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INTIMATE PARTNER VIOLENCE VICTIMIZATION AND ALCOHOL USE EXPERIENCES OF PLURISEXUAL WOMEN: EXPLORING THE UNIQUE ROLE OF COERCIVE CONTROL VICTIMIZATION

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To the Graduate Council:

I am submitting herewith a thesis written by Courtney Lucca entitled "INTIMATE PARTNER VIOLENCE VICTIMIZATION AND ALCOHOL USE EXPERIENCES OF PLURISEXUAL WOMEN: EXPLORING THE UNIQUE ROLE OF COERCIVE CONTROL VICTIMIZATION." I have examined the final electronic copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Child and Family Studies.

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**INTIMATE PARTNER VIOLENCE VICTIMIZATION AND ALCOHOL USE
EXPERIENCES OF PLURISEXUAL WOMEN: EXPLORING THE UNIQUE ROLE OF
COERCIVE CONTROL VICTIMIZATION**

A Thesis Presented for the
Master of Science
Degree
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Courtney Lucca
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ABSTRACT

Plurisexual is a term encompassing individuals who experience romantic or sexual attraction to more than one gender (e.g. bisexual, pansexual, queer, or fluid). Plurisexual identities are increasing in prevalence and visibility, particularly among younger generations. Substantial research demonstrates that bisexual women are at an increased risk of experiencing intimate partner violence (IPV) victimization, both physical violence and coercive control, as well as unhealthy alcohol use, but less is known about other plurisexual women's experiences. Guided by minority stress theory, which is commonly used to conceptualize that the negative lived experiences of those who hold minoritized sexual and gender identities as situated in a society that espouses heterosexuality, I examined the relationship between IPV victimization and alcohol use utilizing the plurisexual women subsample ($N = 75$) from the REVEAL project. Participants completed an online survey about their experiences with IPV, here conceptualized as physical violence and coercive control, victimization and alcohol use. Descriptive statistics, bivariate correlations, and a hierarchical linear regression were conducted to examine relationships between key predictor, outcome, and control variables (age and whether data was collected prior to or after the COVID-19 lockdown). Inconsistent with previous studies, I did not find any associations between IPV victimization and alcohol use. These findings provide implications for further research such that IPV and alcohol experiences of plurisexual women should be examined separate from monosexual women (e.g., straight, lesbian). Additionally, research should pay attention to the drinking and IPV experiences of plurisexual women, as this is a growing population whose experiences remain understudied.

TABLE OF CONTENTS

Chapter One: Introduction.....	1
Chapter Two: Literature Review.....	4
Plurisexual Women’s Intimate Partner Violence Victimization Experiences.....	4
Coercive Control Victimization Among Plurisexual Women.....	5
Minority Stress Theory and Intimate Partner Violence Victimization.....	6
Alcohol Use in the Context of Intimate Partner Violence and Minority Stress.....	7
Chapter Three: Current Study and Methods.....	10
Sample.....	10
Procedure.....	11
Measures.....	12
Physical Violence Victimization.....	12
Coercive Control Victimization.....	13
Alcohol Use and Misuse.....	13
Chapter Four: Results & Discussion.....	15
Results.....	15
Discussion.....	19
Coercive Control Victimization Experiences Among Plurisexual Women.....	19
Plurisexual Women’s Intimate Partner Violence Victimization and Alcohol Use..	21
Limitations.....	23
Chapter Five: Conclusions.....	24
Future Directions and Implications.....	24
Conclusion.....	25

	v
References.....	27
Appendices.....	35
Table 1.....	35
Table 2.....	36
Table 3.....	37
Vita.....	38

Chapter 1

Introduction

Intimate Partner Violence Victimization and Alcohol Use Experiences of Plurisexual Women: Exploring the Unique Role of Coercive Control Victimization

Sexual minority (SM) people are individuals whose sexual and romantic identities, attractions, and behaviors exist beyond the heteronormative convention of romantic and sexual companionship. Heteronormativity is an ideology that espouses heterosexuality, gender conventionality, and familial traditionalism as inevitable and “natural” (Warner, 1993; Ingharam, 1996; Oswald et al., 2005). Plurisexual is a term encompassing individuals who experience romantic or sexual attraction to more than one gender; they may identify as bisexual, pansexual, queer, or fluid (Galupo et al., 2015). In 2020 approximately 5.1% of U.S adults identified as LGBTQ+. According to the latest Gallup data from 2022, approximately 7% of the United States population identifies as LGBTQ+; approximately 60% of the LGBTQ+ population identifies as plurisexual (Jones, 2022). Additionally, 20.8% of Gen-Z (1997 - 2012) identifies as LGBTQ+ versus 10.5% of millennials (1981 - 1996) and 4.2% of Gen-X (1965 - 1980) (Jones, 2022). Knowing that plurisexual identities are among the most common in the rapidly growing LGBTQ+ population, further research is required to better understand the lived experienced of plurisexual minorities distinct from monosexual identifying individuals (e.g. gay, lesbian).

Despite comprising the largest sexual minority population, plurisexual women experience minority stressors (e.g., experiencing discrimination, internalized homophobia and bi/panphobia) specific to being a SM in a heteronormative and patriarchal society that devalues SM while also privileging monosexuality or sexual attraction to a single gender (Allen & Mendez, 2018; Mason et al., 2016; Veldius et al., 2019). Though minority stressors can heighten the risk of violence in

a relationship, a healthy and supportive romantic relationship can increase one's overall well-being (Hughes et al., 2010, Sarno et al., 2021), they can also serve as a protective factor against aforementioned SM-specific stressors experienced by plurisexual women. To understand the experiences of plurisexual women more broadly and in relation to IPV victimization, it is important to acknowledge the strain of living in a world meant solely for sexual majority people (i.e., heteronormativity).

Intimate partner violence, which occurs at disproportionately higher rates among bisexual women (Messinger, 2018), is defined as violence and/or abuse (e.g., physical, sexual, and psychological) that occurs in the context of romantic relationships (e.g., dating, cohabiting, marital relationships; Brieding et al., 2015). Coercive control, a type of IPV, is defined as “the repetitive use of tactics to regulate and dominate an intimate partner’s daily life and restrict personal liberties” (Hardesty et al., 2015, p. 200). Though there is less known about the prevalence and unique experiences of coercive control victimization for SM women, research consistently documents patriarchal gender dynamics at the root of coercive controlling IPV (Crossman & Hardesty, 2018). Sexual minorities may be as likely to engage in coercive controlling behaviors though the specific abusive tactics often tap into different systems of oppression like homophobia as opposed to patriarchy within different-gender couples (Frankland & Brown, 2014). However, there is less documented research about coercive control victimization experiences of plurisexual identifying individuals (Head & Milton, 2014).

According to findings from over 9,000 women in the National Intimate Partner and Sexual Violence Survey (NISVS; Walters et al., 2013) and a meta-analysis (Badnes-Ribiera et al., 2015), roughly half of SM women report experiencing physical IPV during their lifetime. Using a 12-item measure of coercive control, the NISVS found that 69% of bisexual women

reported experiencing coercive control victimization (Walters et al., 2013), suggesting that plurisexual women are at a disproportionate risk of coercive control victimization. Nevertheless, there is less empirical documentation pertaining to plurisexual women's IPV victimization experiences, particularly when conceptualizing IPV as rooted in patterned behaviors of violence and nonphysical abuse (i.e., coercive control; Crossman & Hardesty, 2018). In this study, I examined plurisexual women's experiences of IPV with an emphasis on coercive control to contribute to empirical gaps with practical implications.

Plurisexual women engage in a variety of coping or protective strategies in response to IPV victimization (Condit et al., 2011), societal stressors, and internal homo/bi/panphobia (Cogger et al., 2012). A common yet potentially maladaptive coping strategy in response to IPV and minority stress is numbing one's experiences with substances, or most commonly, alcohol (Szymanski & Henrichs-Beck, 2014). Using alcohol as a coping tool increases one's risk of alcohol misuse, which is defined as inability to control frequency and quantity of alcohol consumption. The National Institute on Alcohol Abuse and Alcoholism (NIAAA, 2017) defined heavy alcohol use as consuming more than 4 drinks on any day for men or more than 3 drinks for women. In this study, I use the term alcohol misuse as an umbrella term to capture heavy alcohol use as well as alcohol use disorder.

There is documented variability within SM women, such that plurisexual women are at an elevated risk of engaging in heavy drinking behaviors when compared to lesbian women (Fish & Hughes, 2018). Due to the lack of comprehensive and accessible support specific to IPV and minority stressors (e.g., responsive counseling, sober community building spaces), turning to alcohol as a coping response is a common and consequential form of self-treatment among plurisexual women (Feinstein et al., 2017). Given the compounding stressors of living in a

heteronormative and sexist society as a SM and experiencing IPV victimization, research regarding alcohol misuse among sexual minority women (SMW) requires special attention. The lack of consensus on how IPV researchers should operationalize, measure, and use coercive control as an analytic variable, In this study, I will examine the relationship between plurisexual women's IPV victimization and alcohol use, examining whether greater coercive control victimization is associated with greater alcohol use and misuse.

Chapter 2

Literature Review

Plurisexual Women's Intimate Partner Violence Victimization Experiences

Intimate partner violence can take many forms. These forms may be psychological and/or physical. Typically, psychological aggression precedes physical violence (Mason et al., 2014), serving as a strong predictor that physical violence will eventually occur (Millitech et al., 2014). Though among SMW there are within-group similarities, there is also documented within-group variation, particularly when comparing findings on IPV experienced by lesbian versus plurisexual women. Lesbian women are perhaps the most represented SMW group in IPV literature (Badenes-Ribera et al., 2014). Yet, there are clear disproportionalities among IPV experiences of SMW when studies assess different types (e.g., physical, psychological) and severity of IPV. For example, the NISVS Survey found that 61% of plurisexual women compared to 44% of lesbian women reported stalking, assault, or rape by an intimate partner and 49% of plurisexual women compared to 29% of lesbians reported severe physical violence victimization from an intimate partner (Walters et al., 2013). Plurisexual women may face the risk of biphobia and other barriers connected to a multi-sexual identity, such as social isolation, heightening their risk of IPV victimization. Biphobia can manifest itself through harmful stereotypes of promiscuity, and attention-seeking associated with bisexuality. Further, biphobia can be perpetrated by both heterosexual and queer individuals (Johnson & Groves, 2017). Plurisexual women are the least likely to disclose their identity or “come out” due to the heightened risk of negative reactions (Parker, 2015). Given these factors, it is particularly important that IPV research given increased attention to the experiences of plurisexual women.

Coercive Control Victimization Among Plurisexual Women

Coercive control involves one or both partners' patterned use of tactics, such as isolation and intimidation, to exert and maintain power over the other (Crossman & Hardesty, 2018). Control is achieved through the use of demands or threats to control their partner, followed by the abuser's willingness and ability to fulfill the threatened consequence (Johnson, 2008). Though psychological abuse is often assessed along with physical violence, it is just one component of coercive control (Haselschwerdt, 2014; Johnson, 2008). Stark (2009) argues that coercion and control as individual concepts are not inherently malicious. Though, when experienced in conjunction, coercion and control can result in a "condition of unfreedom" (p. 205). A central qualifying component of coercive control is to gain the compliance of the victimized partner (Dutton & Goodman, 2005). Additionally, for coercive control to occur, the abuser's undesired behavior must be meaningful or personal to the individual being victimized in order to compel compliance (Hamberger et al., 2017). For example, for SMW, a partner might threaten to 'out' them to friends and family, a LGBTQ+ specific tool of power and abuse, leading the SMW to comply with this threat (Woulfe & Goodman, 2021). However, coercive control does not require the delivery of a negative consequence, only the belief that it will happen (Dutton & Goodman, 2005).

Minority Stress Theory and Intimate Partner Violence Victimization

Heteronormativity is defined as an ideology that espouses heterosexuality, gender conventionality, and familial traditionalism as inevitable and "natural" (Warner, 1993; Ingharam, 1996; Oswald et al., 2005). Specifically, heteronormativity is a dominant societal marker of acceptability which is shaped by social structure and institutions of power such as educators and

policy makers. This is particularly harmful to SM individuals in that it presents unique challenges to nearly all aspects of life such as family formation, expressions of gender and sexuality, and ultimately serves as a blanket of oppression. Living in a heteronormative society as a sexual minority can create constant and cumulative levels of stress as a result of maltreatment, discrimination, and victimization across the lifespan, defined as minority stressors. Minority stress theory is commonly used to conceptualize that the negative lived experiences of those who hold minoritized sexual and gender identities which are positively correlated with disproportionately higher levels of discrimination and oppression, due to their sexual and/or gender identities (both covert and overt). Though Meyers is widely credited for his work on minority stress, the term was coined by Virginia Brooks (Rich et al., 2020).

Cumulative stress presents identity-specific risks to the well-being of SM individuals and increases the risk of both perpetrating and experiencing IPV. Research has found minority stress and IPV victimization to be strongly correlated (Balsam & Szymanski, 2005; Edwards et al., 2012). A common consequence of SM stress is internalized homophobia (Cogger et al., 2017). Internalized homophobia occurs when an individual internalizes negative societal messages pertaining to their identity and is often a precursor to IPV victimization (Sylaska & Edwards, 2015).

Alcohol Use in the Context of Intimate Partner Violence and Minority Stress

Alcohol misuse involves consuming four or more alcoholic drinks on at least one occasion per month (Stuart et al., 2014), or more broadly defined, drinking more than peers in social settings and/or drinking heavily while alone (Condit et al., 2011). Alcohol use is frequently associated with stress and depression across sexualities (Fitzpatrick et al., 2020). It is

a particularly salient coping mechanism within plurisexual women due to the chronic stressors associated with belonging to a SM group (Schuller & Collins, 2020). Findings from the National Survey on Drug Use and Health from 2015 and 2016 suggest that SM adults had significantly elevated rates of substance use behaviors compared to heterosexual adults, and bisexual women were more likely than monosexual SM (e.g., gay men, lesbian women) to participate in binge drinking, sometimes referred to as hazardous drinking, and develop an alcohol use disorder (Schuler et al., 2018). Approximately 25% of bisexual women and 12.3% of lesbians meet the criteria for alcohol use disorder (McCabe et al. 2009).

Alcohol misuse occurs among plurisexual women largely in part due to minority stress but also as a result of social norms surrounding drinking in the LGBTQ+ community. Queer friendly spaces and events are often situated in environments centered around drinking such as bars or clubs (Gruskin et al., 2006). This is likely due to limited options of community-building environments. Experiencing social isolation may serve as a motivation for partaking in heavy drinking is particularly common in rural regions (Cogger et al., 2012). In a study pertaining to SMW and alcohol misuse, approximately 54% of participants' drinking behaviors occurred in LGBTQ+ spaces, and 88% of these events resulted in alcohol misuse (e.g., Cogger et al., 2012). The heightened risk of hazardous drinking occurring in LGBTQ+ spaces demonstrates that while there are important benefits to community involvement, there are also significant risks when those community spaces center around substance (mis)use (Feinstein et al., 2015).

Hazardous drinking is often a precursor to IPV. In fact, alcohol consumption precedes IPV more commonly than any other drug (Stuart et al., 2013). The likelihood of experiencing IPV victimization increases 10-12-fold when the perpetrator has been drinking or drinking heavily (Stuart et al., 2013). Alcohol use also acts as a mediating factor between minority stress

and IPV perpetration (Shorey et al., 2018). Research has also found that this relationship between alcohol use and IPV may be bidirectional particularly with victimization, such that IPV victimization may predict subsequent drinking (Fischer & Wiersma, 2012; Stuart et al., 2009). Alcohol use may also serve as a mediating factor in cases of bidirectional IPV (i.e., both partners perpetrating and being victimized; Grigorian et al., 2019). Despite the heightened rates of alcohol use among SMW, research has yet to prioritize the relationship between coercive control and alcohol use experiences of plurisexual women, which is problematic given the rising percentage of young people who identify as plurisexual and aforementioned linkages between IPV and alcohol misuse.

The Current Study

The relationship between IPV perpetration and alcohol use is well documented, as are the consequences of minority stress on plurisexual women's health and interpersonal relationships. What remains unknown and remains understudied is the relationship between coercive control victimization, and alcohol use and misuse among plurisexual women. Research may be able to better inform mental health professionals and IPV service providers who work with LGBTQ+ populations by prioritizing the experiences of plurisexual women. Additionally, this study is a necessary steppingstone to reevaluate the relationship between alcohol use and queer community involvement. To address these noted gaps in the literature, this thesis is guided by the following research question: *What is the association between IPV victimization (e.g., physical violence, coercive control) and alcohol use among plurisexual women?* Specifically, I hypothesized that 1) *greater physical violence victimization and coercive control victimization will be associated with greater alcohol use.*

Chapter 3

Methods

For this study, I used data from the REVEAL project. The REVEAL project gathered data on IPV experiences of women across the socioeconomic status spectrum from three geographic locations in the United States: Knox County, Tennessee, San Francisco Bay Area, California, and the Boston Metropolitan Area and Central Massachusetts between April of 2019 and May of 2020. Data collection was ongoing during initial lockdowns due to COVID-19; 10.5% of this study's analytic sample completed the survey after the first lockdown occurred in their geographic location. The REVEAL project's sample included 376 women over 18 years of age who reported IPV victimization in the past 5 years by a current or former romantic partner. This study will focus on a subsample of plurisexual participants ($n = 75$) and their experiences with physical violence victimization, coercive control victimization, and alcohol use. Plurisexual women included participants who identified as bisexual, pansexual, queer, gender fluid, or identified as heterosexual/straight but reported their focal abusive partner was a woman.

Sample

The sample for the current study consists of 75 plurisexual women (cisgender females: $n = 72, 96\%$; gender queer, nonbinary, or transgender: $n = 3, 4\%$) who experienced IPV by a former or current partner. The majority identified their sexual orientation as bisexual ($n = 53, 70.7\%$), followed by pansexual ($n = 16; 21.3\%$), queer ($n = 4, 5.3\%$), and fluid ($n = 2, 2.7\%$). Participants were between 18-59 years old ($M = 29.8$ years old; $SD = 8.7$ years). The majority identified as White ($n = 72, 93.3\%$) followed by Black/African American ($n = 4, 5.3\%$), American Indian or Alaskan Native ($n = 4, 5.3\%$), and Asian or Asian American ($n = 3, 4\%$). Additionally, 12% identified ethnically as Hispanic, Latina/x, or of Spanish origin. Most women

had completed at least some post-secondary education (some college: $n = 18$, 24%; associate's degree $n = 3$, 4%; a bachelor's degree $n = 19$, 25.3% a master's degree $n = 18$, 24%; a doctoral degree $n = 4$, 5.3%; some graduate school $n = 5$, 6.7%), with the remaining participants obtaining GED ($n = 2$, 2.7%, completed high school $n = 6$, 8%).

Roughly two-thirds of the participants reported on a former, focal abusive partner (no longer dating: $n = 30$; 40%; separated but still married: $n = 9$, 12%; divorced: $n = 10$, 13.3%; widowed: $n = 1$, 1.3%), whereas one-third reported on current, focal abusive partner (married: $n = 11$, 14.7%; cohabitating but not married: $n = 10$, 13.3%; dating but not cohabitating: $n = 4$, 5.3%). Roughly half ($n = 38$, 50.7%) of the sample were mothers with approximately 31 who shared a child in common with the former or current focal partner. The average number of children shared with the focal partner was 2.47 ($SD = 1.08$). A majority of the participants focal partners were male ($n = 62$, 82.7%), followed by female ($n = 8$, 10.7%) and gender queer, non-binary, or transgender ($n = 5$, 6.7%). Participants utilized a variety of public assistance services in the past year for those still in the relationship and in the last year of the relationship for those who were separated from their partner, including healthcare ($n = 14$, 18.7%), food (e.g., food stamps, reduced lunch program in schools; $n = 9$, 12%), childcare ($n = 3$, 4%), cash ($n = 2$, 2.7%), and housing ($n = 3$, 4%).

Procedure

The University of Tennessee, Knoxville Institutional Review Board (IRB) approved the study prior to commencing data collection. Participants were recruited through a multipronged recruitment process, including the use of snowball, convenience, and respondent driven (e.g., participants could receive compensation for recruiting potential participants) sampling techniques. Five IPV service agencies from the three geographic locations were actively

involved in recruitment, including sharing the study invitation with current clients and posting the recruitment flyer on social media and websites. The study invitation was also advertised on online communities specific to IPV victims, professional and working women, stay-at-home mother groups, women targeted political groups, and groups for separated and divorced mothers. Nearly 70% ($n = 226$) of the participants were recruited via social media. Participants who were eligible to participate also received a \$20 Amazon gift card.

Data collection took place through an online survey hosted in Qualtrics. Prior to participation, participants reviewed an informed consent page and were given a list of contact information for resources specific to intimate partner violence, and browser clearing instructions to protect the participants' confidentiality and minimize risk of a current abusive partner finding out about their involvement in the study. Participants who indicated that they were currently in an abusive relationship were directed to questions pertaining their current relationship; participants who reported that their relationship had ended were directed to questions specific to a past relationship. The survey took approximately 32 minutes ($SD = 28.18$). Participation in the survey was limited to those who could complete the survey in English.

Measures

The measures for the key constructs of physical violence victimization, coercive control victimization and alcohol use and misuse, along with key demographic variables are listed in Appendix A and described in the subsequent sections.

Physical Violence Victimization

The Physical Assault Subscale of the Revised Conflict Tactics Scale (CTS2; Strauss, et al, 1996) was used to measure physical violence. This subscale includes 13 items, 5 are categorized as mild acts of physical violence (i.e., Threw something at me that could hurt,

twisted my arm or hair), 8 are categorized as severe (7 from CTS2, i.e., Slammed me against a wall, 1 author created: “*Tried to kill me*”). Participants were asked to report the frequency at which they experienced 13 discrete acts of physical violence, according to the following response options: 0, 1, 2, 3-5, 6-10, 11-19, or 20+ occurrences in the past/last year of the relationship. There are numerous approaches to calculating CTS scores. I ultimately created a count variable to answer my research question. Consistent with previous work (Straus et al., 1996), I counted discrete acts of physical abuse (i.e., count approach) for the overall subscale as well as the severe and mild subscales separately. The Cronbach’s alpha for the physical violence count (overall) score is .904 ($M = 4.93$, $SD = 3.95$). The physical violence Count variable had a potential range of 0 - 13 and demonstrated an actual range of 0 – 13.

Coercive Control Victimization

The Dominance Isolation Subscale of the Psychological Maltreatment of Women Inventory (PMWI; Tolman, 1989) was used to measure coercive control (Haselschwerdt et al., 2015). This subscale includes seven items designed to assess chronicity of each item during past/last year of the relationship (i.e., Monitored my time or whereabouts, tried to keep me from doing things to help myself). Response options entailed a 5-point Likert scale, ranging from 1 (never) to 5 (always). Scores range from 7-35, with higher scores indicating greater coercive control victimization experiences. This subscale demonstrated a Cronbach’s alpha of .876 ($M = 22.03$, $SD = 7.36$). This scale held a potential range of 1 – 35 and an actual range of 10 – 35.

Alcohol Use and Misuse

The Alcohol Use Disorders Identification Test (AUDIT; Bush et al., 1998) is a tool designed to identify unhealthy or hazardous alcohol consumption as well as to diagnose an alcohol misuse disorder. I used the AUDIT_C which is the first three of the 10 items of the

original measure, summing the response items to create one alcohol use variable. Participants were asked to report the frequency of alcohol consumption (1=Never, 2=Monthly or less, 3=2-4 Times a month, 4=2-3 Times a week, 5=4 or more times a week), and those who indicated a frequency of more than never were then asked the number of drinks consumed on a typical day (1=0-2, 2=3-4, 3=5-6, 4=7-9, 5=10 or more), and the frequency of consuming 4 or more drinks (1= Never, 2= Less than monthly, 3=Monthly, 4=Weekly, 5= Daily or almost daily) in the past/last year of the relationship. This measure has a Cronbach's alpha of .802 ($M = 3.11$, $SD = 2.48$). The AUDIT-C scores held a potential range of 0-12 with an actual range of 0 – 9.

Control Variables

I included two control variables which included age of the participant and whether or not participation took place prior to or after the COVID-19 lockdown. Research demonstrates that physical violence victimization is most prevalent among adolescent women aged 21-24, with rates decreasing overtime (NISVS; Walters et al., 2013, Pathak et al., 2019). Due to the broad age parameters of the participants, it was essential that we accounted for the potential differences between different aged participants. Additionally, previous studies found that IPV became more frequent and severe during the early stages in the pandemic (Jarnecke & Flanagan, 2020; Kofman & Garfin, 2020). Thus, a variable was created to document the date of stay at home order implementation of each participants geographic location.

Chapter 4

Results

Before hypothesis testing, descriptive statistics, reliability tests, and bivariate correlations were examined and reported in Tables 1 and 2. There was no missing data in this dataset. As measured by the revised CTS2, participants reported experiencing an average of five out of a possible 13 distinct acts of physical violence in the last year of their relationships ($M = 4.93$, $SD = 3.95$, $R = 0 - 13$). On average participants experienced 3 out of 5 acts of minor physical violence and two out of a possible eight acts of severe physical violence ($M = 2.81$, $SD = 1.82$, $R = 0 - 5$). Coercive control victimization scores ranged from the lowest possible score of 7 to the highest possible score of 35 with an average score of 22 ($M = 22.03$, $SD = 7.36$, $R = 10 - 35$). Hardesty et al. (2015) established 19 as the cutoff, indicating experiencing coercive controlling violence. Approximately 60% of this sample met Hardesty et al.'s (2015) cutoff, suggesting that a majority of women experienced coercive controlling violence. The majority (89%) of the sample used alcohol with an average score of 3 on a 0-9 scale ($M = 3.11$, $SD = 7.36$, $R = 0 - 9$). Past research utilizing the AUDIT-C demonstrates that unhealthy alcohol use for women is defined by a score of 3 or higher on the scale of possible scores from 0 to 12 (Dichter et al., 2017). Therefore, on average the participants in the present study demonstrated unhealthy alcohol use.

I computed bivariate correlations to examine the relationships between all variables. All the physical violence items and the coercive control item were strongly, positively, and significantly correlated with one another. Specifically, the relationship between the frequency variables of overall physical violence and coercive control was moderately and positively

correlated as well as statistically significant ($r = .541, p < .01$). The relationship between minor physical violence and coercive control was also strongly and positively correlated, this relationship was statistically significant ($r = .531, p < .01$). The relationship between severe physical violence and coercive control was moderately, positively, and significantly correlated ($r = .486, p < .01$). As depicted in Table 2, a similar pattern followed when examining the relationships between minor and severe physical violence and coercive control when using count approach, such that the relationships were not significant. The relationship between overall physical violence and alcohol use violence was not significant ($r = -.124, p = .320$). The relationship between minor physical violence and alcohol use was not significant ($r = -.067, p = .703$). Further, the relationship between severe physical violence and alcohol use was not significant ($r = -.151, p = .196$).

I also tested the relationship between the main predictor variables, outcome variable, and two control variables (i.e., participant age and whether data was collected prior to or during the COVID-19 lockdown). I chose these control variables because they both provide further context into the participant's circumstances based on previous literature. Research demonstrates that physical violence victimization is most prevalent among adolescent women aged 21-24, with rates decreasing overtime (NISVS; Walters et al., 2013, Pathak et al., 2019). I chose to include the age variable due to the broad age parameters of the sample as well as the variations in how IPV an age interact. Further, variation of experiences by age would call for differing implications and interpretations (McGarry et al., 2017), such that generational values or age specific health risks may impact decision making pertaining to disclosure and help seeking (Tetterton & Farnsworth, 2010). The relationship between overall physical violence and age and was weak and negative, $r = -.071$, as well as statistically not significant ($p = .020$).

Research has shown that rates of IPV increased during the early stages of the COVID-19 pandemic (Peitzmeier et al., 2021). Thus, I chose to include the lockdown variable to examine how and if participants IPV experiences varied depending on the lockdown status of their geographic location. I ran a one-way ANOVA to examine the relationship between overall physical violence and the lockdown variable there was not significant relationship, ($F = .014$, $p = .906$). Therefore, there was not a significant difference in the overall physical violence scores collected before versus during the COVID-19 lockdown.

To answer my research question, what is the association between IPV victimization (physical violence and coercive control) and alcohol use and misuse among plurisexual women, I conducted a hierarchical linear regression analysis to evaluate the prediction of alcohol use from physical violence victimization and coercive control victimization while controlling for participants' age and whether they completed the survey pre- or post-initial COVID-19 lockdown. For the first step, the predictor variable, overall physical violence, and the outcome variable of alcohol use, was analyzed. The results from the first hierarchical regression analysis revealed a model without statistical significance ($p > .05$). Additionally, the R^2 value of .007 associated with this regression model suggests that alcohol use accounts for 7% of the variation in physical violence, meaning that 93% of the variation of alcohol use cannot be explained by physical violence alone.

For the second step, I added the predictor variable of coercive control. The results of the second step of the hierarchical linear regression analysis revealed a model to be statistically not significant ($p > .05$). Additionally, the R^2 change value of .006 associated with this regression suggests that the addition of coercive control to the first block model accounts for 6% of the variation in alcohol use. This means that 94% of the variation of alcohol use cannot be explained

by examining the physical violence and coercive control in conjunction. Controlling for physical violence, the regression coefficient [$B = -.26$, (95% C.I. (-.105, .053) $p = .507$], associated with coercive control suggests that with each additional unit of coercive control alcohol use increases by approximately .006 or 6%.

For the third step, I added the control variables of age and whether or not data was collected prior to or during the COVID-19 lockdown results found the model to be statistically significant ($p < .001$). The R^2 change value of .075 associated with this step suggests that the addition of age and accounting for the COVID-19 lockdown accounts for 7.5% of the variation in alcohol use. This means that 92.5% of the variation in alcohol use cannot be explained by the addition of accounting for age or the COVID-19 lockdown. When controlling for age the regression coefficient [$B = .017$, 95% C.I. (-.051, .084) $p > .05$.], results suggest that with each additional unit increase of age, alcohol use will increase by .017 or 17%. Additionally, when controlling for whether or not data was collected prior to or during the COVID-19 lockdown, the regression coefficient [$B = -2.207$, 95% C.I. (-4.047, -3.68) $p < .05$] suggests that when controlling for the COVID lockdown alcohol use decreases.

Discussion

The purpose of this study was to examine the relationship between physical violence victimization, coercive control victimization and alcohol use utilizing the CTS-2 (Strauss, et al, 1996), the dominance/isolation subscale of the PMWI (Tolman, 1989), and the AUDIT-C (Bush et al., 1998). Sexual minority women, specifically bisexual women, experience the highest rates of IPV across sexualities (Walters et al., 2013). Despite the understanding that bisexual women seem to be at a heightened risk of IPV, the experiences of other plurisexual identities (e.g. pansexual or queer) are often overlooked within research specific to IPV, as these sexual

identities have only recently been recognized (House et al., 2021). The lack of knowledge specific to physical violence and coercive control victimization (Mason et al., 2014), generalizable to plurisexual women as a growing population (Jones, 2022), served as a motivating factor to ensure their inclusion in IPV research. Given that bisexual women experience higher rates of unhealthy substance use behaviors relative to other SM groups (Schuler et al., 2018), I sought to examine the relationship between physical violence, coercive control, and alcohol use.

Coercive Control Victimization Experiences Among Plurisexual Women

All levels of physical violence, except minor violence, and coercive control victimization were not correlated with one another at the bivariate level, which is inconsistent with previous studies using similar measures of these constructs with adult women (Hardesty et al., 2015). A potential explanation for this inconsistency may be differing sample compositions. For example, Hardesty and colleagues' sample consisted exclusively of women who had filed for divorce in the last 4 months and had been separated from their former partner for at least two years. Though participants all reported their experience with different gender relationships, their sexual orientation was not reported or accounted for. Coercive control is common in samples consisting of divorced women (Crossman et al., 2015) and by utilizing a sample of women who had filed for divorce in the past four months the presence of coercive control may have been stronger. In contrast, the sample of the current study is broader, consisting of individuals with a variety of marital and relationships statuses, timelines, and victimization experiences.

In different gender couple relationships, coercive control is often rooted in patriarchal gender dynamics of male domination and female subordination (Stark, 2009). Within sexual minority relationships coercive control more commonly manifests itself through identity specific

stressors such as, identity concealment and internalized homophobia (Frankland & Brown, 2014). Though both dynamics have the potential to emerge among plurisexual women. However, we did not have the means to account for this potential in the present study.

Sixty percent of my sample met Hardesty and colleagues' (2015) cutoff for having experienced coercive control victimization. Though findings demonstrated that participants did in fact experience coercive control, based on the cut off established by Hardesty et al. (2015), we must note that most of the data were derived from different gender relationships. Some research demonstrates that bisexual women are more likely to experience IPV with a male partner (Messinger, 2011; Coston, 2017). This may be due to feelings of biphobia held by a male focal partner. Further, our data did not adequately represent individuals whose gender exists beyond the binary of male and female. Given that the gender of the focal partner and person being victimized seems to vary across IPV experience, it is necessary to inquire what these findings mean for transgender and nonbinary partners. Individuals who may hold these identities may be particularly susceptible to minority stressors given the risks surrounding disclosure and visibility, therefore increasing their risk of both perpetration and victimization (Edwards et al., 2021). Considering the plurisexuality encompasses individuals who experience attraction to multiple gender identities, future research should seek to include people who identify as transgender, queer, and nonbinary.

Plurisexual Women's Intimate Partner Violence Victimization and Alcohol Use

Inconsistent with our hypotheses, there was no relationship between IPV victimization and plurisexual women's alcohol use in the last year of the relationship. Research demonstrates that substance use often precedes physical violence such that the likelihood of IPV occurring is significantly elevated when the perpetrator has been drinking (Stuart et al., 2013). However, this

linkage is less established with IPV victimization, the focus of this study. Additionally, the relationship between IPV and alcohol use has been found to be bidirectional in that IPV may be an indicator of subsequent drinking (Lewis et al. 2015; Shorey et al., 2018). Given the well-established, bi-directional relationship between IPV and alcohol use the findings of the present study were unforeseen.

Plurisexual women experience higher rates of alcohol use when compared to other sexualities (Schuller & Collins, 2020). Previous research measuring alcohol use found that 59% of bisexual women met the criteria for unhealthy alcohol use (Ehlke et al., 2019). The present study demonstrated that 89% of the sample met the criteria for engaging in unhealthy alcohol use (Dichter et al., 2017). This may be largely in part to minority stressors, which can lead to utilizing alcohol as a coping mechanism. Other studies have credited these heightened drinking rates to norms surrounding alcohol consumption in the LGBTQ+ community, such that community gatherings are often situated in environments where heavy drinking is normalized (Gruskin et al., 2006), particularly in more rural regions of the United States (Tetterton & Farnsworth, 2010; Cogger et al., 2012). Because data were collected from individuals residing in metropolitan regions with a greater presence of SMW, lack of community space may have not been a stressor among these participants.

As noted above, some studies situate the drinking experiences of bisexual women within the context of minority stress. Though I utilized minority stress as a theoretical framework, due to the nature of secondary data, I did not have questions that specifically tap into most aspects of minority stress. Minority stress among plurisexual women can emerge due to discrimination, stigmatization identity concealment, experiencing a lack of belonging, or a lack of visibility (Klesse, 2011; Parker, 2015). Plurisexual women have reported feeling out of place in

predominately heterosexual spaces as well as queer spaces (Feinstein et al., 2015). Experiencing minority stress may further serve as a precursor to alcohol use (Shorey et al., 2018). Recalling that our data are derived largely from the experiences of different gender relationships, a majority of participants reported on their experiences with a male perpetrator or focal partner. Relationships with a normative gender composition may be less vulnerable to the stressors of living as a sexual minority in a heteronormative society, whereas queer relationships may be more at risk of experiencing identity specific stigmatization or discrimination (Ingharam, 1996; Oswald et al., 2005; Allen & Mendez, 2018). Existing as a plurisexual woman in a society that privileges heteronormativity has been linked to decreased mental health and low self-esteem among plurisexual identities (Gray & Desmarais, 2014). Experiencing minority stress often serves as a precursor to alcohol use, as does IPV (Messinger, 2011). Research on mental health among same sex couples has found that psychological stress is associated with problematic drinking (LeBlanc & Frost, 2019).

Ultimately, research needs a better understanding of minority stress among plurisexual women as it pertains to alcohol use given their shared experiences and differences with both monosexual, and plurisexual women. It would also be useful to examine victimization experiences within a sample where participants focal partners include male, female, and gender queer individuals. Examining minority stressors alongside alcohol use, as well as including participants with a diverse range of focal partner gender identity may provide further insight to plurisexual women's decisions to engage in drinking as a coping mechanism for IPV victimization or to not.

Limitations

The findings of the current study must be considered in the context of several methodological limitations. Firstly, data was derived from a cross sectional design. This means we could not determine the causality of the relationships between variables. Though the relationships between variables were not significant, we were not able to test for or determine a causal relationship. Due to the complex bidirectional relationship between IPV and alcohol use the results were surprising. Thus, we do not know if the participants partook in alcohol use as a coping strategy in response to physical violence victimization and vice versa. Additionally, due to my approach utilizing secondary data analysis, I encountered some constraints due to the available sample. The sample did not include sufficient numbers of participants of other sexual identities (e.g., lesbian) to make between-group comparisons, and thus, I was not able to delineate the unique experiences of plurisexual versus monosexual (i.e., heterosexual, lesbian) identifying women. An additional limitation through which these results must be understood is that a majority of the participants reporting on their experiences with male focal partners. Seeing as plurisexual women also form romantic relationships with other women, we could not determine whether or not and how IPV experiences vary between plurisexual women in relationships with men versus women. Further, we were unable to examine if the focal partners' gender played a salient role in the relationship between IPV victimization and alcohol use, as the majority of the sample reported IPV by a male focal partner. Although, the inclusion of female victimization by a male perpetrator is necessary and important. These results are not generalizable to plurisexual women with queer or nonbinary partners. Thirdly, the majority of participants identified as white. This is not representative of the racial and ethnic diversity that exists among plurisexual women. At a glance, a racially homogenous sample may appear

limiting. However, due to socio-historical contexts and contemporary intersections of systemic oppressions, predominately Black or Latina samples, for example, research has documented that the effects of multiple minority stressors among plurisexual adults with intersecting racial/ethnic and sexual minority identities may be at an increased odds of substance use behaviors. Therefore, future research on this population may yield differing findings that warrant different theoretical lenses than what I utilized in this study.

Future Directions and Implications

Though my findings do not directly mirror the literature, they highlight multiple areas of further exploration as well as complexities and challenges that should be kept in mind when conducting further research on plurisexual women's IPV experiences. First, our sample was more representative of the sexual diversity of plurisexual women than many past studies, yet a large majority of participants identified as bisexual. Future research should construct a sample that is representative of all plurisexual identities.

Research has paid far more attention to bisexual women's IPV and drinking experiences when compared to pansexual or queer identifying women. Far more is known about bisexual women's drinking experiences when compared to other plurisexual identities. Future research should examine other plurisexual identities proximal to what is known about bisexual women's alcohol use behaviors. Given that this is a growing population research should pay special attention to these identities and their proximity to what is known about bisexual women's experiences with IPV and alcohol use. Additionally, there is documented variability regarding plurisexual women's motivations to engage in alcohol use such as geographic isolation, identity concealment, and/or IPV victimization. Due to the inconsistency in how alcohol use is situated among this group, future research should more thoroughly examine the motivation and context

surrounding the decision to engage in alcohol use. Research must also further examine how coercive control manifests itself among where one or both partners hold sexual minority identities as well as among same and different gender couples. Prioritizing the experiences of this group may provide further context into identity specific control tactics.

Further, we need longitudinal studies to better understand the complicated bidirectional nature of the relationship between IPV and alcohol use. Research should examine if alcohol use increases one likelihood of experiencing IPV victimization, if alcohol is more commonly used as a coping mechanism in response to IPV, or perhaps both.

Finally, researchers should also be aware of the implications for racially homogenous samples. Specifically, due to socio-historic context shaping differing lived experiences, research should avoid making comparisons between racial groups. Specifically, research has documented that multiple minority stressors for plurisexual adults with racial/ethnic and sexual minority identities may be at a greater risk of partaking in substance use behaviors. Thus, researchers should focus on within group differences. This also pertains to sexual minority women.

Chapter 5

Conclusion

This study sought to uncover the complexity of physical violence victimization, coercive control, and alcohol use within plurisexual women. However, neither physical violence victimization or coercive control were associated with alcohol use. Though the results were unforeseen, they provide potential for ample further exploration among this population. The limitations of the study include cross sectional data analyses, lack of generalizability, as well as limited sample capacity. Further examining women's alcohol use in relation to minority stressors may provide insight into motivations for drinking behaviors. Examining coercive control among this population may also provide insight into identity specific control tactics. I have suggested some future directions specific to sample composition that may provide differing outcomes, or further progress what is already known about plurisexual women's physical violence victimization, coercive control, and alcohol use.

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APPENDIX ATable 1. *Means, Standard Deviations, and Ranges of Key Variables*

Key Variable	Mean (SD)	Actual Range
Physical Violence		
Overall (Freq)	42.20 (50.34)	0 – 199
Minor (Freq)	19.19 (27.23)	0 – 100
Severe (Freq)	23.01 (24.34)	0 – 111
Overall (Count)	4.93 (3.95)	0 – 13
Minor (Count)	2.81 (1.82)	0 – 5
Severe (Count)	2.12 (2.38)	0 – 8
Coercive control		
Summed frequency	22.03 (7.36)	10 – 35
Alcohol use and misuse		
Summed frequency	3.11 (2.48)	0 – 9
Control Variable		
Age	24.25	19 – 59

Note. This table describes the summed frequencies of degrees of physical violence, coercive control, and alcohol use across the sample.

Table 2. *Bivariate correlations between all variables*

	1	2	3	4	5	6	7	8
1. PV Overall (Freq)	-	-	-	-	-	-	-	-
2. PV Minor (Freq)	.982*	-	-	-	-	-	-	-
3. PV Severe (Freq)	.976**	.917**	-	-	-	-	-	-
4. PV Overall (Count)	.752**	.753**	.718**	-	-	-	-	-
5. PV Minor (Count)	.625**	.656**	.562**	.929**	-	-	-	-
6. PV Severe (Count)	.795**	.769**	.788**	.939**	.754**	-	-	-
7. Coercive control	.531**	.542**	.496**	.541**	.531**	.486**	-	-
8. Alcohol use	-.095	-.067	-.124	-.106	-.043	-.151	-.085	-
9. Age	-.152	-.135	-.169	-.071	-.077	-.070	-.031	.053

Note. * $p < .05$. ** $p < .01$. *** $p < .001$. PV is an abbreviation of physical violence.

Table 3. *Hierarchical linear regressions between all variables*

	Alcohol Use		
	B (SE)	β	ΔR^2
Step 1			
PV Overall (Count)	-.051(.073)	-.081	.007
Step 2			
PV Overall (Count)	-.047 (.074)	-.074	
Coercive Control	-.026 (.040)	-.078	.006
Step 3			
PV Overall (Count)	-.032 (.074)	-.051	
Coercive Control	-.018 (.039)	-.053	
Age	.017 (.034)	.059	
Pre/Post COVID Shutdown	-2.20 (.922)	-.277**	.075
Total R ²			

Note. * $p < .05$. ** $p < .01$. *** $p < .001$

Vita

Courtney Lucca (She/Her) was born and raised in Long Beach, California. In May of 2020, Courtney received her bachelor's degree in Human Development from California State University, Long Beach. Courtney moved to Knoxville, Tennessee in August of 2020 where she continued her education as a Master's student at the University of Tennessee, Knoxville in the Child and Family Studies Department. Her research interests include intimate partner violence (IPV), substance use, and sexual minority identities. During her time as a Master's student Courtney has worked as a graduate research assistant in the Family Violence Across the Lifespan (FVAL) lab and as a teaching assistant for CFS 385 (Child and Family Diversity). She begins the Child and Family Studies Doctoral Program in August 2022.