

Depressive distress and prevalence of common problems among homosexually active
African American women in the United States

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RUNNING HEAD: Depressive distress and stressors

Abstract

Mental health concerns of African American lesbians have been greatly understudied. Although sparse empirical evidence suggests that this population is at high risk for both depressive distress and difficulties in accessing mental health services, for the most part little is known about the sources of stress affecting these women that might factor in their mental health help-seeking behaviors. We report findings from a national survey of 603 homosexually experienced African American women who self-identified as lesbian, gay, or bisexual. Levels of psychological distress greatly exceeded population norms for African American women. The most frequent and upsetting problems reported were romantic relationship and financial difficulties. Though less commonly reported, problems with using drugs or alcohol to self-medicate psychological distress were the most chronic stressors observed. Nearly a third of women (31%) indicated receiving emotional support from a counselor or other professional in the prior month, though women reporting chronic financial, housing, anger, or substance use problems were least likely to report the presence of counselor support. These findings underscore the vulnerability of a population that navigates the triple stigma of ethnic/racial minority status, sexual orientation minority status, and female gender. Further research is needed to identify methods to address the unmet mental health needs of African American lesbians and bisexual women.

Depressive Distress and Prevalence of Common Problems Among Homosexually Active
African American Women in the United States

Recent studies suggest that homosexually active women experience greater lifetime prevalence rates of common mental health disorders, such as alcohol dependence, depression, and drug abuse, attempted suicide, and psychiatric help-seeking than those reported by exclusively heterosexually active women (Matthews, Hughes, Johnson, Razzano, & Cassidy, 2002; Cochran, Keenan, Schober, & Mays, 2000; Cochran & Mays, 2000; Bux, 1996; Cochran, Bybee, Gage, & Mays, 1996; Gillow & Davis, 1987; Saghir, Robins, Walbran, & Gentry, 1970). Among lesbians, mental health concerns of those who are racial/ethnic minorities have been greatly understudied. This is so despite research findings indicating that these women may experience a number of stressors commonly associated with higher burden of mental disorders, even more so than White lesbians (Matthews & Hughes, 2001; Greene, 2000, 1996, 1994; Mays, Cochran & Rhue, 1994; Cochran & Mays, 1994). In a previous study, it was observed, for example, that homosexually active African American women may be especially vulnerable to depressive disorders (Cochran & Mays, 1994). This group was found to evidence symptoms more likely to fall into a clinically diagnosable category of depression than gay men who had been diagnosed with AIDS or HIV-related illnesses.

Few empirical studies exist that have explored correlates of mental health concerns among homosexually active African American women. Identifying the specific problems that may be associated with depressive distress within this group might improve both treatment and prevention programs targeting depressive distress (Cochran & Mays, 1994; Matthews & Hughes, 2001). One early study by Bell and Weinberg (1978) found that that African American lesbians perceive themselves to be lonely more often, to be in poorer health, to demonstrate a

greater number of somatic symptoms, to manifest more tension, and to report less job satisfaction than White lesbians. Recently, Matthews and Hughes (2001) examined some of the specific problems faced by homosexually active African American women in a study that measured African American women's rates of mental health service use. They found that the most common reason for seeking help by both lesbian and heterosexual African American women was similar (i.e., feeling sad or depressed). Most studies, however, have more generally examined either problems affecting lesbians or problems affecting African American women. Overall, these studies find that the prevalence and consequences of alcohol abuse is higher among African American than among White women (Mays, Beckman, Oranchak, & Harper, 1994; Clark & Midanik, 1982; Herd, 1985; Caetano, 1984), that lesbian couples earn less than heterosexual couples (Badgett, 1998), and that lesbians in general often feel isolated (Mays, Cochran, & Rhue, 1994; Greene, 1996) and have difficulty finding positive role models of lesbian relationships (Matthews & Hughes, 2001).

The present study examines the self-reported prevalence of common stressors, depressive distress, and help-seeking among a national sample of homosexually active African American women. Our interest is in understanding the types of stressors that highly stressed and helpseeking African American lesbians and bisexual women report. This information might prove useful in tailoring interventions at both an individual and social level that reduces the elevated levels of depressive distress thought to be commonly experienced by these women.

Method

Procedures

This national survey of homosexually active African American women recruited women from across the United States to complete anonymous questionnaires (Cochran & Mays, 1994; Mays & Cochran, 1988a; Mays & Jackson, 1991; Peplau, Cochran & Mays, 1997). In order to

ensure a heterogeneous sample, a variety of recruitment methods were employed.

Questionnaires were mailed to the members of national Black gay and lesbian political, social, and health care organizations, such as the National Coalition of Black Lesbians and Gays. Each nondescript, brown manilla envelope contained a questionnaire as well as a stamped, preaddressed envelope with which to return the questionnaire. Also included was a postcard that could be returned separately if the respondent wished to request additional questionnaires for friends or flyers to be distributed or posted in the meeting places of various gay organizations and social groups. In addition, flyers were mailed to lesbian organizations and business establishments describing the study. We also used announcements in the lesbian press to publicize the survey.

Participants responded voluntarily to the self-administered, anonymous questionnaires, which, in part, assessed their same-sex relationship experiences. A cover letter informed subjects about the purpose of the study and the protection of their privacy. We conducted several focus groups and pretests of preliminary instruments in locations throughout the United States, including both rural and urban areas, to assist us in the modification of our previous instruments. Our goals in the focus groups and pretests were: (a) to determine areas of specific concerns in the lives of African American lesbians; (b) to develop language that would be reflective of the culture of African American lesbians regardless of regional, education, and class differences (see Mays et al., 1992, for discussion); (c) to determine the best ordering of times, tolerable length of questionnaire, and format of the instrument; and (d) to learn more about methodological parameters for reaching "hidden" African American and lesbians who, despite being homosexually active, did not identify as such and were not likely to be reached through organized lesbian networks.

Study Participants

Questionnaires were completed by 603 women. All were African-American women, who reported having had homosexual sex, and whose sexual orientation was not heterosexual. Eighty-five percent considered themselves lesbian or gay (see Table 1). Women ranged in age from 18 to 60 years with a median age of 32 years. On average, women had completed approximately 15 years of schooling ($X = 15.4$, $S.D. = 2.6$). The great majority reported being employed more than 20 hours per week. The median annual income was \$17,500. Two thirds reported being in a current lesbian relationship.

Insert Table 1 about here

Questionnaire

The extensive self-administered questionnaire asked women about their life experiences. Sections relevant to the present study included:

Frequency of common problems. Using the National Survey of Black Americans (Jackson, 1991; Jackson & Gerald, 1999) as a guide in developing the questionnaire, we asked respondents to indicate the frequency with which they experienced problems in each of nine areas of their lives. Three were related to economic factors including job, financial, and housing problems. Two were relationship-based including problems with one's love life or family. Four were personal including health problems, using drugs or alcohol as a means of coping, suicidal thoughts, and anger (thoughts of doing harm to someone else). Frequency was measured using 5-point items anchored by "never," "rarely," "sometimes," "often," and "most of the time." Problems responded to as occurring "often" or "most of the time" were considered to be frequent problems of the past year. After completing this measure, women were asked to indicate which of the problems was their most distressing. Eighty-three percent

of women ($n = 503$) surveyed listed one of the nine problems, 9% ($n = 54$) listed two, 3% ($n = 15$) listed 3, and 5% ($n = 31$) did not answer the question. Next, women were asked how long they had been troubled by their most distressing problem.

Psychological help. The questionnaire did not ask women specifically whether or not they were currently in psychotherapy. However, women were asked about several possible sources of emotional support in the month prior to completing the questionnaire, including the receipt of emotional support from a "counselor, social worker or other professional." Using this variable as a proxy for current therapy utilization, we considered those women who indicated receiving emotional support from this target to have a therapist. Similarly, we assumed that women who did not indicate support from this target were not utilizing psychotherapy services. Necessarily, this proxy represents a somewhat imprecise assessment of therapy utilization because some women may be referring to service providers other than therapists. Women were also asked how frequently in the past year they had had thoughts about seeking professional help for their problems. The 5-item measure was anchored with "never," "rarely," "sometimes," "often," and "most of the time." Women who reported thinking about seeking help "often" or "most of the time" were considered as having frequent thoughts of seeking help.

Depressive distress. Respondents completed the Center for Epidemiologic Studies-Depression Scale (Radloff, 1977). This 20-item inventory of common symptoms indicative of depression was developed for use with non-psychiatric samples. Scores range from 0 to 60, with scores > 15 used to indicate probable depression.

Demographic characteristics. The questionnaire also assessed age, educational achievement, employment, annual income, current relationship status, and self-rated sexual orientation.

Data Analysis

Data were analyzed by chi-square analyses and logistic regression. We examined correlates of reported problems using stepwise logistic regression procedures (Hosmer & Lemeshow, 1989). Variables we considered for entry in these equations included respondents' age, education, relationship status, sexual orientation, employment status, income, and presence of depressive distress. To conduct the analyses, we categorized respondents into one of four age categories (under age 25, between age 25 and 34, between age 35 and 44, and age 45 and older). Similarly, we recorded educational achievement as high school or less, some college, bachelor's degree, and evidence of graduate education. Sexual orientation was coded into two categories, gay or lesbian versus bisexual or other. Employment status was divided into three categories: employed 20 hours per week or more, employed 20 hours per week or less, and not employed. The latter category included 36 unemployed women, 10 who were disabled or retired, 11 who survived by "side hustle," and 3 who were being supported by their partner. Income was divided into five categories (less than \$5,000 per year, \$5,000 to \$10,999, \$11,000 to \$19,999, \$20,000 to \$39,999, and \$40,000 or more per year). Using the standard CES-D cutoff score of 16 and above, we categorized women as either not depressed or depressed. Variables were entered on a forward stepwise manner with evaluation of model improvement via an improvement of fit chi-square test. Fit of the final equations was evaluated by Hosmer-Lemeshow goodness-of-fit tests, with all equations reported achieving model fit. We report prevalence odds ratios and their 95% confidence intervals. Intervals that do not include 1.00 indicate a statistically significant association between the correlate and the dependent variable at the .05 level. Odds ratios greater than 1.00 indicate a positive association; those less than 1.00 indicate a negative association. Logistic regression was also used to examine associations between presence of a counselor and different problems, after

adjusting for levels of depressive distress. Again, we report adjusted prevalence odds ratios and their 95% confidence intervals. Intervals that do not encompass 1.00 indicate a statistically significant association.

Results

Depression, chronicity of distressing problems, and desires for help

As anticipated, the African American women participating in this survey indicated high levels of depressive distress. In prior population-based studies, approximately 26% of African American women scored above 15 on the CES-D (Vernon, Roberts, & Lee, 1982; Comstock & Helsing, 1976; Cochran & Mays, 1994). However, in the current sample 38% of the women scored above the cut-point for probable depression (> 15) (see Table 2).

Insert Table 2 about here

Approximately half of the sample reported that their most distressing problem in the past year was one of a chronic nature, lasting more than six months. Depressed women were significantly more likely than non-depressed women to report that their most distressing problem in the past year had lasted more than six months (59% vs. 46%, $\chi^2 (1) = 7.40$, $p < .01$).

Thirty-one percent of women reported receiving emotional support from a counselor or other professional in past month. Also, 22% of women indicated frequent thoughts of seeking professional help in the past year. As might be expected, women who reported frequent thoughts of seeking help in the past year were significantly more likely than women who had not to report recent emotional support from a therapist (60% vs. 22%, $\chi^2 (1) = 68.31$, $p < .001$).

Also, women who reported frequent thoughts of seeking help were more likely to be depressed than those who did not (62% vs. 32%, $\chi^2(1) = 37.76, p < .001$).

Frequency of Problems

As can be seen in Table 3, the two most prevalent problems that women reported were problems with their love life and financial problems. More than a third of the sample reported frequent problems within these areas. These two problems also represented the most distressing problems in the past year. Less commonly, women were bothered by job and family problems.

Insert Table 3 about here

Though 18% of women reported using drugs or alcohol frequently to make themselves feel better, only 7.2% of women reported that drug or alcohol use was their most distressing problem. However, for nearly two-thirds of those who did, this problem was chronic, defined as lasting more than 6 months.

Also, a small percentage of women reported frequent problems with anger and suicidal thoughts. Approximately 5% reported frequent thoughts of doing harm to someone else, with 4% of women reporting that this was their most distressing problem. Problems with anger appeared to trouble women for shorter periods of time than other difficulties. Only 28% reported that thoughts of doing harm to someone else had lasted over 6 months. More than 4% of women reported frequent suicidal thoughts, and 4.6% indicated that suicidal thoughts were their most distressing problem.

Correlates of Frequent Problems

Overall, depressive distress was positively associated with reports of frequent problems regardless of their nature (see Table 4). Reporting frequent problems with one's love life was also associated with being single. In contrast, reporting problems with family members was positively associated with lower income, being in a current relationship, and higher levels of depressive distress.

Insert Table 4 about here

As might be expected, predictors of reporting financial problems included lower income, being employed part-time, and greater levels of depressive distress. Reporting frequent job difficulties was associated with being employed part-time or not at all, lower income, and greater depressive distress. Also, frequent housing related problems was associated with lower income and depressive distress.

Reporting frequent health problems in the last year was associated with both depressive distress and being in a current relationship. Frequent use of drugs or alcohol as a coping response was related to being unemployed and reporting greater levels of depressive distress. Frequent thoughts of doing harm to someone else was related both to depressive distress and younger age. Finally, frequent suicidal thoughts was positively related to depressive distress.

Presence of Therapist Among Those Reporting Frequent Problems

As can be seen in Table 5, women who reported problems with their love life, job, health, and suicidal thoughts were more likely to indicate that they had emotional support from a counselor or professional in the past month, even after controlling for differences in depressive distress. In addition, findings suggest that reporting problems with one's family members might be associated with the presence of a counselor or therapist, however the

degree of uncertainty in estimating the prevalence odds ratio is such that this conclusion may be premature.

Insert Table 5 about here

Discussion

Results of the present study provide some insight into common problems affecting homosexually active African American women and the relationship of these problems to depressive distress. Approximately half of the sample reported that their most distressing problem in the past year was chronic, lasting more than six months, with the two most prevalent and upsetting problems involving difficulties with love relationships and finance (Peplau, Cochran & Mays, 1997; Cochran & Mays, 1994). Problems with job, family, and alcohol or drugs were less commonly reported, as were problems with health, housing, anger, and suicide. One encouraging finding is that difficulties with drugs and alcohol seem to be less serious than reported previously among the general lesbian population (Cochran, 2001; Cochran, Keenan, Schober, & Mays, 2000; Diamant, Wold, Spritzer, & Gelberg, 2000; Roberts & Sorenson, 1999; Lewis, Saghir, & Robins, 1982). However, this result was based on self-reports, and as such may not be a wholly accurate reflection of the severity of alcoholism within the sample. Use of drugs and alcohol appeared to trouble women for longer periods of time than other problems; however, only slightly more than seven percent of those who reported using drugs and alcohol to feel better indicated that this problem was their most upsetting.

Understanding the prevalence of common problems is important. Homosexually active African American women, as a whole, experience elevated levels of depressive distress when

compared to African American women in general (Cochran & Mays, 1994). In prior population-based studies (Vernon, Roberts, & Lee, 1982; Comstock & Helsing, 1976), approximately 26% of African-American women scored above 15 on the CES-D, but in the current study, 38% of the women scored above the cut-point for probable depression. The triple stigmatization of being a racial/ethnic minority, being a female, and being lesbian or bisexual may be important risk factors that help to explain the high level of depressive distress observed in our sample (Langer & Michael, 1963; Cochran & Mays, 1994; Mays, Cochran & Rhue, 1994). This concept is what Greene (1994) calls the "Triple Jeopardy" in which the individual stressors associated with race, gender, and sexual orientation discrimination compound and result in detrimental effects on mental health. African American lesbians must not only deal with the stress of managing the dominant culture's racism, homophobia, and sexism but must also deal with racism within the gay communities (Matthews, Hughes, Johnson, Razzano, & Cassidy, 2002; Greene, 1994; Mays, Cochran & Rhue, 1994). Effective targeting mental health interventions may be enhanced by understanding their sources of this higher distress levels (Greene, 1996). . At the same time, while discrimination and other social factors may be important contributors to these women's distress levels (Cochran, 2001), presenting complaints in therapy are often focused around the mundane details of common life difficulties.

In the current study, women who had frequent problems in the past year with their job, health, love life, and suicidal thoughts were most likely to report the presence of a counselor or therapist. Those who were depressed were also more likely to think about seeking help than those who were not depressed. In contrast, women reporting problems that may be more difficult to address in therapy, such as difficulties with finances, housing, feelings of anger, and use of drugs or alcohol were among those least likely to report support from a counselor in the past month. Further, only 38% of respondents who scored above the cut-point for probable

depression frequently thought of getting help in the past year. This suggests that there is unmet need for professional mental health services among African American lesbians and bisexual women.

There are several possible reasons for this. First, African Americans in general are more likely to use informal sources of care as opposed to formal help-seeking of psychotherapy (Matthews & Hughes, 2001; Cooper-Patrick, Gallo, Powe, Steinwachs, Eaton, & Ford, 1999; Snowden, 1999; Neighbors, 1988; Neighbors & Jackson, 1984). Ethnic communities and extended families often serve as the primary reference groups providing support for their members at times of distress (Mays, Howard-Caldwell, & Jackson, 1996; Green, 1998; Boyd-Franklin, 1989). In a study that examined the usage of African American ministers as a source of help for serious emotional problems among African Americans, Neighbors and colleagues (1998) found that regardless of the type or severity of the emotional problem, those who sought help from clergy first were less likely to seek help from other professionals.

Second, a number of studies suggest that African Americans in general, are significantly less likely than other groups to seek and to receive adequate care (Smedley, Stith, & Nelson, 2002; Mays, Cochran, & Sullivan, 2000; Alegria, Canino, Rios, Vera, Calderon, Rusch & Ortega, 2002; Matthews & Hughes, 2001; Mays, Yancey, Cochran, Weber, & Fielding, 2002; Mays, Coleman, & Jackson, 1996; Snowden, 2003, 1999; Sue, Fujino, Hu, Takeuchi, & Zane, 1991). Partly this is due to disparities in access to, utilization of, and satisfaction with mental health services (Snowden, 2003; Kohn & Hudson, 2002; Mays, Howard-Caldwell, & Jackson, 1996). For example, Sussman and colleagues (1987) found that some African Americans do not seek help for depression until it has reached a severe stage. Likewise, a study by Wang and colleagues (2002) that looked at the quality of treatment for serious mental illnesses in the United States found that being African American was a predictor of not even receiving

“minimally adequate” treatment. In both national and smaller clinical studies, African Americans were less likely to receive appropriate mental health services for the treatment of anxiety or depression (Young, Klap, Sherbourne, & Wells, 2001; Wang, Berglund, & Kessler, 2000;). These findings are supported by research that suggest that there is a greater likelihood that African Americans will be misdiagnosed with schizophrenia rather than an affective disorder (Bell & Mehta, 1980; Mukherjee, Shukla, Woodle, Rosen, & Olarte, 1983; Neighbors, Trierweiler, Munday, Thompson, Jackson, Binion, & Gomez, 1999; Trierweiler, Neighbors, Munday, Thompson, Binion, & Gomez, 2000) and that when treated pharmacologically, African Americans will receive higher doses of antipsychotic medications (Lawson, 1986; Snowden, 2003; Strickland et al., 1995,1993,1991).

Third, it has been suggested that higher rates of unemployment (USDHHS, 2001; Darity, 2003) and lower likelihood of insurance coverage as compared to Whites (Burns, 2001; USDHHS, 2001; Brown, Ojeda, Wyn, & Levan, 2000) may result in reduced available treatment alternatives (Mays, Cochran, & Sullivan, 2000; Snowden, 2003; Amaro, Beckman, & Mays, 1987). Also, African Americans are overrepresented in emergency room care and tend to delay seeking regular mental health services (Snowden, 1999; USDHHS, 2001). For example, Brown & Tooley (1989) found that African Americans are less likely to seek treatment for problem drinking than any other ethnic/racial group.

Fourth, it may be that our measurement of helpseeking was too imprecise. The proxy we used to assess therapy utilization did not ask women specifically whether they were currently in psychotherapy; instead, we assumed that those who did not indicate receipt of emotional support from a "counselor, social worker or other professional" were not using psychotherapy services. Thus we may have underestimated helpseeking behaviors.

Two other limitations of the present study also need to be highlighted. First, because our sample is defined as a hidden population, random sampling was impractical. However, because national, diverse social networks within the African American homosexually active population were used to recruit subjects, the generalizability of our findings may not have been too greatly affected. Second, because participation involved self-administered questionnaires, the less educated segment of the African American homosexually active population may have been underselected into our study.

Despite these study limitations, the present findings demonstrate quite clearly that levels of depressive distress are high among homosexually active African American women in the United States. Our findings underscore the vulnerability of an understudied population that navigates stressors associated with the triple stigmas of racial, sexual orientation and gender minority statuses. Highly distressing problems tend to be chronic with finances and relationships being the greatest areas of concern among African American lesbians. At the same time, women with problems such as feelings of anger and drug and alcohol use, appear less likely to be receiving services needed services. Further research is needed to identify methods to address the unmet mental health needs of African American lesbian and bisexual women as part of the effort to reduce or eliminate health disparities in the African American population.

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TABLE 1. Demographic characteristics of the African American lesbians and bisexual women

Demographic Characteristic	N	Percent
<u>Age</u>		
18-24 years	90	15.0%
25-34 years	283	47.2%
35-44 years	171	28.5%
45+ years	56	9.3%
<u>Education</u>		
High School or less	70	11.8%
Some college	247	41.5%
Bachelor's	127	21.3%
Graduate school	151	25.4%
<u>Employment status</u>		
Employed more than 20 hours/week	489	81.5%
Employed less than 20 hours/week	51	8.5%
Not employed	60	10.0%
<u>Annual income</u>		
< \$ 5,000	52	8.8%
\$ 5,000-\$10,999	102	17.7%
\$11,000-\$19,999	202	34.1%
\$20,000-\$39,999	200	33.8%
> \$40,000	33	5.6%
<u>Sexual orientation</u>		
Lesbian/gay	504	85.1%
Bisexual	66	11.1%
Other (but not heterosexual)	22	3.7%
<u>Relationship status</u>		
Single	205	34.0%
In current lesbian relationship	398	66.0%
<u>Geographic location</u>		
Northwest/West Coast/Southwest	293	49.2%
Northeast/East Coast	131	21.9%
Midwest	85	14.4%
Southeast/South	87	14.4%

Note. N = 603, except for missing data.

TABLE 2. Depressive distress, chronicity of most upsetting problem, and presence of a therapy relationship among African-American lesbians and bisexual women

Characteristic	N	Percent
<u>Duration of most upsetting problem in past year</u>		
Less than one month	79	16.7%
One to 6 months	154	32.6%
Seven to 12 months	103	21.8%
One year or more	136	28.8%
<u>CES-D Depression Score</u>		
Nondepressed (score < 16)	372	61.5%
Probable depression (score 16 or above)	233	38.5%
<u>Reports emotional support from a therapist</u>		
No	417	69.3%
Yes	186	30.8%
<u>Thoughts of getting help in past year</u>		
Never/infrequent	464	78.4%
Often or most of the time	128	21.6%

Note. N = 603, except for missing data.

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TABLE 3. Self-reported problems experienced by African-American lesbian and bisexual women in the past year

Problem area	Reports problem occurs often ¹		Reports problem as most upsetting ²		Most upsetting problem has lasted more than 6 months
	Percent	(95% CI)	Percent	(95% CI)	Percent
Problems with love life	39.5%	(35.6%-43.5%)	32.6%	(28.9%-36.6%)	48.0%
Financial problems	35.4%	(31.6%-39.3%)	30.0%	(26.3%-33.9%)	51.1%
Job problems	22.2%	(19.0%-25.6%)	10.4%	(8.0%-13.0%)	58.3%
Problems with family members	17.8%	(14.9%-21.0%)	12.8%	(10.2%-15.7%)	56.9%
Used drugs or alcohol to make self feel better	18.1%	(15.2%-21.3%)	7.2%	(5.3%-9.5%)	63.3%
Health problems	13.4%	(10.9%-16.3%)	7.2%	(5.3%-9.5%)	46.9%
Housing problems	10.5%	(8.2%-13.2%)	4.0%	(2.6%-5.9%)	61.9%
Thoughts of doing harm to someone else	5.5%	(3.9%-7.5%)	4.0%	(2.6%-5.9%)	27.8%
Thoughts of suicide	4.3%	(2.9%-6.2%)	4.6%	(3.1%-6.5%)	42.9%

Note. N=603, except for missing data. S.D. = standard deviations.

¹Percent reporting problem occurring "often" or "most of the time."

²Sums to greater than 100% because individuals sometimes listed more than one problem.

TABLE 4: Demographic correlates of frequent problems of African American lesbian and bisexual women: Results of stepwise logistic regression analyses¹

Problem area correlates	Odds Ratio	95% CI	Improvement of Fit χ^2 Probability
<u>Problems with love life</u>			
Depression, greater	2.22	(1.56-3.17)	.001
Relationship status, coupled	.45	(.32-.66)	.001
<u>Financial problems</u>			
Income, higher	.58	(.48-.70)	.001
Depression, greater	1.65	(1.14-2.40)	.005
Employment status ²			.03
Employed parttime	2.35	(1.20-4.64)	
Not employed	1.37	(.76-2.50)	
<u>Job Problems</u>			
Employment status ²			.001
Employed parttime	2.14	(1.06-4.32)	
Not employed	4.37	(2.34-8.14)	
Depression, greater	2.59	(1.69-3.97)	.001
Income, higher	.78	(.63-.97)	.02
<u>Problems with family members</u>			
Depression, greater	2.08	(1.33-3.25)	.001
Relationship status, coupled	1.81	(1.09-3.00)	.02
Income, higher	.80	(.65-.99)	.04
<u>Using drugs or alcohol</u>			
Depression, greater	1.90	(1.23-2.95)	.002
Employment status ²			.04
Employed parttime	.69	(.28-1.70)	
Not employed	2.14	(1.15-3.98)	
<u>Health problems</u>			
Depression, greater	3.02	(1.81-5.02)	.001
Relationship status, coupled	1.92	(1.07-3.44)	.02

TABLE 4: Continued

Problem area correlates	Odds Ratio	95% CI	Improvement of Fit ² Probability
<u>Housing problems</u>			
Income, higher	.60	(.47-.78)	.001
Depression, greater	1.88	(1.09-3.24)	.02
<u>Thoughts of doing harm</u>			
Age, older	.46	(.28-.77)	.001
Depression, greater	2.56	(1.20-5.46)	.006
Employment status ²			.08
Employed parttime	1.79	(.56-5.69)	
Not employed	2.94	(1.18-7.28)	
<u>Suicidal thoughts</u>			
Depression, greater	3.94	(4.36-81.5)	.001

¹ Variables considered for entry included age, education, relationship status, sexual orientation, employment status, income, and depression.

²Referent is employed > 20 hours per week.

TABLE 5. Prevalence of frequent problems¹ and reports of emotional support from a counselor or other professional: Results of logistic regression analyses predicting counselor presence

Problem areas	Number reporting problem	Counselor present	Adjusted ² Odds Ratio	95% CI	Improvement of Fit ²
Problems with love life	235	39.1%	1.70	(1.18-2.44)	.004
Financial problems	215	34.7%	1.25	(.86-1.79)	ns
Job problems	132	43.2%	1.94	(.95-2.32)	.002
Problems with family members	107	40.2%	1.49	(.95-2.32)	.004
Used drugs or alcohol to make self feel better	109	35.0%	1.23	(.78-1.92)	ns
Health problems	81	45.7%	1.93	(1.19-3.16)	.009
Housing problems	63	30.1%	1.32	(.76-2.30)	ns
Thoughts of doing harm to someone else	33	42.4%	1.59	(.77-3.27)	ns
Thoughts of suicide	26	57.7%	2.65	(1.15-6.11)	.02

Note. N = 603. CI = Confidence Interval. Probability indicated for Improvement of Fit Chi-Square. ns = not significant.

¹Problems occurring in the past year “often” or “most of the time.”

²Odds ratio adjusted for depressive distress.