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"Addressing the Intersectional Barriers to Health for Young Black Gay Men in Urban Contexts"

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Research Agenda

- Apply holistic multidimensional perspective to study of black gay men; their health and development
- Explore social and ecological challenges facing populations who claim intersecting racial, gender, and sexual minority identities in urban contexts
 - Structural violence and segregation
 - Community violence and trauma
 - Service fragmentation
- Identify evidence-based practices, strategies, and policies for achieving health equity for LGBTQ youth of color



Aims and Interventions

- Move beyond sexual health and HIV/AIDS as central focus of research and service delivery with Black gay men
- Incorporate multidimensional health and developmental perspectives relating to black gay men
 - Social-ecological AND relational
- Use black gay men's narratives and perspectives to help guide, design, and inform our health-related practice and policy interventions



HIV and Black Gay Men

- If present rates persist, 1 in 2 HIV-Positive in lifetime
- Younger black gay men impacted
 - Ages 13 to 24, national level
 - Ages 20 to 29, in Chicago
- Greater attentiveness to social context
 - Individual, relational, community, and service domains
- Social and structural inequality: More predictive of HIV rates than sexual practices

Black Gay Men? Black MSM?

- Biomedical behavioral category
 - Used widely since 1994
 - Sexual behaviors and practices; not identities
- Underemphasizes importance of social AND relational dimensions: critical for social workers.
- Label/categories (e.g., Black MSM) frame the kinds of questions we ask men about their lives and health
 - Sex/sexual health vs. mental health
 - Surrounding communities
 - Identity/meaning-making

(Matthews et al. 2015; Young and Meyer, 2005)

Research on Black Gay Men's Health

- Content analysis of health research on young Black gay/bisexual/other MSM, from 1988-2013 (N = 54)
 - 92.6% on sexual health and 70.4% on HIV
- Research deficits
 - Community and neighborhood characteristics
 - Contextual and interpersonal relationships
 - Health care and social service delivery/receipt
 - Identity and health
- Dearth of trauma-informed research and practice interventions

(Kheuroglan et al. 2014; Radcliffe et al. 2011; Wade & Harper, 2017)

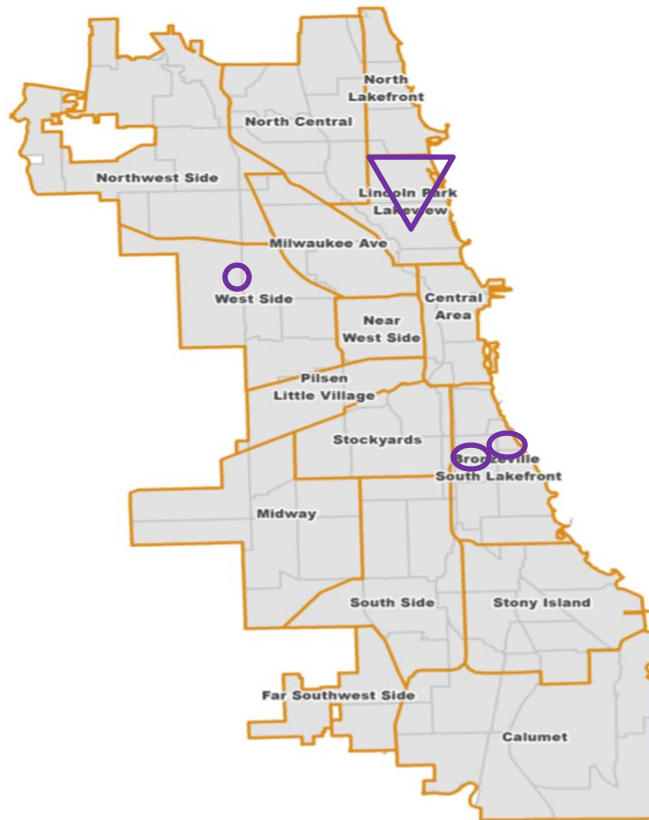
Minority Stress Theory

- Primary explanatory model for understanding health disparities among LGBTQ populations
- Health problems arise from stressors related to living in a heteronormative society
 - Stigma, discrimination and violence due to sexual identity
 - Concealment, expected rejection and internalized homophobia
- Resilience essential part of stress theory
 - Identity prominence, valence and integration
 - Coping skills and LGBTQ community connectedness
- Multiple stressors *and* contextual factors

(Meyer, 1995)



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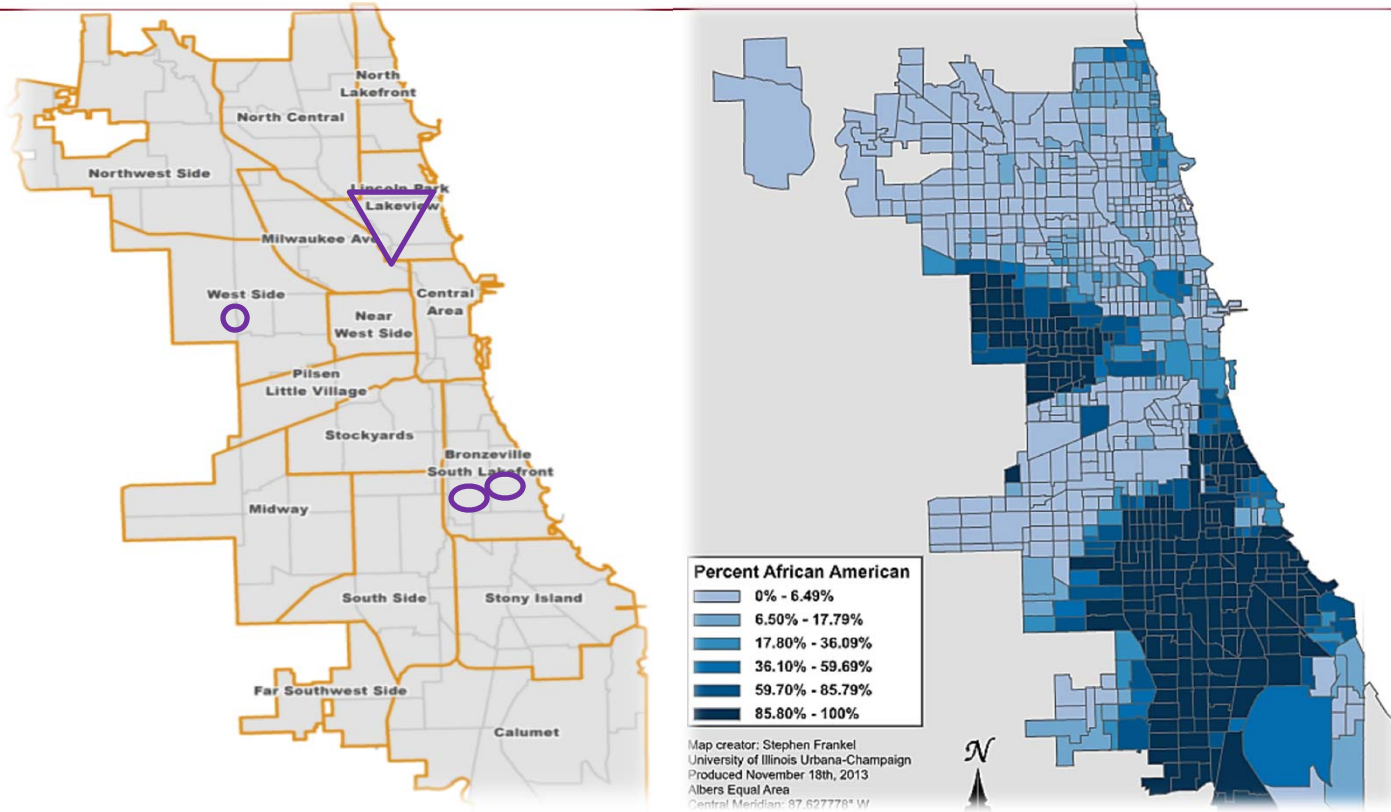
- High levels of service coordination on North Side (“The Triangle Trap”)
- Few South and West Sides organizations available for LGBTQ youth/young adults
- Geographic service fragmentation
 - Underexplored in literature
 - Reflects historical and contemporary dynamics of race and racism

(Beach et al. 2018; Doll et al. 2018; Daniel-McCarter, 2012)



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(Beach et al. 2018; Doll et al. 2018; Daniel-McCarter, 2012)



Guiding Research Questions

- How do black gay men ages 18 to 25 describe and understand the communities that they grow up in?
- How do these social contexts shape black gay men's perceptions of the health and development issues/concerns that are most salient/proximal for them?
- In an era of HIV, what issues are most important to the young black gay men who are disproportionately impacted?



Study Design: Multi-method Qualitative Study

- In-depth life history interviews: N = 30
 - Between 60 to 90 minutes
- 12 months participant observation at two sites:
 - LGBTQ youth drop-in center and South Side health advocacy organization
 - Fieldnotes
 - Memos
- Shadowing: n= 6
 - 40 hours





Data Collection: Life History Interviews

- Semi-structured guide: piloted and refined with n=5 men
- Qualitative domains based on theoretical background
 - Neighborhoods they grew up in
 - Most vivid memories growing up in Chicago
 - Perceptions of the city's LGBTQ organizations
 - What they view as the important issues facing young black gay men

(Charmaz, 2006)

Results Overview

- Substantial exposure to structural and community violence: childhood, adolescence, and early adulthood
- HIV/AIDS not primary (health) concern: mental health, “tina,” community violence, and LGBTQ community violence
- Social and health services aren’t adequately supporting the needs and development of young Black gay men
 - Perceived hierarchies around housing, programming, and resource needs
- Grounded theory of Intersectional Trauma



Mental Health and Trauma Histories

“Trauma. I think the biggest issue is to start from there. I mean, **when you are queer**, or whatever you identify as, as soon as you open your mouth, and you own that, **that’s like going through puberty again...**where are the conversations for that stuff?

I don’t think people understand how trauma plays out in someone’s mind; how a ‘trigger’ plays out. So I think that **offering clinical, but not like sexual health**, more like **mental health work** needs to definitely be done. Yeah, I think that’s where it should start – **more trauma informed ways of dealing with the community.**”

Zay, 23

Gay, West Side



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Mental Health and Trauma Histories

“Mental, mental, mental—If you’re not mentally stable, **everything else** is going to **crumble** around you. **Socially**, you’re going to be fucked up. **Sexually**, you’re going to be fucked up. **Financially**, you’re going to be fucked up. Unless you got some type of **mental support**.

What it [mental illness] has done to my friends is horrific. People I’ve known—they used to have perfectly good conversations. Now it’s almost like they went out there and did **heroin**, and **they never did a drug a day in their life**.

So mental – your **mental state of mind is the umbrella for everything**. So, that’s **the single answer. It’s mental. That’s the umbrella. Mental health is huge. We need more support.**”

David, 24
Gay, South Side



Community Violence

“The striking thing I witnessed, **somebody actually got shot right in front of me**. And it scared me because I thought that person was going to live, but when **I saw him not moving no more**, then my Mom had to literally carry me away and talk to me about **life and death. It kind of scared me**. Later, **I was in a car accident with my Mom and Dad**, I thought back to that conversation, because **I also seen them die right in front of my face**, right in Cabrini-Green—both my mother and my father; my real parents.”

[Bryon placed into foster-care after death of bio-parents]

Bryon, 24

Bisexual, Near North Side



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Community Violence

“When my cousin got killed in front of me. I was nine years old, so I didn’t really know, you know? I was scared, of course. Like, I didn’t understand the concept of what was going on, as it was going on, until after it happened.”

Tay, 24
Bisexual/Downlow,
Near North Side



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HIV Not Primary Concern

We get it crammed into our heads from [North Side LGBTQ Youth Organization], from [South Side LGBTQ Health Clinic], and all these other places, about **HIV**. **We know about it! We understand everything about it!!**

And I feel like **it blows my mind that their main focus is talking about HIV**. **Because we get that over, and over, and over**. We get **pamphlets**, we get **flyers**, we get **information pieces**, and it be the same stuff! Worded differently. ...And I feel like **we focus so much on that alone**. And **I don't feel like that should be the sole focus.**"

Anthony, 25

Gay, South Side



HIV Not Primary Concern

I just feel like we – the **LGBTQ community as a whole**, just as a community, **is getting better at pushing the issue of condoms, go get an STD and STI testing done**, go get that done, and having incentives for it, and **making people go get tested**...That's out there already, **that's known already** [HIV prevention strategies]. **But they will still look at us** and be like, yeah, so that's what it is.

So I just feel like that part is not really big...it's **oversaturated**. Because **I've heard that for a good seven years now**. Just, **AIDS and STDs, and STIs with black gay males----**That's with **everybody! It's not just Black gay males! That's with everybody!** (laughs). **What are we talking about?**

Starlord, 25

Gay, South Side

Grounded Theory: Intersectional Trauma

- Unique interconnected stressors experienced by LGBTQ people of color (e.g., black gay men) with non-normative racial, gender, sexual identities, and class statuses
- Informed by structural violence and social ecological contexts black gay men navigate (i.e., inequality, poverty, segregation)
- Interconnected health (e.g., mental, physical, sexual) and social crises (e.g., economic disinvestment, school disinvestment, community violence)

Discussion

- Holistic, multidimensional perspectives are needed to truly support young, Black gay men
- Addressing community violence may contribute to better health related outcomes for young Black gay men
- Explicit focus on trauma and mental health for young Black gay men
 - Sexual health cannot be separated from mental health
- Mental health services not always accessible
 - Insurance and other contextual barriers
 - Agency funding often HIV driven
 - Who gets housing; when, and how.

Future Research Agenda

- Violence and trauma histories: Address complex relationship between violence, trauma, and health among Black gay men
- Substance abuse and mental health of Black gay men
 - How well do LGBTQ youth organizations respond?
 - Is this work trauma-informed?
- Next study: Multi-case study of community-based programs that serve LGBTQ youth of color in urban environments
 - Interview both young men and service providers



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THANK YOU!

Questions?



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References

- Bailey, M. M. (2016). Black Gay (raw) sex. *No Tea, No Shade: New Writings in Black Queer Studies*, 239-61.
- Beach, L. B., Greene, G. J., Lindeman, P., Johnson, A. K., Adames, C. N., Thomann, M., ... & Phillips, G. (2018). Barriers and Facilitators to Seeking HIV Services in Chicago Among Young Men Who Have Sex with Men: Perspectives of HIV Service Providers. *AIDS patient care and STDs*, 32(11), 468-476.
- Centers for Disease Control and Prevention. Lifetime Risk of HIV Diagnosis in the United States. Available at: www.cdc.gov/nchstp/newsroom/2016/croi-press-release-risk.html. Accessed February 3, 2016.
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Sage.
- Crenshaw, K. (1991). Mapping the margins: Identity politics, intersectionality, and violence against women. *Stanford Law Review*, 43(6), 1241-1299.
- Daniel-McCarter, O. (2012). Us vs. Them-Gays and the Criminalization of Queer Youth of Color in Chicago. *Child. Legal Rts. J.*, 32, 5.
- Fields, E. L., Morgan, A., Sanders, R. A., & Jennings, J. (2017). "I Met Him On Jack'D"—Exploring HIV Risk Perceptions and Risk Mitigation Strategies of Young Black MSM Meeting Sex Partners on Geosocial Networking Apps. *Journal of Adolescent Health*, 60(2), S8.
- Keuroghlian, A. S., Shtasel, D., & Bassuk, E. L. (2014). Out on the street: a public health and policy agenda for lesbian, gay, bisexual, and transgender youth who are homeless. *American Journal of Orthopsychiatry*, 84(1), 66.
- Knight, J. (2015). Is Tax Increment Financing Racist? The Racially Disparate Impact in Chicago's TIF

References

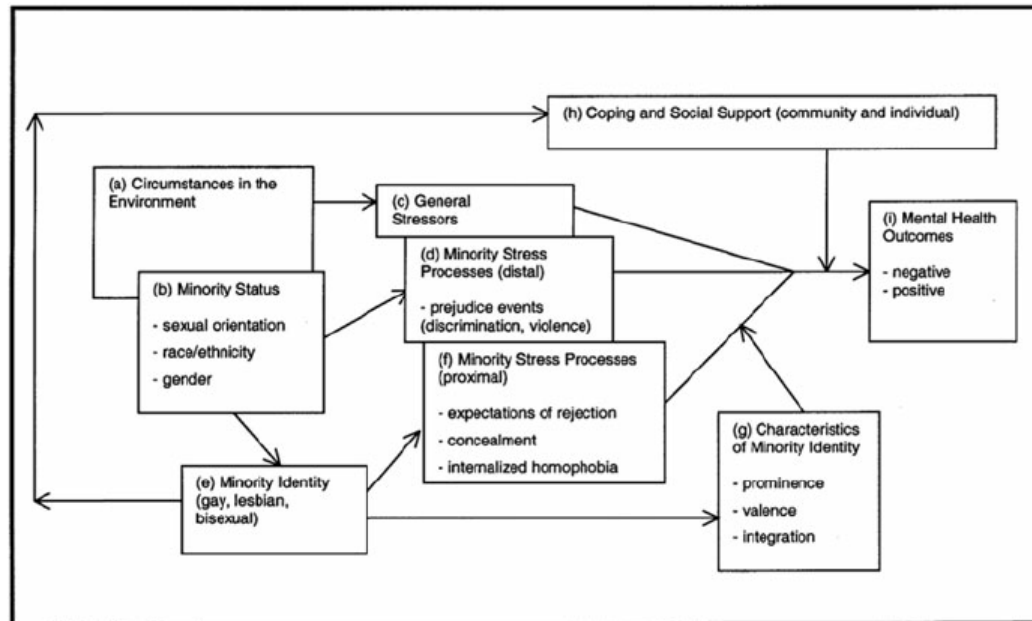
- Konrad, C. L. (2014). This is where we live: Queering poor urban spaces in literature of black gay men. *Gender, Place & Culture*, 21(3), 337-352.
- Matthews, D. D., Smith, J. C., Brown, A. L., & Malebranche, D. J. (2016). Reconciling epidemiology and social justice in the public health discourse around the sexual networks of black men who have sex with men. *American journal of public health*, 106(5), 808-814.
- Mayer, K. H., Wang, L., Koblin, B., Mannheimer, S., Magnus, M., Del Rio, C., ... & Piwowar-Manning, E. (2014). Concomitant socioeconomic, behavioral, and biological factors associated with the disproportionate HIV infection burden among Black men who have sex with men in 6 US cities. *PloS one*, 9(1), e87298.
- Millett, G. A., Peterson, J. L., Flores, S. A., Hart, T. A., Jeffries 4th, W. L., Wilson, P. A., ... & Remis, R. S. (2012). Comparisons of disparities and risks of HIV infection in black and other men who have sex with men in Canada, UK, and USA: a meta-analysis. *The Lancet*, 380(9839), 341-348.
- Moore, N. Y. (2016). *The south side: A portrait of Chicago and American segregation*. Macmillan.
- Nero, C. I. Why Are Gay Ghettos White?'and other essays in E. *Black Queer Studies*.
- Orne, J. (2017). *Boystown: Sex and community in Chicago*. University of Chicago Press.
- Radcliffe, J., Beidas, R., Hawkins, L., & Doty, N. (2011). Trauma and sexual risk among sexual minority African American HIV-positive young adults. *Traumatology*, 17(2), 24-33.
- Reisner, S. L., Mimiaga, M. J., Skeer, M., Bright, D., Cranston, K., Isenberg, D., ... & Mayer, K. H. (2009). Clinically significant depressive symptoms as a risk factor for HIV infection among black MSM in Massachusetts. *AIDS and Behavior*, 13(4), 798-810.

References

- Shelton, J., DeChants, J., Bender, K., Hsu, H. T., Maria, D. S., Petering, R., ... & Barman-Adhikari, A. (2018). Homelessness and Housing Experiences among LGBTQ Young Adults in Seven US Cities. *Cityscape*, 20(3), 9-34.
- Wade, R. M., & Harper, G. W. (2017). Young Black gay/bisexual and other men who have sex with men: A review and content analysis of health-focused research between 1988 and 2013. *American journal of men's health*, 11(5), 1388-1405.
- Williams, J. K., Wilton, L., Magnus, M., Wang, L., Wang, J., Dyer, T. P., ... & Stephenson, R. (2015). Relation of childhood sexual abuse, intimate partner violence, and depression to risk factors for HIV among black men who have sex with men in 6 US cities. *American journal of public health*, 105(12), 2473-2481.
- Young, R. M., & Meyer, I. H. (2005). The trouble with "MSM" and "WSW": Erasure of the sexual-minority person in public health discourse. *American journal of public health*, 95(7), 1144-1149.
- Williams, J. K., Wilton, L., Magnus, M., Wang, L., Wang, J., Dyer, T. P., ... & Stephenson, R. (2015). Relation of childhood sexual abuse, intimate partner violence, and depression to risk factors for HIV among black men who have sex with men in 6 US cities. *American journal of public health*, 105(12), 2473-2481.
- Young, R. M., & Meyer, I. H. (2005). The trouble with "MSM" and "WSW": Erasure of the sexual-minority person in public health discourse. *American journal of public health*, 95(7), 1144-1149.



Appendix A. Minority Stress Model



(Meyer, 1995; John et al. 2014)