

**Appendix 1:**

**CHLEW Study Publications**

	<b>Citation</b>	<b>Wave</b>	<b>Key Findings</b>	<b>Implications</b>
1	Aaron & Hughes (2007). Association of childhood sexual abuse to obesity in a community sample of lesbians. <i>Obesity</i> , 15, 1023–1028	W1	Nearly one-third of lesbian women in the CHLEW reported self-perceived childhood sexual abuse (CSA) and more than one-half were overweight or obese based on self-reported height and weight. Women who reported CSA were more likely than those who did not to be obese (29% vs. 19%) or severely obese (11% vs. 6%). Black and Latinx women were more likely to report CSA, and Black women had the highest rates of obesity.	Understanding how CSA contributes to weight gain or acts as a barrier to weight loss in lesbian women, a high-risk group for both CSA and obesity, is important for developing successful obesity interventions. Whenever possible researchers should examine race/ethnic differences.
2	Alvy, Hughes, Wilsnack, & Kristjanson (2013). Sexual identity group differences in child abuse and neglect. <i>Journal of Interpersonal Violence</i> , 28(10), 2088–2111.	W1 CHLEW W5 NSHLEW	Heterosexual women were significantly less likely to report childhood abuse and neglect than women who identified as mostly heterosexual, bisexual, mostly lesbian, or lesbian.	Considerable variability across subgroups, including in severity of abuse, highlight the importance of understanding drivers of these differences.
3	Anderson, Hughes, Zou, Wilsnack (2014). Lifetime victimization and physical health outcomes among lesbian and heterosexual women. <i>PLoS ONE</i> 9(7). <a href="https://doi.org/10.1371/journal.pone.0101939">https://doi.org/10.1371/journal.pone.0101939</a>	W1 CHLEW W5 NSHLEW	Rates of each type of victimization (CSA, CPA, ASA, and APA) were higher among lesbian women, but sexual identity did not moderate the relationship between victimization and physical health	Victimization is associated with greater physical health risks in both SMW and heterosexual women.

	<b>Citation</b>	<b>Wave</b>	<b>Key Findings</b>	<b>Implications</b>
4	Aranda, Matthews, Hughes, et al. (2015). Coming out in color: The effects of level of sexual identity disclosure on depression. <i>Journal of Cultural Diversity and Ethnic Minority Psychology</i> , 2, 247–57.	W1,2	Disclosure to either parent or to a sibling was not associated with depression in the full sample. Among Latinx women only, disclosure to nonfamily individuals was associated with lower rates of depression.	Additional research is needed to that examines racial/ethnic differences in sexual identity disclosure. Findings have implications for reducing overall rates of depression among lesbian women living with multiple-minority identities.
5	Barrantes, Eaton, Veldhuis & Hughes (2017). The role of minority stressors in lesbian relationship commitment and persistence over time. <i>Psychology of Sexual Orientation and Gender Diversity</i> , 4(2), 205–217.	W2–3	Sexual identity disclosure positively associated, and internalized homonegativity negatively associated, with relationship satisfaction and investment. Relationship satisfaction and investment influenced commitment, which predicted persistence in relationships over 7 years.	Investment model of relationship commitment (interpersonal investment, relationship satisfaction, quality of alternatives, and commitment) useful in understanding quality and longevity of same-sex female relationships.
6	Bostwick, Hughes & Johnson (2005). The co-occurrence of depression and alcohol dependence symptoms in a community sample of lesbians. <i>Journal of Lesbian Studies</i> , 9(3), 7–18.	W1	Past year alcohol dependence symptoms were significantly associated with past year and lifetime depression. Lifetime depression was higher among White and Latinx than Black lesbian women. Younger SMW and those not currently in a committed relationship more commonly reported past year depression.	Prevention strategies and treatment programs tailored to younger lesbian women, and women who may be questioning their sexual identity are needed.

	<b>Citation</b>	<b>Wave</b>	<b>Key Findings</b>	<b>Implications</b>
7	Bostwick, Hughes & Everett (2015). Health behavior, status, and outcomes in a community-based sample of lesbian and bisexual women. <i>LGBT Health</i> , 2(2), 121–126.	W3	Few significant differences between bisexual and lesbian women's health behaviors and outcomes. Bisexual women more likely to report a sexually transmitted infection and to score higher on the CES-D (depression) scale.	Findings contrast with those of most other studies that compare health outcomes among bisexual and lesbian women. One potential reason for fewer differences is the modified Respondent Driven Sampling method used to recruit most of the bisexual women in the sample.
8	Bochicchio, L., Drabble, L.A., Riggle, E.D.B., Munroe, C., Wootton, A.R. & Hughes, T.L. (2021). Understanding alcohol and marijuana use among sexual minority women during COVID-19: A descriptive phenomenological study. <i>Journal of Homosexuality</i> , 68(4), 631–646.	Qualitative sub-study with 18 SMW from W4	Participants described how their alcohol/marijuana use intersected with the complex and changing context of the pandemic, revealing four themes: 1) losing and creating routine; 2) seeking recreation and relief; 3) connecting, reconnecting, and disconnecting; and 4) monitoring alcohol and marijuana use boundaries.	Findings highlight the importance of fostering community supports and possible interventions informed by the experiences of SMW.
9	Bostwick, Hughes, Steffen et al. (2019). Depression and victimization in a community sample of bisexual and lesbian women: An intersectional approach. <i>Archives of Sexual Behavior</i> , 48(1), 131–141.	W3	Most study participants met criteria for lifetime depression. Black bisexual and lesbian women had lower odds of depression than White lesbian women, despite their higher reports of victimization. Latinx bisexual and lesbian women did not differ from White lesbian women on depression. Victimization did not moderate the association between race/ethnicity and depression.	Additional qualitative and quantitative research is needed that focuses on depression and associated risk and protective factors among Black and Latinx SMW is needed.

	<b>Citation</b>	<b>Wave</b>	<b>Key Findings</b>	<b>Implications</b>
10	Caceres, Veldhuis, Hickey & Hughes (2019). Lifetime trauma and cardiometabolic risk in sexual minority women. <i>Journal of Women's Health</i> . 28(9), 1200–1217.	W3	Trauma was an independent risk factor for cardio-metabolic risk, with differences in race/ethnicity and education. All types of trauma were associated with probable diagnosis of post-traumatic stress disorder (PTSD) and lower perceived social support.	Clinicians should be aware of the higher risk for PTSD observed in SMW, especially bisexual women, given that PTSD is an identified risk factor for hypertension and cardiovascular disease among women.
11	Caceres, Veldhuis & Hughes (2019). Racial/ethnic differences in cardiometabolic risk in a community sample of sexual minority women. <i>Health Equity</i> , 3(1), 350–359.	W3	Black and Latinx SMW reported higher rates of lifetime trauma than White SMW. Black SMW also reported higher rates of obesity, hypertension, and diabetes. Intersectional analyses revealed that Black lesbian and bisexual women were more likely to be obese than White lesbian women. No differences in cardiometabolic risk were found for Latinx and White SMW.	Prevention strategies are needed to reduce cardiometabolic risk in Black SMW. Findings highlight the need for cardiovascular disease research in SMW that incorporates longitudinal designs and objective measures. In addition, findings highlight the importance of intersectional analyses.
12	Caceres, B., Hughes, T.L., Veldhuis, C.B., & Matthews, A.K. (2021). Past-year discrimination and cigarette smoking among sexual minority women: Investigating racial/ethnic and sexual identity differences. <i>Journal of Behavioral Medicine</i> . Advance online publication.	W3	Past-year discrimination is associated with smoking outcomes in SMW. Black/African American race moderated the associations of any past-year discrimination and a higher count of types of discriminatory experiences with nicotine dependence scores in SMW.	Targeted interventions to mitigate the influence of discrimination on smoking among SMW are needed.

	<b>Citation</b>	<b>Wave</b>	<b>Key Findings</b>	<b>Implications</b>
13	Caceres, B., Wardecker, B., Anderson, J., & Hughes, T.L. (2021). Revictimization is associated with cardiometabolic risk in sexual minority women. <i>Women's Health Issues</i> . S1049-3867(21)00008-6. Advance online publication.	W3	Both physical and sexual revictimization were associated with higher odds of reporting lifetime depression and recent binge eating, but lower odds of having high social support. Physical revictimization was associated with higher odds of obesity and hypertension.	The higher odds of obesity and hypertension observed among sexual minority women who reported revictimization reinforce the need for early interventions to reduce cardiometabolic risk in this vulnerable population.
14	Dirkes, Hughes, Johnson, et al. (2016). Sexual identity development: Relationship to lifetime suicidal ideation in sexual minority women. <i>Journal of Clinical Nursing</i> , 25, 3545–3556.	W1–3	Compared with SMW who first wondered about their sexual identity in adulthood, those who first wondered in early, middle, or late adolescence had greater odds of lifetime suicidal ideation. Younger age at subsequent milestones (first decided or first disclosed) was not associated with heightened risk of suicidal ideation. Lower levels of parental support were independently associated with suicidal ideation.	Where a person is in the process of identifying as a sexual minority may be more important than age in understanding risk of suicidal ideation. Healthcare providers who work with youth should routinely ask about sexual orientation and suicidal ideation and be aware that youth in the earliest stages of coming out as sexual minority may be at particularly high risk of suicide.
15	Drabble, Veldhuis, Riley, et al. (2017). Relationship of religiosity and spirituality to hazardous drinking, drug use, and depression among sexual minority women. <i>Journal of Homosexuality</i> , 65(13), 1734–1757.	W3	No protective effect of religiosity or spirituality on hazardous drinking (HD) or drug use. Among SMW with high religiosity, Black SMW were more likely than White SMW to report hazardous drinking. Latinx SMW with higher spirituality were more likely than White SMW to report drug use.	Religiosity and spirituality do affect subgroups differently, which should be considered in future research on resiliency among SMW.

	<b>Citation</b>	<b>Wave</b>	<b>Key Findings</b>	<b>Implications</b>
16	Drabble, Trocki, Korcha, et al. (2018). Comparing substance use and mental health outcomes among sexual minority and heterosexual women in probability and non-probability samples. <i>Drug and Alcohol Dependence</i> , 185, 285–292.	W3 & National Alcohol survey (NAS)	SMW in both the CHLEW and in the NAS showed poorer mental health and substance use outcomes than Heterosexual women in the NAS. The magnitude of difference for drug use was greater among the SMW in the CHLEW non-probability sample; for tobacco use, the difference was greater for the SMW NAS sample.	Because large national studies that include probability samples generally have too few sexual minority participants and lack sexual-minority specific measures, studies using non-probability samples are important. Thus, examining how findings may differ between probability and non-probability samples is critically important.
17	Everett, McCabe & Hughes (2016). Unintended pregnancy, depression, and hazardous drinking in a community-based sample of sexual minority women. <i>Journal of Women's Health</i> , 25(9), 904–911.	W3	SMW with histories of unintended pregnancies reported significantly more depressive symptoms and higher risks for HD. Adjusting for childhood abuse explained the relationship between unintended pregnancy and depressive symptoms, but not HD.	Unintended pregnancy is not uncommon among SMW, highlighting the need for research on mechanisms that link unintended pregnancy to depression and to HD among SMW.
18	Everett, Hatzenbuehler, & Hughes (2016). The impact of civil union legislation on minority stress, depression, and hazardous drinking in a diverse sample of sexual-minority women: A quasi-natural experiment. <i>Social Science &amp; Medicine</i> , 169, 180–190.	W3	Civil union legislation was associated with lower levels of stigma consciousness, perceived discrimination, depressive symptoms, and adverse drinking consequences for all SMW. For several outcomes, the benefits of this supportive social policy were largely concentrated among racial/ethnic minority and less educated SMW.	Policies supportive of the civil rights of sexual minorities improve the health of all SMW and may be most beneficial for women with multiple marginalized statuses.

	<b>Citation</b>	<b>Wave</b>	<b>Key Findings</b>	<b>Implications</b>
19	Everett, Talley, Hughes, et al (2016). Sexual identity mobility and psychological distress: A longitudinal analysis of moderating factors among sexual minority women. <i>Archives of Sexual Behavior</i> , 45(7), 1731–1744.	W1–3	Women who reported a change in sexual identity also reported more depressive symptoms after identity change.	Health care providers should familiarize themselves with clients' sexual orientation development histories to the extent they have relevance for current mental health functioning.
20	Everett, Steele, Matthews & Hughes, (2019). Gender, race, and minority stress among sexual minority women: An intersectional approach. <i>Archives of Sexual Behavior</i> , 48(5), 1505–1517.	W1	Relationships between masculinity and femininity and minority stress varied across racial/ethnic groups, and in fact, worked in opposite directions for White SMW compared to Black and Latinx SMW (e.g., masculinity was associated with lower levels of victimization, discrimination, and stigma consciousness among Black and Latinx SMW, but higher levels among White SMW).	A more nuanced understanding of the links between masculinity and minority stress among SMW of color is needed.
21	Everett, B.G., Wall, M., Shea, E., & Hughes, T.L. (2021). Mortality risk among a sample of sexual minority women: The role of sexual identity disclosure. <i>Social Science &amp; Medicine</i> , 272.	W1–4	SMW who had disclosed their sexual identity to 100% of their immediate family members had a 70% reduction in the risk of mortality compared to SMW who disclosed to less than 33% of their immediate family, after adjusting for several sociodemographic and health variables.	Results suggest that facilitating acceptance of SMW and their ability to disclose their identity may be an important way to improve health and life expectancy among SMW.

	<b>Citation</b>	<b>Wave</b>	<b>Key Findings</b>	<b>Implications</b>
22	Fish & Hughes (2018). Alcohol expectancies, heavy drinking, and alcohol use disorders in a community-based sample of sexual minority women. <i>LGBT Health</i> , 5(2), 105–111.	W3	Drinking expectancies were positively related to drinking outcomes. Expectancies of “forgetting worries when depressed” were positively related to HED, whereas expectancies of increased aggression and ability to express anger were positively related to symptoms of alcohol dependence. Associations did not differ by sexual identity or race /ethnicity.	Alcohol expectancies are an important factor in determining risk for alcohol misuse/abuse among lesbian and bisexual women.
23	Greene, Hughes, Sommers, et al. (2018). Association of pregnancy history and cervical cancer screening in a community sample of sexual minority women. <i>Journal of Women's Health</i> , 28(4):526–534.	W3	Previous pregnancy was positively associated with past-year Pap testing. Bisexual identity and disclosure of sexual orientation to healthcare providers were also positively associated with past-year Pap test.	Clinicians should screen all patients with a cervix for cervical cancer and should encourage screening for all SMW. Researchers should seek to understand how intersecting components of identity may shape the healthcare utilization of this population.
24	Greene, Hughes, Hanlan, et al (2019). Predicting cervical cancer screening among sexual minority women using Classification and Regression Tree analysis. <i>Preventive Medicine Reports</i> , 13, 153-159.	W3	Variables associated with lower likelihood of to receiving cervical cancer screening were number of lifetime sexual partners, age at drinking onset, childhood physical abuse, and internalized homonegativity.	Early life experiences appear to be important in shaping patterns of preventive healthcare use among adult SMW. Classification and Regression Tree (CART) is a useful way to understand how multiple variables interact to influence outcomes.



	<b>Citation</b>	<b>Wave</b>	<b>Key Findings</b>	<b>Implications</b>
25	Hughes, Johnson, Steffen, et al. (2014). Lifetime victimization, hazardous drinking, and depression among heterosexual and sexual minority women. <i>LGBT Health</i> , 1(3), 1–12	W1 CHLEW; W5 NSHLEW	Bisexual and mostly heterosexual women showed significantly higher risk than heterosexual women on one or both study outcomes (HD & depression). The number of victimization experiences explained some, but not all, of the elevated risk of HD and depression among SMW.	To more fully understand SMW's heightened risk of HD, explanatory models need to include sexual-minority-specific stressors.
26	Hughes, T.L., Johnson, T. & Wilsnack, S.C. (2001). Sexual assault and alcohol abuse: A comparison of lesbians and heterosexual women. <i>Journal of Substance Abuse</i> , 13, 515–532	CHLEW pilot study	Lesbian women reported more childhood sexual experiences, were more likely to meet the study definition for CSA and were more likely to perceive themselves as having been sexually abused as children. CSA was associated with lifetime alcohol abuse in both lesbian and heterosexual women. However, adult sexual assault (ASA) was associated with alcohol abuse only in heterosexual women.	Sexual assault is a common experience among both lesbians and heterosexual women. Findings emphasize the importance of asking about sexual assault in health histories, and assessing clients for substance abuse and other sequelae of sexual assault.
27	Hughes, Wilsnack & Johnson (2005). Investigating lesbians' mental health and alcohol use: What is an appropriate comparison group. Sexual orientation and mental health: Examining identity and development in lesbian, gay, and bisexual people. Washington, DC: <i>American Psychological Association</i> , 167-184.	CHLEW pilot study W3 NSHLEW	To better understand what constitutes an appropriate heterosexual comparison group in studies of lesbian health we compared lesbian women in the CHLEW pilot study and NSHLEW with heterosexual women in the CHLEW pilot and in the NSHLEW. Lesbian women were at higher risk for alcohol abuse and suicidal ideation than heterosexual women.	Although studies focusing only on lesbian women are important, having an appropriate heterosexual comparison group more clearly highlights health disparities.

	<b>Citation</b>	<b>Wave</b>	<b>Key Findings</b>	<b>Implications</b>
28	Hughes, Szalacha, Johnson, et al. (2010). Sexual victimization and hazardous drinking among heterosexual and sexual minority women. <i>Addictive Behaviors</i> , 35, 1152–1156.	W1 CHLEW; W5 NSHLEW	SMW reported higher levels of HD and higher rates of CSA and sexual revictimization than exclusively heterosexual women.	Additional research is needed that examines the meanings of sexual identity labels to more fully understand within-group differences in risk, as well as how sexual identity may affect responses to and interpretations of sexual victimization.
29	Hughes, Wilsnack, Szalacha et al. (2006). Age and racial/ethnic differences in drinking and drinking-related problems in a community sample of lesbians. <i>Journal of Studies on Alcohol</i> , 67, 579–590.	W1	Findings showed relatively few differences among SMW across four age groups. We found no significant differences between Latinx and White lesbian women on any of the lifetime or 12-month problem-drinking indicators, and only a few differences between White and black lesbian women.	Research is needed that examines in greater depth the intersections among age, race/ethnicity, sexual orientation and drinking behaviors and outcomes.
30	Hughes, Johnson, Wilsnack & Szalacha (2007). Childhood risk factors for alcohol abuse and psychological distress among adult lesbians. <i>Child Abuse &amp; Neglect</i> , 31(7), 769–789.	W1	CSA directly predicted lifetime alcohol abuse and childhood physical abuse (CPA) directly predicted lifetime psychological distress. CSA indirectly increased risk of lifetime alcohol abuse through its negative effect on age at first heterosexual intercourse.	The impact of childhood abuse may differ between SMW and heterosexual women and such differences may have important implications for intervention and treatment.

	<b>Citation</b>	<b>Wave</b>	<b>Key Findings</b>	<b>Implications</b>
31	Jeong, Veldhuis, Aranda, & Hughes (2016). Racial/ethnic differences in unmet needs for mental health and substance use treatment in a community-based sample of sexual minority women. <i>Journal of Clinical Nursing</i> , 25(23–24), 3557–3569.	W3	SMW reported high levels of depression and alcohol dependence symptoms but results varied by sexual identity and race/ethnicity. Use of mental health and substance use treatment also varied by race/ethnicity, as did potential unmet need for both mental health and substance use treatment. Latinx women had the highest unmet need for treatment.	Healthcare providers should be aware of the high rates of depression and HD among SMW and understand factors that may increase the risk of these conditions among SMW. Efforts to improve access to mental health and substance use treatment are needed, especially for SMW of color.
32	Johnson & Hughes (2005). Reliability and concurrent validity of the CAGE screening questions: A comparison of lesbians and heterosexual women. <i>Substance Use &amp; Misuse</i> , 40(5), 657–669.	CHLEW pilot study	Findings suggest that the CAGE has good reliability and concurrent validity among lesbian women. One CAGE item, concerned with drinking in the morning, however, was found to be only weakly associated with the other items.	Evaluating the appropriateness of other alcohol and drug abuse measures in high-risk populations, such as lesbian women, should be a research priority.
33	Johnson, Hughes, Cho, Wilsnack, et al. (2013). Hazardous drinking, depression, and anxiety among sexual minority women: Self-medication or impaired functioning? <i>Journal of Studies on Alcohol and Drugs</i> , 74(4), 565–575.	W1–2	Consistent with a self-medication process, anxiety was prospectively associated with HD. And, consistent with an impaired functioning process, HD was prospectively associated with depression.	The finding that HD was not prospectively associated with anxiety suggests that efforts to self-medicate symptoms of anxiety may be, in part, successful. The prospective relationship between HD and subsequent depression conforms to an impaired-functioning model.

	<b>Citation</b>	<b>Wave</b>	<b>Key Findings</b>	<b>Implications</b>
34	Martin, Johnson & Hughes (2015). Using respondent driven sampling (RDS) to recruit sexual minority women. <i>Survey Practice</i> , 8(2). <a href="http://surveypractice.org/index.php/SurveyPractice/article/view/273">http://surveypractice.org/index.php/SurveyPractice/article/view/273</a>	W3	Although respondent driven sampling has been used successfully with other populations, multiple modifications were needed to reach recruitment goals.	These findings, in combination with those from other studies of SMW, suggest that RDS may not be a good choice for recruitment of this population.
35	Matthews, Cho, Hughes, et al. (2013). The relationships of sexual identity, hazardous drinking, and drinking expectancies with risky sexual behaviors in a community sample of lesbian and bisexual women. <i>Journal of the American Psychiatric Nurses Association</i> , 19, 259–270.	W1	Consistent with previous research focusing on predominantly heterosexual women, higher levels of HD and sexuality/intimacy enhancement alcohol expectancies were associated with higher sexual risk.	Sexual risk reduction strategies that target SMW need to address the influences of alcohol use and drinking-related expectancies on sexual decision making and behaviors.
36	Matthews, Riley, Everett, et al. (2014). A longitudinal study of the correlates of persistent smoking among sexual minority women. <i>Nicotine and Tobacco Research</i> , 16(9), 1199–1206	W1–2	Most Wave 1 smokers were smoking at Wave 2. Level of education was inversely associated with continued smoking, HD, and cocaine/heroin use were positively associated with continued smoking. No victimization or health variables predicted persistence in smoking.	Findings suggest that the majority of SMW will continue to smoke over time. Additional research is needed to understand how to increase motivation for using, and access to, smoking cessation resources.

	<b>Citation</b>	<b>Wave</b>	<b>Key Findings</b>	<b>Implications</b>
37	Matthews, Steffen, Hughes, et al. (2017). Demographic, healthcare, and contextual factors associated with smoking status among sexual-minority women. <i>LGBT Health</i> , 4(1), 17–23.	W3	History of ever smoking was associated with lower educational level, having a partner who smokes, heavy drinking, illicit drug use, and bisexual identity.	Research on effective treatment strategies among LGBT populations is limited. Additional research is needed to inform smoking cessation prevention and control efforts to reduce known and persistent smoking disparities among SMW.
38	Matthews, Cho, Hughes, et al. (2018). The effects of sexual orientation on the relationship between victimization experiences and smoking status among US women. <i>Nicotine and Tobacco Research</i> , 20(3), 332–339.	W1 CHLEW; W5 NSHLEW	Adult victimization had a significant effect on current smoking; the effect of childhood victimization on smoker status was mediated by adult victimization. When examined by sexual identity, this indirect relationship remained significant only among bisexual women.	Providers should assess and target physically and sexually abused sexual minority youth for mental health intervention with the goal of interrupting the progression from childhood victimization to adult victimization and subsequent engagement in health risk behaviors.
39	Matthews, Young, Hughes, et al. (2013). The influence of childhood physical abuse on adult health status in sexual minority women: The mediating role of smoking. <i>Women's Health Issues</i> , 23(2), 95–102	W1–2	The effects CPA on health status was mediated by two sequential smoking factors: CPA was associated with earlier age of smoking onset, which was associated with current smoker status. Being a current smoker had a negative effect on perceived health status.	Tobacco use is an important pathway by which CPA influences health. Prevention and early intervention initiatives should focus on the reduction of CPA among SMW to eliminate the long-term health consequences of adverse childhood events.

	<b>Citation</b>	<b>Wave</b>	<b>Key Findings</b>	<b>Implications</b>
40	Parks & Hughes (2005). Alcohol use and alcohol-related problems in self-identified lesbians: An historical cohort analysis. <i>Journal of Lesbian Studies</i> , 9(3), 31–44.	W1	We found significant differences in lifetime drinking patterns and lifetime alcohol-related problems were found across three generational cohorts. Consistent with general population trends, the youngest cohort (ages 18–32) was most likely to report 30-day and 12-month drinking. There were few differences across racial/ethnic groups.	Findings provide limited support for the hypothesis that the “maturing out” trend among lesbian women is less evident than in heterosexual women.
41	Parks & Hughes (2007). Age differences in lesbian identity development and drinking. <i>Substance Use &amp; Misuse</i> , 42, 361–380.	W1	Sexual identity disclosure, including age of disclosure and level of disclosure, appears to have a modest yet robust association with alcohol-related problems	Retrospective measures of alcohol use and identity development, using more advanced analytic techniques, are needed to clarify periods of greatest risk for lesbian women’s problem drinking.
42	Parks, Hughes & Matthews (2004). Race/ethnicity and sexual orientation: Intersecting identities. <i>Cultural Diversity and Ethnic Minority Psychology</i> , 10(3), 241–254.	W1	Black and Latinx respondents differed little in the timing and disclosure of lesbian identity, whereas comparisons between women of color and White women showed substantial variability.	Models of lesbian identity development provide little guidance about how women, particularly those of different races/ ethnicities, successfully negotiate the identity development process. More research is needed to illuminate essential skills and competencies used by women of color as they negotiate lesbian identity development.
43	Parks, Hughes & Kinnison (2007). Relationship between early drinking contexts of women “coming out” as lesbian and current alcohol use. <i>Journal of LGBT Health Research</i> , 3(3), 73–90.	W1	Early drinking patterns and drinking contexts influence drinking levels and problems in adulthood.	Additional efforts to increase availability and visibility of safe, affirmative nondrinking activities and settings, particularly for young women who may be questioning their sexual identity and who have limited access to other LGB individuals, could reduce problem drinking during the vulnerable early stages of coming out.

	<b>Citation</b>	<b>Wave</b>	<b>Key Findings</b>	<b>Implications</b>
44	Razzano, Cook, Hamilton, et al. (2006). Predictors of mental health services use among lesbian and heterosexual women. <i>Psychiatric Rehabilitation Journal</i> , 29, 289–298	CHLEW pilot study	Controlling for factors shown in prior services research to influence utilization, lesbian women were 3.5 times as likely as heterosexual women to report using mental health services. Service utilization differed based on educational level and race/ethnicity.	Findings demonstrates that sexual orientation should be considered an important factor in mental health services treatment and addressed openly and with support from providers.
45	Riggle, Drabble, Matthews et al. (2020). First comes marriage, then comes the election: macro-level event impacts on African American, Latina/x, and White sexual minority women. <i>Sexuality Research and Social Policy</i> . <a href="https://doi.org/10.1007/s13178-020-00435-">https://doi.org/10.1007/s13178-020-00435-</a>	W4	Findings emphasize the impact of race/ethnicity and the intersection of race/ethnicity and gender on perceptions and experiences related to marriage equality and the 2016 election.	Understanding experiences of SMW with different racial/ racialized identities and the intersection of race/ethnicity with sexual identities is essential to creating culturally competent and effective support for SMW.

	<b>Citation</b>	<b>Wave</b>	<b>Key Findings</b>	<b>Implications</b>
46	Riggle, E.D.B., Drabble, L., Bochicchio, L.A., Wootton, A.R., Veldhuis, C.B., Monroe, C., & Hughes, T.L. (2021). Experiences of COVID-19 among African American, Latinx, and White sexual minority women. A descriptive phenomenological study. <i>Psychology of Sexual Orientation and Gender Diversity</i> .	Qualitative sub-study with 18 SMW from W4	Participants were impacted in the context of their sexual identity in their experiences of coming out and being visible, creating social bubbles, their connection to the LGBTQ community, and dating. The pandemic, which took place concurrently with major racialized political events, had additional impacts on Black and Latinx SMW related to safety, dialogues about race, and on-going systemic and cultural racism.	Findings underscore the importance of understanding the diverse range of experiences and impacts of the pandemic on SMW, including experiences related to their sexual and racial/ethnic identities as well as general experiences that may have additional consequences for SMW.
47	Riley, Hughes, Wilsnack, et al. (2017). Validating a hazardous drinking index in a sample of sexual minority women: Reliability, validity, and predictive accuracy. <i>Substance Use &amp; Misuse</i> , 52(1), 43–51.	W3	KR-20 reliability for the hazardous drinking index (HDI) was 0.80, compared to 0.74 for the CAGE. Predictive accuracy, as measured by the area under the receiver operating characteristic curve for alcohol abuse/dependence, was HDI: 0.89 (CAGE: 0.84). The HDI showed the best predictive efficacy and tradeoff between sensitivity and specificity.	The HD Index appears to be a reliable and valid measure of HD for SMW.



	<b>Citation</b>	<b>Wave</b>	<b>Key Findings</b>	<b>Implications</b>
48	Steele, Alvy, Veldhuis, et al. (2019). Masculinity, femininity, and body image among lesbian and bisexual women. <i>Women &amp; Health</i> , 59(8), 829–844.	W3	Bisexual women reported significantly lower body satisfaction than lesbian women. Higher masculinity was associated with greater body satisfaction in the full sample, but the association was stronger for bisexual than lesbian women. Femininity was positively associated with body satisfaction only for bisexual women.	Masculinity and femininity play different roles in body satisfaction for lesbian and bisexual women and highlight the importance of disaggregating sexual identity in studies of SMW’s health. Clinicians should routinely ask about sexual identity and gender expression, especially when presenting concerns involve body image or disordered eating.
49	Steele, Everett & Hughes (2020). Influence of perceived femininity, masculinity, race/ethnicity, and socioeconomic status on intimate partner violence among sexual-minority women. <i>Journal of Interpersonal Violence</i> , 35(1–2), 453–475.	W3	We found no differences in SMW’s reporting of victimization based on their self-perceived femininity and masculinity. However, we found clear differences based on race/ethnicity and SES.	Efforts to reduce IPV and increase support for SMW who experience IPV need to take race/ethnicity and SES into account.
50	Talley, Aranda, Hughes et al. (2015). Longitudinal associations among discordant sexual orientation dimensions and hazardous drinking in a cohort of sexual minority women. <i>Journal of Health and Social Behavior</i> , 56, 225–245.	W1–3	SMW who reported higher levels of discordance between sexual identity and behavior or attraction were at greater risk of HD. Sexual orientation discordance was a more potent risk factor for risky drinking outcomes among older than younger SMW.	Clinicians caring for SMW should be aware that cognitive-behavioral consistency is important for women who express diverse and fluid sexual identities, attraction, and behavior.

	<b>Citation</b>	<b>Wave</b>	<b>Key Findings</b>	<b>Implications</b>
51	Veldhuis, Talley, Hancock, et al. (2017). Alcohol use, age, and perceived mental and physical health in a community sample of lesbian and bisexual women. <i>LGBT Health</i> , 4(6), 419–426.	W3	Rates of heavy drinking among SMW ages 55+ were less prevalent than among the 18–25 and 26–39 age groups, but similar to rates reported among SMW ages 40–54. Older SMW’s self-rated mental health was significantly better than other age groups; age and self-rated physical health were not statistically associated. Across all age groups, moderate drinkers reported better physical health than alcohol abstainers.	Drinking does not decline as sharply with age among SMW as heterosexual women. Given current and projected increases in the aging population and the health risks associated with heavy drinking, interventions aimed at older SMW are needed.
52	Veldhuis, Hughes, Matthews, et al. (2020). Do relationships provide the same levels of protection against heavy drinking for SMW of color? An intersectional approach. <i>Psychology of Sexual Orientation and Gender Diversity</i> , 7(3), 337–352. <a href="https://doi.org/10.1037/sgd0000383">https://doi.org/10.1037/sgd0000383</a>	W3	Findings support both additive and multiplicative hypotheses but varied by sexual identity and race/ethnicity. Latinx SMW, particularly single and bisexual SMW, had the highest rates of heavy drinking. Single Black SMW were significantly more likely to report heavy drinking than their cohabiting counterparts.	The finding that protective qualities of SMW’s intimate relationships vary based on sexual identity and race/ethnicity—and the intersections between them—highlights that research must take into account multiple marginalized identities to avoid obscuring differences.
53	Veldhuis, Hughes, Drabble, et al. (2017). Relationship status and drinking-related outcomes among sexual minority women. <i>Journal of Social and Personal Relationships</i> , 36(1). doi: 10.1177/0265407517726183	W3	Compared to SMW in committed cohabiting relationships, single SMW were more likely to be heavy drinkers. SMW in committed non-cohabiting relationships were more likely to report negative drinking consequences. Single SMW and those in committed, non-cohabiting relationships were more likely to report alcohol dependence symptoms.	Identifying risk and protective factors associated with HD can assist in the development of targeted interventions (both individual and couple level) to improve coping and can inform public policies that support and protect same-sex couples.

	<b>Citation</b>	<b>Wave</b>	<b>Key Findings</b>	<b>Implications</b>
54	Wilsnack, Hughes, Johnson, et al. (2008). Drinking and drinking-related problems among heterosexual and sexual minority women. <i>Journal of Studies on Alcohol and Drugs</i> , 69, 129–139.	W1 CHLEW W5 NSHLEW	Exclusively heterosexual women had lower rates than did all other women on all measures of HD. They were also less likely to report CSA, early alcohol use, and depression. Bisexual women reported more HD indicators and depression than did exclusively or mostly lesbian women.	Higher rates of CSA, early drinking, and depression among SMW suggest that these experiences may be important in assessing risk and treating drinking-related problems, as well as in developing prevention and early intervention strategies.
55	Wilsnack, Kristjanson, Hughes & Benson (2012). Characteristics of childhood sexual abuse in lesbians and heterosexual women. <i>Child Abuse and Neglect</i> , 36(3), 260–265.	W1 CHLEW W5 NSHLEW	Lesbian women were significantly more likely than heterosexual women to report experiences that met criteria for CSA. They exceeded heterosexual women in rates of eight of nine indicators of CSA severity. Only CSA involving physical force did not differ by sexual identity.	Findings suggest that CSA is not only more prevalent in SMW than in heterosexual women, but also more severe. CSA severity should be included in models with possible other risk factors to explain SMW's heightened risk for substance use and mental health disorders.
56	Wolff, Greene & Hughes (2020). Sexual minority women's sexual and reproductive health: A qualitative descriptive study. <i>Health Education &amp; Behavior</i> . <a href="https://doi.org/10.1177/1090198120925747">https://doi.org/10.1177/1090198120925747</a>	W3 sub study. qualitative study of 22 adult SMW	Family of origin, health care providers, and school-based sexual education were key sources of sexual and reproductive health information. SMW described their understanding, appraisal, and use of this information as interdependent. STI-related literacy hinged on providers' perceptions of SMW being at risk for STIs.	Simply having access to information is insufficient to ensure health behaviors that reflect full literacy. Health care providers should provide evidence-based recommendations for their SMW clients. Public health practitioners and educators, could make sexual health education more inclusive of and specific to the needs of SMW.