex-boyfriends or ex-girlfriends). As discussed in more detail below, partner type in the most recent sexual experiences varied according to race and ethnicity and the women reporting each partner type also varied some according to sexual anxiety, sexual compulsivity, and sexual satisfaction, with interesting interactions between alcohol and these factors. Partner gender did not vary according to story in chi-square analyses, with about three quarters of each of the stories involving male partners, though first-time partners in either story were more likely to be male than female. Utilizing chi-square analyses, there were no differences in vaginal or anal sex between the stories. However, of the women for whom these behaviors were documented (it was sometimes unclear from the narratives whether or not the behaviors occurred), women were almost twice as likely (OR = 1.75) to have received oral sex while sober than while drunk (71% vs. 58.2%). As I discuss in more detail below, there were a variety of factors that played a role in whether or not women received oral sex after they had been drinking, including race and ethnicity, age, sexual orientation, partner type, and sexual sensation seeking. In chi-square analyses, there was no difference in whether or not women performed oral sex.

In terms of risk behaviors, when condom use was documented (when women reported whether or not a condom was used), women's male partners were more than twice as likely (OR = 2.27) to have used a condom during their most recent sexual intercourse after drinking alcohol than their most recent sober intercourse (54.8% vs. 34.8%). However, because several women reported being in relationships wherein sexual risk had been negotiated (i.e., both partners had been tested for STIs and HIV and the woman was on another reliable form of contraception), I rated each story as either risky or not risky. Stories rated as not risky were stories wherein the couple used a condom the entire time or when a condom was not used but the woman reported being on another form of contraception and that both partners had been tested for HIV and STIs. Risky stories were those in which condoms were not used and women either reported no other form of risk negotiation or when their precautions were less than ideal (i.e., several women reported using the withdrawal method for pregnancy prevention). When looking at overall risk, beyond simple yes/no condom use (and again, including only those for whom overall risk is known), the sober stories were still almost twice as likely (OR = 1.79) to involve some sort of HIV/STI/Pregnancy risk than the most recent stories of sexual intercourse after drinking alcohol (34.2% vs. 22.5%), though this was only marginally significant. Again, as I will discuss below, these effects are likely related to partner type and, when looking strictly at condom use (and not overall risk), these effects were related to sexual sensation seeking, sexual orientation, and sexual satisfaction, further highlighting the role of individual and contextual factors in the relationship between alcohol and risky sexual behavior.

Finally, because women reported alcohol's effects on their ability to achieve orgasm, I rated their reports of experiencing orgasm in each of the stories. Of the women who reported whether or not they had an orgasm, women were significantly more likely to report having an orgasm in the sober stories than in the alcohol stories (67.1% vs. 45.2%, OR = 1.48), which mirrors the qualitative finding wherein women reported that alcohol impaired their ability to achieve orgasm. As I will discuss below, though, women of color and lesbians were both less likely to report having orgasms in either of their most recent sexual experiences.

### Moderating Factors

Because of the differences in partner type and in risk/protective behaviors according to the story and because of women's own reports about the various factors that influence the relationship between alcohol and sexuality, it is important to examine the moderators of this relationship. Qualitatively, women identified two major factors that influenced their personal experiences of the combination of alcohol and sexual activity—the amount of alcohol they drank and its effects (dose) and the nature of the relationship (typically main partner vs. first-time or unfamiliar casual partner). Because of the quantification of the qualitative data and the inclusion of other quantitative data, I was also able to examine the role of these and other factors involved in the relationship between alcohol and sexual behaviors and experiences. I have organized this section into sub-sections based on the factors: Contextual factors, Demographic Factors, and Individual Difference factors.

Contextual Factors. Women noted two primary contextual factors that influenced the relationship between alcohol and sexuality: the nature of the relationship (relationship status) and the amount of alcohol they drank (dose).

As for relationship factors, women typically reported that alcohol had more of an effect on their sexual behaviors when they were not in a relationship. For example, Lindsey (28, White, Straight) said, “For me, it depends on if I’m sober and in a relationship. That’s like, you can’t beat that. Then when you’re sober and it’s a one-night stand, it’s okay. But when it’s alcohol and it’s a one-night stand, it’s great.” Similarly, Rose (23, Latina, Lesbian) said:

I’ve noticed with, just with alcohol—I think, I don’t know, I think it loosens you up a little bit and it lowers your inhibitions a little bit, and I think, especially when you’re having sex with somebody for the first time, it’s good to be in that kind of situation where you’re not so worried and you’re not so uptight and you just kind of let loose and let yourself go and figure out what exactly is going to work for them and what’s going to work for you. I think alcohol is actually a good way to go about that. And, you know, everybody is a little easier, a little less on edge and I think that is a good thing, just in general, too. Yeah, it’s much easier I think to take control or to bottom out or to do whatever it is that you feel like, that’s what you’re feeling like at that moment. And I think, yeah, I think with alcohol I think it’s easier to allow yourself to do that. Cause I think that, and this is speaking out of a relationship context, cause if you’re in a relationship with somebody and you need to be drunk to have sex that’s a whole different level of like, you know, you need to drink, like, that’s like, well okay. But if you meet

somebody and you're drinking anyways, that's what brought you together is the fact that both of you guys were like, "Hey, what's going on? How are you doing?" You know, so that's—but when it comes to being in a relationship with someone you really care about or something like that, then, yeah, I don't see why you'd need any type of drugs or alcohol or anything like that at all. But those are two different things, I think.

Because of this noted distinction in relationship difference and because of the differences in partner type according to story (noted above), I examined the mediating role of partner type in the relationship between alcohol and sexual behavior (see table 4 for these analyses). When looking at partner gender (using chi-square analyses), there was a significant distinction in the alcohol stories, with first time partners being more likely to be male. Though this pattern also emerged in the sober stories, small cell sizes prevented statistical analyses. Additionally, in the alcohol stories women were significantly less likely to both give and receive oral sex with first time partners when compared to casual and main partners. In chi-square analyses, women were also less likely to experience orgasm with first time partners than with either main or casual partners. Again, small cell sizes in the sober stories prevented these statistical comparisons, though similar patterns emerged.

Because of the finding that condom use was higher and risk lower in alcohol stories, I wanted to see if those effects were a reflection of the distinctions in partner type between the stories (alcohol stories were more likely to be about first time partners and less likely to be about main partners). I ran the condom use and risk analyses separately for only the women with the same main partner in both stories to see if this difference

still emerged. Unfortunately, the data violated cell size assumptions, thus making chi-square tests unacceptable. In just looking at condom use with new partners, the cell sizes were also too small (only two women had new partners while sober and, of those who had new partners while drinking, only one of those women reported not using a condom). So, while I suspect that partner type is, in part driving the distinction found between condom use and risk between the recent alcohol and sober stories, data limitations prevented statistical confirmation of this suspicion. Again, see table four for a breakdown of sexual behaviors according to partner type.

In terms of dose, women typically qualified many of their statements about alcohol's effects on the ability to orgasm, on releasing inhibitions, on facilitating sex, and on making sex sloppy by saying that these effects were contingent on how much alcohol they had consumed. Specifically, women reported that higher doses of alcohol (typically defined as having enough to be drunk or "drunk drunk", as some women called it) were more likely to make the sex sloppy and impair the ability to orgasm and more likely to lead to decreased inhibitions, compared to situations in which lower doses of alcohol were consumed (typically described as having only a couple of drinks or as being "buzzed" or "tipsy"). However, in some cases, higher doses of alcohol actually pre-empted sexual activity altogether because women reported that they sometimes passed out, got sick, or were just too lazy to engage in sexual activity. For example, in response to a question about how alcohol affects sex, Allison said, "It depends on how much you had to drink. Sometimes it can be really, um, it's fun. I guess in a way, it kinda ddheightens the sexual experience, but if you have too much to drink, it can definitely be very sloppy." Similarly, Rose (23, Latina, Lesbian) said:

I like to be a little—I don't like to be wasted drunk because I like to pay attention to what's going on and I like to really enjoy what's going on. So, you know, if I'm like sloppy drunk, I don't really enjoy it that much cause it's just like, I don't even know what there is to enjoy at the time. It's like, things are sloppy and I'm like, "Gross." And like, seriously, sex with, you have a couple of glasses of wine, you know, like three or four glasses of wine, we'll say. You're just like, you're feeling really good and then you just get really into it and you concentrate a lot more on different aspects of the body and different aspects of what's making you feel good and what's making them feel good at the same time.

In light of these reports of behavioral and experiential distinctions that were contingent on dose, I examined the role of dose in the quantified data from the most recent stories of sexual activity after drinking alcohol (see table five for these descriptives). However, because the specific amount of alcohol consumption was talked about or asked for in so few of the narratives (only 20 people talked about how much they drank), chi-squares to compare condom use, overall risk, partner type, or experiences of orgasm according to dose were inconclusive (since the data violated the assumption that there would be at least five counts in each cell). See table five for a breakdown of these comparisons.

Demographic Factors. In light of meta-analyses that suggest age differences in this relationship as well as a lack of literature surrounding race and ethnicity and sexual orientation, I examined the moderating role of each of these factors in the relationships noted. In conducting all of the analyses to examine demographic distinctions, I utilized conceptually clustered matrices (Miles & Huberman, 1994) to examine qualitative

differences between the groups and chi-square analyses to examine quantitative differences between the groups. In addition to examining the moderating role of each of these factors, I conducted demographic comparisons according to psychosexual variables and AUDIT scores. When significant and/or notable, these differences are discussed below. See table six for a breakdown of these demographic differences in psychosexual variables and AUDIT scores.

In light of literature that found age differences in the relationship between alcohol and sexual behavior (Leigh, 2002), I examined age differences in the relationships and themes noted using t-tests or ANOVAS (or conceptually clustered matrices for qualitative data). In terms of sexual behaviors after drinking alcohol, the only difference was that, in t-test analyses, women who received oral sex after drinking were significantly older than the women who did not receive oral sex after drinking. There were no age differences in reported sexual behaviors in the sober stories. When comparing people who reported risky behavior after drinking alcohol vs. those who did not, the average age of individuals who reported risky behavior was not significantly different from those who did not report risky behavior (in either condom use or overall risk in their most recent occasions of these behaviors). Similarly in the sober stories, the average age of individuals who reported risky behavior was not significantly different from those who did not report risky behavior (in either condom use or overall risk in their most recent occasions of these behaviors). The average age of women who reported having an orgasm did not significantly differ from the average age of women who reported not having an orgasm (in either recent alcohol or recent sober stories). There was also no significant difference in average age of the women according to type of

partner in either recent story type. See table seven for all of the comparisons based on age.

I also examined the qualitative coding of risk behavior according to age, though in these comparisons, I utilized categorical age variables, wherein I grouped individuals 18-24 and those 25-29, per the literature on emerging adulthood that indicates a distinction in these age groups (Arnett, 2004). When looking at whether or not women said that alcohol had ever been associated with risk behaviors in chi-square analyses, there was no significant difference in the proportions of women in each categorical age group who reported that alcohol had ever been associated with sexual risk behaviors vs. those who reported that alcohol had never been associated with sexual risk behaviors. When looking at age as a continuous variable in t-tests, the average age of women who reported that alcohol had ever been associated with sexual risk behaviors did not significantly differ from women who reported that alcohol had never been associated with sexual risk behavior (again, see table seven). When conducting age-based comparisons of the other themes (with age as a categorical variable and utilizing conceptually clustered matrices), the only difference I noted was in the way that the older women talked about events or behaviors they regretted. The older women tended to talk about these events as turning points in their lives in terms of sexual behaviors or as incidents that they had learned from (as noted above), whereas the younger women did not articulate these regrettable events in such a manner. When looking at the relationship between the psychosexual variables and AUDIT scores, women in the older group scored significantly higher on sexual sensation seeking and, when looking at age continuously, there was a positive correlation between age and sensation seeking, though this was only marginally

significant. Also, younger women scored significantly higher on the AUDIT (though this was marginally significant) and there was a significant negative correlation between age and AUDIT scores (again, see table six). There were no other distinctions or relationships based on age.

Because of very little literature that addresses the role of race and ethnicity in this relationship, I conducted analyses based on self-reported race and ethnicity. Women of color were significantly more likely to report that the partners in their alcohol stories were casual, rather than main (Main Partner: 36.4% for white women and 16.7% for women of color; Casual Partner: 37.9% for white women and 53.3% for women of color), though this distinction was not significant in the sober stories. There were no differences in partner gender between white women and women of color in either of the stories. When comparing sexual behaviors reported in the alcohol stories according to race and ethnicity using chi-square analyses, the only difference was that the white women were significantly more likely to receive oral sex after drinking alcohol than the women of color. There were no race or ethnicity differences in the sexual behaviors reported in the sober stories. When comparing women of color with white women in chi-square analyses, there were no differences in actual risk behaviors in the alcohol and sober stories. However, when looking at the qualitative coding, white women were significantly more likely to report that alcohol had ever played a role in sexual risk behaviors (80% vs. 56.5%), though the kinds of risk the women in each group discussed did not seem to differ. Using chi-square analyses to compare experiences of orgasm, the women of color were less likely to report having an orgasm than the white women in the sober stories, with a similar but non-significant pattern emerging in the alcohol stories.

Thus, while both white women and women of color were less likely to report having an orgasm during sexual activity after drinking, this proportion changes more for the white women than the women of color. See table eight for these analyses. When looking at the thematic coding, there did not seem to be any notable differences in the ways in which women discussed the themes, although the general inhibition theme did seem to be more prominent among the white women than the women of color. When comparing women of color with white women on the psychosexual variables and AUDIT scores, there were no significant differences in any of these factors (see table six).

Because of a dearth of literature that examines this relationship among non-heterosexually identified women, I also examined differences according to sexual orientation. I compared sexual behaviors between the groups and also experiences of orgasm within each of the stories (chi-squares to examine the proportion of women in each group reporting each behavior) and found a few significant differences in these comparisons. The straight women were significantly less likely to give oral sex while sober than were the bisexual or lesbian women (51.43% vs. 73.91% and 72.22%, respectively). The bisexual women were most likely to receive oral sex both when sober and after drinking, though these patterns were not tested because of cell sizes that violated the assumptions of chi-square analyses. Additionally, in the alcohol stories, the bisexual women were significantly more likely to report having an orgasm than the straight or lesbian women (63.16% vs. 43.48% and 30%, respectively), with the lesbian women being the least likely to report having an orgasm. Similarly, in the sober stories, the lesbian women were also significantly less likely to report having an orgasm, though the straight and bisexual women did not differ (55.56% vs. 70.27% and 71.43%,

respectively). Using chi-square analyses to compare sexual risk behaviors according to sexual orientation, bisexual women were more likely to report using a condom than were the straight women (though both of the lesbian women for whom condom use was known reported using a condom, this small cell size prevented statistical comparisons). I also examined the qualitative coding I conducted in NVIVO and found that, when examining the coding for sexual risk behaviors, heterosexual and bisexual women were both significantly more likely than lesbian women to report that alcohol had ever affected their sexual risk behaviors, 76.47% and 73.68% vs. 58.82%, respectively. See table nine for these analyses.

I also conducted thematic comparisons (for all other themes) based on sexual orientation. One distinction based on sexual orientation, already noted above, was that, when talking about atypical partners and the regret sometimes associated with that, the lesbian identified women were more likely to report that engaging in sexual activity with men was atypical and regrettable for them. Another distinction was that lesbian identified women sometimes talked about orgasms in distinct ways, downplaying their importance in the overall sexual experience, with their own orgasms sometimes being secondary to those of their partners or to the intimacy involved in the experience. Otherwise, no other differences were noted.

When comparing women's scores on the psychosexual variables and the AUDIT scores according to sexual orientation, there were a few notable differences. Using ANOVAS with bonferroni post-hoc tests, lesbian women scored significantly higher than straight women on sexual compulsivity, though there were no differences in sexual sensation seeking, sexual anxiety, sexual satisfaction, or sexual esteem according to

sexual orientation. Lesbian women also scored significantly higher than straight and bisexual women on the AUDIT. See table six for these analyses and the descriptives associated with these scales.

Individual Difference Factors. Because of a dearth of literature that specifically examines sexuality-related factors in the relationship between alcohol and sexuality (though much research that hints at or suggests that these factors play a role), I examined sexual sensation seeking, sexual anxiety, sexual compulsivity, sexual esteem, and sexual satisfaction as potential moderators of the relationships noted between alcohol and sexuality. Additionally, I examined the potentially moderating role of AUDIT scores and frequency of alcohol consumption. For all of these analyses, see table ten. These variables are also related to each other, with significant positive correlations between sexual satisfaction and sexual esteem, sexual satisfaction and sexual sensation seeking, sexual compulsivity and sexual sensation seeking, sexual compulsivity and AUDIT scores, and significant negative correlations between sexual anxiety and sexual satisfaction, and sexual anxiety and sexual esteem (see Table 11). As discussed above, I also examined the relationship between these variables and demographic factors, including race and ethnicity, age, and sexual orientation and these differences are noted again below.

For sensation seeking, the variable most often examined in conjunction with the relationship between alcohol and sexuality, I first conducted quantitative analyses (t-tests) to find out if women's scores differed based on their most recent sexual behaviors after drinking alcohol. Behaviorally, the women who reported both performing and receiving oral sex after drinking scored significantly higher on sexual sensation seeking

than women who reported not engaging in oral sex after drinking. This same pattern emerged, though the differences were not significant, in the sober stories. When comparing condom use, the women in the alcohol stories who did not use condoms scored significantly higher on the sexual sensation seeking scale than those who did use condoms after drinking in their most recent experiences, though this difference was only marginally significant. In the sober stories, this difference was not significant and was, in fact, in the opposite direction, with women who had used condoms in their most recent experiences having higher sexual sensation seeking scores than those who had not. However, when comparing overall risk in the most recent story of sexual activity after drinking alcohol, there was no significant difference in sexual sensation seeking scores between individuals who had engaged in risk behaviors after drinking and those who had not (scores were slightly higher for those who were risky than those who were not in both stories). Similarly, when comparing women who reported in their qualitative narratives that alcohol had, at some point in their lives, been associated with sexual risk behaviors with women who reported that alcohol had never been associated with sexual risk behaviors, there were no differences in mean sexual sensation seeking scores. See table ten for all of these analyses and associated descriptives.

I then split the women into high and low groups based on sexual sensation seeking scores such that there were roughly equal groups (Scores of 0-24 were considered low [n = 31, 58.5%] and scores above 25 were considered high [n = 22, 41.5%]). When examining the qualitatively coded risk variables in this fashion, there was a significant difference in the coding for sexual risk based on sexual sensation seeking scores (High vs. Low), but not in the expected direction. Individuals scoring in the lower

range of the sexual sensation seeking scale were actually more likely to report that alcohol had influenced their sexual risk behaviors at some point in their lives than individuals who scored in the higher range on the sexual sensation seeking scale (58.8% vs. 41.2%,  $\chi^2 = 4.50$ ,  $p = .034$ ). When comparing the actual text coded between these two groups (the high and low groups who reported sexual risk), it seems that the social/relational/personal risk theme was more prominent among those lower in sexual sensation seeking. When comparing the two groups on the rest of the themes, there were no qualitative differences in the themes or the way women discussed each of the themes. Again, though, older women tended to score higher on sexual sensation seeking than the younger women.

For sexual anxiety, I again first conducted quantitative analyses to find out if women's scores differed based on their most recent sexual behaviors after drinking alcohol. In terms of partner type, women whose alcohol stories were stories of sexual activity with a first-time partner scored significantly higher on sexual anxiety than women whose partners were main partners or casual partners, though this was only marginally significant. Though not significant, this same pattern emerged in the sober stories. No other sexual behavior differences emerged on sexual anxiety in either the sober or the alcohol stories. When comparing overall risk in the most recent story of sexual activity after drinking alcohol, there was no difference in sexual anxiety scores between individuals who had engaged in risk behaviors after drinking and those who had not. However, the women who reported risky behavior in their most recent sober sexual experiences scored significantly higher on sexual anxiety than those who were not risky in their most recent sober sexual experiences (though this was marginally significant).

When comparing women who reported that alcohol had, at some point in their lives, been associated with sexual risk behaviors with women who reported that alcohol had never been associated with sexual risk behaviors, there were no differences in mean sexual anxiety scores. See table ten for all of these analyses and associated descriptives.

I then split the women into two groups such that there were roughly equal groups (Low Scores: 4-7 [n = 27, 45%], High scores: 8-19 [n = 33, 55%]). There was no significant difference in reported effects of alcohol on risk based on sexual anxiety group. When examining their risk narratives, I did not see any notable differences when reviewing the coding by group. Again, I compared the thematic coding by group. The women in the high sexual anxiety group seemed to talk more (and more articulately) about the ways in which alcohol gave them the freedom to express desires that they already had but would not typically express when they were sober. While the women said similar things about the role of alcohol in atypical sexual partner choices, this theme also seemed to be more prominent among the women high in sexual anxiety. More of the women higher in sexual anxiety also talked about the patterned nature of alcohol and sex in their lives, identifying alcohol as a significant factor in their sexual behavior and having somewhat more difficulty identifying and remembering recent sober sexual experiences (discussed in more detail below).

For sexual compulsivity, I again first conducted quantitative analyses to find out if women's scores differed based on their most recent sexual behaviors after drinking alcohol. Women who reported first-time partners in their most recent sexual experiences while sober scored significantly higher on sexual compulsivity than women whose partners were main or casual during their most recent sober sexual experiences (though

there were only 2 women who had first-time partners while sober). Behaviorally, the women who had performed and received oral sex in their most recent sexual experiences after drinking scored significantly higher on sexual compulsivity than the women who reported not engaging in oral sex in their most recent sexual experiences after drinking. A similar pattern emerged for receiving oral sex in the most recent sober sexual experiences, though was not significant. When comparing overall risk in the most recent story of sexual activity after drinking alcohol, there was no difference in sexual compulsivity scores between individuals who had engaged in risk behaviors after drinking and those who had not. When comparing women who reported, in their qualitative interviews, that alcohol had, at some point in their lives, been associated with sexual risk behaviors with women who reported that alcohol had never been associated with sexual risk behaviors, the women who reported that alcohol had ever been associated with sexual risk scored significantly higher on sexual compulsivity than women who reported that alcohol had never been associated with sexual risk (again, this difference was only marginally significant). See table ten for all of these analyses and associated descriptives.

I then split the groups into low and high groups, with women whose scores were at or above the 80<sup>th</sup> percentile in the high group (20 and over,  $n = 15$ , 25.4%) and women whose scores were below that in the low group (10-19,  $n = 44$ , 74.6%), which is the way that Kalichman has utilized this scale (Kalichman et al., 1994; Kalichman & Cain, 2004). Because only two women who were high in sexual compulsivity reported that they had not been risky, I was unable to perform chi-square analyses to compare these groups (as cell sizes violated assumptions), though I did not see any notable qualitative differences

when reviewing the coding at the intersection of risk and sexual compulsivity. Then, I again compared thematic coding based on sexual compulsivity group and found no notable differences in the themes or the ways in which women discussed these themes. Again, the only demographic difference in sexual compulsivity was that lesbian women scored significantly higher than straight women (though this was only marginally significant).

For sexual esteem, I again first conducted quantitative analyses (either t-tests or ANOVAS) to find out if women's scores differed based on their most recent sexual behaviors after drinking alcohol. There were no differences in sexual esteem based on sexual behaviors in either of the stories. When comparing overall risk in the most recent story of sexual activity after drinking alcohol, there was no difference in sexual esteem scores between individuals who had engaged in risk behaviors after drinking and those who had not. Similarly, when comparing women who reported that alcohol had, at some point in their lives, been associated with sexual risk behaviors with women who reported that alcohol had never been associated with sexual risk behaviors, there were no differences in mean sexual esteem scores.

I then split the scale into a high and low group based on the distribution (Low group: 0-17 [n = 33, 55%], High group: 18-24 [n = 27, 45%]). When looking at qualitatively coded risk according to these groups, there was no significant difference between the groups in whether or not they reported that alcohol had ever been associated with sexual risk. When comparing these groups qualitatively, there was no difference in the types of risks they discussed or the ways in which they discussed sexual risks. Again, I compared the thematic coding according to sexual esteem group. It seemed that

reporting reduced inhibitions, increased “sloppiness,” and atypical partner choices was more prominent among those women lower in sexual esteem. Within the sloppy and inhibitions themes, a few women in the lower esteem group cited the reduction of body image concerns as a specific (and positive) effect of alcohol, whereas none of the women in the higher sexual esteem group discussed body image. Within the lower sexual esteem group, the women generally discussed atypical partner choices in a more negative light than did the women in the higher sexual esteem group.

For sexual satisfaction, I first conducted quantitative analyses to find out if women’s scores differed based on their most recent sexual behaviors after drinking alcohol. When comparing overall risk in the most recent story of sexual activity after drinking alcohol, there was no difference in sexual satisfaction scores. When looking at condom use at most recent sexual intercourse after drinking alcohol, women whose partners did not use a condom were significantly more satisfied overall with their sex lives (17.53 vs. 13.95). However, this is (again), likely an artifact of partner type. When comparing sexual satisfaction overall for women whose most recent stories involved main partners with women who had either casual or first-time partners, sexual satisfaction was significantly higher for those women with main partners. Since, as I noted above, women were more likely to be using condoms with first-time or casual partners and less likely to be using condoms with main partners, it stands to reason that the sexual satisfaction effects noted are related to partner type and not necessarily to condom use (though not having to use a condom may also be part of the overall sexual satisfaction). See table ten for all of these analyses and associated descriptives. When looking at the qualitative coding regarding alcohol’s effects on sexual risk behaviors,

there were no differences in mean scores on any of the above variables between the women who reported that alcohol had caused risky behavior and the women who did not report that alcohol had caused sexual risk behavior.

I then split the women into high and low groups based on the distribution (Low group: 8-16 [n = 30, 50.8%], High group: 17-24 [n = 29, 49.2%]). When looking at qualitatively coded risk according to these groups, there was no significant difference between the groups in whether or not they reported that alcohol had ever been associated with sexual risk. When comparing these groups qualitatively, I saw no differences in the nature of risk discussed or the ways in which women discussed risk. Again, I compared the thematic coding according to sexual satisfaction group and found that the themes wherein women discussed sloppiness, atypical sexual partners, and the patterned nature of the relationship between alcohol and sex were more prominent among the women who were lower in sexual satisfaction, though the nature of their narratives within these themes did not seem to be qualitatively different from the narratives within these themes of the women in the higher sexual satisfaction group.

When looking at AUDIT scores, examinations were prevented by the lack of variability. Clinical recommendations for assessing problem drinking suggest that a score of 8 or above on the AUDIT indicate possible problem drinking (Saunders, Aasland, Bebor, De La Fuente, & Grant, 1993); for the 60 women in the qualitatively analyzed group, only 9 of them fell below the cutoff score, which prevented group comparisons on any of the qualitatively coded data (the average AUDIT score for the full sample was 12.89 ( $SD = 6.67$  and only 27 of the 102 women who completed the AUDIT fell below the cutoff score). When looking at the quantified sexual behavior data and AUDIT scores

as a continuous variable, there were no differences in total AUDIT scores based on condom use or overall risk behaviors in the most recent stories of sexual activity after drinking alcohol. In both of the stories, there was a significant difference in AUDIT score based on partner gender, with women whose partners were women scoring significantly higher on the AUDIT than women whose partners were men, which replicates the distinction in AUDIT scores based on sexual identity (lesbian women scored significantly higher on the AUDIT than straight or bisexual women). There was also no significant difference in AUDIT scores based on whether or not women reported alcohol's relationship to risk in the qualitative data. Because of the disproportionate numbers of women scoring above and below the AUDIT cutoff score, I did not conduct thematic comparisons between the two groups.

## Chapter 5:

### Complex Reflections About the Relationship Between Alcohol and Sexuality

As women told stories of their sexual experiences after drinking alcohol and alcohol's effects more generally, they reflected back on these stories and effects in complex ways. In telling these stories, women often began to realize and articulate the patterns of alcohol consumption and sexual behavior in their lives. Reflecting the critical role of partner type (discussed above), women who were not in stable relationships had to think back some time to find a sober sex story. For example, Angela (26, Latina, Bisexual), in trying to think of a sober sex story, said:

Maybe two weeks ago. But the only reason why I was sober was 'cause it was the day after a long night of drinking. Do you know what I mean? But definitely, like, the way, definitely recently the way my sexual activity starts is through a lot of drinking.

Women also recognized the patterns and relationship between alcohol and risky sex and women who were higher in sexual anxiety and lower in sexual satisfaction tended to discuss these patterns more often than women lower in sexual anxiety and higher in sexual satisfaction. For example, Connie (21, White, Bisexual) said, "I mean, it's the story of my life. I always, whenever I cheat, I'm drunk and there's no condom. So it does absolutely affect the risk." Women typically placed blame for their risky behaviors almost squarely on alcohol.

Women sometimes expressed regret, mostly about atypical behaviors or partners or behaviors that they later perceived as risky, though some women (especially the older women) turned this regret around to better understand (and in some cases modify) their

own sexual desires and boundaries. These stories also illustrated women's ambivalence surrounding sexual behavior and their subsequent attempts to rectify their behavior with their internal ideas of themselves as sexual beings. For example, Maria (27, Straight, Latina), in describing a casual sexual experience with a first-time partner, said:

And I was fine with it, but it almost—it felt, kind of felt like—not to sound crude, cause, you know, this isn't the way I like to think about sex, but, it sort of felt like that notch in the belt wasn't worth it. You know what I mean? It was not this incredible experience and it wasn't with, like this incredible guy. And you know, not that I'm expecting this, like, fucking rose petals and candles, but you know, it was just one of those things where it was like, "Wow, I was really drunk. Wow, it was really fast." And that was really, that was just forgettable. A forgettable experience. I wish I hadn't—I kind of regretted it in that sense, where it's like, you know, why have an experience just to experience it if it's not gonna be a really great experience. So that's how I felt. And that was the last time, uh, that was the point where I decided that I didn't want to have casual sex with strangers.

Hannah (25, White, Lesbian) related a story of sleeping with a man, which was atypical for her:

But with the sex with him, in the moment, while it was happening, it was fun, satisfying, and it was almost, like, not enough. You know what I mean? I was actually telling him, like, harder and deeper and stuff. After the fact, though, to think about actual images from—you know what I mean—especially me doggy-style. That is something that almost made me sick to think about this image of this man behind me—that's not me. I mean I'm not attracted to men in that way. So it

was very—I was like, “Why do you do that? Like what was going through your mind?!” So it was really scary. I mean it shocked me to the core. Like, “Who the fuck are you anymore?”—that kind of thing.

Recognizing the patterns in her life of alcohol and regrettable experiences and perhaps belying her own anxiety surrounding sexual decisions, Michelle (23, White, Lesbian) said:

When I look back at all the sexual experiences that I regret, alcohol is always there. I just get really drunk and sometimes it’s just a matter of, like, being really drunk and wanting to go home and thinking that going home with someone is the easiest way, or being really drunk and thinking you’re attracted to someone, or being really drunk and not being able to say, like, “Oh I don’t want to do this sexually, or I don’t want to have sex without a condom, or I don’t want to have sex with you at all, or whatever.” And that’s, it’s just—I don’t have self-control period, and I have even less when I’m drinking. It just doesn’t occur to me to say no when I’m drinking and that gets me into trouble sometimes. Trouble in terms of winding up in situations where I don’t know what to do, or situations that I think are bad and don’t know how to get out of, or situations that affect my next day or month or whatever.

In other cases, though, women positively reflected on alcohol’s ability to allow them to express desires, relax, or experience heightened desire during sexual experiences. Hilary (21, Latina/Mixed, Straight) said:

Not to sound like an alcoholic, but most of the time, I like to get fucked up. I like to drink sometimes just to have sex. I love having sex when I’m, like, drunk. For

me, it's better. It's not like I can't enjoy myself when I'm sober, but I think I have a lot of—I think I'm shy. Even with my boyfriend now, we've been with each other so long. I think when I drink or do whatever, I have no—what's the word? [I: Inhibitions?] There you go.

Similarly, several of the women discussed alcohol's perceived role in decreasing inhibitions in a positive light. In discussing increased desire, Debbie (20, White, Straight) said, "I think I'm more excited and I want it more when I've been drinking. It's nice."

These quotes illustrate that sexual activity and drinking alcohol are sometimes reciprocal, with alcohol not necessarily playing a causal role and that, in some cases, the introduction of alcohol into sexual situations is experienced quite positively as a way of decreasing unwanted inhibitions, increasing desire, and helping women to relax.

Finally, many of their quotes demonstrated the socially normative nature of the relationship between alcohol and sexual activity. For example, Michelle (23, White, Lesbian) said:

It's just so par for the course. It's just so like what I do when I'm around people or just so, like, it's so part of my routine, ya know, like you go out to a bar and then you drink and then you go home with someone. And I don't really feel like I'm drinking all that much most of the time so it probably wouldn't make a difference. But it's just part of—like, I can't imagine to seduce someone or to be seduced without alcohol so there's that. So especially because I don't have a lot of stable relationships, like, I just don't, it's the idea of meeting someone and then being sober and going home with them just seems really weird. Yeah, a little concerning, actually.

Similarly, in response to the alcohol and sexual risk question, Tina (25, White, Bisexual) said:

Yeah, freshman year of college—fraternities, drinking, and, you know, you have the walk of shame and all that. But yeah, you know, I think most colleges have that. Especially freshman year—you go in, you explore that whole fraternity and sorority world, which is a lot of sex and a lot of risk taking in terms of that.

Sometimes, you know, a guy won't have a condom. Sometimes you don't even realize it, you're that horny.

Often, alcohol played a positive role in women's sexual feelings and behaviors, though women certainly realized the negative aspects of these patterns in their lives and had interesting reflections on the ways in which these behaviors were patterned.

## Chapter 6:

### Discussion

Throughout these analyses, it became clear to me that women experienced a great deal of ambivalence and conflict surrounding their sexuality and sexual behavior. Further, alcohol's role in tipping that ambivalence or conflict became clear, such that women were (either consciously or unconsciously) using alcohol consumption as a strategy to express their sexual desires and feel more comfortable in sexual situations. For some women, this was a positive strategy all around, while for others, this strategy often backfired, culminating in sexual dissatisfaction and/or risk. However, a variety of contextual and individual factors moderated this relationship, revealing the complexity of this incredibly socially normative behavior. Specifically, partner type, sexual orientation, race and ethnicity, age, sexual anxiety, sexual satisfaction, sexual esteem, and sexual sensation seeking all impacted the relationship between alcohol and sexuality in some way. Finally, women's reflections about the relationship between alcohol consumption and sexuality reveal the complex interactions of social, interpersonal, contextual, and individual factors in women's sexual lives.

Generally, women reported that alcohol facilitated sexual activity, which is often noted in the quantitative literature (i.e., Cooper & Orcutt, 1997; Leigh & Aramburu, 1996; Taylor et al., 1999). However, the qualitative nature of these data allowed for a more nuanced understanding of this effect—women identified several ways in which this effect occurred, primarily relating it to alcohol's effects on desire, inhibitions, and responses to sexual advances. Alcohol's positive effects on desire or sexual arousal have been noted in the literature (Crowe & George, 1989; Leigh, 1990), with a review showing

differential effects on objective and subjective measures of arousal (Norris, 1994). Further, though cited by many of the participants, women higher in sexual anxiety and lower in sexual esteem seemed to talk most about the disinhibiting effects of alcohol, indicating that these women may be experiencing more conflict or ambivalence surrounding their sexual behavior. These findings support both reverse causal models and alcohol myopia theory (Steele & Josephs, 1990), in that underlying sexual factors likely play a role in the relationship between alcohol and sexuality (Stoner et al., 2007), though these results do not indicate causation.

The findings also provide information about the expectations women have of alcohol's role in sexuality, as women cited these facilitation effects as overarching effects of alcohol (rather than specific to a situation) and typically believed that these effects applied to most other people. Additionally, through these effects, the ambivalence and conflict women feel surrounding sexuality is clear, demonstrating the role of social norms in restricting desire, creating inhibitions and fear, and establishing the boundaries of acceptable female sexual behavior. These results also demonstrate the role of alcohol in tipping that ambivalence or temporarily resolving conflict and the ways in which alcohol is often viewed as a positive and useful strategy for achieving these effects.

Additionally, women reported that alcohol changed sexual behaviors, such that they engaged in sexual activity with partners they would not have been with while sober and/or engaged in sexual behaviors they considered atypical for them. Similarly, the literature has shown that alcohol consumption (especially heavy drinking) is associated with nontraditional sexual activity (Klassen & Wilsnack, 1986) and sexual activity with new and/or unexpected partners (Leigh & Schafer, 1993; Temple & Leigh, 1992). Again,

these data provide a more nuanced and contextualized understanding of this relationship. In some cases, alcohol allowed women to act on pre-existing desires (typically because of the disinhibiting effects noted above), which is also supported in the literature (Taylor et al., 1999). In other cases, women's sexual behaviors were consensual but not necessarily wanted (women sometimes blamed alcohol for their inability to be more assertive in preventing or discontinuing unwanted sexual activity or specifically utilized alcohol to tolerate unwanted by consensual sex), supporting the need for a more nuanced understanding of consent and wantedness in sexual experiences (Muehlenhard & Peterson, 2005).

Further, though many of the participants discussed these effects, women who were high in sexual anxiety, low in sexual esteem, and low in sexual satisfaction seemed to talk most about the role of alcohol in engaging in sexual activity with partners they considered atypical. These findings also have some support in previous literature. For example, Beckman (1979) found that alcoholic women reported that they desired, had, and enjoyed sex more when they were drinking, but indicated less sexual satisfaction in general. Further, Klassen and Wilsnack (1986) found that the most extreme heavy drinkers in their study were the most conflicted and inhibited about sex, leading them to conclude that alcohol was instrumentally used to alleviate sexual conflicts. Generally, these results support the reverse causal model and alcohol myopia theory (Steele & Josephs, 1990) in that underlying individual factors (such as inhibitions and conflict bred by gendered sexual norms) likely moderate the relationship between alcohol consumption and sexual behavior (or perhaps motivate the use of alcohol generally or the use of alcohol in potentially sexual situations).

In terms of risk, which, in the last couple of decades is the most commonly studied aspect of the relationship between alcohol and sexuality, women's definitions of risk were varied, reflecting their own ambivalence around and struggles negotiating sexual activity and the very real social and interpersonal risks associated with transgressing gendered sexual norms. As Tolman (2002) has noted, the dilemma of desire takes different forms for different girls, which helps us to understand the varied nature of perceptions of risk among these women. When asked about alcohol's effects, the majority of women reported some effect of alcohol on their sexual risk behaviors at some point in their lives, though these definitions of risk varied, ranging from social, psychological, or relational risks (such as damaging one's reputation, hurting a partner, or transcending one's personal boundaries) to physical or health risks (such as having unprotected sex or putting oneself in a potentially dangerous situation). Women also reported a variety of mechanisms that precipitated risk, such as increased desire, decreased control over their behavior or judgments, and decreased power (or perceptions of power) in sexual situations. Similarly, Coleman and Cater (2005) found similar reasons for unprotected sexual activity after drinking alcohol in their qualitative study of sexual risk and alcohol among adolescents.

However, when examining their most recent alcohol and sober stories, women were actually more likely to use condoms and be less risky overall in sexual situations after drinking than in sober situations, which has replicates other findings (Taylor et al., 1999). This quantitative finding, though, is likely related to partner type. As Cooper and Orcutt (2000) noted, there may have been a suppression effect such that, because women are more likely to both drink and to use a condom if they are engaging in sexual activity

with a casual partner, the effects of alcohol are suppressed by the role of partner type in condom use behaviors. Thus, as noted by Cooper (2002) in her meta-analysis, the effects of alcohol on condom may have been masked by partner type. Because much of the previous literature examines condom use without a consideration of partner type or other forms of STI/HIV or pregnancy prevention and risk reduction, these results that utilized a more contextualized operationalization of sexual risk expand upon and contextualize previous findings. These findings also demonstrate the expectation that many women hold about alcohol's potential for inducing risky sexual behavior. Further, the role of power and inhibitions surrounding condom use and safety in interpersonal contexts speak to alcohol myopia theory in that women who feel less power and more inhibitions concerning asserting their desire for safe sex may be most likely to indicate that alcohol influences their risk behaviors.

The inconsistent findings in the literature, coupled with my own inconsistent findings (reduced risk at the event level and narrative findings that alcohol does impact sexual risk behaviors) indicate that the relationship between alcohol consumption and sexual risk behaviors is likely complicated, with a variety of factors impacting the relationship. Specifically, partner type (casual vs. first-time vs. main), partner gender/sexual orientation, the nature of the relationship, race and ethnicity, sexual compulsivity, and sexual sensation seeking all played a role in the nature and meaning of sexual risk behaviors, with some factors (sexual orientation, sexual sensation seeking, and sexual satisfaction) playing a role in actual risk behaviors, and other factors (sexual compulsivity, sexual sensation seeking, sexual orientation, and race and ethnicity) playing a role in perceptions of risk reported in the qualitative interviews.

Developmental factors are also likely involved as both this research and the literature (Leigh, 2002) has shown some role of age in the relationship between alcohol and sexual risk behaviors. Likely important is also an understanding of sexual risk behaviors when women are sober, so as to avoid placing the responsibility for risk solely on alcohol, without considering the role of individual and contextual factors that likely impact risk behaviors regardless of substance use. However, cognitive aspects of alcohol are also likely involved, as many of the women cited their distorted perceptions of risk while drinking, which has also been noted in the literature (Loiselle & Fuqua, 2007; Testa, VanZile-Tamsen, Livingston, & Buddie, 2006). As discussed more below, a consideration of intersectionality in terms of race and ethnicity, sexual orientation, age, and psychosexual factors is critical in research or discussions surrounding the relationship between alcohol and sexuality. Clearly, the sexual risk behaviors occurring at the intersection of alcohol and sexual behavior are an interaction of psychological, social, interpersonal, and cognitive factors.

Another behavioral distinction noted between the alcohol and sober sexual stories was the prevalence of women receiving oral sex. Women were more likely to receive oral sex when sober than after drinking. This finding may be a reflection of the rushed and penetration-focused sexual activity that women often reported was associated with alcohol consumption and the script that may dictate those behaviors. Further, the women who did receive oral sex after drinking were significantly older and more likely to be white when compared to those who did not receive oral sex after drinking. The age factor may be related to sexual assertiveness or the kinds of sexual partnerships that women are involved in after drinking. Both the age and race/ethnicity factors may also

be related to sexual scripts that vary as individuals mature and may vary according to racial or ethnic group. Additionally, the women who did receive oral sex after drinking were more likely to receive oral sex from either a main or casual partner than a first-time partner, which may also be part of the distinction between sober and alcohol stories (since alcohol stories were more often about first-time partners than were sober stories). Women who received oral sex after drinking (as well as those who performed oral sex) were also significantly higher in sexual compulsivity and sexual sensation seeking than the women who did not receive oral sex in their most recent sexual experiences after drinking. This may be related to some aspect of the woman's personality that altered the sexual script or experience in some way. Likely, these findings are the result of a constellation of factors. Clearly, this analysis and discussion would benefit from knowing more about the partner in each of these situations—their age, ethnicity, individual characteristics, etc. These findings indicate the need for further research into the meanings associated with oral sex behaviors.

Most often ignored in the contemporary literature, women reported that alcohol changed the sexual experience, both physically and emotionally. Though so many of the women cited the positive effects of disinhibition and increased desire, many of the women recognized the irony that, once involved in a sexual situation, their physical experience was actually negatively impacted, with women reporting a decreased ability to achieve orgasm and general physical desensitization. Somewhat similarly, previous research has shown higher rates of sexual dysfunction among heavy drinkers or alcoholic women (Klassen & Wilsnack, 1986; Peugh & Belenko, 2001). However, Covington and Kohen (1984) found that, in their sample, women reported that they already had these

sexual dysfunctions prior to the onset of alcoholism. In Wilsnack's longitudinal study, sexual dysfunction was the strongest predictor of chronic problem drinking, indicating that sexual dysfunction may be both a cause and consequence of heavy drinking (Wilsnack, Klassen, Schur, & Wilsnack, 1991). These sexual factors (and, most notably a positive alcohol influence) would likely predict future combinations of alcohol and sexual activity, which increases the chances for risk and other negative consequences and likely decreases women's ability to become sexually comfortable in a sober state.

Finally, these narratives illustrate the complex ways that women reflect back on these experiences, both positively and negatively, which further exemplifies the role of gender in the relationship between alcohol and sexuality. For example, many women recognized patterns of these combinations in their lives, with the women high in sexual anxiety and low in sexual satisfaction discussing these patterns most often, possibly indicating more frequent use of alcohol to reduce anxiety and their general lack of sexual satisfaction related to anxiety and/or to their frequent combinations of alcohol and sexual activity. On some occasions, women experienced regret concerning their sexual behaviors, though in other cases, women utilized alcohol as a strategy to find and experience sexual pleasure without the guilt often associated with sexuality. In fact, several women took great pleasure in transgressing social expectations of female sexual behavior. These narratives also illustrate the socially normative nature of this relationship, such that alcohol consumption and sexual activity somewhat naturally co-occur in the lives of young adults. As some have noted (Baer, 1994), both of these behaviors (and their co-occurrence) are often part of a lifestyle, such as being single or living in a fraternity house.

Further, the factors that impact the relationship between alcohol and sexual activity have begun to emerge in the literature and results from this project further exemplify the importance of individual and contextual factors in this relationship. Specifically, this study found that sexual orientation, race and ethnicity, age, partner gender and type, dose, and a variety of psychosexual factors played important roles in determining sexual behaviors and the nature of sexual risk and the role of age in making meaning of sexual activity after drinking. Though the small sample size prevented more complex analyses at these intricate intersections (i.e., young lesbian women of color vs. young white lesbians), these findings still highlight the need to integrate individual and contextual factors into current models and theories of the relationship between alcohol and sexuality.

Specifically, race and ethnicity played an interesting role in these relationships. Though there were no racial or ethnic differences in actual risk behaviors noted in their most recent sexual stories, the women of color were significantly less likely than white women to cite alcohol as playing a role in their past and/or present sexual risk behaviors. This may be a reflection of racial or ethnic differences in the kinds of behaviors considered risky and/or in actual past or present risk behavior patterns. This may also be a distinction in alcohol consumption patterns or in relationship patterns. Though women of color were more likely to report casual partners in their most recent sexual experiences after drinking, the nature of casual partners varied considerably and this pattern may not be reflective of their lifetime relationship patterns. When compared to white women, women of color were less likely to receive oral sex in their most recent sexual experiences after drinking (with a similar, though less marked and non-significant pattern

when sober). This finding may reflect a distinction in sexual scripts in various ethnic groups or may reflect the comfort that women from different racial or ethnic groups feel with different sexual activities. When compared to white women, women of color were also less likely to experience orgasm in both stories, though this difference was only significant in the sober stories. This may be related to differences in reporting sexual experiences, such that white women were more likely to report having orgasms, even in cases when they did not actually experience orgasms. This distinction may also be related to experiences of oral sex (women of color were less likely to receive oral sex), as many of the women cited receiving oral sex as a primary reason for achieving orgasm. Finally, white women seemed to be more likely to discuss alcohol's effects on sexual inhibitions than did the women of color, perhaps reflecting differences in sexual norms that dictate inhibitions or differences in the ways in which white women and women of color make sense of these social norms and restrictions.

In terms of age differences, there was a significant negative correlation between age and AUDIT scores, such that younger people tended to have higher AUDIT scores. This may be related to developmental processes that lead to more problematic drinking in younger women. In term of sexual behavior, unlike other evidence that finds age differences in sexual risk behaviors (Dye & Upchurch, 2006), I did not find any age differences according to condom use or overall risk in women's most recent sexual experiences. However, the women who received oral sex in their most recent sexual experiences after drinking were significantly older than those who did not receive oral sex. This did not seem to be related to most of the other distinctions noted in receiving oral sex after drinking (partner type, race and ethnicity, sexual orientation, or sexual

compulsivity) as there were no significant relationships between age and any of these variables. However, there was a trend for older women to be higher in sexual sensation seeking, which may be related to this finding (as the women who received oral sex after drinking were also higher in sensation seeking than those who did not). A related possibility is that women who are older are behaving in more assertive ways in sexual situations, perhaps asking for oral sex. I also noticed age distinctions in the meanings made of unsafe or atypical sexual behaviors that occurred after drinking. Older women tended to discuss atypical or regrettable experiences as turning points in their lives wherein they subsequently changed their behavior (or their behavioral intentions), which is also likely related to developmental processes, wherein older women may be developing more clear personal boundaries surrounding sex and sexuality.

Finally, sexual orientation (and/or partner gender) played a significant role in the relationships between alcohol and sexuality. Specifically, heterosexual and bisexual women were significantly more likely to report that alcohol had ever impacted their sexual risk behaviors. When looking at their most recent sexual experiences, bisexual women were more likely to report condom use in their most recent sexual experience after drinking. Additionally, lesbian women (or bisexual women partnered with or primarily intimate with women) tended to downplay the risk involved in sexual activity with other women, citing sexual activity with men as much riskier in a variety of ways. Behaviorally, bisexual women seemed to be the most likely to receive oral sex (either sober or after drinking), perhaps indicating different kinds of partnerships or different kinds of experiences than the straight or lesbian women had. In terms of the sexual experience, the lesbian women were the least likely to report having an orgasm in either

of the stories, though these women also downplayed the significance of orgasms in the overall sexual experience, finding their own orgasms secondary to those of their partners or to the sexual intimacy involved in the experience overall. This may reflect differences in sexual scripts and/or differences in the kinds of sexual behaviors women engage in when having sex with women.

Contextually, women noted that partner type and dose impacted the relationship. In terms of partner type, there were distinctions in partner type between the two stories with women being much more likely to engage in sexual activity with a first time partner after they had been drinking. This is likely related to inhibitions surrounding initiating sexual experiences as well as the increased agreement to sexual advances, both of which women also noted as common effects of alcohol. Additionally, there were some differences in sexual behaviors depending on partner type, mainly oral sex and protective behaviors. These are possibly related to sexual scripts that dictate the behaviors that occur pending partner type or to the level of intimacy and communication associated with different sexual behaviors (Kaestle & Halpern, 2007). In terms of dose, women often cited the facilitation effects as being stronger with more alcohol, though too much sometimes pre-empted sex occurring altogether. Additionally, the negative physical effects noted were often associated with higher doses of alcohol. Women often discussed an ideal dose that facilitated relaxation and disinhibition but did not decrease control over one's behavior or have any negative physical consequences.

While the literature (of late) has often ignored the various (potentially underlying) sexual aspects of the relationship between alcohol and sexual activity in lieu of a more epidemiological focus, these results indicate that these sexual factors, such as sexual

anxiety, sexual esteem, and sexual satisfaction, are likely important factors in the relationship between risk behaviors and alcohol consumption. Because these factors may influence women's ability to dictate sexual behavior and condom use in interpersonal relationships (Holland et al., 1990), the introduction of alcohol may even further limit their ability to dictate sexual activity and/or maintain their personal boundaries. Further strengthening the reverse causal model, wherein sexual factors may motivate alcohol use and/or change sexual behaviors after drinking, women who reported first-time partners in their alcohol stories scored significantly higher in sexual anxiety than women who reported main or casual partners (with the same pattern, though non-significant, in the sober stories). Further, in the sober stories, women who engaged in sexually risky behaviors were significantly higher in sexual anxiety scores than women who were not risky, also supporting the role of underlying sexual variables. Finally, both sexual compulsivity and sexual sensation seeking impacted oral sex behaviors, such that women who both gave and received oral sex after drinking scored significantly higher on these scales. As oral sex was less likely in alcohol stories than in sober stories, these psychosexual factors may be related to a different kind of sexual experience, though how these experiences are different is not entirely clear.

In line with other literature regarding sexual sensation seeking (Kalichman, Heckman, & Kelly, 1996), I found that individuals who reported no condom use in their most recent sexual experiences after drinking were higher in sensation seeking than those who reported condom use in these experiences. However, when looking at overall risk (a combination of risk discussions, STI/HIV testing, and contraceptive practices), there was no difference in scores. Conversely, when comparing women who reported that alcohol

played a role in their risk to those who reported that alcohol did not play a role (from the qualitative interviews), women who scored in the higher range on the sexual sensation seeking scale were more likely to say that alcohol was related to sexual risk, especially personal/relational risks. These findings may be related to inhibitions and personal norms and boundaries, in that women who are lower in sexual sensation seeking may have personal boundaries that are more strict and/or may be more inhibited about their sexual behaviors than those higher in sexual sensation seeking. Thus, in line with alcohol myopia theory, these women may actually be experiencing more conflict, which then could result in alcohol having more effect on their sexual behavior as these inhibiting cues would be less accessible after drinking. Additionally, this finding may also be related to the nature of the sexual sensation seeking scale, which was written nearly 13 years ago and may not be relevant anymore, especially for a club-drug using urban sample. Regardless, it is clear that underlying psychosexual factors play some role in the relationship between alcohol and sexuality.

In terms of the theories typically utilized to understand the relationship between alcohol and sexuality, the current findings provide some support for each of the theories and also support the integration of these theories. In terms of alcohol myopia theory, which posits that alcohol consumption will only change behaviors in situations in which an individual is highly conflicted or inhibited about their sexual behaviors because of alcohol's cognitive effects, this evidence provides quite a bit of support for the role of inhibitions and conflict in the relationship between alcohol and sexual behavior. Specifically, many of the women expressed their conflicted or ambivalent feelings about sexuality and extensively discussed the role of alcohol in removing those inhibitions

and/or tipping or removing ambivalence surrounding sexual behaviors. The evidence also lends support to the cognitive aspects of alcohol myopia theory in that many women discussed their cognitive inability to access restricting thoughts, listen to their inner voices, or control their behaviors.

These findings also provide evidence for expectancy theory, which posits that alcohol exerts its influence on sexual behavior primarily or in large part as a function of the expectation that alcohol will affect sexual behavior. The general nature of their discussions of alcohol's effects on sexuality and sexual behavior indicate that these women held very strong expectations about the ways in which alcohol affect their behavior and the sexual behaviors of others. Though the women often discussed these as effects they had experienced, Nisbett and Ross (1980) point out that, because people are notoriously bad at correctly identifying the causes of their behaviors, these reports can be interpreted as expectancies or beliefs about alcohol's effects on sexual behavior.

Finally, the evidence presented here also lends support to the notion of a reverse causal process, wherein sexual factors such as inhibition conflict or sexual sensation seeking could actually motivate individuals to drink in potentially sexual situations. Specifically, this study found a variety of underlying sexual variables (discussed above) that played a role in the relationship between alcohol and sexuality, though causal processes certainly cannot be inferred from these findings. However, women also discussed their motivations for combining alcohol and sex, sometimes noting that their alcohol consumption was motivated by sexual factors. That is, in some cases, women may intentionally utilize alcohol to achieve desired sexual results (such as to overcome inhibitions or to tolerate unwanted but consensual sex). These findings are in line with

two other theories that have addressed alcohol's effects: the Tension Reduction Hypothesis (Conger, 1956) and McKirnan's theory of cognitive escape (McKirnan, Ostrow, & Hope, 1996).

Through this analysis, it is clear that motivations, social norms, expectancies, and inhibition conflicts all play central roles in the relationship between alcohol and sexual activity. Thus, it is clear that these theories need to be integrated to better understand this relationship and predict the outcomes associated with this relationship. The women in this study talked about inhibitions in a way that revealed that they had come to know or expect these effects, illustrating the integral nature of inhibitions and expectancies. The women who reported intentionally utilizing alcohol to achieve desired effects also clearly expected these effects, which indicates that expectancies (likely combined with some sort of conflict or ambivalence) are critical for a reverse causal model. This move towards theoretical integration should also move towards better understanding each of the components—inhibitions, ambivalence, conflict, and expectancies, and also the motivations underlying the combination of alcohol and sexual activity. For example, under what circumstances do women become ambivalent/inhibited/conflicted about sexuality, in what kinds of situations are ambivalence, conflict, and/or inhibitions most relevant, and in what situations or under what circumstances does alcohol become a viable option or strategy for resolving these feelings? While the evidence presented here is further evidence for the need for theoretical integration, it also echoes the call for the inclusion of individual and contextual factors. As a result of the utilizing mixed methods and conducting a gendered analysis, it is clear that gender, sexual orientation, race and ethnicity, and age likely play both individual and interactive roles in the relationship

between alcohol and sexuality. For example, women of color may be engaging in sexual activity after drinking with different kinds of partners than white women (or be defining and experiencing these relationships differently), which then changes the nature of the sexual situation, including sexual pleasure and sexual risk. Further, the role of alcohol consumption in women's lives may differ according to sexual orientation, which would then impact the relationship between alcohol consumption and sexuality. All of these factors also likely play roles in the other components of the theories, informing the underlying inhibition conflicts and expectancies that operate independently and interactively to dictate the relationship between alcohol and sexuality, perhaps even motivating alcohol consumption in sexual situations.

As demonstrated above and noted throughout this discussion, juxtaposing the findings from the gender analysis with the findings related to alcohol's role in women's sexuality and sexual behavior facilitates an understanding of the ways in which gender matters in the relationship between alcohol consumption and sexuality and in the theories proposed to explain this relationship. Clearly, gender shapes women's sexuality in complex ways—restricting expressions of desire, creating inhibitions, conflict, and ambivalence, and providing limited and complex avenues for experiencing sexual pleasure, intimacy, and safety. It became clear through this analysis that alcohol consumption is one of these avenues for sexual expression and pleasure. Through alcohol consumption, women can transgress gendered sexual boundaries—expressing sexual desire, asserting their sexual wants and needs, and resolving their internal ambivalence and conflict surrounding these transgressions—without facing (or facing less harsh) social, interpersonal, and psychological consequences typically associated with these

transgressions. Many of the women found great pleasure and power in these transgressions, demonstrating the fine line that Phillips (2000) and Vance (1984) note between pleasure and danger. The use of alcohol as a strategy for sexual expression and pleasure, though, is a complicated and not entirely positive strategy. While many women extolled the positive aspects of this strategy, the negative aspects, such as sexual risk, are also quite present in this combination of behaviors. Further, the fact that so many women feel restricted enough in their sexuality that they choose to utilize an intoxicating substance in dangerous amounts is alarming from any perspective.

The gendered analysis I have conducted is quite different from many of the gender difference analyses typically conducted in the alcohol and sexuality literature (though these studies have significantly informed my thinking about the gendered nature of this relationship). First, and most significantly, the underlying assumptions and understandings of female sexuality that guided my analyses are, in many ways, at odds with the dominant conceptions of female sexuality, male sexuality, and heterosexuality that guide much of this literature. As noted in the introduction, this literature typically assumes that women are passive gatekeepers, constantly turning down aggressive male sexual advances, which ignores the role of female sexual subjectivity and agency. This literature also fails to address the integral role of female sexual desire and pleasure, leaving out a major component of the relationship between alcohol and sexuality. In integrating these components in my analysis, I discovered a variety of factors involved in the relationship between alcohol and sexuality that are not often discussed in the alcohol literature. For example, women reflected on transgressing gendered sexual norms in interesting ways, sometimes with regret and other times with pleasure, demonstrating the

fine line between danger and pleasure noted by Vance (1984) and Phillips (2000). Additionally, this analysis highlighted the role of power in sexual risk behaviors and in sexual pleasure; in some cases, women felt empowered to demand protections and pleasure while in other cases, women expressed a lack of power in the situations to control these facets of the experience. This has also been demonstrated in the literature, wherein other authors have highlighted the importance of power in sexual and reproductive health (Amaro, 1995). This analysis also strengthens the call to more critically attend to intersectionality and the very real consequences of intersectionality in women's lives (Crenshaw, 1992). Specifically, literature shows that factors at the intersection of race or ethnicity and gender can impact sexual and reproductive health behaviors (Fine & McClelland, 2006).

There are a variety of public health and prevention/intervention implications associated with the evidence presented here and the use of a gendered analytical lens. First, in terms of the ambivalence noted throughout, this ambivalence may be a space wherein women are more susceptible to pressure from partners, or other social or contextual factors, which will likely impact their safer sex practices and sexual decision making skills. Further, as noted above, this research lends some support to a reverse causal model, in which women intentionally drink to alleviate conflicts or reduce inhibitions. With all of the literature (and the current evidence) demonstrating the role of alcohol in sexual and reproductive health, these findings indicate that sexual anxieties or conflicts impact sexual risk behaviors and sexual decision making skills. Finally, the evidence presented here to indicate the situated nature of the relationship between alcohol and sexuality indicates the distinctions in alcohol's impact according to sexual

orientation, race and ethnicity, and age/developmental stage, thus indicating groups for whom this relationship might be most problematic (younger, white women who are engaging in sexual activity with men).

In light of the public health significance of these findings, there are a number of ways in which intervention and prevention efforts and policy surrounding these efforts should change to prevent the negative consequences associated with the relationship between alcohol consumption and sexuality. First, educational efforts (including sex education programs, parents, and other trusted adults) should give women non-judgmental and thoughtful space and guidance to talk about and potentially resolve their conflicts and ambivalences surrounding sexuality and sexual activity. These educational efforts should also be aimed at boys and young men, providing them the skills to negotiate sexual activity and sexual risk in interpersonal contexts and helping them to realize the complexity of women's sexuality. Further, in teaching adolescents about the role of alcohol in sexuality, education efforts should avoid generally teaching that alcohol will reduce inhibitions and result in atypical and risky sexual behaviors. In teaching adolescents that these are the universal effects of alcohol, educators are building sexual related alcohol expectancies, perhaps prior to them even having any experience with the combination of alcohol and sex (though through advertisements and television, they likely already have some sense that drinking is sexy). Rather, education efforts should be aimed at building the skills necessary to navigate sexual activity after drinking and/or reducing alcohol consumption in potentially sexual situations. Intervention efforts, in turn, should examine the sexuality-related factors involved in alcohol use as these may be significant motivators of heavy or problem drinking behaviors.

Colleges and universities are addressing this issue in a variety of ways and at a variety of levels. For example, more than 500 universities nationwide are now using AlcoholEdu, an online prevention, intervention, and evaluation program designed to reduce alcohol consumption and its associated consequences and harms (<http://www.outsidetheclassroom.com/>). Further, the NIAAA recommends reducing college drinking and its associated harms by developing preventions and interventions guided by a social ecological model that addresses the problem at an individual, group, institution, community, and state and federal levels. They provide examples of interventions at each level, including changing the social culture at the university, preventing alcohol advertising on campus, and changing state and federal policies to decrease underage drinking. While these programs at the college and high school levels show promise in reducing alcohol consumption and its associated harms, some of these programs also run the risk of reinforcing alcohol related sexual expectancies. For example, in thinking about the guidelines for abstinence only until marriage (AOM) programs, these curricula teach adolescents that alcohol will inhibit their ability to refuse sexual advances, which, for many students may actually be attractive as an excuse to engage in sexual activity. Some interventions have shown some success, such as community level interventions to restructure the alcohol environments (i.e., reducing alcohol sales to minors; Holder, 2004/2005), personal feedback interventions (White, 2006), and, pending the population, expectancy challenges (Cruz & Dunn, 2003; Wiers, van de Luitgaarden, van den Wildenberg, Smulders, 2005). Other intervention efforts are currently underway to intervene upon this relationship at a community or familial level, working to change social norms surrounding alcohol consumption and/or educate parents

on ways to better educate their children about the relationship between alcohol and sexuality (CRISP Database).

In helping to inform these intervention and prevention efforts, future research should focus more on gender and other social factors that may underlie the relationship between alcohol consumption and sexual activity, perhaps motivating alcohol consumption in the first place. As this project demonstrated, a variety of partner characteristics also play a role in this relationship, which should be more of a focus in future research, perhaps suggesting the need for dyadic research. As one of the most significant findings of this project was the ambivalence women experienced surrounding sexual activity and the role of alcohol in tipping that ambivalence, future research should also integrate more complex notions of wantedness and consent to more clearly understand the role of alcohol in women's sexual lives. In this vein, research should also strive to understand the factors that foster ambivalence surrounding sexuality and the various factors that facilitate the use of alcohol to resolve this ambivalence or conflict. In light of the various findings indicating the role of alcohol in sexual experiences other than vaginal intercourse (i.e., oral sex) and in the sexual experiences (i.e., experiences of orgasm), research should also expand the sexual outcomes examined to include a variety of sexual outcomes. Finally, as this research demonstrated the role of intersectionality in the relationship between alcohol and sexuality, future research should avoid simply ignoring or controlling for these factors and work to integrate these factors into an understanding of this relationship.

With these goals in mind, research should work to integrate the various theoretical approaches supported in the literature and in this research (alcohol myopia, alcohol

expectancies, and reverse causal models) and include individual, demographic, and contextual factors in these models to better understand and explain the relationship between alcohol and sexuality. To achieve these goals and to move forward in integrating theoretical approaches, research needs to utilize novel and complex research methodologies (qualitative, quantitative, and mixed-method) and more diverse samples to better understand the integral role of gender and other social and individual factors in the relationship between alcohol and sexuality. For example, many alcohol researchers are utilizing diary methods (more prospective event-level data), experimental methods (balanced placebo designs), participant observation, and field work (e.g., studies conducted in bar settings with intoxicated patrons) to better understand the relationship between alcohol and sexuality, all of which will be necessary to fully understand this complex relationship.

As with any project, there are factors that limit analyses and the conclusions and generalizations that can be made about the data. In this project, the secondary nature of the data analysis is the most significant limitation for several reasons. First of all, the sample is a club-drug using population, which limits the generalizability of these findings. However, the impetus for examining alcohol in a club-drug focused study was the overwhelming unsolicited information that women (and men) began providing about the relationship between alcohol and sexual activity. Many of the women reported that alcohol impacted their sexual behaviors more than any of the other substances they used. Their drug use (most commonly cocaine), though, did sometimes interact with their alcohol consumption and in the relationship between alcohol and sexual activity. In many ways, though, the rich data that I obtained despite a specific focus or effort to elicit data

concerning gender and alcohol is indicative of the centrality of gendered sexual norms and of alcohol in the sexual lives of these women. However, because of the co-occurrence of substance use/abuse behaviors often noted in the literature, especially with alcohol and other substances (Barrett, Darredeau, & Pihl, 2006; Heil, Badger, & Higgins, 2001), this sample may be comprised of heavier drinkers or of individuals who are more likely to engage in problem drinking behaviors. Second, because of the nature of the study and the perspective of the research team (the work was conducted by and at an HIV research center), the research necessarily focused on sexual and substance use risk behaviors, such as unsafe sex. Though women spoke extensively about their experiences with and concerns about risk, this may have been, in part, a reflection of the research focus. Further, in light of this focus and an orientation that did not question the causal nature of this relationship (i.e., assumed that alcohol causes sexual risk behaviors), the questions were framed in such a way as to assume a causal direction. For example, we asked, “How does alcohol affect your sexual behavior?” and “Has alcohol ever caused you to take any sexual risks?” This perspective, though, was rarely questioned or challenged by participants, likely indicating their own beliefs that alcohol played a causal role in sexuality. Finally, as the qualitative data was not originally intended for the kind of checklist coding that I conducted, the analyses were limited because of the extent of missing data concerning several of the sexual behaviors. Additionally, because of my use of a subsample of the full sample (only 60 of the 121 women), I was further limited in the quantitative analyses that were possible with such a small sample size. As a more general potential limitation, the information that women provided was retrospective in nature, which impacts their ability to accurately remember the details of the situation. However,

the retrospective accounts are also enlightening in that they demonstrate the complex ways in which women look back on and make sense of these events. These retrospective accounts also reveal the gendered norms that dictate the ways in which women tell these stories (i.e., the ways in which they justify behaviors that transgress gendered social norms).

Despite the methodological limitations noted, the mixed method design of this study was a significant strength of this project, yielding findings that neither method would have produced on its own. Clearly, the relationship between alcohol and sexuality is incredibly complicated, which the mixed methods approach both revealed and helped to clarify. Specifically, a mixed methods approach allowed me to see, quantitatively, the role of partner type in the relationship between alcohol and sexual behavior, while the qualitative data facilitated an understanding of the reasons for and the underlying meanings of these distinctions. Further, the nature of this data facilitated an understanding of the kinds of conflicts, ambivalences, and inhibitions women experience surrounding sexuality and the role of these factors in the relationship between alcohol and sexuality. A mixed methods approach also allowed me to ask a variety of questions of this data, ranging from specific questions about the relationships between behaviors, demographics, and psychosocial/psychosexual factors to questions surrounding the underlying meanings of these relationships in the lives of women. This approach also allowed me to uncover some unexpected findings, such as the interesting findings concerning oral sex and the race and ethnicity differences in sexual behaviors, experiences, and the underlying meanings of these experiences. Finally, this mixed method analysis worked to explore and trouble words that have accepted meanings in the

literature, such as consent and risk. While the literature typically examines consent as a yes or no response to a sexual advance, this research is further evidence that consent is complicated, as noted by Muehlenhard and Peterson (2005). For example, many of the women reported that they engaged in consensual yet unwanted sexual activity or that men coerced them into consenting to sexual activity or to unprotected sexual activity. Women also complicated the meaning of sexual risk, outlining the ways in which a variety of behaviors not typically considered risky were risky in their lives, such as the psychological risks involved in transgressing one's personal boundaries.

Additionally, interpreting this research from a social psychological perspective, wherein I have attempted to understand the reciprocal interaction between social and individual factors, has resulted in interesting conclusions and questions. Specifically, in attending to the interaction between social and individual factors, I have noticed the complex ways in which women respond to gendered sexual norms (i.e., ambivalence, sexual anxiety, sexual sensation seeking), the ways in which these responses occur at the intersections of other social, individual, and contextual forces, such as race and ethnicity, relationship status, etc., and the ways in which these responses impact the use of and experience of alcohol in sexual situations. Bandura (1989) conceptualizes human agency within social cognitive theory as working "within a system of triadic reciprocal causation" wherein "action, cognitive affect, and other personal factors, and environmental events all operate as interacting determinants" (p. 1175). Within this system, emotions, individual factors, social and contextual factors, and behaviors are all interactive components of human action. According to Bandura, individuals are not only agents of their own behavior and cognitions but also agents that impact their

environments. To take this a step further, it is also likely that women's actions, cognitions, and experiences at the intersection of alcohol and sexuality impact general social understandings of gender and sexuality and of the relationship between alcohol and sexuality. Later taking his theory further, Bandura (2001) notes that "people are producers as well as products of social systems" (p. 1). He concludes that, through agentic action, people pass on effective modes of interacting with their environments through social modeling and, increasingly, through technologies that foster communication of social norms. For example, in discussing some of the effects of alcohol, women sometimes cited the behavior of their peers and the ubiquity of bar culture "hook-ups" as evidence of the social normativity of combining alcohol and sexual activity. In examining each of the components of this relationship, expectancies and norms, inhibitions, and behavior, it is evident that the relationship between alcohol and sexuality is co-constructed between the individual and society and it is interesting to note the way in which there is a socially constructed (and a socially normative) escape from gendered sexual norms and restrictions.

In conclusion, this research is clearly evidence that gendered social norms constrict women's ability to navigate through the complex terrain of sexuality and sexual relationships and that these restrictions have negative consequences for women's psychological and sexual health. These results are also evidence for the power of positioning; that women experienced the relationship between alcohol and sexuality at complex intersections of race and ethnicity, sexual orientation, and age is further evidence of the power and importance of intersectionality. Clearly, though, as part of these situated responses to the complexity of sexuality, women develop strategies (with

varying degrees of success and failure) to find pleasure, safety, and intimacy in this complexity. Further, women view (and maybe intentionally use) alcohol as a strategy to express desire, resolve conflict and tip ambivalence, and generally maneuver around social norms and boundaries that restrict women's sexual behavior. In line with Tolman's (2002) observation that women use, "It just happened" as a cover story, women may also be using alcohol as a cover story to cover desire, agency, and responsibility.

Unfortunately, as women are silencing their internal voices that speak to them about gendered social norms and restrictions, they are also silencing their internal voices that speak to them about sexual risk, personal boundaries, and sexual decision making. In short, the complex relationship between alcohol and sexuality is simultaneously socially constructed, socially normative, positive in some ways for many women (i.e., in terms of desire, inhibitions, etc.), though often negative in a variety of ways (i.e., risk, regret) that ultimately renders this strategy ineffective and perhaps maladaptive in the long-term and potentially detrimental (though ironically potentially positive) in the short-term. In light of these complexities, additional research is clearly needed to better understand and intervene upon this relationship.

## Appendix A: Codebook

Original List of Repeating Ideas

Alcohol and bad or regrettable decisions  
Alcohol and behavioral control  
Alcohol and desire  
Alcohol & fucking vs. sex  
Alcohol (just discussion of their drinking in general)  
Sexuality (general discussion of their sexuality, sexual feelings, etc.)  
Alcohol and inhibitions  
Alcohol and orgasm  
Alcohol and physical sensations  
Alcohol and sexual acts  
Alcohol and sexual communication  
Alcohol facilitates initiation  
Alcohol facilitates sexual experience  
Alcohol relaxes  
Alcohol smoothes sexual experience  
Alcohol to tolerate unwanted consensual sex  
Alcohol & risk  
Comparing alcohol & drug's sexual effects  
Dose dependency  
Gender roles  
Relationship factors  
Sloppy drunk sex  
Statements of patterns or relationships btw alcohol and sex

Revised Coding Scheme, based on the second pass through the data

Alcohol Facilitates Sexual Experience:

1. Decreases inhibitions—alcohol decreases inhibitions related to the activity, to the partner, to one’s own inhibitions concerning intimacy (body image concerns, etc.), and to expressions of desire (so related to allowing expressions of one’s desire and also to initiations). “I’m much more uninhibited. There’s a lot of things I wouldn’t do if I wasn’t drunk first.” –5066, straight woman. “...um, it definitely, like, lowers inhibitions, obviously. Um, it makes me more willing to have sex definitely, and with people I don’t know very well...” --5163, straight woman.
  - a. Allows Initiation—alcohol makes women more likely to initiate a sexual encounter. “...I’m very kind of like anxious and stressed out person, too, so it’d always be, it’d make things like the initiation easier...not really actually in the sex, but just getting things rolling.” --5085, straight woman.
  - b. Allows expression of desire—alcohol allows women to engage in sexual activities that they already desired, but would not have done while sober. “Like it [alcohol] has led me to experiment, you know, I found myself with, like, two guys, which is something that I probably wouldn’t have done sober, but it was an experience that I was curious about anyways and alcohol allowed me to not be so afraid of it and to embrace it and enjoy it, you know what I mean? Not even to—alcohol didn’t help me to enjoy it, it helped me to allow it and then I allowed myself to enjoy it kind of a thing.” --5210, lesbian woman
2. Consent:
  - a. Increases consent to sexual advances—alcohol increases the chances that a woman will say yes to a sexual advance. “It doesn’t make me want sex, but it makes me more agreeable to have sex.” --5173, straight woman
  - b. Increases ability to tolerate or engage in unwanted (but consensual) sex—a couple of women have said that alcohol helped them engaged in sexual activity that they didn’t necessarily want, but ultimately consented to. “I decided I didn’t like him too much. But I was stuck there for seven [days]. So I just kept drinking, kept that buzz going. He was fine after a few drinks. And then later we just warmed up to each other. We opened up to each other after a while. Sometimes, you know, in the bright light of day, things weren’t so—things aren’t so attractive. After a bottle and a half of wine, we started to get used to each other.” --5066, straight woman.
3. Decreases behavioral control—alcohol decreases the amount of control women have over their sexual behavior, both in terms of deciding whether or not to engage in sexual activity and also in terms of deciding what kinds of sexual activity they will engage in. “I have a hard time stopping or slowing down. If I’m sober, I’m completely in control all of the time...if I’m drunk, though, then forget about it. I don’t even know why I even try to slow things down or control

things. I just—I go, you know, for the gusto, which I wouldn't normally do.” --5066, straight woman

4. Increases desire—alcohol increases a woman's desire for sexual activity. “It [alcohol] makes you crave it, definitely. I think alcohol's the biggest pusher of sex. More than any other thing in the world.” --5056, bisexual woman.

#### Alcohol changes the sexual experience

1. Relaxes—alcohol tends to relax or loosen women up, which is experienced in a positive light (seems to be related to inhibitions concerning the expression of desire, but also seems to be relaxing so as to be able to enjoy the sex and feel less anxious about a sexual experience, especially a first sexual encounter with a partner). “...I think it loosens you up a little bit and it lowers your inhibitions a little bit, and I think, especially when you're having sex with somebody for the first time, it's good to be in that kind of situation where you're not so worried and you're not so uptight and you just kind of let loose and let yourself go and figure out what exactly is going to work for them and what's going to work for you. I think alcohol is actually a good way to go about that. And, you know, ever body is a little easier, a little less on edge, and I think that is a good thing, just in general, too.” --5210, lesbian woman
2. Impairs ability to orgasm—alcohol tends to “desensitize” or “numb” women, such that achieving orgasm is more difficult or impossible. “Sometimes it's just like it numbs me, like I said, like it's hard for me to orgasm, so that kind of just slows it down unless I really work at it. And then sometimes it's like, you know, I end up like being sore the next day, so, just like numb...” --5343, lesbian woman.
3. Sloppy—many women (and men) use the same word here, sloppy, to describe a sexual experience in which they are clumsier or have lost some control over their behavior. “It's just sloppy. It's just a mess...it's just sloppy. You're clumsy, you're falling. It's a disaster.” --5112, bisexual woman.

#### Other Consequences

1. Risk—for some women, but certainly not all women, alcohol can increase their risky sexual practices. It seems that many women remembered a time when this had happened, though it was often not in their most recent drunk sex narrative. Relationship status and dose likely also have an influence here. Of the 20 women coded so far, 13 said it has, at some point in their life, increased their risky sexual practices (defined somewhat differently by different women), and 7 said that it has not increased their risky practices. Risk was defined as engaging in sexual acts with persons they did not know well, engaging in unprotected sexual activities, and engaging in sexual acts that they regretted (most commonly, threesomes). “I'd have probably had less—not with him—but in the past, I have had unprotected sex because I was drunk.” --5204, straight woman “...it definitely makes me, it does inhibit my decision making as far as who I'm having sex with, where I'm having sex with them, whether or not there is a condom involved...um, I don't make very smart decisions when I'm drunk...” --5270, bisexual woman. *For this code, I will branch it into two nodes: increases risk and doesn't affect risk.*

2. Increases regret surrounding the experience—many women expressed regret concerning some of their behaviors and activities while under the influence of alcohol. “...it used to, just like, I didn’t care. I would just, I would just go for anything. I wouldn’t—and I wouldn’t hold back at all. Um, and whether I really knew the guy or not, I would just, if I wanted to, I would. And it’s not good, but it happened, so.” --5180, Bisexual woman

#### Moderators of the effects of alcohol on sexual experiences:

1. Dose—the amount of alcohol consumed and its effects (i.e., buzzed, drunk, etc.). “I don’t like to be wasted drunk because I like to pay attention to what’s going on and I like to really enjoy what’s going on. So, you know, if I’m like sloppy drunk, I don’t really enjoy it that much cause it’s just like, I don’t even know what there is to enjoy at the time. It’s just like things are sloppy and I’m like, ‘gross.’ And like, seriously, sex with—you have a couple of glasses of wine, you know, like three or four glasses of wine, we’ll say, and you’re just like, so you’ve feeling really good and then you just get really into it and you concentrate a lot more on different aspects of the body and different aspects of what’s making you feel good and what’s making them feel good at the same time.” --5210, lesbian woman
2. Relationship Factors—the type of relationship the woman is involved in affects how she uses alcohol during a sexual encounter and how it affects it (with alcohol more markedly influenced newer relationships, as compared to steady or longer-term relationships in which the woman has already become more comfortable). “For me, it depends on if I’m sober and in a relationship—that’s like, you can’t beat that. Then when you’re sober and it’s a one night stand, it’s okay. But when it’s alcohol and a one night stand, it’s great.” --5128, straight woman. I will likely also be able to do some mixed-method analyses surrounding this factor, using the quantified qualitative data.

#### The Role of Gender

- I think I will leave gender as a freestanding code for right now and maybe build some relationships between gender and the other codes, which I think is where it fits best. I think that, for women, alcohol often allows them to transgress (or have an excuse for transgressing) gendered sexual norms, although this also means that women may face some negative physical, psychological, and social consequences because of these transgressions (such as pregnancy/STD’s, regret/guilt, and stigma surrounding their sexual behavior). Thus far, these are the following codes that I think are related to gender, such that the relationship might be different (or mean different things) for men and women:
  - Gender & Inhibitions: I think alcohol decreasing inhibitions has a relationship with gender, mostly b/c many of these inhibitions (being sexually assertive and initiating a sexual experience, expressing sexual desire) are gendered in nature. I think that it also decreases inhibitions for men, but for different reasons, which relates to the gender complementarity of compulsory heterosexuality (I would bet that men might say that it helps facilitate initiation b/c they know they are the ones who are supposed to initiate, so alcohol helps them to enact their gendered

role...whereas for women, I think it might help them to move around their gendered sexual roles).

- Gender & Consent (both increasing consent and helping to tolerate unwanted consensual activities): I think alcohol increasing consent is related to gender, because women know that they need to be the gate-keepers and refuse men's sexual advances (in essence, alcohol opens those gates, which may be related to McKirnan's theory of cognitive escape). I also think that alcohol helping to tolerate unwanted sexual experiences is related to women's role as the passive partner, which is paradoxically different from their role as the gate-keepers. In other words, women know that a sexual experience is going to happen (because they feel powerless to stop it???) and they use alcohol (as a way of increasing intimacy, dulling senses, what????) to help tolerate that unwanted yet ultimately consensual experience.
- Gender & Relaxation—I think alcohol's relaxing effect is related to gender in that all of the inhibitions (stemming from social forces) surrounding sexual experiences increases anxiety in a sexual situation, which alcohol subsequently alleviates (possibly b/c it alleviates inhibitions, but also likely b/c it just alleviates anxiety).
- Gender & Regret—I think that the regret or guilt often experienced by women following a sexual experience under the influence of alcohol is related to gender b/c women often reported engaging in behavior that their inhibitions normally would have prevented. Also, transgressing socio-sexual norms can have significant consequences for women (physical, social, and psychological), which likely increases the regret they experience.
- Gender & Relationship factors—I think that relationship moderates the effects of alcohol on sexual behavior for gendered reasons (though I would imagine some of these reasons may hold up for men as well). Presumably, as a relationship progresses, many of the anxieties related to the sexual experience and one's sexual inhibitions would decrease while the ability to communicate about sexual matters would increase, thus eliminating the need for (and effects of) alcohol in a sexual encounter.

#### Other Codes:

1. Alcohol—the participant discusses anything about drinking, generally, such as the role of alcohol in their social habits, problem recognition concerning alcohol abuse/dependence, etc. This might be used later on to support or justify looking at alcohol in a sample of club drug users, mostly b/c most of these women discussed the much larger role of alcohol in their lives (as compared to drugs) and also discussed the role of alcohol in their drug use and their sexuality (and often identified alcohol as a more significant influence in their sexual lives than drugs).
2. Sexuality—the participant discusses any aspect of their sexuality, primarily in response to the first set of questions in the sexual part of the qual interview. Also put stuff in here about inhibitions, anxieties, risk or protective practices, satisfactions, desires, needs, relationships, etc. This will be a broad category to

capture any sexuality-related information, which might be used later on to describe women's general feelings about their sexuality.

3. Codes to identify sexual experience narratives:
  - a. ALCSEX—The story of the most recent time they had sex after drinking alcohol.
  - b. RSKALCSEX—The story of a time when alcohol caused a sexually risky encounter.
  - c. SOBSEX—The story of the most recent time they had sober sex.

Final Codebook

**Alcohol Facilitates Sexual Experience**

5. Decreases inhibitions—alcohol decreases inhibitions related to the activity, to the partner, to one’s own inhibitions concerning intimacy (body image concerns, etc.), and to expressions of desire (allowing expressions of one’s desire and also to initiations). “I’m much more uninhibited. There’s a lot of things I wouldn’t do if I wasn’t drunk first.” –5066, straight woman. “...um, it definitely, like, lowers inhibitions, obviously. Um, it makes me more willing to have sex definitely, and with people I don’t know very well...” --5163, straight woman.
  - a. Allows Initiation—alcohol makes women more likely to initiate a sexual encounter. “...I’m very kind of like anxious and stressed out person, too, so it’d always be, it’d make things like the initiation easier...not really actually in the sex, but just getting things rolling.” --5085, straight woman.
  - b. Allows expression of desire—alcohol allows women to engage in sexual activities that they already desired, but would not have done while sober (this is sometimes *coupled with increased desire while drinking and is likely related to the nature of the relationship and an individual woman’s personality/sexuality*). “Like it [alcohol] has led me to experiment, you know, I found myself with, like, two guys, which is something that I probably wouldn’t have done sober, but it was an experience that I was curious about anyways and alcohol allowed me to not be so afraid of it and to embrace it and enjoy it, you know what I mean? Not even to—alcohol didn’t help me to enjoy it, it helped me to allow it and then I allowed myself to enjoy it kind of a thing.” --5210, lesbian woman
  - c. General—general discussions of decreased inhibitions, without clear indication of what those inhibitions are about (not sure if this code will stay in here b/c most of the inhibitions discussions may fit into one of the other two categories). “I think it’s, it’s, um, it helps, it helps me lose inhibitions easier because sometimes I have, you know, not so much anymore, but I used to have issues with like undressing and being naked in front of people, and that, uh, definitely helped out a lot.” –5223, Lesbian.
6. Tips Ambivalence:
  - a. Increases consent to sexual advances—alcohol increases the chances that a woman will say yes to a sexual advance. “It doesn’t make me want sex, but it makes me more agreeable to have sex.” --5173, straight woman
  - b. Increases ability to tolerate or engage in unwanted (but consensual) sex—a couple of women have said that alcohol helped them engaged in sexual activity that they didn’t necessarily want, but ultimately consented to. “I decided I didn’t like him too much. But I was stuck there for seven [days]. So I just kept drinking, kept that buzz going. He was fine after a few drinks. And then later we just warmed up to each other. We opened up to each other after a while. Sometimes, you know, in the bright light of day, things weren’t so—things aren’t so attractive. After a bottle and a

half of wine, we started to get used to each other.” --5066, straight woman.

7. Decreases behavioral control—alcohol decreases the amount of control women have over their sexual behavior, both in terms of deciding whether or not to engage in sexual activity and also in terms of deciding what kinds of sexual activity they will engage in (this may be somewhat *related to engaging in sexual acts that the women deem atypical for them, such as bad partner choice or sexual acts they wouldn't typically do, such as threesomes*). “I have a hard time stopping or slowing down. If I'm sober, I'm completely in control all of the time....if I'm drunk, though, then forget about it. I don't even know why I even try to slow things down or control things. I just—I go, you know, for the gusto, which I wouldn't normally do.” --5066, straight woman
8. Increases desire—alcohol increases a woman's desire for sexual activity. “It [alcohol] makes you crave it, definitely. I think alcohol's the biggest pusher of sex. More than any other thing in the world.” --5056, bisexual woman.

#### Alcohol changes the sexual experience

4. Relaxes—alcohol tends to relax or loosen women up, which is experienced in a positive light (seems to be *related to inhibitions concerning the expression of desire, but also seems to be relaxing so as to be able to enjoy the sex and feel less anxious about a sexual experience, especially a first sexual encounter with a partner*). “...I think it loosens you up a little bit and it lowers your inhibitions a little bit, and I think, especially when you're having sex with somebody for the first time, it's good to be in that kind of situation where you're not so worried and you're not so uptight and you just kind of let loose and let yourself go and figure out what exactly is going to work for them and what's going to work for you. I think alcohol is actually a good way to go about that. And, you know, ever body is a little easier, a little less on edge, and I think that is a good thing, just in general, too.” --5210, lesbian woman
5. Orgasm Influences:
  - a. Impairs ability to orgasm—alcohol tends to “desensitize” or “numb” women, such that achieving orgasm is more difficult or impossible. “Sometimes it's just like it numbs me, like I said, like it's hard for me to orgasm, so that kind of just slows it down unless I really work at it. And then sometimes it's like, you know, I end up like being sore the next day, so, just like numb...” --5343, lesbian woman.
  - b. Facilitates ability to orgasm—alcohol may also facilitate orgasm, through its relaxing effects. “It could make you cum easier because you're so—you're relaxed—it's not like you're tense or anything.” --5251, Lesbian
6. Affects the physical experience of sex—alcohol tends to do one of three things (not all necessarily mutually exclusive): Numbs them—physically numb women, thus decreasing their enjoyment of the sexual experience; Enhances it—makes it more intense, etc.; Induces Nausea—women say they don't enjoy it because of the “sick factor” (this is related to dose, I think...enhancing at small doses, numbing and nauseating in larger doses). There are a couple of women who also discuss

alcohol's effects on lubrication. Also a few women who discuss the distinction between sex/making love and "fucking"—so that sex on alcohol is more like fucking and less about foreplay, emotions, etc.

7. Sloppy—many women (and men) use the same word here, sloppy, to describe a sexual experience in which they are clumsier or have lost some control over their behavior (this is definitely *related to dose—women cite this effect when they are drunk or really drunk, not just tipsy*). “It’s just sloppy. It’s just a mess...it’s just sloppy. You’re clumsy, you’re falling. It’s a disaster.” --5112, bisexual woman.

### **Alcohol leads to atypical sexual behavior**

1. Acts—Atypical sexual acts are sexual activities that the woman says she would not have engaged in had she not been drinking. Often, this has been threesomes. This code is *related to inhibitions & expressing desires, decreased control, and often, regret*. “...there’s a lot of things I wouldn’t do if I wasn’t drunk first.” --5066, Straight
2. Partners—Atypical sexual partners are sexual partners that the woman says she would not have been involved with had she not been drinking. This code is *related mostly to consent and regret*. “I do identify as gay even though I am a total slut when it comes to sleeping around. But, when I’m sober, I’m gay....When I’m drunk, I’m bi.” --5114, Lesbian

### **Perceived Risk**

3. Risky—for some women, but certainly not all women, alcohol can increase their risky sexual practices. It seems that many women remembered a time when this had happened, though it was often not in their most recent drunk sex narrative. *Relationship status and dose likely also have an influence here*. There are a couple of kinds of risk that women typically discuss:
  - I. Physical or Health Risks—Unprotected sexual activity or putting themselves in potentially (though not necessarily actual, but sometimes) situations.
  - II. Social/Interpersonal/Psychological Risks—Many women discussed the riskiness of their behavior in terms of their relationships, their social standing (i.e., doing things that make them seem slutty), or their own self-evaluations (i.e., not feeling good about their behavior and thus evaluating themselves negatively).
4. Not risky—Alcohol does not necessarily induce risk for all women. Several women reported that they are always safe or that alcohol does not influence their behavior and/or that their behavior is more a reflection of the context than their alcohol consumption. Responding to the question, “has alcohol ever caused you to take risks during sex?”: “Um, no, because I’ve—I’ve never—I’ve never had sex with somebody who I didn’t know when I was drunk.” --5021, Bisexual

### **Moderators of the effects of alcohol on sexual experiences**

3. Dose—the amount of alcohol consumed and its effects (i.e., buzzed, drunk, etc.). Dose, specifically a higher dose, is *related to impaired ability to orgasm, less*

*enjoyment/satisfaction, sloppiness, and sometimes prevents sex from occurring altogether, though smaller doses seem to be ideal for their relaxing and disinhibiting qualities.* “I don’t like to be wasted drunk because I like to pay attention to what’s going on and I like to really enjoy what’s going on. So, you know, if I’m like sloppy drunk, I don’t really enjoy it that much cause it’s just like, I don’t even know what there is to enjoy at the time. It’s just like things are sloppy and I’m like, ‘gross.’ And like, seriously, sex with—you have a couple of glasses of wine, you know, like three or four glasses of wine, we’ll say, and you’re just like, so you’ve feeling really good and then you just get really into it and you concentrate a lot more on different aspects of the body and different aspects of what’s making you feel good and what’s making them feel good at the same time.” --5210, lesbian woman

4. Relationship Factors—the type of relationship the woman is involved in affects how she uses alcohol during a sexual encounter and how it affects it (with alcohol more markedly influenced newer relationships, as compared to steady or longer-term relationships in which the woman has already become more comfortable). I think this also has *something to do with sexual scripts* (that is, for many women, sex typically occurs after a night out drinking b/c that’s how they meet potential partners). “For me, it depends on if I’m sober and in a relationship—that’s like, you can’t beat that. Then when you’re sober and it’s a one night stand, it’s okay. But when it’s alcohol and a one night stand, it’s great.” –5128, straight woman. I will likely also be able to do some mixed-method analyses surrounding this factor, using the quantified qualitative data.

**Gender/Sexuality**—the participant discusses anything related to gender and/or sexuality, gendered sexual norms, etc. This code is to be used for explicit discussions of gender or specific statements of gendered sexual norms (even if they don’t call them as such), rather than assumptions of the role of gender in a relationship or behavior. Anything about inhibitions, anxieties, risk or protective practices, satisfactions, desires, needs, relationships, etc. goes here. This is a broad category to capture any sexuality/gender-related information, which might be used later on to describe women’s general feelings about their sexuality. **Guilt/Concern Surrounding Casual Sex**

- a. General guilt—Any sort of expressions of guilt surrounding sexual behavior or sexuality that is general. “Um, I felt a lot better about it [sexuality] before I started sleeping around this past year.” (26, Lesbian, White)
- b. Social or relational repercussions—Any expression of guilt surrounding the relational (i.e., not having a bf) or social (reputation) repercussions of their sexual behavior. “...maybe it’s just stupid things, like me in my head, like, ‘Oh, I can’t be in a relationship, maybe, like, if I didn’t have sex with them on the first date, then maybe it would be different. I don’t know. Maybe it’s like old school feeling traditional. ... Morals and that whole thing. But I guess if you’re safe, it shouldn’t really matter. Everyone needs to get it somehow, right?” (27, Straight, White)

2. Sexual Script Issues
  - a. Gendered roles—Any expression of awareness of appropriate gender roles. “He was surprised because I carried condoms, which I thought was weird and outdated. He was like, ‘You have some?!’ I was like, ‘Of course.’” (19, Straight, White)
  - b. Knowledge of scripts—Any expression of knowledge of the way in which behavior is supposed to occur. “I was totally just talking to the other guy, so I was like, ‘I did not give out that vibe, this shouldn’t be happening. Why are you kissing me ‘cause I’m not flirting with you?’” (27, Straight, Latina)
3. Benefits of Sex
  - a. Healthy, fulfills a need—Discussion of the recognition of sexual activity as healthy and necessary. “Sex is important because I think it, um, it fulfills a need. Just like, you know, obviously not a need for survival, but I think it fulfills a need for happiness and fulfillment to a certain degree.” (27, Straight, Latina)
  - b. Promotes personal satisfaction—Discussion of the personally satisfying aspects of sexual activity or their sexuality. “...well, there’s two facets of it for me. Like, you know, on the one hand, it can be a really fun thing. It can be a really cool thing to do, it can be a very intimate experience. But on the other hand, sometimes it’s just about getting the guy, just feeling good about yourself. Yes! He wants to sleep with me. Alright, cool! I was the best fuck of his life. Okay, sweet!” (18, Bisexual, White)
4. Gender/Sexual Identity/Image Issues—Discussion of both the positive and negative aspects of gender/sexuality/image issues. Often concerns about body image, social struggles with sexual identity, or concerns over gender identity. “It built up to a point where, like, I didn’t want to be touched at all. I was, like, confused, which I think definitely played into my lack of sex drive because I was really confused about myself and like what I wanted out of my like, my sexual gender identity. ... But it’s hard to have sex when you’re uncomfortable with your body.” (27, White, Lesbian) “Well, I get annoyed when people start trying to classify me. Just because I’m a rug eater. I’m like, ‘but I do like the cock!’ So say what you want. I like both sides. I mean, I can have my cake and eat it too, man. It gets annoying sometimes (22, Bisexual, White).
5. Awareness of Safety and Risk—Any discussion of safety and/or risk, whether sexual, physical, or otherwise (but as related to sexual situations or the expression of sexuality). “So my assumption of him was that he was just a really nice guy, a gentleman. ... It made me a little more comfortable because I just knew he wasn’t going to be physically aggressive, um, and that I, I could tell that I was gonna call the shots and keep control.” (27, Straight, Latina). “...there actually started to be a huge problem where I would be passed out from drinking or doing drugs and I would wake up and he would be having sex with me without a condom. ... And I just let it slide because I didn’t feel that our relationship was that serious so it’s almost harder to argue with someone when you can’t play the card of, like, ‘well, I’ll break up with you.’” (23, Lesbian, White)

### Complex Reflections

1. Pattern recognition—Recognitions of patterns in their combinations of alcohol and sexual activity. Sometimes this is about relationships or sexual scripts (not sure if I'll keep this code b/c it might not be fruitful if it overlaps so much with the relationship issue, but something might come out of here, like women's feelings about their constant combining of sex & alcohol). "I have never slept with a guy sober ever in my life. Um, so, uh, yeah—I mean I'd say, like, I could probably easily count on both hands the number of times I had sex sober." -- 5114, Lesbian
2. Increases regret surrounding the experience—many women expressed regret concerning some of their behaviors and activities while under the influence of alcohol (this is primarily *related to experiences in which women engaged in behavior that was atypical for them—such as bad partner choice or sexual acts, like threesomes, that they reportedly would not do when sober*). "...it used to, just like, I didn't care. I would just, I would just go for anything. I wouldn't—and I wouldn't hold back at all. Um, and whether I really knew the guy or not, I would just, if I wanted to, I would. And it's not good, but it happened, so." -- 5180, Bisexual woman

### Free-standing codes/Misc

3. Comparing alcohol and drug's sexual effects—Most often, this is when women compare alcohol to cocaine or compare alcohol on its own to alcohol combined with cocaine. I may use this later to talk about the ways in which this club-drug using sample might be different than another sample or the only discernable way in which drugs sometimes influenced their drinking and/or sexual behaviors.
4. Alcohol—the participant discusses anything about drinking, generally, such as the role of alcohol in their social habits, problem recognition concerning alcohol abuse/dependence, etc. This might be used later on to support or justify looking at alcohol in a sample of club drug users, mostly b/c most of these women discussed the much larger role of alcohol in their lives (as compared to drugs) and also discussed the role of alcohol in their drug use and their sexuality (and often identified alcohol as a more significant influence in their sexual lives than drugs).
5. Codes to identify sexual experience narratives:
  - d. ALCSEX—The story of the most recent time they had sex after drinking alcohol.
  - e. RSKALCSEX—The story of a time when alcohol caused a sexually risky encounter.
  - f. SOBSEX—The story of the most recent time they had sober sex.

## Appendix B: Coding Checklist

### Alcohol & Sex Narrative

#### WHO

Partner Age, if known: \_\_\_\_\_

Please check all that apply:

Main Partner First-Time Partner Casual Partner Multiple Partners Unknown		Male Partner Female Partner Two female Partners Two male partners Both Male & Female Unknown
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If casual partner, please indicate the nature of prior sexual relationship, if discussed:

\_\_\_\_\_

\_\_\_\_\_

#### WHERE

Please check all that apply:

Environment(s) where sex took place:

HOME Environment (anyone's home)

Bar/Club/Lounge

Other--any other location that does not fit into the above categories such as the "mile high club" or the "bathroom at work" or a hotel, etc.

Please

specify \_\_\_\_\_

Unknown

*If the partner is a first time partner, please indicate the environments where/how participant met partner:*

BAR--Met in a bar, lounge, or club environment.

PRTY--Met at a party (house party, etc.—not held in a bar/club/lounge).

WRK--Met them while working together or at their place of employment somehow.

KNOWN--Already knew the partner.

Other--Any other location that does not fit into the above categories

Please

specify \_\_\_\_\_

Unknown

**WHAT:**

Please check all that apply:

**GTO—got oral sex**                      **Yes**                      **No**                      **Unknown**

BARRIER                      dental dam or barrier was used  
 NO BARRIER                      no dental dam or barrier was not used  
 DISCARD                      started using a barrier, but then stopped.  
 NB/B                      started without a barrier then put one on  
 UNKNOWN

**GVO—gave oral sex**                      **Yes**                      **No**                      **Unknown**

BARRIER                      condom/dental dam/barrier was used  
 NO BARRIER                      condom/dental dam/barrier was not used  
 DISCARD                      started using a condom/dental dam/barrier, but then stopped.  
 NB/B                      started without a condom/dental dam/barrier then put one on  
 UNKNOWN

**VI—vaginal intercourse**                      **Yes**                      **No**                      **Unknown**

CONDOM                      condom was used  
 NO CONDOM                      condom was not used  
 DISCARD                      started using a condom, but then stopped.  
 NC/C                      started without a condom then put one on  
 UNKNOWN

**AI—anal intercourse**                      **Yes**                      **No**                      **Unknown**

CONDOM                      condom was used  
 NO CONDOM                      condom was not used  
 DISCARD                      started using a condom, but then stopped.  
 NC/C                      started without a condom then put one on  
 UNKNOWN

**TY—toys**                      **Yes**                      **No**                      **Unknown**

SHARED/SF                      toys shared safely (washing them between persons or using a  
 condom)  
 SHARED/NS                      toys shared unsafely (not washed between and/or no condom)  
 UNKNOWN

DESCRIPTION (Describe the way in which the toys were used, what toys, etc.):

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Other Sexual Activity. Please  
 describe: \_\_\_\_\_

Did the participant report having an orgasm:      Yes              No              Unknown

If discussed, what does the participant attributed their orgasm (or lack thereof) to?

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The following ejaculation codes are *ONLY* to be used for unprotected sex with men when ejaculation occurs.

EJAC VAG

EJAC ORAL

EJAC ANAL

EJAC WTHDR

EJAC Unknown

*If condoms were not used*, did participant discuss other forms of protection (i.e., birth control pills, diaphragms, “pull-out method,” etc.) or precautions she and the partner had previously taken (i.e., monogamous relationship where they had both been tested or discussed STDs/HIV/Pregnancy before)?

Yes              No              Unknown

If yes, please describe:

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*If protection was not used*, did participant explicitly blame alcohol consumption for lack of protection?

Yes              No

#### ALCOHOL CONSUMPTION

If the participant specifies the number of drinks they had, please check that. If they also (or only) specify the effects of the alcohol that night (i.e., buzzed vs. drunk), please check that also.

1-3 Drinks		Buzzed/Tipsy	Other Description
4+ Drinks		Drunk	Specify: _____
Unknown		Unknown	

Was Partner(s) intoxicated or drinking?      Yes              No              Unknown

*If yes*, were the participant and partner(s) drinking together?      Yes              No

Unknown

Comments/Notes?

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### Sober Sex Narrative

#### WHO

Partner Age, if known: \_\_\_\_\_

Please check all that apply:

<p>Main Partner</p> <p>First-Time Partner</p> <p>Casual Partner</p> <p>Multiple Partners</p> <p>Unknown</p>		<p>Male Partner</p> <p>Female Partner</p> <p>Two female Partners</p> <p>Two male partners</p> <p>Both Male &amp; Female</p> <p>Unknown</p>
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If casual partner, please indicate the nature of prior sexual relationship, if discussed:

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#### WHERE

Please check all that apply:

Environment(s) where sex took place:

HOME Environment (anyone's home)

Bar/Club/Lounge

Other--any other location that does not fit into the above categories such as the "mile high club" or the "bathroom at work" or a hotel, etc.

Please

specify \_\_\_\_\_

Unknown

*If the partner is a first time partner, please indicate the environments where/how participant met partner:*

BAR--Met in a bar, lounge, or club environment.

PTY--Met at a party (house party, etc.—not held in a bar/club/lounge).

WRK--Met them while working together or at their place of employment somehow.

KNOWN--Already knew the partner.

Other--Any other location that does not fit into the above categories

Please

specify \_\_\_\_\_

Unknown

**WHAT:**

Please check all that apply:

**GTO—got oral sex**                      **Yes**                      **No**                      **Unknown**

BARRIER                      dental dam or barrier was used  
 NO BARRIER                      no dental dam or barrier was used  
 DISCARD                      started using a barrier, but then stopped.  
 NB/B                      started without a barrier then put one on  
 UNKNOWN

**GVO—gave oral sex**                      **Yes**                      **No**                      **Unknown**

BARRIER                      condom/dental dam/barrier was used  
 NO BARRIER                      condom/dental dam/barrier was not used  
 DISCARD                      started using a condom/dental dam/barrier, but then stopped.  
 NB/B                      started without a condom/dental dam/barrier then put one on  
 UNKNOWN

**VI—vaginal intercourse**                      **Yes**                      **No**                      **Unknown**

CONDOM                      condom was used  
 NO CONDOM                      condom was not used  
 DISCARD                      started using a condom, but then stopped.  
 NC/C                      started without a condom then put one on  
 UNKNOWN

**AI—anal intercourse**                      **Yes**                      **No**                      **Unknown**

CONDOM                      condom was used  
 NO CONDOM                      condom was not used  
 DISCARD                      started using a condom, but then stopped.  
 NC/C                      started without a condom then put one on  
 UNKNOWN

**TY—toys**                      **Yes**                      **No**                      **Unknown**

SHARED/SF                      toys shared safely (washing them between persons or using a  
 condom)  
 SHARED/NS                      toys shared unsafely (not washed between and/or no condom)  
 UNKNOWN

DESCRIPTION (Describe the way in which the toys were used, what toys, etc.):

---



---

Other Sexual Activity. Please  
 describe: \_\_\_\_\_

---

Did the participant report having an orgasm:      Yes              No              Unknown

If discussed, what does the participant attributed their orgasm (or lack thereof) to?

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The following ejaculation codes are ONLY to be used for unprotected sex with men when ejaculation occurs.

EJAC VAG

EJAC ORAL

EJAC ANAL

EJAC WTHDR

EJAC Unknown

*If condoms were not used*, did participant discuss other forms of protection (i.e., birth control pills, diaphragms, “pull-out method,” etc.) or precautions she and the partner had previously taken (i.e., monogamous relationship where they had both been tested or discussed STDs/HIV/Pregnancy before)?

Yes              No              Unknown

If yes, please describe:

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Comments/Notes?

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Were both stories about the same partner?

Yes

No

Unknown

Table 1. Demographics				
	Full Sample (N=121)		Qual Sub-sample (N=60)	
	<b>M</b>	<b>SD</b>	<b>M</b>	<b>SD</b>
Age	24.25	2.79	24.4	2.64
Ethnicity	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
White	78	64.50%	33	55.00%
Latina	8	6.60%	5	8.30%
Latina/Mixed	10	8.30%	8	13.30%
African-American	6	5.00%	3	5.00%
Asian	5	4.10%	4	6.70%
Mixed	8	6.60%	3	5.00%
Other	6	4.90%	3	5.00%
Sexual Identity				
Straight	53	43.80%	20	33.30%
Lesbian	33	27.30%	20	33.30%
Bisexual	35	28.90%	20	33.30%
Relationship Status				
Single	71	58.70%	36	60.00%
Partnered	50	41.30%	24	40.00%
Employment Status				
Full-Time	53	43.80%	35	58.30%
Part-Time	22	18.20%	5	8.30%
Part-Time Work/Full-Time Student	14	11.60%	5	8.30%
Unemployed Student	20	16.50%	9	15.00%
Unemployed--Other	12	9.90%	6	10.00%
Parental Class Background				
Rich, Upper Middle Class, or Middle Class	108	83.50%	52	86.70%
Working Class	17	14.00%	6	10.00%
Poor	3	2.50%	2	3.30%
Last Year's Yearly Income				
Less than \$10,000	36	30.00%	12	20.30%
10,000 to 29,999	39	32.50%	16	27.10%
30,000 to 49,999	38	31.70%	27	45.80%
\$50,000 or above	7	5.80%	4	6.8
Education				
Some H.S.	2	1.70%	2	3.30%
H.S. or GED	7	5.80%	4	6.70%
Some College/Currently Enrolled	49	40.50%	21	35%
BA or Equivalent	55	45.50%	29	48.30%
Graduate School	8	6.60%	4	6.70%

Table 2. Sample characteristics				
	Full Sample (N=121)		Qual Sub-sample (N=60)	
	<b>M</b>	<b>SD</b>	<b>M</b>	<b>SD</b>
Sexual Anxiety Score	8.86	3.78	8.07	3.64
Sexual Compulsivity Score	16.73	6	16.71	6.52
Sexual Esteem Score	16.81	4.94	16.8	4.95
Sexual Satisfaction Score	16.12	5.63	15.97	5.33
Sexual Sensation Seeking Score	25.65	6.49	25.19	5.58
AUDIT Score	12.89	6.67	13.7	6.53
Frequency of Recent Alcohol Use (# of days in last 4 mo)	49.33	32.15	48.42	33.38
Number of Club Drugs Used in Lifetime	3.51	1.38	3.53	1.35

Table 3. Sex story characteristics							
Behavior/Variable	Sober Story (n=107)		Alcohol Story (n=96)		Chi-Square Test		
	n	%	n	%	$\chi^2$	df	p
<b>Partner Type</b>							
Main Partner	55	51.40%	29	30.20%			
Casual Partner	50	46.70%	41	42.70%			
First-time Partner	2	1.90%	25	26.00%			
Multiple Partners	0	0.00%	1	100.00%	N/A	N/A	N/A
<b>Partner Gender</b>							
Male	68	63.60%	63	65.60%			
Female	39	36.40%	32	33.30%			
Both Male & Female	0	0.00%	1	100.00%	0.163	1	0.687
<b>Performed Oral Sex</b>							
Yes	48	44.90%	30	31.30%			
No	28	26.20%	22	22.90%			
Unknown	31	28.90%	44	45.80%	0.377	1	0.539
<b>Protection--Performing Oral</b>							
Yes	0	0.00%	1	3.30%			
No	40	83.30%	20	66.70%			
Unknown	8	16.70%	9	30.00%	N/A	N/A	N/A
<b>Received Oral Sex</b>							
Yes	<b>56</b>	<b>52.30%</b>	<b>32</b>	<b>33.30%</b>			
No	<b>23</b>	<b>21.50%</b>	<b>23</b>	<b>24.00%</b>			
Unknown	<b>28</b>	<b>26.20%</b>	<b>41</b>	<b>42.70%</b>	<b>3.54</b>	<b>1</b>	<b>0.06</b>
<b>Protection--Receiving Oral</b>							
Yes	0	0.00%	0	0.00%			
No	48	85.70%	24	75.00%			
Unknown	8	14.30%	8	25.00%	N/A	N/A	N/A
<b>Vaginal Sex*</b>							
Yes	62	91.20%	62	96.90%			
No	6	8.80%	2	3.10%	N/A	N/A	N/A
<b>Protection--Vaginal*</b>							
Yes	<b>16</b>	<b>25.80%</b>	<b>23</b>	<b>37.10%</b>			
No	<b>30</b>	<b>48.40%</b>	<b>19</b>	<b>30.60%</b>			
Unknown	<b>16</b>	<b>25.80%</b>	<b>20</b>	<b>32.30%</b>	<b>8.09</b>	<b>1</b>	<b>0.004</b>
<b>Anal Sex*</b>							
Yes	4	5.90%	0	0.00%			
No	53	77.90%	48	75.00%			
Unknown	11	15.20%	16	25.00%	N/A	N/A	N/A

Table 3. Sex story characteristics (continued)							
Behavior/Variable	Sober Story (n=107)		Alcohol Story (n=96)		Chi-Square Test		
	n	%	n	%	$\chi^2$	df	p
<b>Protection--Anal*</b>							
Yes	1	25.00%	--	--			
No	2	50.00%	--	--			
Unknown	1	25.00%	--	--	N/A	N/A	N/A
<b>Toys Used</b>							
Yes	11	10.30%	5	5.20%			
No	73	68.20%	61	63.50%			
Unknown	23	21.50%	30	31.30%	1.19	1	0.274
<b>Protection--Toys</b>							
No toy sharing	6	54.50%	4	80.00%			
Unsafe toy sharing	0	0.00%	1	20.00%			
Safe toy sharing	0	0.00%	0	0.00%			
Unknown	5	45.50%	0	0.00%	N/A	N/A	N/A
<b>Overall Risk</b>							
<b>Risky</b>	<b>13</b>	<b>21.00%</b>	<b>9</b>	<b>14.50%</b>			
<b>Not Risky</b>	<b>25</b>	<b>40.30%</b>	<b>31</b>	<b>50.00%</b>			
<b>Unknown</b>	<b>24</b>	<b>38.70%</b>	<b>22</b>	<b>35.50%</b>	<b>3.37</b>	<b>1</b>	<b>0.07</b>
<b>Orgasm Reported</b>							
<b>Yes</b>	<b>51</b>	<b>47.70%</b>	<b>28</b>	<b>29.20%</b>			
<b>No</b>	<b>25</b>	<b>23.40%</b>	<b>34</b>	<b>35.40%</b>			
<b>Unknown</b>	<b>31</b>	<b>28.90%</b>	<b>34</b>	<b>35.40%</b>	<b>9.74</b>	<b>1</b>	<b>0.001</b>
* These behaviors are only reported for those women who had a male partner in the narrative.							

Table 4. Sexual behaviors and experiences according to partner type									
Alcohol Stories									
	Main Partner		1st time Partner		Casual Partner		$\chi^2$	df	p
	N	%	n	%	n	%			
<b>Partner Gender</b>									
<b>Male</b>	<b>18</b>	<b>62.07%</b>	<b>19</b>	<b>76.00%</b>	<b>26</b>	<b>63.41%</b>			
<b>Female</b>	<b>11</b>	<b>63.41%</b>	<b>6</b>	<b>24.00%</b>	<b>15</b>	<b>36.59%</b>	<b>5.36</b>	<b>2</b>	<b>0.007</b>
Vaginal Sex*									
Yes	18	100.00%	18	94.74%	25	96.15%			
No	0	0.00%	1	5.26%	1	3.85%	N/A	N/A	N/A
Condom Use *									
Condom Used	2	15.38%	16	94.12%	5	45.45%			
No Condom	11	84.60%	1	5.89%	6	54.55%	N/A	N/A	N/A
Risk *									
Not Risky	10	76.92%	16	100.00%	5	50%			
Risky	3	23.08%	0	0.00%	5	50%	N/A	N/A	N/A
<b>Gave Oral Sex</b>									
<b>Yes</b>	<b>8</b>	<b>61.54%</b>	<b>7</b>	<b>38.89%</b>	<b>14</b>	<b>70.00%</b>	<b>21.0</b>		
<b>No</b>	<b>5</b>	<b>38.46%</b>	<b>11</b>	<b>61.11%</b>	<b>6</b>	<b>30.00%</b>	<b>9</b>	<b>2</b>	<b>&lt;.0001</b>
<b>Got Oral Sex</b>									
<b>Yes</b>	<b>8</b>	<b>57.14%</b>	<b>8</b>	<b>44.44%</b>	<b>15</b>	<b>68.18%</b>	<b>11.4</b>		
<b>No</b>	<b>6</b>	<b>42.86%</b>	<b>10</b>	<b>55.55%</b>	<b>7</b>	<b>31.82%</b>	<b>8</b>	<b>2</b>	<b>0.003</b>
<b>Orgasm</b>									
<b>Orgasm</b>	<b>8</b>	<b>50.00%</b>	<b>6</b>	<b>31.58%</b>	<b>13</b>	<b>50.00%</b>			
<b>No Orgasm</b>	<b>8</b>	<b>50.00%</b>	<b>13</b>	<b>68.42%</b>	<b>13</b>	<b>50.00%</b>	<b>9.19</b>	<b>2</b>	<b>0.01</b>

Table 4. Sexual behaviors and experiences according to partner type (continued)									
Sober Stories									
	Main Partner		1st time Partner		Casual Partner		$\chi^2$	df	p
	n	%	n	%	n	%			
Partner Gender									
Male	33	60.00%	2	100.00%	33	66.00%			
Female	22	40.00%	0	0.00%	17	34.00%	N/A	N/A	N/A
Vaginal Sex*									
Yes	31	93.94%	2	100.00%	29	87.88%			
No	2	6.06%	0	0.00%	4	12.12%	N/A	N/A	N/A
Condom Use *									
Condom Used	3	13.04%	0	0.00%	13	61.90%			
No Condom	20	86.96%	2	100.00%	8	38.10%	N/A	N/A	N/A
Risk *									
Not Risky	11	57.89%	0	0.00%	14	77.78%			
Risky	8	42.11%	1	100.00%	4	22.22%	N/A	N/A	N/A
Gave Oral Sex									
Yes	23	62.16%	1	50.00%	24	64.86%			
No	14	37.84%	1	50.00%	13	35.14%	N/A	N/A	N/A
Got Oral Sex									
Yes	29	72.50%	1	50.00%	26	70.27%			
No	11	27.50%	1	50.00%	11	29.73%	N/A	N/A	N/A
Orgasm									
Orgasm	28	70.00%	1	50.00%	22	64.71%			
No Orgasm	12	30.00%	1	50.00%	12	35.29%	N/A	N/A	N/A

\* Behaviors reported are only for women engaging in sexual activity with men and/or who reported whether or not condoms were used and/or other protective behaviors.

	1-3 Drinks		4+ Drinks		Buzzed/Tipsy		Drunk	
	n	%	n	%	n	%	n	%
<b>Partner Type</b>								
Main	5	50.00%	4	44.44%	2	40.00%	12	28.57%
Casual	4	40.00%	3	33.33%	3	60.00%	14	33.33%
First-time	1	10.00%	2	22.22%	0	0.00%	16	38.10%
<b>Partner Gender</b>								
Male	5	50.00%	5	50.00%	3	60.00%	27	62.79%
Female	5	50.00%	4	40.00%	2	40.00%	15	34.89%
Multiple Partners	0	0.00%	1	10.00%	0	0.00%	1	2.38%
<b>Vaginal Sex</b>								
Yes	4	80.00%	5	83.33%	3	100.00%	27	96.43%
No	1	20.00%	1	16.67%	0	0.00%	1	3.57%
<b>Protection</b>								
Condom Used	1	33.33%	3	60.00%	0	0.00%	14	63.64%
No Condom Used	2	66.67%	2	40.00%	2	100.00%	8	36.36%
<b>Overall Risk (recoded)</b>								
Risky	3	100.00%	3	60.00%	1	50.00%	17	80.95%
Not Risky	0	0.00%	2	40.00%	1	50.00%	4	19.05%
<b>Gave Oral Sex</b>								
Yes	3	75.00%	4	57.14%	2	66.67%	10	41.67%
No	1	25.00%	3	42.86%	1	33.33%	14	58.33%
<b>Got Oral Sex</b>								
Yes	2	40.00%	6	75.00%	1	33.33%	13	50.00%
No	3	60.00%	2	25.00%	2	66.67%	13	50.00%
<b>Experiences of Orgasm</b>								
Orgasm	6	85.71%	4	57.14%	2	66.67%	10	30.30%
No Orgasm	1	14.29%	3	42.86%	1	33.33%	23	69.70%

Table 6. Sample characteristic comparison										
	Sexual Anxiety					Sexual Compulsivity				
	M	SD	t	df	p	M	SD	t	df	p
Point of Comparison										
Race & Ethnicity										
White Women	9.17	3.84				17.27	6.57			
Women of Color	8.29	3.66	1.22	118	0.225	15.71	4.66	1.36	118	0.177
Age										
18-24	8.91	3.74				16.49	6.27			
25-29	8.77	3.91	0.188	118	0.851	17.14	5.54	-0.564	118	0.574
			r	df	p			r	df	p
Age continuously	--	--	-0.074	120	0.419	--	--	0.065	120	0.482
	M	SD	F	df	p	M	SD	F	df	p
Sexual Orientation										
Lesbian	8.64	3.9				<b>18.45</b>	<b>5.79</b>			
Bisexual	8.71	3.61				<b>17.12</b>	<b>7.41</b>			
Straight	9.09	3.87	0.185	2, 117	0.832	<b>15.39</b>	<b>4.79</b>	<b>2.83</b>	<b>2, 117</b>	<b>0.063</b>

Table 6. Sample characteristic comparison (continued)										
	Sexual Sensation Seeking					Sexual Satisfaction				
	M	SD	t	df	p	M	SD	t	df	p
Point of Comparison										
Race & Ethnicity										
White Women	26.04	5.85				16	5.71			
Women of Color	24.95	7.54	0.773	104	0.407	16.33	5.54	-0.3	114	0.765
Age										
18-24	<b>24.64</b>	<b>6.43</b>				15.81	5.42			
25-29	<b>27.54</b>	<b>6.25</b>	<b>-2.24</b>	<b>104</b>	<b>0.027</b>	16.64	5.98	-0.77	114	0.443
Age continuously	--	--	<b>0.184</b>	<b>106</b>	<b>0.059</b>	--	--	0.122	116	0.191
	M	SD	r	df	p	M	SD	r	df	p
Sexual Orientation										
Lesbian	26.62	7.86				16.27	6.21			
Bisexual	26.53	6.09				16.46	6.04			
Straight	24.67	6.11	1.14	2, 103	0.326	15.77	4.97	0.165	2, 113	0.848

Table 6. Sample characteristic comparison (continued)										
Point of Comparison	Sexual Esteem					AUDIT Scores				
	M	SD	t	df	p	M	SD	t	df	p
Race & Ethnicity										
White Women	17.13	4.61				12.83	6.34			
Women of Color	16.19	5.51	0.98	117	0.329	13	7.34	-0.12	100	0.905
Age										
18-24	16.59	4.51				<b>13.84</b>	<b>6.71</b>			
25-29	17.18	5.63	-0.633	117	0.528	<b>11.29</b>	<b>6.38</b>	<b>1.89</b>	<b>100</b>	<b>0.061</b>
Age continuously	--	--	0.111	119	0.23	--	--	<b>-0.202</b>	<b>102</b>	<b>0.042</b>
	m	sd	r	df	p	m	sd	r	df	p
Sexual Orientation										
Lesbian	17.91	5.54				<b>17.54</b>	<b>5.41</b>			
Bisexual	16.32	5.4				<b>11</b>	<b>6.25</b>			
Straight	16.45	4.18	1.09	116	0.338	<b>11.22</b>	<b>6.37</b>	<b>11.25</b>	<b>2, 99</b>	<b>&lt;.0001</b>

Table 7. Age comparisons					
Alcohol Story					
	M	SD	F	df	p
Partner type					
Main Partner	24.33	2.96			
Casual Partner	24.85	2.96			
First-time Partner	23.50	2.40	1.21	3, 92	0.31
	M	SD	t	df	p
Partner Gender					
Male	24.14	3.02			
Female	24.74	2.47	-0.97	93.00	0.33
Vaginal Sex					
Yes	24.15	3.05			
No	24.12	0.44	-0.02	62.00	0.99
Condom Use					
Condom Used	23.09	2.97			
No Condom Used	23.84	2.47	-0.87	40.00	0.39
Overall Risk (recoded)					
Not Risky	22.99	2.81			
Risky	24.01	1.67	-1.03	38.00	0.31
Qualitatively Identified Risky					
Ever Associated with Risk	24.16	2.61			
Never Associated with Risk	24.58	2.61	0.54	51.00	0.59
Gave Oral Sex					
Yes	23.53	2.70			
No	24.39	2.89	-1.09	50.00	0.28
<b>Got Oral Sex</b>					
<b>Yes</b>	<b>24.90</b>	<b>2.69</b>			
<b>No</b>	<b>22.85</b>	<b>2.60</b>	<b>-2.82</b>	<b>52.00</b>	<b>0.01</b>
Orgasm					
Orgasm reported	24.50	3.04			
No Orgasm reported	23.66	2.42	-1.21	60.00	0.23

Table 7. Age comparisons (continued)					
Sober Story					
	M	SD	F	df	p
Partner type					
Main Partner	24.06	2.59			
Casual Partner	24.65	2.99			
First-time Partner	22.28	0.00	1.14	2, 104	0.33
	M	SD	t	df	p
Partner Gender					
Male	23.99	2.88			
Female	24.85	2.54	-1.55	105.00	0.12
Vaginal Sex					
Yes	24.02	3.00			
No	23.70	1.06	-0.26	66.00	0.80
Condom Use					
Condom Used	23.49	3.47			
No Condom Used	23.78	2.52	-0.32	44.00	0.75
Overall Risk (recoded)					
Not Risky	23.61	3.20			
Risky	23.80	2.38	-0.19	36.00	0.85
Gave Oral Sex					
Yes	24.68	2.77			
No	24.27	2.74	-0.63	74.00	0.53
Got Oral Sex					
Yes	24.69	2.34			
No	24.38	2.34	-0.46	77.00	0.65
Orgasm					
Orgasm reported	24.19	2.87			
No Orgasm reported	23.90	2.66	-0.43	74.00	0.67

Table 8. Racial and ethnic differences in sexual behaviors and experiences							
Alcohol Story							
	White Women		Women of Color		$\chi^2$	df	p
	n	%	n	%			
<b>Partner type</b>							
<b>Main Partner</b>	<b>24</b>	<b>36.40%</b>	<b>5</b>	<b>16.70%</b>			
<b>Casual Partner</b>	<b>25</b>	<b>37.90%</b>	<b>16</b>	<b>53.30%</b>			
<b>First-time Partner</b>	<b>17</b>	<b>25.80%</b>	<b>8</b>	<b>26.70%</b>	<b>9.87</b>	<b>2</b>	<b>0.007</b>
Partner Gender							
Male	46	69.70%	17	60.00%			
Female	20	30.30%	12	40.00%	2.06	1	0.15
Vaginal Sex							
Yes	45	97.83%	17	94.44%			
No	1	2.17%	1	5.56%	N/A	N/A	N/A
Condom Use							
Condom Used	16	55.17%	7	53.85%			
No Condom Used	13	44.83%	6	46.15%	0.006	1	0.599
Overall Risk (recoded)							
Not Risky	22	78.57%	9	75.00%			
Risky	6	21.43%	3	25.00%	0.061	1	0.553
<b>Qualitatively Identified Risky</b>							
<b>Ever Associated with Risk</b>	<b>24</b>	<b>80.00%</b>	<b>13</b>	<b>56.52%</b>			
<b>Never Associated with Risk</b>	<b>6</b>	<b>20.00%</b>	<b>10</b>	<b>43.48%</b>	<b>12.74</b>	<b>1</b>	<b>&lt;.001</b>
Gave Oral Sex							
Yes	22	59.46%	8	53.33%			
No	15	40.54%	7	46.67%	0.76	1	0.32
<b>Got Oral Sex</b>							
<b>Yes</b>	<b>25</b>	<b>64.10%</b>	<b>7</b>	<b>43.75%</b>			
<b>No</b>	<b>14</b>	<b>35.90%</b>	<b>9</b>	<b>56.25%</b>	<b>8.33</b>	<b>1</b>	<b>0.004</b>
Orgasm							
Orgasm reported	20	51.28%	8	34.78%			
No Orgasm reported	19	48.72%	15	65.22%	1.59	1	0.159

Table 8. Racial and ethnic differences in sexual behaviors and experiences (continued)							
Sober Story							
	White Women		Women of Color		$\chi^2$	df	p
	n	%	n	%			
Partner type							
Main Partner	33	47.80%	22	57.90%			
Casual Partner	34	49.30%	16	42.10%			
First-time Partner	2	2.90%	0	0.00%	1.86	2	0.396
Partner Gender							
Male	45	69.70%	23	60.00%			
Female	24	30.30%	15	40.00%	2.06	1	0.151
Vaginal Sex							
Yes	42	93.33%	20	86.96%			
No	3	6.67%	3	13.04%	N/A	N/A	N/A
Condom Use							
Condom Used	21	65.62%	9	64.29%			
No Condom Used	11	34.38%	5	35.71%	0.008	1	0.593
Overall Risk (recoded)							
Not Risky	16	64.00%	9	69.23%			
Risky	9	36.00%	4	30.77%	0.608	1	0.436
Gave Oral Sex							
Yes	30	63.83%	18	62.07%			
No	17	36.17%	11	37.93%	0.066	1	0.797
Got Oral Sex							
Yes	36	73.47%	20	66.67%			
No	13	26.53%	10	33.33%	1.1	1	0.294
<b>Orgasm</b>							
<b>Orgasm reported</b>	<b>37</b>	<b>78.72%</b>	<b>14</b>	<b>48.28%</b>			
<b>No Orgasm reported</b>	<b>10</b>	<b>21.28%</b>	<b>15</b>	<b>51.72%</b>	<b>7.53</b>	<b>1</b>	<b>0.007</b>

Table 9. Sexual orientation differences in sexual behaviors and experiences									
Alcohol Story									
	Straight Women		Bisexual Women		Lesbian Women		$\chi^2$	df	p
	n	%	n	%	n	%			
<b>Partner type</b>									
Main Partner	14	33.33%	8	33.33%	7	24.14%	0.009a	1	0.995
Casual Partner	17	40.48%	11	45.83%	13	44.83%	.035b	1	0.983
First-time Partner	11	26.19%	5	20.83%	9	31.03%	.021c	1	0.99
<b>Partner Gender</b>									
Male	42	100.00%	16	66.67%	5	17.24%			
Female	0	0.00%	8	33.33%	24	82.76%	N/A	N/A	N/A
<b>Vaginal Sex</b>									
Yes	41	97.62%	17	100.00%	4	80.00%			
No	1	2.38%	0	0.00%	1	20.00%	N/A	N/A	N/A
<b>Condom Use</b>									
Condom Used	12	48.00%	9	60.00%	2	100.00%			
No Condom Used	13	52.00%	6	40.00%	0	0.00%	2.9a	1	0.089
<b>Overall Risk</b>									
Risky	5	20.83%	4	28.57%	0	0.00%			
Not Risky	19	79.17%	10	71.43%	2	100.00%	N/A	N/A	N/A
<b>Qualitatively Identified Risky</b>									
<b>Ever Associated with Risk</b>	<b>14</b>	<b>73.68%</b>	<b>13</b>	<b>76.47%</b>	<b>10</b>	<b>58.82%</b>			
<b>Never Associated with Risk</b>	<b>5</b>	<b>26.32%</b>	<b>4</b>	<b>23.53%</b>	<b>7</b>	<b>41.18%</b>	<b>5.91d</b>	<b>1</b>	<b>0.02</b>
<b>Gave Oral Sex</b>									
Yes	11	50.00%	12	75.00%	7	50.00%			
No	11	50.00%	4	25.00%	7	50.00%	N/A	N/A	N/A
<b>Got Oral Sex</b>									
Yes	11	47.83%	13	76.47%	8	53.33%			
No	12	52.17%	4	25.53%	7	46.67%	N/A	N/A	N/A
<b>Orgasm</b>									
<b>Orgasm reported</b>	<b>10</b>	<b>43.48%</b>	<b>12</b>	<b>63.16%</b>	<b>6</b>	<b>30.00%</b>			
<b>No Orgasm reported</b>	<b>13</b>	<b>56.52%</b>	<b>7</b>	<b>36.84%</b>	<b>14</b>	<b>70.00%</b>	<b>22.43</b>	<b>2</b>	<b>&lt;.001</b>

Table 9. Sexual orientation differences in sexual behaviors and experiences (continued)									
Sober Story									
	Straight Women		Bisexual Women		Lesbian Women		$\chi^2$	df	p
	n	%	n	%	n	%			
<b>Partner type</b>									
Main Partner	23	48.94%	17	54.84%	15	51.72%	N/A	N/A	N/A
Casual Partner	23	48.94%	13	41.94%	0	0.00%	N/A	N/A	N/A
First-time Partner	1	2.12%	1	3.22%	14	48.28%	N/A	N/A	N/A
<b>Partner Gender</b>									
Male	47	100.00%	17	54.84%	4	13.79%			
Female	0	0.00%	14	45.16%	25	86.21%	N/A	N/A	N/A
<b>Vaginal Sex</b>									
Yes	42	89.36%	17	100.00%	3	75.00%			
No	5	10.64%	0	0.00%	1	25.00%	N/A	N/A	N/A
<b>Condom Use</b>									
Condom Used	14	42.42%	2	16.67%	0	0.00%			
No Condom Used	19	57.58%	10	83.33%	1	100.00%	N/A	N/A	N/A
<b>Overall Risk</b>									
Risky	7	25.00%	6	60.00%	0	0.00%			
Not Risky	21	75.00%	4	40.00%	0	0.00%	N/A	N/A	N/A
<b>Gave Oral Sex</b>									
Yes	<b>18</b>	<b>51.43%</b>	<b>17</b>	<b>73.91%</b>	<b>13</b>	<b>72.22%</b>			
No	<b>17</b>	<b>48.57%</b>	<b>6</b>	<b>26.09%</b>	<b>5</b>	<b>27.78%</b>	<b>13.94</b>	<b>2</b>	<b>0.0009</b>
<b>Got Oral Sex</b>									
Yes	21	56.76%	22	95.65%	13	68.42%			
No	16	43.24%	1	4.35%	6	31.58%	N/A	N/A	N/A
<b>Orgasm</b>									
Orgasm reported	<b>26</b>	<b>70.27%</b>	<b>15</b>	<b>71.43%</b>	<b>10</b>	<b>55.56%</b>			
No Orgasm reported	<b>11</b>	<b>29.73%</b>	<b>6</b>	<b>28.57%</b>	<b>8</b>	<b>44.44%</b>	<b>6.95</b>	<b>2</b>	<b>0.03</b>

a: Comparisons are only between straight and bisexual women. b: comparisons are only between bisexual and lesbian women. c: comparisons are only between straight and lesbian women. d: comparisons are between lesbian women and the combined group of bisexual and straight women.

Table 10. Psychosexual variables and AUDIT scores according to sexual behaviors and experiences										
Alcohol Story										
Sexual Anxiety										
Sexual Compulsivity										
	M	SD	F	df	p	M	SD	F	df	p
Partner Type										
Main Partner	<b>7.96</b>	<b>3.27</b>				17.66	6.5			
Casual Partner	<b>8.54</b>	<b>3.32</b>				17.8	6.73			
First-time Partner	<b>10.12</b>	<b>4.49</b>	<b>2.51</b>	<b>2, 92</b>	<b>0.087</b>	15.48	5.45	1.17	2, 91	0.315
	M	SD	t	df	p	M	SD	t	df	p
Partner Gender										
Male	9.08	3.81				16.74	6.27			
Female	8.19	3.47	1.11	93	0.269	17.91	6.53	-0.841	92	0.403
Vaginal Sex										
Yes	9.11	3.84				16.75	6.28			
No	9	1.41	N/A	N/A	N/A	16	5.66	N/A	N/A	N/A
Condom Use										
Condom Used	9.83	3.87				15.52	6.5			
No Condom Used	8.89	4.44	0.726	40	0.472	17.67	6.97	-1.02	39	0.316
Overall Risk (recoded)										
Not Risky	9.81	3.67				15.94	5.98			
Risky	7.78	4.68	1.37	38	0.178	19	8.8	-1.21	38	0.233
Qualitatively Identified Risky*										
Ever Associated with Risk	8.3	3.9				<b>17.7</b>	<b>7.74</b>			
Never Associated with Risk	8.06	3.51	-0.207	51	0.837	<b>15</b>	<b>2.95</b>	<b>-1.82</b>	<b>50</b>	<b>0.074</b>
Gave Oral Sex										
Yes	8.73	3.78				<b>18.86</b>	<b>8.28</b>			
No	8.86	4.43	0.114	50	0.91	<b>14.86</b>	<b>4.93</b>	<b>-2.15</b>	<b>47</b>	<b>0.037</b>
Got Oral Sex										
Yes	9.63	4.22				<b>19</b>	<b>8</b>			
No	8.22	3.54	-1.3	53	0.198	<b>14.91</b>	<b>4.36</b>	<b>-2.4</b>	<b>52</b>	<b>0.02</b>
Orgasm										
Orgasm reported	8.96	4.43				17.48	7.23			
No Orgasm reported	9.06	3.84	0.09	60	0.929	17.59	6.06	0.063	59	0.95

Table 10. Psychosexual variables and AUDIT scores according to sexual behaviors and experiences (continued)										
Alcohol Story										
Sexual Sensation Seeking										
Sexual Satisfaction										
	M	SD	F	df	p	M	SD	F	df	p
Partner Type										
Main Partner	26.71	6.56				<b>18.58</b>	<b>5.38</b>			
Casual Partner	25.78	6.32				<b>15.68</b>	<b>5.79</b>			
First-time Partner	24.57	6.93	0.639	2, 78	0.53	<b>13.38</b>	<b>5.39</b>	<b>5.55</b>	<b>2, 87</b>	<b>0.005</b>
	M	SD	t	df	p	M	SD	t	df	p
Partner Gender										
Male	25.4	6.48				15.67	5.59			
Female	26.9	6.73	-0.907	79	0.367	16.31	6.29	-0.497	88	0.62
Vaginal Sex										
Yes	25.45	6.45				15.59	5.72			
No	20	N/A	N/A	N/A	N/A	10	N/A	N/A	N/A	N/A
Condom Use										
Condom Used	<b>23.7</b>	<b>5.92</b>				<b>13.95</b>	<b>4.75</b>			
No Condom Used	<b>27.32</b>	<b>6.36</b>	<b>-1.91</b>	<b>40</b>	<b>0.064</b>	<b>17.53</b>	<b>6.14</b>	<b>-2.03</b>	<b>36</b>	<b>0.05</b>
Overall Risk (recoded)										
Not Risky	24.52	6.01				15.04	4.98			
Risky	27.78	6.83	-1.39	38	0.172	17.38	6.44	-1.1	34	0.28
Qualitatively Identified Risky*										
Ever Associated with Risk	25.32	5.68				15.49	5.38			
Never Associated with Risk	25.29	5.3	-0.021	46	0.983	15.73	5.92	0.146	50	0.885
Gave Oral Sex										
Yes	<b>28.24</b>	<b>6.8</b>				15.97	5.91			
No	<b>23.4</b>	<b>5.07</b>	<b>-2.65</b>	<b>43</b>	<b>0.011</b>	14.95	5.8	-0.596	47	0.554
Got Oral Sex										
Yes	<b>28.26</b>	<b>6.37</b>				15.87	6.16			
No	<b>24.1</b>	<b>5.54</b>	<b>-2.38</b>	<b>46</b>	<b>0.022</b>	16.64	5.66	-1.38	50	0.891
Orgasm										
Orgasm reported	24.69	6.34				16.58	6.83			
No Orgasm reported	27.56	6.77	1.61	51	0.113	14.35	5.75	-1.37	58	0.177

Table 10. Psychosexual variables and AUDIT scores according to sexual behaviors and experiences (continued)										
Alcohol Story										
Sexual Esteem										
AUDIT Scores										
	M	SD	F	df	p	M	SD	F	df	p
Partner Type										
Main Partner	17.9	4.23				11.73	5.94			
Casual Partner	16.83	4.45				13.4	6.45			
First-time Partner	15.48	5.68	1.75	2, 92	0.18	14.03	7.41	0.904	2, 81	0.409
	M	SD	t	df	p	M	SD	t	df	p
Partner Gender										
Male	16.47	4.49				<b>11.73</b>	<b>6.82</b>			
Female	17.44	5.32	-0.926	93	0.357	<b>16.04</b>	<b>5.73</b>	<b>-2.87</b>	<b>82</b>	<b>0.005</b>
Vaginal Sex										
Yes	16.35	4.74				11.4	6.74			
No	14.5	0.71	N/A	N/A	N/A	17	9.9	N/A	N/A	N/A
Condom Use										
Condom Used	15.13	4.04				11	6.94			
No Condom Used	16.89	5.69	-1.17	40	0.248	10.18	5.76	0.389	35	0.7
Overall Risk (recoded)										
Not Risky	15.77	3.97				10.44	6.43			
Risky	16.78	6.22	-0.584	38	0.563	12.38	6.55	-0.743	33	0.463
Qualitatively Identified Risky*										
Ever Associated with Risk	16.68	4.61				14.74	6.46			
Never Associated with Risk	16.13	5.4	-0.379	51	0.706	12.4	6.65	-1.16	47	0.254
Gave Oral Sex										
Yes	16.9	5.55				13	7.19			
No	16.68	5.1	-0.145	50	0.885	13.95	6.83	0.455	46	0.651
Got Oral Sex										
Yes	16.5	5.69				14.04	7.25			
No	17.17	4.54	0.47	53	0.64	13.14	6.52	-0.445	47	0.658
Orgasm										
Orgasm reported	17.5	4.94				12.45	8.19			
No Orgasm reported	15.41	5.33	-1.59	60	0.118	15.62	5.62	1.66	51	0.103

Table 10. Psychosexual variables and AUDIT scores according to sexual behaviors and experiences (continued)										
Sober Story										
	Sexual Anxiety					Sexual Compulsivity				
	M	SD	F	df	p	M	SD	F	df	p
Partner Type										
Main Partner	8.52	3.48				<b>17.33</b>	<b>6.33</b>			
Casual Partner	8.78	4.05				<b>15.52</b>	<b>5.1</b>			
First-time Partner	11.5	7.77	0.608	2, 103	0.547	<b>28.5</b>	<b>13.44</b>	<b>5.32</b>	<b>2, 103</b>	<b>0.006</b>
	M	SD	t	df	p	M	SD	t	df	p
Partner Gender										
Male	8.45	3.55				16.3	5.99			
Female	8.84	3.96	0.505	104	0.615	17.36	6.39	-0.857	104	0.393
Vaginal Sex										
Yes	8.82	4.08				16.36	6.04			
No	9	2.68	N/A	N/A	N/A	15.67	5.92	N/A	N/A	N/A
Condom Use										
Condom Used	9.97	4.52				16.27	5.83			
No Condom Used	8.19	3.78	-1.34	44	0.187	16.75	7.72	0.239	44	0.812
Overall Risk (recoded)										
Not Risky	<b>8.56</b>	<b>3.56</b>				16.28	6.74			
Risky	<b>11.23</b>	<b>5.25</b>	<b>-1.86</b>	<b>36</b>	<b>0.071</b>	15.92	4.21	0.173	36	0.863
Gave Oral Sex										
Yes	8.71	4.01				17.45	6.61			
No	9.43	4.06	0.752	74	0.455	17	7.25	-0.273	73	0.785
Got Oral Sex										
Yes	8.87	3.9				17.42	6.95			
No	8.78	4.45	-0.089	76	0.929	15.43	4.54	-1.49	62	0.142
Orgasm										
Orgasm reported	8.7	3.96				16.84	6.48			
No Orgasm reported	8.68	3.9	-0.021	73	0.984	16	6.41	-0.535	74	0.594

Table 10. Psychosexual variables and AUDIT scores according to sexual behaviors and experiences (continued)										
Sober Story										
	Sexual Sensation Seeking					Sexual Satisfaction				
	M	SD	F	df	p	M	SD	F	df	p
Partner Type										
Main Partner	26.49	6.86				16.65	5.69			
Casual Partner	24.34	6.09				16.08	5.49			
First-time Partner	30	8.49	1.68	2, 91	0.193	10.5	2.12	1.22	2, 99	0.3
	M	SD	t	df	p	M	SD	t	df	p
Partner Gender										
Male	25.22	6.62				16.46	4.89			
Female	26.55	6.57	-0.906	92	0.367	15.92	6.6	0.439	64	0.662
Vaginal Sex										
Yes	25.43	6.57				16.53	4.9			
No	22	7.53	N/A	N/A	N/A	15.5	5.26	N/A	N/A	N/A
Condom Use										
Condom Used	26.77	6.6				15.79	5.18			
No Condom Used	23.44	7.03	-1.59	44	0.118	16.06	4.15	0.182	42	0.856
Overall Risk (recoded)										
Not Risky	24.4	6.77				16.67	4.49			
Risky	27.85	5.46	-1.58	36	0.122	16.33	4.58	0.209	34	0.836
Gave Oral Sex										
Yes	26.6	6.97				17	6.2			
No	25.24	6.08	-0.806	65	0.423	15.12	4.51	-1.49	66	0.141
Got Oral Sex										
Yes	26.22	6.56				16.07	6.03			
No	24.79	7.3	-0.785	67	0.435	17.26	4.52	0.916	74	0.362
Orgasm										
Orgasm reported	25.65	6.02				16.88	6.09			
No Orgasm reported	25.45	7.57	-0.116	66	0.908	15.16	3.91	-1.28	72	0.205

Table 10. Psychosexual variables and AUDIT scores according to sexual behaviors and experiences (continued)										
Sober Story										
	Sexual Esteem					AUDIT Scores				
	M	SD	F	df	p	M	SD	F	df	p
Partner Type										
Main Partner	17.19	4.79				12.27	6.66			
Casual Partner	16.5	4.77				13.07	6.68			
First-time Partner	13.5	6.37	0.744	2, 102	0.478	20	N/A	0.763	2, 88	0.469
	M	SD	t	df	p	M	SD	t	df	p
Partner Gender										
Male	16.91	4.58				<b>11.55</b>	<b>6.22</b>			
Female	16.57	5.2	0.35	103	0.727	<b>14.79</b>	<b>6.98</b>	<b>-2.28</b>	<b>89</b>	<b>0.025</b>
Vaginal Sex										
Yes	17.11	4.5				11.56	6.37			
No	14.83	5.38	N/A	N/A	N/A	11.5	4.2	N/A	N/A	N/A
Condom Use										
Condom Used	16.43	5.01				11.36	5.59			
No Condom Used	16.25	3.26	-0.132	44	0.896	10.23	6.21	-0.569	36	0.573
Overall Risk (recoded)										
Not Risky	16.68	3.48				9.95	5.51			
Risky	16.77	5.23	-0.063	36	0.95	13.1	5.57	-1.47	28	0.152
Gave Oral Sex										
Yes	16.96	5.44				12.51	6.79			
No	15.79	4.23	-0.976	73	0.332	13.21	5.9	0.418	63	0.677
Got Oral Sex										
Yes	16.39	5.2				13.06	6.59			
No	17.26	4.52	0.7	75	0.487	12.06	6.01	-0.567	66	0.573
Orgasm										
Orgasm reported	16.72	5.1				12.02	6.65			
No Orgasm reported	16.25	4.31	-0.389	72	0.698	13.71	6.23	0.979	63	0.331

Table 11. Correlations between psychosexual variables and AUDIT scores						
	Anxiety	Compulsivity	SS Seeking	Satisfaction	Esteem	AUDIT
Sexual Anxiety	--					
Sexual Compulsivity	.128 (119)	--				
Sexual Sensation Seeking	.049 (106)	<b>.483* (105)</b>	--			
Sexual Satisfaction	<b>-.497* (115)</b>	.019 (115)	<b>.208* (102)</b>	--		
Sexual Esteem	<b>-.397* (119)</b>	.098 (118)	<b>.239* (105)</b>	<b>.730* (114)</b>	--	
AUDIT Score	.155 (101)	<b>.260* (101)</b>	.132 (89)	-.082 (97)	.003 (100)	--

\* indicates significance at  $p < .05$

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